



Final Project Progress Report

Comprehensive Package of HIV prevention for Labor Migrants & Spouses

(Chaitra 23 2074 to Ashad 32 2075)

Submitted to:
National Centre for AIDS and STD Control (NCASC)
Pachali, Teku Kathmandu

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Acknowledgement

Nagarjun Development Community (NDC) would like to express sincere gratitude to National centre for AIDS & STD Control (NCASC) for giving opportunity as national consultant to implement Targeted Intervention (TI) Comprehensive HIV prevention package program among labor Migrants & their spouses in 38 districts of Nepal along with Abroad Migrants in Kathmandu. Targeted Intervention (TI) Comprehensive HIV prevention package program among the key population is one of the mainstays of National HIV/AIDS strategy of Nepal along with care, support, treatment programs. NDC as national consultant also selected and contracted district level local partner sub consultant in all 39 program districts for implementation of planned activities. NDC endeavored for effective and efficient implementation of program and achieved very satisfactory results despite logistic, financial and circumstantial difficulties and short period of time frame. NDC had to strive hard for technical, financial and human resource management to make this program a success with coordination, collaboration and support of NCASC other relevant stakeholders at central level and DPHO/DHO, and other district and local level stakeholders along with district level Sub Consultant NGOs (SCNGOs).

NDC would like to thank Dr. Basu Dev Pandey, Director, Mr. Krishna Prasad Sapkota, Public Health Officer and focal person, Mr. Krishna Prasad Nagila Public Health Officer, Mr. Gyanendra Rimal, under secretary, finance and his finance team at NCASC, Ms. Doma Sherpa, Documentation Officer and all others involved in TI HIV program team of NCASC for all the guidance and support without their help NDC could not have steered the program to success in very difficult situation and short period. NDC would also like to express thanks to Mr. Ashok Shrestha and Logistic team at NCASC for their support of providing the Condoms, HIV test kits to run the program smoothly.

NDC would also like thanks to all DPHO/DHO, DACC , district and local level stakeholders along with Sub Consultant NGOs (SCNGOs) for their wonderful partnership and effort in making this program successful in difficult and challenging circumstances despite limited management and technical support and expect to strengthen this fruitful partnership in future if opportunity comes.

The last but not the least NDC would also appreciate the support and guidance of NDC board and also recognize and appreciate the great job performed by Dr. Pulkit Choudhary, Project Manager and TI HIV program Management team , Mr. Khem Raj Joshi , M & E officer, Ms. Santosh Kumar Bhandari Finance officer , and Mr. Deepak Khatiwada , Admin Officer, Mr. Anish Bhatta M and E associate for their dedication, commitment and untiring works day and night to achieve given accomplishment and they deserve a big thanks.

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Abbreviations

AIDS	- Acquired Immune Deficiency Syndrome
ART	-Anti Retroviral Therapy
ARV	- Antiretroviral
BCC	-Behavior Change Communication
BSS	- Behavioral Surveillance Survey
CB	-Capacity Building
CBO	- Community Based Organization
CSO	-Civil Society Organizations
CSS	-Community Systems Strengthening
DPHO	-District Public Health Office
DHO	-District Health Office
DACC	-District AIDS Coordination Committee
FGD	-Focused Group Discussions
FSW	-Female Sex workers
HIV	-Human Immunodeficiency Virus
HTC	-HIV Testing and Counseling
HRB	-High Risk Behavior
IBBS	- Integrated Bio-Behavioral Survey
IDU	-Injecting Drug Users
IEC	- information, Education, Communication
M&E	-Monitoring & Evaluation
MSM	-Men having Sex with Men
MSW	-Male Sex workers
MARP	-Most at Risk Population
NGO	-Non Governmental Organization
NCASC	-National Centre for AIDS & STD Control
NDC	-Nagrun Development Community
OI	-Opportunistic Infections
ORE	- Out Reach Educator
PE	-Peer Educator
PLHIV	-People Living with HIV
PPTCT	-Prevention of Parent to Child Transmission of HIV and AIDS
SC	-Sub Consultants
SCNGOs	-Sub Consultants Non Governmental Organization
STD	-Sexually Transmitted Disease
STI	-Sexually Transmitted Infection
TB	-Tuberculosis
TI	-Targeted Intervention
UNAIDS	-Joint United Nations Programme on HIV/AIDS
UNDP	-United Nations Development Programme
UNGASS	- United Nations General Assembly Special Session
UNICEF	- United Nations Children`s Fund
USAID	-United States Agency for International Development
VCTC	-Voluntary Counseling& Testing Centre
WHO	-World Health Organization

EXECUTIVE SUMMARY

Nagarjun Development Community (NDC) after being selected as 'consultant' to implement Comprehensive TI HIV program among Labor migrants and their spouses in 38 districts of Nepal along with Abroad LM in Kathmandu, had constant coordination with NCASC and Planning /formative discussion meeting NCASC was held and work plan and budget was finalized. Office set up and furnishing was completed for program management unit of NDC including office equipment like laptop and desk top computers. Selection of local district level partner NGOs/CBOs in order to ensure effective and quality implementation of the activities in each of the identified districts in open, competitive and transparent way was completed and assessment was done to assess the physical infrastructures and institutional capacity of the selected sub consultant NGOs and final list of selected SCNGOs were shared with NCASC with full address and contact details of ORE supervisors of the respective districts. Selected SCNGOs are as below;

1. Himalayam Social Welfare Organization (HSWO)
2. Bagamai Social Welfare Society (BSWN)
3. Neighborhood Organization Nepal (NEO Nepal)
4. Safe Motherhood Network Federation Nepal (SMNFN)
5. Nepal Health Society (NHS)

Program inception, coordination meeting with district level stakeholders were conducted in the beginning to introduce the current program, its objectives, strategies, scope of work, major activities, its expected outputs and outcomes for coordination with all related stakeholders, mapping of high risk, municipality/village municipality, generating support and linkages for successful smooth and effective program implementation.

NDC Organized a two day work shop for the development of messages for the FM and TV PSA, Hoarding Board and content for the training and orientation programs. NDC made the requisition for the condoms and IEC/BCC materials and HIV test kits to NCASC and provided the received materials to all SCNGOS for distribution and utilization in program districts.

NDC PMU team conducted monitoring visits to SCNGOs and selected program districts. Overall target vs. achievement was quite satisfactory about 90%- 100% in most of the major output indicators at the close of program period of end of Asadh 2075 despite the delay in signing of contract agreement between NCASC and NDC.

Regarding key issues and challenges, mobile HTC/STI service camp has been versioned as effective strategy to make services easily available at the door step or to nearest point for clients but due to lack of stock and delay in requisition and supply of HIV test kits and STI drugs despite the continuous effort of coordination by local Sub Consultant (SCNGOs), mobile HTC/STI service camp could be conducted as planned.

Among key lesson learnt NDC team has learnt a very important lesson that orientation about the program in the very beginning of the program implementation is essential for sub consultant partner organizations.

Regarding way forward to address the above mentioned challenges and gaps, in requisition and supply of HIV test kits and STI drugs , DHO/DPHO should take initiative and responsibility to provide regular static and mobile HTC/STI service provision and NCASC should ensure timely supply of those kits and drugs .

1. PROJECT BACKGROUND :

- **Project Title:** TI Comprehensive HIV prevention *Package for Migrants and their spouses*
- **Project duration:** *April 6 , 2018 to 16 July 2018*
- **District Coverage:** 38 and Kathmandu for Abroad LM
- **Direct beneficiaries (Target Population):** *Migrants and their spouses*
- **Total project budget including VAT:** NRs. 16,466,586.00

Objectives:

The overall objective of TI Comprehensive *Package for Migrants and their Families* is to control and prevent the spread of HIV in migrants and their families in Nepal.

Specific objectives:

- To Increase safer sex practices and improve health care seeking behaviour through behaviour change interventions using outreach workers
- To facilitate provision of services for STI prevention and referral for treatment, care and support
- To facilitate provision of services for HTC and develop linkages and referral system for treatment, care and support for PLHA
- To promote condom programming and provide /ensure availability of condoms for dual protection from HIV/STI and unwanted pregnancy
- To create an enabling and supportive environment and reduce stigma against migrants and their families

Major activities:

1. Conduct district level project inception, orientation through conducting coordination programs for Police personnel, local leaders with community level stakeholders.
2. Hire and train ORE Supervisor, ORE and Peer Educators
3. Implement BCC outreach for high risk migrants and their spouses in those identified sites; maintain daily diaries of new reached and old follow up clients.
4. Identify and implement mobile information Booths in most appropriate location of the 10 district e.g. bus stop, any other hot spots.
5. Referral services for the HTC and STI.
6. Distribution of Condoms and IEC/BCC materials.
7. Conduction of the mobile HTC camps for the larger community.
8. Disseminate the prevention message through local radio, print media and TV PSA.
9. Monitor the referral of migrants and their spouses for STI/HTC centres and keep record of and follow up of referral services using referral slip and referral record book

Expected outcomes/outputs of the project:

- # of BCC service provided to new LM/Spouses through Outreach Network.
- # of BCC services provided to repeated LM/Spouses through Outreach Network.
- # of LM and their spouses referred for STI/HTC services.
- # of LM and their spouses received STI/HTC services.
- # of condoms distributed to LM and their spouses and other vulnerable populations.
- # of IEC materials distributed.
- # of people oriented for reduction of stigma and discrimination.

Geographical coverage: 38 Districts Morang, Sunsary, Dhanusha, Mahotari, Sarlahi, Dhading, Gorkha, Lamjung, Tanahu, Kaski, Parbat, Palpa, Rupandehi, Kapilbastu, Rukum, Rolpa, Banke, Bardiya, Surkhet Dailekh, Kailali, Kanchanpur, Bajura, Darchula, Jhapa, Chitwan, Baglung, Syangja, Gulmi, Nawalparashi, Doti, Acham, Dadeldhura, Baitedi, Bajang, Dang, Puthan, Arghakhachi.

2. Achievements of the Project:

Selection of local district level partner Sub Consultant NGOs (SCNGOs) in order to ensure effective BCC for each of the identified districts was completed in open, competitive and transparent way. One day Orientation program for members of NDC Board and the key staffs on the objective and modality of the program was held at NDC office as project inception and generating policy, oversight and monitoring support from

board members and making all key staff well aware of their roles and responsibilities and also motivating them to work in team. Staffs were especially oriented on the program objectives, work plan and budget, major activities, major output indicators, reporting and recording mechanisms, monitoring plan, data collection, compilation, verification, report preparation and systematic documentation. Regular weekly and monthly review meeting of program progress were conducted to monitor the progress and actions to be taken among PMU staff at NDC central office. Selected Sub consultant NGOs (SCNGOs) were contracted through agreement document which included agreement document with Terms of References (TOR), work plan and budget with target, reporting mechanism and deadlines, reporting format.

District level activities were conducted by SCNGOS in the respective districts abiding by the objectives, strategies, scope of work, expected outputs and outcomes of the project. An inception meeting with the district level stake holders was conducted by SCNGOs at the beginning and areas for the program intervention were discussed during the meeting. A permission letter to conduct the activities within the district was also provided by the DPHOs of the respective districts. As mentioned above NDC provided the content to SCNGOs for the training and orientation activities along with the message to be broadcasted from local radios and print media of the program districts. NDC PMU team has conducted monitoring visits to selected program districts and provided the feedbacks to SCNGOs and ORE supervisors at the districts for the smooth implementation of the program. Overall target vs. achievement was quite satisfactory about 90%- 100% in most of the major output indicators at the close of program period of end of Asadh 2072 despite the very short period of the project.

Regular monitoring visits was also conducted by the NCASC and provided the valuable feedbacks for the immediate remedial actions to be taken to achieve the goal and objectives of the TI Program. NCASC conducted the provincial review meeting for the 7 provinces and a good platform was received for the sharing of the progress and issues and challenges of the each province which added the more enthusiasm and energy in the implementation of the program activities. This review activity also strengthened the coordination among the local stakeholders of the districts.

Installation of the Hoarding Board for the Abroad Labor Migrants was one of the major activities of this program. NCASC provided the recommendation letter in written to Foreign Employment Department to extend the necessary assistance in installing the hoarding board within the office premises. Message was also approved from the NCASC and hoarding board was installed in the office premises of foreign employment office Soltimod Kalimati.

Status of Target VS. Achievement:

S N	Activities	Target	First Month	Second Month	Third Month	Achie veme nt	% of achieve ment based on target

1.1	Center Level						
a	Office set up, staff recruitment, coordination with NCASC, furnishing the office	1	1	0	0	1	100
b	District level Activities						
c	Selection of local district level Partners		5	0	0	5	100
d	Recruitment of district level staffs by district level sub consultants	381	381	0	0	381	100
e	BCC service for MLM and their spouse	55938	10623	19312	20360	50295	89.9
1	Implementation behavior change communication intervention at source and transit points to increase safer sex through and outreach program						
a	2 days workshop for develop orientation, training package and media message	1	1	0	0	1	100.0
b	Train ORW 2 days training	152	0	152	0	152	100.0
c	Mobile information booths installation and maintenance at transient point	10	10	0	0	10	100.0
d	mobile information booths staffs(10 booths)	10	10	0	0	10	100.0
2	Provide HTC service						
a	Community based testing or mobile clinics.(Priority community)	76	0	31	34	65	85.5
	Number of spouse and MLM referred to HTC service	50343	9554	17380	18460	45394	90.2
	Number of spouse and MLM receiving HTC service through referral sites	0	1066	2988	3988	8042	#DIV/0!
3	Provide condom and other logistic transportation form NCASC to districts						
a	Promotion, proper use and distribution of condom	22375	55692	100612	64512	220816	98.7
b	Condom and other logistics transportation from NCASC to district	0	0	0	0	0	
c	Installation and maintenance of condom booths at community	570	210	360		570	100.0
4	Promote an enabling environment to reduce stigma and support program implementation						
a	Activities to tackle stigma (formation of activation and	456	0	268	147	415	91.0

	sustain group/clubs in community small meeting/discussion)						
b	Advocacy and education activities to improve understanding of local police officials (meeting, discussion, interaction) in priority	76	0	51	20	71	93.4
c	Advocacy and education activities to improve understanding of local leader officials (meeting, discussion, interaction) in priority	114	0	48	58	106	93.0
d	TV PSA Recording						
e	Media campaign TV(centre channel) at least 2 times a week(economic and efficient package): monthly	24	0	8	16	24	100.0
f	Media campaign Radio/FM(Local) at least 1 time a day(economic and efficient package): monthly package	30	0	6	8	14	46.7
g	Media campaign Paper(Local) at least weekly economic and efficient package: monthly package	30	0	5	7	12	40.0
5	HIV awareness and publicity to migrants to abroad via kathmndu international airport						
a	Installation of mobile information booths for use at international airport	1	0	1	0	1	100.0
b	Mobilization staffs for mobile information booths for use at international airport	1	1	0	0	1	100.0
c	Pre departure orientation						
d	Develop/ Update? Revise HIV orientation package with collaborating with concern department of GoN						
e	Hoarding boards(20*30 feet) with message related to migration and HIV/AIDX at Kathmandu airport/	1	0	0	1	1	100.0

Thankot or other suitable (1 year contract							
No of IEC material distributed		1872	6584	18920	27376		
No of IEC material distributed among abroad LM		0	222	2852	3074		

Partnerships and Linkages

NDC conducted one day orientation for NDC board members at NDC office to introduce the TI HIV program under pooled fund presenting and discussing program objectives, strategy, major activities, expected outputs and outcomes, monitoring and evaluation plan for generating guidance, support and oversight of NDC board.

NDC PMU team participated in two day provincial review workshops conducted each of the 7 provinces conducted by NCASC in Dhangadi, Surkhet, Butwal, Pokhara, Biratnagar, Janakpur and Hetauda in different dates which was very useful and informative for program implementation. A number of the orientation activities for local leaders, community leaders, mother groups, and local police were conducted in the district and local level which developed a purposeful partnership and coordination among the local level stake holders. It could proved as the good and valuable activity to explain about the need and importance of the program in the community level, development of the local ownership and resource mobilization for the continuity and sustainability of the program.

Issues/Challenges and Responses

Mobile HTC/STI service camp has been versioned as effective strategy to make services easily available at the door step or to nearest point for clients but due to delay in making requisition and supply of HIV test kits and STI drugs from related DPHO/DHO was considered major challenges for arranging such mobile camps despite the continuous effort of coordination by local Sub Consultant (SCNGOs).

Many DHO/DPHO also wanted to support SCNGOs but due to closing month of current financial year, they were busy in their closing activities.

Some DPHO/DHOs has sent requisition request to NCASC but supply of HIV test kits and STI drugs has been delayed affecting the conduction of Mobile HTC/STI service camp.

Short duration of current project has been big hurdle for recruitment and retention of staff both at consultant and SCNGOs level.

Lessons Learned

NDC has learnt a very important lesson that orientation about the program in the very beginning of the program implementation is essential for sub consultant partner organizations which was thought it is not needed for old partners of previous consultant AMDA due to short period of program implementation.

Best Practices

To address the problem of referred client not up taking HTC and STI services with referral card especially in urban areas and municipality for fear of exposure and lack of confidentiality, a piloted coding number instead of details in referral card was done for few cases

Which may be an innovative approach? But due to short period of program implementation it could not be reviewed for its effectiveness.

Conclusion and Recommendations

To address the gaps in requisition and supply of HIV test kits and STI drugs, DHO/DPHO should take initiative and responsibility to provide regular static and mobile HTC/STI service provision and NCASC should ensure timely supply of those kits and drugs.

NGOs and other CSOs working in the field of HIV prevention and treatment , care and support is playing complementary role of mobilizing community level client by BCC and generating demand for HTC/STI service and linkages and referral for such services, therefore HTC/STI service needs to be strengthened and regularized.

The short period of project also presents challenges of staff recruitment, capacity building and retaining staff; therefore the project period should be at least of one financial year.

Regarding key issues and challenges, mobile HTC/STI service camp has been versioned as effective strategy to make services easily available at the door step or to nearest point for clients but due to lack of stock and delay in requisition and supply of HIV test kits and STI drugs despite the continuous effort of coordination by local Sub Consultant (SCNGOs), mobile HTC/STI service camp could be conducted as planned.

Photos of the program



Message development for PSA program



Orientation Program and mobile Camp



Mobile Information booth