

Annual Report of Himalayan Association against STI AIDS (HASTI-Nepal)

(FY: 2078-079)



HASTI-Nepal

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PART-I: ORGANIZATION INFORMATION

1. Organization History:

HASTI-Nepal (HASTI) is one of the health professional Non-Governmental Organizations (NGO) that implements the projects, related to Reproductive Health and Rights (RHR). It was endorsed in Berlin meeting of International Union against STI (IUSTI) by the immediate past President of IUSTI, Dr. C. Ross Philpot in 1997 as the name of “Himalayan Association against STI-AIDS (HASTI-AIDS)” for sharing international experiences and efforts on the latest development of Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Sexually Transmitted Infections (STIs).

HASTI was registered with approval of Ministry of Health & Population (MoHP) in Chief District Office (CDO) of Kathmandu, Ministry of Home (MOH)/Government of Nepal in 2001. Since its inception, HASTI has been committed to implement the development projects that responses as STAR (Services, Training, Advocacy, & Research) specially related to Reproductive Health & Rights (RHR). The HASTI has expanded its projects up to nine districts (*Achham, Doti, Darchula, Tanahu, Dhading, Lalitpur, Kathmandu, Sindhupalchowk, and Dolakha*). **HASTI** has registered its branches in Achham, Tanahu, and Dhading districts and formulated a consortium to implement the development projects among local levels’ organizations in other targeted districts. The HASTI has gained experiences in managing various development projects, mainly supported by Ministry of Health and Population (MOHP), National Academy of Science & Technology (NAST), Healthy Heart Initiative (HHI)/Tuft University of the USA, Medipiece/Child Fund Korea, World Bank, UNDP/Global Fund, and UNDP/DFID.

The HASTI follows policies of Gender, Equality, and Social Inclusion (GESI) while recruiting human resources. Since 2020, the HASTI has constructed a consortium among national and community-based organizations to strengthen its projects mainly in the following thematic areas:

- 1) SCCP: Senior Citizen Community-development Program
- 2) ISHP - Integrated School Health Program
- 3) IRHR - Intensive Reproductive Health & Rights

Legal Status:

HASTI was legally registered in Chief District Office (CDO) of Kathmandu on 11-09-2058/2001 (*Reg # 516/2058BS/2001 and with PAN/VAT # 301740719*) and affiliated with the Social Welfare Council (SWC) of Nepal (*Affiliation # 16813/2004AD*). HASTI has professionally been affiliated with National Centre for AIDS & STD Control (NCASC), National Health Training Centre (NHTC), and Drug Abuse & Crime Control Program (DACCP) as well as National NGO Network Group against AIDS Nepal (NANGAN) to coordinate and harmonize the health-related national plans and programs of Nepal.

2. Vision, Mission, Goal, Objectives, Activities, and Past Experiences

Vision:

Ensure quality, efficiency, and effectiveness of community development programs related to Reproductive Health and Rights (RHR) at Palika level of Nepal;

Mission:

Enhance community development programs related to Reproductive Health and Rights (RHR) at community level of Nepal through public-private-partnership (3Ps)

Goal:

To facilitate the community development programs related to RHR for accessing at delivery sites in Nepal;

Objectives:

- a. To enhance the preventive, curative, promotive, and rehabilitative interventions through increasing the local level prosperity at selected Palikas of Nepal;
- b. To strengthen the health system, emergency preparedness, and stress relief at selected schools of Nepal;
- c. To create awareness on HIV/AIDS and STIs as well as gender-based violence with interlinking the existing facilities and be social wellness at selected communities of Nepal;
- d. To contribute efforts on informative health resources related to RHR by undertaking relevant research activities in Nepal

Activities:

a. Service-related activities:

- 1) **ISHP - Integrated School Health Program among school students and their parents** through continuation of Mobile Health Camps, Disaster & Emergency Preparedness(DEP), First Aid Management, and Child Mental Health Support (Extra activities and Art/Easy competition);
- 2) **CPMP - Comprehensive Package among Migrants and Prisoners** through continuation of Assertive Behavior Communication (ABC), Voluntary Counseling and HIV Testing (VCT), STI Case Management, and Linkage Referral outlets;
- 3) **SCCDP – Senior Citizen Community Development Program** through facilitating to establish and run the (i) Recreation shelters, (ii) Skill transformations, (iii) Entrepreneurship developments, (iv) Physio-Yoga center, and (v) Agriculture & livestock (Piloted in Gauriganga Municipality of Kailali district).

b. Training related activities:

- 1) DEP-FAM - Disaster & Emergency Preparedness and First Aid Management for school students and their parents (Continued);
- 2) TSR – Trauma-related Stress Relief for trauma affected students and their parents (Continued);
- 3) ICMSA - International training Course on Case Management of STIs including VCT and Lab facilities (Continued).

c. Advocacy related activities:

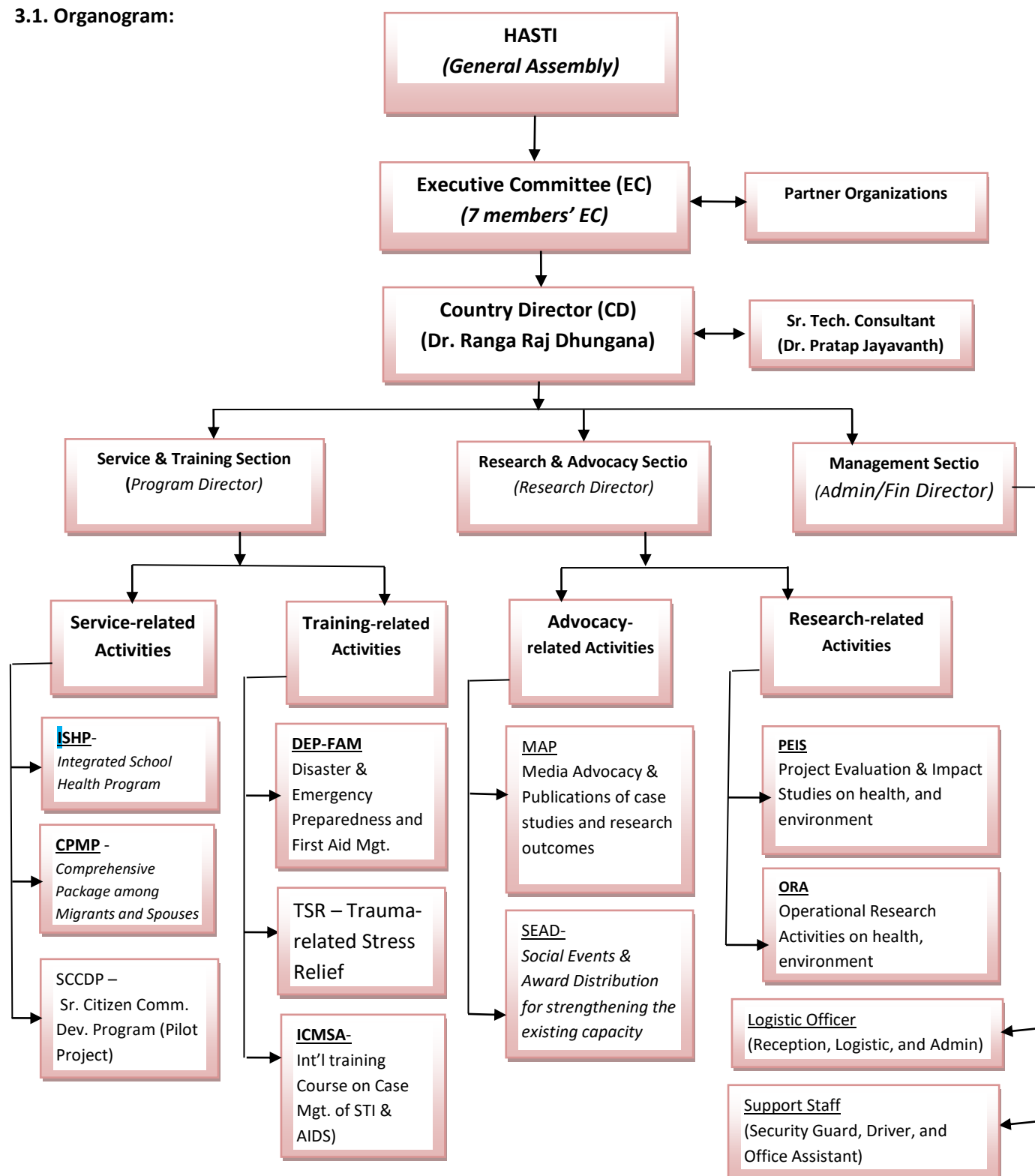
- 1) MAP - Media Advocacy Program for case studies and research outcomes (Continued);
- 2) SEAD - Social Events and Award Distribution for motivation in scaling up the capacities (Continued).

d. Research related activities:

- 1) PEIS - Project Evaluation & Impact Studies on health, education, and environment (Continued);
- 2) ORA - Operational Research Activities on community development projects (Continued).

3. Organization structure

3.1. Organogram:



3.2. General Assembly (GA):

General Assembly (GA) comprises 72 general members. Such members commit to provide their contributions of expertise of development sectors who approve the main policy direction of the organization.

3.3. Executive Committee (EC):

Out of 72 GA member, the Executive Committee (EC) comprises 7 persons, elected among 72 GA members. This committee approves and recommends the organizational programs and projects to implement in the basis of policy direction and keeps an update of the legal documents with the renewal of the organization according to the rules and regulations of the Nepal Government. Instead of this, there are 7 sub-committees with their roles and responsibilities that facilitate the Executive Committee; such as Project (योजना उप-समिति), Finance (आर्थिक उप-समिति), Capacity Building (तालिम उप-समिति), ICT & Advocacy (सूचना तथा पैरवी उप-समिति), Research (अनुसन्धान उप-समिति), Senior-citizen Social Security (जेष्ठ-नागरिक सामुदायिक सुरक्षा उप-समिति), and M&E Support (मुल्यांकन उप-समिति)

3.4. Key Positions and Responsibilities:

For daily functioning, we mobilize the experienced key personnel for strengthening the capacity and assuring qualities of the project staff working in the organization. Besides these responsibilities, there are different levels of qualified personnel working on the project activities. The Country Director (CD) plays a vital role in performing daily activities. The followings are the key positions and their responsibilities:

Position	Name and qualification of existing staff	Responsibilities
3.4.1. Central-based key staff		
1) Country Director (CD)	Dr. Ranga Raj Dhungana, PhD with more than 25 Yrs experience in policy, programing, and M&E	<ul style="list-style-type: none"> Updating organization as per rule & regulation Coordination in National and International levels Programming Monitoring and supervision Works as head of the organization Represents and briefs the outcomes to EC and donors
2) Program Director	Dr. Suman Banjade, MBBS, MD (Cardiologist) with more than 15 years' experience	<ul style="list-style-type: none"> Field daily schedule preparation Implementation of Project activities Recording and reporting Other daily activities
3) Admin/Fin Director	Mr. Ishwor Budathoki, MBS (Account)	<ul style="list-style-type: none"> Train staff in financial management Inventory management Financial management Book keeping Financial reporting Other daily activities
4) Coordinator of SCCDP	Ms. Anchala Chaudhary (BA)	<ul style="list-style-type: none"> Coordination with beneficiary groups, policy-makers, women & Jestnagarik Ministry, Palikas, and beneficiary groups; Accessing EOI/RFP from website, news ad, interrelation, etc. Writing draft of EOI/Proposals with planning; Support in implementation; Field supervision support and reporting; Responsible to Country Director.
5) Coordinator of ISHP	Mr. Dev Raj Dhungana	<ul style="list-style-type: none"> Coordination with line agencies such as MOE, policy-makers, and beneficiary groups; Support in implementation

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		<ul style="list-style-type: none"> • Orientation to the staff • Field supervision support and reporting • Updating report on websites regularly.
6) Coordinator of CPMP	Ms. Sajja Achary (BN)	<ul style="list-style-type: none"> • Coordination with line agencies such as DoHS, policy-makers, and beneficiary groups; • Support in implementation • Orientation to the staff • Field supervision support and reporting • Updating report on websites regularly.
5) Documentation cum Admin/Fin Officer	Mr. Surya Rai, Master in Sociology and Economics with 3 years' experience in management.	<ul style="list-style-type: none"> • Works as Admin Officers for personal Mgt and office control system; • Works as Financial Officer for <i>vouching, checking, posting, projection, preparation of financial reports, and submission of report with feedbacks, etc.</i>; • Inventory verification and internal control in system • Checking timesheets and attendances monthly and remuneration payment on the basis of performance report/attendance/ time-sheet; • Access EOI/RFP from website, news ad, interrelation, etc.; • Writing draft of projects planning • Payment of utility and phone bills • Monthly, quarterly and final report preparation and submission • Supporting office staff and field management. • Collecting data from fields and preparing draft of Progress Reports timely and submission to concerning supervisor/s • Need-based daily works
6) Admin/Finance/Inventory Officer	Ms. Sabita Nepal (M.Sc. in Environment Science with more than 2 years' experience in related field)	<ul style="list-style-type: none"> • Updating the schedule of Country Director • Coordination with field level authorities as well as beneficiary groups in the communities; • Preparing draft of Project Proposal and Work Plan (PP-WP) and data collection through mapping the services in the targeted districts and government authorities • Supporting in preparation of Monthly Work Plan (MWP), Monthly Time Sheets (MTS) and submission timely for approval • Preparation of monthly material and drugs requisitions and submission for approval • Inventory management • Logistic management • Responsible to Executive Director
3.4.2. Field level Staff (Project's field based)		
Field level Staffs (Project based other field staff)	As per the project requirement in the targeted districts	<ul style="list-style-type: none"> • Local level coordination and representation • Preparing Monthly Work Plan (MWP) • Performing related tasks as per required by concerning project/s • Supporting in technical areas • Assist in conducting health camps • Counseling the clients • Screening the health seeking clients • Assisting in research works • Logistic supports in the fields • Works as per daily needs in office and project works

PART-II: PROJECT ACHIEVEMENTS

A. Summary of ACHIEVEMENTS IN FY 2078-079

Himalayan Association against STI-AIDS (HASTI-Nepal) is previously known as HASTI-AIDS. The Ministry of Health and Population (MOHP) of Nepal has approved its activities to implement health-related projects in Nepal. Since its registration in 2001, the HASTI-Nepal has run its activities mainly in four areas as STAR (*Service, Training, Advocacy, and Research*). The HASTI-Nepal follows policies of Gender, Equality, and Social Inclusion (GESI) while recruiting human resources. The HASTI-Nepal has gained community experiences from the main projects' areas of:

i) "Comprehensive Package among Migrants and Prisoners (CPMP)" for prevention and control of HIV/STI and TB in Achham, Doti, Darchula, and Tanahu districts of Nepal from 2005-2014",

ii) "Integrated School Health Program (ISHP) among students and their parents for disaster & emergency preparedness and trauma-related stress relief in Dhading, Lalitpur, Sindhupalchowk, and Dolkha districts of Nepal from 2015-2016".

iii) In FY 2077-078, the HASTI-Nepal has mainly continued the "Assessment of Nutrition and Food Status in Dhading, and Tobacco Prevention and Control Program in Kailali as well as designed a concept of Senior-citizen Community Development Program for Palika and Ward levels.

iv) In FY 2078-079, the HASTI-Nepal continued Integrated School Health Program (ISHP), established Senior Citizen Community Development Program (SCCDP), and continued Symptom-based screening of rheumatic heart disease RHD) as well as "Assessment of Nutrition and Food Status and Tobacco Prevention and Control Program as follows:

1. Achievements from Service-related projects:

Program name	Intervention components	Funding Source	Program Period	Total Budget	Main Outputs /Outcomes
1. Continuation of Integrated School Health Program (ISHP) in 10 schools of Dhading district	<ul style="list-style-type: none"> - Referral of students seeking medical and surgical supports to the district level service providers and specialized facilities and education of WASH; - Child Mental Health Support for Disaster Emergency Preparedness, FAM, TSR/Extra activities; 	BoD of HASTI-Nepal and Local government authorities as well as stakeholders and CBOs	2079	Rs. 344,000	<ul style="list-style-type: none"> - 10,500 students for awareness on WASH created; - 1005 students for basic health services provided; - 102 students for medical treatment referred; - 55 students for Trauma-related Stress Relief (TSR) reached and referred; - 4 Coordination meetings for achievement sharing and planning conducted

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2. Senior Ciitizen Community Development Program in Gauriganga Municipality of Kailali (SCCDP)	<ul style="list-style-type: none"> - Sensitization workshop in Municipality - Feasibility study - Planning for preparation of DPR with drawing, video animation, and detail proposal 	BoD of HASTI-Nepal and Gauriganga Municipality	2079	NRs. 100,000	<ul style="list-style-type: none"> - 26 persons sensitized in the Municipality office and local stakeholders in Kailali - 1 draft report of Feasibility Study produced - 1 Plan submitted to Municipality office for supporting on preparing DPR
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2. Achievements from Research-related projects:

Program name	Intervention components	Funding Source	Program Period	Total Budget	Main outcomes
Symptom based screening of rheumatic heart disease (RHD) in school-aged children and development of an effective tool for self-screening in the Dadhing	<ul style="list-style-type: none"> - Designed project methodologies - Conducted awareness campaigning Education sessions in Schools - Conducted general health camps for screening RHD affected students - Conducted individual surveys - Conducted ECHO Camps 	Healthy Heart Initiative/ Tufts University as well as BOD of HASTI-Nepal	2079	NRs. 200,000	<ul style="list-style-type: none"> - Identified the RHD cases among school children at 32 per thousand; - Identified 701 (23%) students suffered from sore throat out of 3000; - Identified prevalence of 32 per thousand in the study population through Echocardiogram with the evidence of RHD as per WHO criteria with an estimated

3. Other achievements:

a. **The following beneficiaries received the services through Food Security and Nutrition in 2 Plalikas of Dhading:**

- 4 FGD among mother groups conducted
- 26 HH survey among child bearing under -5 years held
- 1 report submitted to NAST with assessment of nutrition status and food security

b. **The following beneficiaries received the services received through Tobacco Prevention and Control Program in Kailali:**

- 5 interaction meetings organized
- 500 students benefited on extra activities
- 12 Students in art/easy competition participated

4. Approaches:

- a. Static information and outreach peer education
- b. Voluntary counseling
- c. Mobilization of trained teachers (Health and Science)
- d. Mass education
- e. Referrals and linkages
- f. Public Private Partnership

5. **Monitoring and evaluation (M&E):**

The purpose of M&E is to track change that occurs over time in inputs, process and outputs by means of record keeping and regular reporting system. The project activities have been monitored and evaluated by Country Director and Project Coordinators, routinely as per the scheduled task with the specific designed monitoring matrix. The quality of the services has been improved through orientation, guidance, meetings, feedbacks, suggestions, and observations regularly as per the work plan for making sustainable and maintenance of the qualities of the services.

6. **Capacity Building**

As per work plan for capacity building has been prioritized by Hasti-Nepal under mentioned activities that were carried out as follows:

a. **Trainings: Trained existing** Six staff on disaster management

b. **Meetings**

- 22 representatives were participated in district coordination meeting in the targeted districts;
- 16 service provided were participated to share their views in different sharing meetings in the targeted districts
- Quarterly meetings were conducted with Peer Educators for capacity building and quality reporting

7 **Issues and challenges**

- a. Financial problems to access the referral services for beneficiary groups;
- b. Lack of accessibility of specialized service facilities in the district level facilities
- c. Geographical variations to access the available facilities.

6. **Main constraints:**

- a. Lack of political commitment at local levels during the regular political crisis
- b. Lack of trained manpower in local districts
- c. Geographical constants for different village levels' clients
- d. Limited materials and facilities in the Palika levels

7. **Partnership and Linkages**

Different coordination meetings were conducted during entire fiscal year, 2078-079 like sharing meeting with local stakeholders and coordination with district level stakeholders. Likewise, activity sharing meeting with service providers were carried out. In addition to achieve the project activities, the interpersonal coordination meetings were also organized on event basis with different key stakeholders and referral outlets to enable an appropriate environment and develop the referral mechanisms

8. Lessons Learned

- a. We should maintain the stock of necessary materials on quarterly basis.
- b. Coordination meetings with local stakeholders have proven more effective and practicable as well as helpful for referral and linkage mechanisms.
- c. electronic resources have been helpful to refresh the local level service providers on latest development and new information/knowledge/skills that could be easily accessible at district levels through websites.
- d. We should procure acceptable and adoptable materials for local levels ethnic beneficiaries.
- e. Integrated School Health Program (ISHP) was mainly based on Mobile Health Camps (MHC) and Child Mental Health Support (CMHS) for school children. As a part of project, the MHC was conducted by providing basic physical examination and health consultation along with clinical examination, lab testing, medical treatment, and referrals. The educational interventions on hygiene and sanitation were also conducted with purpose to reduce transmission of infections and water-borne diseases among school children along with MHC. Likewise, CMHS interventions were provided through mobilizing trained teachers on DEP-FAM and TSR sessions that were effective interventions to students and their parents together. Therefore, we would like to recommend for implementation of ISHP in each school through art competition of Extra curricula of the school curriculum that reduce stress of students and increase memory power of students.
- f. Rheumatic heart disease (RHD) was conducted for supporting to national screening program that helped to detect the cases in the early stages and prevent long-term complications reducing suffering and premature deaths.
- g. The prevalence of RHD in the school children in the study population was high at 32 per thousand. In a resource limited environment like Nepal, screening by echocardiography may be targeted to one seventh (13.5%) of the student population, those with recurrent sore throat and joint pain, for effective use of secondary prophylaxis to prevent the complications and progress of the disease. This approach may capture nearly 87.5% of the students affected by the disease.

9. Recommendations

- a. There is needed a maintenance of supply systems of IEC materials and medicines.
- b. Establishment of websites information is necessary components for capacity building of local levels' staff on latest development.
- c. There is needed a linkage program with specialized services in the district level.
- d. Orientation workshop is also necessary among district level stakeholders and policy makers, which plays a supportive role for the project implementation in the Palika level.

C. PHOTOS OF SOME ACHIEVEMENTS

a. Mobile Health Camps (MHC):

Mobile Health Camps (MHC) materials were prepared (*Equipments, Instruments, Medicines/Supplies, Lab Accessories, etc.*) in quarterly basis before camp conduction. The medical team screened the students for the needed of basic health services with measuring height/weight and arm circumference. Medical examination and health consultation including medical examination/diagnosis, lab testing, providing medicines and supplies as per prescription, and referrals as shown as the following picture:



(Figure 1: Registration of the students and screening among health seeking students in Shree Minduka Secondary School, Dhading)



(Figure 2: Medical Examination of students by qualified and registered medical professional during MHC in Thala Primary School, Dhading)



(Figure 3: Lab testing with health counseling of students who were suffering from abdominal problems in Shree Minduka Secondary School, Dhading)

b) Providing health education on Hygiene & Sanitation, and Mental Health Support with First Aid Kit (FAK) application support: Health education on hygiene and sanitation, and mental health support were provided during MHC to the students. The 58 First Aid Kits (FAK) were distributed to the government schools with the details of instructions in Dhading district.



(Figure 4: First Aid Kit was distributed in Shree Saraswati Higher Secondary School, Dhading)

c. Training of Trainers (ToT) for school teachers: Basic training for the teachers on DEP-FAM and TSR were conducted and collected feedback to improve the qualities of the materias in Dhading Bensi where 60 teachers were participated in the training program.



(Figure 5: Teachers involved in group work during Training period on DEP-FAM and TSR in Dhading)

d. CMHS Services: Trained students demonstrated dramas on TSR in the respective schools inviting their parents for Assertive Behavior Change (ABC) sessions in coordination with concerned trained teachers as shown in the following figure:



(Figure 6: TSR drama was demonstrated by the trained students in present of students and their parents)