



**F.Y. 2071/072**

# **Annual Report**



**Shree Swanra Integrated  
Community Development  
Center (SSICDC), Gorkha  
F.Y. 2071/072**

## Rural Water Supply and Sanitation Program, Gorkha:

**Funding Agency:-** Rural Water Supply and Sanitation Fund Development Board (RWSSFDB)/ World Bank - IDA.

**Funding Period:-** April 1998 to July 2012.

**Working Area:-** Gorkha District.

SSICDC Gorkha has been involved in Rural Water Supply and Sanitation Program since 1998 to till now in Gorkha District in the support of Save the Children US, Rural Water Supply and Sanitation Fund Development Board (RWSSFDB) Kathmandu.

### Main Purpose of the Program

- To established community managed sustainable water supply and sanitation systems with optimum cost effectiveness and maximum community participation.
- To increase capacity of local people for leadership, program qualities maintain, local resource management, planning and monitoring.

### Approach

- ❖ Demand Driven and participatory.
- ❖ Coordination linkage and partnership with local authorities and other stakeholders.
- ❖ Capacities development of communities.
- ❖ Contribution to improving governance, accountability and transparency in project activities.
- ❖ Promoting Social inclusion and equity issues in water supply, health and hygiene.
- ❖ Cost effective service through appropriate technology.
- ❖ Adoption of community Procurement for involving community members in quality control of construction materials.
- ❖ Mobilization of community contribution to the total cost and operation and maintenance cost for insuring ownership and sustainability of the scheme.
- ❖ Towards total sanitation HH toilet, institutional toilet, personal HHs and environmental hygiene and sanitation.
- ❖ Women technical support service providing seed money for the utilization of saving time of women to fetch water and income generation.

#### 1. Pre Development phase

- ❖ Community demand Collection.
- ❖ Scheme, Community Selection in coordination with local government.
- ❖ Scheme Pre-phisibility study.

#### 2. Development Phase

- ❖ Training to SO staff and then through SO staff to Community on Community Action planning ,Health, Hygiene and Sanitation and conflict Management, Social Mobilization, Leadership Building, Book Account Keeping and Scheme Design and Supervision and Social Accountability(Jagran Karyakram)
- ❖ Conduct of Non-formal Education/NFE (Optional)

- ❖ Social Mobilization, Establishment of Legal Institution (WSUG/C) and Coordination with Local Government
- ❖ Preparation of Community Action Planning (steps A1 to A14+2) and Implementation of some of CAPs.
- ❖ Detail Study, survey and Scheme Design & cost Estimates of the schemes together with users.
- ❖ Community contribution and Operation and Maintenance (O&M) Fund Collection.
- ❖ Preparation of Proposal and Tripartite Agreement among the Board, Community and SO for Implementation Phase.

### 3. Implementation Phase

- ❖ Execution of CAPs, particularly related to construction of different scheme structures.
- ❖ Continuity of construction of HHs Toilets and Institutional Toilet with Urinals.
- ❖ O & M System Establishment.
- ❖ Utilization of women's saved time from fetching water in productive uses (Jeevika Karyakram).
- ❖ Coordination and Linkage Development with Local Government as well as other Development Actors/Donors.
- ❖ Preparation of Action plan for transparency and Sustainability of Scheme (Jagran Karyakram).
- ❖ Preparation of Proposal and Contract Agreement for post-Implementation Phase.
- ❖ WSUC, VMW and WSUC Treasurer on the job training.



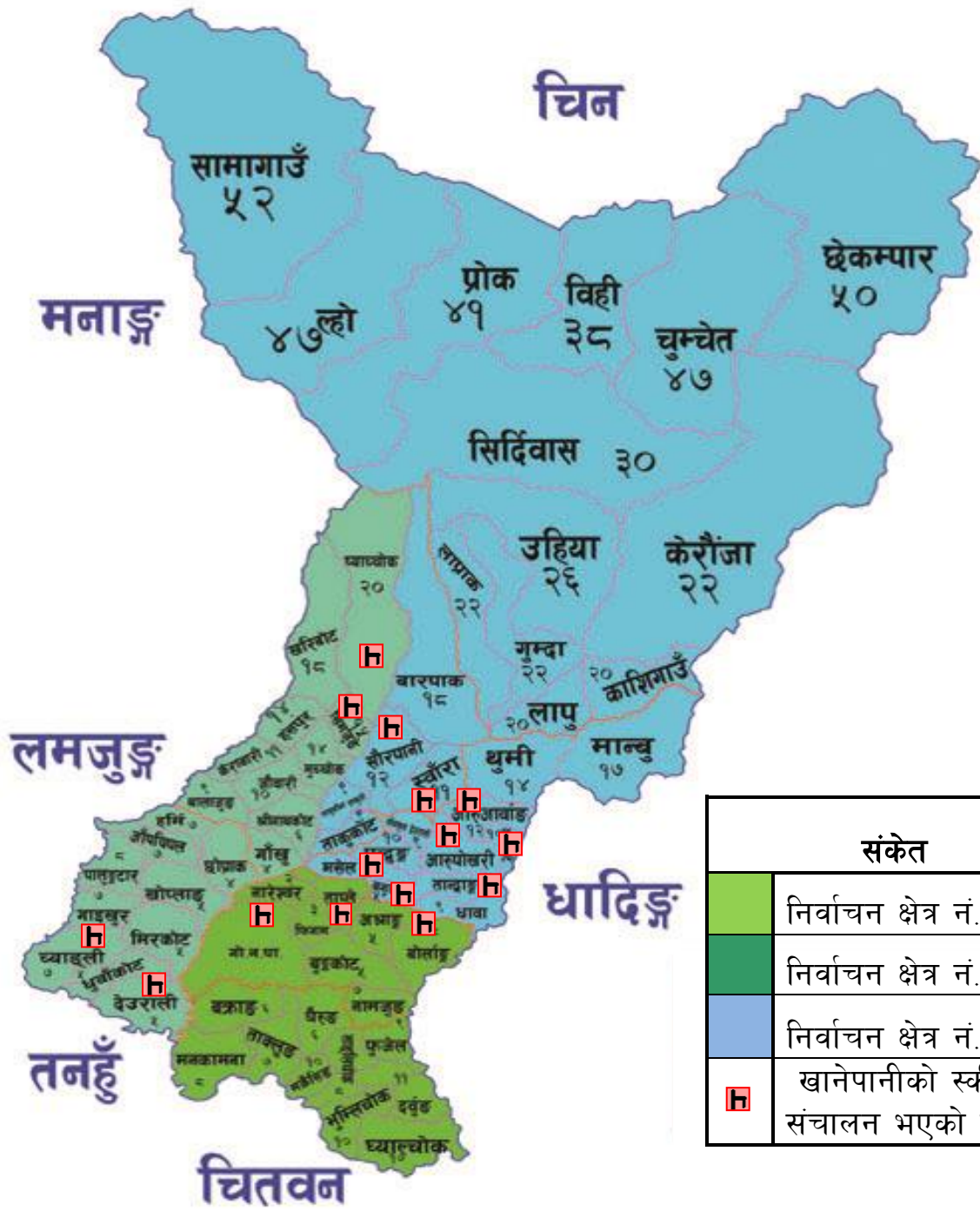
### 4. Post Implementation Phase

- ❖ Provision of Nominal Amount in SO Contract.
- ❖ Periodic Follow-up on Sustainability aspect Technical, Social and Community Management including Operation and Maintenance.
- ❖ Monitoring Visit and Technical Support by SO to Scheme/Community (Jagran Karyakram).
- ❖ Community water quality monitoring through proxy indicators.
- ❖ Reporting to Local Government and Fund Board.



## Program Coverage

# गोरखा जिल्ला



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H	खानेपानीको स्कीम संचालन भएको गाविस

नोट: कोठा भित्रको अंकले सदरमुकाम देखि गा.वि.स. सम्मको दुरी (कोष) लाई जनाउछ ।

## Detail of Completed Scheme

S.N	Name of Scheme	Address	Beneficiaries HHS	Beneficiaries Population	Constructed Toilets	Total Budget	Funding Agency	Date of Construction Completed	School Toilets	Remarks
1	Ratmaet Drinking Water Supply and Sanitation Project	Swanra-3	31	184	11	214540	SC/US	2048 B.S.		
2	Okhorbot Drinking Water Supply and Sanitation Project	Swanra-8	46	276	7	164300	SC/US	2048 B.S.		
3	Gambang Drinking Water Supply and Sanitation Project	Swanra-6	13	48	2	126000	SC/US	2051 B.S.		
4	Dharapani Drinking Water Supply and Sanitation project	Swanra-4	84	476	15	311670	SC/US	2052 B.S.		
5	Palyang Khola Drinking Water Supply and Sanitation Project	Swanra-7,8	85	483	66	888785	Fund Board	2056 B.S.		
6	Alaiche Drinking Water and Sanitation Project	Aruarbang-2	102	706	43	876580	Fund Board	2056 B.S.	1	
7	Taple Drinking Sanitation Project	Taple-3	67	441	54	602143	Fund Board	2056 B.S.	1	
8	Durnam Drinking Water Supply and Sanitation Project	Saurpani-3,4	155	827	144	1612622	Fund Board	2057 B.S.	1	
9	Oyak Drinking Water Supply and Sanitation Project	Aruarbang-8	133	738	133	1283476	Fund Board	2058 B.S.	1	
10	Khanchowk Drinking Water Supply and Sanitation Project	Baguwa-2,3	71	461	71	813776	Fund Board	2058 B.S.	1	
11	Thala Drinking Water Supply and Sanitation Project	Swanra-9	24	134	12	468867	Fund Board	2058 B.S.		
12	Pokhari Drinking Water Supply and Sanitation Project	Saurpani-3,4	143	847	136	2011501	Fund Board	2058 B.S.	1	
13	Archale Drinking Water and Sanitation Project	Tandrang-7,1	43	183	43	1282218	Fund Board	2060 B.S.	1	

14	Dhulpur Drinking Water Supply and Sanitation Project	Chyangli-6	42	232	36	632133	Fund Board	2060 B.S.	1	
15	Jumlang Drinking Water Supply and Sanitation Project	Majuwa Deurali-4	46	256	31	948780	Fund Board	2060 B.S.	1	
16	Kyamuntar Drinking Water Supply and Sanitation Project	Borlang-8	57	383	48	1045780	Fund Board	2060 B.S.	1	
17	Majthar Chitre Drinking Water Supply and Sanitation Project	Swanra-6	108	568	74	1622756	Fund Board	2060 B.S.	2	
18	Mangaltar Drinking Water Supply and Sanitation Project	Aruchanaute-5,6	67	338	56	1615662	Fund Board	2062 B.S.	1	
19	Aairi Bhanjyang Drinking Water Supply and Sanitation Project	Borlang-6,7	87	446	46	1307234	Fund Board	2062 B.S.	1	
20	Arutar Drinking Water Supply and Sanitation Project	Aruchanaute-1,2,3	377	2283	243	5161718	Fund Board	2062 B.S.	2	
21	Sirdi Dalbhanjyang Drinking Water Supply and Sanitation Project	G.M-8	70	413	67	1718886	Fund Board	2064 B.S.	1	
22	Jageshower Mahadevtar Drinking Water Supply and Sanitation Project	Borlang-6,7	156	873	143	2860652	Fund Board	2064 B.S.	1	
23	Masel Drinking Water Supply and Sanitation Project	Masel-2, 3, 4, 5, & 6	152	1018	127	5515795	Fund Board	2069 B.S.	1	
24	Goganpani Drinking Water Supply and Sanitation Project	Simjung-7	122	712	58	2842358	Fund Board	2069 B.S.	3	
25	Milim Drinking Water Supply and Sanitation Project	Ghyachchok-2	76	465	76	2327530	Fund Board	2069 B.S.	1	
26	Aahale Kaucheni Drinking Water Supply and Sanitation Project	Arupokhari-8	61	376	37	1138322	Fund Board	2069 B.S.		

**Photos:**



***ODF Declare program at Oyak water supply & sanitation scheme area, Aaruarbang VDC, Gorkha***



***ODF Declare and Opening Milim water supply & sanitation scheme at Ghyachchok - 2, milim, Gorkha***



***Reserve Tank at Masel water supply & sanitation Scheme at Masel VDC, Gorkha***



***Pipe line and pass out in Masel water supply & sanitation Scheme at Masel VDC, Gorkha***



***School Toilet in Aarughat water supply & sanitation Scheme at Aaruchanaute VDC, Gorkha***



***Saving & Credit group mobilization in Aarughat water supply & sanitation Scheme at Aaruchanaute VDC, Gorkha***

## Community Based Water Supply and Sanitation Program, Dolpa:

**Funding Agency:** District Development Committee / Community Based Water Supply and Sanitation Project Unit Office Dunai, Dolpa/ Asian Development Bank(ADB)

**Funding Period:** March 2008 to February 2011

**Working Area:** Dolpa District

SSICDC, Gorkha has completed three nos. of Community Based Water Supply and Sanitation Scheme in the support of ADB through DDC, Dolpa/ Community Based Water Supply and Sanitation Project Unit Office Dunai, Dolpa and joint venture with Sewa Nepal Dolpa. Various social mobilization, community empowerment, users' participation, orientation, training, awareness raising programs, sanitation campaign and household toilet construction activities were conducted before and during the scheme areas and build a institutional toilet in each school. At the end of the project SSICDC, Gorkha declare as the first Open Defecation Free (ODF) area in Ruma scheme area of Dolpa district Tripurakot VDC ward no. 5 & 6.

### Conducted scheme details:

S.N.	Name of Scheme	Address	Beneficiaries households	Beneficiaries Population	No of toilet	Total Budget	Funding agency	School toilet	Remarks
1	Rasi water supply and sanitation scheme	Tripurakot - 8, Dolpa	104	502	93	5713514	CBW SSP	2	
2	Ruma Water Supply and Sanitation scheme	Tripurakot - 7, Dolpa	85	464	85	4697970	CBW SSP	1	
3	Ralli Water Supply and Sanitation scheme	Tripurakot - 1,2,3 & 4	157	785	26	6984780	CBW SSP	2	
4	Tripurakot Water Supply and Sanitation scheme	Tripurakot - 6, 8	141	731	24	6254100	CBW SSP	1	
5	Ranga Water Supply and Sanitation scheme	Sunhun - 7, 8 & 9	133	671	88	7140561	CBW SSP	1	

### Photos:



**Orientation program for user committee in Dolpa**



**Consultation meeting in Dolpa**



**Water supply scheme opening & ODF declare area in Dolpa**



## Local Governance and Community Development Program (LGCDP), Gorkha:

<b>Funding Agency:</b>	District Development Committee / Development Partners
<b>Funding Period:</b>	February 2011 to July 2013
<b>Working Area:</b>	Gorkha District (9 VDCs - Prok, Bihi, Kashigaun, Aaruarbang, Palungtar, Gaikhur, Chyangli, Ghyalchok & Tanglichok)
<b>Total Project Cost:</b>	NRs. 2,370,700.00

### Key Principles and Approaches:

- Inclusiveness and gender equity
- Community led development
- Right Based Participatory Approach
- Adoption of flexible and process oriented approach
- Peace building
- Transparency and accountability
- Performance/ Criteria based funding
- Harmonized approach
- Downward accountability
- Mechanism of hearing people voice

The Local Governance and Community Development Program (LGCDP) is a national program with an over-arching goal to contribute towards poverty reduction through inclusive, responsive and accountable local governance and participatory community -led development. The Ministry of Local Development (MLD) is the executing agency for LGCDP with technical assistance from various development partners.

One of the outputs of LGCDP is to engage communities and community organizations actively in local governance processes. These activities aimed to enable the communities and community based organizations to interact with local governments. This will include active participation in the planning/ budgeting process, and in the decisions about implementation and oversight of local government actions and activities.

The LGCDP has identified social mobilization as the principal means of empowering communities and organizations. Its main objectives are (a) to build capacity and voice of people to be able to participate in their own governance and claim services, influence policy in their favor and (b) hold local government accountable in responding and delivering services as per their local needs and priority. The social mobilization intervention focused wider capacity of communities and marginalized groups to articulate their needs and priorities and to exercise their rights in regard to local government and administration.

For implementing the social mobilization activities at the district a District Social Mobilization Committee (DSMC) shall be constituted in each district under the chairperson of Local Development Officer. The DSMC shall take overall responsibility in planning, implementing and monitoring of the social mobilization program at their respective district. The

DSMC shall contract out to Local Service Provider (s) in a competitive basis for implementation of social mobilization program at the village level. The LSPs again contract out one social mobilize per VDC according to social mobilization guideline provided by the government.

SSICDC, Gorkha is one of the LSP of Gorkha district covering nine VDCs. The nine VDCs are Prok, Bihi, Kashigaun, Aaruarbang, Palungtar, Gaikhur, Chyangli, Ghyalchok & Tanglichok.

**Photos:**



*Facilitate by Social Mobilizer Mis. Susmita Ghale in meeting of Ward Citizen Forum at Kashigaun VDC, Gorkha*



*Facilitate by Program coordinator Mr. Sita Ram Shrestha in VDC Level Orientation at Gaikhur VDC, Gorkha*



*Facilitate in Community Awareness Center(CAC) at Aaruarbang - 7, Pakhure, Gorkha*



*Interaction with Community by Chief of DFID Mr. Dominy Oh Neli*

## Local Governance and Community Development Program (LGCDP), Gorkha:

**Funding Agency:** Gorkha Municipality, Gorkha/ Development Partners

**Funding Period:** February 2012 to July 2012

**Working Area:** Gorkha District (Gorkha Municipality - 2, 6, 7 & 10 wards)

**Total Project Cost:** NRs. 379,300.00

### Key Principles and Approaches:

- Inclusiveness and gender equity
- Community led development
- Right Based Participatory Approach
- Adoption of flexible and process oriented approach
- Peace building
- Transparency and accountability
- Performance/ Criteria based funding
- Harmonized approach
- Downward accountability
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*Meeting of Community Awareness Center (CAC) formation at Gorkha Municipality - 2, Batase*



*Ward level meeting for Ward Citizen Forum (WCF) formation at Gorkha Municipality - 10, Gorkha*

needs and priorities and to exercise their rights in regard to local government and administration.

For implementing the social mobilization activities at the district a District Social Mobilization Committee (DSMC) shall be constituted in each district under the chairperson of Local Development Officer and Municipality Social Mobilization Committee (MSMC) shall be constituted in each Municipality under the chairperson of municipality. The DSMC/ MSMC shall take overall responsibility in planning, implementing and monitoring of the social mobilization programme at their respective district/ municipality. The DSMC/ MSMC shall contract out to Local Service Provider (s) in a competitive basis for implementation of social mobilization program at the village level/ ward level. The LSPs again contract out one social mobilize per VDC and per ward of municipality according to social mobilization guideline provided by the government.

SSICDC, Gorkha is one of the LSP of Gorkha district covering four Wards of Gorkha Municipality, Gorkha. The four wards of Gorkha Municipality are ward no. 2, 6, 7 and 10.

## Decentralized Rural Infrastructure and Livelihood Program (DRILP), Gorkha:

<b>Funding Agency:</b>	District Development Committee, Gorkha/ Gorkha Municipality/ Asian Development Bank/ SDC
<b>Funding Period:</b>	April 2007 to August 2011
<b>Working Area:</b>	Dhungagade(Aanp Swanra) to Aarughat Road of Gorkha District (Gorkha Municipality - 7 and Phinam, Taple, Asrang, Baguwa, Masel, Tandrang and Aaruchanaute VDCs.)
<b>Total Project Cost:</b>	NRs. 22,37,64,810.00

The Decentralized Rural Infrastructure and Livelihood Project (DRILP) being implemented in Gorkha district which is one of the poorest and most affected by conflict through Shree Swanra Integrated Community Development Center (SSICDC), Gorkha in association with consultancy. The project is being implemented with the loan financing of the ADB and additional grant of SDC. The project is completed in August 2011. The project through its components of (i) community development and rural livelihood restoration, ii) capacity building and decentralized governance, iii) rural transportation infrastructure and iv) project management services aim to achieve improved access, improvement of livelihood of people in project area and reduce rural poverty.

The sub project Dhungagade (Aanp Swanra) to Aarughat was selected from District Road Coordination Committee under District Development Committee,



*Consultation meeting for Supplementary Investment Scheme selection & life skill training participants selection at Phinam VDC, Gorkha*

Gorkha at local level through participatory process. The road was constructed using the Labor based, environmentally friendly and Participatory (LEP) Approach through gravelling work was done by contractor using machine.

The project financed in small supplementary infrastructure investment such as water supply and sanitation, foot trail construction, birthing center building, community building, school building and school compounding within the influence area of the sub project selected by the local people using participatory process. The project includes a social mobilization activities that through awareness raising, information dissemination and other activities were i) facilitate effective participation by beneficiaries, including disadvantaged and socially excluded groups, in planning, implementation and monitoring, ii) ensure that employment on construction works was targeted at the local poor and that they receive the full financial benefits due to them from their work and, iii) support the formation of saving groups and facilitate the start up of other social and economic development activities such as embroidery training, vegetable cultivation, mushroom cultivation, mobile and radio/ TV repair Allow purification, driving, and house wiring etc training in the areas where improved physical access was provided in adapt to enhance the sustainable livelihoods of local people including the women and poor.



**Awareness raising Training, Gorkha**

### **Achievements:-**

1. Formation, Capacity building and mobilization of VWRCC, BG and GRC
2. Facilitated to Disbursement of Compensation for 102 Private and public Structures and two Private land.
3. Facilitation on Organize and conduct Awareness Raising Training & Life Skill Training to help local people generating incomes.
4. 108 Plots deed transfer completed out of 1038 plots along the route.
5. Facilitation for need identification, prioritization and implementation of 8 nos. Supplementary Investment Scheme.
6. Maintain consistent liaison with key stakeholders
7. Facilitated to Carry out Activities to Enhance Socio-economic Condition of the local Beneficiaries. Develop Feeling of ownership among the beneficiaries and Resettlement Survey and prepare Resettlement Plan.
8. Carry out Zone of Influence Survey, Cadastral Survey, Baseline Survey, Socio-Economic Survey and Outcome Monitoring Survey.

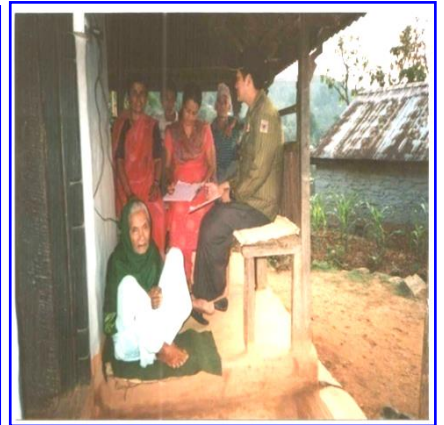
**Sample photos:**



**Monitoring by Mr. Lekha P. Chaulagain, CISC of Density test of road, Gorkha**



**Gabion wall works at Tandarnj VDC, Gorkha**



**Zone of influence survey by Mrs. Gita Devkota at Taple - 9, Chhaphthok Gorkha**



**Closing speech by LDO, Gorkha on Closing of Allow purification training, Gorkha**



**Public Hearing & public audit program at Gorkha Municipality - 7, Gorkha**



**ADB Mission Visit, Gorkha**



**Women were take embroidery Training**



**Allo Purification Training observed by Social Mobilization Coordinator Mr. Sitaram Shrestha**



**Program observed by Team Leader Mr. Josef Jemmarman of CISC**

## Youth Partnership Program, Gorkha:

**Funding Agency:** District Development Committee, Gorkha

**Funding Period:** FY 2013/014

**Working Area:** Gorkha district (Tanglichok VDC - Community Awareness Center, furkedanda)

**Total Project Cost:** NRs. 1,14,000.00

SSICDC, Gorkha has implemented Youth Partnership Program in Gorkha in the support of District Development Committee, Gorkha in Community Awareness Center of Tanglichok VDC with the purpose of mobilized the youth in development through partnership and enhance them leadership capacity. SSICDC, Gorkha has conducted a three days Mushroom Cultivation Training in that Community and provide seed to them for further production and linked with market.

### Photos:



*Facilitate by Mr. Ramesh Chandra Subedi, DADO Gorkha on Mushroom Cultivation Training at Tanglichok - 9, Furkedanda Gorkha*

## Hariyo Ban Program, Gorkha:

**Funding Agency:** WWF Nepal/ USAID

**Funding Period:** June 2013 to July 2016

**Working Area:** Gorkha district (Daraundi Watershed Area)

**Total Project Cost:** NRs. 6069400.00 (yearly agreement)

The Hariyo Ban Program funded by USAID and implemented by a consortium of WWF Nepal, CARE Nepal, NTNC and FECOFUN with WWF Nepal as the lead and Shree Swanra Integrated Community Development Center (SSICDC), Gorkha as Local partner of WWF Nepal in Gorkha, aims to reduce adverse impacts of climate change and threat to biodiversity in

Nepal. It works on three core interwoven components. Biodiversity Conservation, sustainable landscape and climate change adaptation with livelihood, gender and social inclusion being important cross cutting themes.

Biodiversity is seriously threatened in much part due to different ecological as well as human induce disasters and most of the forest are highly degraded and fragmented. Human encroachment, forest fire, human wildlife conflict, over extraction of fuel wood, poaching and illegal trade, poor conservation of water source, river poisoning for fishing, shifting cultivation, unmanaged grazing, unmanaged settlement, unplanned road construction and unscientific agriculture are the major human induce thread to the ecosystem.

The assessments has identified irregular pattern of rainfall and raise in temperature, prolonged drought, invasive species to be cause of climate variability/ change resulting in hazards such as flash floods, glacial lake outburst floods, landslides, unprecedented hailstorms, during up of streams and ponds increase forest fire etc. This is particularly due to lack of awareness, motivation, internalization and institutional capacity of the forest user groups to protect their environment and biodiversity.

Above mention hazards are creating additional challenges for livelihoods and natural resource management in the landscape as the can have direct or indirect impacts on forest and biodiversity, agriculture and livestock, water resources, infrastructure and public health. Thus it is very important to reduce vulnerability and build resilience of ecosystems and communities to community based Climate change Adaptation Plan (CAPA) were prepared and implemented in the watershed. Beside this seed money were provided to forest dependent pro-poor households to raise their adaptive capacity.

#### Major Activities and Achievements:

1. Nature Resource Management Group support to conservation activities:
  - No. of 12462 different species seedling on about 6 Ha. Area of five CFUGs.
2. Biodiversity conservation and Good governance Awareness raising workshop:
  - Aware 75 CFUGs members & users on biodiversity conservation & good governance of three CFUGs.
3. Green enterprise development support:
  - Cultivated the no. of 2300 seedling about 1 ha. Area of Mausulipakha CFUG, Simjung
4. Skill farmer support to Income Generation Activities (IGA):
5. Institutional strengthening support to cooperative:
  - Two desktop computers are provided to Jaldevi saving & credit cooperative, Deurali and Mirkot Saving & Credit cooperative, Mirkot.
6. Cardamom and Broom Grass cultivation support:
  - 6000 seedling of cardamom on about 1.5 ha. Of Mausulipakha CFUG, Simjung & 6000 seedlings of broom grass on about 1 ha. Of Dumsibhir CFUG, Mirkot - 4.
7. Micro-credit cooperative promotion support:  
NRs. 337200.00 for 28 forest dependent households on five CFUGs (Rajdevi CFUG, Deurali, Daraundidanda CFUG, Mirkot, Chisokhola CFUG, GM-9, Dodre CFUG, GM-4, & Bhuanesthan chhipchhipe pakha CFUG, Muchok) through cooperatives.



8. Seed money to cooperative for IGA support:
9. Swertio Chiraito cultivation support:
  - 27700 seedlings of Chiraito on about 1 ha. Of Ragar CFUG, Barpak.
10. Climate Change Adaptation Plan for Action (CAPA) implementation support:
  - a) Dhodre CFUG
  - b) Thulo Ban CFUG
  - c) Mausulipakha CFUG
  - d) Kanlapakha CFUG
11. IGA support to marginalized forest dependent community:

**Photos:**



**Plantation support activity at Dhodre CFUG, Gorkha Municipality - 4, thulopatal Gorkha**



**Ciraito Cultivation support at Ragar CFUG, Barpak Gorkha**



**World Environment Day celebration at Mausulipakha CFUG, Simjung - 9 Gorkha**



**Aellovera Cultivation support at Mausulipakha CFUG, Simjung - 9, Gorkha**



**Cardamom Cultivation support at Mausulipakha CFUG, Simjung - 9, Gorkha**



**Consultation meeting for Broom grass cultivation, Plantation & IGA support at Dumsibhir CFUG, Mirkot - 4, Gorkha**



**Program Monitoring by Mrs. Judy chief of party/ Hariyo Ban Program with other team at Mausulipakha CFUG, Simjung - 9, Gorkha**

# HIV & AIDS Comprehensive Program to Migrant and their Spouses:

**Funding Agency:** Save the Children International/ Global Fund

**Funding Period:** April 2012 to March 2015

**Working Area:** Gorkha district

## 1. The Global Fund Program:

Since 16 April 2012, under the Global Fund Round 10, Save the Children Federation, Inc. (SC/US) as PR and Shree Swanra Integrated Community Development Centre (SSICDC), Gorkha as Sub Recipient (SR) have agreed to work collaboratively to carry out the Comprehensive HIV/AIDS Program and to facilitate the delivery of services to the Labor Migrants and their spouses, CABA and PLHA in Gorkha district. The project aims at providing outreach, peer education, counseling and testing, cash transfer to CABA, care and support and referral services through the establishment of one IHC operating of this organization in strategic locations Arughat PHC within the targeted total 24 VDCs of Gorkha district and establishment one Community Home Based Care Centre (CHBC) in Gorkha Hospital. According to the records of District Development committee, DACC, and other stakeholders, the selected areas have a very high migration ratio especially to India and other gulf countries.

As entering in SSF phase, each Outreach workers, phased out. Total 52 Peer Educators from the local communities were selected; they made face to face contact with targeted population and beneficiaries, while continuing to strive to increase behavioral changes in them with the adaptation of safer sexual practices. The project also aims to promote VCT and STI services by organizing various awareness raising orientation programs, conducting street drama, pestering, FM Radio broadcasting, media mobilization and mobile camps at every target VDCs with the technical support of SSICDC, Gorkha.

## 2. HIV / AIDS Comprehensive Program in Gorkha District:

Under the Global Fund's merged funds of Round - 7 and Round - 10 (SSF), SSICDC implemented the comprehensive HIV & AIDS programs targeting Migrants & their Spouses, CABA and PLHA as they are MARPS in Gorkha district in year I ( 16<sup>th</sup> April 2012 to 15<sup>th</sup> July 2012). SSICDC had also implemented the HIV/ AIDS Program from 16<sup>th</sup> April, 2012 being SSICDC as single SR of SC implemented program in Gorkha.

### 2.1 Situation Background:

Nepal faces an increasing HIV prevalence among the most-at-risk population (MARPS) particularly among the mobile population who migrate to India and other countries for seeking work, such as injecting drug users (IDUs), men who have sex men (MSM) and migrants workers. The majority of HIV cases (an estimated 46%) have been registered among the seasonal and long term labor migrants, who further put their spouses at risk of HIV infection.

The goal of the program is to reduce HIV transmission in the community and enhance the quality of life of people living with HIV and AIDS (PLHA) in Gorkha district through comprehensive HIV & AIDS prevention program and Home Based care and Support. The program's interventions target to mobile population and their spouses as well as people who are HIV-positive in Gorkha district.

Prevention effort and community awareness through peer educator & outreach Worker interpersonal communication is being scaled up to reduce the HIV stigma and lower the barriers to accessing HIV /AIDS treatment counseling services.

Similarly, 2011 people have got the STI screening and treatment service through STI site in Gorkha district. The program has also reached to PLHA with home based care and support and Community Care Centre (CCC) facility to enhance the life of PLHA by accessing the HIV related service and treatment process, providing the home based caring and counseling. The program will also reach PLHA with anti-retroviral treatment (ART) and opportunistic infection (OI) treatment.

## 2.2 Project Goal:

"Reduce HIV transmission, Enhance the quality of life of people living with HIV/AIDS to contribute the MDG 4, 5 and 6."

## 2.3 Project Objectives:

- ✂ Accelerate and scale-up comprehensive package of services for MARPs in Gorkha districts
- ✂ Expand access and coverage of quality HIV testing and counseling, and STI diagnosis and treatment
- ✂ Increase access to quality Prevention, treatment, care and support for infected and affected populations through decentralized health Services
- ✂ Build and strengthen health and community systems for accelerated and sustained scale-up of HIV prevention, care and treatment service

## 2.4 Project area (geographical coverage):

All total 24 VDCs out of 66 VDCs and 1 Municipality of the district has covered from GFR-10 HIV & AIDS program. The detail is as below:

### SSICDC Gorkha HIV/AIDS Comprehensive Program Coverage Areas:

Cluster : 1	Cluster : 2	Cluster : 3	Cluster : 4	Cluster : 5	Cluster : 6
Swarna, Saurpani, Simjung, Muchchok	Aaruchanaute, Aaruarbang, Manbu, Thumi	Gorkha Municipality, Nareswor	Chhoprak, Khoplang, Aanppipal, Harmi, Kerabari	Mankamana, Backrang, Deurali, Mirkot, Palungtar	Bunkot, Taple, Asrang, Borlang, Namjung

## 2.5 Beneficiaries:

- Labor Migrants and Their Spouse
- People living with HIV & AIDS (PLHIVS) and Their family (Affected)
- CABA

## 2.6 Key Stakeholders:

- ❖ District Health Office (DHO)
- ❖ District Development Committee (DDC)
- ❖ District Aids Coordination Committee (DACC)
- ❖ Child and Woman Development Office
- ❖ Gorkha Hospital Gorkha
- ❖ ART Sub – site Gorkha
- ❖ Chahari Mahila Samuha (CCC), Gorkha
- ❖ NCASC(teku) Kathmandu
- ❖ HP, SHP and PHCs

## 3. Table of Target vs. achievement:

The following activities are performed within the 3<sup>rd</sup> year targeted to the various groups into the proposed VDCs.

Interventions	Target	Achievement	%	Variance	Sex		Total
					Male	Female	
BCC reach - Migrant	3000	3132	104.4	-132	3044	88	3132
BCC reach - Spouse	2500	2996	119.84	-496	7	2989	2996
Migrant Revisit	0	650		-650	639	11	650
Spouse Revisit	0	1121		-1121	2	1119	1121
Orientation community Leader	20	20	100.00	0	183	114	297
Orientation Mother Group	20	20	100.00	0	0	300	300
Orientation Teacher	10	10	100.00	0	86	49	135
Orientation User Group	10	10	100.00	0	87	63	150
PE Refresher Training	1	1	100.00	0	6	46	52
Orientation spouse for Migrant	37	37	100.00	0	0	550	550
Pre-Departure orientation Migrant	20	20	100.00	0	196	4	200
Orientation in transit in Migrant	30	24	100.00	0	286	14	300
Day Observation (WAD)	2	2	100.00	0	150	45	195
DACC & Stakeholder Meeting	3	3	100.00	0	35	18	53
Refer to ARV , CD4 , TB,etc	360	365	101.38	5	195	170	365
conduct street Drama	8	8	100.00	0	187	165	352
Coordination & Linkage for livelihood & other essential service	3	3	100.00	0	30	16	46
Monthly PE Meeting	12	12	100.00	0	72	552	624
Monthly Staff Meeting	12	12	100.00	0	48	132	180
No. of condom distribution	105,000	57260	54.5	47740	44846	12434	57260
IEC distribution	0	5648		-5648	2650	2998	5648
VCT Refer	220	404	183.63	-1840	199	205	404
Conform VCT Test	0	27		-27	17	10	27
STI Refer	120	245	204.16	-125	11	234	245
Conform STI Test	0	32		-32	0	32	32
Migrant (massage )	48	2304	4800.00	-1044	0	0	0
Reduce stigma(Massage)	48	2304	4800.00	-1044	0	0	0
Promote Acceptance (Radio talk show)	3	3	100.00		0	0	0
Empowering (Message)	48	2304	4800.00	-960	0	0	0
Orientation session in major Factories for condom promotion and Information for STI in 10 Major Industrialized Cities	3	3	100.00	0	47	28	75
CHBC New & Old Reach	60	65	108.33	5	31	34	65
Nutritional Support	40	40	100.00	0	18	22	40
Enabling environment Meeting	3	3	100.00	0	24	36	60
IHC management Meeting	3	3	100.00	0	30	11	41
Joint Monitoring visit	3	2	66.67	0	7	4	11
Monitoring visit by Board	3	3	100.	4	3	1	4
CHBC Group Mobilization	11	11	100.	3	1	2	3

IHC Reach New Migrant & Spouse	0	242		-242	21	221	242
IHC Reach Other	0	339		-339	32	307	339
IHC revisit migrant/spouse	0	0		0	0	0	0
Number of children living with HIV(CLHIV)cash transfer service	12	12	100.00	0	10	2	12
Monitoring cost for Team	1	1		0	3	0	4
Formation of district committee(CABA)	1	1	100.00	0	6	1	7
CABA committee meeting	2	3		-1	6	1	7
Broadcasting in local FM	120	120	100.00		0	0	0
Trimester Review Meeting (PE)	1	1	100.00	0	6	46	52

#### 4. Orientation program:

##### a. Orientation to community leaders:

As per the annual work plan of Y-III, total 20 orientation sessions were conducted to Community Leaders in deferent places of VDCs. There were 15 participants in each event where total 135 (Male: 183 & Female: 114) representatives had been participated in those orientations program. Main Objectives of the Orientation are as Orientation/ sensitization to community, to inform and to educate about preventing STI, HIV/AIDS, overall information about HIV/AIDS program and their activities, to sensitized and oriented to Target group on STI, HIV/AIDS, VCT Centre as well as IHC services. The orientation session was facilitated by the OWs and PEs had been supported on logistic management of the program. There was a wide discussion on HIV/AIDS and its deference, STIs, dual protection role of Condom as well as IHC. All participants were conscious on HIV/AIDS and they were encouraged in reducing social stigma and discriminatory behaviors in the community and they were committed to create supporting environment for further program implementation in the community.



*Facilitated by Mr. Sita Ram Shrestha on Community Leaders Orientation at GNP 2, Dharapani*

##### b. Orientation to teachers:

SSICDC had been conducted an orientation programs to school teachers' groups in deferent places of working VDCs in the Gorkha district. Total 10 events of orientation sessions were conducted within the Y- III and several school teachers had been participated in those orientations. Basically, OWs had been facilitated those orientations and related field level Peer Educator also supported to management and other activities and PC/PM and Board members had been also taken part for monitoring as well as backstopping support whereas per needed. The orientation program and other relevant resource material have been used for reference. Main Objectives of the Orientation are as Orientation/ sensitization to respective participants, to inform and to educate about preventing STI, HIV and AIDS, overall information about HIV/AIDS program and their activities, to sensitized and oriented to target group on STI, HIV/AIDS, Condom and VCT Centre as well as IHC services. All participants were conscious on HIV/AIDS and they have encouraged in reducing social stigma and discriminatory behaviors in the community and the school as well.



*Facilitated by ED, Mr. Sita Ram Shrestha on Teacher orientation at Mahendra Jyoti HSS Darbar Marga.*

### c. Orientation to Mother groups:

SSICDC had been conducted an orientation programs to Mother groups in deferent places of working VDCs in the Gorkha district. Total 20 events of orientation sessions were conducted within the Y - III and 300 female representatives of Mother Groups had been participated in those orientations. Basically, all orientation session had been facilitated by OWs and related field level Peer Educator also supported to management and other activities and PC/PM/Focal person and Board members had been also taken part for monitoring as well as backstopping support whereas per needed. The orientation program and other relevant resource material have been used for reference. Main Objectives of the Orientation are as Orientation/ sensitization to respective participants, to inform and to educate about preventing STI, HIV and AIDS, overall information about HIV/AIDS program and their activities, to sensitized and oriented to target group on STI, HIV/AIDS, Condom and VCT Centre as well as IHC services.



*Facilitated by OW, Mr. Narayan Dhakal on Mother Group Orientation at Paninichautara Nareswor*

### d. Orientation to Users group :

To create awareness among the community people and so as to minimize the risk of HIV infection, different community orientation program are planned under the HIV/AIDS program. So according to the annual plan of YIII, total 10 orientation programs had been conducted in deferent places of working VDCs and 87 male and 63 female participants were participated in those orientations. All participants were represented by deferent nature of users' groups. The main focus of the program was on HIV/AIDS and various services related to HIV/AIDS. The participants were also informed about the allocated budget of the programs.



*Facilitated by OW, Mr. Narayan Dhakal on User group orientation at*

### e. Orientation to spouse of migrants:

Orientations for new target groups were planned in Y - III that is spouse of migrants. Because of the whole program's beneficiaries are migrants and their spouse, it was necessary to orient them on related subject matters. Total 37 orientation sessions were conducted in deferent places of working VDCs and 550 spouses of migrants had been participated in those orientation programs. Main Objectives of the Orientation were to inform and to educate about preventing STI, HIV/AIDS, to sensitize on STI, HIV/AIDS, Condom and HIV related service sites as well as IHC services.



*Facilitated by OW, Gita Devkota on Spouse orientation at Nareswor- 9, Benikhola Gorkha*

### f. Orientation to pre-departure migrants:

As per the annual work plan of Y - III, a pre-departure orientation was conducted to make the labor migrants aware on the HIV/AIDS and correct use of condom. Total 20 sessions had been conducted where 200 migrants who were pre-departure for India and gulf countries had been participated in those orientation programs. The participants were made aware on HIV/AIDS, STI, and its mode of transmission, preventive measures, and difference between HIV/AIDS. They were made known about the condom, its advantages and correct to method to use it. All were informed about the services provided by the organization. They were encouraged to adopt safer behavior practices at home and during their stay at abroad.



*Facilitated by Mrs. Gita Devkota on Pre departure orientation*

**g. Orientation to migrant's in-transit:**

As per the annual plan Y - III, an in-transit orientation program was conducted in deferent main transit point of migration basically Bus stop/Chowk at Ghamepshal Buspark Gorkha, Gorkha Buspark, 12 kilo, Aarughat Bazaar and Aarkhet Bazzat Thumi specially targeted to migrants. Total 30 sessions had been conducted and 300 migrants were actively participated in those orientations. The orientation session was facilitated by OWs and supported by PEs in their respective VDC. The orientation program was more focused to aware on HIV/AIDS, STI, condom and safer sexual practices and better health seeking behaviour both at home and abroad.



*Facilitated by Mrs. Gita Devkota on In-transit orientation*

**h. Orientation to Factory Workers:**

As per the annual plan year III, a factory workers orientation program was conducted in Gorkhakali Rubber industry, Deurali Gorkah and Kundur Break Udhoga, Gorkha Municipality – 11, tenkilo. Total 3 events had been conducted and 75 workers were actively participated in those orientations. The orientation session was facilitated by resource person Mr. Narjung Thakuri, HIV/AIDS focal person of DHO, Gorkha, PM - Sita Ram Shrestha, PC - Ajay Kumar Mahara, OWs - Gita Devkota, Narayan Dahakal and supported by PEs in these areas. The orientation program was more focused to aware on HIV/AIDS, STI, Condom and safer sexual practices and better health seeking behavior both at home and abroad, why do the factory workers are risk on HIV/ AIDS, role of the factory workers on HIV/AIDS prevention activities.



*Facilitated by Mr. Narjung Thakuri HIV/AIDS focal person DHO Gorkha on factory workers orientation at Kundur Brick Uddhog, GNP - 11*

**5. Day Observation:**

**a. World AIDS Day Celebration:**

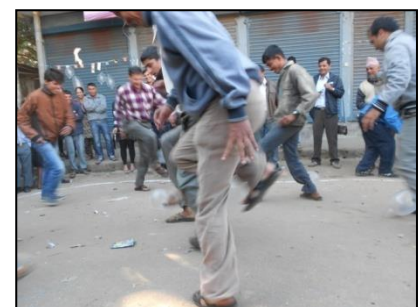
As per the annual plan year III, a 26<sup>th</sup> World AIDS Day Celebration program was jointly organized by SSICDC, Gorkha, District Health Office Gorkha, Our access and DACC Gorkha in Gorkha Bazaar & other VDCs of Gorkha. The day before to evening candle light, video show at gorkha Bus park, posturing, etc for remember and awareness on HIV, AIDS, PLHA, CABA etc. In this program, all district level officers, Lecture and students of two campus, Cultural groups and health personnel were participated in the program. On 1 December/ world AIDS day, to conduct the two event street drama at 12 km bazaar & buspark and essay competition was held Shree Vimoday Collage and Shree Chandiee HSS Asrang. Around 89 Participants were involved at the program.



*Pestering of World AIDS day poster by OWs at Gorkha Buspark*

**b. Condom Day Celebration:**

As per the annual plan year III, a 19<sup>th</sup> national condom day celebration program was jointly conducted by SSICDC, Gorkha, District Health Office, Gorkha and DACC Gorkha in Loktantrik Chock, Haramtari. In this program carried out different activities likes pestering condom day poster, HIV/AIDS related video show, condom demonstrated and distributed, media mobilization, organized condom save game and prize distributed to winners of the condom save game. This activity helps to aware and familiar condom and it's important.



*Participants of condom save game at Loktantrik chock, Gorkha*

## 6. Street Drama:

SSICDC Gorkha is implementing HIV/ AIDS Program in Gorkha District since 16<sup>th</sup> April 2012 with the financial and technical support of Global Fund and Save the Children International. Now the program is in year III and implementing in Gorkha Municipality and 24 VDCs of Gorkha district out of 66 VDCs. The program mainly targets BCC events and refer to VCT and STI services. Under this program one of the very informative and effective events is street drama which we planned to show on eight events. Street drama was planned for the message dissemination and explores the information on HIV/ AIDS, STI, Care, Support, reduce Stigma and Discrimination. Total 8 events were planned in this year and these were carried out by SSICDC Gorkha through *Rangakala: Bikash KO Lagi Rangmunch*, Gorkha Municipality - 3, Gorkha respectively.



*Street Drama show at Aanppipal Bhayanjyang*

Street drama helps to disseminate the information related HIV/AIDS, STI, continuous and correct use of condom, mode of transmission and safety measure, reduced stigma & discrimination of PLHIV etc.

## 7. Integrated Health Center (IHC):

IHC established at Aarughat bazaar of Aaruchanaute VDC with coordination DHO, Gorkha, PHC Aarughat and Aaruchanaute VDC under HIV/ AIDS comprehensive program to migrant and their spouse. IHC provided services through two staffs one is Health personnel and one is support staff. Service of IHC Aarughat were primary treatment/first aids services, counseling on HIV/AIDS, STI, Condom, VCT, PMTCT, ARV, CD4 count etc., facilitation on orientation program, coordination with stakeholders, monitoring and supervision, HIV/AIDS related video show, refer, condom demonstration and distribute etc.



*IHC Management Committee Meeting at PHC Aarughat, Gorkha*

### Achievement of IHC as following table:

S.N.	Service Areas	Male	Female	Total
1	BCC education to labor migrants	21	9	29
2	BCC education to the migrant spouses	0	212	212
3	BCC education to the other general public	32	307	339
4.	Revisit migrant & Spouse	0	0	0

## 8. Community Home Based Care (CHBC):

CHBC is the vital component of the HIV & AIDS focused program and it is very essential for PLWHA and their network. As the Global Fund Round 7 HIV & AIDS program is implementing in Nepal for IDU and Migrant components through Save the Children since February 2009; different types of the modality are approached in different districts. The major sub interventions of the CHBC program are Nutrition Support to PLWHA more focusing to those PLWHA who are currently taking ART, CHBC Kits distribution and utilization, Care and support through Counseling support, health care, literacy adherence etc. In order to effective mobilization of CHBC package in the district a CHBC team (Community Support Group) is mobilizing in each program district. Thus this procedure will focus to implementation the CHBC package more effectively and bring uniformity among the program implementing partners in entire program districts.



CHBC can be defined as the care given to an individual in his/her own environment (home) by his/her family and supported by skilled welfare workers and communities to meet not only the physical and health needs, but also the spiritual, material, and psychosocial needs of PLHA.

This can be defined as the care and support that people living with HIV/AIDS and other chronic illnesses receive in their homes, through their families and communities. This care addresses medical, nursing, emotional, spiritual, psychological, social and material needs of people living with HIV/AIDS (PLHA) and their families.

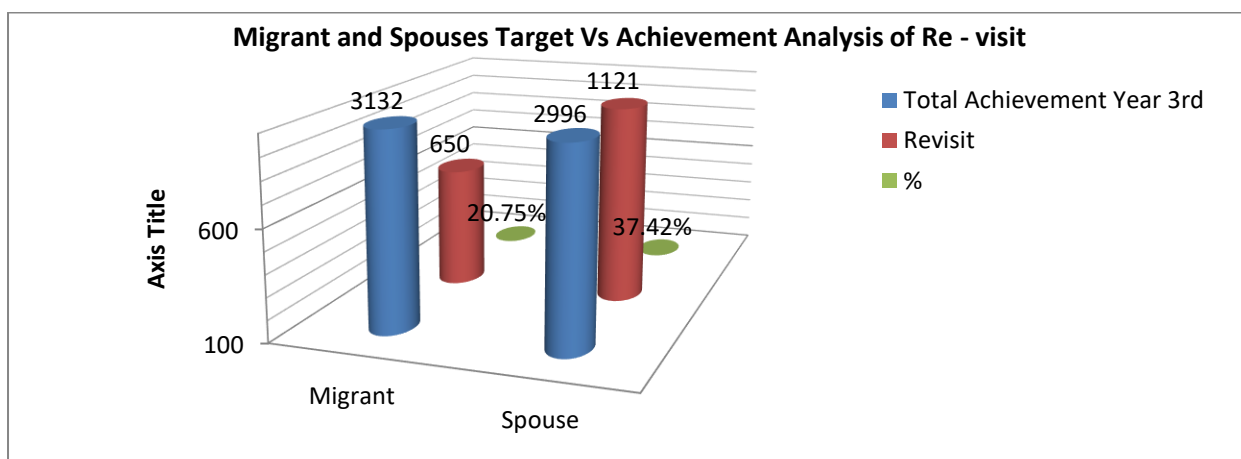
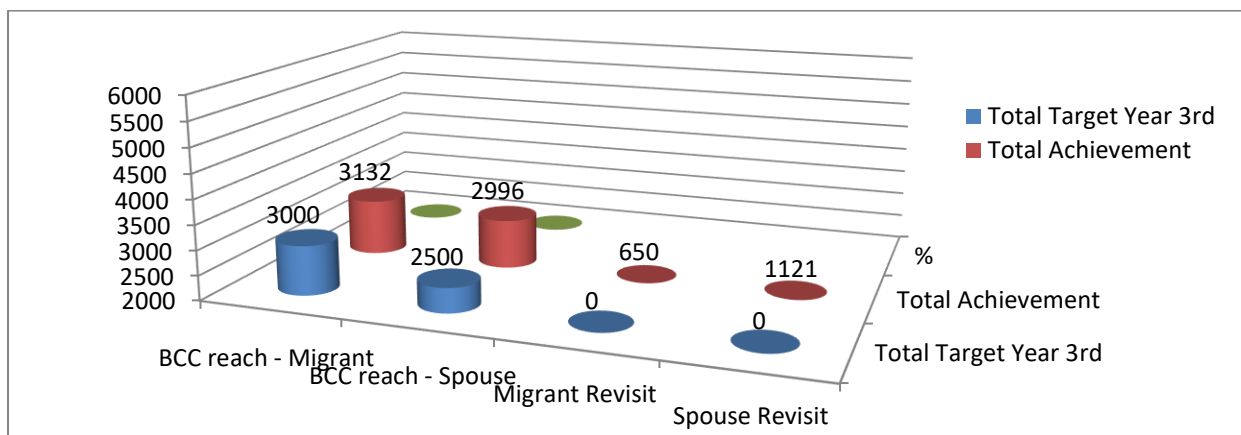
The major objective of CHBC is to provide consistent care and support for PLHA which helps promote their self-reliance, their ability and their family's ability to care for themselves and make independent decisions, and to be actively linked to needed services such as ART, counseling, child care, etc.

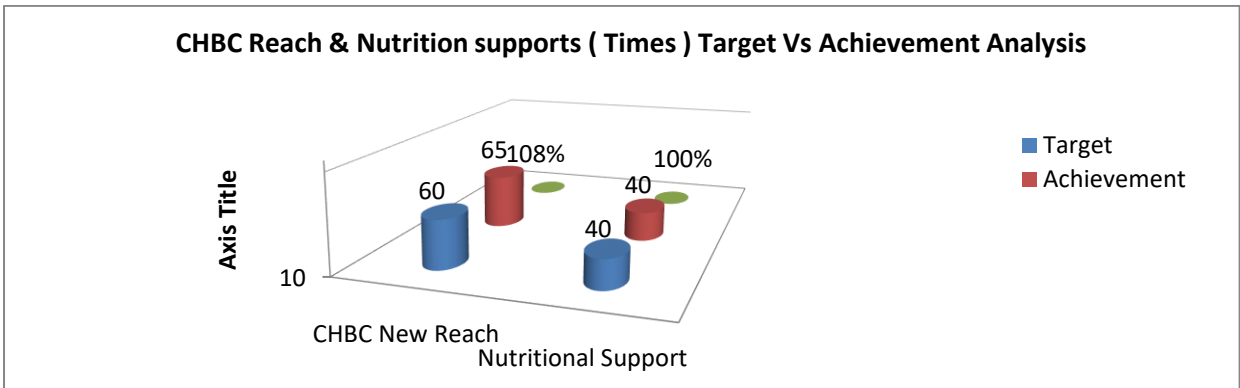
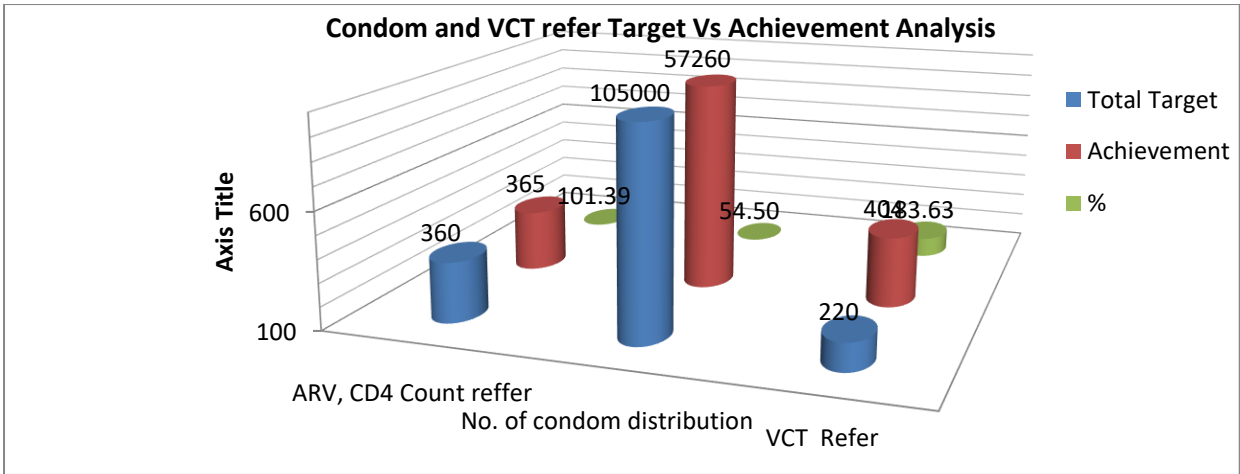
This component is provided service to 65 PLHA of Gorkha district. And 12 children supported per month 1000 for their food, cloths, and education, 3 no. of enabling environment local level stakeholders meetings, three events of coordination and linkages for livelihood and other essential services meetings, Nutrition support, CHBC/CABA monitoring visit etc.



*Coordination and linkage for livelihood and other essential services meeting at SSICDC office under CHBC component*

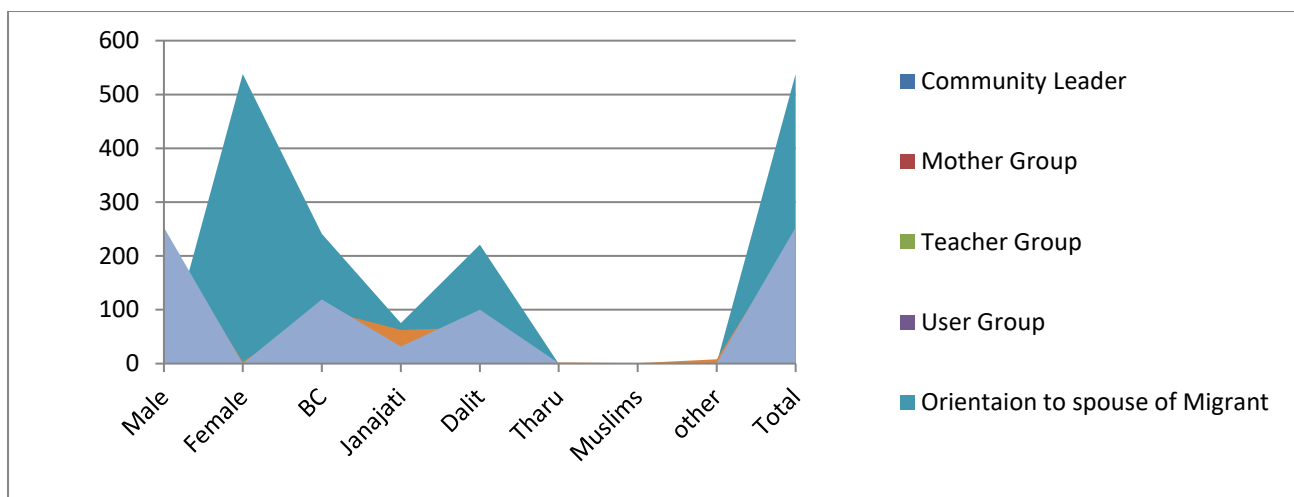
**10. Diagram of Target vs. Achievement**





**11. Community Event Detail**

S. N.	Name of orientation	Total Target	Achievement	Variance	Orientation	Gender		Caste					Total
						M	F	B/C	Ja	Da	Mus	Others	
1.	Community Leader	20	20	0	20	183	114	160	112	20	5		297
2.	Mother Group	20	20	0	20	0	300	79	176	45	0	0	300
3.	Teacher Group	10	10	0	10	86	49	94	34	5	0	0	135
4.	User Group	10	10	0	10	87	63	77	60	13	0	0	150
5.	Orientation to spouse of Migrant	37	37	0	37	0	550	108	365	53	24	0	550
6.	Orientation In Transit to Migrant	30	30	0	30	286	14	93	151	50	6	0	300
7.	Pre-Departure orientation to Migrant	20	20	0	20	196	4	42	105	147	6	0	200
8.	Factory Orientation	3	3	75	75	47	28	27	47	1	0	0	75
<b>Total</b>		<b>147</b>	<b>147</b>	<b>0</b>	<b>147</b>	<b>885</b>	<b>1122</b>	<b>680</b>	<b>1050</b>	<b>334</b>	<b>41</b>	<b>0</b>	<b>2007</b>



## 12. Progress analysis of the Year:

As Per Target of III year, no: of 3132 migrants were benefited by the program which was more by 132 people among which 3044 were male and 88 were female. Similarly no: of 2996 spouses of migrants were benefited by the targeted number. This is because mostly the spouses of the migrants migrated nearby the town or outside the headquarter whereas 650 migrants and 1121 spouses were revisited by the follow up , however there was no specific target number for the revisit regarding migrants and their spouses and no: of 2007 members are benefited from the various targeted groups orientations (Community Leader, Spouse of Migrant, Teacher Group, User Group, Pre-Departure, Transit and Mother Group) among which 885 were male and 1122 were female. By the end of the fiscal year only no: of 57260condoms were distributed through outreach and peer education which seems 54.5percent of the targeted no: of condoms. Basically the OWs and PEs are focused to disseminate condoms to the migrants and spouses as well as to the other general public. Similarly organization was able to access 404 peoples in VCT service above by 183.63 percent out of the target among which 199 were male and 205 were female and totally 27 people were been to confirmed VCT test among which 17 were male and 10 were female. Furthermore 236 persons were been referred to STI service among which 11 were male and 234 were female which counts 204.16 percent above out of the total target. And out of total refer in STI 32 persons were been to confirm STI test among which zero was male and 32 were female.

Beside the HIV & AIDS program to migrants and their spouse, no of 65 PLHIVS received CHBC service from the organization among which 34 were female and 31 were male including 12 CABAs which counts the 100% of the total target annually. Similarly 40 beneficiaries received the nutritional which counts the 100% percent of the total target number. Regarding the referral in various aspects in VCT, STI, ARV, PMTCT, TB, CHBC, Hepatitis Diagnosed and STI etiological treatment the no: of 365 people were benefitted out of 360 targets which was achieved by 101.1% of total target.. However there is no specific target number of follow up because it depends upon the need to conduct follow up as per the situation of the service holder.

## 13. Conclusion:

Since it is the third year of the program implementation organization has impart the approach to strengthen the coordination and collaboration with the key stakeholders to gain the support to implement its program effectively. It is seen that frequently visit of OWs and PEs is effective to change the behavior and attitude of the service holders and to promote condom distribution and IEC materials.

There seems a hard to enroll the PLHIVs in the CHBC program further ahead because most of the beneficiaries receive services from other districts and refused to receive the CHBC service from the local district due to worry of the social stigma and discrimination. Therefore there only seems to coordinate with and motivate the service holders those who are already enrolled in program to reach

into the other PLHIVs, who are in contact with them and with the local level stakeholders of the VDC to develop the map of the high risk VDC regarding HIV & AIDS so that it would be easy to mobilize and identify the PLHIVs. Similarly the OWs and PEs could play the supportive role to identify and referred in CHBC service during the mobilization into their respective working areas.

In the conclusion the Organization is success to conduct its regular activities within the fiscal year despite the various constraints and able to provide the services to its service holders. The feedbacks and way outs provided by the senior line agency manager during their visit is the another encouragement for the organization team to get spirit and to develop common understanding to work as a team member for the further achievement.

#### **14. Learning:**

- Effective to motivate the beneficiaries to get the various services through the frequent field visit.
- Regular coordination and cooperation with the stakeholders is essential to create an enable environment and positive response.
- Co-ordination with stakeholder's which support the beneficiaries is beneficial.
- Unable to reach the new targets in CHBC despite the appropriate planning and mobilization.
- Awareness program in mass supports to reduce stigma and discrimination regard HIV/AIDS. In addition, changes on the viewpoint of community towards PLHA)
- Changes on the perception of community towards organization and beneficiaries after the launch of CABA program.
- Exploring the information in the various local functions supports to reach within the beneficiaries and their acceptance.

#### **15. Constraint:**

- Unable to follow up the clients due to the more coverage of VDCs in CHBC program.
- Hard to provide referral services to the beneficiaries as they have to come from far VDCs and the services of health institute closed from 2:00 pm.
- Reach the new targets on CHBC
- CHBC follow up could not be able to achieve according the target due to unavailability of beneficiaries in the district and out of contact.

#### **16. Way forwards.**

- ✘ Prioritizing the clients to conduct follow up and coordinate with the OWs and to provide CHBC service of their own field areas.
- ✘ Coordinate with the key stakeholders to provide referral services as per need.
- ✘ Frequent communication and coordination with the neighbor districts stakeholders to linkage with PLHA's
- ✘ Coordination with Gorkha hospital and request with NCASC
- ✘ Linkage with neighboring district for VCT

#### **17. Monitoring and Evaluation:**

Monitoring and Evaluation is considered as the key foundation in the country's response to HIV as well as one of the most important mechanisms to assure the quality of the service and to guide the program to mitigate its goal. So far for the quality assurance and the mitigation the program goal following activities are carried out under the Monitoring and Evaluation. The monitoring and evaluation visit is conducted by the SSICDC project office, board and Save the Children by



*Monitoring visit by Finance Coordinator, Dol B. Kunwar & PO, Pawan Yogi of Save the Children*

monthly, bimonthly, trimester, quarterly and half yearly basis.

- **Monthly Staff Meeting:**

Regular monthly staff is conducted with the objective to talk about the target vs. achievement, to share and discuss on learning, challenges and way forwards that supports to gain the knowledge and skills among each other and to build the common understanding between staffs. Similarly the monthly work plan of organization and the individual is developed during the meeting to perform the activities as per the monthly work plan and to update the respective peer educators as well.



*Staff Meeting at SSICDC Office Gorkha*

- **Monthly Peer educators Meeting:**

Regular monthly peer educator meeting is conducted with the objective to talk about the target vs. achievement, to share and discuss on learning, challenges and way forwards that supports to gain the knowledge and skills among each other and to build the common understanding between staffs. In the meeting information are also provided in the agreed subjects regarding the program as per the interest and necessity of the peer educator to enhance their capacity. Similarly the monthly work plan developed during the monthly staff meeting is informed to the peer educators for the effective coordination and collaboration and the monthly reports of the peer educators are revised and assisted where needed and collected at the end.



*PE Meeting at Simjung – 9, Dhodeni*

- **CABA Committee meeting:**

The CABA committee has been formed on the date of 25 March 2014 through the meeting of DACC and the CABA committee approved to provide the Cash transfer for those 4 of the children affected by AIDS in the district. In addition, the meeting decides to conduct by monthly CABA meeting and the monitoring visit by the committee members to assure the effectiveness of the program.



*CABA committee meeting at DHO Gorkha*

- **District AIDS Coordination Committee (DACC) meeting:**

The DACC actives in Gorkha district. SSICDC has been conducting per quarterly meeting regularly. In year 3<sup>rd</sup>, 3 DACC meetings were conducted and involved in other DACC meetings organized by the DHO, Gorkha. SSICDC has shared the progress of HIV/AIDS program and interaction for further effectively lunched the program.



*DACC meeting at Hotel Vision Gorkha*

- **Involvement in the various orientation:**

Frequent involvement in the various orientation followed by the respective OWs and PEs are conducted by the District Coordinator to assist them where needed and to assure the minimum package of information delivery of BCC during the orientation followed by the OWs and PEs. During the orientation evaluation formats are updated and feedbacks are collected from the participants and the respective OWs and PEs are suggested and guided as per the observation regarding BCC, facilitation skill and additional knowledge that would be required as per the various targeted groups orientation.

The types of orientation:

- i. Pre-departure orientation
- ii. Transit orientation
- iii. Mother's group orientation
- iv. Spouse of migrants orientation
- v. Community leaders orientation
- vi. Users group orientation
- vii. Teachers group orientation
- viii. Factory orientation

- **Field visit:**

Frequent field visits are conducted by the Program Manger and Program Coordinator with the respective OWs and PEs to assure the quality of the source data. During the visit evaluation formats are updated from the target groups and the feedbacks are collected from them. And in the meantime the daily register and the log sheets of the PEs are monitored as per the information received during the verification of the source data and the key stakeholders are followed up to gain the support in implementing the program effectively.

- **IHC Visit:**

IHC visit is conducted to visit once in a trimester for the proper management of the IHC office, to monitor the activities performed by the office and to verify the source data for the quality assurance. And the key stakeholders are followed up to gain the support in implementing the program effectively.

- **Knowledge assessment of the staffs:**

Knowledge assessment of the staffs are followed in the trimester and annual basis by the District Coordinator and related line agency managers with the aim to encourage the staff to gain adequate knowledge as per the requirement of the program and to identify the gaps if there existed so that it would be convenient to talk about during the monthly staff meeting. During the knowledge assessment of the staffs formats are updated and the subject planning is developed as the agenda in the monthly staff meeting.

- **Knowledge assessment of the Peer Educators:**

Knowledge assessment of the peer educators are followed in the trimester and annual basis by the respective OWs with the aim to encourage the staff to gain adequate knowledge as per the requirement of the program and to identify the gaps if there existed so that it would be convenient to talk about during the monthly staff meeting and monthly peer educators meeting as well. During the knowledge assessment of the peer educators formats are updated and the subject planning is developed as the agenda in the monthly staff meeting and monthly peer educators meeting.

## **18. Linkages and Coordination:**

Linkages and coordination is a vital mechanism to form an enabling environment with the local stakeholders and neighbor district to provide the quality service to the service holders and receives additional service from various organizations. As the result of linkages and coordination with local stakeholders and neighbor district are listed below.

- The linkages and coordination with local stakeholders helps to reduce stigma and discrimination and enhance the knowledge about HIV/AIDS.
- An enabling environment meeting support the PLHA'S to create an enable environment in the community.

**19. Outcomes:**

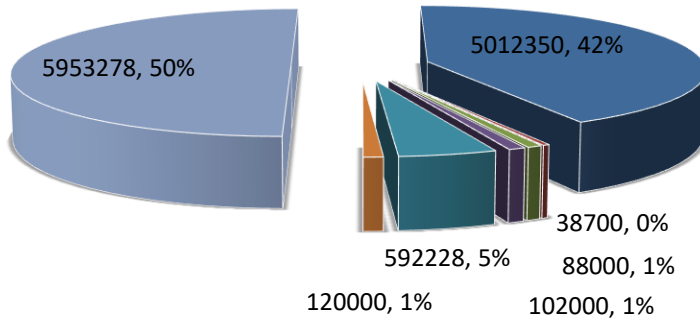
- ✘ Labor migrants were reached more by 4.4% above than the planned target through outreach and peer education.
- ✘ Spouses of migrants were reached more by 19.84% above than the planned target through outreach and peer education.
- ✘ 54.5% of condoms were distributed out of the planned target.
- ✘ Able to achieve more by 83 % than the planned target in various referral services like VCT and STI.
- ✘ PLHIVs were benefitted from CHBC service out of the target.
- ✘ Numbers of 5648 pieces IEC materials were distributed.
- ✘ Able to achieve targets by 100% in nutrition distribution under CHBC.
- ✘ Key stakeholders have offered the various livestock’s trainings and support income generation to the PLHIVs.
- ✘ NRs. 1000 per month fund supported to 12 CABA for their food, health, education and cloths support.
- ✘ Organizational strengthening support likes policies revised and follow up its, online reporting system (OPMIS/ Online Program Management Information System), documentation and good governance etc.

**20. Budget Vs Expenditure Analysis of Year III.**

SN	SDA wise Budget	Annual Budget (in NRs.)	Annual Expenses (in NRs.)	Spent (%)
1	SDA 1.4: Services for Migrant / mobile population	5012350	4834140	96%
2.	SDA 1.5: Condom Promotion	38700	37360	97%
2	SDA 2.3: Testing and Counseling & STI management	88000	44500	51%
3	SDA 2.5: Targeted Media Program for key affected population	102000	102000	100%
4	SDA 3.3: Care and Support for the Chronically ill	592228	562993	95%
5.	SDA 3.4: Children Affected & Infected by AIDS (CABA) Support	120000	83640	70%
<b>Total</b>		<b>5953278</b>	<b>5664904</b>	<b>95%</b>

**21. Expenditure analysis in Chart:**

## Annual Analysis of Year III



- SDA 1.4: Services for Migrant / mobile population
- SDA 1.5: Condom Promotion
- SDA 2.3: Testing and Counseling & STI management
- SDA 2.5: Targeted Media Program for key affected population
- SDA 3.3: Care and Support for the Chronically ill
- SDA 3.4: Children Affected & Infected by AIDS (CABA) Support
- Total

## 22. Success Story

This story is about a Nepali youth lady named A.B (changed), inhabitant of Khurpajung, Khoplang -4 Gorkha, who has spoiled her life, career and his dreams laid in ruins. Even she had infected his body with HIV perhaps by by having unsafe sex by her husband in India. According to her, all these occurred because she had all these from her husband. Now fighting and struggling with the life, moreover trying to do something good before she dies. Currently she is working at Chahari Mahila Samuha , Gorkha as a Peer Educator which is refer by SSICDC, Gorkha.

This is my own experiences that I have been getting through and I would like to share with you all those who knows me or not. Therefore, please those who will recognize me through this story, I request all of you to keep it confidential or secret.

I was born in Chupra -4 Gorkha on third Paush of 2040. My husband work 17 years in India. All of my life he ruin by him.

I felt serious sick for 15 days and did not get well soon, suffering from diarrhea and janai khatira was suffered to me. After the khoplang VDC doctor refer me to test in Teku in 2061. At that time I went to Teku for VCT test with my Bother in law. But they did not tell me the report that i have suffered from HIV Positive. Later in when I came to the village then the sub health post doctor told me that you might have suffer from the HIV Infected person then I came to know that I diagnosed with HIV when I reached for my medical exam to tekku. I was shocked when I heard that I am an HIV infected person and was totally depress by knowing this truth of my life. All the villagers and the family members hated me and told my husband not to come in Nepal. Firstly even didn't go to CD4 count because of thinking that I will die anyway. At home my father in law and mother in law discriminated her so much by assuming her HIV infected women in the family. She has two sons name Hari Kumar Shrestha-13 and Deepak Sheathe 11 years old. Both of them are studying in Binda Basini lower Secondary School. Teachers and other



student don't know that they are infected person. So there is no any discrimination and stigma in school. Now they are studying in class 8 and 7.

I was shocked when I heard that I am an HIV infected person and was totally depress. I don't take food for 4, 5 days. Even I went after 2 years for ART thinking that any way I am dying soon even I need 4, 5 months to get ART from the Hospital. It was not easy access like now days. .After there i got counseling class from a counselor and test my CD4 count, it was around 350 so they asked me to come again after 6 months. Hopelessly, returned to the hometown and fell on the same path, which I had already given up. Therefore, once again i began to drink alcohol too much due to having negative impact about HIV/AIDS. Nevertheless, after six months when I had my CD4 count, it was just 278, and doctor suggests me to start ARV treatment. I agreed with them so they also suggest staying under care at Teku hospital 2061 BS. Since that period, I am taking medicines continuously and it improved my health too.

In 2070 bhadra B.S. SSICDC, Gorkha came to known to me and it facilitate me in many ways like providing travel expenses, nutrition, referring to ART center and CHBC services. CHBC team support and encourage me to live positively and have to do something that others could appreciate in the future. I take a vow that I will also serve those person who are infected and suffering in many ways. At last, I just want to say that if you think HIV/AIDS ends your life, you are completely wrong, in my opinion it is just start of a new positive journey with HIV/AIDS. So, let us unite and fight against HIV/AIDS.

----- Thank you -----

**Staffs and PEs Name List (Annex)**

**Shree Swarna Integrated Community Development Center (SSICDC), Gorkha  
HIV&AIDS comprehensive program to migrants and their spouses under Global Fund  
Gorkha Municipality -3, Haramtari , Gorkha  
Staff details fo Year III**

SN	Name	Designation	Gender		Contact Number	Remarks
			M	F		
1	Sita Ram Shrestha	Program Manager	1		9841683867	
2	Ajay Kumar Mahara	Program Coordinator	1		9851017906	
3	Pramila Adhikari	Admin and Finance Officer		1	9845348632	
4	Radha Devkota	IHC Incharge		1	9849350572	
5	Bimala Gurung	Psy. Counselor		1	9846657360	
6	Dil Bahadur Gurung	Health Care Provider	1		9846254584	
7	Yam Bahadur Gurung	Outreach Worker	1		986726030	
8	Amrita Gurung	Outreach Worker		1	9846565474	
9	Gita Devkota	Outreach Worker		1	9846075387	
10	Narayan Dhakal	Outreach Worker	1		9846254852	
11	Arjun Kumar Tamang	Outreach Worker	1		9846070273	
12	Bhim Kumari Thapa Magar	Outreach Worker		1	9846125361	
13	Sarita Panta	Outreach Worker		1	9845396772	
14	Sarswati Lama	Outreach Worker		1	984913335	
15	Juna Sunar	CHBC Mobilizer		1	9846433376	
16	Kalpana Gurung	Support staff		1	9846454888	
17	Samita B.k.	Support staff (IHC)		1	9808658245	
<b>Total</b>			<b>6</b>	<b>11</b>		

**Detail of Peer Educators in year - III**

SN	Name	Position	M	F	Address	Contact Number	Remarks
<b>Cluster One-Current Peer educators</b>							
1	Krishna Kumari Gurung	Peer Educator		1	Swarna-5	9846056482	OW - Yam Bahadur Gurung
2	Sanmaya Guurng	Peer Educator		1	Swarna-8		
3	Bir Maya Gurung	Peer Educator		1	Simjung-7	9846536611	
4	Sushila Dawadi	Peer Educator		1	Simjung-4	9847644445	
5	Krishna Kumari Bhattarai	Peer Educator		1	Muchhowk-1	9841128092	
6	Gita Aryal	Peer Educator		1	Muchhowk-6	9847611464	
7	Santa Bahadur Gurung	Peer educator	1		Saurpani-8	9746018132	
8	Shanti Shrestha	Peer Educator		1	Saurpani-4	9813243307	
<b>Sub - Total</b>			<b>1</b>	<b>7</b>			
<b>Cluster 2- Current Peer educators</b>							
1	Bishnu Shrestha	Peer Educator		1	Mabu-3	9817118017	OW -Amrita Gurung
2	Hemraj Gurung	Peer Educator	1		Manbu-9	9741087037	
3	Yashoda Kapri	Peer Educator		1	Thumi-2	9741002504	

4	Sumina Guurng	Peer Educator		1	Thumi-6	98183876745		
5	Anita Bhandari	Peer Educator		1	Aaruarbang-5	9843075547		
6	Laxmi Thapa	Peer Educator		1	Aararbang-2	9843183706		
7	Ramila Ale Magar	Peer Educator		1	Aaruchanaut e-9	9849714838		
<b>Sub-Total</b>				<b>1</b>	<b>6</b>			
<b>Cluster 3-Current Peer educators</b>								
1	Sita Khadka	Peer Educator		1	G.M.-1	9846565498		OW - Gita Devkota
2	Sanu Maya Khakda	Peer Educator		1	G.M.-6	9846189810		
3	Radhika Kumal	Peer Educator		1	G.M.-11	9846340926		
4	Parbati B.K.	Peer Educator		1	G.M.-9	9846271806		
5	Kamala tiwari	Peer Educator		1	Nareshwor-2	9846340584		
<b>Sub-Total</b>				<b>0</b>	<b>5</b>			
<b>Cluster 4-Current Peer educators</b>								
1	Kamala Marathha	Peer Educator		1	Chhoprak-5		OW Bhim Kumari Thapa Magar	
2	Ganga Pokahrel	Peer Educator		1	Chhoprak-7	984662867		
3	Kamala Devkota	Peer Educator		1	Khoplang-2	9846577229		
4	Mana Pandeya	Peer Educator		1	Khoplang-6	9846490299		
5	Bimala Devkota	Peer Educator		1	Aanpipal-2	9846154152		
6	Bimala K.C.	Peer Educator		1	Aanpipal-8			
7	Shova Sunar	Peer Educator		1	Harmi-3	9846291110		
8	Krishna Raj Adhikari	Peer Educator		1	Harmi-8			
9	Kedar Regmi	Peer Educator	1		Kerabari-5	9846291042		
10	Maya Gurung	Peer Educator		1	Kerabari-9			
<b>Sub-Total</b>				<b>1</b>	<b>9</b>			
<b>Cluster 5-Current Peer educators</b>								
1	Bishu Thapa	Peer Educator		1	Mankamana-2	9846089398	OW - Sarita Panta	
2	Susila Ale	Peer Educator		1	Mankamana-04	9814182004		
3	Ishwori Kattel	Peer Educator		1	Makamana-6			
4	Sarita Karki	Peer Educator		1	Deurali-03	9846075197		
5	Samjhana Shrestha	Peer Educator		1	Deurali-04			
6	Radha Bharati	Peer Educator		1	Mirkot-5	9847679885		
7	Sita Kunwar Yogi	Peer Educator		1	Mirkot-6	9847646686		
8	Shanti Guurng	Peer Educator		1	Bakrang-2	9846322795		
9	Kush Maya Joshi	Peer Educator		1	Bakrang-8			
10	Chija Maya Shrestha	Peer Educator		1	Palumtar-6	9805897667		
11	Nasiman Miya	Peer Educator		1	Palumtar-9			

<b>Sub-Total</b>				<b>11</b>		
<b>Cluster 6 - Current Peer educators</b>						
1	Chini Maya Shrestha	Peer Educator		1	Taple-1	9849673035
2	Juna Pariyar	Peer Educator		1	Taple-3	9815163687
3	Shanta Bhattarai	Peer Educator		1	Taple-8	9846158079
4	Ranjana Shrestha	Peer Educator		1	Borlang-3	9846075197
5	Mina Shrestha	Peer Educator		1	Borlang -8	746043896
6	Sita Bhantana	Peer Educator		1	Asrang-3	9746009422
7	Sita Pandeya	Peer Educator		1	Asrang-9	9746019366
8	Surja Bhandari	Peer Educator		1	Bunkot-5	9846101064
9	Krishna Raj Adhikari	Peer Educator	1		Bunkot-	
10	Lila Pariyar	Peer Educator		1	Namjung-	
11	Dharma jung thapa	Peer Educator	1		Namjung-3	9841091102
<b>Sub-Total</b>				<b>2</b>	<b>9</b>	
<b>Total</b>				<b>6</b>	<b>46</b>	

OW - Sarswati Lama