

ANNUAL REPORT

2022

GLOBAL FUND/ SAVE THE CHILDREN INTERNATIONAL (SCI)

KATHMANDU PROJECT

COMPREHENSIVE HIV/AIDS PROGRAM AMONG MIGRANTS AND THEIR
SPOUSES

TRISHULI PLUS COMMUNITY ACTION GROUP

TOKHA MUNICIPALITY-10, KATHMANDU



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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 programme 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 Comprehensive HIV/AIDS program among migrants and their spouses

2.1.1 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)

DoFE issued 3.5 million labor permits from FY 2008/09 to 2016/17. Among them 86.42% of the labor migrants has gone to Malaysia and GCC as from FY 2008/9 to FY 2016/17.(Labor Migration for Employment—A Status Report for Nepal: 2015/2016–2016/2017). Among the total reported HIV infections till July 2018, 10.3% were migrant population and 7.2% were the spouse of migrants. (NCASC,2017). It is estimated to have around 6400 migrants and 3000 spouses in Kathmandu valley.

Migrants are susceptible of being infected with HIV because migrants when are away from their partner for prolong period of time 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 about 800 foreign employment orientation centres 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.

Project has been designed to accomplish the goal of “to contribute towards the NHSP targets of 95-95-95 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, ward offices (of our clusters) , PHO, DAO, DDC, DACC, NCASC, etc

2.1.2 Goal

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

2.1.3 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.

2.1.4 Strategies

- HIV Prevention through behavior Change Communication (BCC) for migrants and their spouses on HIV/TB
- HIV testing in migrants and their spouses

- Screening for TB and perform sputum transportation for those migrants and their spouses who are not reached by existing SR managing TB program
- Referral of the reactive cases and linkage to care and support
- Create supportive/enabling environment
- Capacity building of Trishuli Plus to implement HIV prevention and Care, support and treatment for migrants and their spouses

2.1.5 Program Area

District:*Kathmandu

Target Municipalities / Rural municipalities

Table 1: Working area of the project

S.N	District	Metropolitian city/ Municipality/ Rural municipality	Ward / Area	Remarks
1	Kathmandu	Kathmandu Metropolitian city	Gongabu Sinamangal, Basundhara, New Buspark	

2.1.6 Target Group

Labor Migrants and their Spouses

2.1.7 HIV service delivery approaches

Table 2: HIV service delivery approaches

Prevention	Case Finding
<ul style="list-style-type: none"> • Outreach • Preventive Education • Referral and monitoring • Behaviour change communication • Online and virtual reach • Condom distribution 	<ul style="list-style-type: none"> • Community led Testing • HIV self test • Index testing • Mobile camp

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.

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.

2.1.8 Project activities

- Behaviour change communication
- Community led testing
- Orientation to manpower agencies and hotel association.

- Mobile Health Camp
- Referral services
- Coordination meeting with stakeholders

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. BCC 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. BCC 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.

Month-wise reach through BCC

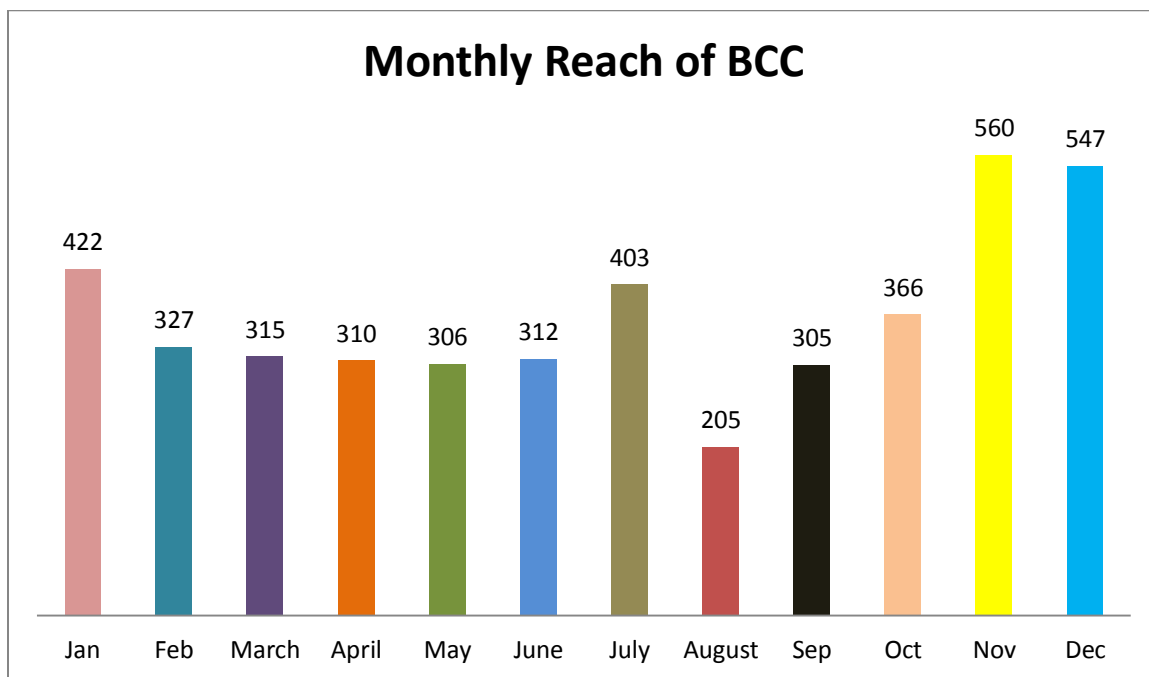


Figure 1: Month wise reach of BCC

A total of 4,378 individuals of migrant population were provided BCC by the outreach workers in the year 2022. The program helped to increase awareness on HIV, TB and its preventive measures.

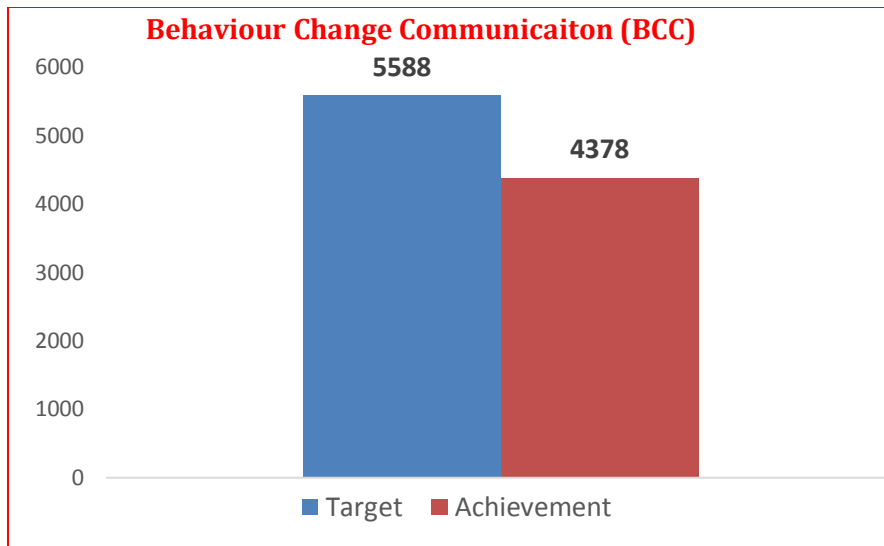


Figure 2: BCC- Target Vs. Achievement

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 2022, 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 centre. 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 is further tested through determined test, Unigold test and statpak test.If all these three tests found positive, the individual is confirmed as HIV positive and referred to ART.

HIV testing and counseling is done in two ways:

- **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. In the year 2022, 1,922 clients were tested for HIV ,through one to one reach.
- **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 48 health camps were conducted in the year 2022, in which 2,430 clients were tested.

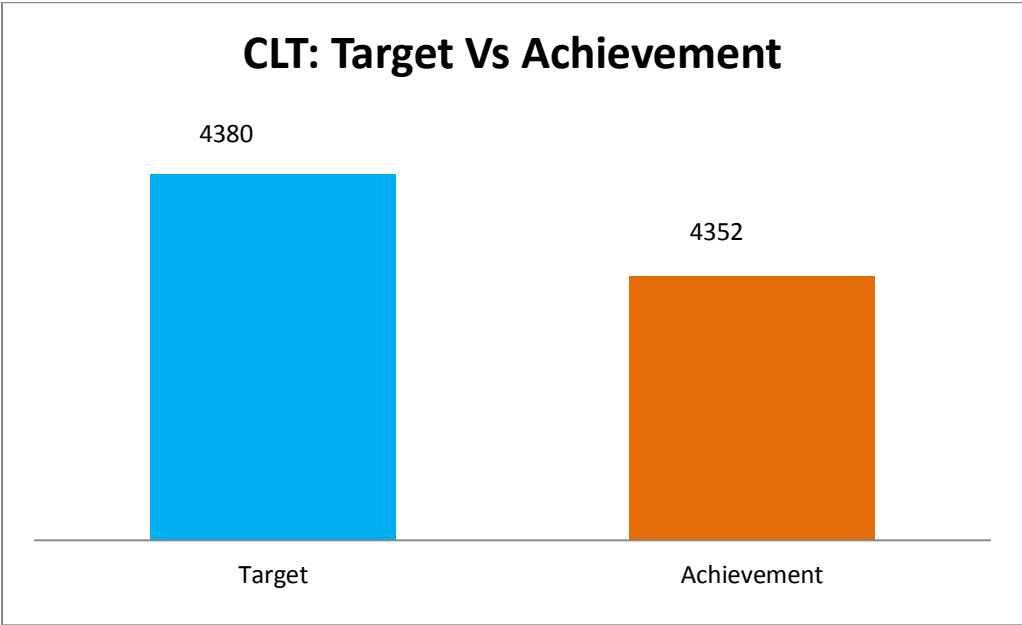


Figure 3: Target Vs Achievement of HIV testing

A total of 4,352 HIV tests were done in the year 2022. Among them, 3,192 test was done among male, 1159 among female and 1 transgender. Four positive cases were found through testing, while 2 of them are enrolled in ART. Since the target was added for November and December, it had been difficult to meet the target during the last two months.

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 in order 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 eight orientation and interaction programs with manpower agencies and hotel associations. Four orientation programs were conducted with manpower agencies on March, June, August and November and four orientation programs were conducted with Hotel associations on March, June, November and December.

C. Health Camps

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 2022, Trishuli Plus conducted 48 health camps at different places of Kathmandu district throughout the year. A total of 2430 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.

Camp Details

Table 3: Camp details

S.N	Date	Site	Number of participants	HIV positive case
1	12 th Jan	Guheswori	32	
2	13 th Jan	Kapan	51	
3	17 th Jan	New Buspark	52	
4	19 th Jan	Sinamangal	54	
5	8 th Feb	Phutung	50	
6	11 th Feb	Tinkune	50	
7	14 th Feb	Chakrapath	51	
8	16 th Feb	Gaurighat	52	

9	7 th March	Tinkune	52	
10	8 th March	Jorpati	53	
11	15 th March	Gongabu	44	
12	15 th March	Machhapokhari	52	
13	11 th April	Gaushala	51	
14	15 th April	Swyambhu	52	
15	20 th April	Goldhunga	50	
16	21 st April	New Buspark	50	
17	4 th May	Jambudanda	51	
18	9 th May	Kalanki	50	
19	10 th May	UN Park	52	
20	18 th May	Sinamangal	50	
21	2 nd June	Bouddha	52	
22	8 th June	Chakrapath	50	
23	3 rd June	Sinamangal	50	
24	20 th June	Samakhusi	51	
25	6 th July	Sinamangal	52	
26	13 th July	Kalanki	51	
27	19 th July	Buspark	50	
28	20 th July	Bhatkyapool	51	
29	17 th August	Gaushala	30	
30	11 th August	Samakhusi	30	
31	19 th August	Buspark	30	
32	22 nd August	Samakhusi	30	
33	9 th Sep	Sinamangal	51	
34	14 th Sep	Sinamangal	50	
35	7 th Sep	Jorpati	51	
36	13 th Sep	Samakhusi	49	
37	13 th Oct	Jorpati	50	1
38	13 th Oct	Guheswori	50	

39	16 th Oct	Dhaneswor	50	
40	19 th Oct	Gongabu	50	
41	7 th Nov	Sinamangal	50	
42	9 th Nov	Sinamangal	50	
43	11 th Nov	Gaushala	50	
44	14 th Nov	Gongabu	50	
45	9 th Dec	Sinamangal	50	
46	13 th Dec	Phutung	50	
47	13 th Dec	Bhatkyapool	50	
48	16 th Dec	Samakhusi	50	
	Total		2430	1

E. Referral services

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 2022, four positive cases were found while HIV testing .Two of them were referred to ART centre 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 2022, TB screening was done among 4378 individuals and 137 were found to be susceptible to TB and referred to health institutions. Among them, 5 were found to be suffered from TB. In addition to this, co-ordination was done with the organizations working on TB like JANTRA. Those who were found to have TB were referred to the nearest health post or JANTRA for further diagnosis and treatment.

F. 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 of 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 2022, a total of 4,378 individuals of target population were screened on TB, however the target was 5,588 and 137 were found to be suspected to TB and referred to health institutions among whom, five were found to have TB.

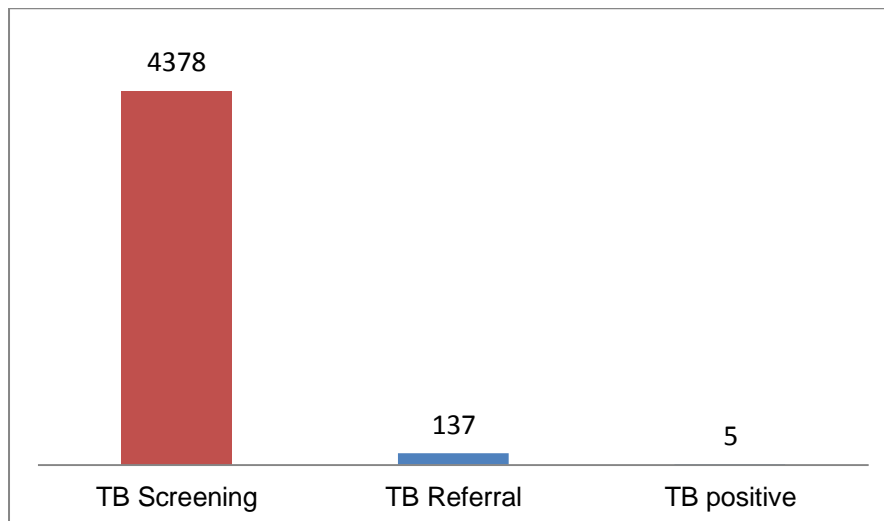


Figure 4: TB screening, referral and positive

G. 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 behaviour 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 2022, 22,357 condoms were distributed among the target population.

H. Coordination meeting with stakeholders

In the year 2022, one stakeholder meeting was conducted on 22nd December at Sky Venue and Restaurant, Samakhusi, with the objective to enhance co-ordination with different stakeholders in order to increase effectiveness of the programme. There was presence of representatives from different government and other organizations, i.e. Tokha Municipality, metropolitan police, Municipal Police, Manpowers and orientation centres, Hotel association, and other organizations. The program was facilitated by Project co-ordinator, Ms. Karishma Banjara and M&E officer of Trishuli Plus, Ms. Nisha Gautam. 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.

I. Other Activities

1. Review and Strategic Planning Meeting

Trishuli Plus conducted a review and strategic planning meeting on 12-13th March, 2022 at Nuwakot, with the participation of 35 participants including board members, the staffs of Kathmandu and Nuwakot office as well as representatives from Dhangadhi office.

The meeting focused on the review and sharing of achievement and ongoing activities of all three projects as well as preparing a strategic plan of the organization for the next five years (2022-2027). The program was facilitated by Ms. Karishma Banjara, Project Co-coordinator and Mr. Achut Sitaula, Executive Director of Trishuli Plus. Some of the key activities and discussions of the meeting are as follows:

- Review of all three projects, of the year 2021.
- Sharing and discussion on the issues and challenges faced, in every projects.
- Presentation on the policies, rules, plans and schemes of social security fund was shared among the participants.
- Sharing of the other ongoing activities of Trishuli Plus, by Executive Director, Achut Sitaula.
- SWOT analysis of the organization, through group discussion .
- Sharing of the budget status and expenditure to the staffs.
- Discussion on planning of future activities in the upcoming quarter, in order to achieve the project goals effectively.

Hence, a review and strategic planning meeting was held at Hotel Water Tower, Nuwakot on 12-13th March, 2022 with the objective to review the ongoing project activities, achievements and prepare a strategic plan of the organization. The meeting also helped to enhance interaction and make all the staffs of Trishuli Plus more familiar to each other. The program provided a picture of the ongoing programs, activities and achievements of the organization .Also, a strategic plan of the organization was prepared for the next five years through the group discussions, feedback and suggestions of the participants. The meeting was interactive and helped to identify the solutions to the prevailing challenges and issues

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.

3. 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 KPs

made it difficult to meet their ends. The main goal of this program was to provide basic food package support for financially weak clients. 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. In the year 2022, relief package was distributed among 43 economically weak migrants and their spouses. The information collected by Outreach workers for relief package distribution was checked and verified by M&E officer and Project co-coordinator, before providing the package. Monitoring was done continuously throughout the process. Report was prepared and submitted to the concerned authority after the distribution of packages.

4. Assessment of impact of law, human rights, gender, key and vulnerable population-related affiliation and the National legal environment related barriers tuberculosis vulnerability, diagnosis, and treatment in Nepal's TB response

Background:

The TB Community, Rights & Gender (CRG) assessment is a qualitative process that prioritizes the experiences and participation of communities affected by TB, including TB key and vulnerable populations. TB key and vulnerable populations are groups at higher risk for TB or that lack access to health services due to biological, behavioral, social, or structural factors. The CRG assessment also assesses the significance of human rights, law, and gender in the TB response in partnership with the national TB program and other stakeholders

Assessment Objectives:

This assessment aims to support an improved national TB response through:

- Providing qualitative insights into the ways that gender, belonging to certain key and vulnerable populations, human rights and legal barriers impact the national TB response including related to TB prevention, diagnosis, treatment care and support guided by the seven thematic areas of the adapted right to health framework (see
- Providing information on how the TB response can improve to be more gender-sensitive, equitable, rights based and more responsive to the needs of key and vulnerable populations.
- To undertake a TB KVP prioritization.
- Assessing and making recommendations for a strengthened legal and regulatory framework for improved access to TB diagnosis, treatment and care.

Activities Details

Nine Key informant interview and 10 Focus group discussions were conducted with total of 79 participants (Male: 33 Female: 34 and others: 12) in 3 districts (Kailali, Chitwan and Dhanusha). The field visits were conducted from 9th November to 25th November 2022. The sites for field visits were selected in coordination with Save the Children and Trishuli plus.

Three Key informant interview and three Focus group discussions were conducted with total of 10 participants (Male: 7 Female: 3) in kailali district. The field visits were conducted from 9th November to 11th November 2022.

Four Key informant interview and Four Focus group discussions were conducted with total of 30 participants (Male: 9 Female: 15 and others 6) in Chitwan district. The field visits were conducted from 16th November to 17th November 2022.

Three Key informant interview and Four Focus group discussions were conducted with total of 39 participants (Male: 17 Female: 16 and others 6) in Dhanusa district. The field visits were conducted from 23rd November to 25th November 2022. The sites for field visits were selected in coordination with Save the Children and Trishuli plus.

Table 1: Details of Focus Group Discussion

Focus Group Discussion	Date & time of FGD	District	Sex disaggregation
FGD 1	Nov 10, 2022 (11:00 AM to 12:30 PM)	Dhangadi, Kailali	Male: 5 Female: 1
FGD 2	Nov 10, 2022 (2:00 PM to 4:00 PM)	Godawari, Kailali	Male 2: Female: 2
FGD 3	Nov 16 (2:00 PM to 4:00 PM)	Bakhadimai, Chitwan	Male 3: Female: 5
FGD 4	Nov 17 (11:30 AM to 1:30 PM)	Bharatpur, Chitwan	Male 4: Female :4
FGD 5	Nov 17 (2:00 PM to 3:30 PM)	Bharatpur, Chitwan	Male 2: Female: 6
FGD 6	4:00 PM to 5:00 PM	Pulchowk, Chitwan	TG 1: MSM: 5
FGD 7	Nov 23 (11:00 AM to 12:30 PM)	Bateshwor, Dhanusa	Male 5: Female: 6
FGD 8	Nov 24 (10:00 AM to 11:30 AM)	Sinurjoda, Dhanusa	Male 6: Female: 4
FGD 9	Nov 24 (1:00 Pm to 2:30 PM)	Ghodgash, Dhanusa	Male 6: Female: 6
FGD 10	11:00 AM to 12:30 PM	Janakpur, Dhanusa	TG: 6

Table 2: Details of Key Informant Interview

KII	Date	Position, Affiliation	Sex
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KII -1	Nov 11, 2022	DOTS Incharge, Godawari Hospital	Male
KII -2	Nov 11, 2022	ART counsellor, Seti Zonal Hospital	Male
KII- 3	Nov 11, 2022	DOTS service provider, Trishuli Plus, Kailali	Female
KII-4	Nov 18	ART Counselor, Bharatpur Hospital, Chitwan	Male
KII-5	Nov 18	TB District Project co-ordinator, Jantra, Chitwan	Male
KII-6	Nov 18	Outreach Workers, Jantra, Chitwan	Male
KII-7	Nov 18	DOTS service provider, Bharatpur Hospital	Female
KII-7	Nov 23	Project Cordinator, AHF NEPAL, Dhanusha	Male
KII-8	Nov 23	HP In-charge, Bateshwor Health Post	Male
KII-9	Nov 23	DOTS service provider, Health office, Dhanusha	Female
KII 10	Dec 21	Sr M&E Manager, NTCC, Bhaktapur	Male
KII 11	Dec 23	Team Leader, WHO	Female
KII 12	Dec 25	Program Director, Jantra, Kathmandu	Male
KII 13	Dec 27	NTCC Director, Kathmandu	Female

Summary

The field visits for qualitative data collection for the assessment was collected from 9th November to 25th November 2022 to meet the objectives of the assessment.

Financial Report

S.N	Budget Head	Budget (Nrs)	Expenditure (Nrs)	Percentage
1	Human Resource	4644902	4621430	99%
2	Travel related costs (TRC)	2387800	1455231	61%
3	Infrastructure (INF)	37000	31600	85%
4	Communication Material and Publications (CMP)	20000	16600	83%
5	Programme Administration costs (PA)	657500	670446	102%
6	Living support to client/ target population (LSCTP)	149600	126764	85%
7	Reducing Human Rights Barriers	1180000	295397	25%
Total BvA		8001802	7046717	88%

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, 48 health camps were conducted in 2022, in which 2430 individuals of target group were benefited. Under the program, BCC was provided on HIV, TB and its preventive measures among 4378 individuals of target group. Under HIV testing and counseling, a total of 4352 individuals were tested for HIV after providing counseling among which, 3912 were male and 1159 were female and 1 transgender. Four reactive case was found out through community led testing ,this year, among which two were enrolled on ART and the remaining two is being followed up continuously for enrollment in ART Similarly, TB screening was done among 4378 individuals of target group, i.e. migrants and their spouses. Among them,137 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 2022, 22,357 condoms were distributed among the target population. Trishuli plus conducted eight orientation and interaction programs with manpower agencies and hotel associations. Four orientation programs were conducted with manpower agencies on March, June, August and November and four orientation programs were conducted with Hotel associations on March, June, November and December. In addition to this, one co-ordination meeting was held with stakeholders on December, with the objective to share about ongoing programs and activities of the organization with the concerned stakeholders as well as to increase co-ordination with them.

In addition to this, 151 hygiene kits were distributed during COVID-19 risk period as it was necessary to provide hygiene kits to maintain the general hygiene and be safe during the home isolation period, especially for financially weak migrants and their spouses.

In conclusion, despite the challenges and issues faced due to pandemic situation as well as as other various reasons, all the activities and programs were conducted effectively, adopting the safety measures, in the year 2022.

CHALLENGES AND LESSON LEARNT

4.1 Challenges

In the year 2022, Trishuli plus faced different challenges and issues at various time, for conducting programs effectively. However, the challenges were discussed frequently among the team and solutions to the issues were addressed. Since 2020, to till now, it has still been challenging for the world due to the emergence of new variants of COVID-19 time to time.

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.

Some of the major challenges faced during the year 2022, are as follows:

- Difficult to reach returnees migrants, as there is no any specific hub to reach such population.
- People hesitate to test, due to the social stigma of HIV prevailing in the society.
- Difficult to reach migrants during festival season, as they return to their home and spend time with families.

4.2 Lesson learnt

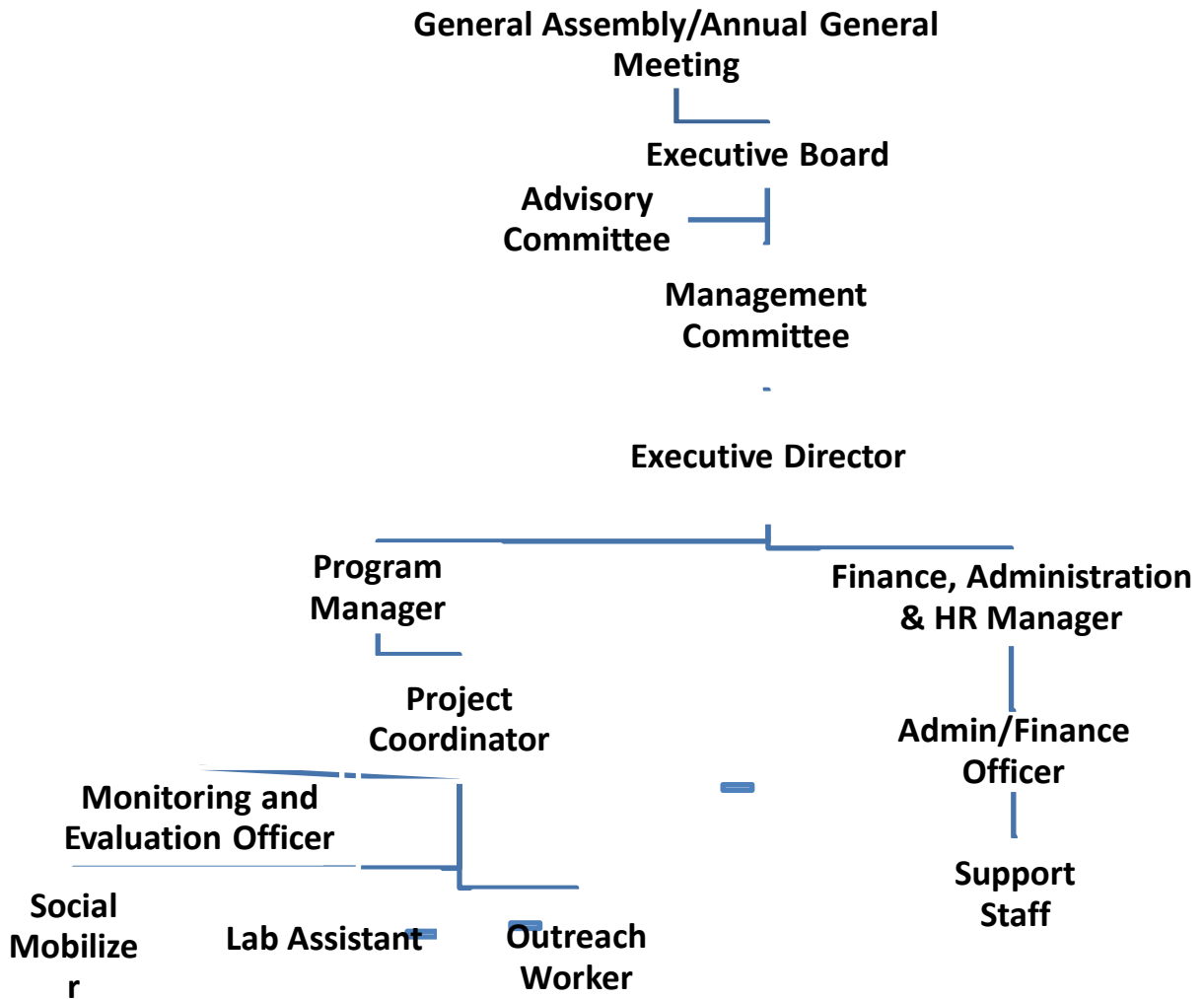
Despite the problems and challenges imposed, Trishuli plus continued to conduct the programs dealing with the challenges. While facing different challenges due to COVID, many lessons were learnt from the situation too. Some of the lessons learnt in the year 2022 are as follows:

- To continue the possible works even in the pandemic situation.
- Health education was provided on COVID along with BCC.
- Activities were continued following the safety measures such as using masks, sanitizers, gloves.
- To increase co-ordination with manpower agencies, orientation centres as well as hotels so that target population could be reached easily, through them

Financial Report

ANNEXES

Annex I- Organogram of Trishuli Plus



Annex II- List to Human Resources involved

S.N	Name	Designation
1.	AchutSitaula	Executive Director
2	SadhuramSapkota	Admin and Finance Director
3	KarishmaBanjara	Project Coordinator
4	PratikshyaUpadhyaya	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	LaxmiSarki	Support Staff

Annex III- Photo Plate



Health camps



Orientation with Manpower agencies



Orientation with Hotel association



Stakeholder meeting



Distribution of Relief Package



Hygiene Kit Distribution