

ANNUAL REPORT

2023

GLOBAL FUND/ SAVE THE CHILDREN INTERNATIONAL (SCI)

KATHMANDU PROJECT

HIV AND TB PREVENETION PROGRAM AMONG MIGRANTS AND THEIR
SPOUSES

TRISHULI PLUS COMMUNITY ACTION GROUP

TOKHA MUNICIPALITY-10, KATHMANDU



TABLE OF CONTENTS

List of Figures.....	IV
List of Tables	IV
CHAPTER I	1
ORGANIZATIONAL INTRODUCTION	1
1.1 Background	1
1.2 Vision.....	2
1.3 Mission	2
CHAPTER-II.....	3
PROJECTS	3
2.1 Comprehensive HIV/AIDS program among migrants and their spouses	3
2.1.1 Project background	3
2.1.2 Goal	4
2.1.3 Objectives.....	4
2.1.4 Strategies	5
2.1.5 Program Area	5
2.1.6 Target Group	5
2.1.7 HIV service delivery approaches	6
2.1.8 Project activities.....	7
A. Behavior Change Communication (BCC) on HIV and TB	7
B. Community led Testing:	10
C. Health Camps	11
D. Referral services	14
E. TB Screening.....	15
F. Condom Promotion.....	16
G. Coordination meeting with stakeholders.....	17
H. Other Activities	17
CONCLUSION	22
CHALLENGES AND LESSON LEARNT.....	23

4.1 Challenges	23
4.2 Lesson learnt	23
ANNEXES	25

List of Figures

Figure 1: Month wise reach of BCC	9
Figure 2: BCC- Target Vs. Achievement.....	9
Figure 3: Target Vs Achievement of HIV testing	11
Figure 4: TB screening, referral and positive.....	15

List of Tables

Table 1:Working area of the project	5
Table 2: HIV service delivery approaches.....	6
Table 3:Camp details	12
Table 4: Budget Description	19

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), municipality and local government and other district level and local level government authorities and non-governmental stakeholders.

1.2 Vision

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

1.3 Mission

To 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.

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
- 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

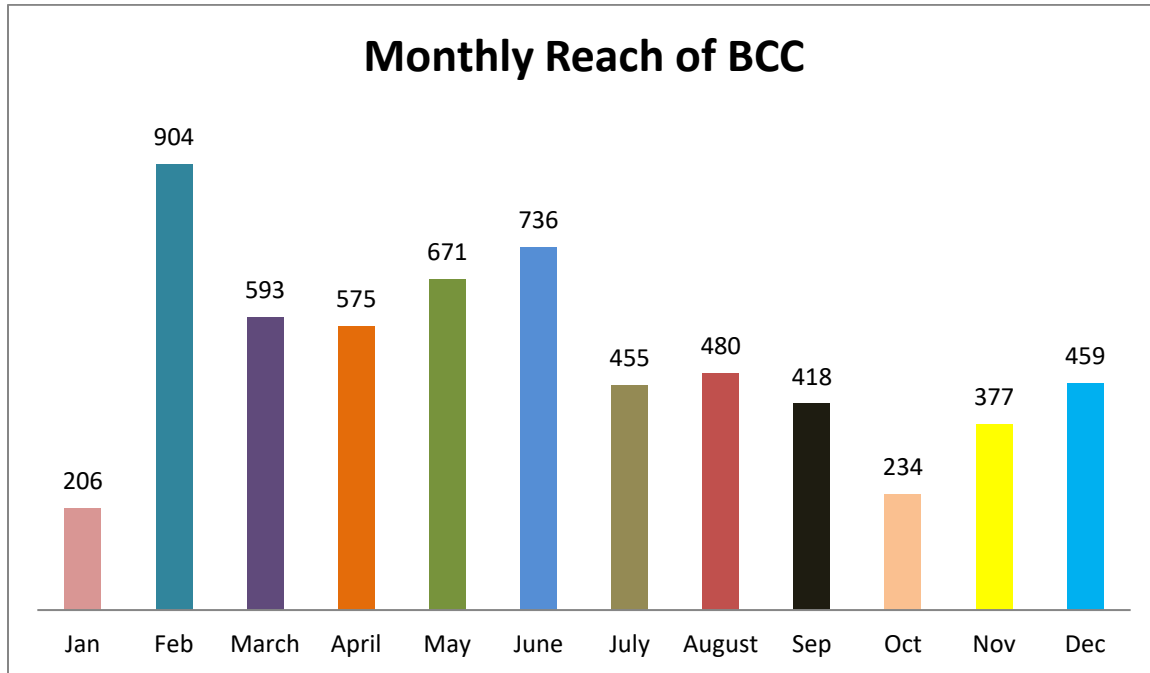


Figure 1: Month wise reach of BCC

A total of 6,108 individuals of migrant population were provided BCC by the outreach workers in the year 2023. The program helped to increase awareness on HIV, TB and its preventive measures.

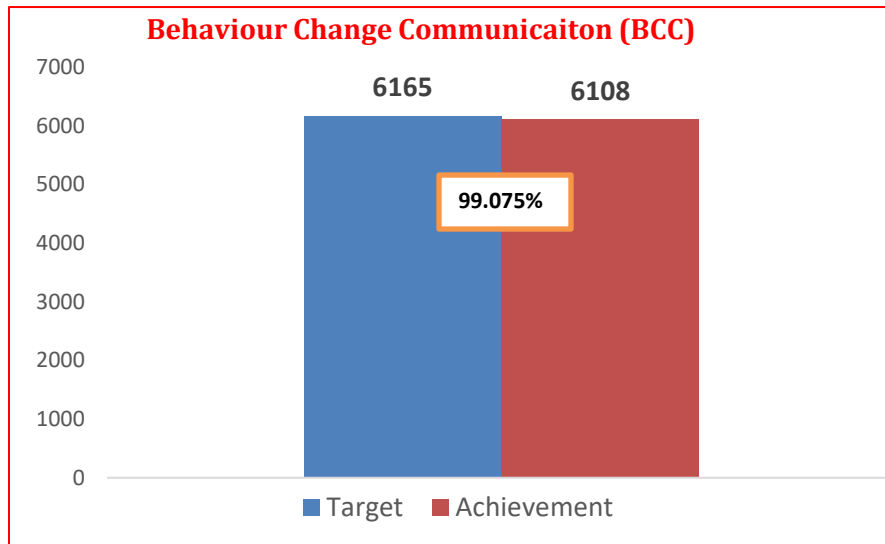


Figure 2: BCC- Target Vs. Achievement

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 2023, a total of 5060 individuals of migrant population have been tested for HIV. Among which, 3 were found to be positive and 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 2023, 2,778 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 46 health camps were conducted in the year 2023, in which 2,282 clients were tested.

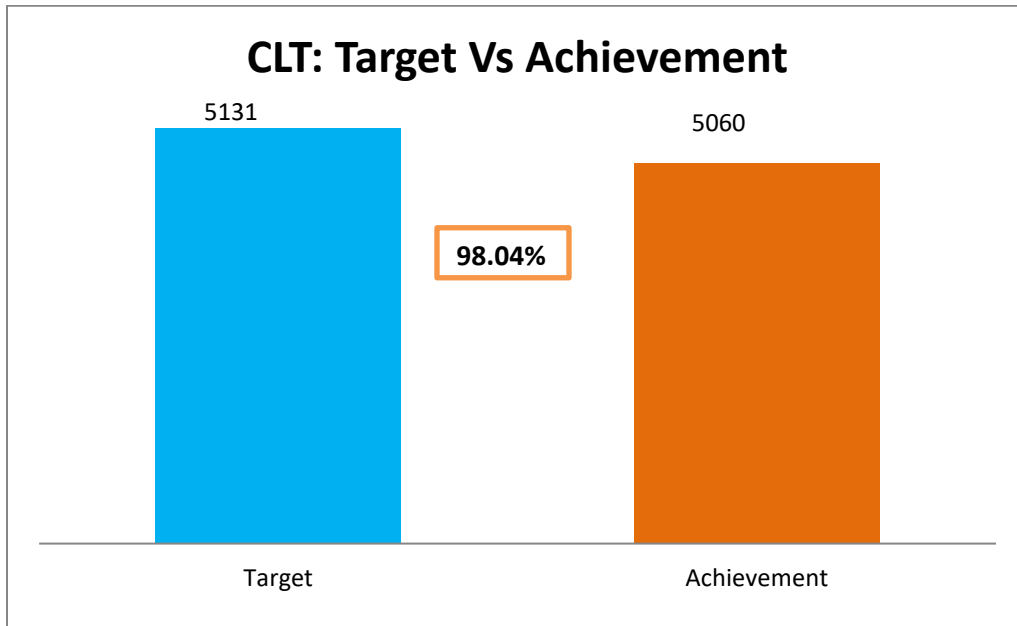


Figure 3: Target Vs Achievement of HIV testing

A total of 5,060 HIV tests were done in the year 2023. Among them, 3,994 test was done among male, 1,066 among female and 1 transgender. Three positive cases were found through testing and were enrolled in ART.

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 2023, Trishuli Plus conducted 46 health camps at different places of Kathmandu district throughout the year. A total of 2282 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	20 th Jan	Machhapokhari	40	
2	24 th Jan	Sinamangal	40	
3	16 th Feb	Sinamangal	50	
4	19 th Feb	Sinamangal	50	
5	20 th Feb	Bhatkyapul	50	
6	22 th Feb	Balkumari	50	

7	9 th March	Pingalasthan	50	
8	13 th March	Sinamangal	50	
9	14 th March	Kalanki	50	
10	20 th March	Pingalasthan	50	
11	4 th April	Chakrapath	50	
12	7 th April	Pingalasthan	51	
13	10 th April	Gongabu	51	
14	11 th April	Buspark	50	1
15	9 th May	Boudhha	51	
16	22 nd May	New Buspark	49	
17	23 rd May	Chakrapath	50	1
18	24 th May	Chakrapath	51	
19	8 th June	New Buspark	51	
20	12 th June	Chakrapath	50	
21	15 th June	Chakrapath	49	
22	21 st June	Sinamangal	51	
23	11 th July	Sinamangal	51	
24	13 th July	Samakhusi	50	
25	19 th July	Pingalasthan	50	
26	20 th July	Gongabu	49	
27	23 rd August	Gongabu	50	
28	28 th August	Pingalasthan	50	
29	28 th August	Gongabu	50	
30	11 th September	Samakhusi	49	
31	19 th September	Buspark	50	
32	22 nd September	Buspark	51	
33	25 th September	Samakhusi	51	
34	13 th October	Jorpati	50	
35	13 th October	Guheswori	50	

36	16 th October	Dhaneswor	50	
37	19 th October	Gongabu	50	
38	6/7 th November	Basundhara	50	
39	27 th November	Basundhara	49	
40	28 th November	Buspark/Samakhusi	50	
41	29 th November	Basundhara	48	
42	4 th December	Sinamangal	50	
43	5 th December	Sinamangal	52	
44	11 th December	Samakhusi	49	
45	13 th December	Sinamangal	49	
46	18 th December	Sinamangal	50	
	Total		2282	2

D. 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 2023, three positive cases were found while HIV testing .All 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 2023, TB screening was done among 6108 individuals and 149 were found to be susceptible to TB and referred to health institutions. Among them, five 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.

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 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 2023, a total of 6,108 individuals of target population were screened on TB, however the target was 6,165 and 149 were found to be suspected to TB and referred to health institutions among whom, 5 were found to have TB.

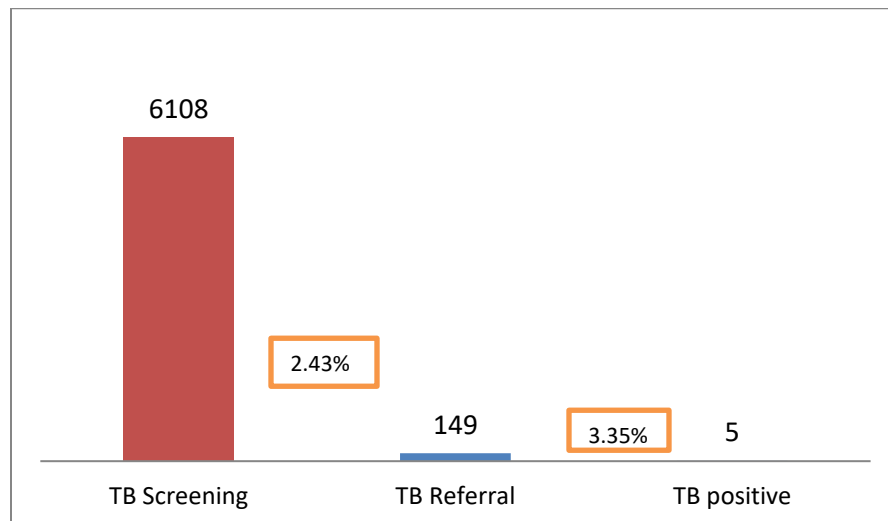


Figure 4: TB screening, referral and positive

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 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 2023, 8,327 condoms were distributed among the target population.

G. Coordination meeting with stakeholders

Co-ordination meeting was conducted successfully among stakeholders on 24th November, 2024. A total of 29 individuals participated in the program .Out of the total participants, 26 were representatives from different organizations and concerned authorities, 3 were the staffs of Trishuli plus. Ms. Karishma Banjara shared about the organization, goals and objective of the program and Ms Nisha Gautam presented on the activities of Trishuli Plus, achievement till October 2023, issues faced while working and the role of different stakeholders. Discussion was held with active participation of all participants and valuable feedback and suggestion was received from various stakeholders. The program was interactive and helped to enhance co-ordination with different stakeholders so that the upcoming activities could be conducted more effectively.

H. Other Activities

1. 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.

2. Monitoring visit by Board

Board members of Trishuli Plus conducted monitoring visit, in order to observe the project activities and evaluate the project performance. Two monitoring visits were conducted throughout the year 2023. A monitoring visit was conducted on 9th March 2023, by Mr. Bishnuman Shrestha ,Treasurer of Trishuli Plus. He visited the camp and

observed the activities of camp including the client flow, method of providing BCC to the clients and counselling provided.

Another monitoring visit was done by Ms. Thulo Sanchamaya Tamang, Board member of Trishuli Plus on 18th September, 2023. She observed the files and documentation of the project activities, observed the project performance as well as provided valuable suggestion for the future activities.

3. Joint monitoring visit

A monitoring visit was done by Mr. Santosh Kunwar, PHI, Mr.Koshbilash Bagale, Sr. AHW and Mr. Ranalal Budha Chief, Health Section, from Tokha municipality on 26th September 2023, with the objective to monitor the regular project activities of Trishuli Plus. The detailed introduction of the organization as well as goal and objectives of the program was presented. In addition to this, Ms. Karishma Banjara, Project Co-ordinator presented on the progress analysis of migrant program for the period of January to August 2023. Also discussion was held on the shared challenges and issues. Feedback and suggestion were obtained ,which included the continuous co-ordination with hotels, guest house and orientation centres as well as to expand the program among other risk groups as well.

4. Multi stakeholders meeting and panel discussion on TB CRG:

Multi stakeholders meeting and panel discussion was held successfully on 24th Decemeber, 2023 with the presence of 33 participants, out of which 6 were the staffs of Trishuli plus. Ms. Karishma Banjara facilitated the program and Mr. Achut Sitaula presented about the CRG assessment, its objectives, process and recommendations. The discussion was fruitful as various experts and representatives from different government, as well as national/international organizations from various levels were involved in the

discussion. Feedbacks and recommendations from participants were collected and will be implemented in the future initiatives.

FINANCIAL REPORT

Total Budget:

Total Expenditure:

Table 4: Budget Description

Implementation period: 1 Jan 2023 to 31 Dec 2023 (12 months)

NFM3 Program: Migrants

Budget Line No.	Activity Description	Total Year 3 NPR	Expenses	Variance%
121	Stationery and Office Supplies at Project Office -CSS	26,03,230	25,59,681	98%
122	Human Resources required to support Migrant program - Administrative Staff	8,81,378	8,81,378	100%
123	Planning meeting with Staffs	-	-	
124	Program Monitoring and supervision visits at Migrants District - joint monitoring visits with district level stakeholders and staff including stakehodlers meeting	52,000	48,540	93%
125	Travel cost for District Team	45,000	45,000	100%
126	Local travel for clients to ART Sites	12,000	7,000	58%
127	Mobile Camp Mapping through local stakeholder	-	-	

128	HIV Screening in Migrant program through Health Camp	3,12,000	2,86,400	92%
129	Establishment support for office to support Migrant program	-	-	
130	Computer and printer to support Migrant program	-	-	
131	IEC Materials Printing	18,000	17,800	99%
132	Rent and overhead for office to support Migrant program	6,00,400	5,94,575	99%
133	Enhanced Peer Outreach Approach for HIV case Findings	-	-	
134	Communication cost to Office staff	60,000	57,400	96%
135	Outreach kit for IRW	-	-	
136	Montly meeting Cost	46,800	46,070	98%
137	FCHV orientation	-	-	
138	Refrigerator for Test kit Storage	-	-	
139	Orientation to Manpower Agencies on HIV	-	-	

140	Orientation to Hotel management on HIV	-	-	
141	Human Resources required to support Migrants program - Program Staff	4,39,282	4,31,603	98%
142	Human Resources required to support Migrant program - Administrative Staff	1,48,621	1,48,621	100%
143	Communication cost for E-Reach	-	-	
182C19R M	Communication and transportation cost for outreach workers (for all HIV related components) - HIV - Communication- Y3 Above	1,50,000	1,47,600	98%
56C19R M	Economic support to the infected health workers/Staffs (emergency fund) - HIV	-	-	
57C19R M	Additional outreach workers	6,35,191	6,08,700	96%
90C19R M	Health insurance for staffs in SR - HIV	38,500	42,490	110%
186C19R M	Insurance for additional proposed staff (Above Base)	8,400	8,400	100%
371	Assessment on TB community rights ,gender & TB stigma using STOP TB partnership tools on Stigma assessment & CRG assessment(communitry rights & gender)	8,84,450	8,13,028	92%
	Total	69,35,252	67,44,286	97%

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, 46 health camps were conducted in 2023, in which 2282 individuals of target group were benefited. Under the program, BCC was provided on HIV, TB and its preventive measures among 6108 individuals of target group. Under HIV testing and counseling, a total of 5,060 individuals were tested for HIV after providing counseling among which, 3994 were male and 1066 were female. Three reactive case was found out through community led testing ,this year, and all of them were enrolled in ART for treatment. Similarly, TB screening was done among 6,108 individuals of target group, i.e. migrants and their spouses. Among them, 149 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 2023, 8,327 condoms were distributed among the target population. One co-ordination meeting was held with stakeholders on November, 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 conclusion, despite the challenges and issues faced due to pandemic situation as well as other various reasons, all the activities and programs were conducted effectively, adopting the safety measures, in the year 2023.

CHALLENGES AND LESSON LEARNT

4.1 Challenges

In the year 2023, 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.

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 2023, 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.
- Challenging to reach migrants at guest house and hotel since owners are not willing to allow for BCC and testing.
- Difficult to reach migrants at guest house as they are not available at guest house during office timings.

4.2 Lesson learnt

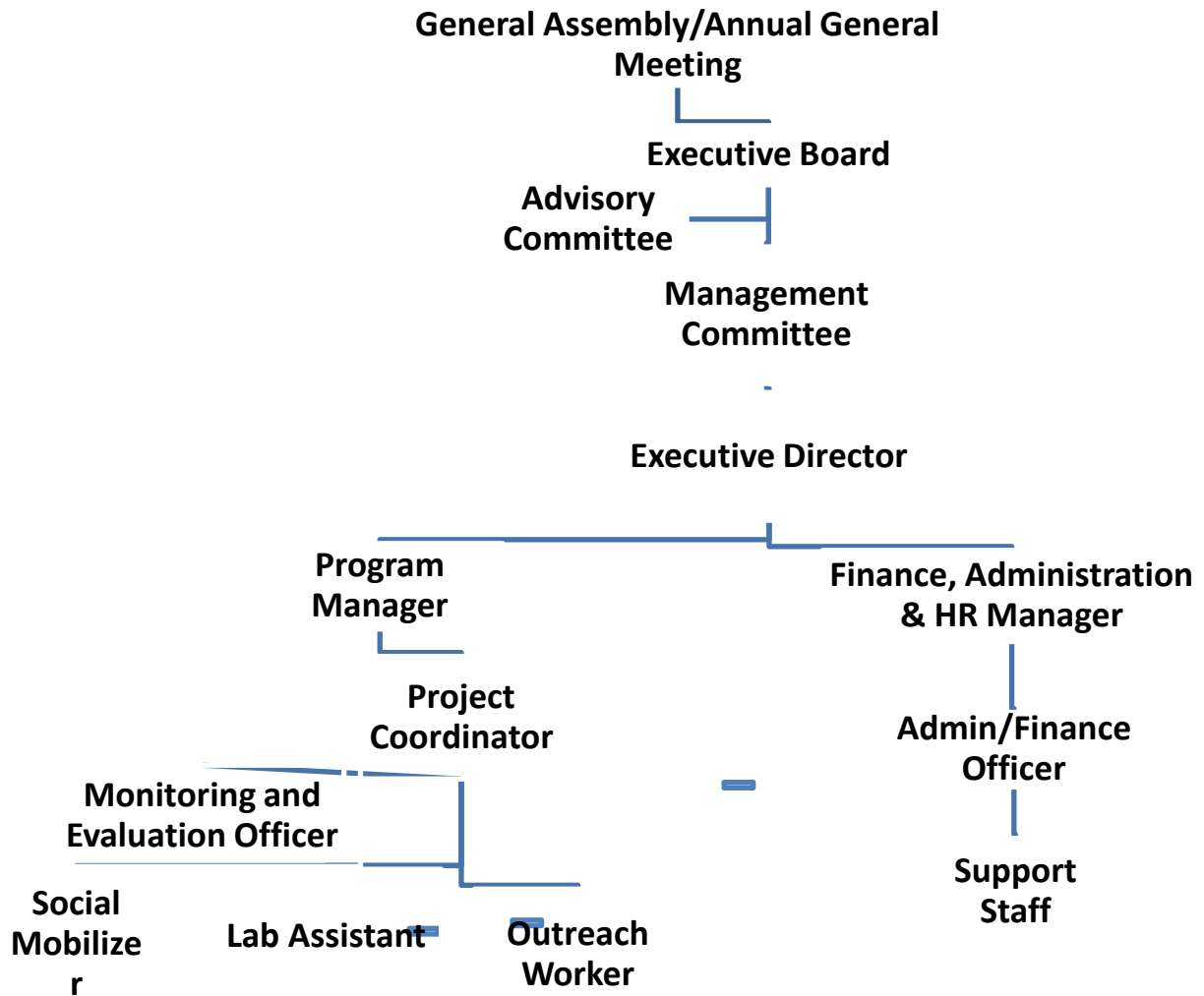
Despite the problems and challenges imposed, Trishuli plus continued to conduct the programs dealing with the challenges. While facing different challenges, many lessons were learnt from the situation too. Some of the lessons learnt in the year 2023 are as follows:

- To increase co-ordination with manpower agencies, orientation centres as well as hotels so that target population could be reached easily, through them.

- Focus more on reaching migrants at hotels and guest houses as returnees migrants are mainly available at guest houses.
- Continue co-ordination with guest houses and hotels.

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	Kanchan 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



Stakeholder meeting