Fact sheet 1: HIV Epidemic Update of Nepal

Facts about HIV Epidemic in Nepal

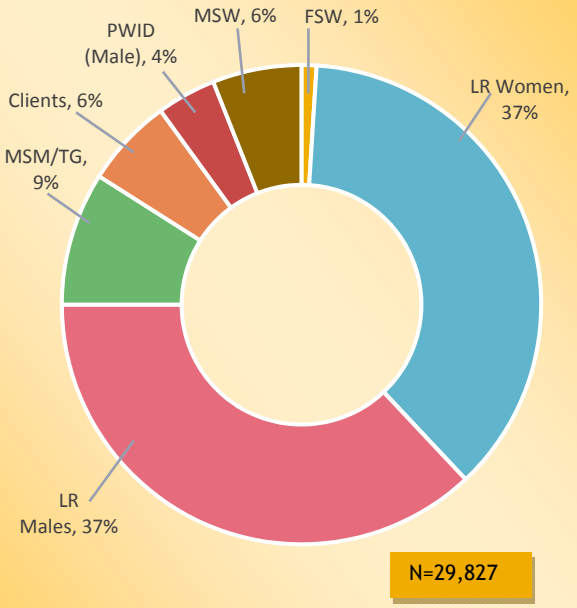
- The first HIV case was detected in 1988.
- The key populations are as follows:
  - People who inject drugs (PWID)
  - Sex workers and their clients (Male and Female)
  - Men who have Sex with Men (MSM) and Transgender people
  - Male Labor Migrants and their wives
  - Prison Inmates
- Heterosexual transmission is dominant
- HIV prevalence among adult population in the country is below 1%

HIV Estimates in Nepal

Estimated number of people living with HIV:	**31,020**
Male	19,020
Female	12,000
Children (0-14 years):	1,192
Adults (15-49 years):	22,812
Adults (50+ years):	7,016
Adult HIV prevalence (15-49 years):	0.15%
Estimated new infection in 2017:	835

Source: National HIV Estimates, NCASC, 2017

Figure 1: Distribution of People Living with HIV (15 years and above), 2017



PWID: People who Inject Drugs; MSW: Male Sex Workers; MSM: Men who have Sex with Men; TG: Transgender People, LR: Low Risk; FSW: Female Sex Workers

Source: National HIV Estimates, NCASC, 2017

Table 1: Key Indicators of HIV Estimates in Nepal

Indicators	Value (2017)
HIV Incidence per 1000	0.03%
Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	31.0%
Annual number of new infection (Male to Female ratio)	835 (2:1)
Annual number of new HIV infections - Male	556
Annual number of new HIV infections - Female	279
Annual number of new HIV positive pregnant women	304
Average number of new infections per day	2
Annual number of new infections amongst children (0-14 years)	66
Annual number of AIDS-related deaths	1,306
Annual number of AIDS-related death among children (0-14 years)	33

Source: National HIV Estimates, NCASC, 2017

Figure 2: HIV prevalence among adult population (15-49 Year) 2017 (1985-2020)

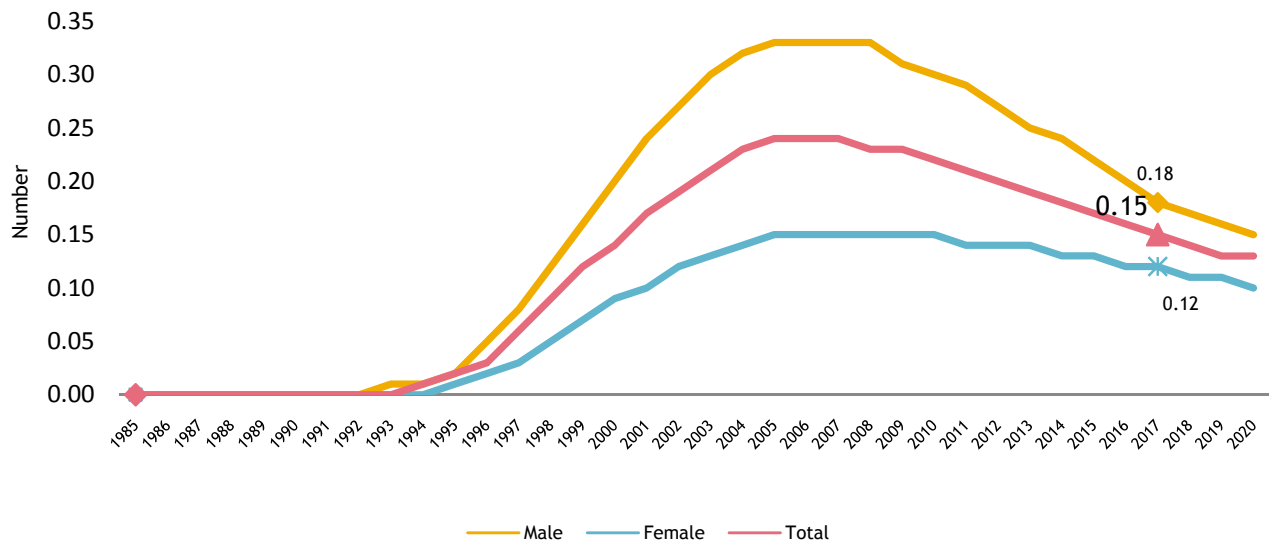


Figure 3: Estimated HIV infections by age group, 2017

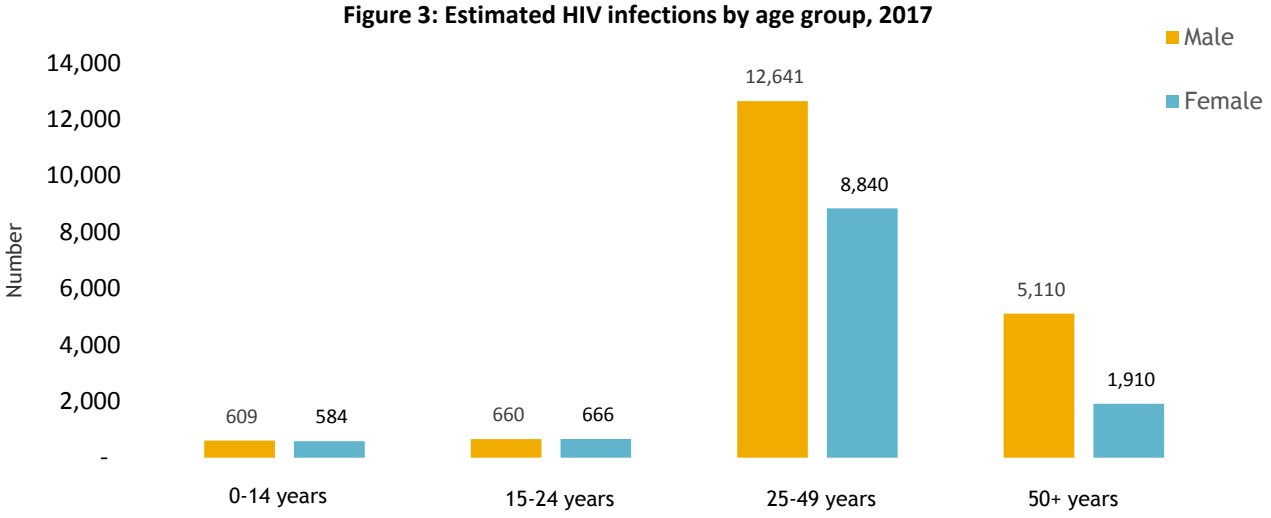
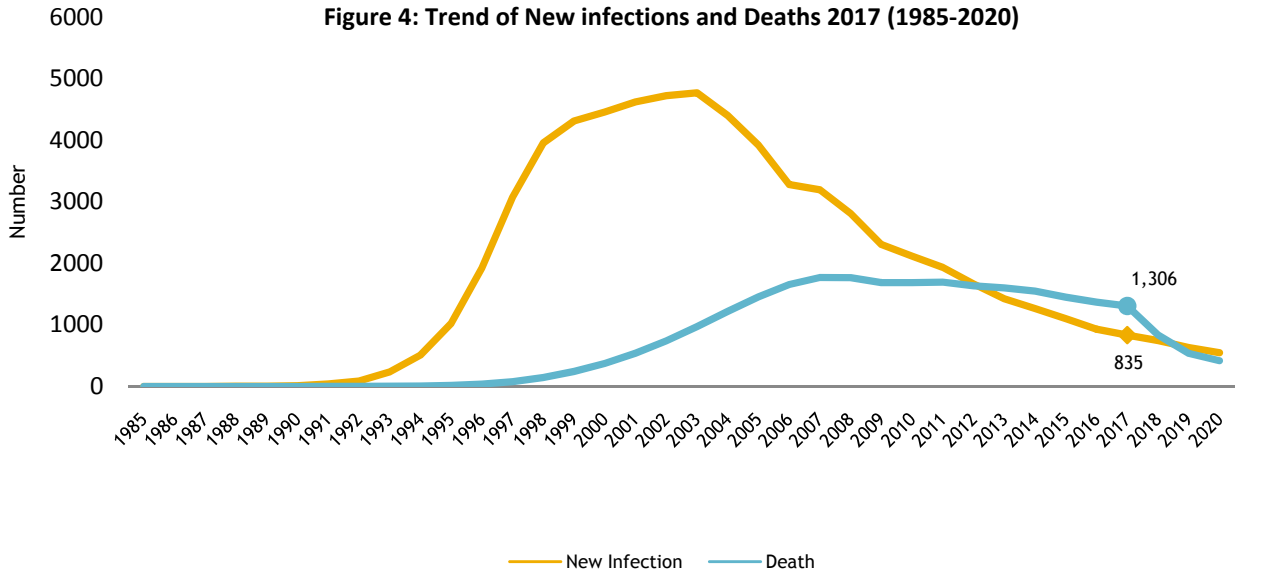


Figure 4: Trend of New infections and Deaths 2017 (1985-2020)



Fact sheet 2: People Diagnosed with HIV since Start of the Epidemic in Nepal

Table 1: Reported HIV cases, as of 15 July2018

	Male	Female	Transgender (TG)	Total
Ever Reported Cases	20,198	12,361	188	32,747
Alive PLHIV	10,827	10,215	106	21,148

Table 2: Ever reported HIV Infections by Sub-Group and Gender as of 15 July 2018

Risk Groups	Male	Female	TG	Total	%
Sex Workers (SW)	126	1,511	28	1,665	5.1
People who inject drugs (PWID)*	3,140	98	9	3,247	9.9
Men who have sex with Men (MSM)	567	0	132	699	2.1
Blood and blood products	85	40	3	128	0.4
Clients of SWs	10,583	193	7	10,783	32.9
Migrant Workers**	3,072	289	1	3,362	10.3
Spouse/Partner of Migrants	189	2,181	2	2,372	7.2
Others***	2,436	8,049	6	10,491	32.0
Total	**20,198**	**12,361**	**188**	**32,747**	**100.0**

* Mode of Transmission – Injection or Sexual

** Migrant risk group was added as one of the risk groups from 2011

*** From 2013/2014 onwards the risk group of Housewives, Male partners, Prison inmates, Children and Sub-group not identified are adjusted in "Others"

Table 3: Ever reported HIV Infections by Age Group and Gender as of 15 July 2018

Age Group (Years)	Male	Female	TG	Total	%
0 - 4	506	314	0	820	2.5
5 - 9	588	415	0	1003	3.1
10 - 14	312	234	0	546	1.7
15 - 19	488	487	12	987	3.0
20 - 24	2047	1677	38	3762	11.5
25 - 49	14960	8595	129	23684	72.3
50 - above	1297	639	9	1945	5.9
Total	**20,198**	**12,361**	**188**	**32,747**	**100.0**

Figure 1 : Distribution of Reported HIV cases by Province and Gender (FY 74/75)

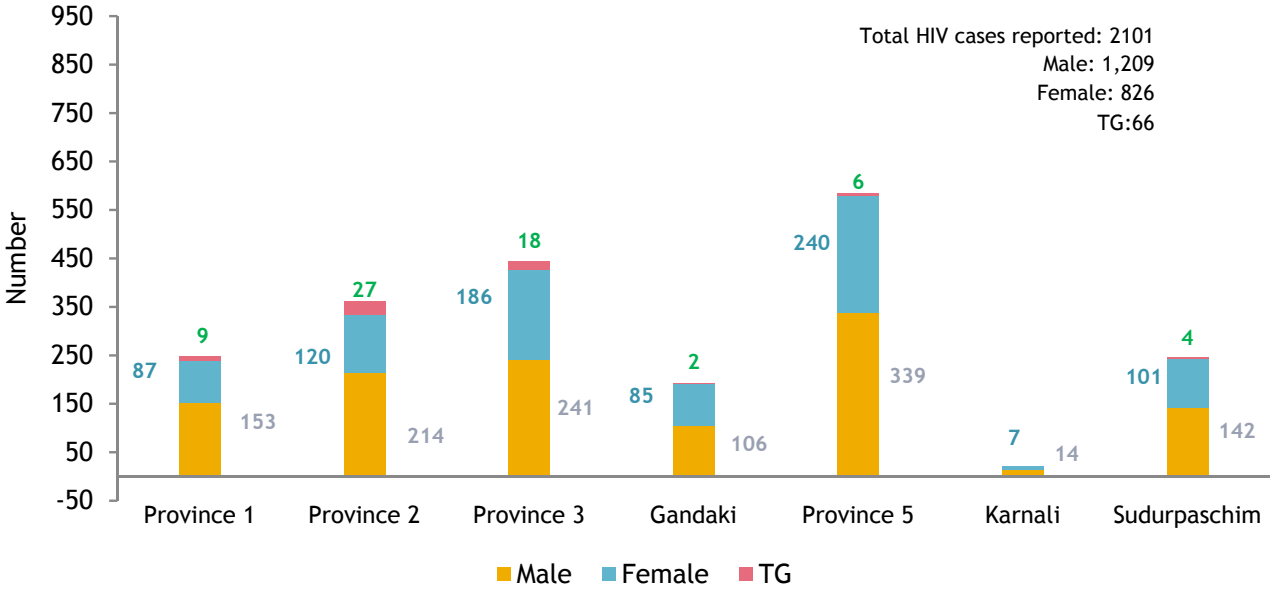
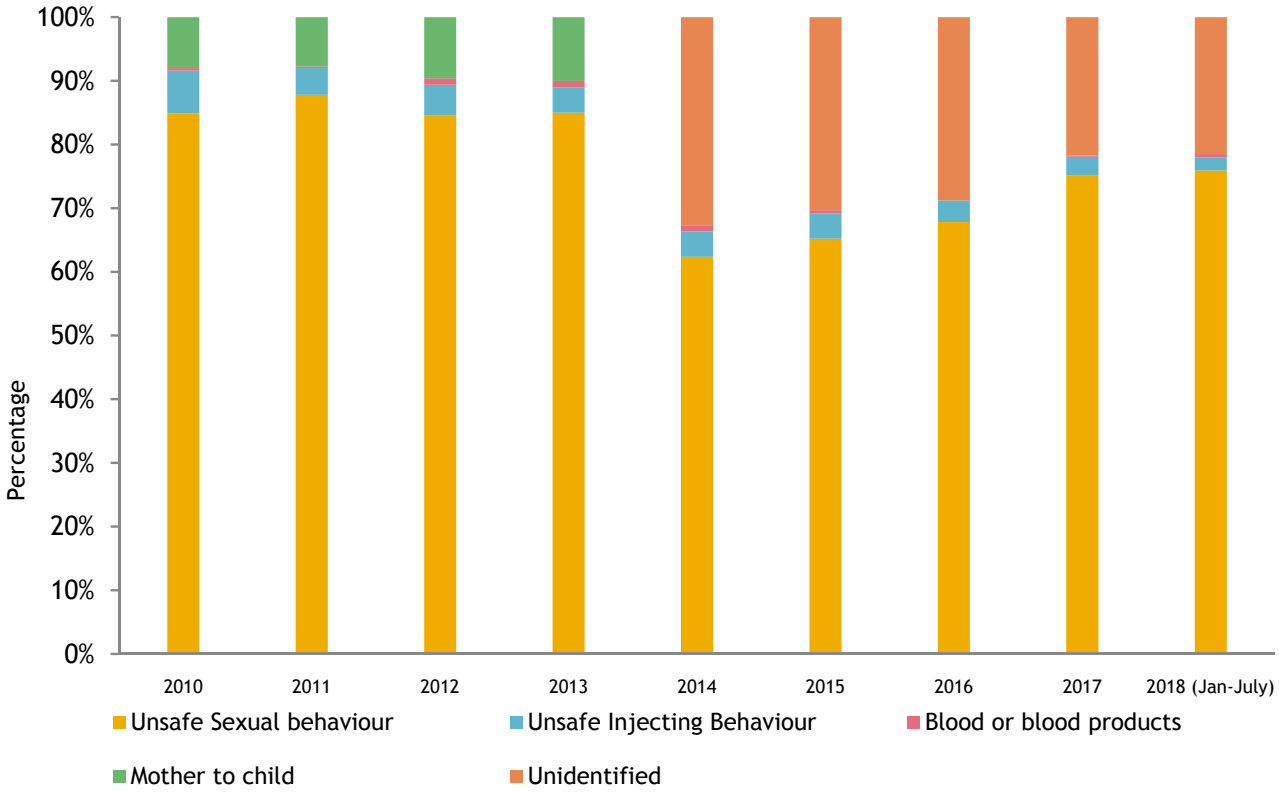


Figure 2: Reported HIV Cases by Mode of Transmission in Nepal, 2010-2018 July



Note: The unidentified mode of transmission is categorized as risk group "Other" from 2013/2014.

Fact sheet 3: HIV Testing and Counseling (HTC) Services

Background about HTC in Nepal

- HIV Testing and Counseling service was first started in Nepal in 1995.
- HIV Testing and Counseling is the entry point for overall HIV care services. It is provided free of cost to the key populations at higher risk and general population all over the country.
- Nepal's HIV testing and counseling services is guided by the 2017 National HIV Testing and Treatment Guidelines.
- Community based testing approach has also been initiated in key populations as suggested by 2017 National HIV Testing and Treatment Guidelines. Nepal has also implemented community led testing approach to maximize HIV testing among key populations in selected districts (MSM and TG: 20, PWID: 27 and FSW:17).
- Between June-September 2018, HIV self- testing was piloted in Lalitpur district among MSM, MSW and TG.
- There are 175 service sites providing HIV testing and counseling, including 136 government sites as of July 2018.

Table 1: HIV Testing and Counseling 2008 - 2018 (Jan-July)

Indicators	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 (Jan-July)
Tested for HIV	62,672	106,325	95,501	120,450	139,566	116,439	164,051	173,195	294,324	161,958
HIV positive	2,110	2,015	2,060	2,433	2,426	1,907	1,610	2,144	1,856	1,314

Figure 1: HIV Testing and Yield Proportion by Province in Nepal (FY 074/75)

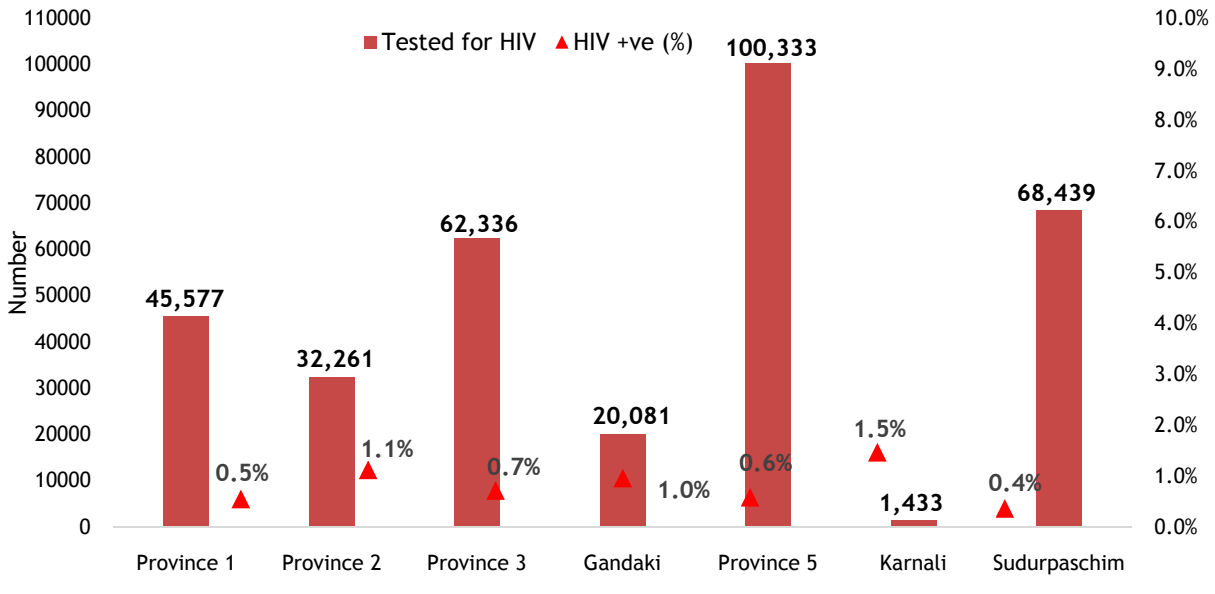


Figure 2: Reported HIV Infections by Age Group: 2004 -2018 (Jan-July)

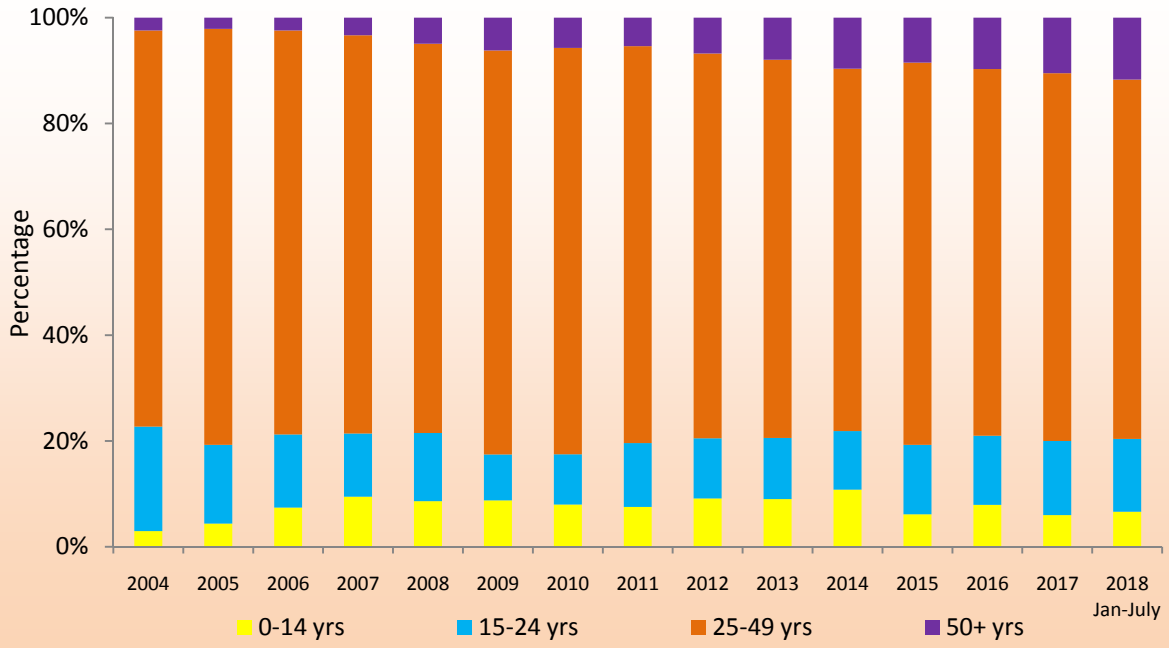
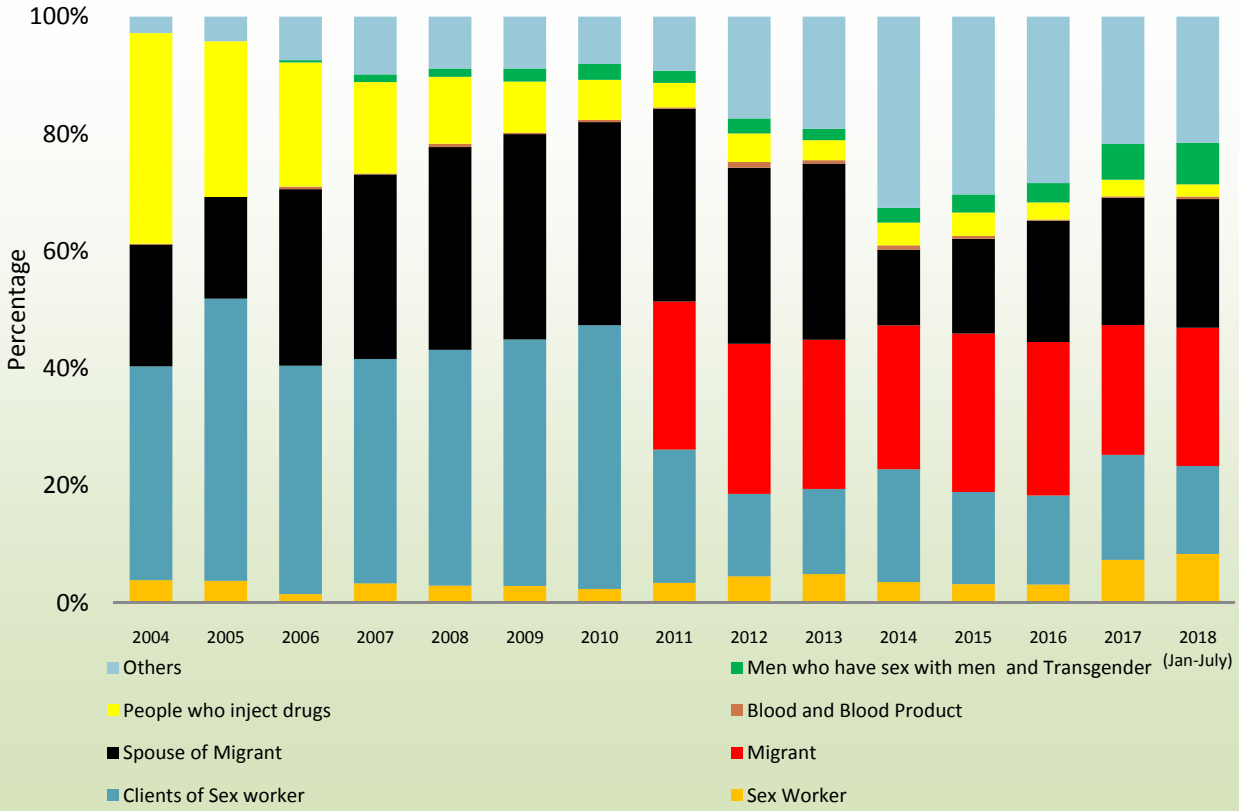


Figure 3: Reported HIV Infections by Risk Groups: 2004 - 2018 (Jan-July)



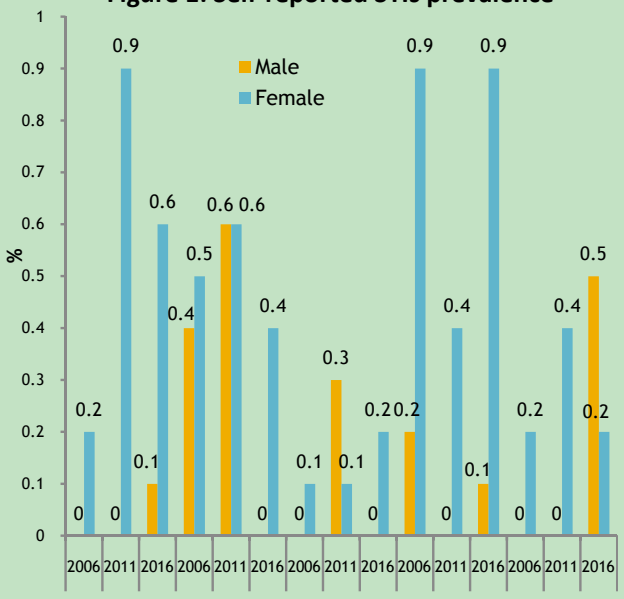
Note: "Others" category includes "Children", "Male Partner", "Prison Inmate" and "unidentified risk group".

Fact sheet 4: Management of Sexually Transmitted Infections (STIs)

Background about STIs in Nepal

- Key interventions for management of STIs in Nepal are targeted Behavior Change Communication (BCC), condom promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services.
- STIs management services are available from Government Health Facilities and NGOs for key population.
- Nepal has been following WHO recommended approach for the management of STIs in patients with recognized signs and symptoms.
- The first National STIs Case Management Guideline was developed in 1995 and revised in 2014.
- Integrated Biological and Behavioral Surveillance (IBBS) Surveys are the main source of information for STIs prevalence among key population in Nepal.

Figure 1: Self-reported STIs prevalence

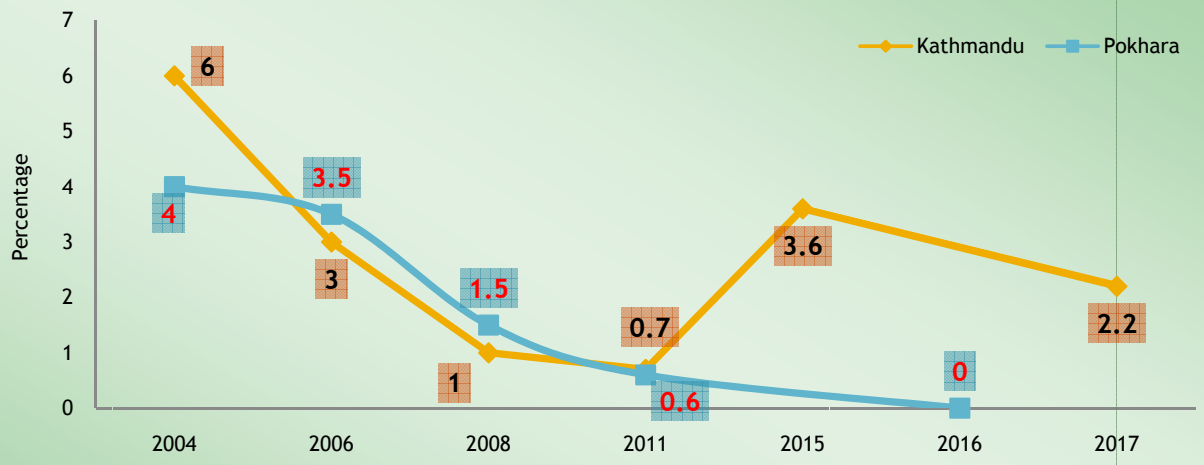


Source: Nepal Demographic Health Survey (NDHS) 2006, 2011& 2016

Figure 2: Annual Reported Cases of STIs

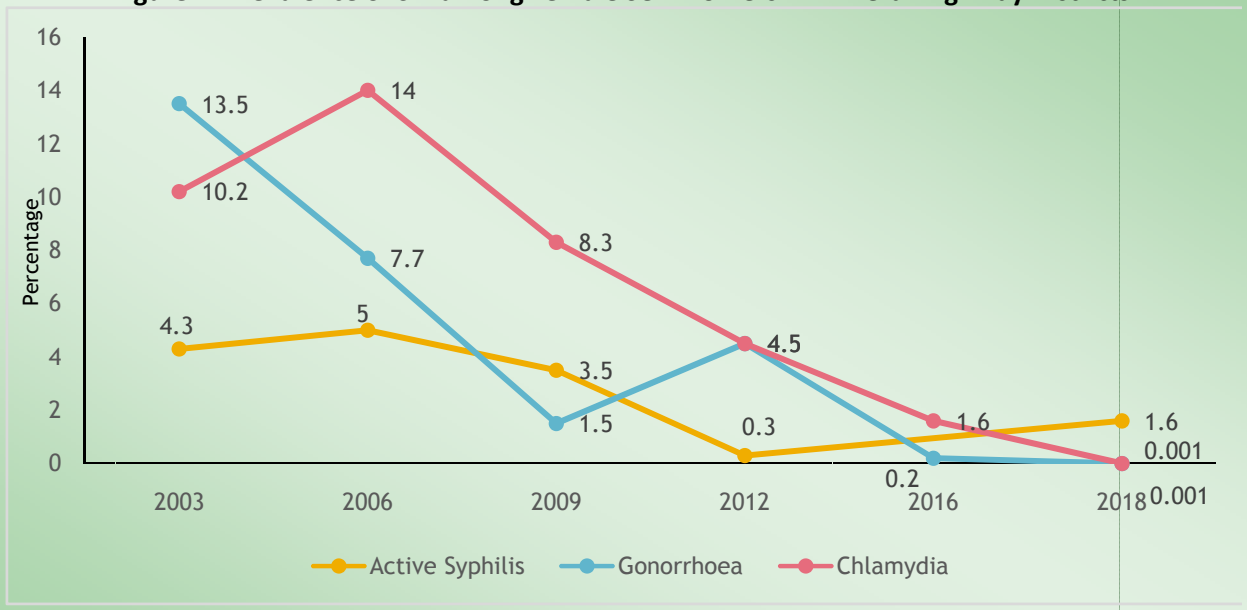
Source: Annual Report, Department of Health Services (DoHS)FY 073/74

Figure 3: Prevalence of Active Syphilis among Female Sex Workers



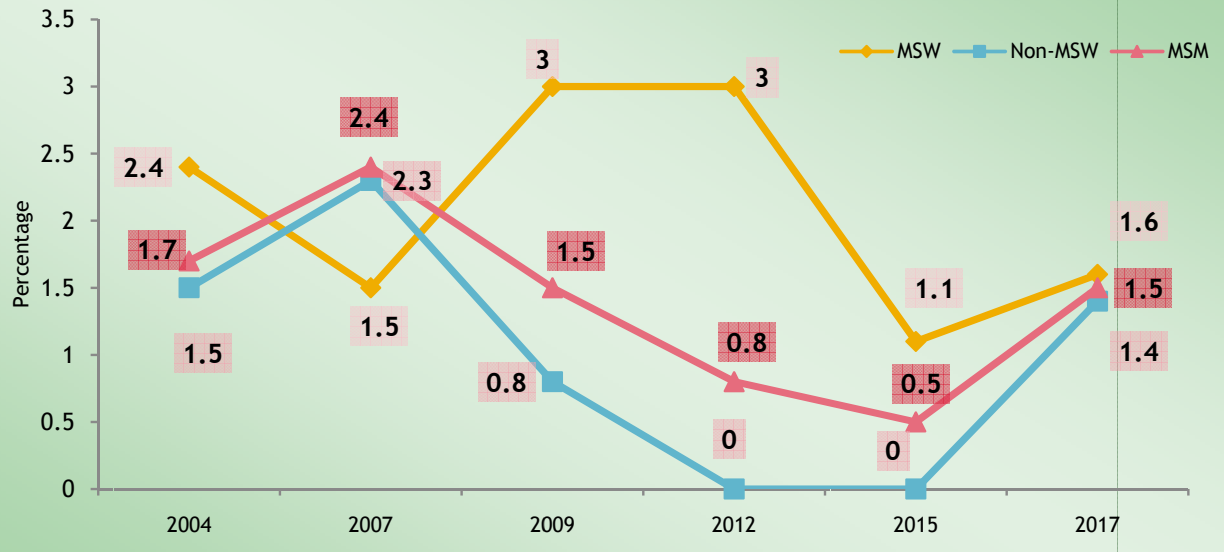
Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 4: Prevalence of STI among Female Sex Workers in 22 Terai Highway Districts



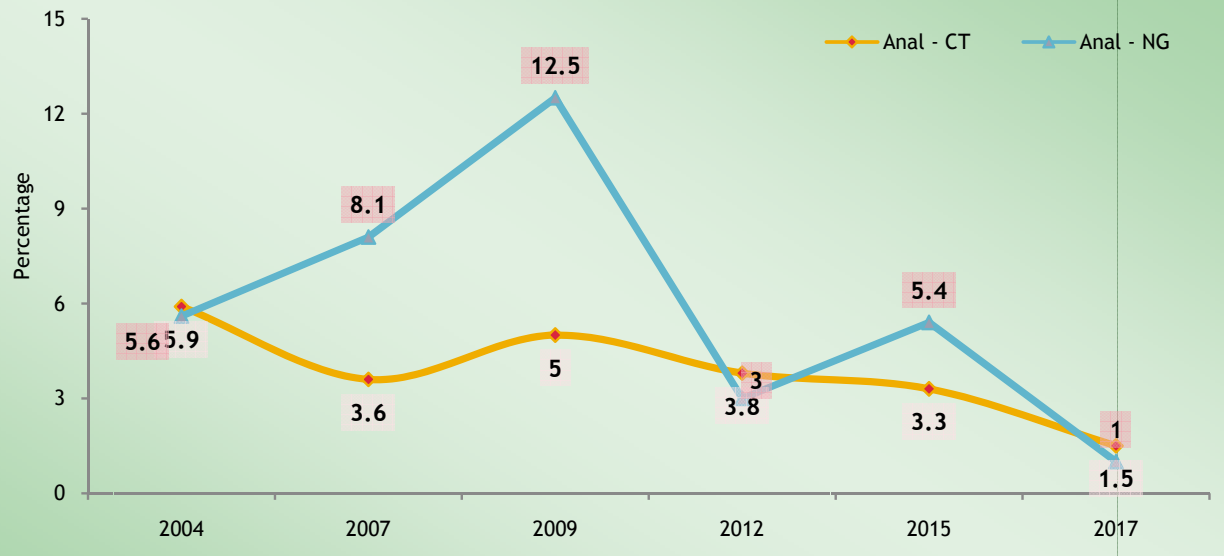
Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 5: Prevalence of Active Syphilis among Men who have Sex with Men / Transgender in Kathmandu Valley



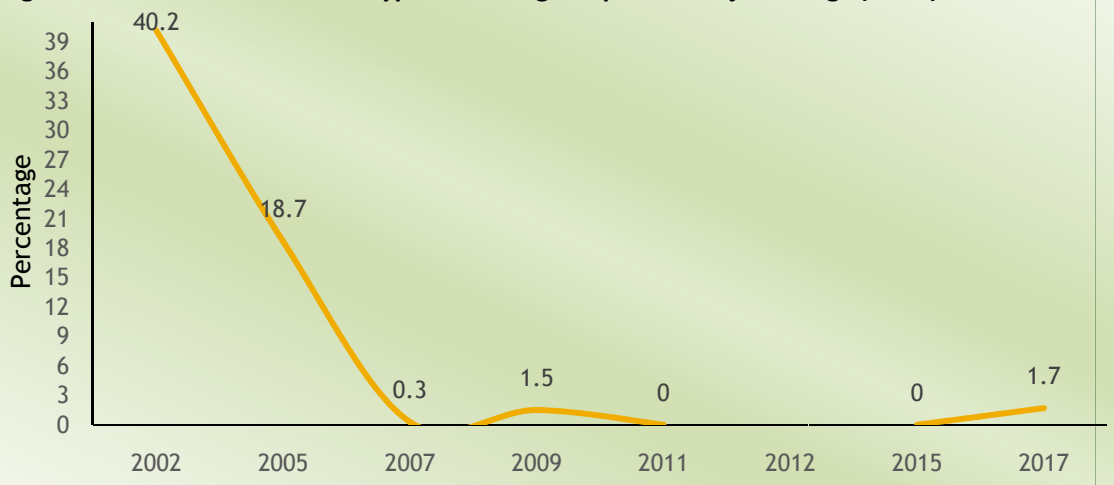
Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey
MSW: Male Sex Workers, Non- MSW: Non-Male Sex Workers, MSM: Men who have sex with Men

Figure 6: Prevalence of STI among Men who have Sex with Men / Transgender in Kathmandu Valley



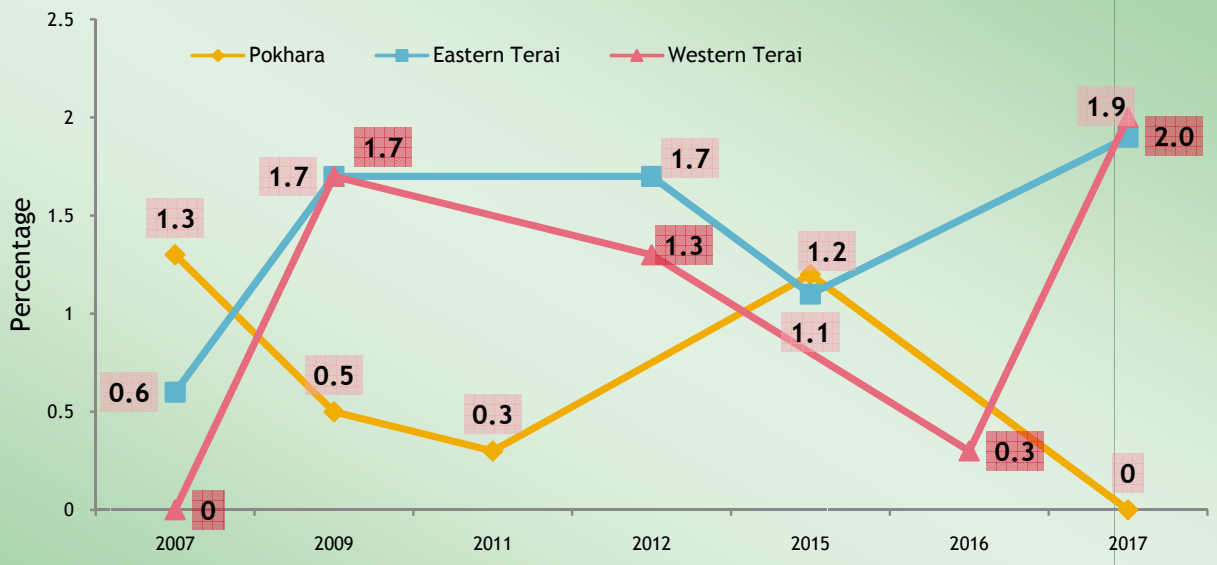
Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey
CT: Chlamydia Trachomatis ; NG: Neisseria Gonorrhea

Figure 7: Prevalence of Active Syphilis among People who Inject Drugs (Male) in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 8: Prevalence of Active Syphilis among People who Inject Drugs (Male)



Source: Integrated Biological and Behavioural Surveillance (IBBS)Survey

SN	Survey Populations	Study Area in 2018	Prevalence of Active Syphilis
1	Men who have Sex with Men and Transgender	Tarai Highway Districts	2.4
2	Female Sex Workers	22 Highway Districts	1.1
3	Male Labor Migrants	Eastern Districts	-
4	Wife of Migrants	Far Western Nepal	-

Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Fact sheet 5: Prevention of Mother to Child Transmission (PMTCT) in Nepal

Table 1: Facts on PMTCT

Indicators	Value
Annual estimated pregnancies in 2016/2017*	758,652
Mothers requiring PMTCT in 2017	304
Total HIV positive pregnant women who received antiretroviral to reduce the risk of MTCT in 2017	192
Percentage of HIV positive pregnant women who receive antiretroviral to reduce the risk of MTCTin 2017	63%

Source: National HIV Estimates 2017
*Source; DoHS Annual report FY 073/74

Background

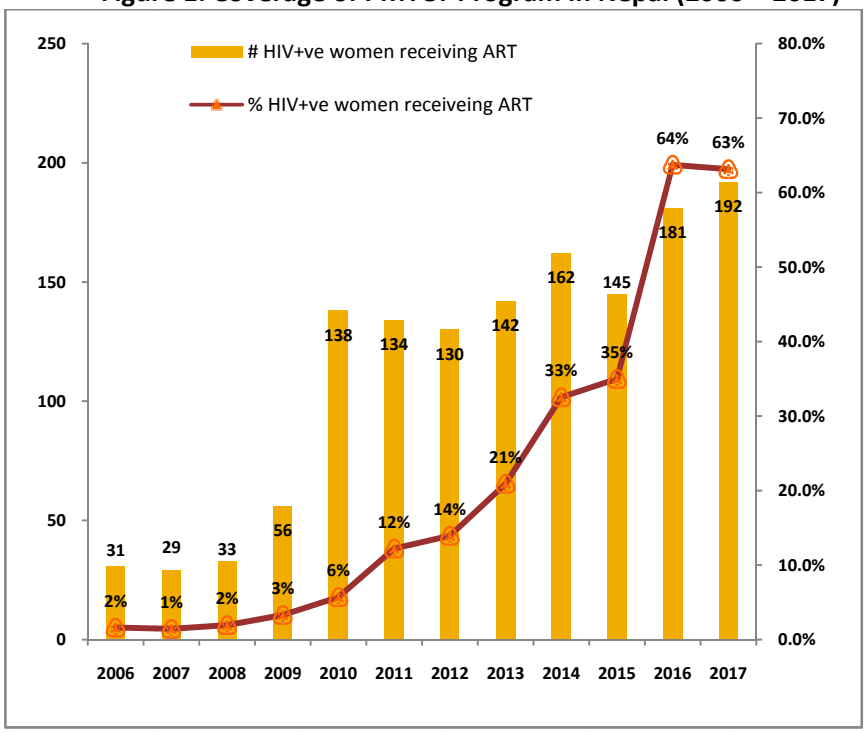
- Comprehensive PMTCT service started in Nepal in February 2005.
- Community-based PMTCT (CB-PMTCT) program has been expanded in all **77** districts of Nepal where HIV screening and counseling is done among every ANC visitor at the health facilities.
- ARV medicines are made available in all districts of Nepal. However, life-long ART service is only provided through **74** ART sites and 23ART Dispensing Centers (ADC) throughout the country.

Table 2: Services Statistics on PMTCT in Nepal: 2007 – July2018

Indicators	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018 Jan -July
Tested for HIV (ANC & Labour)	32,553	42,733	65,791	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	284,018
HIV Positive pregnant women	59	84	133	138	169	175	125	162	88	154	106	45
HIV +ve mother Delivered	38	61	96	120	134	110	139	131	115	121	145	61
Mothers received ART	28	47	77	96	117	126	142	162	145	181	192	80
Babies received Prophylaxis	34	57	89	112	129	108	136	127	114	118	137	59

Source: Routine Program Data, 2018

Figure 1: Coverage of PMTCT Program in Nepal (2006 – 2017)



Early Infant Diagnosis (EID):

Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest.

DNA PCR test is done for EID and conducted among the children below 18 months.

USAID/FHI 360 initiated EID service in the country in 2009 through sending sample to FHI 360 laboratory in Bangkok.EID through DNA PCR technology is available at National Public Health Laboratory (NPHL), Teku since September 2014.

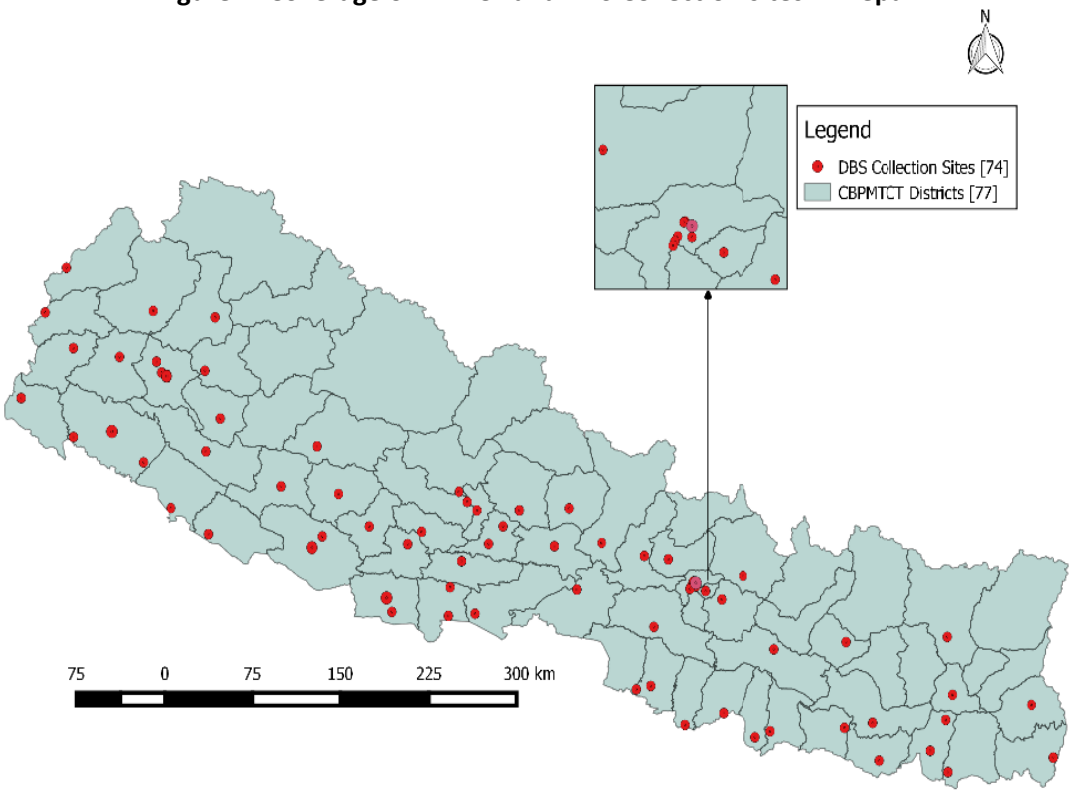
Dried blood spot (DBS) samples for EID are collected from all ART sites.

Note: Option B^{+} was started from 2015 in Nepal.

Table 3: Early Infant Diagnosis Program

SN	Indicator	2014	2015	2016	2017	2018 (Jan- July)
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	199
2	Total number of children up to 18 months diagnosed positive through PCR test	4	15	10	16	17

Figure 2: Coverage of PMTCT and DBS Collection sites in Nepal



Fact sheet 6: HIV Care and Antiretroviral Therapy (ART) Services in Nepal

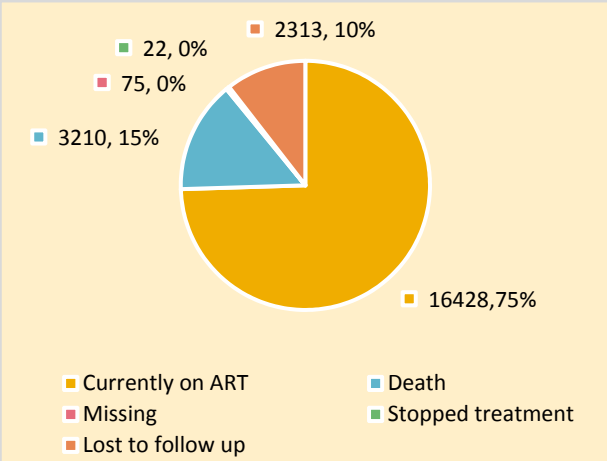
Background about ART program in Nepal

- ART service is started from February 2004 from Sukraraj Tropical and Infectious Disease Hospital Kathmanduin Nepal. ART is available for free of cost for all People Living with HIV (PLHIV).
- As of July 2018, there are 74 ART sites and 24 ART Dispensing Centers (ADCs) throughout the country. ART Best Practice and Dispensing Guidelines for ART clinics in Nepal 2018 is developed. Nepal has also adopted Test and Treat approach since Feb 2017.
- National Consolidated Guideline for Treating and Preventing HIV in Nepal 2014 and revised in 2017 is the guiding document for providing HIV treatment and care in Nepal.
- CD4 count service is available from 33 sites across the country.
- Viral load testing service is available at National Public Health Laboratory Kathmandu, Seti Zonal Hospital Kailali and Bir Hospital Kathmandu. This year, the service has also been expanded at Pokhara Academy of Health Sciences Pokhara and Koshi Zonal Hospital Biratnagar.

Table 1: Facts on ART, as of July 2018

Indicators	Value
Total PLHIV currently on ART (as of July 2018):	16,428
Patients on the 1st line regimen:	12,763
Patients substituted on the 1st line	3,166
Patients switched on the 2nd line	499

Figure 1: Outcomes of ART Program in Nepal, as of July 2018



Ever enrolled in ART till July 2018 (N) = 22048

Facts about ART Coverage

- **Among total People Living with HIV infection who are currently on ART, of which,**

Proportion of Adults (15+ years): 92.5%	Proportion of Male: 8,409 (51.2%)
Proportion of Children (Under 14 years): 7.5%	Proportion of Female: 7,940(48.3%)
	Proportion of TG: 79 (0.5%)

- **Percentage of people Living with HIV infection who are alive and currently on ART after**

12 months of treatment: 88%	24 months of treatment: 82%
(M:85.2%; F:90.2%;TG:88.9%) (<15 yrs: 95.6%; ≥15 yrs: 86.6%)	36 months of treatment: 80%

- Percentage of adults and children receiving antiretroviral therapy among all estimated adults and children living with HIV : 53% (July 2018)

Table 2: ART Profile of Nepal, as of July 2018

Indicators	2008 July	2009 July	2010 July	2011 July	2012 July	2013 July	2014 July	2015 July	2016 July	2017 July	2018 July
PLHIV ever enrolled on ART (cumulative)	2,452	3,968	5,539	7,437	9,246	11,091	12,899	14,745	16,449	19,388	22,048
PLHIV with receiving ARVs (cumulative)	1,997	3,226	4,509	5,876	7,142	8,546	9,818	11,089	12,446	14,544	16,428
Lost to follow up (cumulative)	182	293	426	647	908	1,055	1,216	1,530	1,612	2,049	2,388
Stopped Treatment	5	18	11	12	11	27	30	31	31	25	22
Death (cumulative)	276	447	653	872	1,185	1,463	1,834	2,095	2,410	2,770	3,201

Figure 2: People on ART by Province July 2018

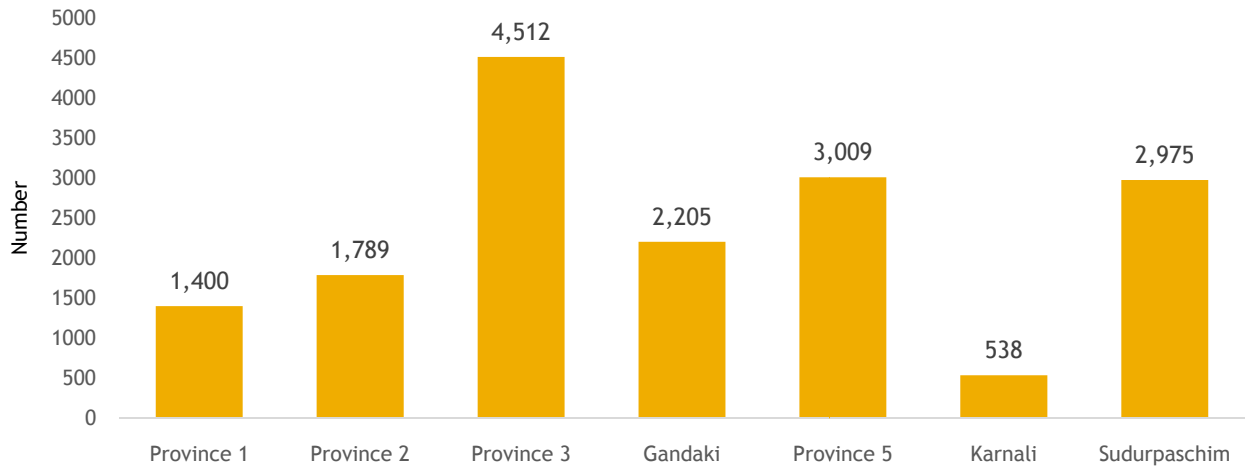


Figure 3: Number of ART sites in Nepal by establishment year, 2018

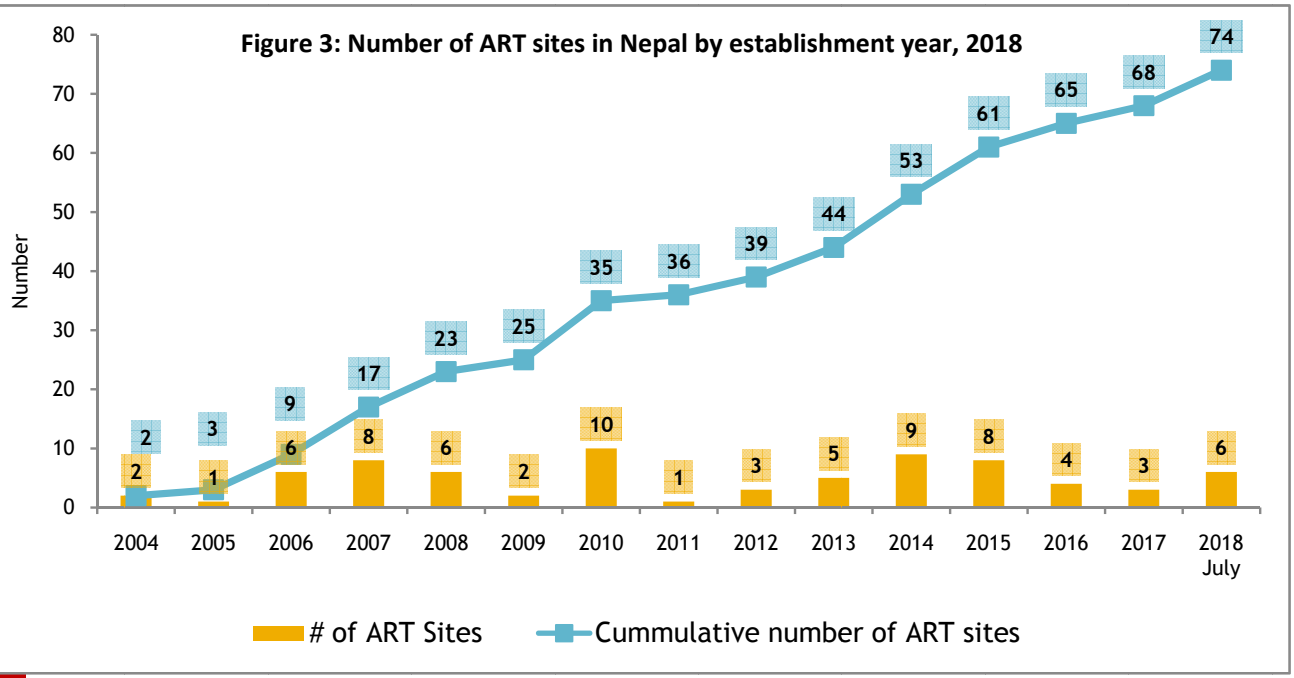
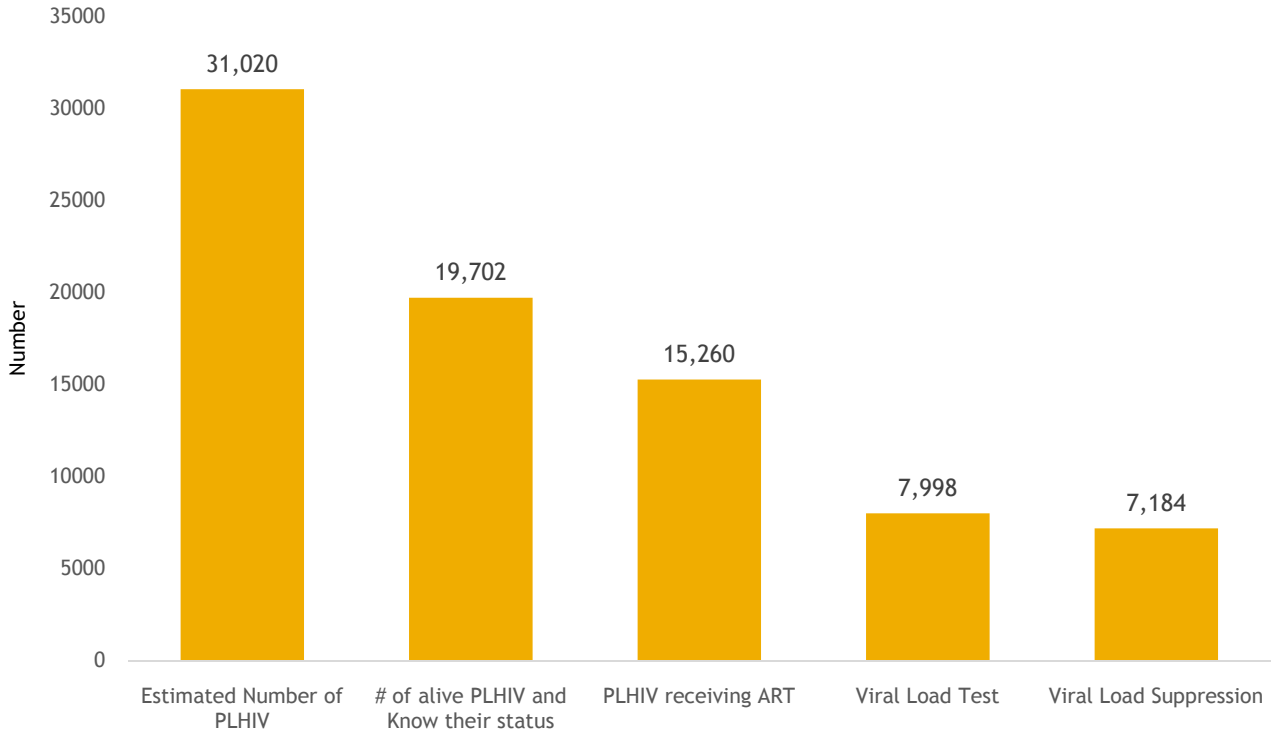


Figure 4: Treatment Cascade as of December 2017



Viral Load:

- Viral load testing is recommended as the preferred approach to monitor ART response and diagnosing treatment failure.
- It compliments clinical and immunological monitoring of people receiving ART.
- The Viral load testing service is available at National Public Health Laboratory (NPHL), Seti Zonal Hospital, Bir Hospital, Pokhara Academy of Health Sciences and Koshi Zonal Hospital Biratnagar.

Table 3: Facts on Viral load

	2014	2015	2016	2017	2018 (Jan-July)
Total Sample tested for viral load	1,198	5860	7,042	7998	6068
Number of PLHIV with viral load suppression (<1, 000 copies/ml)	1,004	5249	6,209	7184	5394

Community Care Centre (CCC) Service

- CCC is a short-term care home catering to the needs of PLHIV and serving as a link between the hospital and home/community.
- The key services include positive prevention, medical care, nutritional support, treatment literacy for adherence, care and support, and linkage to other social services.

Table 4: Facts on CCC (FY 2074/75)	N
District Covered	52
Number of new PLHIV receiving services from CCC	5391
Number of Follow-up PLHIV receiving services from CCC	4932
Number of PLHIV received psycho-social counseling support	5427
Number of PLHIV received nutritional support	6083
Number of PLHIV referred for management of opportunistic infections	565

Community and Home Based Care (CHBC)

- CHBC responds to the physical, social, emotional and spiritual needs of PLHIV and families from diagnosis to death and bereavement.
- National package of CHBC as per National Guidelines on CHBC and Standard Operating Procedures 2011 consists of care and support to PLHIV for adherence, nutritional education, hygiene and sanitation, family planning, referral, linking with social services, emotional/spiritual support and counseling, infection prevention, and end of life care.

Table 5: Facts on CHBC (FY 2074/75)	N
District Covered	57
Number of PLHIV who received CHBC services	6687
Number of PLHIV referred for ART management	1284
Number of PLHIV referred for management of opportunistic infections	565

Figure 5: Coverage of ART Service, July 2018

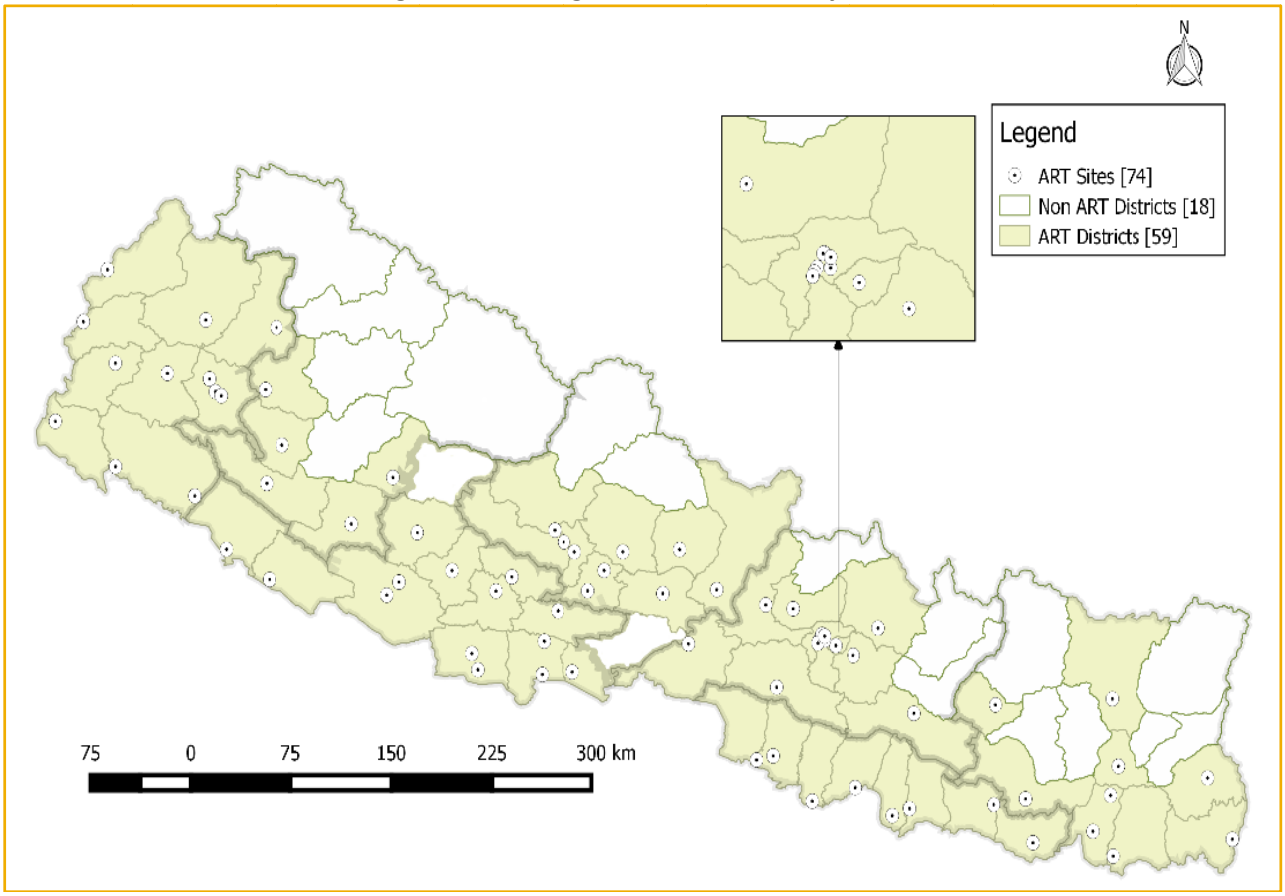
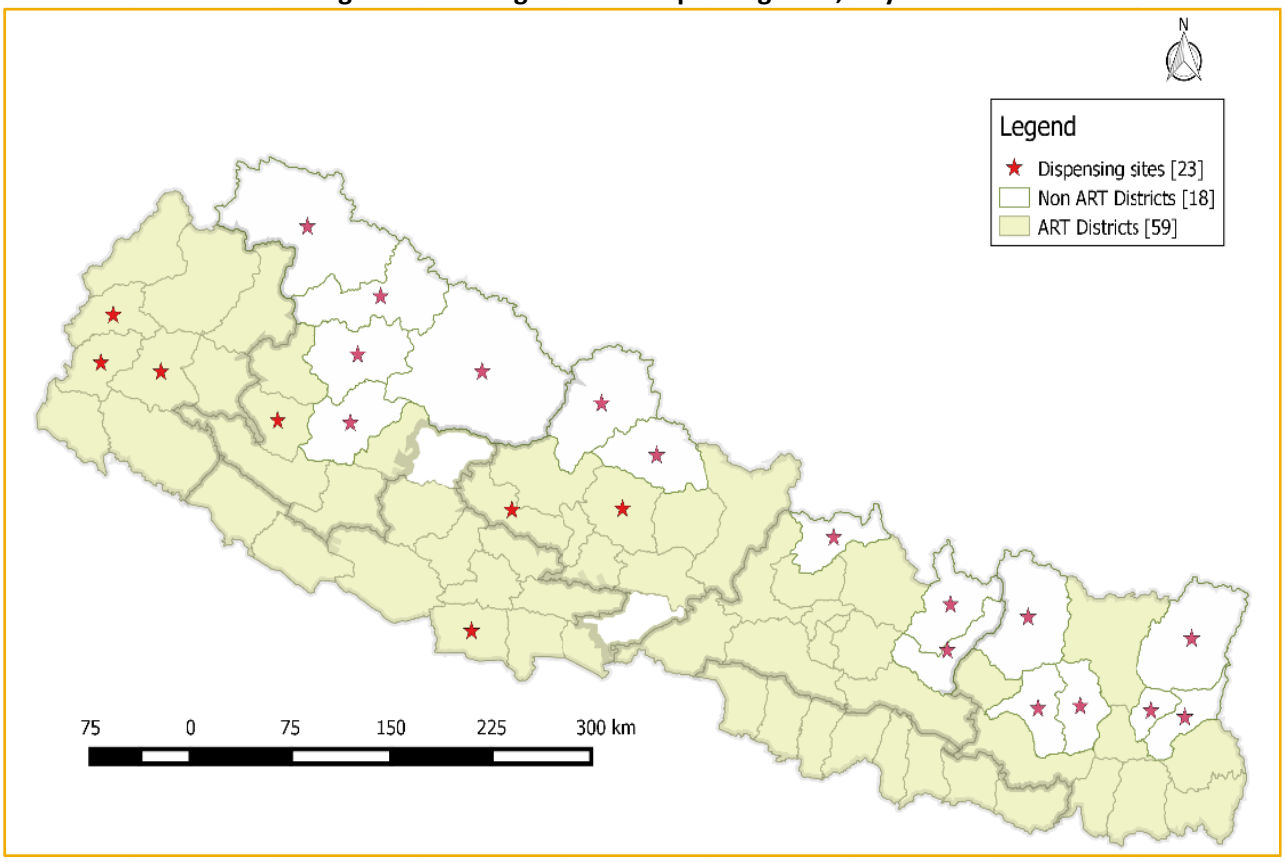


Figure 6: Coverage of ARV Dispensing Sites, July 2018



Fact sheet 7: HIV Surveillance in Nepal

Nepal has been monitoring HIV and STI epidemic by collecting data from the following sources:

Case Reporting of HIV and STI

Routine case reporting of HIV and STI is done from HIV testing and counseling and PMTCT sitesas well as other service sites. The routine reporting of HIV and STI from these sites is integrated in HMIS since 2014.

Integrated Biological and Behavioral Surveillance (IBBS) Survey

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: PWID, FSW and their clients, MSM and TG, and Male Labor Migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioral components such as condom use etc. Hepatitis-B and C screening among PWID has been started in the IBBS surveys from 2015.

Monitoring of HIV Drug Resistance

Preparations for setting up a system for monitoring of HIV drug resistance for example, monitoring of Early Warning Indicators is underway. In this regards, guidelines on monitoring for HIV Drug Resistance Early Warning Indicators has been prepared in November 2013. First HIV drug resistance survey is completed in 2017 and the finding of the survey is yet to be disseminated.

Size estimation of Key Populations

National size estimation of key populations (FSW, PWID and MSM/TG) was started in 2010. The second round of size estimation of key population was conducted in 2016.

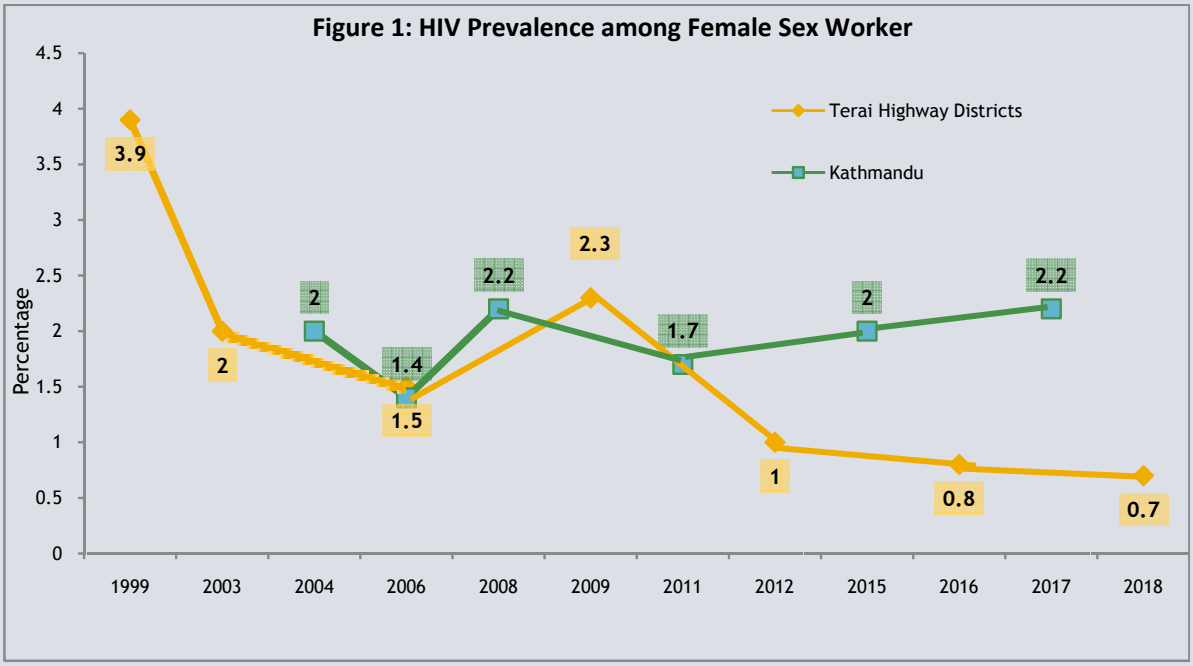
HIV Infection Estimations and Projections

Nepal updates HIV infection estimates annually using available biological and behavioral data, routine program data, key population size estimates and other relevant key information from different studies using Asian Epidemic Model (AEM) and Estimated Projection Package (EPP)/Spectrum.

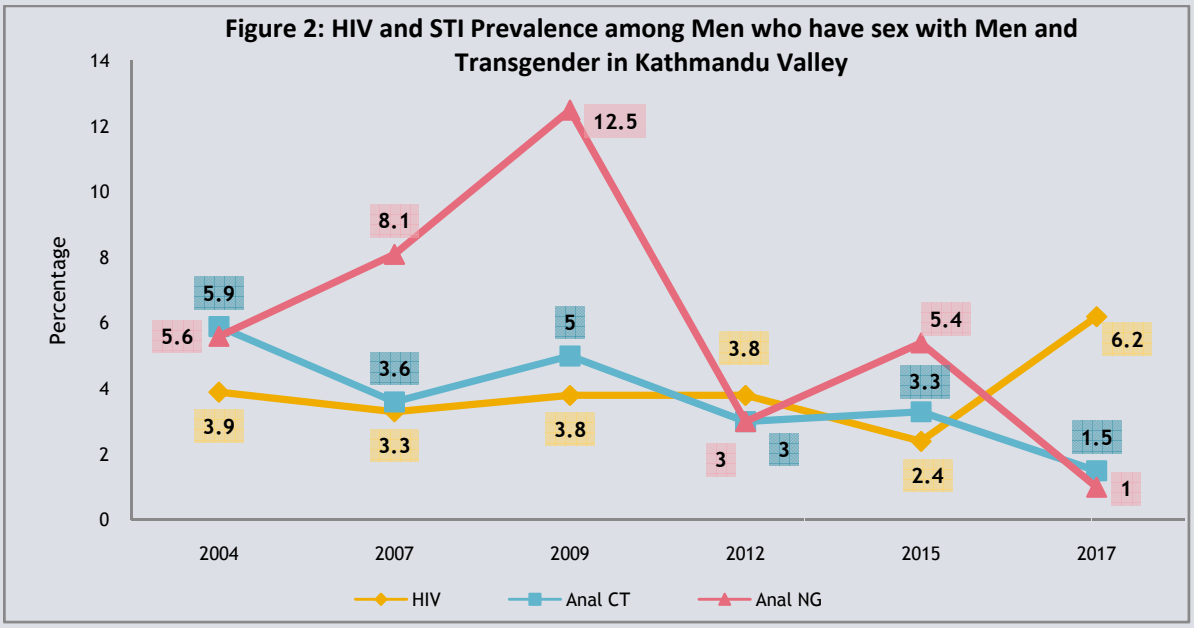
HIV Surveillance

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Save the Children/Global Fund and USAID/LINKAGES Nepal including the engagement of communities and people living with HIV. NCASC has developed 2017 National Consolidated Guidelines on Strategic Information of HIV Response in Nepal. The national consolidate SI guidelines aims to design an appropriate framework for measuring progress of Nepal HIV Strategic Plan (2016-2021) targets and indicators at different level, i.e. impact, outcome and output level, including definitions of core indicators and specifications for data collection and provide a road map for data sources, data collection, analysis and its use for improvement of program implementation.

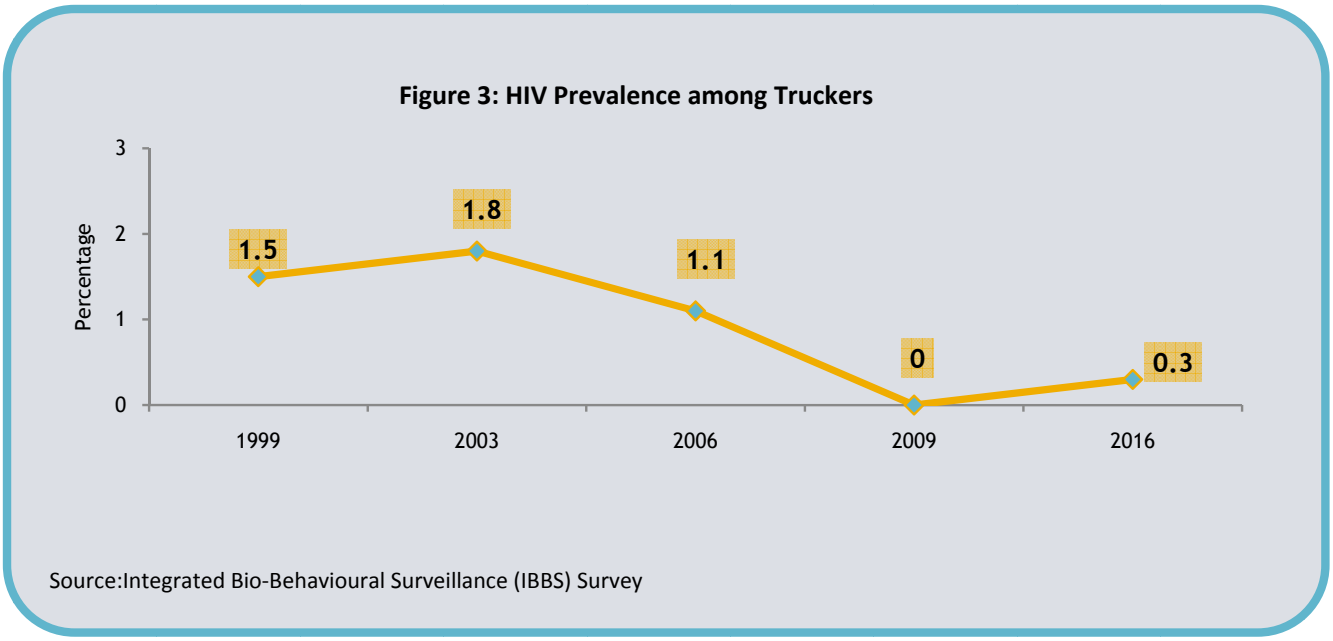
Source: NCASC, 2018



Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey



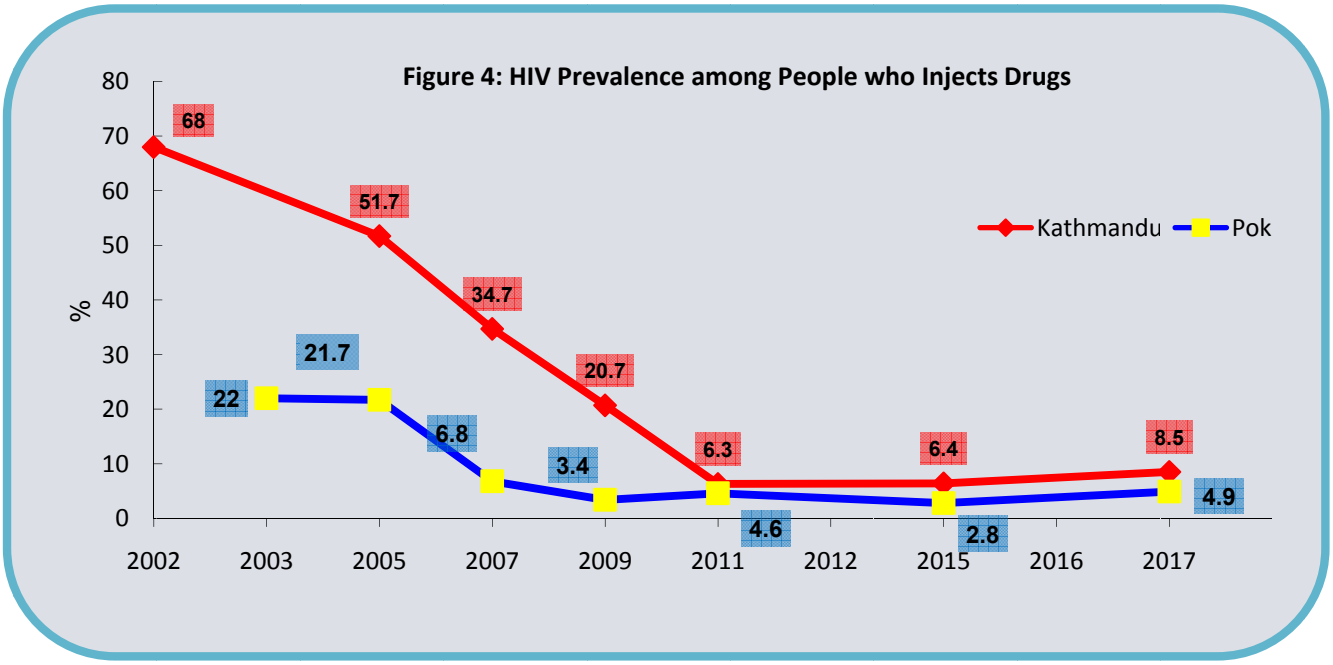
Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey



Source:Integrated Bio-Behavioural Surveillance (IBBS) Survey

Table 1: HIV Prevalence

Survey Population	HIV Prevalence	Survey Location
Female Sex Workers	0.7	22 Highway Districts 2018
Male Labor Migrants	0.3	Eastern Districts 2018
MSM and TG	8.2	Terai Highway 2018
Wives of Migrants	0.5	Far-west Districts 2018



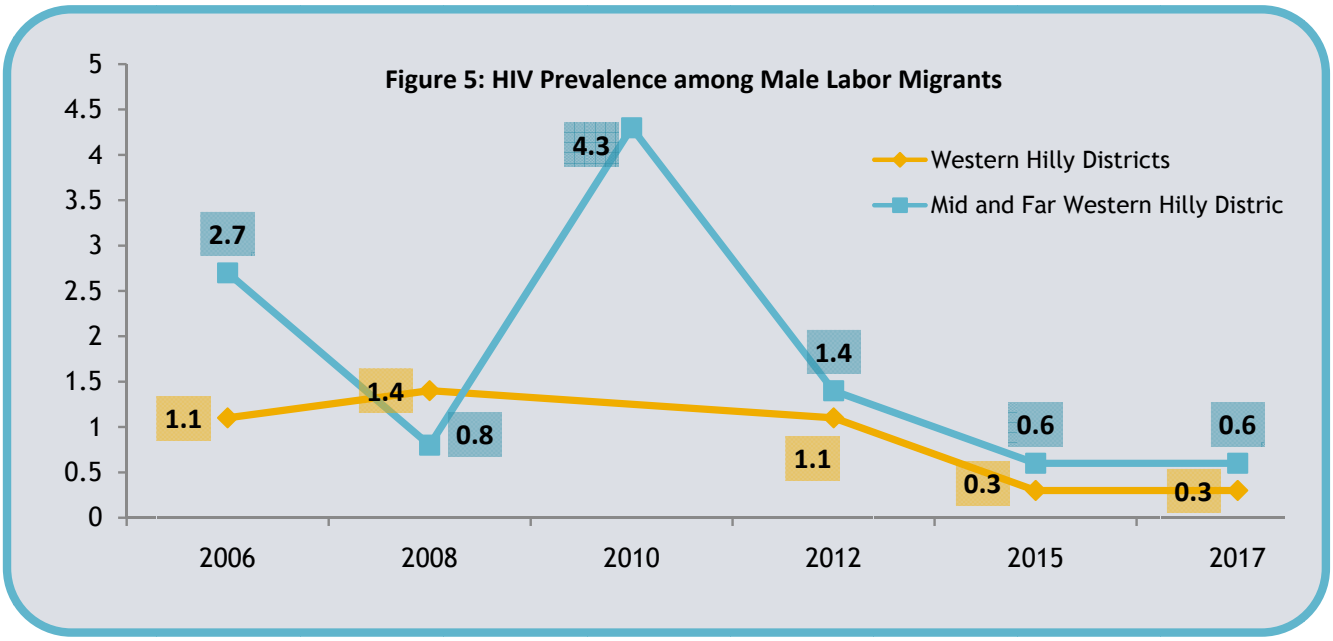


Table 2: Hepatitis Prevalence among People who Inject Drugs in 2017

Survey Location	Hep B	Hep C	Coinfection (Hep C & HIV)
PWID-Male			
Eastern Terai	0.8	38.0	2.5
Western to Far Western Terai	2.7	24.0	3.7
Pokhara	2.6	22.0	3.8
Kathmandu Valley	1.0	21.0	7.4
PWID-Female			
Pokhara	1.3	3.0	0.6

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Table 3: Integrated Biological and Behavioral Surveillance (IBBS) Survey (1999 – 2018)

Key populations at higher risk	Survey areas	Rounds	Survey years
Female Sex Workers (FSW)	Kathmandu Valley	6	2004, 2006, 2008, 2011, 2015, 2017
	Pokhara Valley	5	2004, 2006, 2008, 2011, 2016
	16Terai Highway Districts	7	1999, 2003, 2006, 2009, 2012, 2016, 2018
	6 Terai Highway Districts	6	2004, 2006, 2009, 2012, 2016, 2018
Male People who Inject Drugs (PWID)	Kathmandu Valley	7	2002, 2005, 2007, 2009, 2011, 2015, 2017
	Pokhara Valley	7	2003, 2005, 2007, 2009, 2011, 2015, 2017
	Eastern Terai Districts	7	2003, 2005, 2007, 2009, 2012, 2015, 2017
	West to Far West Terai Districts	6	2005, 2007, 2009, 2012, 2016, 2017
People who Inject Drugs (Female)	Kathmandu Valley	1	2016
	Pokhara Valley	1	2017
Men who have Sex with Men (MSM) and Transgender (TG)	Kathmandu Valley	6	2004, 2007, 2009, 2012, 2015, 2017
	Terai Highway Districts	2	2016,2018
	Pokhara Valley	1	2017
Male labor migrants	Western to Mid & Far Western Districts	6	2006, 2008, 2010[a], 2012, 2015, 2017
	Eastern Districts	1	2018
Wives of labor migrants	Far-Western region	3	2008, 2010,2018

[a] in *2010, IBBS among MLM was conducted in Mid and Far Western Clusters only;*

Fact sheet 8: Targeted Intervention among Key Population in Nepal

People who Inject Drugs (PWID)

- Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions among people who inject drugs in Nepal.
- Government of Nepal and partners have been implementing Opioid Substitution Therapy program through 15 sites.

Table 1: Targeted Interventions-People Who Inject Drugs

Indicator	Achievement				
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75
Districts covered	23	23	28	13	27
Reached through BCC	6,570	13,478	31,144	15,249	22,201
Condom distributed	610,557	606,171	786,504	12,237	671,631
HIV tested and counseled	5,332	9,777	15,897	11,478	19,992
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464
On Methadone till July 2018			819	909	740
On Buprenorphine till July 2018			528	145	176

Men who have Sex with Men (MSM) and Transgender (TG)

- The priority targeted prevention intervention among MSM and TG are behavior change interventions, including provision of condoms and lubricants, HIV testing and counseling, diagnosis and treatment of STIs and referral services.
- The interventions program has implemented with the support from Government of Nepal and its pooled fund partners and the Global Fund.

Table 2: Targeted Intervention-Men who have Sex with Men and Transgender

	Achievement				
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75
Districts covered		31	22	21	29
Reached through BCC	34,427	40,230	50,584	73,138	82,559
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262
HIV tested and counseled	7,574	6,674	21,474	37,250	59,672
STI diagnosed and treated	5,426	1,909	365	398	660

Male Labor Migrants (MLM) and their Spouses

- Male labor migrants (particularly to India) and their sexual partners are at risk for HIV.
- The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs and referral services.
- Government of Nepal and its Partner have implemented intervention through partner NGOs among migrants and their spouses.

Table 3: Targeted Intervention-Male Labor Migrants and their Spouse

Indicator	Achievement				
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75
District Covered		38	38	8	41
Reached through BCC	285,623	119,863	247,696	89,255	306,184
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456
HIV tested and counseled	42,679	40,623	103,667	17,238	101,202

Female Sex Workers (FSW) and their Clients

- FSWare themselves at risk of HIV and STI transmission due to high number of sexual partners and sexual contacts some of which may be unsafe.
- The priority targeted prevention intervention among FSW and their clients are behavior change intervention, including provision of condoms, HIV testing and counseling, presumptive treatment of STI, diagnosis and treatment of STI and referral services.
- The Government of Nepal and USAID/LINKAGES Project have implemented program through partner NGOs among FSW and their clients.

Table 4: Targeted Intervention-Female Sex Workers and their Clients

Indicator	Achievement									
	FY 070/71		FY 071/72		FY 072/73		FY 073/74		FY 074/75	
	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW
Districts covered			29	25	25	25	16	16	17	17
Reached through BCC	30,416	77,002	33,138	88,706	32,599	88,706	41,134	90,717	44,284	81,500
Condom distributed	3,434,421	19,55,697	4,712,296	2,805,769	4,204,696	2,713,038	3,352,293	2,199,082	2,697,692	1,847,855
HIV tested and counseled	9,970	11,076	10,006	12,957	9,765	12,621	28,715	27,316	30,743	31,393
STI diagnosed and treated	10,037	595	10,104	627	9,847	626	10,761	793	10,074	776

Children Affected By AIDS (CABA)

- CABA program only targets HIV positive children under 18 years of age.
- CABA Program is implemented by Government of Nepal in collaboration with Save the Children in 46 districts.
- Under CABA Support, every HIV infected Child is provided with Nrs.1000 per month for their education, health, nutrition and livelihood support.
- As of July 2018, 1,358(751 boys and 607 girls) HIV infected children have been supported with essential packages.

Table 5: Targeted Intervention-Prison Inmates

Indicator	Achievement
	FY 074/75
Districts covered	10
Reached through BCC	6,493
HIV tested and Counseled	2,318

Prison Inmates

- Prison Inmates are also at risk of HIV and STI transmission.
- The priority targeted prevention intervention among prison inmates are behavior change intervention, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs.
- The interventions has implemented with the support of Pooled fund.