

# Review of new NSPs in Asia and the Pacific Region

## Scoring and Explanations

UNAIDS RST and the regional HIV and AIDS Data Hub  
December 2011

Countries	Afghanistan	Bangladesh	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	PNG	Philippines	Timor-Leste	
<b>HIV Estimates (2009)</b>											
Estimated number of PLHIV	NA	6,300	63,000	310,000	8,500	100,000	240,000	34,000	8,700	NA	
Estimated female 15+ living with HIV	NA	1,900	35,000	88,000	3,500	11,000	81,000	18,000	2,600	NA	
Estimated number of children (0-14 yrs) living with HIV	NA	NA	NA	NA	NA	NA	NA	3,100	NA	NA	
<b>ART in need and ART coverage (2010)</b>											
Estimated number of adults and children with advanced HIV infection in need of ART [ (number) 2010 guideline]	1600	1,400	46,000	82,000	3,300	38,000	120,000	14,000	2,500	NA	
Adults and children with advanced HIV infection who received antiretroviral therapy [ (%) 2010 guideline ]	3	33	92	24	51	36	24	54	51	NA	
Countries	Afghanistan (2011-2015)	Bangladesh (2011-2015)	Cambodia (2011-2015)	Indonesia (2010-2014)	Lao PDR (2011-2015)	Malaysia (2011-2015)	Myanmar (2011-2015)	PNG (2011-2015)	Philippines (MTP, 2011-2016)	Timor-Leste (2011-2016)	Total score by components
<b>NSP Development and Elements</b>											
<b>NSP Development Process</b>											
1 New NSP informed by old NSP Review	0	1	1	1	1	1	1	1	1	1	9
2 Epi-Resp Situation analysis done	1	1	1	1	1	1	1	1	1	1	10
<b>NSP Core Elements</b>											
3 Goals	1	1	1	1	1	1	1	1	1	1	10
4 Targets	1	1	1	1	1	1	1	1	1	0	9
5 <i>Overarching</i>	1	0	1	1	1	1	1	1	1	0	8
6 <i>Population and programme specific</i>	1	1	1	1	1	1	1	1	1	0	9
7 <i>Universal Access</i>	1	1	1	1	1	1	1	1	1	0	9
8 Measurable Objective	1	1	1	1	1	1	1	1	0	0	8
9 Prioritization of most-at-risk populations	1	1	1	1	1	1	1	1	1	1	10
10 Geographic prioritization	1	0	0	1	1	0	0	0	1	0	4
11 Standardized packages of interventions	1	1	1	1	1	1	1	1	1	1	10
12 Unit cost	0	1	1	1	1	1	1	0	1	0	7
13 Estimated cost based on 80% coverage	0	0	0	1	0	0	1	0	1	0	3
14 Total resource need for NSP period	1	1	1	1	1	1	1	1	1	0	7
15 Scaling-up plan	1	1	1	1	1	1	1	1	1	0	8
16 Human resource plan	0	0	0	1	0	0	0	0	0	0	1
17 Operational plan	1	1	1	1	1	1	1	1	1	0	9
18 <i>Costed operational plan</i>	1	1	1	1	1	0	1	0	1	0	7
19 NSP engendered	1	1	1	1	1	1	1	1	1	1	10
20 <i>Gender as one of the "guiding principles"</i>	1	1	1	1	1	1	1	1	1	1	10
21 <i>Mention of gender specific programmes</i>	0	0	1	1	0	1	1	1	1	1	7
22 <i>Mention of stigma reduction and/or human rights as a cross-cutting theme</i>	1	1	1	1	1	1	1	1	1	1	10
23 <i>Human rights (HR) programmes recommended by UNAIDS (at least 5 of 7 recommended programmes)</i>	1	1	1	0	1	1	1	1	1	1	9
24 <i>Programmes for Prevention of MTCT</i>	1	1	1	1	1	1	1	1	1	1	10
25 <i>Target for maternal ARV (for PMTCT)</i>	1	0	1	0	1	1	1	1	0	0	6
26 <i>Target for infants ARV (either as impact or outcome)</i>	1	1	1	0	1	1	1	1	0	0	7
27 <i>Mention of elimination of MTCT</i>	0	0	0	0	0	1	0	0	0	0	1
28 <i>Young people specific components (at least 3 or 5 components elaborated below)</i>	1	1	1	1	1	1	1	1	1	1	10
<i>Young people specific targets</i>	*	*	*	*	*	*	*	*	*	*	
<i>Young people specific objectives</i>	*	*	*	*	*	*	*	*	*	*	
<i>YP as one of the priority populations</i>	*	*	*	*	*	*	*	*	*	*	
<i>YP specific programmes/activities</i>	*	*	*	*	*	*	*	*	*	*	
<i>Costed programme (for young people)</i>	*	*	*	*	*	*	*	*	*	*	
<b>Review Process</b>											
29 Peer review of new NSP	1	1	1	1	1	1	1	1	1	1	10
30 External review	1	0	0	1	0	0	1	1	1	0	5
31 Plan for mid-term or annual review	0	1	1	1	1	1	1	0	1	0	7
<b>Total score - max 31</b>	<b>24</b>	<b>23</b>	<b>26</b>	<b>27</b>	<b>26</b>	<b>25</b>	<b>28</b>	<b>23</b>	<b>25</b>	<b>13</b>	
	For operational plan score 5-6 score 3-4 score 0-2		Standardized packages of interventions score 11-16 score 6-10 score 0-5								

## Afghanistan (NSF)

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	NACP, UN joint team, WB (ASAP); 8 line ministries participated in stake holder consultations, NGOs and operational research agencies such as John Hopkins Uni and Action Aid, and PLHIV
<i>External review</i>	WB (ASAP)
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	Review of old NASF; 2007 program operational plan; project documents and GF proposals; program policy and strategic documents from key sectors
<b>Plan for mid-term or annual review</b>	N/A
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Detailed situational analysis mentioned as part of the new NSP text
<b>Gender assessment as part of situational analysis</b>	Gender specific concerns : underlying socio-economic, taboos and cultural factors , vulnerabilities ( including sexual exploitation and trafficking)
<b>Measurable Objective</b>	Yes ( through result framework)
<b>Goals (State goal)</b>	to achieve universal access to HIV prevention, treatment, care and support for key affected populations (KAPs), vulnerable populations and people living with HIV (PLHIV) (just the continuity of the goal in NASF I)
<b>Targets State targets</b>	Yes ( as result framework and strategies)
<i>Overarching</i>	Three overarching targets have been included: 1) HIV Prevalence reduced to < 5 percent among key affected populations; 2) National HIV response effectively sustained by 2015 ; and 3) HIV-related morbidity and mortality reduced and quality of live Improved for all PLHIV by Y 2015.
<i>Population and programme specific</i>	HIV Prevalence Reduced to < 5 percent among Key Affected Populations (KAPs) by 2015; Treatment and care: HIV-related morbidity and mortality reduced and quality of life improved for all PLHIV by 2015
<i>Universal Access</i>	For care and treatment ( aimed for all those who need ART)
<b>Getting to zero</b>	Yes
Zero new infections	Yes
Zero AIDS related deaths	Yes
Zero discrimination	Yes
<b>Priority of most-at-risk populations</b>	IDU in community and prison settings, FSW, MSM, truck drivers, migrant workers, IDPs, refugees and returnees, uniformed services and vulnerable youth and street children
<b>Geographic priority</b>	Will focus on priority provinces
<b>Standardized packages of interventions (details of components)</b>	Outreach education, BCC, condom, STI management, HIV testing and counselling, harm reduction (NSEP and OST), enabling policies
<b>Unit cost (model used for Unit Costing)</b>	N/A
<b>Costing tool used to estimate resource need</b>	based on basic aggregation of costing data available from AHAPP, GFATM, and 2007 program operational plan
<b>Estimated cost based on 80% coverage</b>	N/A

<b>Total resource need (Mention estimated amount)</b>	30.54 million USD
<b>Scaling-up plan</b>	With strategic directions to scale up comprehensive prevention services among KAPs and other vulnerable populations ( with geographic prioritization)
<b>Human resource plan</b>	N/A
<b>Operational plan</b>	M& E framework, result framework, resource mapping, indicative cost
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Equity and addressing gender differences as one of the cross-cutting principles
Guiding principles	Yes
gender specific programmes	N/A
<b>Gender capacity</b>	Equity in access to services
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Not directly mentioned but it can be implied from one of the cross-cutting principles - "Ensure an <b>equity in access to services for all populations at risk</b> and in need of services, including a focus on addressing gender differences". It is also included in the impact result 2: enabling environment and stated as " to address stigma and discrimination". Under the strategic direction in reducing stigma and discrimination, it is stated that " Development of policy and legal measures that promote the provision of Universal Access to HIV Services of PLHIV and KAPs, including formulation of an Act to counter stigmatization and discrimination."
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
Target for maternal ARV ( for PMTCT)	Yes, 90% by 2015
Target for infants ARV ( either as impact or outcome)	Yes, as an impact indicator ( % of infants born to HIV infected mother who are HIV infected), 5% by 2015
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	
Young people specific targets	Yes ( to increase HIV knowledge)
Young people specific objectives	Yes, as part of " Increased awareness on HIV among vulnerable and general populations"
YP as one of the priority populations	Yes. Youth and street children
YP specific programmes/activities	IEC/BCC, peer education, TOT, counselling and testing
Costed programme ( for young people)	Awareness and prevention programme for street children and youth

## Bangladesh

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	established a steering committee with representation from all key sectors to oversee the development of NSP. A task force operating under the direction of the steering committee has conducted a series of workshops involving all key stakeholders to analyse the current situation and develop objectives and implementing strategies
<i>External review</i> <b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	N/A
<b>Plan for mid-term or annual review</b>	Based on lessons learned from old NSP
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mid-term and end-term
<b>Gender assessment as part of situational analysis</b>	Mentioned in the new NSP text (detailed situation analysis is mentioned as an " accompanying document" but not available )
<b>Measurable Objective</b>	Mentioned about gender related vulnerability and sexual exploitation  Implement services to prevent new HIV infections ensuring universal access; Provide universal access to treatment, care and support services for people infected and affected by HIV; Strengthen the coordination mechanisms and management capacity at different levels to ensure an effective multi-sector HIV/AIDS response; Strengthen the strategic information systems and research for an evidence based response (defines priority strategies under each objective which are measurable)
<b>Goals (State goal)</b>	By 2015, minimise the spread of HIV and minimize the impact of AIDS on the individual, family, community, and society.
<b>Targets State targets</b>	Specific targets defined in accordance with the outcome and impact indicators
<i>Overarching</i>	N/A
<i>Population and programme specific</i>	Population specific ( among country defined KAPs) and program specific ( prevention, care and treatment)
<i>Universal Access</i>	For prevention, care and treatment ( with country defined targets of Universal Access)
<b>Getting to zero</b>	N/A
<b>Priority of most-at-risk populations</b>	Sex workers, PWID, MSM, Hijra ( will also target International migrant workers, Heroin Smokers, Transport Workers, Especially vulnerable adolescents, Prisoners)
<b>Geographic priority</b>	N/A
<b>Standardized packages of interventions (details of components)</b>	outreach and awareness, condom, BCC, VCT, STI services, PPTCT among FSW and female PWID, harm reduction (NSE and OST), community mobilisation
<b>Unit cost (model used for Unit Costing)</b>	developed by World Bank consultant in January 2011 and used in development of NASP Operation Plan. To keep similarity same unit was used in NSP 2011-2015
<b>Costing tool used to estimate resource need</b>	1. RCC Proposal costing (2009) with 30% inflationary adjustment; 2. HNPSDP Costing 2011 (done under WB technical assistance); 3. The activities not present in RCC or HNPSDP, were costed comparing similar activities present in the reference costing

<b>Estimated cost based on 80% coverage</b>	It will be applicable only for FSW and PWID though country defined MARPs are ( FSW, MSW, MSM, PWID, and Hijra). Coverage aimed for FSW and PWID by 2015 are 80% and 85% respectively whereas MSW, MSM, and Hijra are 65%, 40%, and 60% respectively
<b>Total resource need (Mention estimated amount)</b>	153 million USD
<b>Scaling-up plan</b>	Included in the result-based framework
<b>Human resource plan</b>	Consultancy fees, payment for consultants, DIC manager, peer educator etc. are already included in the costed implementation plan (in line with and as part of programme objectives and strategies) . But separate human resource plan is not available
<b>Operational plan</b>	Result-based framework, costed implementation plan, gap analysis
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Gender equity and gender-based approach is one of the guiding principles
Guiding principles	Yes
gender specific programmes	"Gender-based approach" is mentioned in the principles as "age and gender appropriate services are provided and working in partnership with other sectors to advocate for gender equality across public policy". But gender-specific indicators are not available in M & E framework and the operational plan
<b>Gender capacity</b>	Gender inequality is mentioned as one of the limitations the effectiveness of interventions which needs to be addressed. Importance of multi-sector response is also highlighted. But gender capacity is not particularly emphasized as a remedy for gender inequality
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Both stigma reduction and human rights are stated amongst the principles of NSP. 'A human rights approach will be adopted to maximise service access by marginalised populations and empower them to be involved in all aspects of the national response"
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
<b>Target for maternal ARV ( for PMTCT)</b>	PMTCT ( provision of ART to HIV + mother) is part of the result based framework. But target has yet to define.
<b>Target for infants ARV ( either as impact or outcome)</b>	Yes, as an impact indicator ( % of infants born to HIV infected mother who are HIV infected), < 2% by 2015
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	Yes. Prevention coverage, knowledge, life-skills based education
Young people specific targets	Yes "HIV and STI transmission minimized among young people and general population through BCC, STI service provision and life skills education"
Young people specific objectives	Yes especially vulnerable adolescents
YP as one of the priority populations	Yes, basic package for <u>young people</u> includes basic HIV information, access to VCT and STI services and access to condoms/lubricant, life skill education and youth friendly health services
YP specific programmes/activities	The package for <u>EVA</u> ( especially vulnerable adolescent) includes outreach education for street based EVA and institution based life skills education for those institutionalised as well as distribution of low literacy (possibly pictorial) IEC materials The service package for <u>MARA</u> will need to be informed by research and pilot interventions.
<b>Costed programme ( for young people)</b>	Pilot intervention for EVA and as part of " Sensitise service providers to the special needs of MARPs, PLHIV and young people"

## Cambodia

<p><b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b></p>	<p>Developed in consultation with representatives from key ministries, civil society ( including PLHIV network and KAPs ) , consultants (external and internal), multi- and bilateral agencies and private sector institutions(such as International Centre for Research on Women) through Theme group meeting and TWG</p>
<p><i>External review</i></p> <p><b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b></p>	<p>N/A</p> <p>It is mentioned in the new NSP that they review achievements, strengths, weaknesses, gaps under NSP-II and identify opportunities to strengthen the response and define priorities under NSP III</p>
<p><b>Plan for mid-term or annual review</b></p>	<p>2013 ( mid-term)</p>
<p><b>Situational analysis (State if mentioned/integrated into new NSP text)</b></p>	<p>It is mentioned in the new NSP text</p>
<p><b>Gender assessment as part of situational analysis</b></p>	<p>NA</p>
<p><b>Measurable Objective</b></p>	<p>Yes</p>
<p><b>Goals (State goal)</b></p>	<p>1)To reduce the number of new HIV infections. 2)To increase care and support to people living with and affected by HIV and AIDS through scaled targeted prevention.3) To alleviate the socioeconomic and human impact of AIDS on the individual, family, community and society</p>
<p><b>Targets State targets</b></p> <p><i>Overarching</i></p>	<p>Different target value set for individual indicators</p> <p>To reduce the number of new HIV infections</p> <p>Yes by KAPs and country defined populations such as prisoners and by programmes ( prevention, care and treatment, and strategies defined to achieve the goals)</p>
<p><i>Population and programme specific</i></p> <p><i>Universal Access</i></p>	<p>Country defined targets on universal access to key prevention, care and treatment, and impact mitigation</p>
<p><b>Getting to zero</b></p>	<p>NA</p>
<p><b>Priority of most-at-risk populations</b></p>	<p>Entertainment workers, MSM, TG, IDU/DU, High risk males (partners/clients of EW), MARYP, population in prison</p>
<p><b>Geographic priority</b></p>	<p>NA</p>
<p><b>Standardized packages of interventions (details of components)</b></p>	<p>Include 4 major components ( intervention) for priority populations ( Peer education, condom, STI and treatment, enabling environment)</p>
<p><b>Unit cost (model used for Unit Costing)</b></p>	<p>Unit costs used in the model were drawn from a unit cost list developed by the NAA and from other previous HIV/AIDS costing exercises carried out in Cambodia as well as from PEPFAR, (WHO, and UNICEF procurement price lists)</p>
<p><b>Costing tool used to estimate resource need</b></p>	<p>RNM</p>
<p><b>Estimated cost based on 80% coverage</b></p>	<p>Mention the targeted coverage among priority population ( which varies 80%, 90%, 95% etc.) but it is only calculated as total cost for prevention per population</p>
<p><b>Total resource need (Mention estimated amount)</b></p>	<p>516.3 million USD</p>
<p><b>Scaling-up plan</b></p>	<p>With specified activities, indicators, and targets</p>
<p><b>Human resource plan</b></p>	<p>Only calculated as total need per year for programme management</p>
<p><b>Operational plan</b></p>	<p>M&amp; E framework, business plan, an estimate of total resource need, mapping of resources available by donor</p>

**NSP "engendered (State whether there will be efforts to include gender elements, build capacity)**

Gender equitable approach as one of the guiding principles for the national response

Guiding principles

Gender equitable and gender-responsive approach

gender specific programmes

Gender-responsive approaches will be integrated into the activities that support the goals, objectives and strategies of the NSP

**Gender capacity**

Gender equitable sexual, RH and right education; NSP III is also based on right and empowerment of individual and communities and the understanding of the links between gender, HIV and uptake of services will be built into trainings, programs and policies.

**Mention of stigma reduction and/or human rights as a cross-cutting theme**

"Eliminate stigma and discrimination of people living with and affected by HIV and MARPs" is one of the cross-cutting strategies. Also mentioned "right-based" and " gender-equitable" approach as guiding principles

**HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes) Programmes for Prevention of MTCT**

Yes ( see details in HR details worksheet)

**Target for maternal ARV ( for PMTCT)**

Yes

Yes, 75% by 2015

**Target for infants ARV ( either as impact or outcome)**

Targets set by 4 pronged strategy

**Mention of elimination of MTCT**

N/A, just the 4 prongs approach

**Young people**

Young people specific targets

Targets set for knowledge, behaviour, sex before the age of 15, and LS-based education

Young people specific objectives

Increase access to tailored services for most-at-risk populations (MARPs) and their sexual partners.

YP as one of the priority populations

Yes ( MARYP)

YP specific programmes/activities

Comprehensive prevention programmes, strengthen legislative and policy measures, increase access to legal, social and health services, ensure active

Costed programme ( for young people)

Only as school-based interventions and costing for other programmes are not available

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	government, civil society stakeholders, development partners, input from international peer reviewers. Two teams involved: steering committee and drafting team. Steering committee includes NAC and line ministries. 50% of drafting team are members from civil society network including the network of PLHIV
<i>External review</i>	inputs from international peer reviewers
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	It is based on old NSP and developed in line with Mid-Term National Development Plan 2010-2014
<b>Plan for mid-term or annual review</b>	Both mid-term and annual reviews
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in the new NSP text
<b>Gender assessment as part of situational analysis</b>	N/A
<b>Measurable Objective</b>	Prevention and programme effectiveness among KAPs, Quality and accessible treatment and care services, economic and social support for PLHIV, enabling environment
<b>Goals (State goal)</b>	to prevent and reduce the transmission of HIV infection; improve the quality of life for people living with HIV; and to reduce the socio-economic impact of the AIDS epidemic on individuals, families, and society, while safeguarding Indonesia's productive and valuable human resources
<b>Targets State targets</b>	coverage of 80% of key populations and behaviour change among 60% of them
<i>Overarching</i>	By 2015 294,000 new infections will have been avoided
<i>Population and programme specific</i>	By key affected populations and by programmes ( prevention programmes among KAPs, BCC, care and treatment)
<i>Universal Access</i>	80% of KAPs has access to prevention programmes ( condom, needles, VCT, STI, etc.); <b>care and treatment ( ART [60% of PLHIV who are in need], OI, HIV related care and support); 60% of key population will practice safe behaviour</b>
<b>Getting to zero</b>	N/A
<b>Priority of most-at-risk populations</b>	Direct and indirect SW and clients, IDU, MSM, TG, prison inmates, young people, private and public sector employees, labourers, migrant workers
<b>Geographic priority</b>	137 districts (31% of all districts)
<b>Standardized packages of interventions (details of components)</b>	Peer education, BCC, condom, VCT, STI, harm reduction (NS programme and MMT) ,
<b>Unit cost (model used for Unit Costing)</b>	Nationally approved unit cost ( by ministries)
<b>Costing tool used to estimate resource need</b>	RNM
<b>Estimated cost based on 80% coverage</b>	Available by priority populations
<b>Total resource need (Mention estimated amount)</b>	1.1 billion USD ( IDR 10.3 trillion)

<b>Scaling-up plan</b>	By type of interventions and annual targets
<b>Human resource plan</b>	Human resource needs are calculated to achieve 80% of comprehensive program targets
<b>Operational plan</b>	M & E framework, estimated and available funds, resource needs and gaps
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Gender equality is one of the guiding principles
<b>Guiding principles</b>	As mentioned above
<b>gender specific programmes</b>	N/A
<b>Gender capacity</b>	Not particularly mentioned
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Stigma reduction as one of the objectives
<b>HR programmes recommended by UNAIDS (at least 5 of 7 recommended programmes)</b>	No
<b>Programmes for Prevention of MTCT</b>	Yes
<b>Target for maternal ARV ( for PMTCT)</b>	No, In both documents ( NSP and Strategy to address HIV AIDS among women), indicator for mother is mentioned, but the target is not mentioned
<b>Target for infants ARV ( either as impact or outcome)</b>	Impact indicator is mentioned, but the target is not mentioned
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	
Young people specific targets	Yes, as part of key populations
Young people specific objectives	N/A
YP as one of the priority populations	Yes, young people
<b>YP specific programmes/activities</b>	life skills education/ safe sex education to young people both in school settings and outside in collaboration with religious organizations, community organizations, and community leaders
<b>Costed programme ( for young people)</b>	

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	Government, CSO, PLHIV, development partners
<i>External review</i>	N/A
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	review old NSAP and the development of the new strategy were guided by the National Committee for the Control of AIDS (NCCA), the Centre for HIV/AIDS/STI (CHAS) . The NSAP development was participatory, and this document reflects contributions from government, civil society, people living with HIV and development partners. All these stakeholders participated in the Core Team for the NSAP review and revision, several technical working groups, consultation workshops and/or formal meetings
<b>Plan for mid-term or annual review</b>	2013
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in the new NSP text
<b>Gender assessment as part of situational analysis</b>	N/A
<b>Measurable Objective</b>	Yes
<b>Goals (State goal)</b>	1)Maintain the present low level of HIV prevalence in the general population (15-49) below 1% , 2) Ensure HIV seroprevalence among most-at-risk populations is lower than 5%.
<b>Targets (State targets)</b>	Different target value set for individual indicators
<i>Overarching</i>	Maintain HIV prevalence less than 1% among general population and <5% among KAPs
<i>Population and programme specific</i>	By KAPs and by programme ( prevention, treatment, care and support)
<i>Universal Access</i>	Country defined universal access targets exists but the details about the target is not available in the document
<b>Getting to zero</b>	Focus on new infections has mentioned but not in particular about getting to zero
<b>Priority of most-at-risk populations</b>	Sex workers and clients, MSM, DU/IDU, most at risk young people, migrant labours
<b>Geographic priority</b>	Clearly defined on the basis of relative vulnerability
<b>Standardized packages of interventions (details of components)</b>	awareness, condom, VCT, BCC, STI services, enabling environment, harm reduction
<b>Unit cost (model used for Unit Costing)</b>	As per costing guideline for HIV and AIDS intervention strategy ( UNAIDS/ADB 2004)
<b>Costing tool used to estimate resource need</b>	The resource estimates are based on the budgets for the current NSAP, Global Fund work plans, actual expenditures, coverage targets and population size estimates, as well as regional cost averages for unit costs. Will update annually at the time of annual work plan development
<b>Estimated cost based on 80% coverage</b>	N/A
<b>Total resource need (Mention estimated amount)</b>	54.2 million USD
<b>Scaling-up plan</b>	Targets defines with implementing strategies. Mapping of current interventions per population (KAP) by district, type of services and implementing organisations
<b>Human resource plan</b>	N/A
<b>Operational plan</b>	M & E framework, estimate of total resource needs (including unit cost)

<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Yes
Guiding principles	Gender considerations are one of the guiding principles
gender specific programmes	N/A
<b>Gender capacity</b>	Recommended that gender analysis framework must be applied to all planning, service delivery and research processes
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Human right as a guiding principle of NSP
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
Target for maternal ARV ( for PMTCT)	Yes, 90% coverage by 2015
Target for infants ARV ( either as impact or outcome)	Yes, 100% of infant born to HIV infected mothers received ARV by 2015
<b>Mention of elimination of MTCT</b>	No, targets - 90% of HIV + PW received ARVs for PMTCT and 100% of infants born to HIV+ mother received ART
<b>Young people</b>	
Young people specific targets	Yes, HIV knowledge
Young people specific objectives	N/A
YP as one of the priority populations	Yes, MARYP
YP specific programmes/activities	Life-skills education, outreach programme for out-of-school youth and disadvantaged children
Costed programme ( for young people)	Life-skills education, Condom promotion for MARYP and MARA
<b>Malaysia</b>	
<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	6 TWG consists of govern, NGO, CSO stakeholders including KAP, PLHIV, advocacy groups and CBOs. 2 consultative meetings, costing and budgeting workshop and M & E workshop
<i>External review</i>	N/A
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	To capture as much of the issues, progress and challenges experienced by both Government and CSO stakeholders
<b>Plan for mid-term or annual review</b>	2013
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	It is mentioned as part of NSP
<b>Gender assessment as part of situational analysis</b>	Increase in proportion of female HIV cases and the task force on women is tasked to guide the actions of Government and its response to addressing behaviour and socio-economic factors behind the sexual transmission of HIV; gender disaggregated data as part of understanding of women's vulnerability to HIV
<b>Measurable Objective</b>	5 objectives are clearly stated
<b>Goals (State goal)</b>	To prevent and reduce the risk and spread of HIV infection; To Improve the quality of life of People Living with HIV; Reduce the social and economic impact resulting from HIV and AIDS on the individual, family and society.

<b>Targets (State targets)</b>	Defined
<i>Overarching</i>	by the end of 2015, a 50% reduction of new infections able to be prevented and averted is achieved
<i>Population and programme specific</i>	By population (KAPs) and by programmes
<i>Universal Access</i>	Committed to achieve MDG and Universal Access targets ( 80% coverage of KAP and 60% practice safe behaviours)
<b>Getting to zero</b>	N/A
<b>Priority of most-at-risk populations</b>	FSW, clients of FSW, IDU, MSM, TG; vulnerable populations ( out of school youth, children of sex workers and IDUs, street children, young people in incarcerated setting, foster care and other institutional setting, migrant workers, refugee, undocumented persons
<b>Geographic priority</b>	N/A
<b>Standardized packages of interventions (details of components)</b>	Awareness, condom, VCT, BCC, STI services, enabling environment, harm reduction ( NSP and OST)
<b>Unit cost (model used for Unit Costing)</b>	based on existing interventions currently being implemented by agencies and organisations
<b>Costing tool used to estimate resource need</b>	N/A
<b>Estimated cost based on 80% coverage</b>	N/A
<b>Total resource need (Mention estimated amount)</b>	It is not mentioned and instead it is just quoted the previous expenditure shouldered by the government
<b>Scaling-up plan</b>	Interventions among KAPs, treatment and care, social impact mitigation programmes for PLHIV ( with planned target achievements by 2015)
<b>Human resource plan</b>	N/A
<b>Operational plan</b>	National action plan, M & E framework
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Yes ( as one of the guiding principles)
<i>Guiding principles</i>	Mentioned as one of the guiding principles to respect gender  the need to establish programmes which address specific vulnerabilities related to gender including behavioural change (pg 52 & 55), gender based violence (pg 53 & 59), introduction of social protection programmes linked to women and their families (pg 59)
<i>gender specific programmes</i>	
<b>Gender capacity</b>	N/A
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Yes, conducive and enabling environment with stigma reduction as one of the guiding principles
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
<b>Target for maternal ARV ( for PMTCT)</b>	Yes, 100% of HIV infected pregnant women received ARV for PMTCT by 2015
<b>Target for infants ARV ( either as impact or outcome)</b>	Yes, 100% of infants born to HIV infected women received ARV prophylaxis
<b>Mention of elimination of MTCT</b>	State one of the targets as "All cases of vertical HIV transmission are able to be prevented with all HIV positive pregnant mothers receiving treatment and children born receive ARV prophylaxis". It is mentioned in rationale of Strategy 1.3 PPTCT that " the goal would be to eliminate incidences of vertical transmission by 2015"
<b>Young people</b>	
<i>Young people specific targets</i>	Yes, HIV knowledge and sex before age of 15

Young people specific objectives	N/A
YP as one of the priority populations	Yes, out of school youth, street children, young people in incarcerated setting, foster care and other institutional setting
YP specific programmes/activities	Develop a series of workshops for young MSM and TG (18 – 24 years old) which integrate living skills, gender and sexuality with safer sex knowledge/ skills to reinforce safer sex behaviour; comprehensive sexual reproductive health and life skills based education and HIV awareness programmes among young people aged 15-24
Costed programme ( for young people)	N/A
<b>Myanmar</b>	
<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	ASAP process used ( separate document); many sectors and stakeholders involved such as Govern Ministries, International and national NGOs, CBOs and self help groups, FBOs, PLHIV, most-at-risk groups, and TWG ( consists of government, implementing partners including local organizations and networks, and UN agencies)
<i>External review</i>	ASAP
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	They reviewed old NSP planned vs. achieved including resource available and financial gaps ( the gap between actual and planned resources grew to \$32.8 million by 2009)
<b>Plan for mid-term or annual review</b>	Mid-term 2013 and end-of-term-2015 (Living document which subjects to adjustments and revisions as further experience is gained)
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in the new NSP text
<b>Gender assessment as part of situational analysis</b>	Mentioned changing male to female ratio of reported HIV cases overtime and increasing vulnerability. <i>Findings and recommendations from an extensive and inclusive gender review undertaken before the new NSP was developed have been incorporated in the new NSP</i>
<b>Measurable Objective</b>	Reduction of HIV transmission and vulnerability, particularly among people at highest risk; Improvement of the quality and length of life of people living with HIV through treatment, care and support; and Mitigation of the social, cultural and economic impacts of the epidemic.
<b>Goals (State goal)</b>	reducing HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact
<b>Targets (State targets)</b>	Targets specifies by years ( by 2013 and by 2015) and by populations
<i>Overarching</i>	new infections are cut by half of the estimated level of 2010, the reduction of new infections of females will be at least equal to overall reduction. Less than 5,000 new infections
<i>Population and programme specific</i>	By programme ( prevention, care and treatment) and by populations (KAP)
<i>Universal Access</i>	Stated as one of the guiding principles
<b>Getting to zero</b>	N/A (when the new NSP is at its finalization stage in Summer 2010, the three zeros are just about to be announced)
<b>Priority of most-at-risk populations</b>	FSW and their clients, MSW and their clients and the sexual partners of both, MSM (including TG), IDU and DU, sexual partners of PLHIV, children born to HIV-infected parents and other vulnerable populations such as mobile and migrant populations and communities affected by population movement, young people vulnerable to/with risk behaviour, Prison or rehab: facility populations, uniformed services, people in the work place
<b>Geographic priority</b>	N/A
<b>Standardized packages of interventions (details of components)</b>	Awareness, peer education, condom, BCC,VCT, STI, legislation reform ( such as suppression of prostitution act 1949), enabling environment and support services

<b>Unit cost (model used for Unit Costing)</b>	Yes
<b>Costing tool used to estimate resource need</b>	Costing is based on Input model, but has been widely adapted. The ART costing has been adapted from a costing tool used in Southern Africa.
<b>Estimated cost based on 80% coverage</b>	Available ( as costed plan for 2015 target)
<b>Total resource need (Mention estimated amount)</b>	343.6 million
<b>Scaling-up plan</b>	available separately by components ( prevention, care and treatment, etc.) and by populations
<b>Human resource plan</b>	N/A
<b>Operational plan</b>	costed operational plan ( separate document)
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Yes
<b>Guiding principles</b>	One of the guiding principles ; male involvement and gender sensitive approach to achieve gender equity
<b>gender specific programmes</b>	integration of gender in all programme activities to ensure an effective response to HIV
<b>Gender capacity</b>	N/A
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Yes, stigma reduction as one of cross-cutting interventions and human right as one of the guiding principle
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
<b>Target for maternal ARV ( for PMTCT)</b>	Yes, 80% coverage among HIV infected pregnant women by 2015
<b>Target for infants ARV ( either as impact or outcome)</b>	Yes, as an impact indicator ( % of infants born to HIV infected mother who are infected), 11% by 2015
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	
<b>Young people specific targets</b>	Yes, % infected, condom use, out-of-school youth reached with HIV prevention programmes, HIV testing, received STI treatment in the last 12 months
<b>Young people specific objectives</b>	N/A
<b>YP as one of the priority populations</b>	Yes, young people vulnerable to/with risk behaviour
<b>YP specific programmes/activities</b>	provision of services for out-of-school youth and street children, referral networks, BCC, quantitative research conducted to determine the extent and characteristics of anecdotal reports, collaboration with anti-trafficking programmes
<b>Costed programme ( for young people)</b>	Prevention programme for out-of-school youth

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	Special interest group consultations ( SW, MSM, YP, PLHIV), NHS core group and TS team ( consist of national and international experts), Independent review group; separate analysis of recent reviews and evaluation of projects and programmes
<i>External review</i> <b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	Independent review group  significant input from the findings of NSP Mid-Term stocktake workshop (2009); one day workshop of national level stakeholders to identify what had been achieved under old NSP
<b>Plan for mid-term or annual review</b>	N/A
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in new NSP text
<b>Gender assessment as part of situational analysis</b>	In terms of sex disaggregated reported HIV cases and gender-related vulnerability
<b>Measurable Objective</b>	Different set of measurable objectives defined in accordance with the strategic priority
<b>Goals (State goal)</b>	To reduce the transmission of HIV and other STIs and minimise their impact on individuals, families and communities ( overarching goal)
<b>Targets (State targets)</b>	10 national targets to be achieved by 2015 ( prevalence <0.9%; >80% condom use among those having multiple partners; > 90% condom use among KAPs; PPTCT -80% of PW tested for HIV and knew the result; 100% of TB clients have an HIV test result recorded in the register; ART- 80% coverage among adults and children; SI- 50% of Provincial M&E and surveillance team are able to collect, analyse, report, and disseminate data; TA- 75% of TA deployed at sub-national level; Decentralisation -90% )
<i>Overarching</i> <i>Population and programme specific</i> <i>Universal Access</i> <b>Getting to zero</b>	To reduce the transmission of HIV and other STIs and minimise their impact on individuals, families and communities ( overarching goal) By population and programme as mention in the target row above Universal access to HIV treatment for all those who need it Mention about reduction of transmission in general and not about 3 zero in particular
<b>Priority of most-at-risk populations</b>	women and men involved in sex work, men who have sex with men, migrant workers, enclave workers, prisoners and mobile men with money, young people
<b>Geographic priority</b>	only broadly mentioned at the strategy level ( not at the operation level)
<b>Standardized packages of interventions (details of components)</b>	Awareness, condom, BCC, STI services, harm reduction (drug substitution therapy and needle syringe exchange is not explicitly mentioned), support legislative reform and stigma reduction (enabling environment)
<b>Unit cost (model used for Unit Costing)</b>	N/A
<b>Costing tool used to estimate resource need</b>	N/A
<b>Estimated cost based on 80% coverage</b>	N/A
<b>Total resource need (Mention estimated amount)</b>	N/A

<b>Scaling-up plan</b>	The plan is mentioned with baseline, targets, major activities, key implementers with status of funding for the respective indicators i.e. <i>planned, implemented, fully funded (or) planned, implemented, funding for expansion not secured (or) new activity and funding not yet secured</i>
<b>Human resource plan</b>	N/A
<b>Operational plan</b>	M& E framework, implementation framework, business plan showing how it should be utilized and by whom (but NOT the source of funding)
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Yes
<b>Guiding principles</b>	To address gender-related vulnerability and gender-based violence is one of the strategic priority
<b>gender specific programmes</b>	Specific programmes and indicators for gender related vulnerability and gender-based violence
<b>Gender capacity</b>	Empowerment through participation especially women, young people and vulnerable groups. Support programs to motivate male involvement and reinforcing positive and protective aspect of masculinity
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Yes, stigma reduction as one of the key cross-cutting issues
<b>HR programmes recommended by UNAIDS (at least 5 of 7 recommended programmes) Programmes for Prevention of MTCT</b>	Yes ( see details in HR details worksheet)
<b>Target for maternal ARV ( for PMTCT)</b>	Yes, 80 % ARVs for PMTCT coverage among HIV infected mothers by 2015 by 2015
<b>Target for infants ARV ( either as impact or outcome)</b>	Yes, Targets for early infant diagnosis, testing and treatment
<b>Mention of elimination of MTCT</b>	Though PPTCT is one of the headline national targets, elimination agenda was not explicitly mentioned
<b>Young people</b>	
<b>Young people specific targets</b>	Yes. Knowledge, behaviour, vulnerability, YP's involvement, youth-friendly health services, law and justice
<b>Young people specific objectives</b>	Yes, 9 objectives are defined ( knowledge, risk behaviour, services, equal access, involvement, law and justice
<b>YP as one of the priority populations</b>	Yes. Young people
<b>YP specific programmes/activities</b>	
<b>Costed programme ( for young people)</b>	Yes. Knowledge, behaviour, vulnerability, YP's involvement, youth-friendly health services, law and justice, counselling and testing, treatment services N/A

Philippines ( Mid Term Plan)

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	PNAC, Department of education, labour and employment, Social Welfare and Development (DSWD), and the National Economic and Development Authority (NEDA), UNAIDS, WHO, CSO, small informal meeting with MSM and PWID
<i>External review</i>	N/A
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	Above mentioned groups developed MTP based on old NSP
<b>Plan for mid-term or annual review</b>	AMTP5 M&E plan includes annual and midterm reviews. Evaluation studies will also be conducted - although End term evaluation was not specified.
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in MTP
<b>Gender assessment as part of situational analysis</b>	N/A
<b>Measurable Objective</b>	It is non-specific and generalized such as " to improve, to increase, etc." and not time bound
<b>Goals (State goal)</b>	By 2016, the country will have prevented further spread of HIV infection by maintaining the prevalence of less than 66 HIV cases per 100,000 populations and reduce the impact of the disease on individuals, families, sectors and communities
<b>Targets (State targets)</b>	Target broadly mention only as part of the goal statement
<i>Overarching</i>	By 2016, the country will have prevented further spread of HIV infection by maintaining the prevalence of less than 66 HIV cases per 100,000 populations and reduce the impact of the disease on individuals, families, sectors and communities
<i>Population and programme specific</i>	Population and programme specific targets mentioned with different scenarios ( 80% among KAPs and 60% among other priority pop; both 80% for KAP and other priority pop)
<i>Universal Access</i>	minimum of 80% prevention coverage, 60% comprehensive knowledge and safe behaviour
<b>Getting to zero</b>	N/A
<b>Priority of most-at-risk populations</b>	MSM,TG, PWID, FSW and clients, most-at-risk children and young people, overseas Filipino workers
<b>Geographic priority</b>	Package of services approach is based on mapping of similar geographic settings
<b>Standardized packages of interventions (details of components)</b>	Outreach education, condom, STI management, HIV testing and counselling, harm reduction, enabling policies
<b>Unit cost (model used for Unit Costing)</b>	UNAIDS costing study that mapped existing unit costs and current capacity/services available in Cebu, Zamboanga, Davao and General Santos cities
<b>Costing tool used to estimate resource need</b>	RNM
<b>Estimated cost based on 80% coverage</b>	Available with different scenarios ( 80% among KAPs and 60% among other priority pop; both 80% for KAP and other priority pop)
<b>Total resource need (Mention estimated amount)</b>	684.44 million USD ( 582.83 - 920.58)

Scaling-up plan	Though comprehensive response with comprehensive proposed package of intervention is stated, concrete scale up plan could not be found
Human resource plan	N/A
Operational plan	Implementation matrix, strategy framework, estimated resource needs ( with different levels of coverage among FSW, IDU, MSM and other pop at higher risk ). Separate operational plan by sector is still being developed. Current available costed operational are by PNAC Agencies and by CSO - not included in the NSP document.
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Yes
Guiding principles	Gender responsible HIV prevention interventions as part of the guiding principle of MTP
gender specific programmes	Gender-sexuality frameworks developed and built into policies, plans, and programs
Gender capacity	N/A
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Yes, rights-bases as one of the guiding principles, stigma reduction as one of the outputs under " HIV and AIDS policy environment"
<b>HR programmes recommended by UNAIDS ( at least 5 of 7 recommended programmes)</b>	Yes ( see details in HR details worksheet)
<b>Programmes for Prevention of MTCT</b>	Yes
Target for maternal ARV ( for PMTCT)	No, One of the outputs of the outcome framework is "Persons living with HIV, including pregnant women & children, are reached by comprehensive and sustainable treatment, care, and support services". It is broadly stated and specific targets are not defined.
Target for infants ARV ( either as impact or outcome)	No, same as above
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	
Young people specific targets	Yes, to reach at least 60 percent to 80 percent of the most-at-risk adolescents
Young people specific objectives	Yes, as a strategy"Implement effective age-appropriate HIV prevention interventions for children and young people, with a strong focus on children and young people most at risk for HIV infection, in order to reduce sexual and injection-drug use transmission risk of HIV"
YP as one of the priority populations	Yes, most at risk children and young people
YP specific programmes/activities	Yes, Access to HIV and STI prevention information, services and commodities; Behaviour-specific life skills which empower young people to adapt safe behaviours; Access to HIV testing and counselling, and STI screening and management; life-skills
Costed programme ( for young people)	Yes, as prevention interventions available with different scenarios

Timor-Leste

<b>Peer review (explain if internal/external consultant or World Bank-ASAP process used)</b>	Strategy was developed with multi-stakeholder involvement and based on detailed review of available strategic information, TWG instituted and workshops conducted with FSW, MSM and youth
<i>External review</i>	N/A
<b>Review based on old NSP (- is this what they have done, i.e., they reviewed these things, and it is mentioned in new NSP or is there separate review doc? Include whether they have mentioned they did gender assessment)</b>	Gaps, challenges, and achievements discussed.
<b>Plan for mid-term or annual review</b>	N/A
<b>Situational analysis (State if mentioned/integrated into new NSP text)</b>	Mentioned in the new NSP text
<b>Gender assessment as part of situational analysis</b>	As sex disaggregated reported cases, gender
<b>Measurable Objective</b>	N/A
<b>Goals (State goal)</b>	minimising HIV transmission in Timor-Leste and ensuring high quality treatment and care for people living with HIV ( not clearly stated, mentioned only as a part of the sentence in the executive summary)
<b>Targets State targets</b>	N/A
<i>Overarching</i>	N/A
<i>Population and programme specific</i>	N/A ( the only target mentioned is 100% condom use among sex workers and MSM)
<i>Universal Access</i>	N/A
<b>Getting to zero</b>	N/A
Zero new infections	
Zero AIDS related deaths	
Zero discrimination	
<b>Priority of most-at-risk populations</b>	Sex workers and clients, MSM,PWID, Uniformed Services
<b>Geographic priority</b>	N/A
<b>Standardized packages of interventions (details of components)</b>	awareness, outreach, condom, BCC, VCT, STI, enabling environment
<b>Unit cost (model used for Unit Costing)</b>	N/A
<b>Costing tool used to estimate resource need</b>	N/A
<b>Estimated cost based on 80% coverage</b>	N/A
<b>Total resource need (Mention estimated amount)</b>	N/A

Scaling-up plan	N/A
Human resource plan	N/A
Operational plan	N/A
<b>NSP "engendered (State whether there will be efforts to include gender elements, build capacity)</b>	Engendered
Guiding principles	establishing an enabling environment through a coalition for gender equality, sexual and reproductive health
gender specific programmes	remove taboos, eliminating shame associated with accessing sexual health services,
<b>Gender capacity</b>	strengthening the empowerment of women in management of their sexual and reproductive health, encouraging men to accept responsibility as partners with women in sexual and reproductive health
<b>Mention of stigma reduction and/or human rights as a cross-cutting theme</b>	Yes. Human rights as one of the principles of NSP
<b>HR programmes recommended by UNAIDS (at least 5 of 7 recommended programmes)</b>	
<b>Programmes for Prevention of MTCT</b>	Yes
Target for maternal ARV ( for PMTCT)	No, Indicator is stated in the M & E framework but the target is not defined.
Target for infants ARV ( either as impact or outcome)	No, # of children born with HIV will be measured as part of the M & E framework. But the target is not defined
<b>Mention of elimination of MTCT</b>	N/A
<b>Young people</b>	
Young people specific targets	Yes, HIV and STI transmission is minimised among young people through BSS, life-skills and targeted interventions
Young people specific objectives	N/A
YP as one of the priority populations	Yes, young people
YP specific programmes/activities	Yes, access to basic service package, life skills based sex education through schools, targeted interventions for higher risk sub populations, enabling environment
Costed programme ( for young people)	N/A