

STRATEGIC PLAN (2022-2027)

Community Action Group



Executive summary

Trishuli Plus , a community action group established in 2006 A.D. , is a community led non-profit ,non- government organization led and run by and for the people living with HIV and affected by TB to provide HIV, TB and Malaria prevention, care, support and treatment services. It also advocates for meaningful involvement of PLHIV and TB survivor and affected communities while developing policies related to HIV, TB and other associated national guideline/standard operating procedure and strategies.

Additionally, tuberculosis (TB) response needs a paradigm shift towards people and community centered, gender sensitive and human rights-based approach. As there is a need to facilitate an enabling environment to effective prevention, diagnosis, treatment, and care (which requires legal and gender related barriers to be analyzed, articulated, and alleviated), we advocate for a better society with no barriers and discrimination.

Purpose of the strategic Plan

Strategic plan is one of the important and fundamental tools that ensures the continuity of the organization in performing its developmental role, it allows the organization to adapt its role to fit the diverse needs of the target groups. , making a strategic plan can;

- Contribute to identifying internal capabilities and what characterizes the organization in terms of strengths, weaknesses, opportunities and threats (where we are now?), and how to deal with each of them in a way to sustain the expectations of the target groups.
- Assist in achieving the desired results sought by the organization (where we want to go?);
- Lead to improved quality of decisions taken by the organization by focusing on vital matters and challenges facing the organization. It helps decision-makers to determine how to get there?

The organization has decided to adopt and develop a comprehensive strategy for the next five years, so as to be able to play its vanguard role in the society and face the inherent challenges in the next few years. This plan has been accomplished in full cooperation organizational board

members, staff, active members and volunteers from the development committee. The planning process was conducted in consultation with target groups and staff members in order to identify needs and involve them to develop the organization's vision, mission goals and objectives, as well as sensitize the participants on the various steps involved in the strategic planning and its vital importance to the organization.

Process

The process of preparing the strategic plan of the organization was based on a descriptive and analytical approach, through using SWOT, for environmental scanning to identify internal strengths and weaknesses as a basis for self-assessment, and perusing external opportunities and threats as a starting point for the development of the strategic plan, including the vision, mission and strategic objectives. As well as improving weaknesses and maintaining the internal points of strengths through their integration in the strategic planning agenda of the organization. In addition to benefiting from opportunities and managing external risks through mitigation measures to ensure the achievement of the desired results.

Organization's Overview

Trishuli Plus (TP) is a community action group established in 2006 as a community-based non-profit, politically non-aligned, non-government organization. It is led and run by and for people living with HIV (PLHIV) and affected by TB. TP is committed to provide HIV and TB prevention, care, support, and treatment services and advocates for meaningful participation of PLHIV and TB survivor and affected communities in developing policies related to HIV, TB, and Hepatitis B/C along-with other associated national guidelines/standard operating procedure (SOPs) and strategies. Being guided by the national strategic plan (2016-2021), Trishuli Plus in partnership with development partners and in collaboration with concerned stakeholders is committed to the HIV response in Nepal and has been continuously advocating to achieve the 90-90-90 goal and ending the AIDS epidemic by 2030.

Trishuli Plus has emerged as a leading organization especially for HIV and TB related intervention in Nuwakot, Dhading, Rasuwa and Kathmandu district. It has supported more than 200 PLHIV (most of them from migrant communities) with required services, i.e., management of opportunistic infections (self-care, infection prevention, treatment, and other related support), ART adherence counseling, psychosocial support, nutrition, and personal hygiene. In addition, Trishuli Plus has been implementing programs to provide cash support and needed services to children living with HIV to strengthen their nutritional status and education.

Trishuli Plus has been implementing positive prevention program (PPP), community care center (CCC), and community and home-based care (CHBC) at Nuwakot district. TP has also been mobilizing PLHIV and TB affected communities as outreach staff and peer speakers for prevention, treatment, and awareness-raising activities on HIV and TB. They closely facilitate ART initiation, positive prevention, condom use promotion, anti-stigma & discrimination activities, Prevention of mother to child transmission (PMTCT) enrollment and referral of key affected community members for HIV testing.

Trishuli Plus has been raising the perspectives of communities affected by TB in various national forums like the Nepal country coordination mechanism (CCM) and other country key stakeholder multi-sector bodies. As a result, TB affected community is now part of national monitoring team for Public Private Mix (PPM), strategy review committee. Trishuli Plus aims to further bring

PLHIV and TB survivor and affected communities to the front-line and center of the national TB and HIV program responses through community capacity building and advocacy initiatives.

Trishuli Plus is the country partner organization for Nepal of APCASO, a regional civil society network organization supporting advocacy and community systems strengthening for health, social justice, and human rights for the most marginalized and vulnerable populations in Asia and the Pacific. Trishuli Plus, in partnership with APCASO, has been conducting consultation meetings and mobilization of HIV and TB affected communities from April 2019, on various issues including universal health coverage (UHC), mental health, human rights, gender, and sustainable health financing. In partnership with APCASO, Trishuli Plus has successfully conducted pioneering national and provincial consultations to start the process of mobilizing TB affected people as a community for advocacy and peer support in Nepal.

From 2020 to 2021, Trishuli Plus on funding support of APCASO and the Global Fund Advocates' Network Asia-Pacific (GFAN AP) mobilized Nepal community awareness raising and action on UHC. Under the "Support GFAN AP and partners' mobilization and advocacy engagements leading up to the Global Fund 7th Replenishment" project, Trishuli has been conducting community consultations and dialogues with and among government to support stronger national UHC implementation and accountability, building capacity among communities and civil society in Nepal on UHC implementation and their momentum for UHC advocacy in Nepal.

Trishuli Plus is currently a sub-implementer and recipient of Stop TB Partnership's (STBP) Challenge Facility for Civil Society (CFCS), Asia-Pacific regional grant, "Right to Breathe." since July 2020 to June 2022. Right to Breathe aims to establish an Asia-Pacific TB and human rights advocacy agenda that will influence national TB responses and align with the regional and global TB agenda. Trishuli Plus is also the Nepal implementing sub-recipient partner to the Global Fund Community, Rights, and Gender (CRG) Strategic Initiative funding via the Activists' Coalition on TB Asia-Pacific (ACT! AP)'s three-year (January 2021-December 2023) regional to support TB community capacity building for mobilization and advocacy.

Trishuli Plus has established functional coordination with District Coordination Committee (DCC), District Health Officer (DHO), District AIDS Coordination Committee (DACC) as well as other local government units. It has played a pivotal role in reducing TB and HIV related stigma and discrimination (S&D) among families, government/non-government officials/stakeholder,

health workers and general population. Trishuli Plus has managed and implemented the following projects serving HIV and TB affected communities in Nepal, in support of various donors and partners:

S.N.	Project	Donors and Partners	Working District	Project Status
1.	Positive Prevention Program, and community and home-based care (2007-2022)	FHI360, Save the Children International	Nuwakot	Ongoing
2.	Treatment Care and Support, Community Care Centre (CCC) (April 2012- ongoing)	National Centre for AIDS and STD Control (NCASC), and Save the Children International	Nuwakot	Ongoing
3.	Prevention, Behaviour Change communication (BCC), among migrants and their spouses, (April 2012 to March 2015)	Save the Children International	Nuwakot district	Completed
4.	Prevention, Behaviour Change communication (BCC), among migrants and their spouses (March 2019 to March 2021)	Save the Children International	Kathmandu	Completed
5.	HIV & AIDS and TB screening program among migrants and their spouse (February 2020 -ongoing)	Save the Children International	Kathmandu	Ongoing
6.	Intensified Case Detection of Malaria (June 2020- January 2021)	Save the Children International	Upper River valley at Dolakha and Sindhuli	Completed

7.	Formation and mobilization of TB community (January 2021 to March 2021)	Save the Children International	National level	Completed
8.	Strengthening Trishuli Plus capacity to mobilize Nepal affected communities on Universal Health Coverage and Tuberculosis (2019-2020)	APCASO	National level	Completed
9.	Right To Breathe TB program, 2020-2021)	Stop TB Partnership Challenge Facility for Civil Society,	National level	Completed
10	Activate TB Community Capacity Building and Advocacy (2021-2022)	ACT! AP	National level	Completed
11	UHC Kick-off (2020-2021)	GFAN AP	National level	Completed
12	Community Rights and Gender Assessment on TB	STOP TB Partnership	National Level	Ongoing

Strategic Direction

Vision Statement

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

Mission Statement

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.

Goal

To contribute to achieve SDG 3, target 3, 4 and 8.

Objectives

- Increase access to HIV and TB prevention and Treatment, care services based on standard protocols.
- To reduce stigma and discrimination among TB and HIV affected communities through community and right based approach.
- Promote the inclusiveness and meaningful participation of HIV and TB affected community in decision making.
- Promote and strengthen coordination, networking, and advocacy.
- To improve quality of life and ensure equitable access to Health services.

Core Values

- Confidentiality
- Quality
- Equity
- Accountability
- Inclusiveness
- Innovative
- Transparency
- Social Justice

Organization's Analysis

SWOT Analysis

Strength	Weakness
<ul style="list-style-type: none"> • Skilled Human resources in the organization. • Women-led organization, women empowerment. • Good relation and co-ordination with stakeholders. • Has own property land on Nuwakot. • Leading and sole organization in Nuwakot district working on HIV. • Service delivery as per the need of clients. • Community based organization, rooted in the community. • Increasing financial performance (good burn rate, good financial absorption capacity). • Good compliance with Internal Control System, • Formation and effective implementation of organizational policy. • Less conflict inside the organization. 	<ul style="list-style-type: none"> • Inadequate capacity building training to board members. • Inadequate advocacy with local authorities. • Lack of enough coordination and collaboration with medias. • Lack of proper management of social media sites. • Gap in strengthening the financial part. • Less inclusion in proposal writing. • Gap in monitoring and supervision. • Low participation of executive board in institutional discussions. • Not able to maintain the quality of life of PLHIVs. • Lack of sustainability plan of the organization. • Lack of a clear communication strategy.
Opportunities	Threats
<ul style="list-style-type: none"> • International and national level plans and policies on HIV and AIDs, which has made it easier to set goals and targets. • Good co-ordination with the municipality which has provided 	<ul style="list-style-type: none"> • Dependent on donor for funding. • Challenging to implement the policies effectively. • Social stigma and discrimination on TB and HIV. • Low financial status and quality of life of clients.

<p>budget and educational support for the children in Nuwakot district.</p> <ul style="list-style-type: none"> • Co-ordination with other I/NGOs while conducting programs. • Attachment of local people with field staffs and the organization. • Good co-ordination with community which has made it easier to implement other programs in near future. • Co-ordination with government authorities. • National and international level data and information available on HIV and TB. 	<ul style="list-style-type: none"> • Changing national policies and guidelines as well as inadequate communication of changed policies. • Weak government and political system. • Lack of ownership of implemented programs by government. • Gap in communication among various levels, while planning. • Challenges imposed by COVID-19 pandemic. • Lack of enough understanding of organization’s activities and awareness on HIV and TB by target group themselves, as well as community. • Frequent staff turnover. • Challenge in logistic management for Tuberculosis Program
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Strategic Stakeholders

1. Local/Municipality Level

➤ **Primary Stakeholders**

- Health post
- Primary Health care centre
- Female community health volunteers (FCHVs)
- Municipality/Rural Municipality office
- Ward office
- Manpower agencies, Orientation and training centers, Hotels and Guest Houses

➤ **Secondary Stakeholders**

- Political parties
- Local organizations, youth clubs, Women’s group

- Teachers
- Students
- Government staffs
- Disaster Management Committee

2. District Level

➤ Primary Stakeholders

- District AIDS co-ordination committee
- District Hospital
- District Health Office
- ART sites
- District Development Committee
- District Administration Office
- District Police Office
- Active journalists
- Shakti Samuha
- District Education office
- District level Hotel Association
- DOTS centers

➤ Secondary Stakeholders

- Nepal Red Cross Society, Nuwakot Branch
- Likeminded organization
- Community organizations and clubs
- Federation of Nepalese Chambers of Commerce and Industry
- Cottage and small industries
- Banks and financial institutions
- Educational institutions
- Private and government employees
- Citizens Society and political parties
- Business groups

3. National Level

➤ Primary stakeholders

- National Association of people living with HIV/AIDS in Nepal (NAP+N)
- National centre for AIDS and STD control
- INGOs, FHI 360, Save the children
- NELA, NANGAN
- National Women commission
- Youth Self Employment Fund
- Department of Labor
- UN Women, UNAIDS, UNODC

Secondary Stakeholders

- Political parties, Business Associations
- Organizations working on economic and financial sector
- National Artists Association, National Dalit commission, Indigenous nationality commission, Female sex workers association, National Human Rights Commission

4. International Stakeholders

➤ Primary Stakeholders

- GNP, APN +
- ART Hospital of India
- Different global policies

➤ Secondary Stakeholders

- International journalists
- International medias

Target Group: Marginalized and vulnerable population with HIV and TB

Benefited group: Community

Strategic Area

1. HIV and AIDS

HIV is one of the major public health problems in the world which has contributed in 36 million deaths of the people. In 2020 there were an estimated 377 million people living with HIV and 480000-1.0 million people died had lost their lives due to HIV. (WHO, 2021).

There were an estimated 30,300 people living with HIV (PLHIV) in Nepal as of December 2020. Of the estimated 790 new HIV infections that year, 85 percent occurred among adults aged 15-49 and 8.8 percent among children aged 0-14. An estimated 17.2 percent of new infections were among young people aged 15-24. National HIV prevalence peaked in 2006 and has been declining incrementally since then, to 0.13% in 2019, corresponding with the growing number of people on ART. The HIV epidemic in Nepal remains concentrated in key populations. According to national integrated biological and behavioural surveillance (IBBS) in different regions of the country between 2016 and 2018, HIV prevalence is highest among men who have sex with men and transgender people (8.2% in Terai Highway districts and 6.2% in Kathmandu Valley) and people who inject drugs (8.5% in Kathmandu Valley and 4.9% in Pokhara), and relatively lower among female sex workers (2.2% in Kathmandu Valley and 0.7% in Terai Highway districts) and male labour migrants who travel to India (0.3% in western hilly districts and eastern Terai districts, and 0.6% in mid-western hills). Other priority populations at high risk include the sexual partners/clients of these groups, and people in prisons.

Nepal has committed to achieving the global 95:95:95 targets by 2030. Trishuli Plus will be supporting this global target.

2. Tuberculosis (TB)

Tuberculosis (TB) remains one of the major public health problems in Nepal. The national TB prevalence survey provided the new estimation that around 117,000 people are currently living with TB disease in Nepal and the prevalence of all forms of TB and all ages is 416.3 (314.1 – 518.5) / 100,000 population. Around 69,000 (245/100,000 pop) people develop new TB cases annually. A total of 32,043 (46%) cases of TB were notified and registered at NTP in

2018/2019. In Nepal, TB case notification has remained stagnant for more than a decade; the Notification Rate (NR) in 2019 was 109 per 100,000 populations.

The National Strategic Plan (NSP) to End Tuberculosis in Nepal therefore commits the country to reduce catastrophic costs to zero, in addition to ending TB by 2035. Its objectives are to build and strengthen political commitment, sustainability and patient-friendly health system to end TB, and to ensure the identification, diagnosis, quality treatment and prevention of TB.

Trishuli Plus aims to work particularly in the following areas;

- Case notification and Management
- Community Mobilization on TB

3. Mental Health

In addition, despite the country's diversity, many cultures have a common denominator when it comes to mental illness. In most cases, people with mental illness refer to themselves as being insane or possessed by a black magic spirit.

Due to the stigma attached to mental disorders, many people with them avoid seeking treatment. Even those with neurotic disorders do not want to consult a mental health professional.

The concept of health as a basic human right has often been misunderstood in Nepal's healthcare system. Despite this, the country's health care system still excludes psychological care. Although the government provides funding for mental health, less than 1 percent of its health care expenditures goes toward this area. As a result, the concept of mental illness is still defined as a disorder.

The number of mental health care professionals in Nepal is low. According to a report by the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS 2006), the breakdown according to profession is:

- 32 Psychiatrists (0.129 per 100,000 population),
- 6 psychologists (0.024 per 100,000 population),
- 16 other medical doctors, unspecialized in psychiatry (0.0645 per 100,000 population),
- 68 nurses (0.274 per 100,000 population),
- No social workers, No occupational therapists.

The National Mental Health Strategy and Action Plan 2020 calls for the protection of basic human rights for people with mental health problems and psychosocial disabilities. Among its propositions, the Strategy puts forward advocacy activities and initiatives to remove elements of existing laws that are discriminatory; calls for legal protections of basic human rights; will provide guidelines for health institutions, rehabilitation homes, communities, and families for the rehabilitation of people with mental disorders; assures coordination across sectors for identification and access to care of people in need of substance use disorder treatment and rehabilitation, and it promotes the collaboration of mental health service users in the implementation and dissemination of its provisions and laws. Currently, mental health is not included in the programs of major public health organizations such as HIV/AIDS, tuberculosis, and maternal and child health. For instance, the HIV program only offers voluntary counseling and testing. Since 2011, the Global Fund to Fight Tuberculosis, HIV, and AIDS has been covering the medical costs of treating patients with mental illness in Nepal.

Trishuli Plus aims at working in the following area;

- Advocacy for implementation of mental health policy
- Utilization of psychosocial counselor

4. Universal Health Coverage (UHC)

Universal health coverage means that everyone, regardless of their financial situation, has easy access to the health facilities as per the time and location of their choosing. Universal health coverage constitutes all the basic health services, from encouragement of healthy habits to inhibition of disease and illness, treatment, reintegration and therapy, and comforting care to those in their final days. In order to make Universal Health coverage a reality, a collaborative effort from all sectors of the society is a must. People will have access to quality health services only when there are skilled health workers providing people-centric quality care and policy makers dedicated to make investment in health for all. People-centric robust primary health care should be the foundation of universal health coverage. Health-care systems that work well are based in the communities they serve. Such community-driven health systems prioritize on

enhancement of well-being and quality of life, along with prevention and treatment of disease and illness.

The health sector in Nepal comprises the central level with the Ministry of Health, and peripheral level with regional, zonal and district health institutions. Health system in Nepal is characterized by a wide network of health facilities and community workers and volunteers.

According to Mishra.S et al. ,2015, Nepal's Interim Constitution of 2007 addresses health as a fundamental right, stating that every citizen has rights to basic health services free of cost. But in reality, only 61.8% of the Nepalese households have access to health facilities within 30 minutes with significant urban (85.9%) and rural (59%) discrepancies. In 2015,Nepal Government formed a social Health security Development committee as a legal framework to start implementing a social health security scheme after national health insurance policy was endorsed in 2013.

Nepal has well documented health policies but it is not clearly made understandable across the health sectors which have resulted in inadequate understanding for the function of health work force and health facilities. Another challenge is not being able to retain the human resources in the health care setting. As health sector performance is directly linked with motivation of the health workers who provide quality, efficiency and equity services which depend upon their will to do the task properly. Political instability is also one of the major challenges for the health care development in Nepal. Nepal is transitioning into a federal system and is in process of identifying the roles and responsibilities of the federal and provincial government in health care.

Health Information system of Nepal is also one of the challenges of health care development as it is not able to develop a coherent system with other relevant sector for comprehensive health statistics.

Different approaches and steps are needed to carry out to address the above challenges for the development of health care system in Nepal. Some of them are listed below;

- Time and again review, reorientation and amendment of policies at all level are necessary for the best result.
- Highlighting public health programs which are community based and can be reached by all at an affordable price.

- Linking research and policy at the national and local levels can also contribute to a realistic planning and need based resources allocation.
- Retaining human resources in health facility by providing motivation on both capacity building and incentives for the health care workers.
- Improving health information system will address many of the human and financial resources constraints at all levels.
- Various information systems need to be developed for uniformity of the health-related data. For example, recently Nepal is launching One National HIV information System (ONHIS) where the information on HIV will be uniformed at all level (Private and government) Universal Health Coverage is not new for Nepal as here have been many public health programs conducted previously like family planning, safe motherhood, immunization, free antenatal and postnatal care at PHC, CB-IMNCI, HIV prevention and treatment program, TB program, malaria, kalazar, Leprosy elimination program. Although Nepal has successfully implemented all those programs, it is not able to still ensure effective UHC in Nepal. Trishuli Plus will work in the following areas;
 - Conduct investment case in UHC in Nepal
 - Advocate for the UHC at national level

Activities:

Objective 1: Increase access to HIV and TB prevention and Treatment, care services based on standard protocols.

HIV	TB
Prevention <ul style="list-style-type: none"> • Outreach • Preventive Education • Referral and monitoring • Behaviour change communication • Online and virtual reach • IEC materials distribution 	Prevention <ul style="list-style-type: none"> • TB screening • Awareness Program • IEC material Distribution • Treatment of latent TB infection
Case Finding <ul style="list-style-type: none"> • Community led testing • HIV self-test 	Case Finding <ul style="list-style-type: none"> • Sample collection and transportation • Contact Tracing

<ul style="list-style-type: none"> • Index testing • Mobile Health Camp 	<ul style="list-style-type: none"> • Finding, Actively, Separating, and Treating (FAST Strategy)
<p>Care, support, and treatment</p> <ul style="list-style-type: none"> • Community Home based care • Community care centre 	<p>Support and Treatment</p> <ul style="list-style-type: none"> • DR TB management • Childhood TB management

Objective 2: To reduce stigma and discrimination among TB and HIV affected communities through community and right based approach

- Formation of TB affected community.
- Advocacy on TB, focusing on community rights and gender.
- Community forum/sensitization programs for stigma reduction.
- Social media campaigns.
- Mobilization of youth groups for awareness activities.

Objective 3: Promote the inclusiveness and meaningful participation of HIV and TB affected community in decision making

- Capacity building workshop for TB and HIV affected group.
- Ensure participation of TB and HIV affected group during seminars, meetings, and different events.
- Advocacy related activities under the leadership of TB and HIV affected community.

Objective 4: Promote and strengthen co-ordination, networking, and advocacy.

- Co-ordination meeting with stakeholders at local and national level.
- Orientation and sensitization program with relevant stakeholders.
- Collaboration with local authorities for conducting different activities, events.
- Participation in national level programs.

Objective 5: To improve quality of life and ensure equitable access to Health services.

- Monitoring of preventive, curative activities being conducted.
- Identifying and presenting the gap in health services to concerned stakeholders.
- Conducting research activities, surveys on different aspects of Health services.

- Income generation activities for Tb and HIV affected community.

Capacity Development of Organization

Conduct different trainings necessary to develop capacity of employee

- Proposal and Report writing training
- Monitoring and Evaluation training
- Photoshop, Page-maker (i.e., designing)
- Financial software training
- Field visits
- Communication strategy development
- Monitoring and Evaluation strategy of organization
- Refinement and update of organization polices based on situation related to administration and employee
- Development of organization good-governance plan
- Orientation to executive board and employee towards common goal
- Institutional self-own building
- Increase physical infrastructure facilities such as ambulance, scooter, extension, fax etc.

Research, Study and Publication

- Situation analysis and research related to ‘Status of children affected by HIV/AIDs’
- Feasibility study on ‘Income generating activities among HIV Infected’
- Research study on ‘Domestic violence among HIV infected women’
- Detailed situation analysis of Social, economic, political and education status of HIV infected
- Arrangement and availability of new injections to reduce the risk of HIV infection among Injectable drug users.
- IEPC establishment and operation
- Situation analysis of children infected with HIV infection
- Behavior Change Communication among migrants and their families

- Awareness program among children infected with HIV/AIDs on HIV/AIDs, sexually transmitted infection, and orientation on use of condom for safe sexual practice

Areas of Intervention

- Care, support, and Treatment
- Prevention of HIV
- Notification, treatment support and prevention program on Tuberculosis
- Nutrition Program
- Income generation
- Advocacy
- Research study, and establishment of institution as information center
- Institutional capacity development
- Management and Execution

Fund generation and Operation

To achieve organization's vision, mission, objectives, and targets, Trishuli plus will generate fund from different national, international, private and government agencies and will properly mobilize it based on guidelines developed.

Possible organizations for fund generation

International donors

- Save the children, Global Fund
- FHI 360
- United states Agency for International Development (USAID)
- United Nations Program on HIV/AIDS (UNAIDS)
- UN-Women
- Department for International Development
- United Nations Office on Drugs and Crime (UNODC)
- Care Nepal

Government Agencies

- National Centre for AIDS and STD Control

- District development committee
- Health Office
- Municipality/ Rural Municipality

Non-profit organization

- National Association of People Living with HIV/AIDS in Nepal (NAP+N)
- Family Planning Association of Nepal (FPAN)

Private groups

- Chaudary group
- Khetan group
- Himalayan Bank Ltd.
- Standard Charter Bank
- Nabil Bank
- Nepal Bangladesh Bank
- Jyoti Group
- Nuwakot Udhyog Banijya Sangh
- Deurali Janata Pharmaceuticals
- LOMUS Pharmaceuticals

Own fund generation: Trishuli Plus will create own fund through different activities such as: charity, concert, member fees etc.

Fund Operation: The operation of generated fund will be properly managed based on approved guidelines of organization. Necessary finance employee will be hired for this.

Coordination and Collaboration

Trishuli Plus will coordinate and collaborate with government, non-government, private business, citizen's society, donor organizations and different stakeholders to conduct activities of the organization for which following probable organizations can be collaborated:

- To integrate with domestic, small-scale industry, micro-finance, and private sector 's activity of social responsibility and skill development trainings to improve the livelihood and income of HIV infected.

- Co-ordinate and collaborate with Ministry of social development, Health Directorate, health Post, hospitals, district hospitals, health office, AIDs coordination committee and different organizations working on HIV/AIDs at local and national level.
- Co-ordinate and collaborate with mother's group, community club, political groups, health workers, Female community health volunteers, students, teachers, and community people to advocate against stigma and discrimination against HIV infected.
- Co-ordinate and collaborate with local and national communication media to disseminate right information related to HIV/AIDs and TB

Good governance and Leadership

Trishuli Plus will integrate good governance as major principle to implement organizational activities. General meeting will be the leading body and executive board will implement the activities as directed by general meeting. Implementing strategy will be designed and developed by executive board. To ensure good governance, all the activities will be aligned with different plans and policies developed. The respected and experts of the society will be included in the advisor team to ensure best advice and suggestions on the behalf of organization. Depending upon the need of the organization, different committees such as Hiring committee, Procurement committee, Monitoring committee will be formed.

Organization will focus on multi-leadership development and necessary trainings will be organized to enhance leadership of member and position holder of executive board. Organization will also focus on meaningful participation on decision making of HIV infected at local, provincial, and national level for coming five years.

(Executive board, committee and co-committees name list has been mentioned at Annex-3)

Monitoring and Evaluation

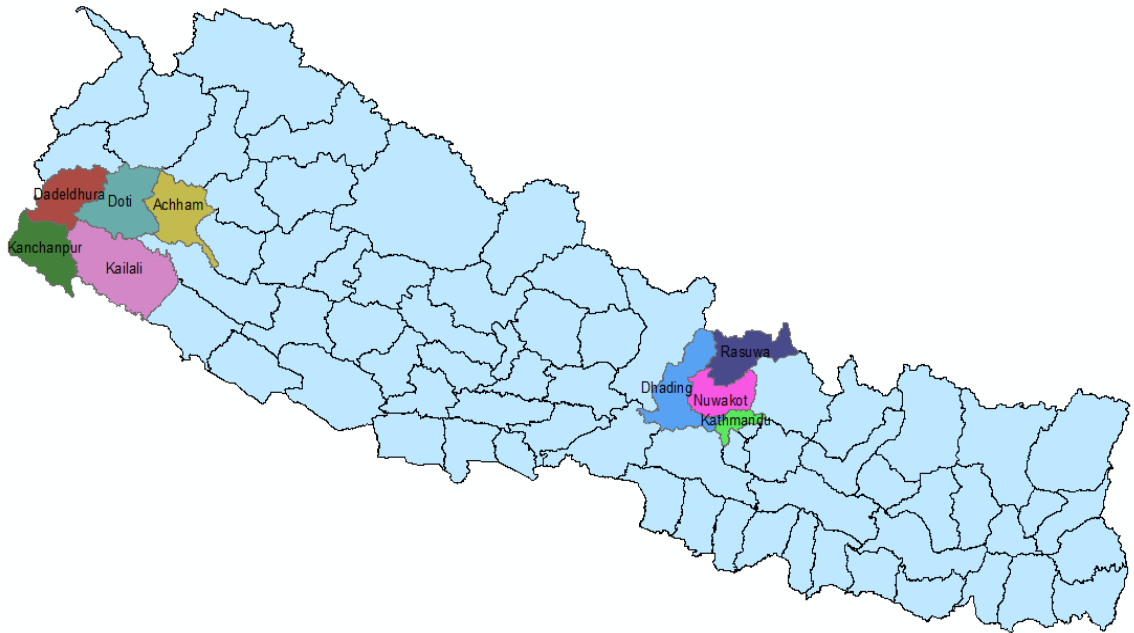
It is necessary for an organization to have monitoring and evaluation system to monitor the progress of activities towards vision, mission, objectives, and targets. Organization will establish two types of M & E committee- Internal and external. Internal evaluation committee will be formed in interest with executive board and employee whereas for the external evaluation committee will be formed in interest with concerned stakeholders and beneficiaries. Necessary indicators, method

and forms will be designed and developed, along with integration of project approved methods and indicators.

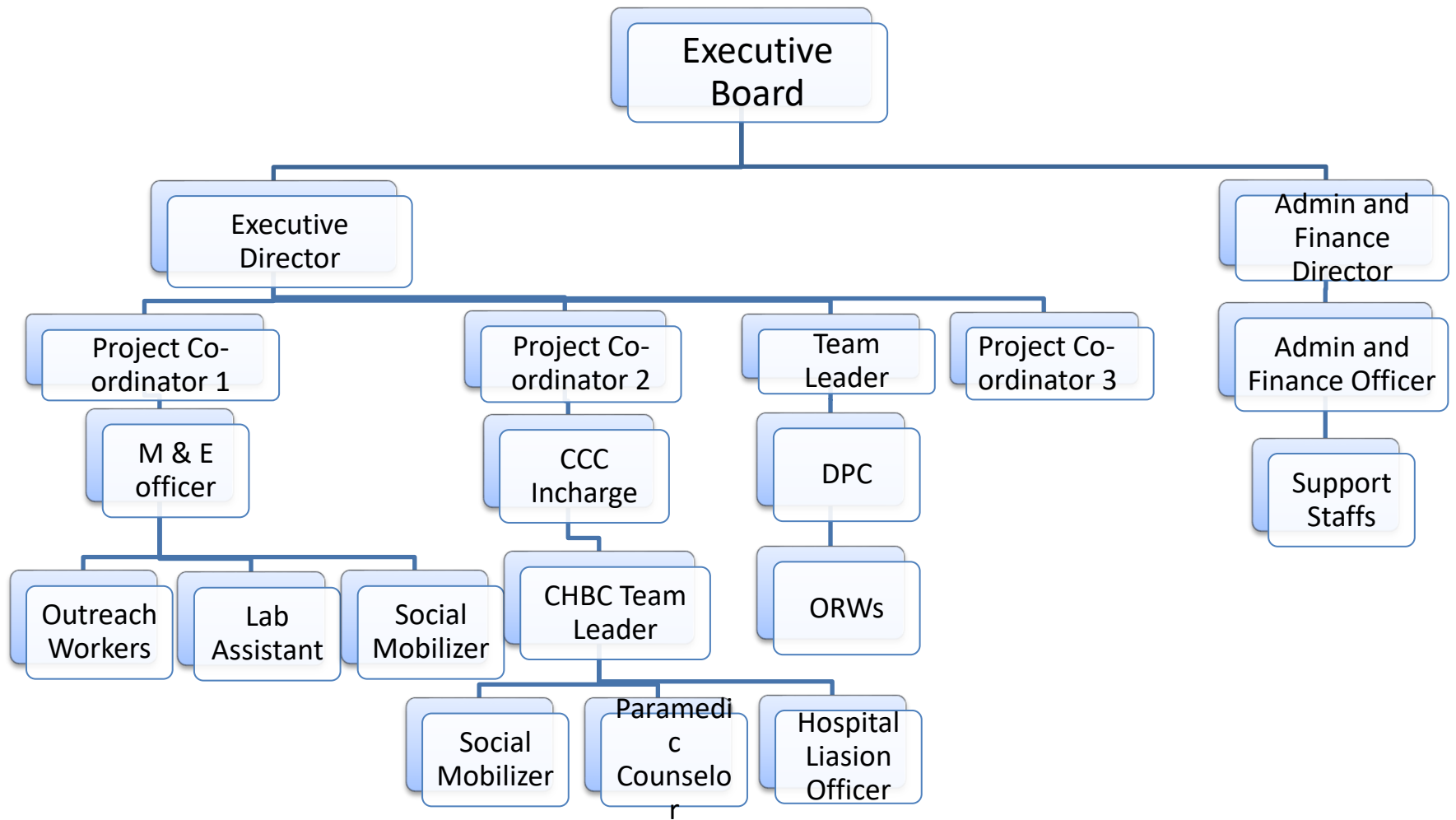
Organizational Planning and budget

S.N	Program /Activities	Budget	Target group	Timeline
1	Care and Support program	Rs.1,20,00000	PLHIV	2021-2024
2	HIV Prevention Program among Migrants and their spouse	Rs.1,80,00,000	Migrants and their Spouses	2021-2024
3	National TB Program	Rs.9,0000000		2021-2024
4	TB Community Right Gender Assessment	Rs.47,00000		2021-2023
5	UHC Investment Case	Rs.50,00000		2021-2023
6	Community Mobilization on TB	Rs.450000		Within 5 years
7	Advocacy for implementation of mental health policy	Rs. 100000		Within 5 years
8	Organizational own Building	1,2000000		Within 15 year
9	Research and survey in working district	50,00000		Within 15 year
10	Activities on advocacy	30,00000		Within 15 year
Total		Rs. 125200000		

Annex:1
Organizational coverage area for five years



Annex: 2
Organogram of Trishuli Plus



Annex 3: Committees and sub committees

