

“चितवन जिल्लाको साभ्मा प्रतिवद्धता, एच.आई.भी./एड्स संक्रमण न्यूनीकरण र उपचारका लागि सर्वपक्षीय सहभागिता”
"Chitwan District's Common Commitment : Meaningful Involvement of all Stakeholders for HIV /AIDS Reduction and Treatment"

Annual Progress Report

FY 2070/71



District AIDS Coordination Committee
Chitwan, Nepal

District AIDS Coordination Committee (DACC) Annual Progress Report FY 2070/71 was published by
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DISTRICT AIDS COORDINATION COMMITTEE

Chitwan, Nepal

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**Medical Superintendent Dr. Keshav Bhurtel,
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Member Secretary:

**Senior Public Health Administrator Mr. Dinesh Kumar Chapagain,
District Public Health Office, Chitwan**

Invited Members:

Mr. Narayan Adhikari (Media Representative)

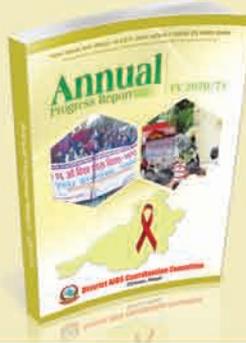


District AIDS Coordination Committee

Chitwan, Nepal

Annual Progress Report

2070/71



Taskforce Committee

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FOREWORD



It is really rewarding to see the Annual Progress Report of District AIDS Coordination Committee, Chitwan 2070/71, reflecting achievements, challenges and way forward nicely. I found it informative covering situation of HIV and STI in the district, what worked and what did not and why, for each key intervention, results, challenges and opportunities and lessons learnt during the programme implementation in the district. This is obviously, useful for District Planners, Program Managers, Researchers, Academicians and general readers. District AIDS Coordination Committee (DACC) is a key structure for strengthening multi-sectoral response to HIV at district level. I am very proud of Chitwan DACC which has made efforts sufficiently enough addressing present contexts.

National HIV and AIDS Strategy (2011-2016) is our guiding document for National HIV response which has direct alignment with GoN's Poverty Reduction Strategy Paper (PRSP) and Millennium Development Goals (MDG), thus we have been directly contributing in poverty reduction and MDG achievement through National HIV response. Improving governance and coordination among the HIV stakeholders, relative low coverage of services, scarcity of trained human resources and addressing inequalities are some of the challenges for which we have to make more collaborative efforts in the days ahead. Given this, in coming years, National Centre for AIDS and STD Control, Ministry of Health and Population (MoHP) will make additional efforts in speedy scaling up of HIV related services, effective decentralization of HIV related training (HIV counseling, PMTCT & CMT) and M & E system for regional and district level.

This annual report is an example of exploring and sharing magnitude of local epidemic, responses and challenges in a very transparent way which ultimately provides guidance to district and national level planning. Because of higher presence of Key Affected Population (KAP) like sex workers & their clients, people who inject drugs, men who have sex with men, transgenders, and male labour migrants, Chitwan district is considered a vulnerable district to HIV and STI. So strong and effective response to address the multiple nexus HIV and meet the goal of 'Getting to Zero: Zero New HIV infection, Zero Discrimination and Zero AIDS related Deaths' is crucial. I hope the government and civil societies together can set Chitwan as a HIV free district of Nepal.

Finally, as Director, on behalf of NCASC, I would like to thank DHO team, Health Care Workers, External Development Partners, Civil Society Organizations and Key Affected Population (KAP) for their meaningful contribution in HIV response in the district. In the meantime, I do expect the same sincere efforts and contribution from you all for making it a real success in the future. With regular updates, I strongly recommend using this report for local level planning, prioritizing and programming HIV response activities.

Dr. Dipendra Raman Singh
Director

Stop AIDS, Keep the Promise



Government of Nepal
Ministry of Federal Affairs and Local Development
Office of District Development Committee
Bharatpur, Chitwan



Message from Chairperson

The knowledge of HIV and AIDS among the general population has been increasing gradually all over the nation. There are still some challenges remaining in the society regarding HIV infection among target groups, and to reach those infected and affected by HIV and AIDS. To remove the existing misunderstanding among the general population regarding HIV and AIDS, there is a need to improve the coordination, collaboration, linkages and effective program implementation in the district as well as national level.

A good practice can be seen among the stakeholders working in Chitwan district by frequent interactions with program implementers, monitoring and observation of programs as well as mobilization of available resources.

As a result of joint coordination and collaboration among I/NGOs, government bodies, political institution, health service providers, human rights advocates and key affected population in the district, the 2nd District AIDS Plan "DAP" (2069-2074) was prepared. Similarly, DACC Chitwan has also initiated the new assessment of DACC through the sustainability analysis workshop to identify the gap, challenge and opportunities of the district on HIV response with the technical and financial support of USAID-funded Saath-Saath Project. As a result of DAP, first annual progress report 069/070 was published last year which covered the whole progress of the district on HIV and AIDS. As continuation, DACC Chitwan has also prepared a second annual report 2070/71.

This report is prepared with support from various donor agencies, NGOs and other supporting agencies to make HIV and AIDS prevention activities in the district more result oriented effective and provide further assistance for increasing the scope of the programs in other high risk areas. This annual report highlights the progress made since the strategy and action plan was implemented. The report also analyzes challenges and recommends ways forward to address them.

In conclusion, I want to acknowledge all District AIDS Coordination Committee officials, DPHO Chitwan, Program Implementing Partners, Task Force Committee, Technical team and all well-wishers who lend helping hands to develop this report. Also, in order to make the HIV and AIDS-related activities more effective, I would like to request all to take necessary initiative from their side as well as under the leadership of Government of Nepal.

Mr. Bharat Mani Pandey
Local Development Officer &
Chairperson, District AIDS Coordination Committee

Date: 20 November 2014

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Message from Chief District Officer

It is my great pleasure to state that second annual progress report of the District AIDs Coordination Committee, Chitwan 2070/71 has been prepared reflecting the overall achievement, challenges, lesson learned, best practices along with the way forwards. I found Chitwan one of the best districts for healthy coordination, collaboration and mutual understanding among the government and non-government agencies on HIV response. Moreover, all the political parties active in the district have given written commitment to create the enabling working environment to implementing agencies. Due to close coordination and congenial working environment we are able to reduce duplication in the implementation of the program throughout the district.

It is also needed to go along with the Millennium Development Goals 2015 and it is the matter of pride that Nepal is on the right track in health sector. It has been possible due to the successful implementation of the planned program with effective supervision and participatory monitoring mechanism. The Public Private Partnership is the key component in this achievement which is briefed in the report.

It is still necessary for all the government and partner agencies together to extend their hands to the District AIDS Coordination Committee to have effective implementation of the Second District AIDS Plan (2069-074) which aims for reduction in HIV infection through the meaningful involvement of all sectors. As the Chief District Officer and the member of the committee I would like to extend my full commitment to support for this cause. I appreciate all the members, editorial team and technical team who engaged to get this report printed. I hope the report will be useful to the target groups, stakeholders and the policy makers of this sector. I wish yet another successful year for mitigating its effects from the district so as to move towards reducing HIV transmission for a truly HIV-free generation.

Dr. Man Bahadur B.K.
Chief District Officer
District Administration Office, Chitwan

Date: 2071/8/7



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Ministry of Health and Population
Department of Health Service
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District Public Health Office, Chitwan



L.No. :

Ref. No. :

Date : 2071/8/03

Sub : FOREWORD



It's my pleasure to share this annual progress report of District AIDS Coordination Committee (DACC) Chitwan for fiscal year 2070/2071. This report is prepared in close coordination with DACC members, concern stakeholders, and other HIV related program implementers of district. We have expected that this report will reflect overall activities, achievement, challenge, best practices and lesson learnt on HIV response of fiscal year 2070/071.

HIV and AIDS is a concern in every society and sector. However, it is still scorching issue in the rural area of nation. Chitwan is the example district for strong coordination, leadership, collaboration and support. As a result, this report shows that, the new HIV infection is gradually reducing, PLHIV are exploring their status and ART adherence is increasing day by day in the district.

At last, I appreciate the support from various organizations and individuals for their contribution to develop this second annual progress report of fiscal year 2070/71 and would like to request all organizations to continue such contribution and support on HIV response as well as other health related issues in the days to come.

Thank you.

Dinesh Kumar Chapagain
Senior Public Health Administrator
District Public Health Office, Chitwan

Senior Public Health Administrator



District AIDS Coordination Committee

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Message from Task Force Coordinator

District AIDS Coordination Committee (DACC) Chitwan was intelligent to publish second annual report in this form of as an attractive book. Since DACC has been demonstrating coordination and leadership on HIV program in the district for the past eleven years, the report has tried to show its presence in brief as well. Among DACCs across the nation, DACC Chitwan is doing the best to mobilize local resources and budget through the District Development Committee (DDC) for HIV response at the local level.

For the consolidated and coordinated HIV response, DACC has also accelerated its leadership role for the multi-sectoral involvement and contributions for effective implementation of HIV and AIDS related activities in the district. Taking the HIV as a development issue, DACC has mobilized its efforts in every sector in the district rather limiting it within the health and NGO sectors. Media and private sectors' mobilization and community campaigning for the establishment of the emergency response fund is a recent example of multi-sectoral involvement through the DACC's leadership.

On behalf of the report coordinator, I would like to take this opportunity to recall some of the important initiatives that were led and coordinated by the DACC. It has successfully implemented the mobile HIV test and treat campaign in few VDCs in Chitwan through the financial/managerial support from AIDS Healthcare Foundation (AHF) and with technical support from Bharatpur Hospital, District Public Health Office Chitwan and NGOs working in the field of HIV and AIDS. I would like to acknowledge the supports of all concerned for this new initiative in the local context.

The DACC Annual Report is an example of next step of documenting the district response on HIV and AIDS that have been made through the government and NGOs, civil societies including media, political parties and the beneficiaries as a whole. I would like to thank the political parties once again for their written commitment for the better program implementation and creating an enabling environment for the program implementers.

I would like to thank District Development Committee, Bharatpur Hospital, District Public Health Office, and all I/NGOs and individuals who have contributed their efforts to prepare this annual report. Our special thanks go to USAID-funded Saath-Saath Project and FHI 360 for their financial support to DACC for printing of DACC annual report. Similarly, I would like to express my sincere gratitude to Mr. Bharatmani Pandey Local Development Officer and Mr. Kehar Singh Godar, Sr. Public Health Administrator for their guidance and support to develop this annual report.

Besides this, I would like to highly appreciate my friend Mr. Yuba Raj Sapkota (SAHAVAGI) for his technical support to develop this annual report Mr. Durga Datta Chapagain (DPHO) for his support for data collection and of this report, Mr. Krishna Hari Sapkota (AHF Nepal), Ms. Dikshya Rimal (DACC Member) and Mr. Jagannath Neupane (DACC Member) for assisting to document the report, The Nippon Computers for designing of report within the given time frame. Thank you to all who have also provided their support during the course of developing this report.

Thank you.

With gratitude,

Ram Hari Neupane

Task Force Coordinator

Program Officer, DDC, Chitwan



FACT SHEET: A SUMMARY OF THE REPORT

S.N.	Key indicator	Result			
		FY 2067/68	FY 2068/69	FY 2069/70	FY 2070/71
Prevention					
1	No. of people reached with BCC intervention for HIV, STI prevention	8,254	10,158	10,055	11,052
2	No. of people received for STI treatment	1,847	1,908	2,098	1,905
3	No. of people received result after post-test counseling	3,448	3,840	3,948	3,969
4	No. of condom distributed for key populations	199,342	191,677	235,668	328,273
5	No. of needle syringe distributed/exchanged	-	1,339	86,909	74,666
6	No. of PLHIV reached through positive prevention	293	298	247	254
7	No. of pregnant women counseled and tested for HIV	1,042	1,674	1,462	1,662
8	No. of pregnant women diagnosed as HIV positive	2	3	3	0
9	No. of HIV positive pregnant women on ART and completed course of prophylaxis	8	9	11	0
10	No. of HIV positive women delivered	12	8	9	8
Treatment, care and support					
11	No. of PLHIV enrolled in HIV care (Pre-ART)	617	779	905	1,087
12	No. of PLHIV currently on ART	250	350	422	537
13	No. of PLHIV received CHBC services	-	150	368	556
14	No. of PLHIV received CCC services	-	30	86	318
Stigma and discrimination reduction					
15	No. of people trained on S&D reduction training	225	474	816	511

TARGETED INTERVENTIONS

S.N.	TI program	Key population	Number of Sites	Geographical Coverage	Supported By
1	Integrated FP, HIV prevention, care, support and treatment services	FSW	59	9 VDC and 3 Municipality	USAID-funded Saath-Saath Project
2	Integrated FP, HIV prevention, care, support and treatment services	Clients of FSW	59	9 VDC and 3 Municipality	USAID-funded Saath-Saath Project
3	HIV/AIDS Targeted Intervention Service for PWID	PWID	67	31 VDC and 4 Municipality	NCASC, Pooled Fund
4	Global Fund Rd-7 HIV & AIDS Program for Migrants	Male Labour Migrants	10	10 VDCs	FPAN, Global Fund R7
5	An HIV and AIDS and Human Rights Comprehensive Programme for MSM/MSW/TG	MSM/TG/Other	38	31 VDC and 4 Municipality	World bank



ACRONYM AND ABBREVIATION

ABC	Abstinence, Be faithful and Correct & Consistent Condom use
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCCC	Behavior Change Communication
ABA	Children Affected By AIDS
CBO	Community Based Organization
CCC	Community Care Centre
CD4	Cluster of Differentiation 4
CHBC	Community and Home Based Care
CPR	Contraceptive Prevalence Rate
CSS	Chitwan Sakriya Samuha
CVM	Community Volunteer Mobilizers
DACC	District AIDS Coordination Committee
DAP	District AIDS Plan
DDC	District Development Committee
DIC	Drop-In-Centre
DOTS	Directly Observed Treatment Short-Course
DPAC	District Project Advisory Committee
DPHO	District Public Health Office
EDP	External Development Partners
EPC	Essential Package of Care
FCHV	Female Community Health Volunteers
FHI 360	Family Health International 360
FSW	Female Sex Workers
HIV	Human Immuno-Deficiency Virus
HP	Health Post
HTC	HIV Testing and Counseling
IBBS	Integrated Bio-Behavioral Survey
I/NGO	International/Non-Governmental Organization
IEC	Information, Education and Communication



IV	Intravenous
KAPs	Key Affected Populations
M&E	Monitoring and Evaluation
MACC	Municipality AIDS Coordination Committee
MARP	Most-at-Risk Population
MCWM	Medical Care Waste Management
MDG	Millennium Development Goals
MoHP	Ministry of Health and Population
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NCASC	National Centre for AIDS and STD Control
NHIP	Nepal HIV Investment Plan
NHSP	Nepal Health Sector Program
NSEP	Needle and Syringe Exchange Program
OI	Opportunistic Infections
PHA	Public Health Administrator
PHCC	Primary Health Care Centre
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PP	Positive Prevention
PSB	Positive Speaker Bureau
PWID	People Who Inject Drug
S&D	Stigma and Discrimination
STI	Sexually Transmitted Infection
SHP	Sub-Health Post
TB	Tuberculosis
TG	Transgender
TOR	Terms of Reference
USAID	United States Agency for International Development
VACC	VillageAIDS Coordination Committee
VDC	Village Development Committee
UP/PEP	Universal Precautions / Post Exposure Prophylaxis



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1. INTRODUCTION

A. Background:

The estimated HIV prevalence in Nepal among 15-49 year olds was 0.23 percent in 2013. There are approximately 40,723 people living with HIV in Nepal (Source: Country Progress Report on HIV Response Nepal 2014, NCASC). There were 23,978 (Male: 15,123, Female: 8,822 and Others: 33) number of HIV positive cases reported as of Mansir 2070 (Cumulative HIV and AIDS Situation of Nepal, NCASC).

People who inject drugs (PWIDs), men who have sex with men (MSM) and female sex workers (FSWs) are the key affected populations (KAPs) who are at a higher risk of acquiring HIV. Male labour migrants (MLMs) and clients of sex workers in Nepal are bridging populations, that are transmitting infections to other low-risk populations. The occurring rate of new HIV infections throughout Nepal, has reduced significantly during the last five years essentially owing to the targeted prevention interventions among KAP groups. However, it is critical to improve the effective coverage of proven prevention interventions, especially among new entrants engaging in high-risk behaviors, and to sustain these interventions for achieving the national target of reducing to half, the number of new HIV infections by 2015.

Chitwan is the central transit district of east-west highway in the Central Development Region of Nepal with high mobility, migration, growing numbers of female sex workers (FSWs) and high risk sexual and social behaviors. The 2009 Behavioral Surveillance Survey (BSS) conducted in major highway routes by New ERA/FHI 360 Nepal has an estimated number of 600 FSWs are practicing high risk sexual behaviors in the districts and 2% of FSWs were HIV-positive and 1.5% had active syphilis active in Chitwan. As per DACC Report 1057 FSWs and 2,638 clients of FSWs has reached in fiscal year 2070/71. Similarly, there are 4,515 PWID (MoHA 2069) are estimated in the district but Numuna Integrated Development Council reached 931 PWID during the reporting period of FY070/071. Likewise, there are 1,500 PLHIV are estimated in Chitwan district among them only 1087 PLHIV are receiving ART and 556 are receiving CHBC service from different service provider institution. The Current program shows that Chitwan district has been implementing and covering comprehensive service for key affected population of HIV in close coordination with DACC and DPHO. Further more DPHO in coordination of AHF conducts the test and treat campaign in different geographical location to reach the suspected population through HIV testing campaign. In this year in coordination with DACC Chitwan, SAHAVAGI has initiated to establish a drop-in-center and satellite clinic to provide HIV testing and STI diagnosis and treatment, and essential package of care for PLHIV at Khairahani municipality.

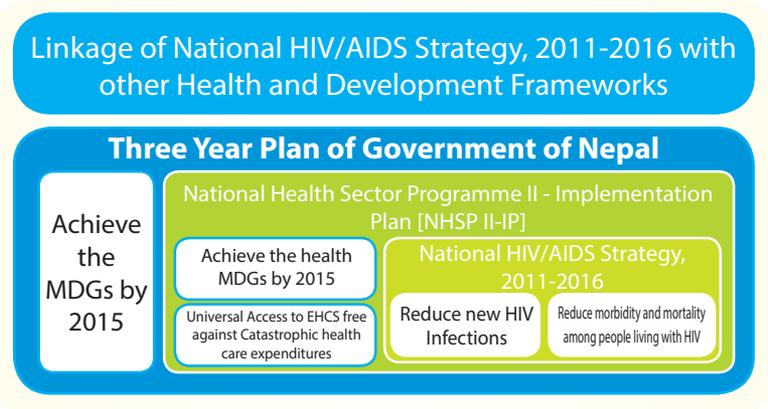
In Chitwan, basic facilities such as HIV testing and counseling, community and home based care, community care center, ART, CD4 Testing and Prevention Program are available targeting KAPs. However these services are mainly located at urban areas, therefore there are still challenges faced, to increase the accessibility of quality service for those KAPs who are living in rural areas of Chitwan district. Considering the reality, DACC Chitwan has emphasized to channel the resources, particularly advocacy and testing program, in remote areas of the district in this fiscal year. District AIDS plan 2012-2016 also articulated to decentralize the service towards rural and remote areas so that all needy people can get equal access of the service through the mobilization of multi-sectoral approaches. DACC Chitwan acknowledged the contribution of partner NGOs, EDP, local government, community people including community based organizations for local response to HIV. DACC has been taking leadership to institutionalize HIV responses in local government through coordination



with line agencies, I/NGOs, private sectors, political parties, media and people of the community. Under the leadership of DACC, Chitwan has developed and is implementing activities in alignment with District AIDS Plan, monitoring and evaluation framework and action plan of Sustainability analysis workshop which was developed with support of USAID-funded Saath-Saath Project. Local ownership is pivotal to improve and sustain the program while local government's leadership is crucial to institutionalize HIV programs. DACC Chitwan is moving ahead with a clear plan to set a milestone example.

B. National response on HIV and AIDS:

The national response to HIV is built primarily on the foundation of National Policy on HIV and STI 2011. Further more it is built on the of comprehensive national review (2013). The Nepal HIV investment plan 2014-2016 also has developed strategic investments in Nepal's response to HIV. This NHIP aims to ensure that the resources are concurrent with Nepal's HIV program objectives and goals, and contribute to the effectiveness and efficiency of the entire national HIV response towards reaching 'three zeros: zero new infection, zero discrimination and zero AIDS related death.' Considering the trend of new transmission of PLHIV in the country, the government of Nepal has updated its strategy with the following vision, goal, objectives and strategy to achieve the MDGs by 2015 as commitment made in the international forum. The government of Nepal has updated its strategy with the slogan "zero new infection, zero discrimination and zero AIDS related death" up to 2015.



Vision:

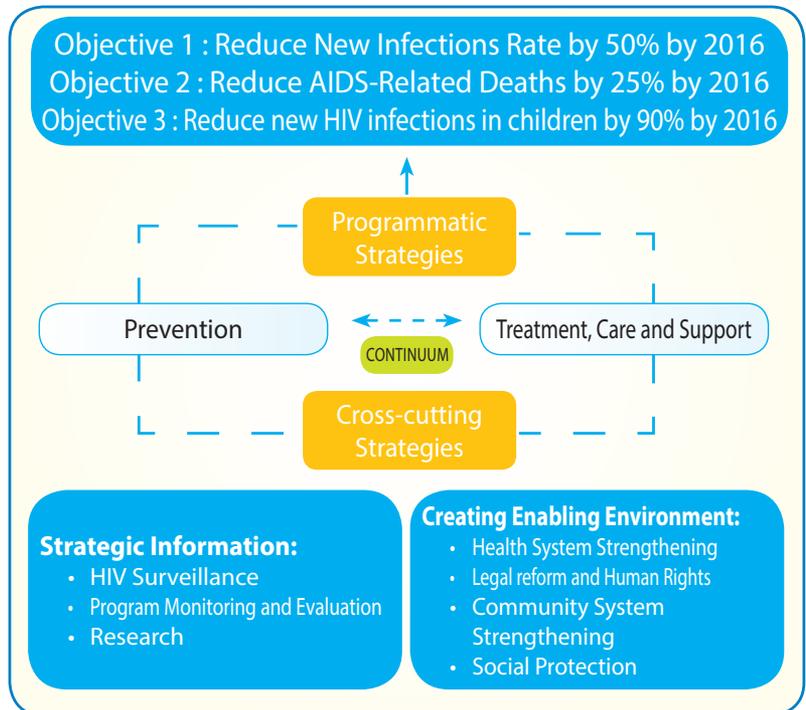
Nepal will become a place where new HIV infection are rare and when they do occur, every person will have access to high quality, life extending care without any form of discrimination.

Goal:

To achieve universal access to HIV prevention, treatment, care and support.

Objectives:

- Reduce new HIV infections rate by 50% by 2016, compared to 2010.
- Reduce AIDS related deaths by 25% by 2016 compared to 2010.
- Reduce new HIV infections in children by 90% compared to 2010





National HIV/AIDS Strategy 2011-2016 is focused on the following key points:

- Addressing the all dimensions of continuum of care from prevention to treatment care and support
- Effective coverage of quality interventions based on the epidemic situation and geographical prioritization
- Health system and community system strengthening
- Integration of HIV services into public health system in a balanced way to meet the specific needs of target populations
- Strong accountability framework with robust HIV surveillance program, and monitoring and evaluation to reflect the results into NHSP-II and National Plan

C. DACC/DPHO leadership and response on HIV and AIDS

District AIDS Coordination Committee (DACC) Chitwan has been providing its leadership on the HIV program in the district for more than ten years now. In the leadership of DACC, the District Development Committee (DDC) is mobilizing resources and budget to contribute to ward the HIV program implementation in the districts. Five-year District AIDS Plan (DAP) of Chitwan has been formulated and implemented in the district under the leadership of DACC Chitwan. Different levels of data quality audit were completed by DACC and DPHO of all HIV related program implementing partners of the districts for qualitative data. Similarly, DACC Chitwan has completed monitoring visits of all implementing partners to ensure qualitative service for Key Population. In the initiation of DACC, DDC Chitwan conducted a two-day basic HIV orientation class for DACC members and other stakeholders of the district for equality in HIV response. DACC and DPHO take the main responsibility to honour and celebrate special days, like Condom Day, World AIDS Day, Anti-Drug Day, Candle light and other special events. Bi-monthly coordination meeting between all implementing partners of the districts are conducted regularly in the initiation of DACC Chitwan where every one share their progress, best practice, lesson learnt and challenges in the meeting with each other. DDC Chitwan has set an example for the country, having formed a HIV/AIDS section and facilitated a DACC section at the DDC office with allocation of certain amount of funds for HIV prevention and treatment activities. Some VDCs of the district have allocated a portion of their budget for HIV/AIDS activities in their locality from the VDC council. Political parties have provided written commitment for better program implementation and to create an enabling environment for the implementers.

Major achievement of DACC and DPHO on HIV/AIDS response:

- Five years DAP District AIDS Plan (2009-2014) is implementing strictly in the district.
- Conducted Sustainability Analysis Workshop for district level HIV responses doing the follow up regularly.
- Established HIV and AIDS section in DDC office.
- DDC allocated seven lakh rupees for HIV program.
- DDC Chitwan has conducted two days basic HIV orientation for DACC member and its stakeholders.
- Political parties of Chitwan district has committed and declared (in written) to support and create an enabling environment for HIV responses.
- DDC, DACC and DPHO jointly conducted monitoring visits in different partner organizations to ensure quality of service and standards.
- DACC conducted quality audit HIV related program implementing partner organizations.
- In leadership of DPHO in close coordination of Bharatpur hospital and AHF Nepal conducted "Test and Treat Campaign" in different location of the district on the occasion of 26th World AIDS Day 2013 through the campaigning 2200 people were tested among them 22 were found HIV positive.
- DPHO has been regularly supporting require and available logistics to all implementing partners.
- Scaled up the PMTCT/HCT service in Bharatpur Hospital, Jutpani, Baghauda, Khairahani and Shivanagar PHC.
- Active participation in joint celebration/commemoration of WAD, National Condom day and candle light memorial



D. Chitwan district at Glance:

Chitwan district is situated in Central Development Region of Nepal. The district head quarter is Bharatpur. It covers an area of 2205.90 Sq. Km. It lies in a topography of 27 21' 45" North- 27 52'30" North Latitude and 84 48'15" East Longitude. The district is situated in an altitude from 244 to 1945 meters. The total population of the district was 579,984 according to Census report, 2011. Annual growth rate is 1.82% and population density per sq. km. is 255. The district has 31 VDCs and 4 Municipalities and politically divided into 5 electoral constituencies .

Boundaries:

East : Makawanpur and Parsa districts
 West : Nawalparasi and Tanahu districts
 North : Gorkha and Dhading districts
 South : Parsa district of Nepal and Bihar state of India

Political Division:

Electoral Constituencies : 5
 Ilaka : 13
 Municipality : 4
 Village Development Committee : 31

Population:

Total : 579,984
 Female : 300,897
 Male : 279,087

Major ethnic groups: Brahmin, Chhetri, Gurung, Newar, Tamang, Tharu, Darai, Praja (Chepang), Muslim, Bote etc.

Health facility:

Government hospitals : 4
 PHCC : 3
 HP : 24
 SHP : 12
 No. of FCHVs : 457 (Municipality=178, VDCs=279)

Contraceptive prevalence rate (CPR): 45% (DPHO Annual Progress Report-2070/71)

Drinking water facility: 85% of people have access of drinking water (Water and sanitation division office, 2008)

Toilet facility:

Almost 100% have access of latrine. Chitwan district has been declared open defecation free district (Source: DPHO, Chitwan)

Education:

Literacy rate : 76.98%
 Total school : 557 (Community school: 391, Private school: 166)
 Child Development Center : 550



2. PROCEDURE

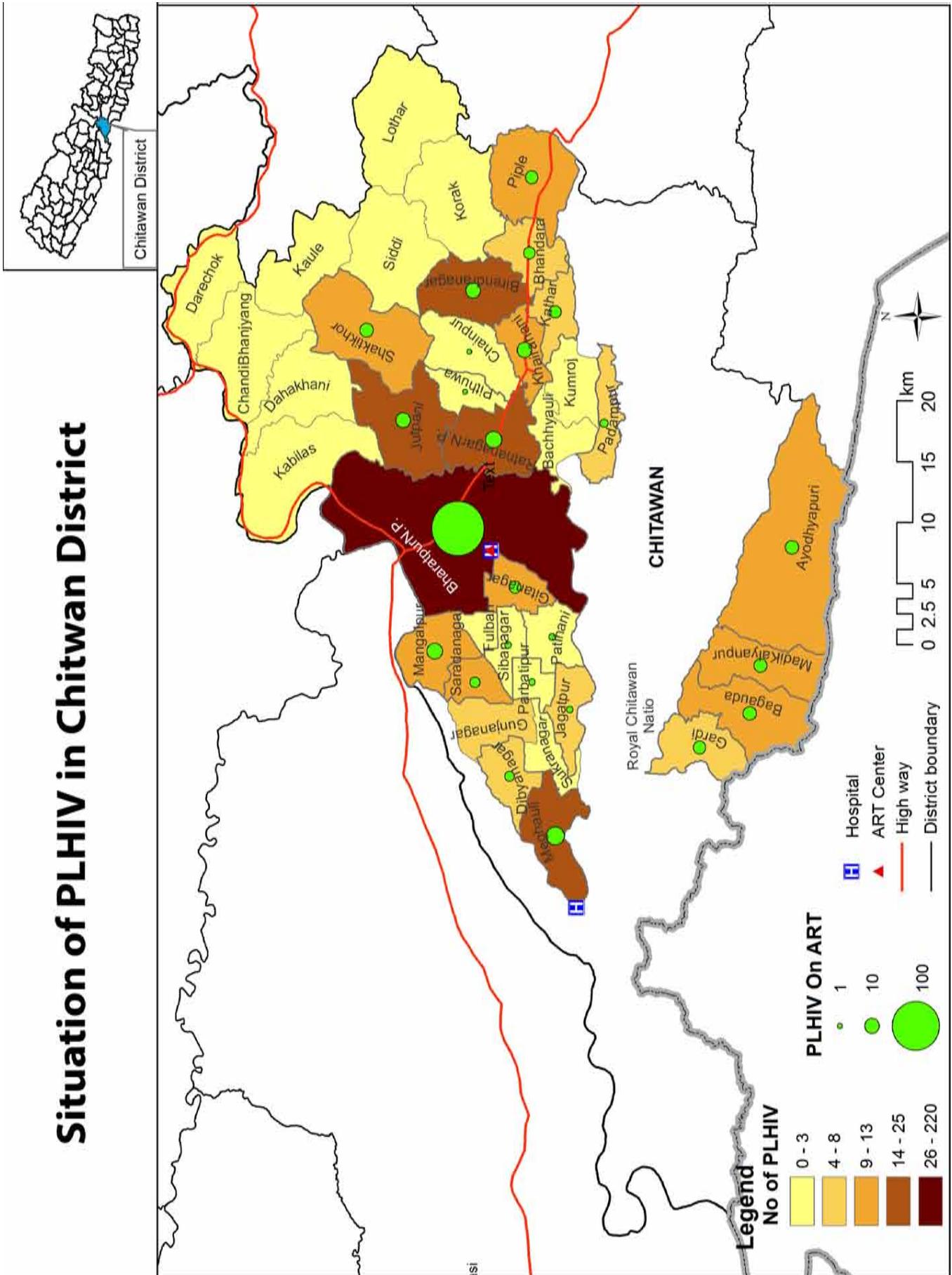
To showcase the program of the districts conducted by different organizations of the districts under the DACC and DPHO Chitwan, DACC Chitwan decided to produce the annual progress report. DACC conducted different meetings, sharing information, verifying data amidst formal and informal discussions during the time of the annual report preparation.

The procedures of the report:

Date	Key action	Impression
Asar 25, 2071	DACC Meeting	Decided to publish annual progress report, for this a taskforce committee, advisory committee and technical team have been formulated.
Shrawan 1, 2071	Meeting of taskforce committee and technical team	Guideline and template for annual review among stakeholders have finalized and distributed to all stakeholders
Kartik 12, 2071	Collection of data through the standard template	Collected the data from all implementing partners of the districts working in HIV response.
Kartik 13, 2071	Taskforce committee and tech team meeting	The key findings of stakeholders have been compiled for the report.
Kartik 15-22, 2071	Data Calculation, tabulation, analysis and interpretation.	The team has been drafting the report
Kartik 27, 2071	Taskforce committee and tech meeting	Final draft has been shared and feedback collected
Mangshir, 2071	DACC meeting	Final draft has been endorsed.
Mangshir, 2071	Annual Progress report dissemination	Annual Progress report 2069-70 published and disseminated.



Situation of PLHIV in Chitwan District





3. RESULTS (Key Achievements)

3.1. Prevention:

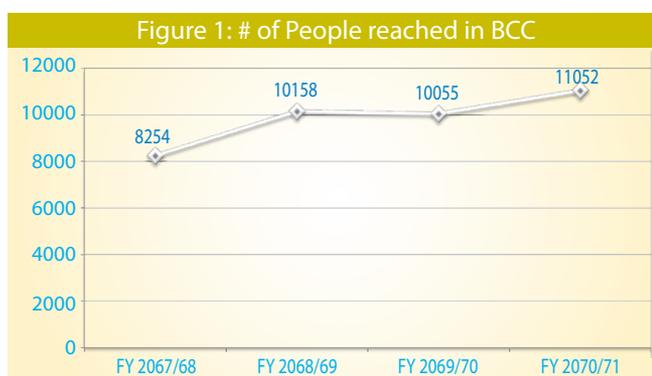
There is a proverb "Prevention is better than cure." So prevention program is the main component of HIV and AIDS responses; therefore effective prevention strategies should be implemented for key population, to minimize the risk of transmission of HIV and to control new infections. As such, under the national HIV and AIDS strategy 2011-16 and DAP (2069-074), Chitwan articulated prevention as the key programmatic strategy to reduce new HIV infection.

3.1.a. Behavior Change Communication (BCC)

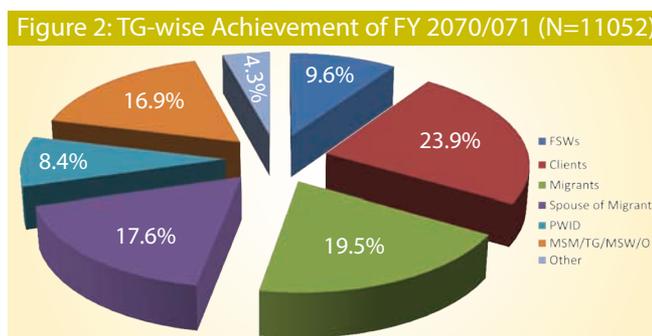
BCC is one of the key components of HIV and STI prevention. National HIV and AIDS strategy as well as DAP, Chitwan has articulated BCC intervention for HIV prevention. Under the financial and technical support from different organization (donor agencies) and in close coordination with DACC and DPHO Chitwan, SAHAVAgI, Chitwan Sakriya Samuha, Chhahari Mahila Samuha, Blue Diamond Society, Namuna Integrated Development Council, the BCC program along with HIV testing and counselling (HTC) service is being implemented for different key population in the districts. To deliver the BCC message, all implementing organizations are rallying their community mobilizers,



through the program while more than one fifth (23.9%) were clients of FSW, then MSM/TG/MSW, FSW (9.6%), and PWID (8.4%). Chitwan Sakriya Samuha, SAHAVAGI, Blue Diamond Society, NAMUNA contributed to the achievement directly through targeted intervention.



outreach and peer educator in the field with standard booklet and guideline provided by NCASC. During outreach activities they provide condoms, lubricant & needles to respective key affected population for safer sex practice and harm reduction. Figure 1, shows that the number of people reached for BCC in key population has slightly increased this year (FY 2070/71) as compared to the previous year. (As per distribution of the KAPs, Figure 2 shows majority (more than one third) of migrant and their spouses were reached





Case Study-1

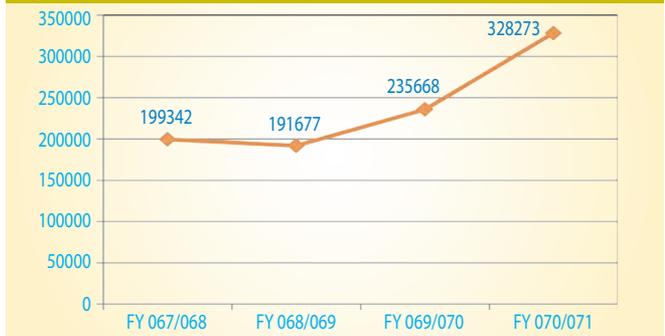
“अवसरभित्रको चुनौतीलाई विनौ”

नमस्ते ! म नम्रता पून (नाम परिवर्तित) । म एउटा गरिव परिवारमा जन्मिएकी, दुई छाक टार्न पनि गाह्रो पर्ने । मिठो खाने र राम्रो लगाउने त सधैं सपना नै हुन्थ्यो । म आमासँग निजी खर्च कमाउनका लागि कहिले काँही मेला पनि जान्थे । जति दुःख गरे पनि साथीहरूले जस्तो खान र लगाउन नपुग्ने । त्यस पछि म पनि उनीहरूसँगै हिँड्न थाले र थाहा भयो कि उनीहरू यौन पेशामा संलग्न रहेछन् भनेर । यस्तो थाहा पाएपछि म त दोधारमा परें । अनि उनीहरूले मलाई पैसाको प्रलोभन देखाए र म पनि पछि हट्न सकिन । अवसरले फाइदासँगै चुनौती पनि ल्याएको रहेछ मैले बुझ्न सकिन । साथीहरू मार्फत ग्राहकहरू आउँथे र पछि पछि त मेरो आफ्नै पनि धेरै ग्राहक भए । एच.आई.भी र यौनरोग बारे केहि जानकारी नै थिएन । ग्राहकको चाहना अनुरूप कहिले कण्डम लगाएर त कहिले त्यत्तिकै । अनि कहिले थोरै समयलाई त कहिले रात भर । पैसाको केहि अभाव नै थिएन । कहिले आवश्यक त कहिले अनावश्यक खर्च पनि गर्थे । राम्रो कपडा लगाउने, राम्रो मोबाइल बोक्ने र होटेलमा गएर खाने । फेसियल गर्ने, कपाल कलर गर्ने वा भनाँ पार्लरका समेत नियमित ग्राहक । एक दिन म पार्लरमा कपाल हाइलाइट गरि आउँदा थिए त्यहाँ एकजना दिदी आउनुभयो र एच.आई.भी र यौनरोग बारे कुरा गर्न थाल्नुभयो । मैले खासै वास्ता गरिन तर यौन अङ्ग वरिपरि चिलाउने र अटिरा आएको छ अनि धेरै जनासँग यौनसम्पर्क हुन्छ भने जचाउँनु पर्छ है त्यस्तै केहि कुराहरू चाहि सुनें तर आफुलाई केहि समस्या पनि थिएन त्यसैले वास्ता पनि गर्न चाहिन । खाने, घुम्ने रमाइलो गर्ने जीवन यस्तै चल्दै थियो । अनि एक पटक महिनावारी समयमा भएन र सेतो पानी अलि धेरै बगे जस्तो लाग्यो । कहिले काही यौन अङ्ग वरिपरि चिलाउथ्यो साथीहरूलाई भने र उनीहरूले केहि हुँदैन । म तातो पानीले सफा गर ठिक हुन्छ भने । घरी घरी ठिक भयो जस्तो लाग्छ अनि फेरि त्यस्तै । मलाई चिन्ता लागिरहेको थियो । त्यसपछि मैले पहिला पार्लरमा भेटेको दिदीको कुरा सम्झना आयो । मलाई त्यो दिदीलाई भेट्न मन लाग्यो र त्यही पार्लरमा गएर कुरे । दुई तीन दिनको पर्खाई पछि त्यो दिदिसँग भेट भयो र त्यहाँबाट बाहिर निस्केपछि मैले कुरा गरे र थाहापाएँ, वहाँ सहभागी संस्थामा काम गर्ने लक्ष्मी मास्की हुनुहुँदो रहेछ । अनि आफ्ना सबै समस्याहरू बताएँ । र वहाँले मलाई बुझाउनु भयो र एक पटक जाँच गराउन सल्लाह दिनुभयो । म तुरुन्तै वहाँ सँगै जचाउन गएँ । जाँच गराउने क्रममा त्यहाँका नर्सहरूले पनि मलाई एच.आई.भी र यौनरोग बारे बताउनु भयो र रिपोर्ट आउने बेलापनि बस्नुहोला भन्नु भयो । रिपोर्ट कुनै बेलासम्म धेरै कुरा मनमा खेल्न थालेको थिए । एच.आई.भी नै भयो हो ला भनेर डर लागिरहेको थियो । तर रिपोर्टमा एच.आई.भी छैन भन्दा मलाई धेरै खुसी लाग्यो । फेरि अर्को कोठामा गएँ र त्यहा भने मलाई भिरिङ्गी लागेको रहेछ भन्दा छाँगाबाट खसे जस्तो भयो । तर वहाँहरूले मलाई त्यो रोग बारे विस्तृत रूपमा जानकारी गराउनु भयो र उपचार लिन आग्रह गर्नुभयो । मैले वहाँहरूले भने बमोजिम उपचार गराए र फर्किए । त्यसपछि लक्ष्मी दिदिसँग महिनै पिछे भेट भयो र लगातार जचाउन पनि गए । पछि मेरा साथीहरूलाई पनि सहभागी र त्यहाको सेवा बारे बताएँ र दिदिसँग भेट गराए । त्यसपछि मैले बिस्तारै बाहिर साथीहरूसँग हिँड्न छाडे र पार्लरको काम सिकन थाले । अन्ततः मैले आफैले पार्लर खोले र अहिले पुरै समय पार्लरकै काम गर्छु र यौनपेशा पूरै छाडेँ । म हृदयदेखि नै लक्ष्मी दिदी र सहभागी संस्थालाई धन्यवाद दिन चाहन्छु र आभार व्यक्त गर्न चाहन्छु ।

3.1. b. Condom and Lubricant Distribution:

For the purpose of safer sex practice among the key population, 328,273 pieces of condom were distributed through partner organization. Similarly 18,577 pieces of lubricants were distributed for MSM/MSW and TG in this fiscal year of 2070/071. The highest (81,274) numbers of condoms were distributed to female sex workers and lowest (15,779) numbers of condoms were distributed to PWID for positive behavior change through safer sex. In comparison to the last three years, this year showed the highest correct and consistent condom use practice among the key population. At community level, Outreach and peer educators, community mobilizers and DIC operators educated about correct, consistent condom use and distributed

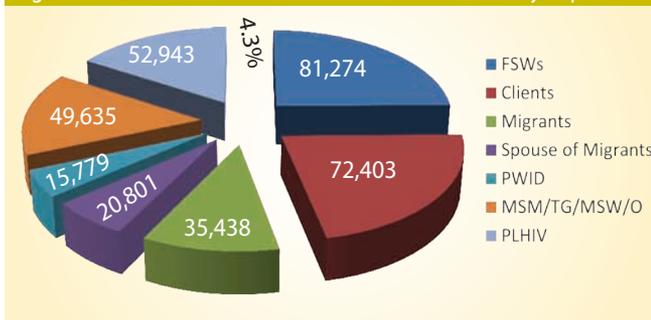
Figure 3: Trend of condom distribution for Key Population





condoms and lubricants through DIC. To ensure quality, availability, accessibility and affordability of male and female condoms and lubricants, most partner organizations have been given access to condoms from DPHO, Chitwan. Promotion of social marketing of condoms have created an enabling atmosphere for certain level of acceptance. Figure 3 shows, this fiscal year the number of condoms distributed were higher compared to the previous year. In addition DPHO has distributed 796,000 pieces of condom through Health facilities.

Figure 4: # of Condom and Lubricant distribution for Key Population



3.1.c. Needle and syringe exchange program (NSEP)

Needle and syringe exchange program is the main HIV prevention program for people who inject drugs which contributes to reduce HIV transmission among the injecting drug users. It enables people to reduce the risk of HIV transmission and to know their HIV status. Needle and syringe exchange program (NSEP) contributes to increase access and availability, and syringe exchange and dispensing services to the PWID for reducing HIV risk transmission in the district.

Figure 5: # of Needle and syring exchanged/Distributed



In Chitwan district, Namuna has been implementing targeted intervention program for PWID under the pooled fund/NCASC. Through the program Namuna has distributed 15,779 pieces of needles for exchange this year which is a decreased amount than the last fiscal year 2069/070.

3.1.d. Sexually Transmitted Infections (STI) Management:

Early treatment of STIs is an effective strategy to prevent the transmission of HIV, as the presence of certain STIs can increase the risk of HIV transmission. Quality STI diagnosis and treatment service has been offered, as per national standard guidelines and protocols, from governmental (Sub health post, health post level, and PHCC and District hospital) and non-governmental outlets. Syndrome approach and enhanced syndrome approach with referral for etiological treatment has been prioritized in the district. Presumptive treatment for female sex workers is available from non-government organizational outlet except SAHAVAGI. SAHAVAGI has been providing the treatment for key affected population from its static and satellite service outlet. To ensure quality of service, different monitoring visits have been conducted by various support organizations with DACC, DPHO and DDC Chitwan.

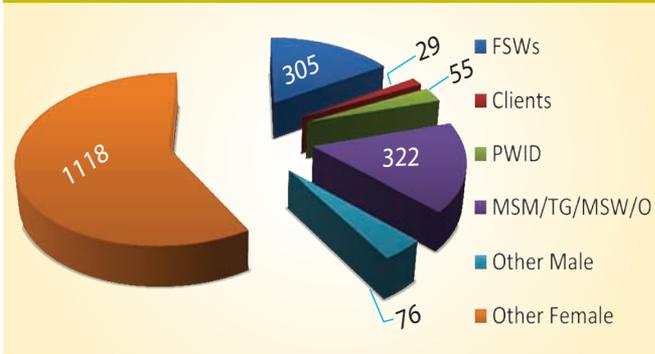
Bharatpur Hospital, Baghauda Hospital, Jutpani PHC, Shivanagar PHC, Khairahani PHC, FPAN, SAHAVAGI, NAMUNA, Chitwan Sakriya Samuha and Human Conscious Society are providing STI diagnosis and treatment services for KAPs and the general

Figure 6: # of people received STI treatment





Figure 7: Target wise No. of population received the STI Treatment



workers received STI service in this year.

Likewise 16.9% (n= 322) MSM/MSW/Tg/O received the STI service. genderwise; 75% females, 17% others and only eight percent males were benefited.

3.1.e. HIV testing and counseling (HTC):

HIV testing and counseling service is an entry point of the continuum of care services for people living with HIV. The key aims of HIV counseling is to prevent HIV transmission by providing information about transmission risks, assist people in developing personal skills needed to negotiate safer practices. It provides psychological support to people who are infected with and affected by HIV by improving their emotional, psychological, social and spiritual well-being and also supports in treatment.

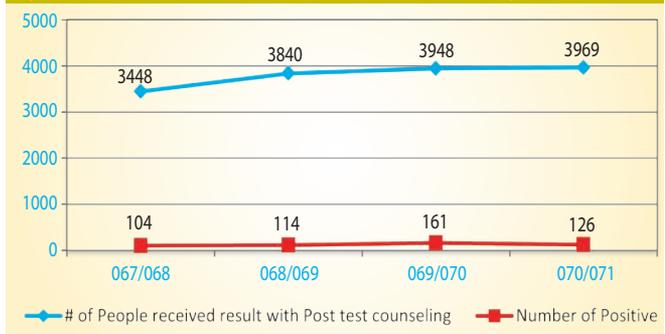
In Chitwan district, Bharatpur Hospital, Baghauda Hospital, Jutpani PHC, Khairahani PHC, Shivanagar PHC, SAHAVAgI, FPAN, NAMUNA, CSS and Human Conscious Society are providing HTC services for key affected population and general population. The HIV testing and counseling has been providing services as per the national standard guidelines and protocols. Most of the HTC sites are centralized in the Bharatpur Municipality but some initiations have been made to decentralize the HTC services, through PHC this fiscal year, at community level. In



population in the districts. The achievement shows that 1,905 person received STI treatment service from the above mentioned organizations. 502 new people were reached this year and treated. Figure 6 shows that, this year's achievement decreased a little compared to last year.

Figure 7 of target wise distribution illustrates that, other female 59.68 % (n=1,118) received STI treatment services in fiscal year 2070/71, this population may be the spouse of migrants. Only 1.5% (n=29) clients of sex

Figure 8: # of People received result with Post-test Counselling and HIV Positive



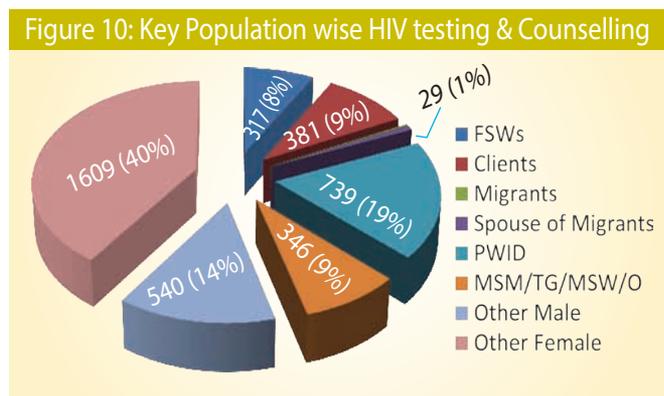
addition, SAHAVAgI has also expanded its STI, HTC and DIC service at Khairahani municipality from this year.

In the fiscal year 2070/71, 3,983 people received the Pre-test HIV testing and counseling by governmental and non-governmental organizations while 3,969 people received the result with post-test counseling which is a slightly increased number than last year where was 3,948 person received the services. Among the tested people, 126 persons were identified HIV positive in this year whereas 161 were identified last year which indicates that this year new HIV cases were slightly



reduced because of effective prevention program and joint effort of government and non-government intervention. HTC services have been scaled up as per plan in the district in a decentralized way to create access for all key and general population of the districts.

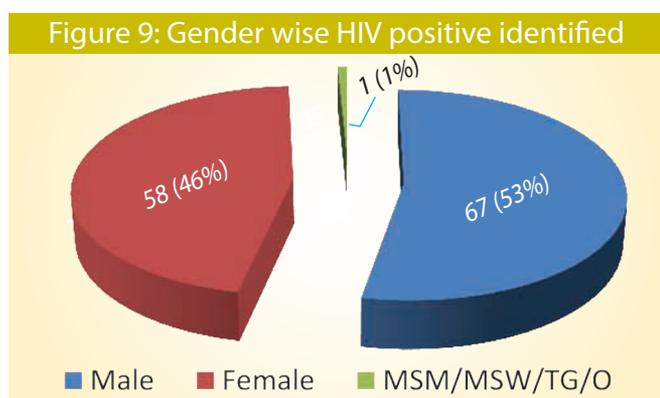
As per the distribution of key population wise HTC services, Figure 10 illustrates that 40% other female were tested, about one fifth of all those tested were PWID, nine percent each of Clients of sex workers and MSM/Tg/MSW/O were tested. Eight percent of female sex workers and only one percent of those tested for HIV were spouses of migrants. Beside this, more than 300 pregnant women received HIV testing through the PMTCT site during their ANC visit which is not included here. DACC initiated a coordination meeting among HTC providers to minimize duplication. There are good relations between HTC, CHBC and ART/PMTCT programs within the district.



counseling centers which are chiefly centralized at Bharatpur municipality area. Due to the remoteness and inadequate services, many people from rural areas are not able to test and know their status. To expand services at community level, Community Rapid HIV testing program has been recognized in Chitwan district. District Public Health Office with support of AHF Nepal organized the test and treat campaign during World AIDS Day 2013. The main purpose of the campaign was to increase the accessibility and utilization of condom and HIV testing among community people of remote areas in Chitwan district. Through the campaign, 2,200 community people were tested among whom 22 people were identified as HIV positive. In the campaign DACC including concerned stakeholders, community people and PLHIV were actively involved.

3.1.g. Media Advocacy:

Media advocacy is one of the strategy for raising mass awareness and advocacy on STI, HIV and AIDS for key affected population and general population. District AIDS Coordination Committee (DACC) and concerned stakeholders frequently invite journalists, media persons to programs so that they will publish various articles and highlights of programs through media so as to create an enabling environment for advocacy to reduce stigma and discrimination and help increase accessibility and availability of quality services. This campaign also helps to ensure basic human rights of key affected population. The media can play a pivotal role to address the HIV



3.1.f. Test and treat campaign at Chitwan:

Most of the people living with HIV and AIDS still do not know they are infected. Stigma and discrimination cause barriers to seek and get access to testing in Chitwan district. Chitwan has seven static HIV testing and



of remote areas in Chitwan district. Through the campaign, 2,200 community people were tested among whom 22 people were identified as HIV positive. In the campaign DACC including concerned stakeholders, community people and PLHIV were actively involved.



and AIDS program. The media can play a crucial role in creating an enabling and supportive environment where some of the stigma and discrimination issues and underlying driving forces of the epidemic can be addressed. The media are in a position to create greater public awareness of HIV and AIDS, which is necessary before individuals critically look at the challenges posed by the epidemic to be able to make informed decisions to help prevent infections, protect themselves, and ensure proper care and treatment of PLHIV. News coverage reinforces information that people receive about the epidemic from other sources, such as their friends, health care workers and even billboards.



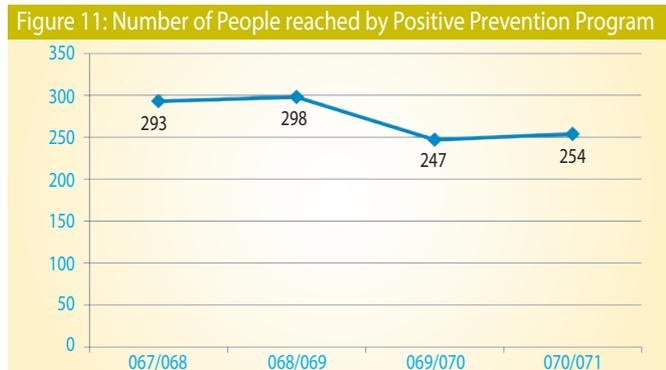
Some Key highlights of media campaign:

- All local TV channels have covered HIV and AIDS programs (news cover, different campaign support, special coverage on commemoration events such as World AIDS Day, Candle light memorial day, condom day)
- A break-through program (an innovative radio network program) has been aired for HIV/AIDS related issues.

3.1.h. Positive prevention:

Positive prevention (PP) is one of the most popular programs for PLHIV to encourage them toward positive thinking, positive attitude and positive life style after being found HIV positive. It has an approach to prevention that seeks to increase the psychosocial well-being of PLHIV and encourage solidarity amongst and for PLHIV. According to Positive prevention (PP) alliance, PP aims to increase self-esteem, confidence and ability of HIV positive people to protect their own health and to avoid passing on the infection to others. Chhahari Mahila Samuha (CMS) under USAID-funded Saath-Saath Project has been implementing positive prevention program since 2007 aiming to promote positive behavior, reduce transmission of HIV and STI among PLHIV and increase demand and utilization of HIV prevention, care, support and treatment.

This year, CMS reached 254 PLHIV through Positive Prevention. Figure 11 illustrates that, the achievement this year has slightly surpassed the previous year. CMS has mobilized 15 positive speaker bureaus (PSB) as volunteers. They are trained on HIV/AIDS and importance of Stigma & Discrimination (S&D) reduction. CMS has organized community discussion forums to reduce S&D related to HIV/AIDS at community level.



3.1.i. Prevention of mother to child transmission (PMTCT):

District Bharatpur hospital, Baghanda hospital, Jutpani PHC, Shivanagar PHC and Shivanagar PHC has been providing PMTCT services in the district. The service has integrated with regular ANC check-up and mobilizing CHBC team and FCHVs at community level.



Table 1 : Progress of PMTCT

Indicators	FY 2067/068	FY 2068/069	FY 2069/070	FY 2070/071
No. of expected pregnancy	17,597	19,758	17,648	15,340
Number of ANC attendees in their 1st visit	14,518	16,794	18,883	30,066
# of pregnant women received results with post-test counseling	1,042	1,674	1,462	1,662
# of pregnant women testing HIV+ve	2	3	3	0
# HIV+ pregnant women on ART and had completed complete course of prophylaxis	8	9	11	0
# of HIV+ pregnant women who delivered	12	8	9	8

3.2.Treatment, care and support:

3.2.a. Progress on Antiretroviral therapy (ART):

Bharatpur hospital has been providing ART services for PLHIV with the support of AHF Nepal (AIDS Healthcare Foundation Nepal) since February, 2011. The hospital has been providing ART, Pre-ART, CD4 count, PMTCT, HTC and opportunistic infection (OI) management services. In this fiscal year 2070/71, 1,087 PLHIV were enrolled in pre-ART, among them 537 people are currently on ART. As per Bharatpur hospital, about 74% of eligible people are enrolled in ART. There is good linkage and coordination between all HTC, CHBC and ART sites. 128 PLHIV have been transferred out from the ART site this year which is higher than the last fiscal year because neighbouring districts of Makawanpur and Nawalparasi have also initiated ART service in this year. Similarly, Bharatpur hospital have provided medical and transportation support for few PLHIV and 227 PLHIV received nutrition support through AHF Nepal, Chitwan Sakriya Samuha, Chhahari Mahila Samuha and Chitwan plus in this fiscal year.

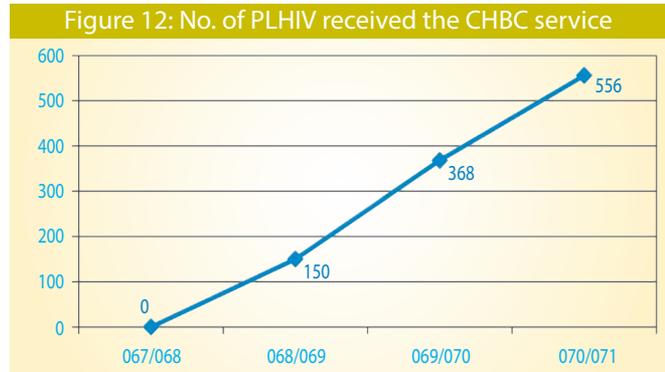
Table 2 : The status of number of pre-ART, ART, lost to follow up and transferred out

Indicators	FY 2067/068	FY 2068/069	FY 2069/070	FY 2070/071
# Enrolled in HIV Care	617	779	905	1,087
# Currently on ART	250	350	422	537
Death (Cumulative)	38*	10	12	96
Lost to follow up	4	4	9	4
Transferred out	34	24	103*	128



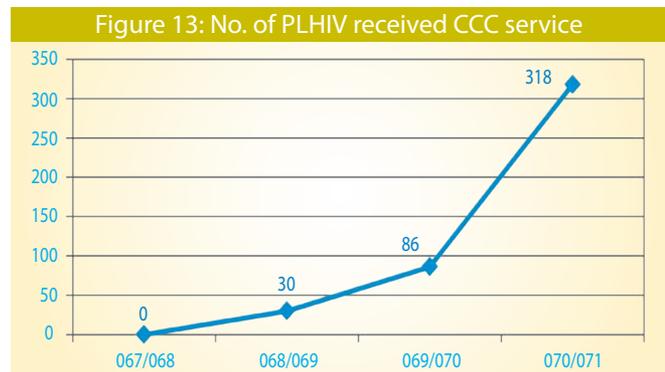
3.2.b. Community and Home Based Care (CHBC) Services:

Community and Home Based Care (CHBC) services is to provide care and support services to PLHIV and their families at their homes or at a location of their choice. This service is recognized in Nepal's National HIV and AIDS strategy as a key treatment, care and support component. CHBC service constitutes the physical, social, emotional and spiritual needs of PLHIV and their families. CHBC services is standardized as per the National CHBC guidelines and standard operating procedures. USAID-funded Saath-Saath Project's implementing agency namely Chhahari Mahila Samuha and Chitwan Sakriya Samuha with support of global fund/Save the children and Chitwan Plus have been implementing CHBC services in the district. There were 556 (Figure 12) PLHIV who received CHBC service from three different organizations this fiscal year which is a significant increase than the previous year.



3.2.c. Community Care Center (CCC):

Community Care Center (CCC) is supporting treatment and care for PLHIV in close coordination with ART center, Bharatpur Hospital and DPHO Chitwan. Chitwan Sakriya Samuha with support from global Fund and Chhahari Mahila Samuha with support from NAP+N/ Pooled fund have been implementing CCC services in Chitwan. Initially the CCC program was implemented by Chitwan Sakriya Samuha from fiscal year 068/069 and in this fiscal year the CCC has been further expanded by Chhahari Mahila Samuha in Chitwan. Altogether 318 (Figure 13) PLHIV received CCC service during this reporting period.



3.2.d. Management of TB-HIV Co-infection:

Tuberculosis (TB)-HIV co-infection management is a key action of managing HIV associated co-infection to decrease the burden of TB among PLHIV. DPHO Chitwan has been coordinating with different organizations to deliver this service. There were 221 TB patients screened for HIV and 11 person were found as HIV Positive. Similarly 537 PLHIV were screened for TB and among them 22 were diagnosed with TB in this fiscal year. They were referred to DOTS, ART centres for treatment. With referral mechanism through DOTS and ART centre, community awareness activities have been carried out. Bharatpur hospital has both DOTS and HTC center. Referral system from DOTS to HTC centers should be well established and strengthened.

3.2.e. Cash Transfer for Children Affected by AIDS (CABA):

In national level, linkage of Ministry of Health and Population with Ministry of Women, Children and Social welfare under leadership of Ministry of Education will be effective in implementation of CABA strategy. Under National HIV and AIDS strategy 2011-2016, DAP Chitwan has prioritized to strengthen the capacity of families



and community to protect and care for CABA. The district has provided minimal support for CABA this year. The district has raised local resources to address need of CABA.

- With financial support from Save the Children and District AIDS Coordination Committee, Chitwan Sakriya Samuha (CSS) provided educational support to 30 Children Affected by AIDS in Chitwan. As educational support, they provided school bags and stationery to needy CABA.



3.3. Leadership and capacity building:

For effective decentralization and effective service delivery of health care services, DACC leadership and capacity should be strengthened. Collaboration and linkage (with EDP, NGOs, private sectors, local stakeholders and community) should be strengthened to improve leadership accountability and governance for effective and efficient HIV and AIDS responses in the district. To develop the capacity of human resource, various training and workshops were conducted to facilitate leadership for HIV response. The following capacity building training and workshop were conducted.

List of Training and Workshop

SN	Name of Training	Male	Female	Total	Remarks
1	National Monitoring & Evaluation Training	2	1	3	CSS,CMS/ SAHAVAGI
2	Basic Outreach Training		7	7	CSS/SAHAVAGI
3	Peer Educated Training	9	30	39	CSS/ Namuna
4	Psychosocial counseling training		1	1	CSS
5	Basic Counseling Training		3	3	CSS/ SAHAVAGI
6	Care support and treatment case management training	1	2	3	CSS/SAHAVAGI
7	Stigma and Discrimination Training	5	2	7	Namuna/ SAHAVAGI
8	Lesson Learnt and report writing training	2		2	SAHAVAGI
9	IMPLANT insertion training		1	1	SAHAVAGI
10	STI/HIV prevention and FP Promotion	1		1	SAHAVAGI
11	Clinical Management Training	1		1	SAHAVAGI
12	Orientation on FP/HIV integration		1	1	SAHAVAGI
13	STI, HIV Logistic refresher training		1	1	SAHAVAGI
14	STI refresher training	1	2	3	SAHAVAGI



SN	Name of Training	Male	Female	Total	Remarks
15	Condom Negotiation training		2	2	SAHAVAGI
16	UP/PEP and MCWM training		1	1	SAHAVAGI
17	Basic DIC operator Training		2	2	SAHAVAGI
18	National workshop on safe healthy workplace and waste management training		2	2	SAHAVAGI
19	Basic health care waste management training		1	1	SAHAVAGI

3.3.a. Follow up of Sustainability analysis framework for HIV and AIDS:

To contribute to the process of involving local stakeholders in collectively planning for a sustainable response to the HIV situation in their district, District AIDS Coordination Committee Chitwan organized a 4-day Sustainability Analysis Workshop with support of USAID-funded Saath-Saath Project in Bharatpur, Chitwan from December 24-27, 2012. To analyze the impact of the workshop, DACC Chitwan has been preparing annual progress report regularly every year. As an action plan of sustainability analysis workshop DAP (District AIDS Plan) was prepared last year and some village development committees and district development committee of Chitwan has started to allocate a certain budget for HIV related programs. The review meeting of the Sustainability Analysis workshop is yet to be conducted.

3.3.b. District project Advisory Committee (DPAC) Meeting

AHF Nepal has been lending support to the government of Nepal's scaling up and delivering HIV/AIDS treatment service in Nepal from selected ART centres as per recommendation of NCASC. Capacity building of government medical staff as well as stakeholders and community workers for managing the treatment for PLHIV is the main strategy of AHF Nepal. The provision of DPAC is mandatory in case of all project agreement documents which are signed as mutual agreement between Social Welfare Council, INGO and partner organization. It is the responsibility of the INGO and partner organization/s to initiate the above mentioned meetings at the district levels. The goal and objectives of the meeting is to review and analyze the progress and achievement of the concerned project. Likewise, the meetings will analyze the status of resource utilization, status of the project and provide policy and operational feedback to the project stakeholders for fulfilling the desired results by the end of the project. A total of nine participants were involved in the meeting.



Likewise, the meetings will analyze the status of resource utilization, status of the project and provide policy and operational feedback to the project stakeholders for fulfilling the desired results by the end of the project. A total of nine participants were involved in the meeting.

3.3.c. Regular DACC meeting:

District AIDS Coordination Committee (DACC), Chitwan organize meetings regularly. DACC Chairperson as well as Local Development Officer, DDC had chaired all meetings where DACC members and concerned stakeholders actively participated. Major decisions of the meetings were;



- District AIDS Plan formulation for DACC Chitwan. For this, a taskforce, advisory committee and technical team was formed and provided TOR.
- Organize cultural program to raise local resources for CABA with leadership of DACC and local PLHIV leading NGO, CSS.
- DAP endorsement and DAP dissemination workshop.
- Organize sustainability analysis workshop with support from USAID-funded Saath-Saath Project and participation of district level stakeholders.
- Dissemination program of Sustainability Analysis workshop report with leadership of DACC Chitwan.
- Produce Annual Progress Report FY 2070/71. For this, a taskforce, advisory committee and technical team was formed and provided TOR.

3.3.d. DACC bio-monthly meeting with stakeholders:

DACC has taken initiative and organized regular bi-monthly meeting with district level stakeholders. DACC coordinator facilitated the meeting. In the meeting, district level stakeholders present their key achievements, lesson learned/good practice and challenges of that period. District level concerns, priority programs, joint events and monitoring are mainly discussed in the meetings. Based on the reports of stakeholders and DACC, the DACC coordinator compiles the bi-monthly report.

3.3.e. DACC annual review workshop:

There are annual review meetings with stakeholders where key achievement, best practice, challenges and lessons learnt are shared with each other. DACC Chitwan conducted an annual review meeting on 30th Jestha 2071 at the Bharatpur hospital training hall. There were 30 participants with representatives from DACC, DPHO, Bharatpur hospital, DDC, Women and Child Development Office, Municipalities, AHF, Family Health International (FHI) 360 Nepal, Chitwan Sakriya Samuha, Chitwan Mahila Samuha, FPAN, SAHAVAGI, Nepal Red Cross Society, NAMUNA, NAP+N, Human Conscious Society, Rainbow Plus, Support and Care rehabilitation Centre (PRC), and also Media/Journalists. Those who attended the meeting, presented target vs. achievement, lesson learned/good practices, success stories and challenges of this fiscal year based on provided guidelines.

3.3.f. DACC and VACC Orientation workshop

As per way forward of DAP and Sustainability analysis framework, DACC organized DACC and VACC members workshop with support of AHF Nepal. DACC has the central role of Monitoring and Evaluation of local level response to HIV at district level. Monitoring of service delivery points in the district is a key function of DACC. The Local Self governance Act (1998) and by laws (1999) allow District Development Committees (DDCs) to play important roles in establishing multi-sectoral HIV response plan and review its progress through the District AIDS Coordination Committee (DACC) which is comprised of the DHO, DPHO, public sector, private sector and non-state actors (civic societies). The DACC plays a crucial role in mobilizing components of health sector and NGOS in implementing and monitoring HIV related activities in a coordinated way. 35 districts have been capacitated with tools and systems through DACC. The goal of the workshop is to increase demand for HIV testing and advocacy on treatment and coordination with government staff and other stakeholders.



3.3.g. HIV and AIDS Orientation for FCHV and Community Health Workers

District Public Health Office (DPHO) Chitwan conducted a one-day orientation training for Female Community Health Volunteers (FCHVs) and community health workers on HIV and AIDS. The program was conducted with support from AHF Nepal. Altogether 140 FCHVs and health workers from the surrounding VDCs of the PMTCT/HTC service delivery points were trained on HIV and AIDS preventive measures. Senior PHA, DACC coordinator, HIV focal person, and ART coordinator jointly facilitated the orientation.



Case Study-2

चन्द्रा आचार्य, सायद उनि जस्तो साहसी महिला भेट्टाउन सहज छैन । वि.सं. २०४० सालमा बागलुङ जिल्लामा जन्मिएर २०५८ सालमा चितवन भरेकी उनि क्याम्पस पढ्ने समयमा प्रेम विवाह भयो । हे दा सोझि र राम्री देखेपछि श्रीमानले बिहे गरेरै छाडे । विवाह पश्चात उनका श्रीमानको घरमा एकदमै राम्रो सम्बन्ध थियो । डेरामा बसेपनि घरमा आउने जाने भइरहन्थ्यो । बिहे गरेको करिब ३ वर्ष पछि श्रीमान बिरामी पर्न थाल्नु भयो । सधैं सामान्य मेडिकलबाट औषधि ल्याएर खाने मान्छे एकदिन हातमा सिरानि बोकेर म हस्पिटल भर्ना हुन गए है भन्दा चन्द्राको आँखा रसायो । उनले छोरीलाई कसैको जिम्मा लगाएर सँगै जाउँला भनिन् । तर श्रीमानले मानेनन् । चन्द्राको मनमा चिन्ता पर्न थाल्यो । भर्ना गर्नुपर्ने नभएको अवस्थामा श्रीमान आफैले हिडेर हस्पिटलमा बस्छु भन्दा कसको मन रुन्न होला र । उनको मनले नमाने पछि छोरीलाई कसैको जिम्मा लगाएर श्रीमान बसेको हस्पिटलमा गइन् । श्रीमानलाई कुनैपनि औषधिहरू दिइएको थिएन । उनले डाक्टरसँग कुरा गर्दा डाक्टर नजिक हुन नखोजेपछि श्रीमानलाई नै सोध्न थालिन् के भयो भन्दै । श्रीमानलाई पहिलेदेखि नै थाहा रहेछ उनि एच.आई.भी. संक्रमित भएको कुरा तर विडम्बना यो छकि डाक्टर र श्रीमान बीच वाचा भएको रहेछ कसैलाई नभन्ने भनेर । चन्द्राले श्रीमानमाथि विश्वास राख्दै उपचार गरिरहिन् । उपचारको क्रममा निको नभइ भन् भन् सिकिस्त हुँदै गएपछि डाक्टरले घर पठाउने कुरा गरे । तर चन्द्राले मानिनु, सास रहुन्जेल आस रहन्छ भनेभैँ उनले काठमाण्डौको महँगो हस्पिटलको आइ. सि. यु. मा राखिन् । यसरी उपचार गर्दा उनले आफूसँग रहेको चल अचल सम्पत्ति करिब २२ लाख रूपैया सकिन् । आफूसँग भएको सम्पत्ति पनि सकियो र डाक्टरले घर पठाउने कुरा गरेपछि श्रीमानलाई घरमा लिएर फर्किइन् । उनका श्रीमानको पक्षघातका कारण शरीर नचल्ने भएको थियो । श्रीमानको घरमा २-४ दिन बसेपछि ससुराले आफ्नै डेरामा जाउ भनेपछि उनि श्रीमान र छोरी सहित डेरामा गए । घरबेटिले एच.आई.भी. संक्रमित भएको थाहा पाएपछि डेराबाट निकालिदिए । उनले श्रीमानको घरमा गएर बस्ने कुरा गर्दा सासुले आफ्नो छोरीलाई विष खुवाएर मार्ने धम्कि दिएपछि उनि रुदै माइला ससुराको घरमा गइ २ वटा कोठा भाडामा मागेर बस्न थालिन् । त्यसपछि चितवन सक्रिय समुहमा गएर आफ्नो र छोरीको रगत जाँच गर्दा उनको एच.आई.भी. संक्रमित देखियो तर छोरीको रगतमा एच.आई.भी. संक्रमण रहेनछ । त्यसपछि सोही संस्थाको सदस्य बनि आफ्नो पिडा पोल्ने ठाउँ बनाइन् र काम गर्ने मौका पाइन् । करिब ७ वर्ष श्रीमानलाई विस्तारामै स्याहार गरेपछि २०७१ वैशाख ३ गते श्रीमानको मृत्यु भयो । उनि माथि भगवानले पनि दया गरेन । श्रीमानको लास उठाउने मान्छे पाइनु, उनले काम गरिरहेको संस्थाका दिदी बहिनीहरूले दाहसंस्कारमा ठुलो सहयोग गरे । श्रीमानको मृत्यु पछि साँझ बिहानको समय बिताउन गाह्रो लागेकोले फेरि क्याम्पस पढ्न थाले की छन् । छोरीलाई राम्रो शिक्षा दिने उनको भित्री इच्छा छ । उनले भन्छिन् भरतपुर जस्तो दोस्रो राजधानी भनेर चिनिने ठाउँमा पनि एच.आई.भी. संक्रमितले भोग्ने पिडा कहिले अन्त्य हुन्छ ? म कहिले कहाँ निभ्छु थाहा छैन, तर म जस्ता अरू एच.आई.भी. संक्रमितले मैले जस्तो पिडा भोग्न नपरोस् भन्दै बाच्नुजेल यहि क्षेत्रमा लागि रहने छु ।





4. ADVOCACY AND LOBBYING:

4.1. Meeting and Training:

In leadership of DACC, DACC and the concerned stakeholders have been conducting joint advocacy through regular meetings and coordination to promote community rapid testing, availability of better ARV and OIs drugs, viral load testing, safe sex practices and availability of condom. AHF is regularly initiating ART above CD4 350 and lobbying with government. AHF ART site have face masks distributed to suspected clients. New bill board have been installed at the hospital.



4.1.a. Stigma and Discrimination reduction training:



Stigma and Discrimination (S&D) reduction trainings are conducted at different geographic locations of the district for community people, KAPs, family members of those infected, neighbors and service providers. This fiscal year, 511 people were trained in S&D reduction. CMS, Sahavagi, Namuna, HCS, CSS and AHF conducted S&D reduction training in coordination with DACC, local health facilities and local people. There is no specific studies to determine the reduction of HIV

associated S&D. However, the KAPs related S&D reporting cases are gradually getting lower. This may be due to the training on S&D provided to the community



4.1.b. ART Adherence Counseling Training:

AIDS Healthcare Foundation, Nepal is actively contributing to the government's efforts to prevent HIV epidemic through capacity building of health workers, promoting access to ART treatment and adherence.

Anti- retroviral therapy (ART) is a key component in the comprehensive care PLHIV. Providing access to ART is a primary goal of HIV management but it must be complemented by high quality care and strong





adherence support. Over 95% adherence to ART is the goal for effective control of HIV. ART adherence counseling has proven to greatly improve the individuals' chance of achieving it. In addition, excellent adherence is very important and key in the prevention of viral resistance. To realize this objective, AHF conducted adherence counseling training for 20 healthcare providers and support group members in Bharatpur. AHF Nepal followed the national protocol for the training and the training was facilitated by senior training consultant.

4.1.c. PLHIV Support Group (PSG) Training – Stigma Reduce

Support groups are especially important to persons who are HIV positive. People go through many emotions after they have been diagnosed HIV positive. As they face changing social supports and financial situations, they can become frightened, bewildered and worried. When others reject them and treat them inappropriately, they can feel depressed, angry, and isolated. HIV support groups and HIV negative persons often become a major source of love and acceptance. Usually people gain acceptance, support, nurture, and intimacy from their birth families, close friends, and/or religious groups. However, too often, these groups reject individuals when their HIV positive status is disclosed; especially if the person contracted AIDS from intravenous drug use or same gender sex. This training has been helpful for the PLHIV support group and local stakeholders in the hospital and community members who seek care and support and for enhancing quality of life of the PLHIV and increasing access to health services including safe and affordable drugs. Social support will raise the feeling of love and acceptance from all around will reduce stigma and discrimination. Altogether there were 20 participants received the training and the training was organized by AHF Nepal and Bharatpur Hospital.

4. 1.d. HIV and AIDS orientation for political leaders and community leaders:

District AIDS Coordination Committee (DACC) Chitwan organized two days HIV and AIDS orientation for political leaders, community leaders from Ashar 14-15, 2071. Altogether 40 participants representative from district level political leaders, DACC members, Media/Journalists and others actively participated in the orientation program. The program was chaired by DACC Chairperson and Local Development Officer Mr. Bharat Mani Pandey and the chief guest was chief district Officer Mr. Narendra Raj Sharma. The orientation program was facilitated by Mr. Ramhari Neupane, Mr. Bharatmani Pandey, Mr. Kehar Singh Godar and Dr. Unnat Shrestha. As a result of the orientation, political leaders pledged to support the mainstreaming of HIV and AIDS in local government and also made commitment to create enabling environment on HIV response locally.

4.2. Coordination and Collaboration:

4. 2.a. World AIDS Day celebration:

DACC led the celebration of the World AIDS Day in collaboration with local stakeholders in Madi area of Chitwan on 1st December 2013. The World AIDS Day was celebrated for the first time in such as remote areas of the district, which is located far from Bharatpur. This initiation was found effective to minimize the gaps of detachment. During the program, IEC materials were distributed and rally was organized around the market of Basantapur with "Panche Baja".





About 300-500 community people participated in the rally program. Representative of DACC, DPHO, DDC, AHF, CMS Human Conscious Society, Rainbow Plus, NAMUNA, SAHAVAGI, Support and Care, journalists and other concerned organizations actively participated in the program.

4.2 b. National Condom day celebration:

In leadership of DACC, 19th National Condom Day was celebrated in Chaubis koti of Bharatpur with awareness raising cultural program (Bhajan) and social marketing of the condom. The Bhajan focused on importance of condom for HIV and STI prevention. The program was inaugurated by Mr. Kehar Singh Godar, Senior DPHA, District Public Health Office, Chitwan. The program was facilitated by DACC coordinator Mr. Ramhari Neupane. About 800-1000 people participated in the program. Representatives from DACC, DPHO, DDC, AHF, CMS, CSS, Chitwan Plus, Human Conscious society, Rainbow Plus, FPAN, Nepal Red Cross Society, Media, Journalists, SAHAVAGI, NAMUNA, Support and Care, Shradha Nepal and other concerned organizations actively participated in the program. As a result of joint program, social marketing of condom and people acceptance has increased. DACC coordinator thanked all support organizations in his closing remarks.



4.2. c. Candle light Memorial Day:

With the aim to raise awareness and to promote respect for human rights of PLHIV, International AIDS Candlelight Memorial was jointly celebrated in the leadership of DACC, Chitwan with the theme "promoting health and dignity together" in surrounding area of Bharatpur hospital on May 18, 2014.



District level stakeholders including the community representatives participated in the Memorial Day. The program was inaugurated by Mr. Ram Hari Neupane (DACC Coordinator) and Mr. Krishna Hari Sapkota (ART Coordinator) gave the welcome remarks and Ms. Dikshya Rimal (DACC Member) articulated the importance of the day and stressed on the need of solidarity to achieve the goals. About 250 people

including representatives from government, non government organizations and community members participated in the program. The program was organized at Katahar Chock of Bharatpur Municipality.

4.2.d. Monitoring and Evaluation (M&E):

For effective implementation of HIV and AIDS programs in the district, DACC has developed monitoring and evaluation mechanism. DAP and Sustainability Analysis framework also articulated monitoring and evaluation activities as one of the key areas to be strengthened to ensure quality services at target communities. Major highlights of monitoring and evaluation:

- DACC coordinator and HIV focal person conducted supportive supervision at I/NGOs (implementing HIV and



AIDS programs district) and discussed with staffs and target groups to ensure the quality of provided services.

- DACC has established regular report collection and tracking system with district partners. Almost all partners submitted their report regularly due to effective monitoring system.
- DACC along with stakeholders started to conduct data quality assessment.
- Local Development Officer, Senior DPHA, DACC Coordinator and HIV focal person DPHO jointly conducted monitoring visits at different organizations and observed their field level activities at Madi, Jagatpur, Jutpani, Padampur, Bharatpur and Ratnanagar.
- DACC coordinator and HIV focal person DPHO jointly visited at HIV and AIDS partners and verified sources of recorded and reported data and its quality.



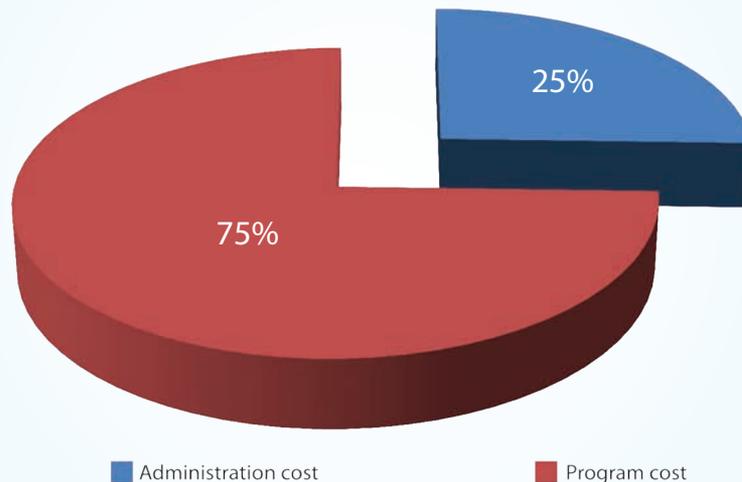
4.3. Local resource mobilization:

To strengthen the HIV program local resource should be mobilised from locally. DDC Chitwan has allocated seven lakh rupees for HIV and AIDS program for this year. Through the DACC initiation, this allocated budget were mobilized in six different events on advocacy and capacity building. Similarly, some VDCs of Chitwan allocated the fund for HIV program and supported capacity building through training and supported in test and treat campaign. In addition, DDC has provided nutrition support for PLHIV and also supported to conduct orientation class for PWIDs in Chitwan.

5. FINANCIAL OVERVIEW

The total expenditure of HIV and AIDS program in this fiscal year is NRs. 36,232,778.17 where the administrative cost is NRs. 9,229,458.49 (25%) and program cost is NRs. 27,003,319.7 (75%) in Chitwan district.

Figure 14: Status of expenditure in HIV and AIDS response in Chitwan (FY 2070/71) (Total Expenditure : NRs.36,232,778.17)





6. BEST PRACTICES, LESSON LEARNED, CHALLENGES AND WAY FORWARD

6.1. Best practices:

- DACC Chitwan has formulated and endorsed the DAP and encouraged EDPs and local partners to fulfill the gaps effectively as suggested by DAP.
- M&E framework and action plan of sustainability analysis workshop endorsed through the DACC which helps to fulfill the identified local gaps and resources to move towards sustainability of the program.
- Initiation of bi-monthly review meeting among stakeholders is the key platform for all implementing partners to share their best practice, lesson learnt and challenge to each other.
- Local governance has endorsed the issue of HIV and AIDs as a result DDC and few VDCs have allocated fund for HIV/AIDS program and HIV and AIDS section has established in DDC.
- DACC and DPHO hold joint monitoring visit at NGOs ensuring quality of services and minimizing duplication of reporting and further it has also encourage the implementing partner for further motivation.
- There is strong coordination and collaboration between NGOs and GOs for jointly commemorating national and internal days, which helps to gather the mass for rising awareness.

6.2. Lesson learned:

- DACC Chitwan has formulated and endorsed the DAP and encouraged EDPs and local partners to fulfill the gaps effectively as suggested by DAP.
- M&E framework and action plan of sustainability analysis workshop endorsed through the DACC which helps to fulfill the identified local gaps and resources to move towards sustainability of the program.
- Initiation of bi-monthly review meeting among stakeholders is the key platform for all implementing partners to share their best practice, lesson learnt and challenge to each other.
- Local governance has endorsed the issue of HIV and AIDs as a result DDC and few VDCs have allocated fund for HIV/AIDS program and HIV and AIDS section has established in DDC.
- DACC and DPHO hold joint monitoring visit at NGOs ensuring quality of services and minimizing duplication of reporting and further it has also encourage the implementing partner for further motivation.
- There is strong coordination and collaboration between NGOs and GOs for jointly commemorating national and internal days, which helps to gather the mass for rising awareness.

6.3. Challenges:

- Delayed supply of reagent for CD4 count testing
- Frequently transfer of trained human resources (Doctors, nurses, paramedics and program's staffs)
- Delay in release of budget from government and other donor agencies.
- Insufficient budget allocation for DACC for monitoring, evaluation, recording, analyzing of the existing information for decision making
- Inadequate level of programs for female injecting drug users in the district.
- Lack of nutritional, educational and livelihoods support programs to PLHIV and other KAPs such as FSWs, PWID, MSM/MSW/TG etc



- Need to scale up of migrants program in the district
- Difficult to reach KAPs at remote areas of the district.
- Centralized programs only in the districts.
- Frequently transferred of HIV familiar governmental officers.

6.4. Way forwards:

Based on prioritized area of DAP (2069-074 B.S.) and key findings of annual progress report-2069/70, the following way forward are recommended.

- Increase the coverage of prevention to treatment, care and support programs in the district indecentralized way.
- Scale up of Prevention of Mother-to-Child transmission and HIV Testing and Counseling, STI services at remote areas of the district.
- Initiate the data audit DACC and DPHO to reduce duplication and ensure qualitative of data.
- Scale up of migrants and female injecting drug users focused interventions
- Local resource identification and mobilization through coordination and collaboration to link for livelihoods and nutritional programs for PLHIV including other KAPs such as FSWs, PWID, MSM/MSW/TG/Other and so on.
- HIV focal person on the behalf of DPHO should conduct participatory monitoring and evaluation to ensure effective implementation of the programs
- Self-support groups and CBOs need to be empowered and strengthened for advocacy and lobbying with media campaigns and legal literacy programs on HIV response.
- Enriched strong coordination between the existing health systems, CHBC, CCC and ART sites in order to maintain ART adherence.
- HIV focal person on the behalf of DPHO should coordinate with concerned stakeholders to conduct DACC meetings, review of program, DAP evaluation and follow up sustainability analysis frame work regularly.
- HIV and AIDS should promote public-private-partnership for HIV and AIDS responses.
- The operational mechanism should be developed to utilize the established CABA's endowment fund and DACC should play coordinating role to address the needs of Children Affected by AIDS in the district.
- Maintain the unique ID of all HIV tested clients to reduce the data duplication of HIV positive.
- Maintain the unique ID of all HIV tested clients to reduce the data duplication of HIV positive.



REFERENCE

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MoHP/NCASC, National Guideline on Prevention of Mother-to-child transmission in Nepal

FHI 360 Nepal, Saath-Saath Project, Standard Operating Procedures for Positive Prevention Programs, 2009

FHI 360 Nepal, Saath-Saath Project, Standard Operating Procedures for Sexually Transmitted Infection clinics SOP- HIV Counseling and Testing 2007

AIDS Health Care Foundation, M&E tool 2011-2013

Family Health International/Nepal ASHA Project, Integrated Biological and Behavioral Surveillance (IBBS) among female sex workers in 22 Terai Highway districts of Nepal

MoHP/NCASC, National Guidelines on Community and Home- based Care and Standard Operating Procedures, 2011



ANNEX 1: ORGANIZATIONAL PROFILE

SN	Name of Organization	Address	Email	Program Area	Contact Person and Number	Donor
1	SAHAVAGI	Bharatpur-12 Chitwan	sahavagico@sahavagi.org	Comprehensive (prevention, care, support and treatment)	Mr. Shaligram Sharma (ED) 9855058458	USAID / Saath Saath Project
2	AIDS Health Foundation	Bharatpur- Chitwan	krishna.sapkota@aidshhealth.org	Care, support and treatment	Mr. Krishna Hari Sapkota ART Coordinator, 9845069254	Aids Health Care Foundation
3	Chitwan Plus	Bharatpur-10 Chitwan	chitwanpluschitwan@yahoo.com	Care and support	Mr. Mahesh K.C. Acting President 9845152916	NAP+N
4	Chhahari Mahila Samuha	Bharatpur-Chitwan	Chhahari2000@yahoo.com	Care and support	Ms. Manu Tamang President, 9845083857	USAID/ Saath Saath Project, NAP+N, POOL Fund
5	Chitwan Sakriya Samuha	Bharatpur-10 Chitwan	css@css.org.np	Care and support	Ms. Dikshya Rimal (ED) 9855065162	Global Fund, Save the Children
6	Family Planning Association Nepal	Bharatpur-12 Chitwan	fpanchitwan@fpn.org.np	Prevention care and support	Mr. Roshan Ghimire Branch Manager, 9845178055	IPPF
7	Human Conscious society	Bharatpur-2 Chitwan	humanconsciousociety@gmail.com	Prevention care and support	Mr. Dev Shrestha 9845023849	Pool Fund
8	Namuna Integrated development council	Bharatpur Chitwan	binodkant.namuna@gmail.com	Prevention care and support	Mr. Binod Kanta Sharma 9845070220	Pool Fund / NCASC
9	Rainbow plus	Bharatpur-2 Chitwan	rainbowpluscbo@gmail.com	Prevention care and support	Mr. Raju Baral Program In-charge 9845084370	Denmark
10	Richmond Fellowship:	Bharatpur-Chitwan	rfnchitwan@gmail.com	Comprehensive package for FIDUs	Ms. Shanta Ghale, Team Leader, 9845366874 Ms. Bandana, 9845202045	
11	Support and care rehabilitation center (PRC)	Ratnagar-7 Chitwan	Src.prc@gmail.com	PCR and Rehabilitation Program	Mr. Raj Bandhu Gautam, President, 056 693287	Global Fund / Save The Children
12	Diyalo Pariwar	Bharatpur-1 Chitwan	diyaloariwar@yahoo.com	Advocacy and lobbying on child right	Mr. Kedar Nath Khanal (ED) 056-523031 and 522797	Internal
13	BP Memorial Health foundation	Ratnagar-Chitwan	bpmhf@ecomail.com.np	Sexual and reproductive health	Mr. Rupan Raj Ghimire Coordinator, 9855062982	Internal



1. People are waiting for Community HIV testing .
2. Awareness raising bhajan at 19th National Condom Day.
3. Bi-monthly review meeting with stakeholder, NCASC.

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Annual Progress Report-2070/71

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District Public Health Office Chitwan**