



**TRISHULI PLUS COMMUNITY ACTION GROUP-
(TPCAG)**

**NATIONAL HIV AND AIDS PROGRAM
CARE AND SUPPORT**

ANNUAL REPORT

2021



TRISHULI PLUS COMMUNITY ACTION GROUP

BIDUR, NUWAKOT

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CHAPTER I

ORGANIZATIONAL INTRODUCTION

1.1 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. Currently, Trishuli Plus is women led organization. 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 programmers 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.

1.2 Vision

Community Free from any kind of disease and live a life with dignity, good health and equality.

1.3 Mission

To create a community where people can live a healthy life by providing preventive, promotive and curative services.

CHAPTER-II PROJECTS

2.1. National HIV and AIDS Program-Care and Support

HIV is a major global public health issue and there were approximately 37.7 million people living with HIV at the end of 2020. Around 680 000 people died from HIV-related causes in 2020 and 1.5 million people were newly infected. (WHO,2020). Similarly, in Nepal, 30,300 people are estimated to be living with HIV and new infection of HIV in 2020 was estimated to be 754. As of July 2018, total reported cases of HIV since the start of epidemic in Nepal was 40,341. 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, 2020).

People who inject drugs (PWIDs), female sex workers (FSWs), clients of FSWs, men who have sex with men (MSM), and male migrants to high HIV prevalence areas in India are considered to be at highest risk. HIV is spreading to other population groups previously considered to be at low risk, including spouses of migrant workers, female partners of PWIDs and MSM. Increasing number of children are infected or affected by AIDS.

Registered networks of key population (KPs) and People Living with HIV (PLHIV) are highly active throughout the country and are playing crucial role in demand generation, service delivery and advocacy. The presence of Community care centers, run by civil society groups and affected communities in support of ART delivery sited, has been recognized as beneficial by patients and health workers alike. However, to scale up service delivery and make it more cost effective and sustainable, there is a need for greater integration of non-governmental and community-led services and government services. The involvement of PLHIV is essential for the effective response from the day one of its establishment and advocating for the meaningful participation of the communities in HIV response. It is necessary to increase the focus on effective HIV awareness messaging for all KP such as treatment lead to better health outcomes including survival.

Project has been designed to accomplish the goal of “to achieve optimized IRRTR 95-95-95 by 2026 and ending AIDS by 2030”. Through this program, prevention, care and support and treatment services regarding HIV/AIDS, in Nuwakot and Rasuwa district among PLHIVs will be scaled up by counseling and outreach activity at various clusters where this group of populations are supposed to be abundant. Furthermore, this program focuses on providing support to the PLHIVs for treatment of HI, identifying the new HIV infections and enrolling them into treatment. This project is 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, ward offices (of our clusters) DPHO, DAO, DDC, DACC, NCASC, etc.

2.1.1. Goal and Program Objectives

The goal of the project is to achieve optimized IRRTR 95-95-95 by 2026 and ending AIDS by 2030. The objectives are:

- Accelerate and scale up comprehensive package of services for people living with HIV in selected districts
- Expand access to and coverage of quality, equitable and gender-sensitive HIV, treatment, care and support through strengthening health and community systems
- Scale up the capacity of local PLHIV led Community based organizations by integrating and strengthening community efforts and HIV related services

2.1.2 Target Groups

- People living with HIV & AIDS
- Migrants and their spouses
- People who inject drugs
- Sex workers and their clients

2.1.3 Coverage area of the Program

TP has covered 2 Districts of Nepal. The name of the Districts as following;

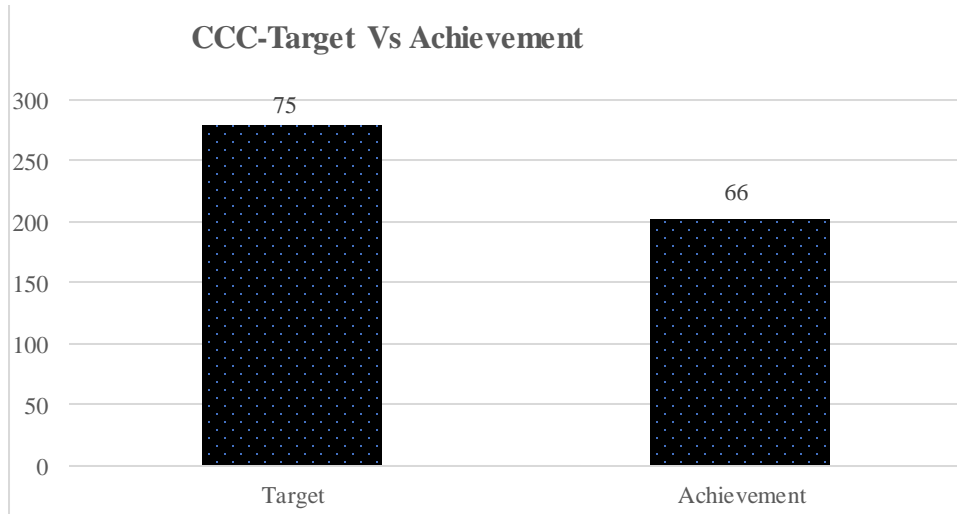
- Nuwakot
- Rasuwa

CHAPTER-III PROJECT ACTIVITIES

1. Community Care center (CCC)
2. Community Home based care (CHBC)
3. Children Affected by AIDS (CABA)
4. Community led Testing (CLT)
5. Reactive case finding

3.1. Community Care Center:

CCC is a short-term care home providing very essential support to PLHIV during their visit. CCC is equipped in terms of physical facilities, infrastructure and nutritional package required for the functional CCC for quality care and support services to PLHIV. The CCC is entirely managed by PLHIV team members so that new PLHIV feel comfortable to visit there further services. The CC is equipped for the needful services like positive prevention, medical care, residential facility, nutritional support, and treatment literacy for ART adherence, psychosocial counseling, care and support and other linkages for needful services including treatment for TB-HIV co-infection with robust referral mechanism within and out of district. In the year 2021, a total of 74 people living with HIV (PLHIVs) received services from CCC of Trishuli Plus, while the target was 75.



3.1.1 Condom Distribution

In the year 2021, a total of 550 condoms were distributed throughout the year.

3.1.2 PLHA receiving nutritional support

A total of 104 clients were provided nutritional support from CCC, in the year 2021.

3.1.3 PLHA receiving medical support

A total of 17 clients were provided nutritional support from CCC, in the year 2021.

3.1.4 PLHIV receiving psychological counseling support

A total of 94 clients received psychological counseling support, in the year 2021.

3.1.5 PLHIV receiving other support

A total of 4 clients received other support from CCC, in the year 2021.

3.1.6 Referrals

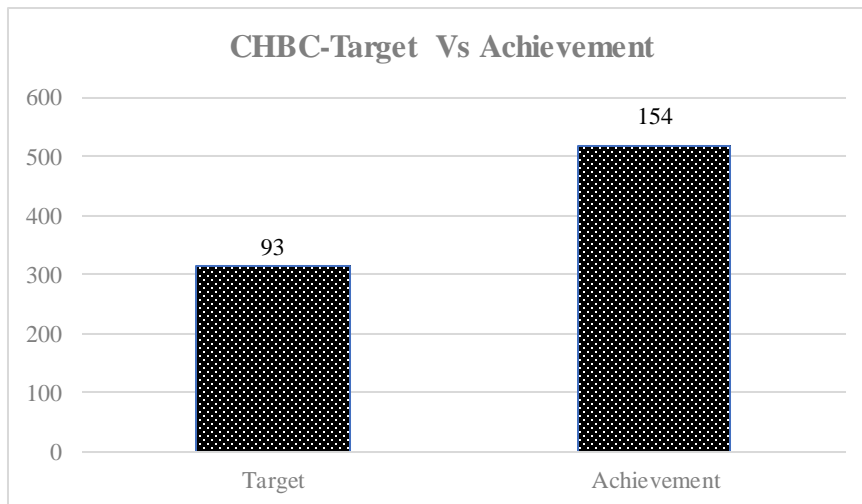
Effective referral systems from the community to the health care facility are essential to save lives and ensure quality and a continuum of care. Trishuli Plus provides referral services to the nearest health facility, if any of the clients are found susceptible to any health problem or issues. Trishuli Plus provides following referral services to the clients.

- Referral to CD4: 26 clients were referred for CD4 test.
- Referral to OI: 11 clients were referred for opportunistic infections.
- Referral to ART: 6 clients were referred to ART.
- Referral for PMTCT: 1 client was referred for PMTCT.
- Referral to treatment, care and support: 53 clients were referred for care, support and treatment

3.2. Community Home Based Care (CHBC)

CHBC is care in the home and community which responds to the physical, social, emotional and spiritual needs of PLHA and family from diagnosis to death and through bereavement. It aims to reduce suffering and increase quality of life by providing responsive care, increasing self-care skills, linking clients to needed services and empowering PLHA and families to manage HIV in the home and community. Trishuli Plus follows the national package of CHBC for adherence, nutritional education, hygiene and sanitation, family planning, referral and linking with Social services, emotional/spiritual support and counseling, infection prevention and self-care to end of life.

In the year 2021, a total of 516 adults and children living with HIV currently received C&S services outside facilities (CHBC)



CHBC staffs of Trishuli Plus reaches to PLHIVs and provide education and information on the following areas:

- 1) Condom
- 2) Counselling
- 3) Family Planning
- 4) HIV and AIDS
- 5) Nutrition
- 6) OI
- 7) Positive Prevention
- 8) Prevention of Infection
- 9) Side Effect
- 10) Tuberculosis (TB)

In addition to this, following services are provided through CHBC:

- 1) Fever
- 2) Other
- 3) Pain Management
- 4) Infection

3.2.1 Condom distribution (Pcs)

A total of 2,740 condoms were distributed to the clients by CHBC staffs, throughout the year 2021.

3.2.2 Nutrition

Trishuli Plus provided nutrition support to one of the clients on the year 2021.

3.2.3 Referral

Trishuli Plus conduct a service mapping of service providers of HTC, STI, CD4, viral load, OI, ART, eVT/PMTCT need for PLHIV within the district and outside as well with contact detail and placed in the CCC so that it will be helpful accessing the services. CHBC team and CCC team work in coordinated way so that there will be easy for the PLHIV for accessing

support from Social Support Unit in the PHC/Hospital to manage diagnostic cost for CD4, LFT, X-ray etc.

Trishuli plus provides referral services for the following services to the clients.

- 1) ART
- 2) CD4
- 3) Community Care Centre
- 4) Local Health Facility
- 5) PMTCT
- 6) TB Diagnosis & Treatment

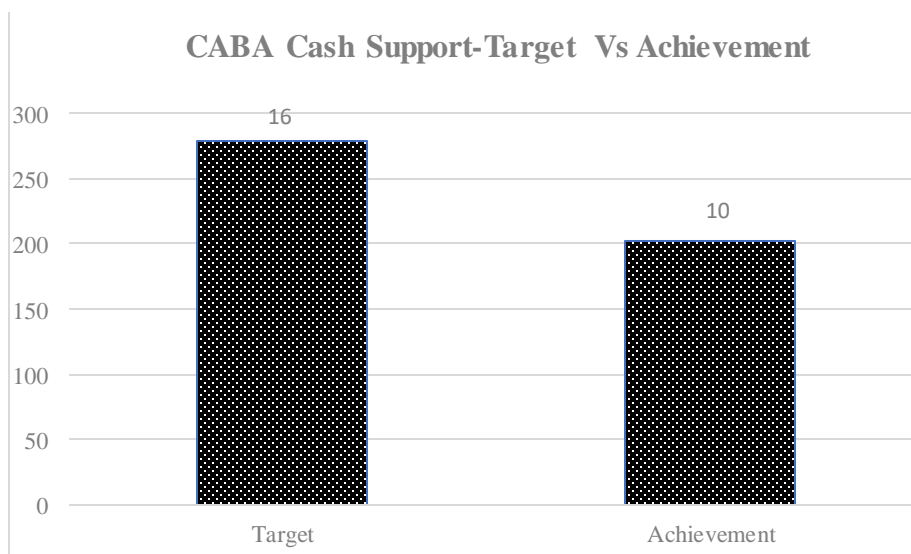
3.3. Children Affected by AIDS(CABA)

HIV and AIDS have been a well-recognized pandemic throughout the world over the past two decades. Globally, an estimated 37.9 (32.7–44.0) million people lived with HIV by the end of 2018. Among these, 1.7 million (1.3-2.2) are children aged below 15 (UNAIDS, 2019). HIV infection among adults has caused an immense impact on children. Globally, around 160000 children aged 0–14 years are newly infected with HIV in 2018, as per UNAIDS estimates. Trishuli plus has been providing support to children living with AIDS (CLHIVs) to enhance the health and development of children.

Under CABA program, CLHIVs are supported through cash transfer program as well as nutritional support to children aged under 5 years.

3.3.1 Children affected by AIDS (CABA) supported by essential package of services –Cash transfer program:

The program implements through the Community Care Centre. Children affected by AIDS are provided cash support of Rs.1000 each month for their development. In the year 2021, 16 children were provided cash support by Trishuli Plus.



3.3.2 Nutritional Support for children aged 5 and under

Trishuli Plus provides nutritional support to the children affected by AIDS, of age 5 and under. In the year 2021, three children were provided nutritional support.

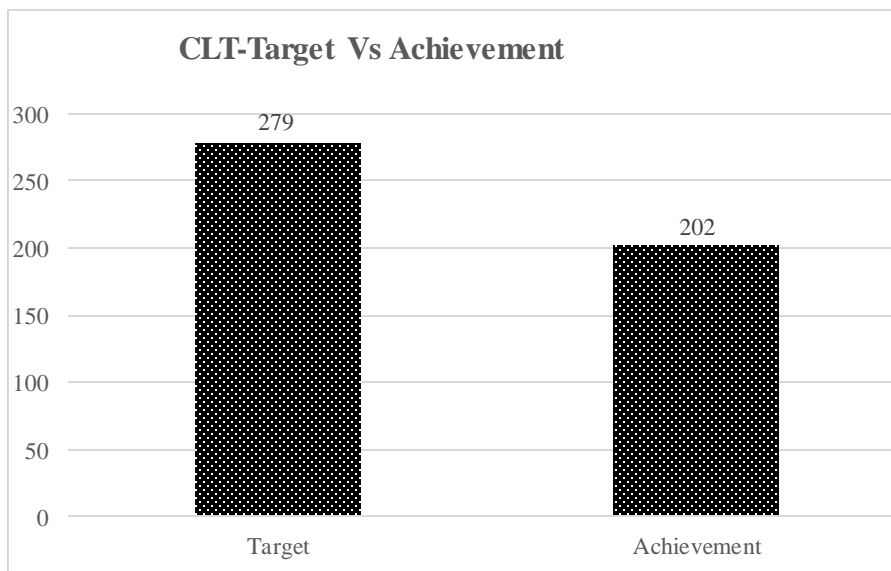
3.3.3 CABA committee meeting

A CABA committee has been formed including the representatives from DHO, CDO and other concerned stakeholders. The meeting is held trimester wise. In the meeting, the status of CABA, supports being provided are shared among the committee members.

In the year 2021, three trimester-wise CABA committee meeting was conducted by Trishuli Plus.

3.4. Community led Testing (CLT)

Community-led HIV testing service is an approach to expand uptake of community-based HTS among populations with higher risk of HIV, particularly those who may not otherwise test for HIV. It has been proven to improve uptake of HIV testing, and improving linkages to treatment and care - early on. In this approach, recommended by WHO, trained lay providers conduct a screening test, using a HIV Rapid Diagnostic Test Kit (RDT). 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. Trishuli plus performed a total of 202 HIV tests throughout the year, 2021, while the target was 279.



Among 202 HIV tests done, five of them were found to be HIV positive.

3.5 Reactive Case finding

Out of the total 202 HIV tests performed in the year 2021, five of them were found to be reactive. The reactive cases were confirmed and enrolled to ART.

3.6 Other Activities

3.6.1 Monthly Staff Meeting:

Trishuli Plus conducted monthly meeting with the staffs every month with the objective to discussions 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, all the staffs share the activities performed and works done by them throughout the month.

3.6.2 Co-ordination meeting with stakeholders:

Co-ordination meeting with press and stakeholders was conducted successfully in Nuwakot, on the occasion of world AIDs Day, 2021. A total of 16 individuals participated in the program, from different government and non-government organizations, Medias and other related stakeholders. The program was facilitated by Executive Director of Trishuli Plus, Mr. Achut Sitaula. He shared about the organization, goals and objective of the program and presented on the activities of Trishuli Plus, achievement, effect of COVID-19 pandemic on PLHIVs and on the service delivery of the organization and the role of different stakeholders. The program was interactive and helped to enhance co-ordination with different stakeholders so that the upcoming activities could be conducted more effectively.

3.6.3 Board Meeting

Trishuli plus conducts a meeting, every three months with the board members. In the meeting, the current activities, progress and achievements are shared among the board members. In addition to this, the challenges and problems faced are also shared and discussed in the meeting. Members of the Board Provides feedback and suggestions, which are taken into account in the coming days.

3.6.4 Distribution of Relief packages under C19RM:

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 KP made it difficult to meet their ends. The main goal of this program was to provide basic food package support for financially weak PLHIVs. The package was distributed to the clients who fulfilled the given criteria, i.e. received HIV prevention and testing services and those having daily income is less than or equal to daily wage (NPR 577) as stipulated by Nepal government. Trishuli plus provided relief package support to forty PLHIVs with low economic status. The information collected by social mobilizes for relief package distribution was checked and verified by finance and administration officer, before providing the package. Throughout the process, continual monitoring was carried out.

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 care and support program, there were a total of 74 PLHIVs received services from CCC of Trishuli Plus, Nuwakot. A total of 550 condoms were distributed from CCC, throughout the year. A total of 104 clients were provided nutritional support, 17 clients were provided medical support, 94 clients received psychological counseling support and 4 received other support from CCC in the year 2021. Similarly, a total of 516 adults and children living with HIV received Care and support services outside facilities (CHBC). A total of 2,740 condoms were distributed to the clients by CHBC staffs, throughout the year 2021. Under the CABA program, 16 children affected by AIDS were provided cash support from Trishuli Plus. Those children were provided Rs.1000 each month, for their development. In addition to this, three children were provided nutritional support by Trishuli Plus in 2021. A CABA committee has been formed including the representatives from DHO, CDO and other concerned stakeholders. In the year 2021, three trimester-wise CABA committee meeting was conducted by Trishuli Plus. Trishuli plus performed a total of 202 HIV tests throughout the year, 2021. Among them, five of them were found to be HIV positive. Reactive cases were confirmed and referred to ART for treatment.

In addition to this, monthly staff meeting was conducted every month to share the ongoing activities and progress of the organization. Co-ordination meeting with press and stakeholders was conducted successfully in Nuwakot, on the occasion of world AIDS Day, 2021 with the participation of total of 16 individuals, from different government and non-government organizations, medias and other related stakeholders. Trishuli plus conducts a meeting, every three months with the board members. In the meeting, the current activities, progress and achievements are shared among the board members. Trishuli plus provided relief package support to forty PLHIVs with low economic status, under C19RM program. Therefore, despite the challenges and difficulties imposed by the pandemic situation as well as other issues, all the activities were performed effectively in the year 2021.

ANNEX I- List of Human Resources

Annex 1: Staff Mobility Chart:

SN	Name	Designation	Based at
1	Shanti Ghimire	CCC In charge	Nuwakot
2	Deepa Shrestha	Admin & Finance Assistant	
3	Durga Pudasaini	Paramedic cum counselor	
4	Puspa raj Bhakrel	Support Staff	
5	Begmaya Ghale	Cook	
6	Sunisha Shrestha	Paramedic	
7	Parbati Adhikari	Case Tracker CHBC	
8	Beli Tamang	CHBC Mobilizer	
9	Pratap Tamang	CHBC Mobilizer	
10	Deepak Shrestha	CHBC Mobilizer	
11	Debaki Khanal	Hospital liaison officer	

ANNEX II-PHOTOS

