

# Annual Report 2021

## PREVENTION PROGRAM ON HIV & AIDS AMONG MIGRANTS AND THEIR SPOUSES IN KATHMANDU



**TRISHULI PLUS- COMMUNITY  
ACTION GROUP**

**SUPPORTED BY: GLOBAL FUND/ SAVE THE CHILDREN INTERNATIONAL (SCI)**

**2021 Annual Report**

# CONTENTS

**1**

**Organizational Introduction**

**2**

**Project Activities**

**3**

**Conclusion**

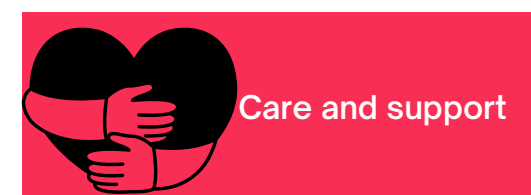
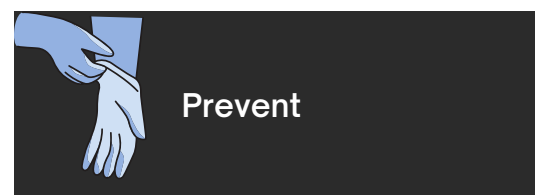
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**Challenges and Lesson Learnt**

# Organization Background

Trishuli Plus, a community action group established in 2006, is a community-based non-profit, politically non-aligned, non-governmental organization (NGO) led and run by and for people living with HIV (PLHIV) and affected by TB to provide HIV and TB prevention, care, support and treatment services. Trishuli Plus fosters meaningful involvement of communities in health policy development in Nepal through their participation as executive board and general members of key country decision-making platforms and in health promotion and prevention activities through mobilization of PLHIV and TB affected communities as outreach staff and peer speakers.

In the course of implementing its positive prevention programs, community care centers, prevention program among migrants and their spouses, TB community mobilization and awareness raising activities, Trishuli Plus emerged as one of the leading agencies for HIV-related activities in Nuwakot and Rasuwa districts and has been able to serve more than 200 PLHIV - all of whom are from migrant community - for improving health and well-being as well as reducing HIV related stigma and discrimination (S&D).



Since 2020, Trishuli plus field office has been established in Kathmandu for the HIV prevention program among migrant and spouse in Kathmandu valley. Trishuli Plus also has very strong and functional relationship with the District Health Office (DHO), District coordination Committee (DCC), District AIDS Coordination Committee (DACC) and other district level and local level government authorities and non-governmental stakeholders.



### **Our Vision**

Society where marginalized and vulnerable population can entertain a healthy life with dignity, equity and equal access to health care services.

### **Our Mission**

Improve quality of life of community and ensure equal access to health services by providing preventive, promotive and curative services through community and right based approach.

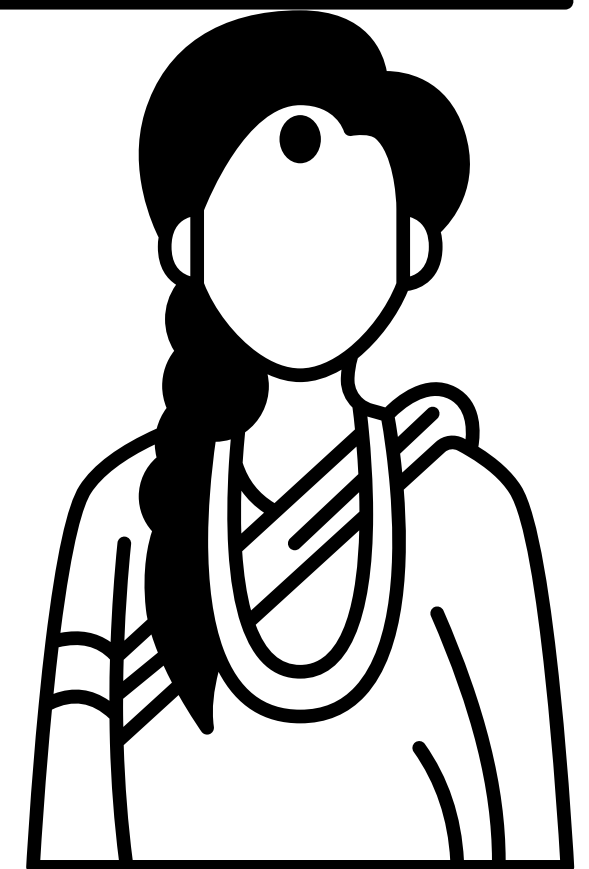
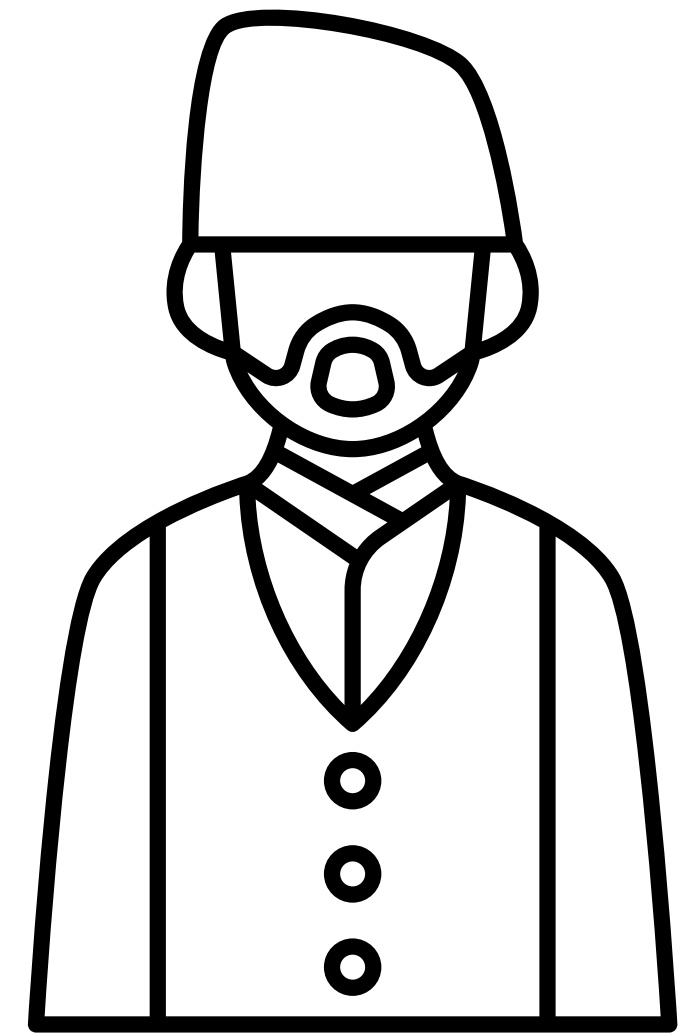


# Project Description

## Project Background

HIV is a major global public health issue and there were approximately 37.9 million people living with HIV at the end of 2018. Around 770 000 people died from HIV-related causes in 2018 and 1.7 million people were newly infected (WHO,2019). Similarly in Nepal, 31020 people are estimated to be living with HIV and new infection of HIV in 2017 was estimated to be 835. As of July 2018, total reported cases of HIV since the start of epidemic in Nepal was 32,747. Major risk groups associated with HIV infection in Nepal are 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 and Prison Inmates. (NCASC, 2017)

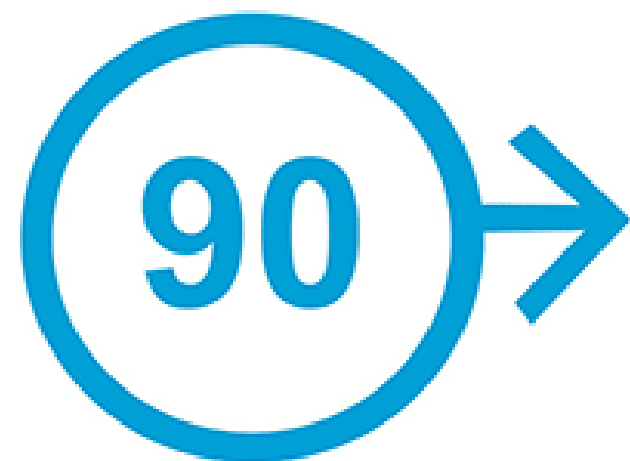
Project has been designed to accomplish the goal of –to contribute towards the NHSP targets of 90-90-90 and equitable access to HIV services. Through this program, prevention regarding HIV/AIDS, TB-HIV in Kathmandu among migrant and their spouse will be scaled up by counseling and outreach activity at various clusters where this group of population are supposed to be abundant.





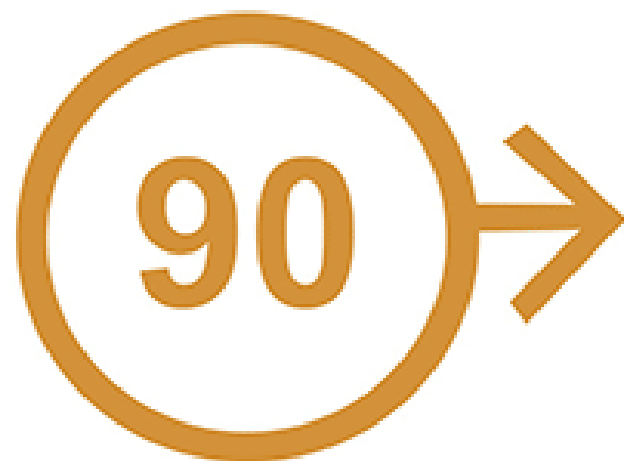
### DIAGNOSED

By 2020, 90% of all people living with HIV will know their HIV status.



### ON TREATMENT

By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.



### VIRALLY SUPRESSED

By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

Project has been designed to accomplish the goal of –to contribute towards the NHSP targets of 90-90-90 and equitable access to HIV services. Through this program, prevention regarding HIV/AIDS, TB-HIV in Kathmandu among migrant and their spouse will be scaled up by counseling and outreach activity at various clusters where this group of population are supposed to be abundant.

Furthermore, this program focuses on reducing the number of HIV incidence through behavior change programs, condom promotion, proliferating the accessibility and availability of quality HIV testing mechanism among migrants and spouse, and referral services etc. This project will be implemented in line with national HIV/AIDS strategic plan and in close coordination with local, district and national level stakeholders such as manpower agencies, hotels, orientation centers, NGO/INGO'S, hospitals and health centers, Municipalities.

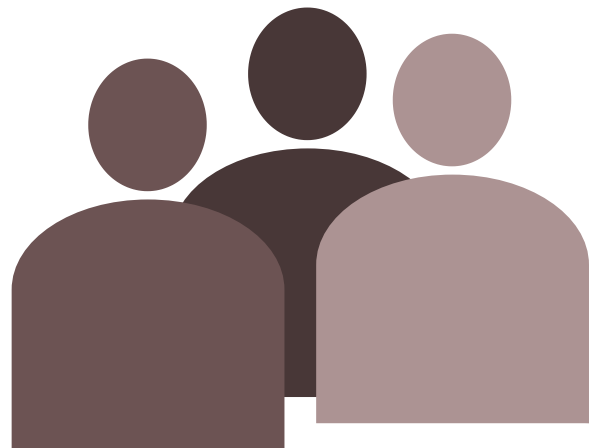
Migrants are susceptible of being infected with HIV because migrants when are away from their partner for prolong period are likely to practice unsafe sexual behaviors. And these HIV infected migrants repatriate to their home country thus transmitting HIV to their spouses causing partner to be at risk too. Kathmandu being the capital city of Nepal with myriad of opportunity and our only international airport being in Kathmandu valley, most of the foreign employee reside in valley before and after the departure from the foreign country. Furthermore, there are altogether 116 foreign employment orientation centers in Kathmandu valley along with multitude of manpower centers, hotels which favors the stay of labor migrants in Kathmandu valley. So, HIV/AIDS prevention program among labor migrants in Kathmandu valley is imperative program to achieve the global targets on HIV/AIDS.

## Goal

To contribute towards the NHSP targets of 95-95-95 and equitable access to HIV services.

## Objectives







- Accelerate and scale up comprehensive HIV prevention programmes among migrants and their spouses.
- Expand access to and coverage of quality HIV testing and counseling along with referral services among migrants and their spouses through strengthened health and community systems.



Target group: Labor Migrants and their spouse



# Strategies

-  HIV Prevention through BCC for migrants and their spouses
-  HIV Testing
-  TB Screening
-  Referral
-  Create supportive environment
-  Capacity Buiding of organization

# Program Area



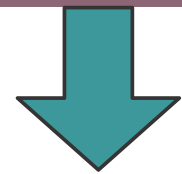
Kathmandu Distrcit  
Kathmandu Metropolitan City  
Gongabu,sinamangal, Sundhara





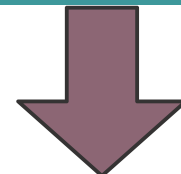
# HIV Service Delivery Approach

## Prevention



- Outreach
- Preventive Education
- Referral and monitoring
- Behavior change communication
- Online and virtual reach
- Condom distribution

## Case-Finding

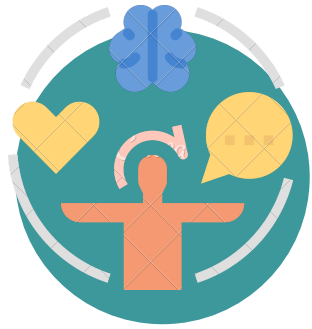


- Community led Testing
- HIV self-test
- Index testing
- Mobile camp

For HIV case finding, Trishuli Plus has been conducting Community led Testing (CLT). ORWs of Trishuli Plus reach migrants and performs HIV testing with their consent. Also, HIV self-testing is done through Oraquick by themselves. Similarly, index testing is done for case finding. The spouse or partner of the positive case found is also approached for HIV testing. In addition to this, Trishuli Plus conducts mobile health camps every month to find case and increase awareness on HIV.

HIV related services are delivered through various approaches. HIV prevention activities are performed through outreach activities such as health camps as well as one to one reach by outreach workers. ORWs provide BCC and health education on HIV and its prevention to the target population. Condoms and IEC materials are distributed among risk population to prevent HIV and STIs. Also, regarding the pandemic situation, while physical reach and gatherings are not possible, BCC and health education could also be delivered among migrant population through virtual medium with the proper co-ordination with concerned authorities.

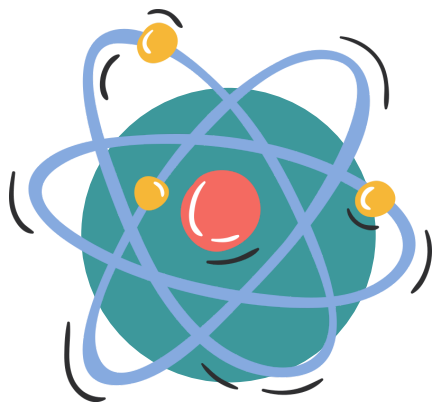
# Project Activities



Behavior change communication



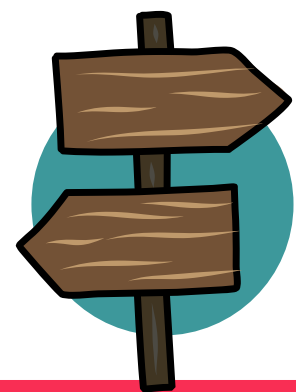
Mobile Health Camp



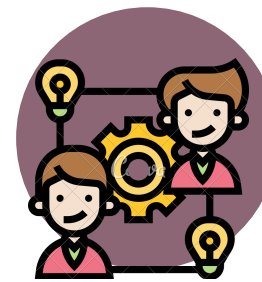
Community led testing



Referral services



Orientation to manpower agencies  
and hotel association.



Coordination meeting

# A. Behavior Change Communication (BCC) on HIV and TB

Behavior Change Communication (BCC) is an interactive process of any intervention with individuals, group, or community to develop communication strategies to promote positive health behaviors which are appropriate to the current social conditions and thereby help the society to solve their pressing health problems. It is a communication strategy which encourages individual/community to change their behavior. It is a strategy that triggers people/society/communities to adopt healthy, beneficial, and positive behavioral practices. This is an effective communication approach which helps to promote changes in knowledge, attitudes, norms, beliefs, and behaviors. This is achieved through the effective communication strategies and systematic information dissemination through interpersonal communication as well as with the help of print-visual-audio and new age media.

BCC on HIV and TB is one of the major activities of migrant program of Trishuli Plus. Migrant population and their spouses were provided BCC on HIV and TB by the outreach workers of Trishuli Plus. The main objective of BCC program was to enhance the knowledge and awareness on HIV and TB among the migrant population.



BCC was provided to the target population, i.e., migrants and their spouses in two different ways.

- **One to One reach**
- **Health Camps**

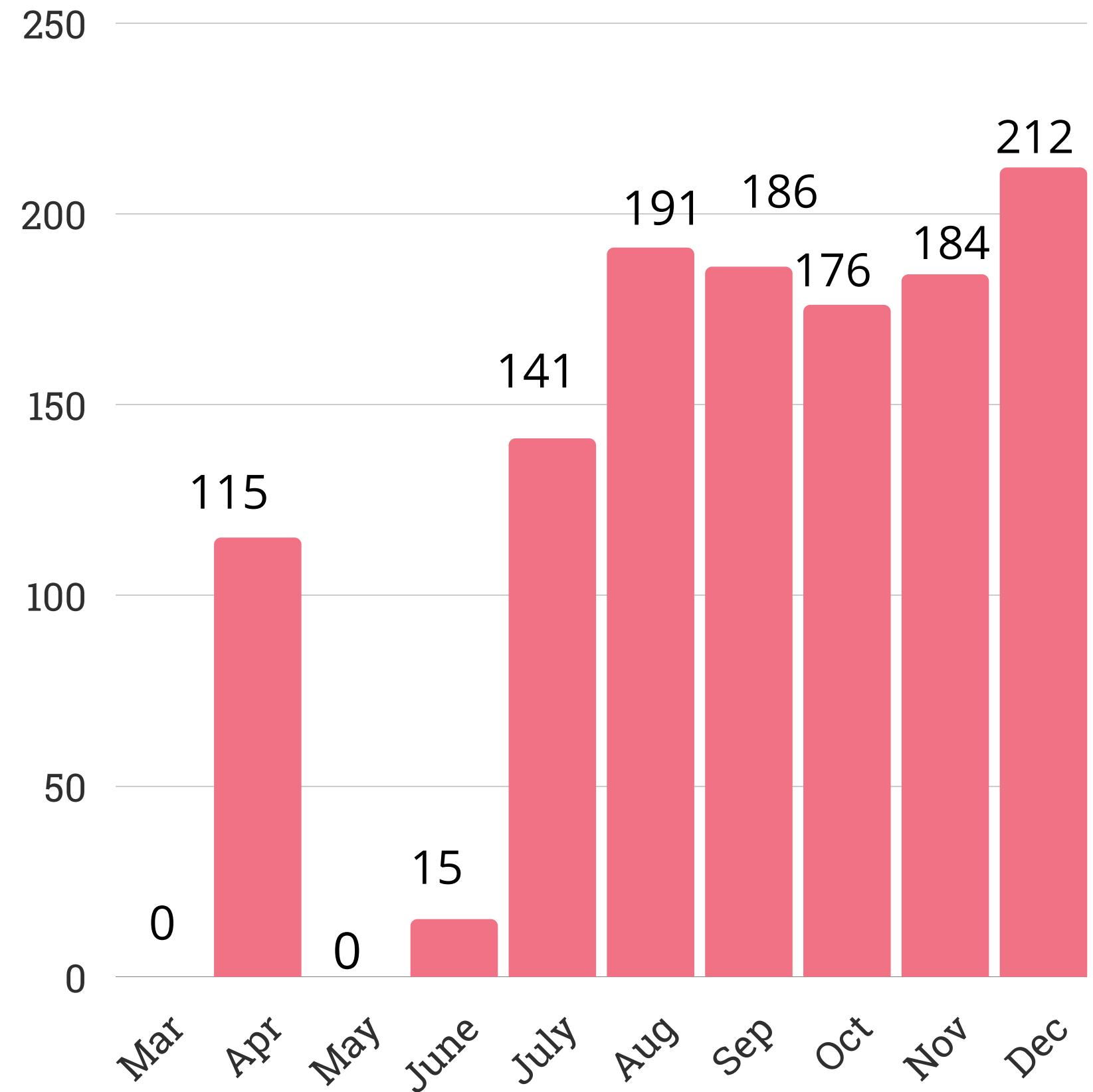
### One-to-One reach:

The outreach workers of Trishuli Plus provided BCC to individual population of migrants group through one-to-one reach. They visited different manpower agencies throughout the year, where migrants can be found. At first, rapport building was done with the target population. Healthy relation was maintained with the target population. Under BCC, Health education was provided on HIV: Introduction, causative agent, modes of transmission and modes through which HIV is not transmitted. More focus was done on the preventive measures of HIV.

### Health Camps:

BCC was provided to the target group through health camps. Camps were conducted time to time, where BCC on HIV and TB was provided to the participants by the outreach workers of Trishuli Plus.

A total of 1667 individuals of migrant population were provided BCC by the outreach workers in the year 2021. The program helped to increase awareness on HIV, TB and its preventive measures.



**Monthly reach for BCC**

## B. Community led Testing

HIV is a virus that damages the immune system. Untreated HIV affects and kills CD4 cells, which are a type of immune cell called T cell. Over time, as HIV kills more CD4 cells, the body is more likely to get various types of conditions and cancers. However, with medical care, including treatment called antiretroviral therapy, it's possible to manage HIV and live with the virus for many years. Without treatment, a person with HIV is likely to develop a serious condition called the acquired immunodeficiency syndrome, known as AIDS.

Trishuli Plus have been conducting HIV test and counseling to migrant population and their spouses. During testing, if anyone is found to be HIV positive, they are referred to ART centers for treatment. In the year 2021, a total of 1220 individuals of migrant population have been tested for HIV. Among which, 6 were found to be positive and 5 were referred to ART center. The main objective of HIV testing was to increase access to and expand coverage of quality HIV testing services among risk group and provide treatment to the positive cases.



HIV testing was done mainly through determined test kit. If any case is found in determined test, the case was further tested through determined test, Unigold test and statpaktest. If all these three tests were found positive, the individual was confirmed as HIV positive and referred to ART.

HIV testing and counseling is done in two ways:

- One to One reach
- Health Camps

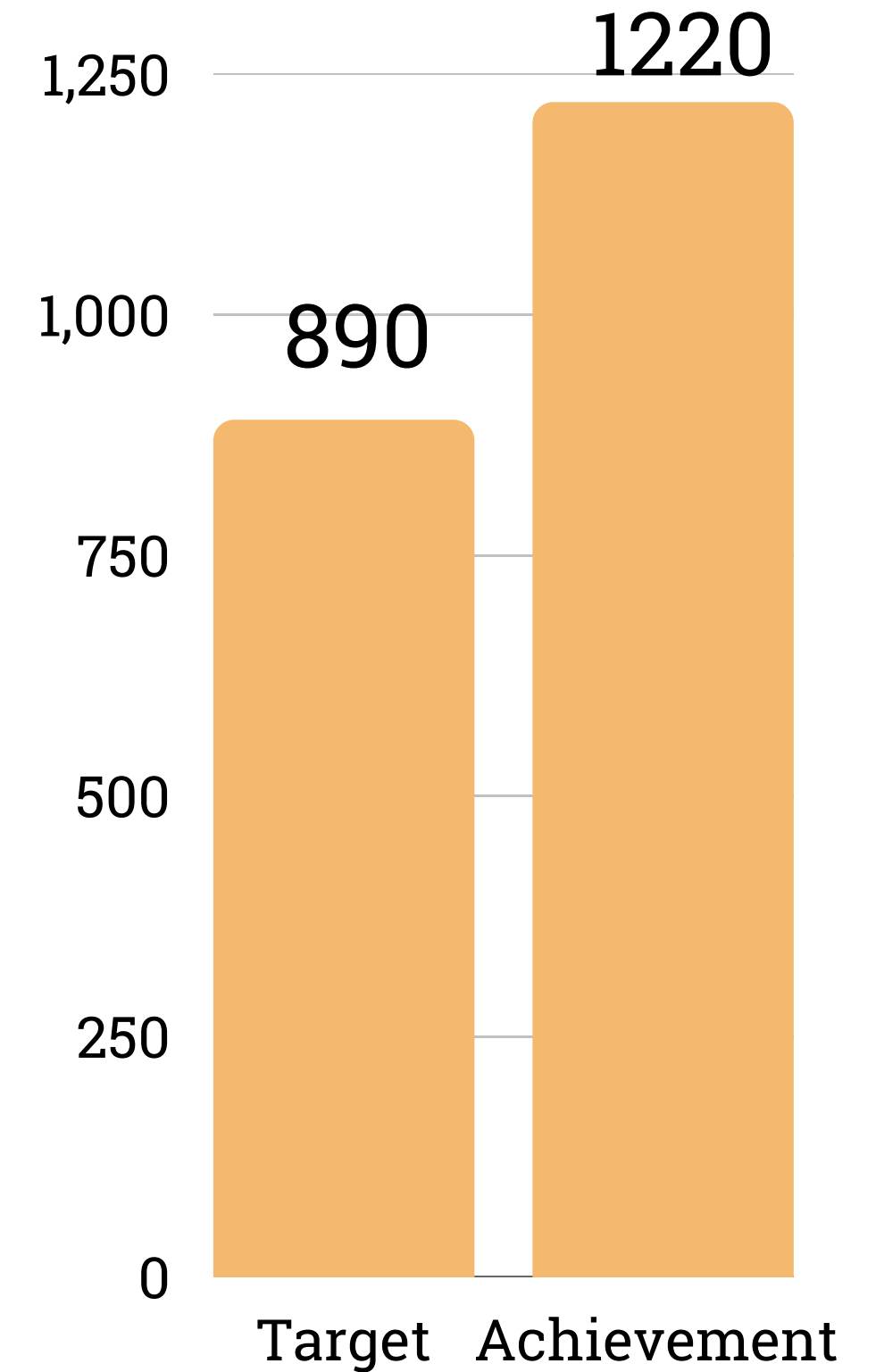
### One to One reach

Outreach workers of Trishuli Plus visited different manpower agencies throughout the year to reach migrant population. At first, BCC is provided on HIV and TB and then HIV testing is done only with their informed consent.

### Health Camp

Trishuli Plus have been conducting regular health camps at different places of Kathmandu district. During the camps, BCC is provided on HIV and TB and HIV testing is done with informed consent of the participants.

A total of 1220 HIV tests were done in the year 2021. Among them, 878 test was done among male, 341 among female and 1 among transgenders. Six positive cases were found through testing, while 5 of them are enrolled in ART. Despite the challenges imposed by pandemic, the target was met successfully, and HIV testing was conducted effectively.



## Target Vs. Achievement of HIV Testing

## C. Orientation to manpower agencies and hotel centers



Trishuli Plus has been conducting interaction and orientation programs with stakeholders and the risk group regularly with the goal to increase awareness on HIV and access to HIV testing among the risk group, i.e., migrants and their spouses. The program is conducted to increase co-ordination with manpower agencies and hotel so that the migrant population could be reached easily for BCC and HIV testing. In this year, Trishuli plus conducted six orientation and interaction programs with manpower agencies and hotel associations. Three orientation programs were conducted with manpower agencies on August, September, and November and three orientation programs were conducted with hotel associations on August, October, and November.

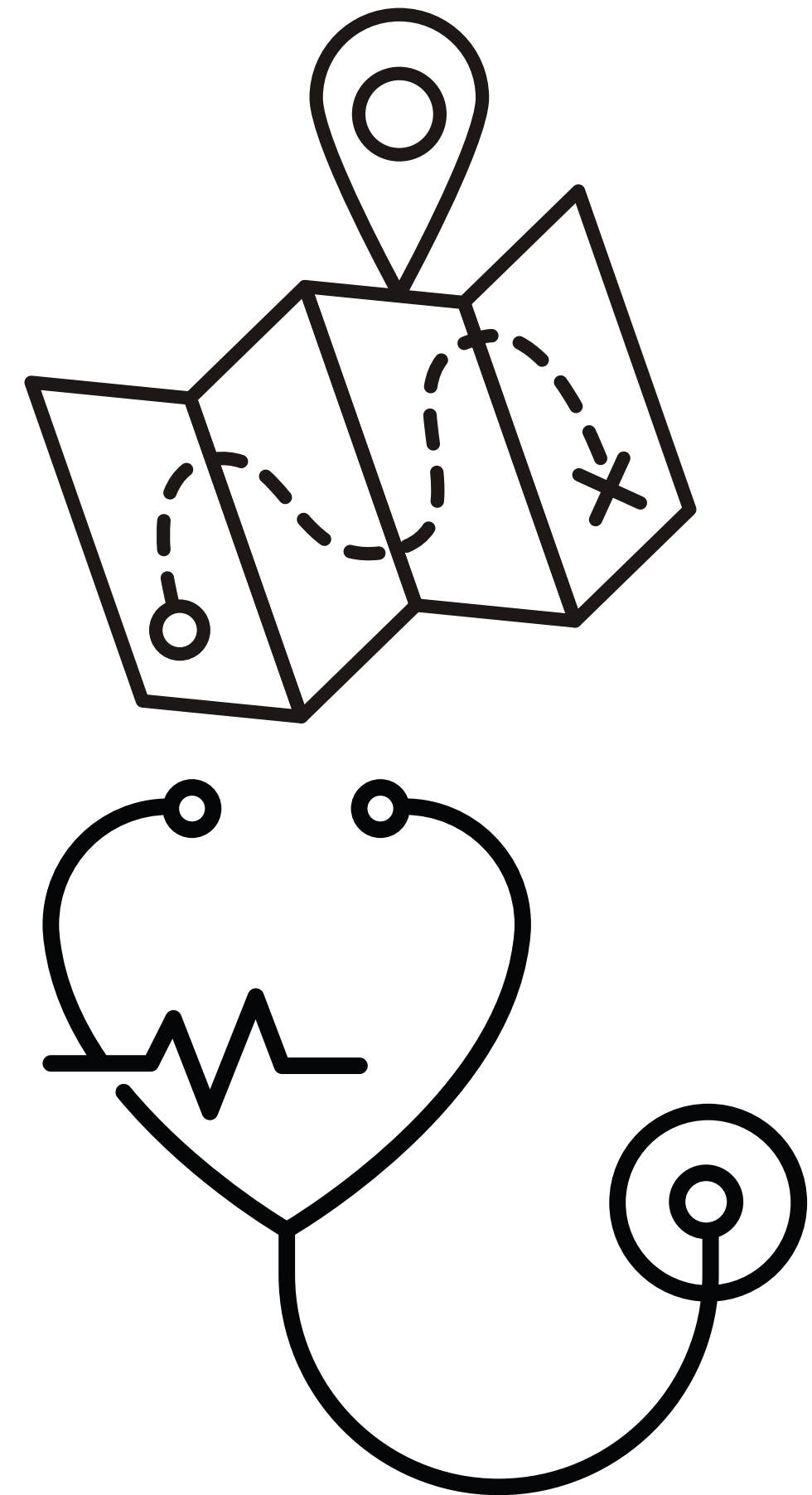
# D. Health Camps and Referrals

Trishuli Plus has been conducting health camps among migrants and their spouses, every month for creating awareness about HIV and conducting HIV tests for case finding and referral of positive cases to ART as well as screening for TB. In the year 2021, Trishuli Plus conducted 23 health camps at different places of Kathmandu district throughout the year. A total of 631 people from target group participated and were benefited from the camps.

The main objective of the camp was to increase access to and coverage of quality HIV testing and counseling among migrants and their spouses.

In the camp, the participants are first provided awareness through BCC on prevention of HIV and TB. Health education is provided by the outreach workers of Trishuli Plus on HIV and TB, with more focus on its prevention. Awareness was provided on the proper use of condoms and other contraceptive methods in order to prevent HIV and other STIs. After providing BCC, testing of HIV was performed among all the participants in the camp. Testing was done through determined test kit. All the participants were provided BCC and counseling before performing tests. Testing was done with the informed consent of the participants. TB screening was performed among the participants in the camp. The participants were asked a series of questions to find out if they are susceptible or at the risk of TB. Interview was done with each of the participants using a standard set of questionnaire for TB screening.

After providing health education, all the participants were provided with IEC materials like pamphlets and flyers, containing information about HIV, TB, their modes of transmission and preventive measures. The participants were also provided with condoms, free of cost in the camp.





# D. Health Camps and Referrals

Trishuli plus has been providing HIV and TB referral services. While testing for HIV through one to one reach and health camps, if anyone is found to be HIV positive, they are referred to ART centers for treatment by Trishuli Plus. In the year 2021, six positive cases were found while HIV testing. Five of them were referred to ART center for the treatment.

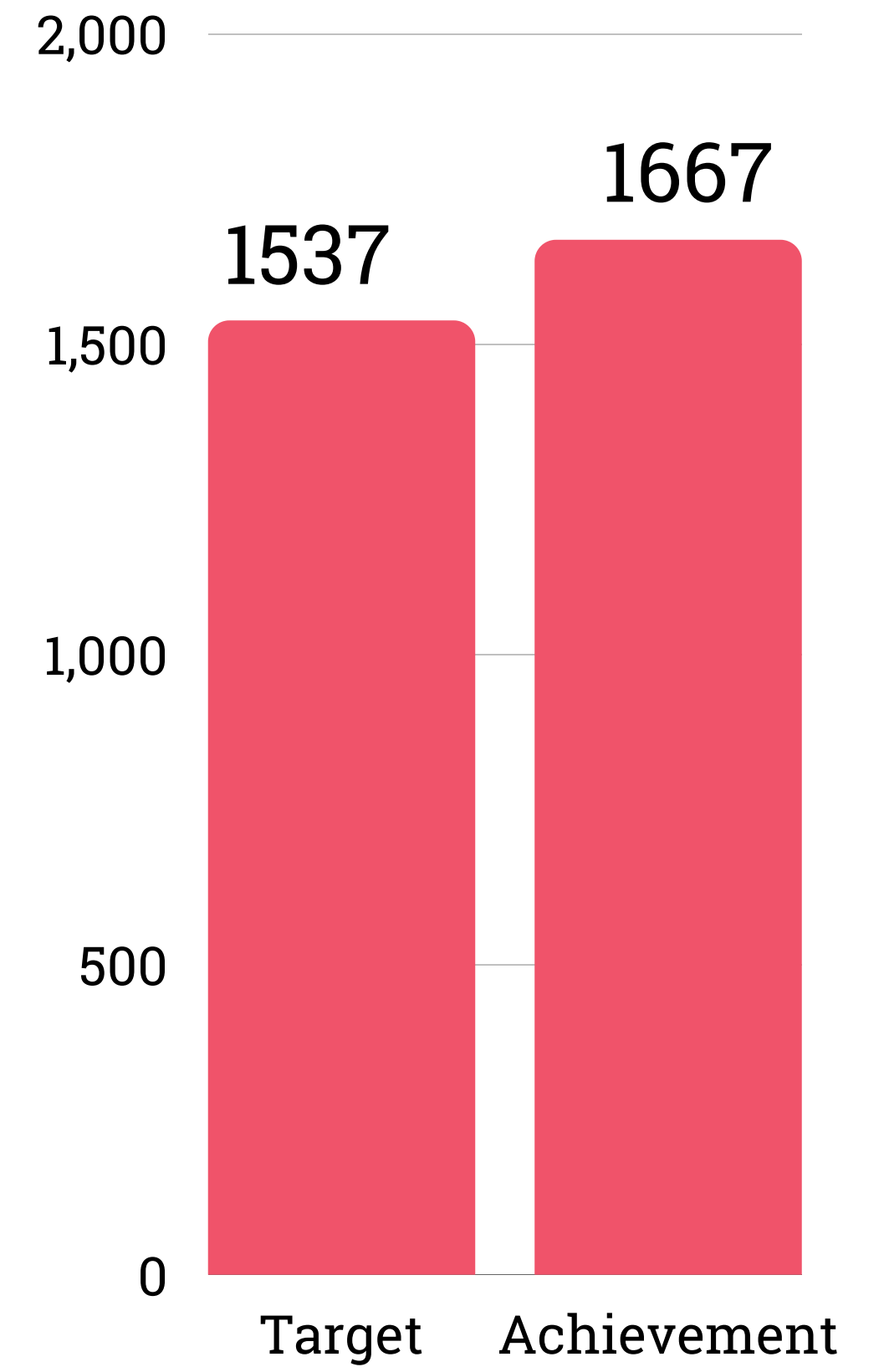
Similarly, regarding TB, while providing TB screening, if anyone is found to be susceptible to have TB they are referred to the nearest health Centre for further diagnosis and treatment. In the year 2021, TB screening was done among 1667 individuals and five were found to be susceptible to TB and referred to health institutions. Among them, 1 were found to be suffered from TB. In addition to this, co-ordination was done with the organizations working on TB like HERD. Those who were found to have TB were referred to the nearest health post or HERD for further diagnosis and treatment.

S.N	Date	Site	Number of participants	HIV positive case
1	14 July	Guheswori	26	
2	15 July	Samakhusi	17	
3	20 July	Sinamangal	26	
4	20 July	Sinamangal	28	
5	13 <sup>th</sup> August	Sinamangal	30	
6	17 <sup>th</sup> August	Baniyatar	25	
7	26 <sup>th</sup> August	Chandole, Sinamangal	25	
8	13 <sup>th</sup> September	Sinamangal	37	
9	13 <sup>th</sup> September	Sinamangal	19	
10	14 <sup>th</sup> September	Sinamangal	31	
11	15 <sup>th</sup> September	Bouddha	44	
12	8 <sup>th</sup> October	Airport	22	
13	22 <sup>nd</sup> October	Bouddha	31	1
14	25 <sup>th</sup> October	Gumba, Balaju	28	
15	26 <sup>th</sup> October	Sinamangal	33	
16	2 <sup>nd</sup> November	Bouddha	26	
17	2 <sup>nd</sup> November	Bouddha	33	
18	23 <sup>rd</sup> Nov	Chandole	25	
19	23 <sup>rd</sup> Nov	Sinamangal	24	
20	6 <sup>th</sup> Dec	Balkumari	20	
21	6 <sup>th</sup> Dec	Balkumari	26	
22	8 <sup>th</sup> Dec	Buspark	27	
23	13 <sup>th</sup> Dec	Gongabu	28	
	Total		631	1

# E. TB Screening

Trishuli Plus has been conducting TB screening among the migrant population. A standard set of questionnaire, related to the symptoms of TB has been made for TB screening. If the answer is yes on at least any one of the questionnaire, the person is suspected to have TB and referred to the nearest health institution for further test and treatment. The main objective of TB screening was to increase access to timely diagnosis and treatment of TB and TB-HIV co-infection among the migrant population.

The outreach workers of Trishuli Plus have been conducting TB screening among the migrant population of Kathmandu district. Screening is done using a standard set of questionnaire related to the symptoms if TB. TB screening was done to all the migrants who were tested for HIV throughout the year. The suspected cases found during screening were referred to the nearest health center for further testing and treatment. In the year 2021, a total of 1667 individuals of target population were screened on TB, however the target was 4320 and five were found to be suspected to TB and referred to health institutions among whom, 2 were found to have TB.



**Target Vs. Achievement of TB Screening**

## F. Condom Promotion

Print materials such as posters, brochures, flyers, billboards, etc. that are intended to draw attention to information about disease or risks to health are often called –information, education, and communication (IEC) materials. Information, Education and Communication (IEC) materials are used to convey public health messaging in order to support the overarching behavior change strategy developed to respond to a public health problem.

Condom is one of the common methods of protection used during sexual contact. It helps to prevent the transmission of HIV and STIs.

Trishuli Plus has been providing IEC materials like pamphlets, posters and flyers containing information on HIV, TB, modes of transmission and preventive measures and condom to the target population for the prevention of HIV, TB and STIs. The main objective of condom promotion was to increase awareness and enhance knowledge on HIV, TB and their prevention among migrant population of Kathmandu district. The outreach workers of Trishuli Plus distributed condoms to migrant population during one to one reach as well as during health camps. The IEC materials were provided to migrant population as well as to the manpower agencies so that more population could be reached.

IEC materials have been an effective media to deliver health education and awareness. Distribution of IEC materials helped to increase awareness on HIV and TB and the distribution of condom helped in the prevention of transmission of HIV and STIs among the migrant population in Kathmandu district. In the year 2021, 9,031 condoms were distributed among the target population.

HIV testing was done mainly through determined test kit. If any case is found in determined test, the case was further tested through determined test, Unigold test and statpaktest. If all these three tests were found positive, the individual was confirmed as HIV positive and referred to ART.

HIV testing and counseling is done in two ways:

- One to One reach
- Health Camps



Willingness



Benefits



Barriers



Relapse

## G. Coordination meeting with stakeholders

In the year 2021, one stakeholder meeting was conducted on 16th December at Sky Venue and Restaurant, Samakhusi, with the objective to enhance co-ordination with different stakeholders in order to increase effectiveness of the program. There was presence of representatives from different government and other organizations, i.e., Tokha Municipality, metropolitan police, Municipal Police, Manpower and orientation centers, Hotel association and JANTRA. The program was facilitated by Executive Director of Trishuli Plus, Mr. Achut Sitaula and Project co-coordinator, MS. Karishma Banjara. A brief introduction of Trishuli Plus was presented along with the working areas, service delivery approaches, major objective of the program, activities of Trishuli Plus, working patterns, achievement of the project till November and issues/challenges faced while working. Discussion was held on the role of different stakeholder, the issues and challenges faced and their possible solutions. Feedback and suggestions were collected from the participants, in order to conduct the activities more effectively in the future.

In addition to this, monthly reports are sent every month and annual report is sent by the end of the year to the municipality of working area, timely and regularly.



# H. Other Activities

## 1. Planning Meeting

On 27th September, 2021, planning meeting was conducted in Trishuli Plus comprising of all the staffs of Trishuli plus, Kathmandu. The meeting focused on sharing the target, achievement and experience of the staffs as well as discussion on the way forward in order to achieve the project goals effectively. There were total of 11 attendants. The meeting was started with the introduction of the project – Comprehensive HIV prevention program among migrants and their spouses and further it was led to discussion on various issues of the organization as well as the way forward on how to achieve the project goals effectively. Some of the key activities and discussions of the meeting are as follows:

- Orientation of new staffs, M & E officer, Ms. Nisha Gautam and social mobilizer, Mr. Bishwo Raj Uprety and re-orientation of all the staffs on project, goals and project activities.
- Acquaintance of the staffs on various global issues, platforms and policies such as CCM, LFA, OIG, MEAL (SCI), Child safeguarding policy, GESI, Fraud Bribery, anti- harassment policy and I speak now campaign and its application in our day to day work by Executive Director, Mr. Achut Sitaula.
- Familiarization of administrative, Human resource and financial policies, rules and regulations to the staffs.
- Sharing of the budget status and expenditure to the staffs.
- Presentation of the target vs. achievement of the project activities, till date.
- Discussion on planning of future activities in the upcoming quarter, in order to achieve the project goals effectively.

So in this meeting, attendants shared some ideas, suggestion and opinions for consideration during the migrant project of Kathmandu valley. Besides, some of the experiences were shared by the staffs of Trishuli Plus. This discussion provided valuable insights regarding project and the challenges that might occur and way for the further succession of migrant project in Kathmandu district.

## 2. Monthly Staff Meeting

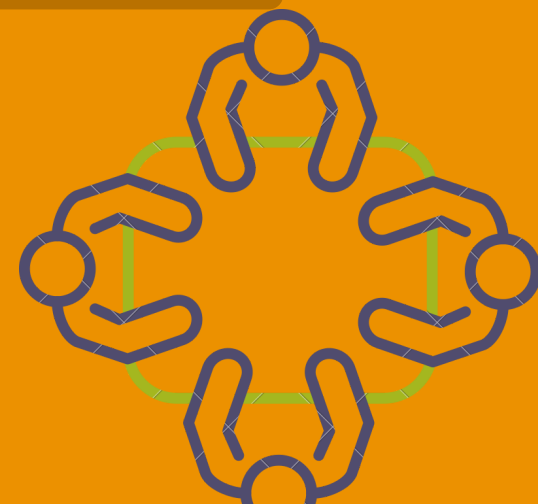
Trishuli Plus conducted monthly meeting with the staffs every month with the objective to discuss on the progress of the project, present activities, challenges and way forward. In the meeting, the progress and present status of the project is discussed among the staffs. Similarly, outreach workers share the difficulties or obstacles faced in the field and possible solution to the problems are discussed and decided in the meeting. In this year, due to lockdown it was not possible to conduct physical meetings for few months. In that situation, meetings were conducted virtually among the staffs.



## 3. Distribution of Relief packages under C19RM:

### Background

The nationwide movement restrictions due to COVID-19 have been hampering the livelihood of PLHIV and Key Populations (KPs). The loss of job, particularly for daily wager PLHIV and KPs made it difficult to meet their ends. The COVID pandemic not only disrupted the HIV program throughout the nation but also aggravated the socio-economic difficulties for the already vulnerable PLHIV and KPs. Apart from HIV related services, it is also important to address the socio-economic issues caused by this pandemic. The socio-economic determinants of the health are equally important along with the biological/clinical aspects of the disease. Thus, it was necessary to provide the relief packages for vulnerable PLHIV and KPs to decrease their burden of socio-economic difficulties, particularly support for basic needs such as food package. It was also one of the most demanded activities that came during consultation with communities, networks and supported by NCASC.



# H. Other Activities

## Rationale

Since COVID-19 pandemic caused nationwide lockdown for few months, the lives of people were disrupted. The outbreak had affected people's lives as well as private and public sectors. In this situation, migrants group were affected financially, as restrictions were made on international travelling. Thus, it was necessary to provide relief packages for financially weak migrants and their spouses.

## Goal

To provide basic food package support for financially weak clients.

## Method/Process

A set of screening questionnaire was prepared to identify the clients, who are eligible to receive the food package support. Clients, who had low economic status were asked the designed questionnaire by Outreach workers and filled the form. The information collected by ORWs was checked and verified by M&E officer and project coordinator. A total of 55 clients were asked questionnaire, among which 43 were selected for relief package distribution. The food package contains the basic food items that are generally consumed daily in average Nepalese household. The list of food items is prepared based on food package support provided to KPs in 2020 pandemic under Global Fund grant. Nutritionally, the food package contains carbohydrate sources such as cereals, potatoes, protein sources such as pulses, eggs, and fat sources such as soybean oil. Vitamins rich green leafy vegetables are not included in this food package, as only those food items which could be stored for longer period are included, considering the ease of availability during COVID/lockdown period. The unit cost per week was Rs 600 and it is planned for maximum 4 weeks per beneficiary (Unit cost per beneficiary Rs 2,400).

# Conclusion, Challenges and Lesson learnt

## Conclusion

Trishuli Plus, a community action group established in 2006, is a community based non-profit, politically non-aligned, non-governmental organization (NGO) led and run by and for people living with HIV (PLHIV) and affected by TB to provide HIV and TB prevention, care, support and treatment services. Under the Comprehensive HIV program among migrants and their spouses, 23 health camps were conducted in 2021, in which 631 individuals of target group were benefited. Under the program, BCC was provided on HIV, TB and its preventive measures among 1667 individuals of target group. Under HIV testing and counseling, a total of 1220 individuals were tested for HIV after providing counseling among which, 878 were male and 342 were female. Similarly, TB screening was done among 1667 individuals of target group, i.e. migrants and their spouses. Among them, 19 were suspected to have TB and referred to the nearest health institution for further diagnosis and five of them were found to have TB on further diagnosis. Also, IEC materials and condoms were distributed among the target population for HIV prevention. In the year 2021, 9,031 condoms were distributed among the target population. Orientation program was conducted with manpower agencies on August, September and November and with Hotel association on August, October and November. In addition to this, one co-ordination meeting was held with stakeholders on December, with the objective to increase co-ordination with manpower agencies and hotels so that target population could be reached easily for service delivery. Six reactive case was found out through community led testing, this year, among which five were enrolled on ART and the remaining one is being followed up continuously for enrollment in ART.

In conclusion, despite the pandemic situation and the challenges imposed by it, all the activities and programs were conducted effectively, adopting the safety measures, in the year 2021.

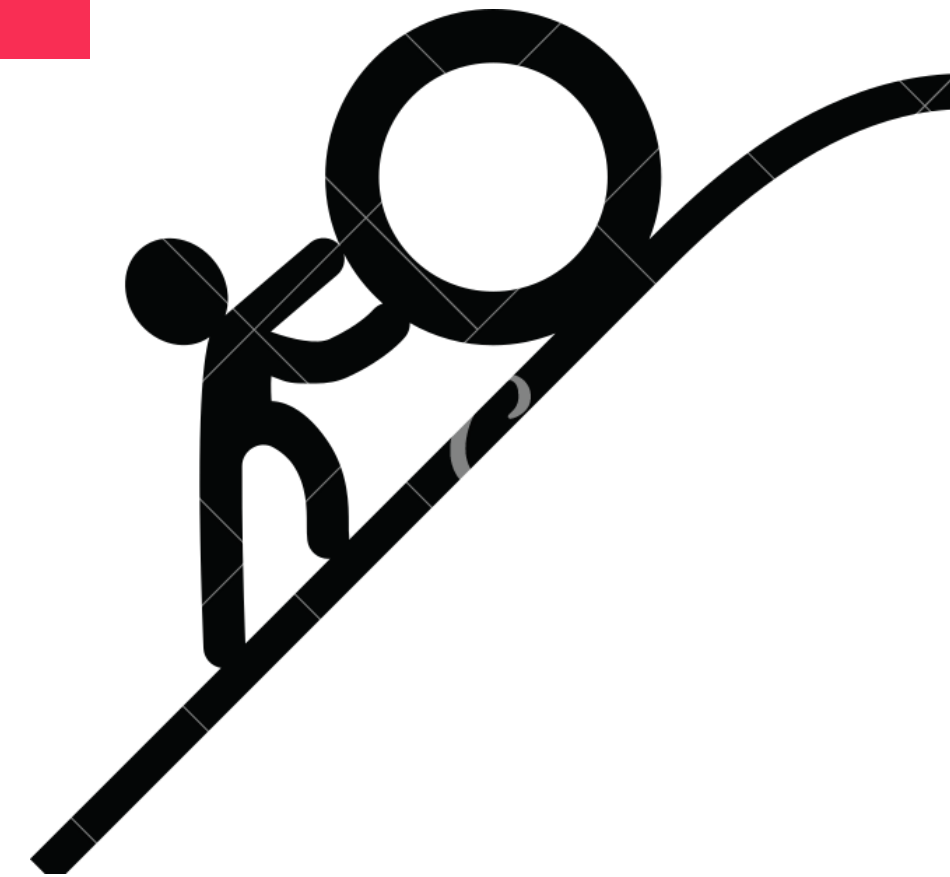




# Conclusion, Challenges and Lesson learnt

## Challenges

Since the year 2021 was challenging for the whole world due to COVID-19 pandemic, Trishuli Plus also faced challenges due to the pandemic situation. It was not possible to conduct physical activities including testing, health camps and orientation programs at some months. Since migrants are reached mainly through manpower agencies and orientation centers which remained closed during lockdown, difficulties were faced to reach the migrant population. However, monthly staff meetings were conducted and BCC was given through virtual method and telephone during lockdown. Another major challenge faced was on HIV testing. Due to social stigmatization of HIV, people hesitate to do confirmatory test of HIV, even when the rapid tests are positive.



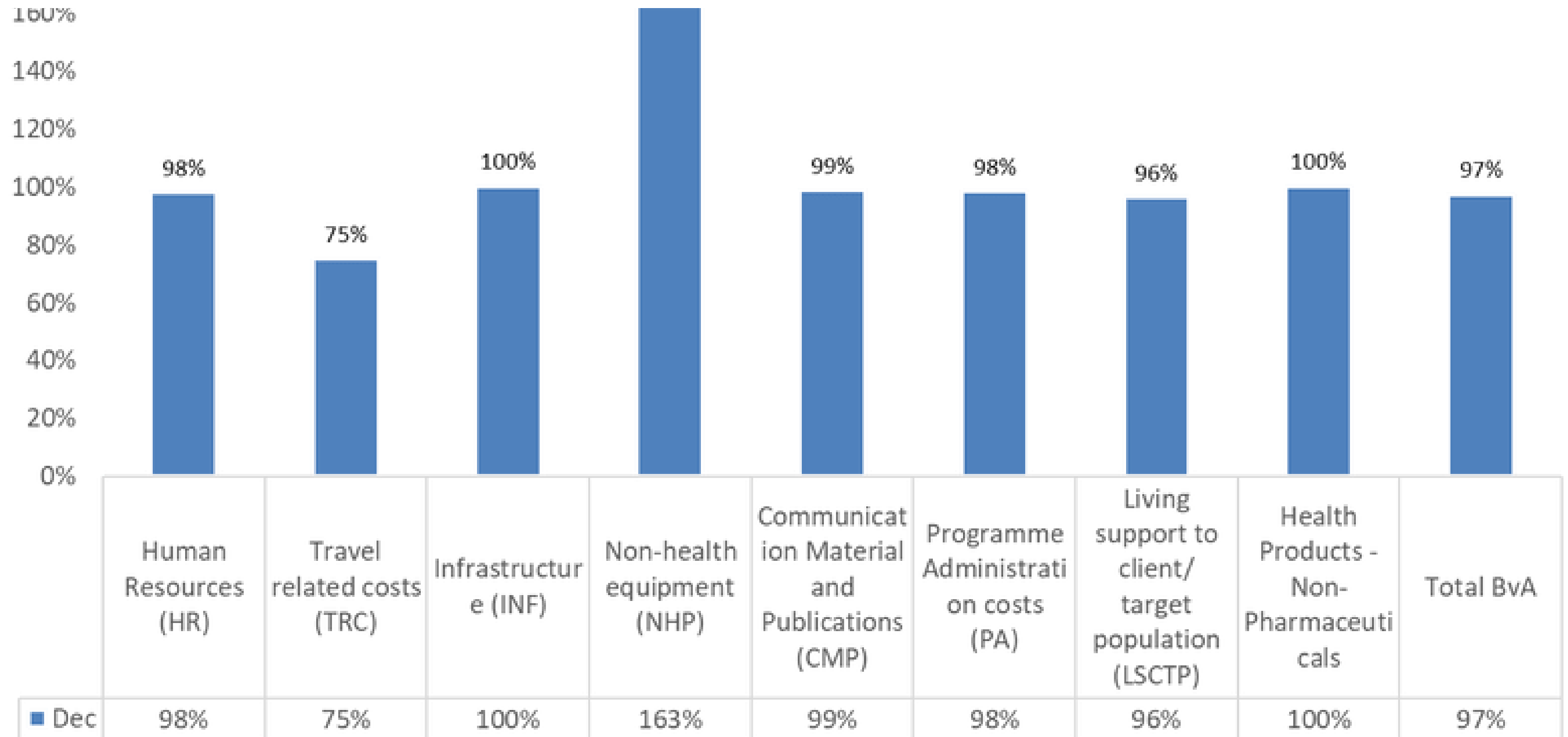
## Lesson learnt

Despite the problems and challenges imposed by COVID-19 pandemic, Trishuli plus continued to conduct the programs dealing with the challenges. While facing different challenges due to COVID, many lessons were learnt from the situation too. Some of the lessons learnt in the year 2020 are as follows:

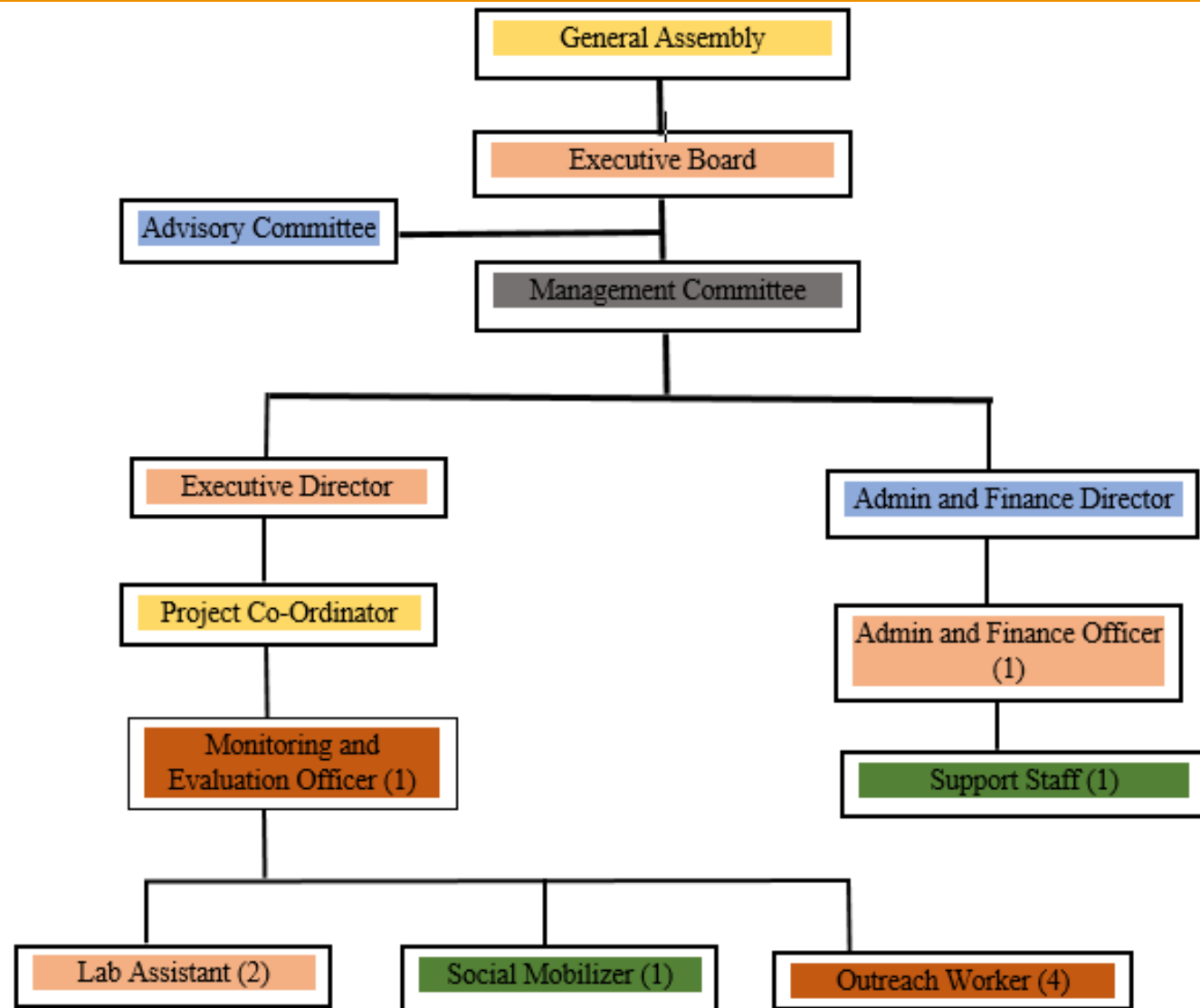
- To continue the possible works even in the pandemic situation.
- Health education was provided on COVID along with BCC.
- Meetings were conducted effectively through virtual medium.
- Activities were continued following the safety measures such as using masks, sanitizers, gloves.



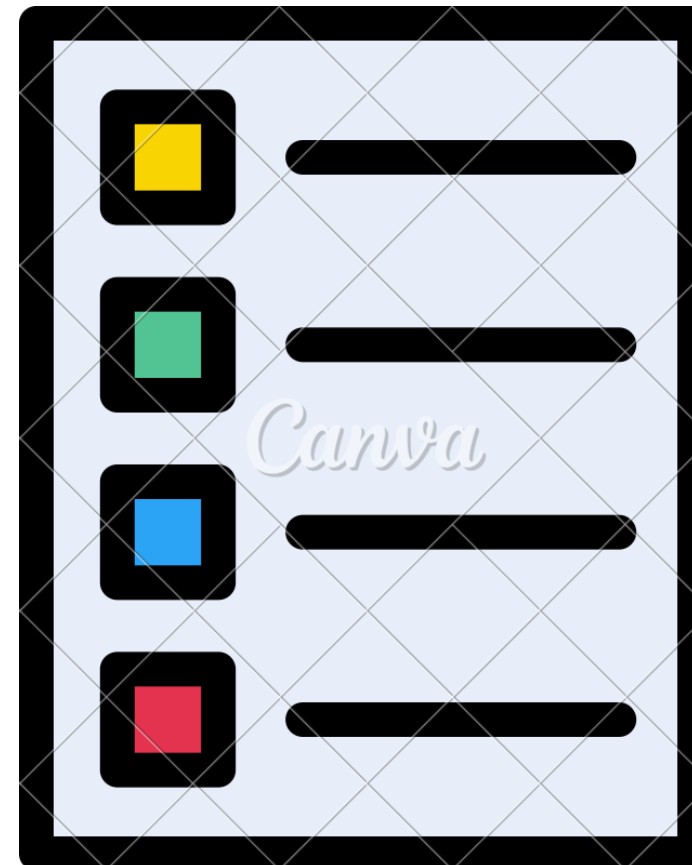
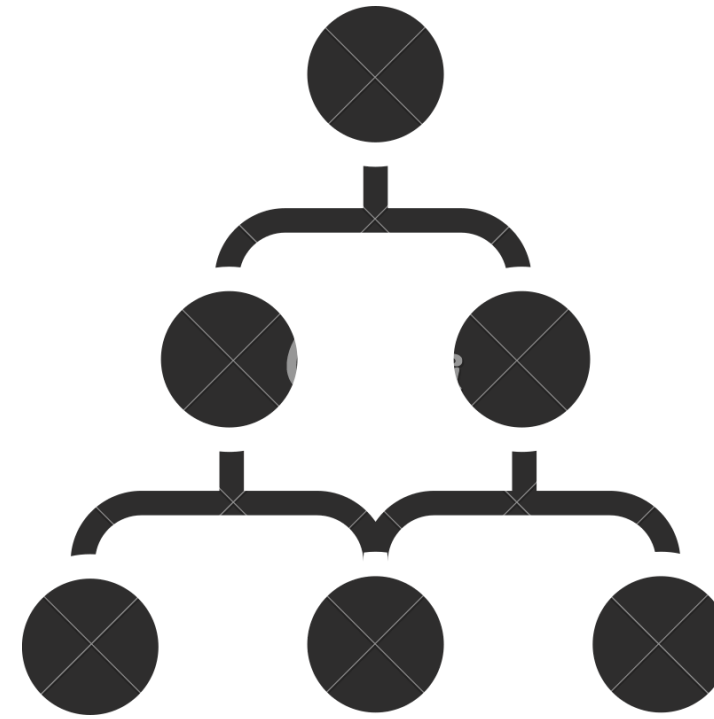
# Financial Performance



# Annex



Organogram of Project



S.N	Name	Designation
1.	Achut Sitaula	Executive Director
2	Sadhuram Sapkota	Admin and Finance Director
3	Karishma Banjara	Project Coordinator
4	Pratikshya Upadhyaya	Admin and Finance Officer
5	Nisha Gautam	M & E Officer
6	Smriti Acharya	Lab Assistant
7	Aditya Hamal	Lab Assistant
8	Shree Krishna Shrestha	Outreach worker
9	Chhatra Maya Magar	Outreach worker
10	Barsha Magranti	Outreach worker
11	Sabita Thapa	Outreach worker
12	Bishwo Raj Upreti	Social mobilizer
13	Laxmi Sarki	Support Staff

Name and designated position of staff