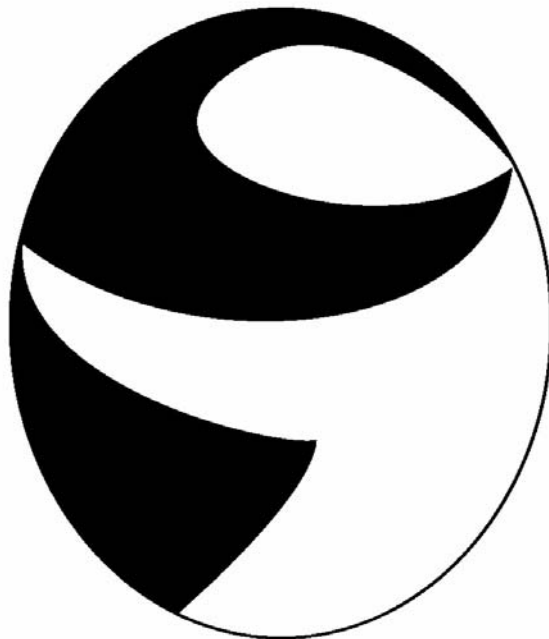


NAULO GHUMTI, NEPAL

DRUG REHABILITATION AND HIV/AIDS PREVENTION PROGRAMME



Annual Progress Report 2006

ORGANIZATIONAL DETAILS

Name	Naulo Ghumti, Nepal Drug Rehabilitation & AIDS Prevention Programme Programme	
Contact Details	Surendra Kumar Gautam Chairman, Executive Committee Or, Ram Prasad Gyawali Executive Director Post Box No. 387 Pokhara Nepal Tel: +977 61 525235, 539675 (Office) +977 61 523350 (Treatment Centre) +977 61 532330 (IHS Site) +977 61 539671 (SIC) +977 71 541305 (Butwal Office) Fax: +977 61 539675 E-mail: nauloghumti@ngn.org.np rpgyawali.director@ngn.org.np nauloghumti.rehab@ngn.org.np nauloghumti.ihs@ngn.org.np managyawali.hr@ngn.org.np nauloghumti.sic@ngn.org.np	
Legal status	Registered in Kaski District Affiliation to the Social Welfare Council Registered with the Department of Drug Abuse Control & Disaster Management	
Networking	Member of NGO Federation Member of NANGAN Member of NHRN	
Staff	61 Operational Staff 2 Part-time Doctor 1 Management Advisor (Expatriate Volunteer) 3 Counselling and Treatment Volunteers	
Premises	NGN Main Office - Counselling and Treatment Centre - Social Integration Centre- Integrated Health Services Harm Reduction Drop in Centre I - Harm Reduction Drop-In Centre II - Field Office and DIC, Rupandehi -	Pokhara - 8, New Road Pokhara - 5, Malepatan Pokhara - 5, Malepatan Pokhara - 8, New Road Pokhara - 2, New Buspark Pokhara -10, Indramarga Butwal - 4, Pari Butwal

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ABBREVIATION

ART	Anti Retro-viral Therapy
INF	International Nepal Fellowship
PCN	Protestant Churches of Netherlands
UNDP	United Nations Development Program
FHI	Family Health International.
DFID	Department of Foreign International Development
VSON	Voluntary Service Overseas Nepal
MDM	Medicine Du Monde
HIV	Human Immune-Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
VDCs	Village Development Committee
DDC	District Development Committee
DACC	District AIDS Coordination Committee
NHRC	National Harm Reduction Council
NHRN	National Harm Reduction Network
NANGAN	National NGOs Network Group Against AIDS Nepal
UNODC	United Nations Office of Drug and Crime
IDUs	Injecting Drug Users
AHH	Association for Helping the Helpless
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
NGO	Non- Governmental Organization
FSWs	Female Sex Workers
ODUs	Other Drug Users
PLHA	People Living with HIV/AIDS
HMG	His Majesty Government
GO	Government Office
CBO	Community Based Organization
IEC	Information, Education and Communication
BCC	Behavior Change Communication
PIF	Project Indicator Form
QRM	Quarterly Review Meeting
MFR	Monthly Financial Report
CHBC	Community Home Based Care

From the Chairman

Dear Partners,

It is a great pleasure to find that our annual activity report 2006 is complete and it is in your hand now. I would like to thank our staff who worked very hard to prepare this report from their departments.

The year 2006 was very difficult one for Naulo Ghumti from management and funding point of view as there were uncertainty for most of its activity except the Rehabilitation Counseling and Treatment Department. The management team of Naulo Ghumti always gave attention for the services we were providing to our clients and managed to continue all the programmes without any interruption though some activity had to be brought in a low scale. The Jana Aandolan-2 also had some affect on the programme but with the full dedication of our staff the clients were not deprived to receive our services. I would also like to thank all our staff and clients for the solidarity they have shown during that period.

This report is based on the fact that even being on very difficult time what we have achieved in the year 2006 is very encouraging from our perspective. Our request to all partners and well wishers is to go through it carefully and provide us with your valuable comments so that it will put some extra energy to our staff and clients which will bring more success in reaching to our ultimate goal. The work we are doing is not an easy one. Our staff while at work has to face so many problems from Government offices, Society, Community and from the parents of our clients. We would like to request to all that this is a common challenge to all of us, so let us join hands in hands and be united to overcome from this problem and make our youths free from drug. As our youths are the pillars of development for our country. Please make your heart wide and broader and help us by providing your support. Hoping that the year 2007 will bring a new and healthy environment to Naulo Ghumti from the funding point of view.

With best wishes to all our partners who are supporting us in our fight towards making our society free from drugs.

Many thanks,

Surendra Kumar Gautam
Chairman



Summary

Nepal is currently classified as a country experiencing concentrated epidemic of HIV/AIDS, particularly among injecting drug users, female sex workers and migrant population. The UNAIDS statistics shows that the number of people living with HIV in Nepal is 75 000. Similarly the number of women aged 15 and above living with HIV is 16000 and the deaths due to AIDS are 5100.



Pokhara, the second largest city of the country is not the exception from the problems of drug abuse, transmission of STI and HIV/AIDS like in other developing cities. Obviously, the problems of the drug use and its' effect to the society and nation is tremendously significant. The previous Behavioral and Sero Prevalence Survey estimated that the number of injecting drug user in Pokhara is about 585 to 700, however about 1300 clients have been already identified and getting services from Naulo Ghumti Nepal. The survey also revealed that the HIV prevalence among the injecting drug users in Pokhara is about 21.7% where as it is 57% in Kathmandu.

Nepal has been suffered from the severe political conflict for last twelve years and recently it has been resolved to some extent, however longer time needed for the reconstruction and reconciliation in each and every aspect of the society. There is growing evidence that conflict-related displacement, migration and the breakdown of social structures and family systems have increased HIV infections among migrant labour.

This scenario has clearly justified that why Naulo Ghumti Nepal has been working for drug treatment, rehabilitation and HIV prevention field for the last twelve years. Naulo Ghumti was born as a program of International Nepal Fellowship in 1995 in Pokhara, in course of time; it was transformed into an independent NGO in 2002 and fully handed over by INF in 2003. Since the establishment as a NGO, it has been continuing a very good intervention carrying out the previous services along with some new components as well as new geographical area such as Butwal, Syangja.

Currently, there are five projects, viz. Integrated Health Services, Pokhara, Harm Reduction Pokhara, Comprehensive Services to IDUs, Butwal, Social Integration Centre, Pokhara and Counselling and Treatment Centre, Pokhara, running with the financial support from various donors i.e. Family health International Nepal, DFID/UNDP, AUSAID/UNODC and PCN, MDM.

Looking from different perspectives, the year 2006 is very encouraging and full of achievements for Naulo Ghumti Nepal. During this year two new projects Social Integration Centre (SIC) and Harm Reduction (HR) Services in Butwal commenced with the aim of rehabilitation of drug recovery clients and HIV prevention respectively.

During the year 2006, SIC provided vocational training to 25 clients and day care services to 54 clients, Likewise 134 clients admitted in CT for treatment purpose, out of them 119 got detoxification services including 44 poor clients who received free treatment services. As per the new agreement with FHI, the previous VCT services has been upgraded as integrated health Services comprising STI clinic, VCT, CHBC with the approach of intensive outreach, referral and networking. During this year total 787 clients visited to VCT centre and 408 have tested blood. Out of the total testing 56 found as positive status. Similarly 109 PLHAs were referred for care and support services. From the Harm reduction services 3267 regular clients, 41031 repeated and 289 new clients were contacted by the outreach and two DICs. During this period 77692 syringes distributed. In the same way 440 new clients identified in Butwal where 14203 number of syringes have been distributed. Moreover various community awareness raising events like observation of World AIDS Day, Condom Day, World Anti drug Day, school education, community orientation were took place.

The partnership activities with VSO has been successfully implemented in the year 2006, NGN is proud of having very nice support from VSO and the Programme Development Advisor Mr. Benedict Mukamba specially in the area of organization development i.e., human resource development, organizational capacity development and the development of five year strategic plan.

Besides the affiliation with National Harm Reduction Council (NHRC), National NGOs Network Group against AIDS-Nepal (NANGAN), NGO Federation of Nepal, and NGN got the opportunity to lead the Western region HIV and AIDS Alliance, Pokhara as Co-ordinator from the year 2006 NGN have played vital role in activate the District AIDS Coordination Committee. .

During the year 2006, fifth General Assembly and third general conference of Naulo Ghumti was held and consequently a new Executive Committee and an Advisory Committee has been elected unanimously. At present there are 53 life members consisting 13 female 32 from disadvantaged group.

During this year EC fulfilled the vacant post of Executive Director. At the moment there are 64 staff along with 3 volunteer and one expatriate volunteer. As an Executive Director, I am proud to say that the NGN staff team is highly motivated and committed in achieving the vision, mission goal and objectives of NGN.

Lastly we are very much grateful to the all beneficiaries who actively involved in the NGN activities carried out by all projects. We are equally thankful to the EC members, advisory Committee Members, Life Members, staff members of Naulo Ghumti who made substantial effort in making the programs successful and building up the organization image. If the funds are not provided by the donors, it would have not been possible to reach today. So we express our sincere thanks to all donors who provided significant support to NGN. We are equally thankful to all local government authorities, NGOs, partner organizations media and people from civil society for their valuable contribution.

Like in the past, we hope invaluable support and feedback from the all concerned persons and organizations so that we could move ahead successfully.

.....
Ram Prasad Gyawali
Executive Director

1. Naulo Ghumti

1.1 Context

Pokhara is the largest urban center in Western Nepal with a highly mobile population of students, migrant workers and tourists. The main groups at risk of HIV transmission in Pokhara are found to be intravenous drug users (IDUs) and female sex workers (FSWs). It is estimated a total of about 700 IDUs. In addition some sources estimate up to 5500 drugs users including oral drug users. A Sero study estimated 22 percent of IDUs in Pokhara to be HIV positive. High-risk injecting behaviour is reflected in the high prevalence of Hepatitis C in IDUs in Pokhara. In addition to unsafe injecting behaviour, sexual transmission is contributing to an overall increase of HIV among IDUs in Pokhara.

Intravenous drug users (IDUs) are a very vulnerable group for HIV infection and the majority of young people use a variety of drugs for diverse reasons. Their unsafe injecting behaviour as well as social stigma heightens their vulnerability to HIV. Huge social networks of these groups are directly connected to the general public. In addition they are involved in the sex trade as clients of FSWs. Both of these behaviours are reflected in the fact that HIV transmission is becoming an increasing problem. There is also increasing recognition of the continued impact on all citizens of drug use and HIV infection.

1.2 Background

In response to the emerging problem of drug use Naulo Ghumti was formed in 1995 as a project under INF (International Nepal Fellowship). Naulo Ghumti was the first programme working in the field of drug counselling, treatment and rehabilitation in Pokhara.

In 2003 Naulo Ghumti was sufficiently established to be handed over to the management of an Executive Committee and became an independent NGO.

The working area of the project day-to-day services covers the Pokhara Sub Metropolis, Lekhnath Municipality and neighbouring VDCs of these Municipalities of Kaski district and Putali Bazaar Municipality and highway VDCs of Shyanja and Rupendehi district. However, our counselling, treatment, rehabilitation, Integrated Health Services, CHBC etc. services are open to all throughout the Nepal.

1.3 Vision, Mission, Goal and Objectives

Vision:

A society where HIV/AIDS, Drug infected and affected people live dignified and healthy life through accessing quality and effective services.

Mission:

Minimize HIV/AIDS and Drug prevalence among highly risky behavior groups and re-integrate the infected and affected people into the community through awareness and harm reduction, counseling, VCT, Care and Support, treatment and Rehabilitation, Livelihood, advocacy and capacity building.

Goal:

Mitigate the transmission of HIV, STI, Hepatitis and Drug use practices and support the infected and affected people to improve their quality of life.

Objectives:

- Prevent the spread of drug use and transmission of HIV through awareness, harm reduction and Voluntary Counselling and Testing services.
- Provide care and support including referral services to PLHA, IDUs and affected families in order to ensure positive living and respected life.
- Minimize stigma and discrimination through advocacy and networking
- Provide effective and quality counseling and treatment services to the vulnerable groups.
- Empower drug users and PLHA with knowledge, information and life skills to effectively integration them into their families and communities.
- Develop strong human resource within Naulo Ghumti and other organizations working in the field of Drug, HIV and AIDS to run respective programmes effectively.
- Establish collaboration and partnership with CBOs, GOs,NGOs,INGOs at local ,national and international levels for united response to fight HIV and AIDS.

1.4 Organizational Norms and values

- Respect and love
- Social justice
- Confidentiality
- Inclusion
- Transparency
- Empathy
- Empowerment
- Commitment to change
- Gender and equity

2. Counselling, Treatment and Rehabilitation

2.1 Introduction

We believe that drug addiction is not a crime or a moral weakness. It is a treatable disease, like any other disease.

We run a residential Counseling, Treatment and Rehabilitation Centre where clients come for a three-month rehabilitation program managed by our experienced staffs and a Doctor who attends the Centre twice a week.

The counseling, treatment and rehabilitation is the longest running programme in Naulo Ghumti. The present capacity of the treatment and rehabilitation centre is 20 beds. Clients come to centre through referrals from outreach/harm reduction, VCT site, health services, referrals partners, publicity and social mobilization, and the number of clients throughout the country who are referred by ex-clients.

The rehabilitation process includes a detox period, one to one and conjoint counseling sessions with client and family, educational sessions, socialization activity and a daily routine to keep active.

During the year, we have given priority on twelve steps programmes, Yoga/Meditation and Self-help group programme. This year even Emphasis has been given for capacity development of centre' staffs, so most of staffs got the opportunity for trainings and workshops.

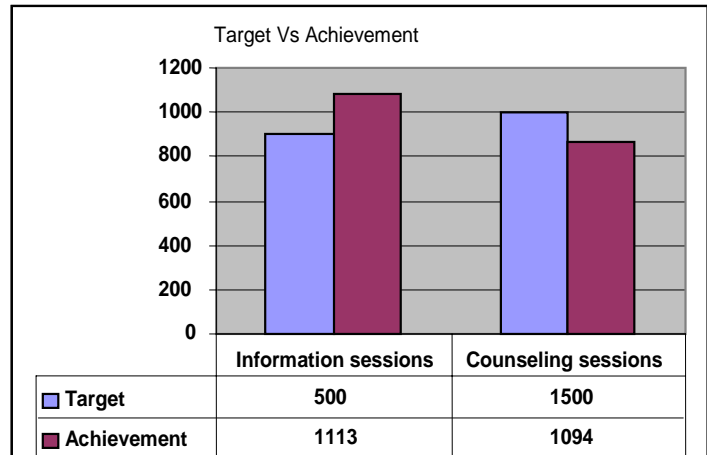
There are six (including women rehab) other treatment and rehabilitation centre in Pokhara, so we are focusing to the poor clients those who can't afford the treatment charge. We have developed the strong assessment/evaluation criteria to find out their economic status. Poor fund facility has been provided by other programme also, e.g. Social Integration Program, Harm Reduction programme, Integrated Health Service and CHBC of Naulo Ghumti Nepal.

Our staffing pattern in the centre is mixture or joint team of non users with recovered drug users. Among total 6 staff members 4 are from recovered drug user's background. Also 3 role model volunteers are mobilized to support the recovering.

2.2 Programme Activities

Counselling

The counselling and treatment centre provides information and counselling to individual and family in different ways i.e. direct conversation and telephonic conversation. During the period 2006, 1113 people have received information on drug problem and rehabilitation process directly or telephonically throughout the Nepal and 1094 counselling sessions has been provided directly to clients, their family and jointly.



Detoxification

Naulo Ghumti has standard regimes for detoxification, which was prepared in consultation with the visiting psychiatrist. One general physician doctor supervises the process of detoxification in conjunction with the counselling and treatment supervisor. The doctor visit twice a week to supervise the detox as well as normal physical check up.

Clients receive a medical, psychological and physical assessment prior to starting 10 days detoxification. Medical care is available at all times during the detoxification procedures. During 2006, among the 134 admitted clients, 119 have undergone detoxification procedures.

Rehabilitation

After detoxification, clients are offered the opportunity to be resident for 3 months in the rehabilitation Centre. The counselling and treatment programme includes counselling for both the individual and the family, and acquisition of life skills.

Counselling, with the expectation of broad-based lifestyle change, continues to be a central activity within the centre. Counselling for people who have started treatment and rehabilitation is part of their individual treatment plan. Naulo Ghumti continues to make family support during the treatment and rehabilitation process a priority.

The treatment centre had provided regular opportunity for therapeutic activities. Each morning there was a community meeting and each day work therapy and educational classes took place, which include diverse topics such as relapse prevention, personal hygiene and HIV/AIDS prevention. Sport including gym training was used as a therapeutic activity, not only to improve health, but also to teach relationship and work skills.

Subsidy and free treatment for poor clients

We are providing subsidy and free treatment facility to clients who are unable to afford the charge for treatment. We assess each client individual regarding their economic status.

During 2006, total 44 clients had this facility. Among them 10 clients from have used the poor fund provided by the Harm Reduction Program Pokhara and Butwal. Please see Annex B for full details.

Family Meeting

The family meeting is also a part of the activities within the treatment and rehabilitation. Therefore, we organize 12 family meeting as a family workshop and meeting in a different issue and topics e.g. role of family in recovery, Co-addiction (co-dependency), Addiction is family disease etc. The programme conducts meeting ones a month.

Medical check up / Clinic

We run regular clinics by our medical doctor twice a week to treat client's general medical problems and detoxification. Total 17 Clinic and 211 patients were health checked up in weekly clinic. We allow medical check ups for our client's families too but these year families were not involved.

12 step program

12 steps is a self-help program for any addiction and it is a great spiritual and self-help program for chemical addicted people too. We help clients to understand how it can help them with testimony sharing and input classes on 12 step program from recovering clients.

- **Sharing meeting** -In this meeting, clients share their feelings and problems with each other. It helps to develop their sharing skills and identifies easy practical solutions to their problems. In addition, they can attend self- help group meetings confidently after discharge. In this year 240 sharing event were carried out.
- **Self-realization** – This is half an hour time program. Clients write answers of 12 steps questions on their experiences like- Has my disease been active recently? Which way? They think, discus and write step by step questions. We run this activity 259 in 2006.
- **Inputs class by recovering clients** - Twice a week we call our recovering client to share their feelings and experiences. In this class they share their experience how 12 steps have helped them live a clean life. Total 93 sessions were run in 2006.

Group Meeting/Community meetings

In treatment, we are practicing the Therapeutic Community Concept. This activity had run 283 times in center. Clients and staff participate in this meeting. We discuss house problems and issue, help friends by feedback, Thought for day, just for day and special problem of client.

Group Therapy

This is group counseling. In group therapy clients share their feelings, thoughts, problems and other issues which affect them. Facilitators/Counselors focus on their negative feelings. In total 103 events have been conducted in this year.

Yoga/ Meditation

Yoga/ meditation is a spiritual program which helps clients to cope with tension and negative thoughts and develop concentration. We run this activity every day after review the program. This activity had been conducted 241 times in 2006.



Clients playing table tennis

Games/gym

All clients participate in games for an hour in each day. We play in-door and outdoor games like carom board, chess, ludo, table tennis, football etc. Our Clients had participated in more than 3 (Three) inter Rehab and Inter Ward No 5 football event. We got certificate in discipline.

Recreational activity

This activity has been organized once a week. During this recreation is done by dancing, singing and showing other extra talents. Total 64 events happen in this year.

Home Visit/ Follow up

We are doing this as a major work for client. It is helps the clients in relapse prevention, treatment motivation, social adjustment and etc. We do the follow up by phone, Client visit in center and staff visits their home. In total 269 follow up were done 2006.



Education Session

Educational sessions

Educational session is very important part of the treatment. In this session we teach about relapse prevention technique, how to cope negative feeling/thought, hurt healing, healthy life, spirituality and etc. Total 174 education sessions were conducted in this year.

Devotion for spiritual growth

This is unique program of NGN from the beginning. This programs main aim is to develop spiritual awakening to the client. We use to do this especially from the Bible and other spiritual books. Every day 15 minute we give to our God. This event had done 337 in this year.

Daycare service after treatment, Vocational orientation, Vocational training and Job Placement

We have submitted the proposal to UNDP to run this program and they accepted our proposal, so now we refer the clients who have completed their three months in rehabilitation & treatment center to SIC (Social Re-integration Center) for this activity.

Social activities to develop social adjustment for clients (outing)

We are doing this once a month. We take client to social and spiritual place for visit. During this they learn to adjust in society. Total 10 events were done this year. Two times all the center staff joins in this program for get-together that is very fruitful for stress management of staff.

Festival refresher

In Nepal there are many festivals. We are choosing main national festival for refresher. In this occasion we try to call all ex clients for meeting.

- **Dahain** - Dashain is a great festival for Nepali Hindu people. We do these once a year in dashain. It helps to meet other staff and to share their experience. We did this event and it was memorial.

Work Therapy

In center, all clients participate in work therapy like house cleaning, gardening, washing cloth etc every day.

Referrals

Since 2004 October, Naulo Ghumti established own Voluntary Counselling and Testing Site after that the Treatment Centre has been referring to our own VCT site. Referral system has been established between related GOs/ (I) NGOs e.g. INF-Paluwa, INF- Nepalgunj Drug Programme, Association for Helping the Helpless (AHH) Dhangadi, Bidharthi Jagaran Manch (BIJAM) Birganj, Manipal Hospital, Regional Hospital, TB Hospital etc.

During the year, total 52 clients (Psychiatric – 8, VCT – 16, STI – 3, TB Hospital -2, WRH Hospital – 6 and Serious Medical Care – 17) have been referred to different services.

Treatment and Rehabilitation

During the period, 137 clients (along with repeated clients) were admitted in Naulo Ghumti. All were male, majority of them were local. Out of 134, 41 clients (30%) completed the 3 month treatment and rehabilitation process successfully. Those who were completed the 3 month rehabilitation; most of the clients are still clean and fully rehabilitated in their families.

Please see Annex A for full programme data.

Team meeting- we have conducted team meeting every week for solving problems, sharing, planning and new ideas and to other specific issues. Total 31 CT Team meeting were held during the year.

Awareness Events Run from CT Program

- 25 student from Kantipur Boarding School come to Naulo Ghumti Nepal for orientation on drug related problem and treatment of drug addiction on September 6, 2006.
- An Organization called us to education session on drug and alcohol related harm and treatment of alcohol and drug addiction.
- INF PFR program – mother groups member of Gorkha, Shyanja and Parbat visted Counseling and treatment Center to learn about drug related problem and drug and alcohol treatment.
- 103 student hostel students of a boarding school named Kumudini Homes participate in Drug abuse, addiction treatment and its negative impact



Orientation to students

Counseling & Treatment Center media

- Golden Eye TV develop a documentary of sharing of drug using experience and its negative impact on own life and broadcasted it. One day late same documentary was telecasted by Pokhara Cable.

Counseling and treatment Center was visited by:

- Jan Smith visited CT Center and encourages us to do good performance.
- 2 Staff from KYC visited our Center on the month of June.
- Staff of Ashal Chhimeki Nepal visited to share and learns our center on dated 7 Nov. 2006.
- 4 staff of BIJAM come for exposure visit month of December
- From Universal Peace Federation 2 people visit for peace talk in CT center on the month of December.

2.3 Challenges and Lessons Learnt

Challenges

- Increasing alcoholic client and drug user's family specially father and mother are alcoholic, so alcoholic's children are risk group to be drug users.
- Need of family counseling and program for family is demanding.
- Government is positive but need more advocacies and lobbying.
- Human resources of this field are turnover.
- No policy about staff relapse case.
- Over expense in house rent because we have not won building.
- Hard to insure quality service – Counseling, Follow up and personal change/growth of clients.
- Lack of networking and sharing between rehab and drug addiction related NGO and INGO.
- Hard to convince for developed stress and burnout prevention activity to care giver.

Lesson learnt

- VMGO oriented planning and implementation is very essential.
- Long term recovery begins from Spiritual healing and program.
- Capacity development of staff is essential.
- Need of program to prevent non user youth.
- Day care and vocational training program is importance.
- Family need counseling.
- Family involvement in client's treatment is very important and effective.

I am Samir Gurung (Name Change) 24 years old unmarried young man, living with my family. We are altogether five members in my family they are I, my father, mother and two brothers. I am youngest in my family.

My father works in Iraq and my elder brother works in Hong Kong and other brother works as a teacher in Nepal itself. Being youngest I used to get lots of love from each and every member of my family. When I was 13 years old, the time at which I was preparing for my SLC examinations, same time I was even looking for pleasure and excitement. At that age only took my first shot (dose) of cigarette. I really loved it. After that I used Marijuana (Ganja) with my frens and occasionally alcohol also. During this stage only I passed SLC (The Iron Gate) then I joined university. Gradually I started looking for other chemicals as by this time I needed extra and hard type of doses. At the age of 17 I started injecting (TD). Really it made me feel very cool. I loved it. By the age of 20 I started taking brown sugar. By this time my family was aware about my addiction. Many times I felt like to quit taking drugs, to make my future and do something for my family but I could' nt. Every member of my family used to hate me and also avoid me, I have trying to avoid drugs by I could not succeed. I have taken medicine (proxy van) to reduce my addiction but nothing helped me out.

Then one day my elder brother rang me up from Hong Kong. I respect him a lot. I expressed him my feelings and problems which I was facing due to addiction. I could express him frankly and thought he will understand my problem as he is also a recovering addict. He got treatment from Naulo Ghumti Counseling and treatment center. Now days he is clean. He advised me to go to Naulo Ghumti and start the treatment process. He gave lots of hope and courage. Then he request my another brother about my problem and advice him to give a chance to me. Then my brother asked me about my problem and suggested for treatment. I readily agreed to his suggestion. Then, I visited Naulo Ghumti Counseling and Treatment Center and joined it for treatment from 063/1/10. During treatment, with my great effort and support from counselor and fellow brothers and my family, I completed my three months treatment process on 063/4/1and was discharged from NG with my treatment plan, future plan and relapse prevention methods to work with my problem. From Naulo Ghumti's Social Integration Center, I got vocational training from Kantipur Hotel and training center. After successfully completing the course I got certificate.

I heartily thank Naulo Ghumti for my new and meaning life and would like to request all of you who still suffer "Please Say No to Drugs"

I know today the meaning of hope.

3. Social Integration Center

3.1 Introduction:

Naulo Ghumti is a comprehensive program of drug rehabilitation and HIV/AIDS prevention. It works for people affected by drug and HIV; both those directly involved and their families and communities.

We are providing three months drug treatment program for the drug and alcohol users. This short term treatment also is not sufficient for the clients to sustain a long term recovery. To fulfil the gap among the clients NGN developed a program- social integration program.

Counseling services to individual, family and group, educational session, yoga/meditation, family meeting, vocational orientation, assessment and training are the major activities we are running.

All together eight new clients were admitted for the day care services. Ninety seven individual counseling were carried out during the period. Twenty seven educational sessions were delivered during the period. One staff from this center went for the international exposure visit.

During our program period the low cost extension was the major setback for the program implementation.

We learnt that structural relapse prevention program is necessary for the integration process. Family education on recovery process and relapse prevention is helpful for both the family and clients.

3.2 Objectives

Our social integration program objectives are as follows:

- Provide a sense of meaning to clients lives to maintain a useful recovery through day care service
- Provide vocational skill learning opportunities
- Help client to achieve economic sustainability by generating income

The program provide vocational training/business skill through seven strategies

- Vocational assessment prior to vocational training
- Placement for vocational training with local institutes and businesses (3 months)
- Job-seeking skills training (interview technique, bio-data writing etc)
- Business management training

Target groups

- Primary Target Groups: Drug users, IDUS'
- Secondary target group: Alcoholics, family members and community and social members

Activities

- Devotion
- Individual counseling
- Family counseling
- Family meeting/interaction
- Sharing meeting/Self realization
- Group meeting
- Educational session
- Vocational orientation
- Vocational training
- Entrepreneurship training
- Relaxation/Yoga
- Follow up
- Extra curricular activities (art therapy, confidence build up session, information sharing, games quiz contest)
- Games
- Referrals

Client:

- **Clients Admission:** Total no. of fifty five clients has taken the day care services for the whole year.

3.3 Program Activities

Counseling services

- **Individual Counseling:** Counseling service is the core activity of the social integration center to prevent relapse. It helps clients to find growth obstacle by doing forced field analysis in counseling session. Two hundred eighty eight individual counseling were carried out during the period.
- **Family counseling:** Family counseling helps them to develop recovery plan to make constructive changes both in terms of support they will extend to the drug-abuser as well as to improve their own lives. All together one hundred and twenty family counseling were carried out during the whole period



A yoga session

Day care therapeutic events

- **Education session:** Main objective of the educational session is to provide education on qualitative recovery process, relapse prevention, socialization skills, coping skills and health education. Forty seven educational sessions were provided during this period.
- **Self realization/sharing meeting:** This event is based in the twelve step program. This session helps them for self identification and self assessment. For the sharing meeting they are approaching the near by self help groups. On a regular basis client got enrolled in the sharing meeting.
- **Group meeting:** The group meetings are run twice a week as group counseling and during that we discuss problems which they are facing in their family, society, peer- group. In this event they share problems in group and give suggestions to their friends and counselor facilitates the group. Seventy five group meetings were carried during the period.
- **Follow up/Home visits:** It's a ongoing examination of the clients integration process. Clients are regularly monitored on their behaviour, attitude, interest, and socialization process and relationship development.
- **Relaxation/ yoga, meditation:** Drug dependency not only affect the physical portion but it also bankrupts the persons mental and spirituality level. To balance the physical, mental and spiritual level relaxation and yoga camps were conducted. Five yoga/relaxation camps were carried out during the whole period.



Vocational Assessment

Extra curricular activities:

- **Art therapy:** In this session clients are encouraged to explore their creation in a paper so as to understand the recovering life and its terms. Four such types of sessions were carried out during the whole period.
- **Quiz contest:** This contest designed to help the clients to develop their intellectual quotient as well as to broaden the knowledge regarding the world dynamics. Six such types of events were carried out during the whole period.
- **Games:** Clients are participating different types of indoor games like chess, ludo, caram, table-tennis etc. They were also participated in different outdoor games such as volleyball and football.



Entrepreneurship Training

Skill development:

- **Vocational Orientation:** This orientation helps the client to know the importance and basic information about the vocational career. Seven such type of the orientation was carried out during the period.

- **Vocational assessment:** This process is carried out to identify the motivational factor, interest and planning of the client before joining the vocational training. Thirty six assessments were carried out during the whole period.
- **Vocational Training:** After completing the necessary process clients are joined to different vocational training according to their interests. Twenty five clients have joined the vocational training for the whole period.
- **Entrepreneurship Training:** Three days Entrepreneurship training was conducted at the Hotel Ravi. Twenty participants from social integration center took part in the training. Participants got the knowledge about business planning and quality acquiring for the entrepreneurs.
- **Income generation/Job placement:** Two clients were engaged in the income generating process. One is as a cook in the rehabilitation center and other one is as a community mobilizer.

Referrals:

Referral mechanism is for the identification of needed support area. Five such referrals were carried out during the period.

Networking and Coordination meeting

- **Networking meeting with training institute:** We visited more than twenty vocational training institutes to develop relationship for vocational training and networking. We also carried out one networking meeting with the training institute. Altogether fourteen members from 12 different organizations were present during the meeting.
- **Networking meeting with rehabilitation centers:** We visited four rehabilitation centers so as to develop the relationship and inform them about the social integration program. One day networking meeting was conducted during the whole period. We got the valuable suggestions from them as genuine feedbacks.



Networking Meeting

Please see Annex C for full programme data.

3.4 Challenges & Lesson Learnt:

Challenges:

- It's a new program for all and thus challenging
- Job placement for the clients who got the vocational and other related training
- Rapport building and services to the client and their family who doesn't want to disclose themselves

Lesson Learnt:

- Structural relapse prevention program is necessary.
- Working job training is needed for the beneficiaries
- Family education on recovery and relapse prevention is effective.

4. Integrated Health services (IHS)

4.1 Introduction

Naulo Ghumti has been providing voluntary counseling and testing (VCT) services to IDUs and their partners in Pokhara since 2004 with financial and technical support from FHI/Nepal and USAID. The services provided from the VCT were mainly voluntary counseling and testing, care and support to PLHAs and their families and awareness about HIV/AIDS and its preventive measures. From the October 2006 the VCT has been upgraded to Integrated Health Services (IHS). The IHS provides diagnosis and treatment of syphilis, Voluntary counseling and testing services and an essential package of care (EPC) services to IDUs, PLHA and their families through a static clinic. Thus in IHS the added component is the diagnosis and treatment of syphilis and the essential package of care to PLHAs (EPC) has been made more integrated and more comprehensive.



HIV testing

The overall goal of IHS is to decrease HIV transmission and mitigate the impact of HIV/AIDS among injecting drug users in Pokhara. The IHS aims to achieve this goal through five main strategies which are – generate demand for integrated health service, provide integrated health services, conduct home based care for PLHAs and families, strengthen referral mechanism and linkages with NGO and hospitals and build capacity of Naulo ghumti and staff members.

The Integrated Health services works in coordination with the Western Regional Hospital (WRH), International Nepal Fellowship (INF), Siddhartha Club, District public health office Kaski, Family planning association Nepal (FPAN), Blue Diamond Society (BDS), Community support group (CSG), Friends of Hope (FOH) and other GOs/NGOs in Pokhara to set up a strong referral network for PLHA, client care and follow up.

The programme is committed to provide HIV testing services with pre and post - test counselling, supportive counselling, educational contacts/sessions and support to PLHA aiming to prevent HIV and reduce the drug and HIV/AIDS related stigma and discriminations.

The STI services provided from the IHS are in consistent with the National STI Guidelines, the STI Case Management Guidelines for FHI/Nepal Sub-agreements, the Minimum Standards for FHI/Nepal-sponsored STI clinics and FHI/Nepal Standard Operating Procedures. The STI VCT services are in consistent with the National STI VCT Guidelines and the FHI VCT Operational Guidelines. The EPC services are in consistent with the FHI/Nepal Essential Package of Care Standard Operating Procedures. The patient rights, privacy and confidentiality are always ensured while providing the services from IHS.

4.2 Programme Activities:

The VCT programme which began in September 2005 ended in September 2006 and then the IHS programme began since October 2006. Now VCT is a component of HIS. Hence this annual report comprises 9 months of the VCT project and 3 months of IHS project.

For smooth functioning of HIS we have formed four different teams with in the HIS. The STI and VCT team comprises of a Doctor, two counsellors, a staff nurse and a lab assistant. The CHBC team comprises of a CHBC supervisor and two CHBC workers. The outreach team comprises of two outreach educators and six community mobilizers and the Administration team comprises of a admin cum receptionist and a office helper.



Medical Check - up

Counselling

Counselling and support service are taken as a major component of the VCT. Seven hundred eighty seven new clients visited the VCT last year. 467 clients received pre test counselling.

HIV Testing

In 2006 a total of 408 individual were tested of which 56 were found positive for HIV. Whether to do HIV testing or not depends upon the will of the client. It is his/her voluntary decision. After pre test counselling HIV testing is done. All most all the clients who were tested for HIV received their test through post test counselling.



IHS Staff assessment

Outreach and Peer Education

The programme has carried out the outreach and peer education especially among Intravenous Drug Users (IDUs). Two Outreach Educators (OEs) and 6 Peer Educators were working with the target groups during the VCT project but after October 2006 the peer educators were upgraded to community mobilizers. OEs worked for VCT promotion among the IDUs. The efforts were made by the OEs/PEs to motivate clients to attend the services and assist clients during referrals from the VCT site in some cases. Assessing the risk of client, support to adopt positive behaviour and other supports were made to the clients during the whole year. Condom demonstration, follow up VCT clients with family, group meeting and motivational sessions for referral linkages were also the major activities carried out during the outreach services.

Peer and outreach education was the major activity to increase demand for VCT services among IDUs and their family in Pokhara. During the year the programme was able to identify and educate 87 new clients from target group. The Outreach and Peer Educator made efforts to motivate clients to get the services and assist clients during referrals from the VCT site in some special cases. The major activities carried out by the PEs and OEs was assessing the risk of client, support to adopt positive behaviour and other supports were also made. Condom demonstration, follow up VCT clients with family, group meeting and motivational sessions for referral linkages were also the major activities carried out during the outreach services in this year.

OEs/PEs regularly go to outreach in order to contact the target groups with some essential tools and supplies i.e. a bag containing dildo, condoms, IEC materials, diary, pen, log-sheet and so on. The major aim of the outreach team was to identify new IDUs and their family, provide information and education about the risk of acquiring HIV/AIDS and STI. The outreach team refers the clients who are at risk of HIV for VCT services

The teams of OEs/PEs/CMs frequently visit the gathering points or spots of target groups. The major spots of IDUs are street setting to contact with them. Altogether 40 sites or the spots were covered by OEs/PEs/CMs to reach the target groups. The total number of repeated educational contacts by PEs /OEs were 1908, out of them 302 IDUs were referred to VCT site.

A total 2159 pieces of condoms and 1007 IEC/BCC materials were distributed from the VCT site while 4699 pieces of condom and 1125 pieces of IEC/BCC materials were distributed during the outreach activities in the field.

Community Home Based Care (CHBC)

CHBC is the new component of NG VCT care and support. Community and home based care consist of care which responds to the physical, social, emotional and spiritual needs of PLHA in the home and community environment. It includes PLHA self care, care provided by family, informal visits from peers, neighbours and/or formal visits by trained CHBC workers. After October of 2006 the CHBC programme has been made more comprehensive with an added component essential package of care to PLHAs and their families.

The main activities under the CHBC program are:

- Support infection prevention strategies (nutritional, referral for TB screening etc)
- Relieve or reduce symptoms and pain.
- Teach PLHA and family caregivers in positive living and care giving skills
- Assist PLHA and families in coordination of referrals and regular appointments for the services they are receiving from hospitals, other providers.
- Advocacy when a patient gets referred to a specialist
- Support the nutrition and hygiene of the client and family
- Provide adherence support for ART and for long term use meds and supplements such as cotrimoxizole and multi- vits
- Recognize danger signs and assist family with referring PLHA for medical care
- Remind clients of their regular medical appointments and follow up when they have missed them
- Assist PLHA in linking with social services to improve their income, provide food assistance, seek legal aid, assist children in going to school etc
- Provide emotional support and counselling in helping PLHA and families to cope with HIV, help parents disclose their status to their children and help parents to tell their children about HIV and about their HIV status
- Arrange for spiritual counselling and support as requested by the PLHA
- Guide PLHA and families in making future plans, including selecting future guardian for children, preparing wills, writing a memory book, etc
- Provide end of life care, helps their clients die peacefully and with dignity
- Assist family members in funeral preparations, provide bereavement support, help orphaned children to cope with loss of parent(s) and adjust to a new home and life

An 18 Month baby Sumitra (name Changed) from remote village of Kaski District was brought by mother who was already diagnosed HIV positive 4 years back. The mother of Sumitra came for testing her baby's HIV status. At the moment the lady was very sad and disappointed because her husband was also HIV infected for 5 years. She has lots of problems because she thought that they will die soon and Sumitra will be an orphan or may die before them. Sumitra was low birth weight and until she didn't gain weight therefore the parent thought that she might be HIV infected from mother.

Sumitra's mother always pray with god to make Sumitra HIV free . Today she came at 12 noon but she did not take any food since this morning because of lot of tensions.

It took more than 2 hour to counsel her and lastly she decided that she will test her baby for HIV and also called her husband (Sumitra's father) for post test counseling. Before post test counseling both (Sumitra's parents) were crying and sharing their past how they got HIV and what they faced for it and come over Naulo Ghumti. Due to their HIV problem Sumitra's father drink alcohol a lot and sometimes bit Sumitra's mother. They both are well known that viral transmission between the HIV positive person (viral load) but due to the tension the husband didn't agreed for safer sex with wife, so wife is worried about increasing amount of virus between them.

And also baby is feeding mothers milk as well as other food too. So parent does not have any hope that the baby's test result will negative. But after half an hour counseling with parent i.e. post test counseling to baby and given result of baby which was Negative. When they receive results both parent were very happy about their baby and they promised that mother will stop breast feeding from now and will come after completion of 3 months (window period) for confirmatory test. Sumitra's father is only one son of his parents so he has hope of boy child to continue his generation or hand over his parental properties. The parent of Sumitra were given follow up appointment to plan for next baby and future.

After finishing of 3 hour they were looking very happy. They promised that they will take care of each other and maintain positive life style by reducing alcohol and taking nutritious food and other. They will come next month for follow up counseling and support group meeting. Me as a counselor I feel proud of my counseling. I am able to give a lot of satisfaction to couple by counseling.

Wish their bright future in coming New Year 2007.

Weekly Clinic

Weekly clinic was started from October 2005. Our consultant doctor was Dr. Saru Devkota but latter on she resigned and currently we are helped by consultant physician Dr. Mukunda Prasad Acharya who is also a member of WRH ARV team. Activities involved in weekly clinic are as follows:

- Doctors check up
- Free medicine support
- OT treatment
- Follow up
- Referral to CD4, ART and other services

Please see Annex D for full programme data.

4.3 Challenges and Lessons Learnt

Challenges

Some of the challenges we faced during the year were:

- We are facing very difficulty in arranging the medicines for our STI clinic and CHBC team
- Due to mobile nature of the clients it is being hard to find them in their respective spots.
- Clients hesitate to come to VCT due to fear. They say that it may cause problem to them.
- We are facing some difficulty due to only one lab assistant. When the lab assistant is on leave clients have to return without blood testing
- No lab facility to the clients beside HIV / Testing.
- No drug treatment budget for PLHAs / IDUs.
- Unable to provide or link the PLHAs and their families to the income generating activities and other vocational training.

We don't see these as a problem, but as an opportunity to learn and improve the services we provide.

Lessons Learnt

Some of the good examples of our job that simplified our work are

- The mobility mapping and operational mapping are very helpful in day to day monitoring of our tasks.
- The flow of people in VCT is increasing due to regular follow up.
- Advertisement and advocacy of VCT services is a must to make society aware of VCT services.
- Media coverage of VCT services and activity was satisfactory.
- VCT can change the Life style of IDU's.
- Outreach activities are the backbone of VCT services.
- CHBC is making difference in the field of care & support
- Weekly clinic is supporting clients.

5. Harm Reduction, Pokhara

5.1 Introduction

Drug injecting with contaminated equipment and high-risk behaviours now become the major HIV transmission mode in many parts of the world. It is estimated that there are 13 million injecting drug users in the world, and who are in high risk of HIV/AIDS. Though there are variable data recorded, National Centre for STD and AIDS prevention estimated the number of IDUs in Nepal is to be between 40,000 and 50,000.

Similarly in Pokhara it is estimated 5500 drug users where as the injecting drug users (IDUS) are 600 according to the survey carried out by CREHPA and ERA in 2001. Integrated bio-behavioural surveys (IBBS) showed the prevalence of HIV among IDUs in Pokhara is 22 percent in 2003. Recent IBBS has revealed 21.7 percent HIV prevalence among IDUs in 2005.

It is realized that harm reduction is an integral part of dealing with and minimizing the spread of HIV/AIDS and other infections. Addressing the alarming situation of drug, Naulo Ghumti has been providing Harm Reduction services in Pokhara since 1995 A.D.

It works through two Drops in Centers and Outreach Educators aiming to provide the following services:

- Needle exchange program and disinfectant and sterile water distribution.
- Behavior Change Communication (BCC) and Information & Education Communication (IEC).
- Primary health care provision (PHC).
- Safe sex advice and condom supply.
- Referrals for rehabilitation, health care, HIV testing and counseling.

The aim of the Harm Reduction programme is to reduce the level of harm experienced by IDUs and their families, in particular the transmission of HIV, in Pokhara.

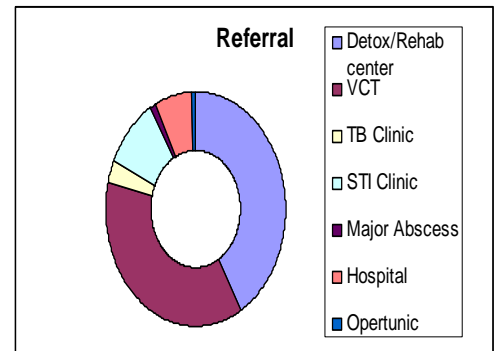
Our main objectives are:

- To reduce the unsafe practice of intravenous drug use
- To reduce the transmission and prevalence of HIV/AIDS, STIs and Hepatitis
- To raise awareness of the dangers of drug use and of the drugs issue in Pokhara
- To reach and help as many IDUs and their families as possible
- To promote safer sexual practices among IDUs and their partners

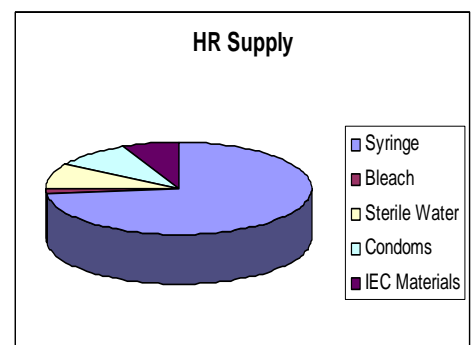
The HR programme primarily target to IDUs and Secondary ODU, drug user's families, Students and general community people.



PE Training



Drop in center



5.2 Programme Activities

In order to achieve the above objectives, we carry these are the main elements to the programme; DIC Operation, Outreach services, Distribution of bleach and sterile water, Alcohol swab, Six types of IEC materials Provision of primary health care services, BCC education sessions and promote condom use, Counselling services, Referral services, weekly clinic. Creation of an enabling environment like orientation to Police, community, youth, student regarding Harm Reduction and HIV, It also includes Training for IDUS, street drama. Peer Communicator mobilization form IDUs and also raising general awareness.

Drop- In Centres

Mainly Injecting Drug Users (IDUs) come to DICs referring by Outreach workers and have a membership after getting Harm Reduction (HR) service card.

It is the centre where IDUs can contact for harm reduction services like Needle and syringe exchange, disinfectant solution distribution, safer sex education, and condom promotion/distribution, primary health care services. In addition conduct motivational and counselling sessions, referral for detoxification, general treatment, VCT, STI, and other general cases referral to respective agencies. Similarly it conducted the provision of weekly clinic service, IEC materials distribution, and behaviour change communication and disposal system for the proper distraction of the contaminated equipment. This includes raising awareness about HIV/AIDS, STI, Hepatitis and other drug related harms through Drop-In Centre (one DIC is in Pokhara-2, Baglung Bus Park and another is in Pokhara-10, Indra Marg, Ram Bazaar)

Outreach

The outreach work has two aims: the first aim is to identify the IDUs and ODUs within the community. The second aim is to reduce the level of drug related harm through awareness among the IDUs and other drug users about HIV/AIDS, STI, Hepatitis and hidden consequences of their high-risk behaviour.

Outreach team from the programme visit 40 locations, which are known to be frequented by drug users. In this way, they build relationships with individuals and groups, moving on to offer information with an emphasis on harm reduction, health education, and eventually opportunities for detoxification, as the relationship grows.

Both in DIC and outreach teams contacted 289 new clients, 3264 in regular basis and 40,958 repeated cases. Similarly 10963 clients contacted for the month. Use five types of brochures in their contacts with users as well as community people. It has distributed about 13707 copies. They provided 8240 condoms with safer sex education.

Success Story

I am Sangharsh (name changed) Living in Pokhara sub-metropolitan Milan Chowk. I belong to a family of middle class with two sister. Right from the young age I have keen interest for studies and getting success in it. My parents used to love me a lot. But for instant amusement and pleasure I totally forgot the love and affection of my parents which was from core of their heart. When I was studying in class eight during that time only I started following the track of my friends and also having an intention to become unique gradually I started entering into the swamp of drug usage. At first I used to mix sugar with tobacco suddenly I started using brown sugar. We used to enjoy the get together of new friends and for arranging money we used to involve in various kinds of activities and wandering in different location became my routine. Due to this drug usage I totally neglected the test examination and by following my friends I went to India Border for bring brown sugar. In this way how I step into the wrong direction of my life which I didn't even realize.

During the usage of drugs, I was involved in small scale selling of drugs(13 and 14 years before), during this an arrest warrant was issued in my name and during this many of friends were sentenced but I ran away to India to escape from police. For about six to seven months I stayed in India but due to my violent nature and language problem, the stay was not so easy and I again returned to Nepal. Though the stay in India was not so easy but the great thing was I have not used drugs during that period. After returning home gradually I started going gym and involved myself in Tekwondo game. I even received Red Belt in This Tekwondo game. I was physically fit as I was not using drugs. One day I met a person, he has a hotel in lakeside, and after many meetings he gave me the job of tourist guide. In this way I life was running easily. During these days my parents have become optimistic towards me.

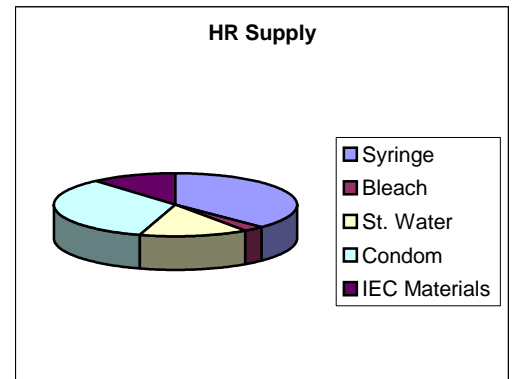
Sometimes when I used to go out in market for official purpose I used to see and meet my old friends taking drugs, even I used to feel like taking them. I again started taking drugs because now I was a job hold so could arrange some money for it and could give excuse to parents and boss that for some works he is going to India Border. I started regularly going to India Border and I started neglecting job and at last I left the job also. After that it became very difficult for me to arrange money for drug abuse.

For money I started troubling parents and many a time I made my mother to cry. When they do not use to give money I used to destruct property of the house. I was sentenced to prison for about six months in the case of drug abuse. After releasing from the jail, I again started using drugs and again I was caught by the police. As per the advice of the Police my parents send me to the ASHRA Treatment and rehabilitation center, Kathmandu and there I completed my 3 months residential treatment but the day on which I reached home on that day onwards only I again started taking drugs.

Days passed and during these days I was just realizing myself and during that I met Outreach Educator of Harm reduction Programme he counselled me and my parents to send him to Treatment Centre. My parents then sent me to Naulo Ghumti Treatment and Rehabilitation Centre. After completing the three months residential treatment, I used to be in touch with Naulo Ghumti as a day care volunteer. Now I am learning important life skills in Social Integration center. Now it has been 14 months I am away from drug addiction. Now I am confident that I can lead life without drugs. I have promised myself that I will try to give all happiness to my parents and try other friends to leave addiction. For leading me to such stage I would like to thank the staff of Harm Reduction Program, Counseling and Treatment Program and Social Integration Center of Naulo Ghumti Nepal

Total 40002 times of people were participated in educational sessions on HIV/AIDS & STI, Hepatitis, Safer injecting, Sterilization and others. Similarly, 302 Counselling sessions have been provided to individual client and 104 sessions of Counselling were provided to their family. 131 clients were made referrals for detoxification /rehabilitation, 38 clients for general medical treatment, 10 clients to TB clinic, 169 clients for VCT and 5 for major abscess and 25 as STD.

During 2006, 77692 pieces of syringes /syringes have been exchanged with 83% return rate Likewise 34220 pieces of needles have been exchanged with 79% return rate .Total 14599 alcohol swab, 2846 (5 ml of bottle) of bleach solution and 18205 bottle (5 ml) of sterile water were distributed.



928 people received first-aid treatment, 96 were attended with initial abscess and treated accordingly. 153 cases were followed up among initial abscess. Similarly 231 were treated and 178 cases followed up. During this period 43 burn paramedical assistant treated cases by the same time 30 cases have been followed up. 8 people were treated as STD. Only 2 people were treated as STD followed up

Please see Appendix E for full programme data.

5.3 Challenges and Lessons Learnt

Challenges

Many Challenges have been occurred during the implementation period; however, sincere attempts have been made to resolve the problems.

The majors were as follows.

- Short project duration
- Delay in fund release procedure
- Poor communication system
- Unscheduled strikes and Banda
- Inadequate supply of HR supplies
- Abstract 100% needle & syringe returned due to police and community fear.
- Mobile of target group & spots.
- Lack of Program among Female IDUs / DUs
- Irregularity Monitoring & evaluation system

Lesson learnt

- Positive thinking towards IDU's after the effort of drug orientation program.
- IDU's are referred to the treatment center from police custody after the good coordination with police personnel
- Orientation to the different group like mother, local authority, student, youth, police regarding HR program plays vital role for advocacy.
- The provision of poor fund is more helpful to the poor clients who are really motivated for treatment
- The system of service card to IDUs is helpful to identify the total number of clients
- The involvement of ex drug user as a Outreach and DIC Educator is found more effective
- The regular syringe collection campaigning has given positive impact to the community
- The regular educational sessions about BCC is fruitful to change their attitude

6. Harm Reduction, Butwal

6.1 Introduction

Drug injecting with contaminated equipments and risk behaviors now become the major HIV transmission mode in many parts of the world. It is estimated that there are thirteen million injecting drug users in the world, and who are in high risk of HIV& AIDS. Though there are variable data recorded, NCASC estimated the number of injecting drug users in Nepal is to be "Between 40 to 50" thousands.

In Rupandehi, Bhairahawa and Butwal are rapidly growing cities with increasing population with migrant peoples. The cities are also become vulnerable for drug related activities and high-risk behaviors due to the open border and cross border activities. It is easier to receive drugs in comparison to other cities of Nepal. Different NGO, INGO and DACC provide different data. Though we estimated total 3000 to 3500 drug users are in Rupandehi district.

Drug using trend is quite different in this district, which depends upon situation of Police activities, dealing points and border activities. So oral user become injecting drug user and IDU become oral situationally; which we found with our intervention with them.

We work through two drop in centers and four out reach educators aiming to provide the following services.

- Needle Exchange and Bleach, St. Water distribution.
- Behavior Change Communication and distribution of IEC Materials.
- PHC Service.
- Safer Sex Advice and Condom Supply.
- Counseling to the client and their family.
- Referral for Rehab, VCT, STI, OI, and others.
- Conduction of Trainings for PE and Community Peoples.

The aim of the program is to reduce the level of harm experienced by IDUs and their families in particular the transmission of HIV in Rupandehi.

Our main objectives are:

- Reduce the unsafe practice of IV Drug Use
- Raise awareness to the general population
- Reach as many IDUs and their families as possible
- Promote safer sex practice among IDUs as well as general people
- Advocacy for IDUs, Dus, & PLHA and their families



PE Meeting



SCHOOL AWARENESS, VDC-Tamnagar

6.2 Program Activities

In order to achieve the above objectives we carry these are the main elements to the program; DIC operation, Outreach services, Distribution of Bleach, St. Water and Alcohol Swabs, IEC materials and provision of Primary Health Care Services, BCC Education Sessions, promote Condom Use, Counseling Services, Referral Services. Creation of an enabling environment like orientation to Police Personnel, Community, Youth, Students, PLHA, Mothers Groups, Factory Workers and Migrant Peoples regarding Harm Reduction and HIV. It also includes training for IDUs, Street Drama, Peer Communicator Mobilization and also raising General Awareness.

Drop in centers:

Mainly injecting drug users come to DIC referring by outreach workers and have a membership after getting the service card.

It is the center where IDUs can contact for HR services like needle and syringe exchange, disinfectant solution, safer sex education, condom and PHC service.

In addition we conduct motivation and counseling sessions, referrals for Detox/Rehabilitation, General, Treatment, HIV Testing, STI, and other cases to respective agencies. Similarly we conducted IEC distribution, BCC education and Disposal system of used syringes. We started DIC from the beginning of the Rupandehi project. In addition we added DIC II in Pari Butwal since last November.

Out reach:

The outreach work has two aims; the first aim is to identify the IDUs and Dus within the community. The second aim is to reduce the level of drug related harm through awareness among the IDUs and other drug users about HIV, AIDS, STI, Hepatitis Tuberculosis and Hidden Consequences of their high risk behaviors.

Out reach team from the program visit 58 locations that are frequented by drug users. In this way they build relationship with individuals and groups moving on to offer information with an emphasis on harm reduction, health education, and eventually opportunities for detoxification, as the relationship grows.

Both in DIC and Outreach teams contacted 440 new clients, 509 in regular basis and 9800 repeated cases. Similarly 13949 clients contacted for the month. We distributed total 4358 IEC brochures, which we manage from our Head Office and other INGOs. Total 12829 condoms are distributed during the year. Total 9430 peoples were participated in education sessions on HIV/AIDS, STI, Hepatitis, Safer injecting, Sterilization and others. Similarly, 1733 persons were counseled. 260 clients were made referrals for different purposes. During 2006, 14263 pieces of syringes have been distributed and returned 8184 used syringe and disposed. Total 976 bottles of 5 ml of bleach and 5486 pcs of 5 ml sterile water were distributed. We provided PHC service to 1169 persons.

Please see annex F for annual data on target and achievement

Success Story Humanity beyond The duty

The day was Wednesday, 26th April 006, I found a street boy in the DIC of Naulo Ghumti Butwal. Our fellow Mr. Suman brought him there. The boy was innocent and ignorant about the problem he had. Actually, he had a small laceration on the abdomen externally. But there was penetrative injury inside the wound. He is thirteen years old. All he only knows is to collect cowards and to sell them for his usual dose of brown sugar and "roti" or "dalbhat". He doesn't know about the importance of education, nor he knows about his parents and relatives.

I wanted him to refer to Lumbini Zonal Hospital but he denied and asked for a simple dressing. He agreed with me after a short counseling session and we referred him to the hospital with Mr.Suman. The medical superintendent of zonal hospital ignored the case and they returned back to Naulo Ghumti. I went to zonal hospital with the client and met Dr. Krishna Giri (Orthopaedic surgeon). I found the Dr.was co-operative with us. He ordered some X-rays of the abdomen. It was found that the boy had a small metal piece (a part of bullet) inside his abdomen. Dr.Giri also suggested for abdominal scanning but ultrasonologist was not available in the hospital. So we met Dr.Sarita in her clinic but she refused to hear anything. She only pointed to her clients who were already on waiting. Again we met Dr.Giri and admission was made for the boy. Successful operation was performed after three days of admission in free of any cost.

Every person does own duties but very few people can rise beyond their duty for humanity.



Street Drama

6.3 Challenges and Lesson learnt

Challenges:

- We did not have sufficient IEC materials
- We face financial problem due to delay in fund releasing
- Police personnel and Maoist activities are observed as the constraints during the fieldwork
- We could not work fluently in the April due to revolutionary demonstration
- Some disturbances observed by unscheduled Bandha and Strikes
- Source of receiving condom is not sufficient

Lesson learnt:

- Daily, weekly and monthly planning is more useful to monitoring and supervision the program.
- Regular update of resource map is found very efficient and effective to display our achievements.
- Regular BCC sessions help to change negative attitude of the clients.
- Conduction of training with collaborative partners at the spot is found very effective.

7. Community Awareness

7.1 Introduction

Our community awareness activities aim to raise public awareness about the problems associated with drug and alcohol use and to prevent the spread of drug use and HIV/AIDS in the community.

Community work is undertaken in schools, youth groups and community. Volunteers have been trained to start up drug prevention activities, working for the reduction of drug use and the support of people affected by drug use within their own locality. Major themes of community work include publishing the risks of HIV/AIDS spreading and emphasizing the dangers of using drugs and alcohol.



Orientation to school students

7.2 Main activities

During the period, Naulo Ghumti was involved in advocacy on Drug and HIV/AIDS issue to local authority including Police and Journalist. Orientation was provided to Women Group, Youth Clubs, and volunteers of Pokhara Sub-metropolis, DIC neighbourhood communities etc. Creation of an enabling environment like orientation to Police Personnel, Community, Youth, Students, PLHA, Mothers Groups, Factory Workers and Migrant Peoples regarding Harm Reduction and HIV was done from Harm Reduction Pokhara and Butwal in Kaski and Rupendehi district.

School education: Drug and HIV/AIDS education has been given to ~714 students of different Schools of Kaski District.

Orientation to Mothers' Group

Several orientation sessions were held in different locations of Pokhara on HIV/AIDS and Harm Reduction



Rally on the occasion of Condom Day

Day's Observation

Condom day: 12th Condom Day 2063 (B.S) was successfully organized jointly with other fifteen NGO and GOs of Kaski District working in the field of HIV/AIDS on 14th October 2006 with a slogan " **Proper use of Condom for dual protection**" . On that occasion, FM talk programme, open quiz competition, song, awareness rally with banners and play cards, public announcement, distribution of condoms and IEC materials etc. Naulo Ghumti has actively involved in Pokhara programme and during this information desk in Old Bus Park and Baglung Bus Park. From there various information's regarding importance of condom, STI, drug abuse and its effects were delivered. Along with information IEC materials and condoms were also distributed. Those condoms were made available to NG by Blue Diamond Society, District Public Health Office, Nepal CRS Company. The day was celebrated for three days.

World AIDS Day: World AIDS day 1 December 2006 was observed as 'world AIDS campaign' with unified and innovative way together with all local GOs/(I) NGO /CBOs working in Pokhara as decision made by DACC. The day has been observed during the whole week with varieties of awareness events: press release, two way song competition, open quiz competition, awareness rally context among schools with play card/banners, distribution of IEC materials, pamphlets regarding HIV/AIDS and the slogan of that day was "**Stop the AIDS, keep the promise**" and the theme was "**Accountability**"

On the occasion of World AIDS day Naulo Ghumti Organized an orientation program to NGN members the topic was "**The current situation of HIV/AIDS and the role of Naulo Ghumti in the prevention of HIV**".

On the same occasion Harm Reduction Unit of NGN organized a felicitation programme for its peer educators. On the same occasion NGN and family planning association Nepal jointly distributed nutritious food and hygienic toolkit to PLHA living in the crisis centers of "Friends of hope" and "Community Support Group". Naulo Ghumti also felicitated three PLHAs who have contributed a lot in the field of HIV/AIDS to create awareness and motivate other PLHA.



NGN staff participating in the World AIDS Day 2006 Rally

Candlelight Memorial Day: As previous year, observed the International Candlelight Memorial Day in 21st May 2006 , with the Theme "**LIGHTENING THE PATH FOR THE BRIGHTER FUTURE**" which was organized in conjunction with the PLHA Support Group and NGN family.

International Day against Drug Abuse & Illicit Trafficking Day: As previous year, the International Day against Drug Abuse & Illicit Trafficking Day was observed on 26th June 2006 with various activities in coordination with different GOs/NGOs working in the field of Drug and HIV/AIDS in Kaski. The theme of the day was "**Drugs are not Childs play**"

In addition, Naulo Ghumti involved/participated in varieties of Radio programme, interaction meetings and speech programme, different campaigns as well as advocacy activities.

In conjunction with local Mother group, Community Service Centre, Narcotic Drug Control law Enforcement Unit, AIDS Control Association, FM Radio and Youth group, lot of events awareness sessions/talk programme/ interactions has been carried out at different target groups. Star Media has been made one visual program of Naulo Ghumti about 10 minute and broadcasted into the two shows under the "Antardristi" program under the Image Television, Kathmandu. Mr. Som Lal Ojha, Programme Manager has given information about the drug and HIV/AIDS situation of Pokhara and how Naulo Ghumti is playing the vital role to resolve the problem including its services.

8. Networking and Collaboration

Naulo Ghumti is active in Networking with local authorities, public health services, police, hospital, and local government and with local organizations with a focus on drug, HIV/AIDS prevention. It has been actively involved in networking with related organizations aiming to increase coverage, formation of referral partnerships, develop co-ordination over activities and reduce duplication in work.

A good relationship with the local authorities including police and law enforcement agencies has been a priority by Naulo Ghumti since the starting of the programme. We have strong networking or working relationship with government agencies: District Administration, District Public Health Office, District Police Office, Narcotic Drug Control law Enforcement Unit, District Development Committee, Pokhara Sub Metro Polis, Regional Hospital, Regional Tuberculosis Treatment Centre etc. Similarly, INF Paluwa, MDM Nepal, Nepal Red Cross Society, Community Support Group, Family Planning Association, NAPN+, Siddhatha Club, Centre for Drug Abuse Prevention, AIDS Control Association, Community Services and Community Police, Srijana Development Centre, Mother and Youth groups etc NGOs at local level in Pokhara. As in previous years, the continuation of referrals happened to Naulo Ghumti from different organisation.



Visti to NGN from Help Group

Aiming to reduce overlapping, establish referrals system and develop co-ordination with other organizations regular meeting has carried out e.g. District AIDS Coordination Committee Meeting, District coordination and networking meeting between drug and HIV/AIDS related organizations working in Pokhara, FHI Nepal's Implementing Agencies coordination meeting (Naulo Ghumti, INF Paluwa, NRCS Kaski, Siddhartha Club and Friend of Hope) etc. Similarly, NG been participated in every DACC meetings and others meetings organised by other GOs/NGOs.

All International/National days related with drug and HIV/AIDS has been observed jointly with all GOs/NGOs and CBOs. The days like World AIDS Day 2006, Condom Day, Candle Light Memorial Day, International Day against Drug Abuse and Illicit Trafficking etc has been observed jointly.

Naulo Ghumti also attended the Regional Consultation planning meeting on National Strategy Planning 2006 at central and regional level conducted by National center for AIDS and STI Control.

A two day Networking and Development Workshop among HIV and AIDS Organizations in Pokhara has been conducted by Naulo Ghumti and Community Support Group with the support of VSO Nepal in 13 – 14 July, 2006 at the Hotel Barahi, Lakeside, Pokhara. As a result of the workshop, it was decided to form a network/alliance. After long discussion and hours of brain storming the group finally agreed on the name "Western Region Alliance for HIV/AIDS" (WRAA).

A task force team was formed with conscious from the participants to lead the alliance. Following includes the name of the organization democratically elected during the workshop. (Chair - Naulo Ghumti, Vice Chair - INF Paluwa, Secretary - CSG, Treasurer – NRCS, Kaski, Members - DDC Kaski, UNICEF, World Vision, NAP+N, FOH). Since that regular meetings are being made and now it is in registration process.

Since the beginning, we are the members of National Harm Reduction Network (NHRN). We have being affiliated with National NGO Federation of Nepal and National NGOs Network Group against AIDS, Nepal (NANGAN).

During this period Dr. Bimala Lakhay & Girish K Sharma of NCSAC, Sharon Arscott Mills, senior technical Advisor for HIV/AIDS population Leadership Program & Mr. Hari Koirala of USAID, Dr. Penny Mille, FHI, Rabindra Bahadur Thapa,

Save the Children Lok Nath Kandel, UNDP, Chakradha Jena, VSO Volunteer visited the different programs of Naulo Ghumti.

UNDP Western Region field officer Mrs. Sita Poudel visited Harm Reduction program of Naulo Ghumti Nepal on 21st August 2006. Along with appreciation she also gave valuable suggestions for making the program even more qualitative.

Many other organizations working in the same field visited Naulo Ghumti during the course of their exposure visit. Organizations like KYC – Punarjivan Kendra, Dharan, Help Group Biratnagar, Prerna etc.

During the year Number of professionals from different organizations has been come to observe our programmes. A joint team of American Parliamentary team members, US Embassy and USAID observed CHBC team.

9. Management and Support

Naulo Ghumti was registered as an NGO in Kaski District Administration Office. Affiliation has had got from the Social Welfare Council and Ministry of Home Affairs, Department of Drug Abuse Control and Disaster Management. As organization, an elected executive committee with 11 members, a 4 member advisory committee with 53 life members. Naulo Ghumti, altogether 61 staffs including 14 female (59 full times, 1 expatriate Volunteer and 1 part-time) staff is involved to give the continuity of the programme. Additional volunteer (3 CT volunteers) are mobilized.

During the year, the 5th general assembly of Naulo Ghumti has been carried out successfully. Total meeting of executive committee and programme management committee meeting has been held eight and four times respectively. Likewise the others meetings also has been held regularly (staffs meeting – Quarterly and department’s head meeting - once a month, department staff/team meeting - once a month). NGN Executive Committee has reviewed the structure of Programme Management Committee and decided to extend the members in the committee, so that all the department heads of the programme are participate in that meeting.

To promote the Naulo Ghumti’s services among the target groups and stakeholders, relevant materials are needed to produce. During the year different types of materials were produced in different occasions. Special occasion like condom day, candle light memorial, World AIDS Day, International day against Drug Abuse and Illicit Trafficking; the programme produced different type of pamphlets, badges and other documents. Hanging banners with the extensive information was also the regular job of the programme. For some short duration Mr. Surendra Kumar Gautam, present chairperson gave his valuable contribution by being in the post of Management Advisor.



Executive Committee members



Executive Committee meeting

Staff Development and Training

We have developed a Staff Development and Training Policy within Naulo Ghumti to ensure that training is programme focused, includes all levels of the organisation and is effective. As per the policy, NG staffs have participated different training. Please see the details in Annex: G

Monitoring and Supervision

Aiming the overall planning, monitoring and supervision of programme NGN has established a Monitoring and Evaluation team. The team consist of Mr. Prakash Raj Wagle, Assistant Secretary, EC, Benedict Mukamba, Program Development Advisor, VSO Nepal, Sanjeev Raj Neupane, IHS Coordinator and one representative from beneficiaries. Along with M& E team Executive committee also monitors and supervises the program activities. The EC meeting assesses the progress as per plan, discussed and provides guidelines both on technical and financial matters. The Programme Management Committee also monitors and supervises the programme's activities. Sometime the members of EC/PMC observed the field activities. Day to day programme supervision is made by Programme Coordinator/Department Head. Similarly, Executive Director and Programme Manager also supervise the activities in regular basis. There are provisions of regular progress review meeting in each Department.

PIFs, QNRs, MFRs and other relevant projections were submitted to the concern authority timely. Reporting and projections of different activities are the basis for project implementation and the management was taking serious responsibility.

Quality and quantity were maintained to achieve the target of the programme. Quantitative results as well as qualitative are the bases to measure the effectiveness and efficiency of programme.

Organisational Development

A 5 years agreement between Naulo Ghumti and VSO Nepal has been made to strengthen the organizational capacity and development. Since October 2006 we have a VSO full time Volunteer Mr. Benedict Mukamba (Uganda) working with Naulo Ghumti as a Programme Development Advisor.

A situation analysis was also conducted by VSO Volunteer Mr. Benedict Mukamba in Kaski, Syanjya and Rupendehi district. The method used to information gathering was of participatory type in which participants were from NGOs (49) beneficiaries included Injecting drug users, PLHAs and female sex workers (30) and also field visits were also conducted during which interaction with clients were made. This situation analysis helped in finding the contributing factors, challenges and problem faced by different programmes and the current needs of beneficiaries (IDUs, PLHAs and FSW) were also identified. The information's gathered from the situation analysis guided Naulo Ghumti in preparing the strategic plan.

During July 2006 program review and evaluation was conducted Benedict Mukamba, VSO Nepal Volunteer and Peterson Mangoola, VSO Bangladesh. It was aimed at assessing the effectiveness and efficiency of NGN programme, identifying the programme gaps and helped in improving the quality of services delivered to the beneficiaries.

On 31st August – 2nd September, Naulo Ghumti conducted a three day strategic planning workshop in collaboration with VSO Nepal. During this Naulo Ghumti's organizational vision, mission were reviewed and based on those goals and objectives were set which was guided by the feedback form situational analysis and six key strategic program areas were identified for sustaining the organization in future.



Situational Analysis workshop – Rupendehi District



VSO/NGN Annual Partnership Review Workshop

The six programme areas for the next five years are:

- HIV Prevention (Awareness and Harm Reduction)
- VCT, Care and support
- Counseling, Drug Treatment and Rehabilitation
- Livelihood
- Advocacy

- Capacity building



Strategic Planning workshop

For organisational development and capacity building VSO organized training like Role of Planning, monitoring and Evaluation and Effective Strategizing. VSO Nepal also conducted participatory Management Training in Kathmandu. Staff assessment had been carried out by the respective line managers which helped Naulo Ghumti to produce areas in which staff performance are strong and areas, which could do with improvement.

VSO also conducted VSO/NGN partnership annual review workshop on December 7, 2006 in which OD priorities for 2007 were set.

During the year for couple of months Naulo Ghumti was supported by another VSO IT volunteer, Mr. Chris Whatt.

10. Financial Information

10.1 Funding Arrangements

During the period the programme is funded partly by charges to clients. In addition, it has been granted funds from:

Protestant Churches of Netherlands

UNDP

FHI Nepal/ASHA Project

Medicines Du Monde (MDM Nepal)

VSO Nepal

Counselling and Treatment Centre

Harm Reduction Programme, Pokhara and Butwal

Social Integration Center

Integrated Health Services

Harm Reduction Programme

Organizational Development

10.2 Financial Summary

Financial Summary

Total Income by the end of this period

	<i>Amount (NRs.)</i>	<i>Proportion</i>
Grants	12,535,469.68	93.10%
Local Income	496,898.05	03.69%
Bank Interest	11,500.88	00.09%
Overhead Cost	217,664.00	01.62%
Other Income	203,295.00	01.51%
Total	13,464,827.61	100%

Cost Center Wise Expenses

	<i>Amount (NRs.)</i>	<i>Proportion</i>
Counseling & Treatment	4,268,727.61	30.02%
Harm Reduction - Pokhara	3,606,186.00	25.36%
Harm Reduction - Butwal	1,766,727.00	12.43%
Social Integration Center	1,340,257.00	09.43%
Voluntary Counseling & Testing	3,236,649.06	22.76%
Total	14,218,546.67	100%

11. Naulo Ghumti – the future

Our future activities will be based on strategic Planning; however, we believe that there will be a need for the comprehensive programme offered by Naulo Ghumti for the foreseeable future.

Therefore:

- **Implementation of strategic Plan:** Making Core program more comprehensive and programmes like advocacy, livelihood support and capacity building to be implemented when funds are secured.
- **Resource mobilization:** Mobilize resources and raise funds for our programmes and construction of own building. This can reduce donor dependency.
- **Extension of Programmes:** Extension of programmes in other parts of country especially in the mid and far west.
- **Involvement:** Greater Involvement of EC members in monitoring program activities.
- **Human Resource Development:** Investment in human resource development.
- **NGN Development:** Developing NGN as a resource organization.
- **Collaboration & Networking:** Strengthening the existing networks and alliances and increasing collaboration with other stakeholders.
- **Partnership with VSO:** We will continue to work with VSO Nepal and our organisation development process to strengthen our capacity.

12. Acknowledgements

2005 Partner and Donors

The activities of Naulo Ghumti Nepal, Drug Rehabilitation and AIDS Prevention Program are funded by charitable donations in cash or in kind. The program gratefully acknowledges the support of:

- Protestant Churches of Netherlands
- FHI Nepal/ASHA Project
- UNDP Nepal
- MDM Nepal
- VSO Nepal

Government / line agencies

Naulo Ghumti Nepal wishes to thank the following people for their contribution to the program during 2006:

Director, National Center for AIDS and STD Control
 Chief of Ministry of Home Affairs, Drug Control Programme
 Member Secretary, Social Welfare Council
 Chairman, NGO Federation
 Chairman, NANGAN
 Chairman, NHRN
 DDC Chairman / LDO / Chairman, District AIDS Coordination Committee and all DACC members.
 CDO/Chairman of Drug Abuse Control District Coordination Committee Kaski
 Mayor and Executive Officer, Pokhara Sub –Metropolis
 Director, Western Region Health Directorate
 Medical Superintendent, Western Regional Hospital, Pokhara
 Superintendent of Police, District Police Office Kaski
 Public Health Administrator, District Public Health Office and all DPHO staffs
 Director of Regional TB Treatment Center Pokhara
 Police Inspector of Narcotic Drug Control Law Enforce Unit Pokhara
 INF Director, Program Manager and all Section Managers of INF, Kaski Program
 Chairman, Nepal Red Cross Society Kaski and NRCS family
 INF Paluwa, Section Manager and section staffs
 Chairman, Centre for Drug Abuse Prevention
 Chairman, Family Planning Association Nepal Kaski and FPAN family
 Chairman, AIDS Control Association
 Chairman, Community Police District Coordination Committee Kaski, and all Community Police Centres
 Chairman, Friend of Hope and FOH family
 Chairman, Community Support Group and CSG family
 Chairman, Siddhartha Club and Club family
 Director, Nucleus for Empowerment through Skill Transfer and NEST family

Annex: A

Counseling, Treatment and Rehabilitation Centre - 2006

Activities	Indicator	Target	Monthly Achievement												Total Achievement
			J	F	M	A	M	J	J	A	S	O	N	D	
Information and Day Counseling															
Information	# of people	450	18	34	38	28	56	78	20	52	49	44	39	62	518
Counseling	# of sessions	500	31	38	17	14	55	43	33	65	36	22	36	26	416
Treatment and Rehabilitation															
Client Admission	# of clients	80	12	20	12	10	12	12	13	10	8	7	21	10	147
Detoxification	# of clients	95	12	19	12	10	12	12	13	10	8	7	20	10	145
Educational sessions	# of sessions	200	21	20	23	23	20	19	21	23	15	17	21	22	245
Group Therapy	# of therapy	100	8	8	9	8	9	8	8	8	9	7	6	8	96
Praying/Yoga/Meditation	# of pray	64	4	4	5	4	4	5	4	5	4	3	3	4	49
Clinic by physician	# of persons	100	13	19	17	13	16	16	8	22	23	4	24	29	204
Socialization	# of events	12	1	1	1	1	1	1	1	1	1	1	1	1	12
Bed Occupancy	% of bed occupancy	20	13	23	25	28	24	23	28	27	29	23	28	27	125%
Graduation	# of clients	40	2	6	4	4	2	4	5	3	1	5	4	1	41
Successful Rehabilitation/Job	# of clients	5	-	-	-	3	-	-	-	-	-	1	2	2	8
Referrals from															
HR Program	# of client		2	3	3	-	4	3	-	-	-	-	5	1	21
VCT Program	# of client		-	2	1	1	1	-	2	-	-	1	1	-	9
Other Organization	# of client		5	3	3	1	-	-	1	1	1	1	-	-	16
Family or Client	# of client		5	12	5	8	7	9	10	9	7	5	15	9	101
Family Work and Follow up Service															
Meeting with family member	# of meetings	12	-	-	1	1	1	1	1	1	1	-	-	-	7
Follow up to family/Client	# of f/u	250	38	9	28	11	51	101	16	64	54	14	11	31	428

Annexure - B
Poor Fund Report 2006

SN	Name	% Charity	Counselor	Remarks
1	Buddha Gurung	100%	Bindeshowri	
2	Shyam Lama	100%	Rajesh Aryal	BIJAM/NGNCT
3	Ajaya Thakuri	100%	Om Krisna	BIJAM/NGNCT
4	Purna Gurung	100%	Om Krisna	HR
5	Rajesh Thapa	100%	Kumar Gurung	BIJAM/ CT
6	Birendra Shah	100%	Rajesh Aryal	BIJAM/NGNCT
7	Shantosh Gurung (Pardi)	100%	Kumar/Rajesh	HR
8	Gautam Gurung	100%	Bindeshori	CT
9	Ganesh Gurung	100%	Pankaj	CT
10	Dhruba Koirala	66%	Rajesh	HR
11	Shyam Bista	100%	Pankaj	HR
12	Shantosh Gautam	100%	Om Krisna	CT
13	Anil Gurung	66%	Bindeshori	CT
14	Fattu Dhakal	20%	Om Krisna	CT
15	Kiran Lama	100%	Om Krisna	CT
16	Shanta Rana	85%	Bindeshowri	CT
17	Ramesh Pun	50%	Bindeshowri	CT
18	Ramesh Adhikari	100%	Gopal	CT
19	Ubraj Gurung	50%	Rajesh	CT
20	Jeevan Gurung	100%	Gopal	CT
21	Prakash Shahi	100%	Gopal	CT
22	Shanjaya Magar	40%	Rajesh	CT
23	Kamal Koirala	100%	Om Krisna	CT
24	Ashok Shahi	100%	Gopal	Butwal HR
25	Bishal Chhetri	100%	Gopal	Butwal HR
26	Raju Shahi	100%	Gopal	Butwal HR
27	Shandip Thapa	100%	Om Krisna	CT
28	Ratilal Chaudhari	50%	Om Krisna	CT
29	Raj Kumar Shrestha	100%	Gopal	CT
30	Gopal Pariyar	100%	Gopal	HR/CT
31	Dinesh Nalmi	100%	Rajesh	HR
32	Bimal Tulachan	100%	Rajesh	CT
33	Prakash Bhujel	100%	Bindeshori	CT
34	Dinesh Nalmi	100%	Rajesh	HR
35	Binaya Gurung	25%	Rajesh	CT
36	Shantosh Gurung (Shyanja)	100%	Om Krisna	CT
37	Bharat KC	50%	Gopal	CT
38	Bir Bahadur Nepali	100%	Gopal	CT
39	Ek Bahadur Adhikari	75%	Bindeshowri	CT
40	Krisna Gautam	100%	Om Krisna	CT
41	Kunga Chhime	50%	Gopal	CT
42	Chhime Wando	50%	Om Krisna	CT
43	Shantosh Gurung	33%	Durga	CT
44	Dipesh Chhetri	50%	Om Krisna	CT

Annexure C
Social Integration Center, Pokhara

Program Component	Indicator	Mth Tgt	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Achieved
Day care service													
# admitted for day care	# of client		8	2	5	4	23	4	4	2	2	x	54
# dropped out	# of client		x	x	1	X	10		1	1			13
Follow up/Home visit	# of client		x	x	20	25	22	26	42	23	27	29	213
Counseling													
Individual Counseling	# of clients	40	-	5	26	33	34	36	38	22	37	11	242
Family Counseling	# of family	20	-	x	11	8	17	18	16	13	18	6	107
Family Meeting	# of family	1	-	1	1	x	2	1	1	x	x	x	6
Extra Therapeutic Events													
Self realization / sharing meeting	# of clients	30	-	18	14	17	22	14	22	16	21	11	155
Group meeting	# of clients	10	2	14	9	11	11	8	12	2	7	6	82
Relaxation/ Yoga/ Meditation	# of event	1	x	x	x	1	1	1	1				4
Games	# of events	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	
Educational session	# of session	10	1	10	16	14	11	12	8	1	18	11	102
Skill Development/Social re-integration													
Net Meet with Trg Institute	# of meeting	-	-	-	-	---	1	1					2
V T Assessment	# of clients	10	-	-	11	---	12	4	4	3		1	35
Vocational orientation	#event/ clients	1/16	-	-	1/32	1/ 80	1/29	x	x	x	x	X	3/141
Vocational Training	# of clients	5	-	-	3	5	9	8	x	x	x	x	25
Entrepreneurship Training	# of clients	x	x	x	x	x	X	1					1
Income /Job placement	# of clients	-	-	-	-	---	x				2		2
Referrals/Linkages													
Drug addiction treatment	# of clients	-	-	-	-		1						1
TB	# of clients	-	-	-	-		x						x
VCT	# of clients	-	-	-	-		1						1
Medical Treatment	# of clients	-	-	-			x						x
Staff Training	# of staff	-		-	-		5						5

Exposure Visit													
Monitoring and Evaluation													
Staff review meetings	# of events	2		-	3	3	1	2	3	4	1	3	20
External visit (donor, government)	# of visits			-	2	1	x	2		1	1	x	7
Internal visit (Program Manager Board)	# of visits	1		-	5	2	1	1	1	1	2	3	14
Program Review Meeting by ODC.							1						1
Networking Meeting with rehab	# of meeting				1								1
Training attended/Volunteer and Client	# of training						2						2
Technical assistant provided	# Tech. Asst.						x						x

Annexure D

VCT / IHS Programme Data 2006

Activities	Indicators	Target	Achievement	Remarks
Voluntary Counseling and Testing				
New Clients visiting the VCT site	# of Clients	-	787	
Pre Test Counseling	# of Clients	486	467	
Clients tested for HIV	# of Clients	405	408	
Post test counseling	# of Clients	405	408	
Clients NOT receiving the result	# of Clients	-	0	
People diagnosed HIV positive	# of Clients	-	56	
Blood samples sent for external quality assurance	# of samples	-	0	
Clients given follow up appointment	# of Clients	-	87	
Follow up visits by the clients	# of visits	-	64	
Condoms distributed at VCT site	# of condoms	-	2,159	
IEC materials distributed at VCT site	# of IEC material	-	1,007	
Care and Support				
New PLHA who received basic care clinic service	# of PLHA	-	107	
Total no of PLHAs who received care clinic services(includes follow up)	# of PLHA	230	338	
No of clinic established for basic care and support	# of clinics	1	1	
No of clinic days conducted	# of clinics	36	37	

Individuals referred for care and support services	# of Clients	-	109	
Medical referral (TB,STI, ARV, PMTCT)	# of Clients	-	262	
Number of IEC materials on self care distributed	# of IEC materials	-	232	
Number of IEC distributed on nutrition	# of IEC materials	-	203	
Number of condoms distributed	# of condoms	-	364	
PLHA support groups formed	# of groups	1	1	
Support group meetings held	# of meetings	31	38	
People participating in PLHA support group	# of participants	-	628	
Demand creation for VCT services				
Target group newly contacted	# of Clients	54	87	
People reached on one by one by OEs / PEs/CMs	# of Clients	-	1,908	
VCT referrals made by OEs / PEs	# of clients	-	547	
IEC /BCC materials distributed during Outreach activities	# of IEC & BCC materials	-	1,125	
Condom distributed during outreach activities in the field	# of condoms	2,353	4,699	

Annexure E

Harm Reduction, Pokhara - Programme Data 2006

Activities	Indicators	Annual target	Annual achievement	Remarks
Client contact				
Identify new clients	# of clients	190	289	Male & Female
Repeated client contact	# of clients	34,702	41,031	Male & Female
Regular Clients	# of clients	3,685	3,267	Male & Female
Secondary beneficiaries	# of clients	1,210	1,629	Male & Female
Total client contact for the month	# of clients	11,715	9,334	Male & Female
Harm reduction supply				
Syringe Out	# of pieces	62,500	77,692	
Syringe In	# of pieces	62,500	63,902	
Needle Out	# of pieces	46,500	34,220	
Needle In	# of pieces	46,500	26,994	
Alcohol Swab	# of pieces	0	14,599	
Bleach Distribution	# of bottles	2,520	2,846	
Sterile Water Distribution	# of tubes	17,700	18,205	
Condom distribution	# of pieces	10,550	8,240	
PHC service				

First Aid treatment	# of clients	585	928	
Abscess Management	# of clients	129	96	
Abscess Follow Up	# of clients	146	153	
Wound	# of clients	125	231	
Wound follow up	# of clients	127	178	
STI s Management	# of clients	29	3	
Counseling service				
Individual client counseling for rehab./detox	# of clients		302	
Counseling to client's family	# of person		104	
Referral				
Refer to detoxification	# of clients		6	
Refer to rehab. Center	# of clients	112	125	
Refer to major abscess	# of clients	41	5	
Refer to VCT center	# of clients	133	169	
Refer to STI clinic	# of clients	51	25	
Refer to TB clinic	# of clients	50	10	
Counseling	# of clients		46	
Hepatitis	# of clients	19	31	
Refer to Hospital and others	# of clients	77	16	
Refer to AIDS care system	# of clients	-	38	
BCC Education				
Safer sex with condom demonstration	# of clients	1,450	2,325	
Safer injection with flip chart	# of clients	1,320	2,746	
Sterilization with bleach demonstration	# of clients	1,290	2,418	
HIV/AIDS, Hepatitis and STI	# of clients	5,200	1,02,703	IDUS, Youth, Student & Community people
Adverse consequences of drug use	# of clients	1,600	7,582	
Total	# of clients		39,604	
IEC Materials Distribution	# of copies		13,707	
Weekly clinic				
First enrollment	# of clients	54	154	
Follow up	# of clients	15	51	
Client's sex partner				
Spouses	# of spouses	0	69	
Others	# of people	0	8	
Enabling environment				
Orientation for police	# of participant	80	115	
Orientation for community	# of participant	120	258	
Orientation for Youth	# of participant	0	71	
Orientation for school/College student	# of participant	40	900	

IDUs Training	# of event	2	4	
PE meeting	# of event	12	12	
Event celebration	# of event	3	4	ADD, CD, CD & WID

Annexure F

Harm Reduction, Butwal Programme Data 2006

Activities	Indicators	Annual target	Annual achievement	Remarks
Client contact				
Identify new clients	# of clients	407	440	Male & Female
Repeated client contact	# of clients	8,000	9,800	Male & Female
Regular Clients	# of clients	600	509	Male & Female
Secondary beneficiaries	# of clients	0	3,200	Male & Female
Total client contact for the month	# of clients	0	1,945	Male & Female
Harm reduction supply				
Syringe Out	# of pieces	14,700	14,263	
Syringe In	# of pieces	12,495	8,184	
Alcohol Swab	# of pieces	14,700	13,370	
Bleach Distribution	# of bottles	750	976	
Sterile Water Distribution	# of tubes	2,200	5,486	
Condom distribution	# of pieces	7,164	12,829	
PHC service				
First Aid Treatment	# of clients		967	
Abscess Management	# of clients		18	
Abscess Follow Up	# of clients		21	
Wound	# of clients		86	
Wound follow up	# of clients		77	
Total		300	1,169	
Counseling service				
Counseling	# of clients		1,733	Including counseling by ORW
Referral				
Refer to Detox/Rehab	# of clients		41	

Refer to major abscess	# of clients		2	
Refer to VCT center	# of clients		142	
Refer to STI clinic	# of clients		35	
Refer to TB clinic	# of clients		5	
Counseling	# of clients		2	
Hepatitis	# of clients		3	
Refer to Hospital and others	# of clients		23	
Severe Illness	# of clients		5	
ART	# of clients		2	
Total	# of clients	206	260	
BCC Education				
Safer sex with condom demonstration	# of clients		1,240	
Safer injection with flip chart	# of clients		655	
Sterilization with bleach demonstration	# of clients		325	
HIV/AIDS, Hepatitis and STI	# of clients		3,519	IDUs, Youth, Student & Community people
Adverse consequences of drug use	# of clients		2,115	
Session for IDUs sex partner on HIV/AIDS, Hepatitis etc	# of clients		102	
Others	# of clients		1,474	
Total	# of clients	4,948	9,430	
IEC Materials Distribution				
	# of copies	3,884	4,358	
Enabling environment				
Orientation for police	# of participant	80	95	
Orientation for community	# of participant	120	138	
Orientation for Youth	# of participant	0	21	
Orientation for school/College student	# of participant	40	714	
IDUs Training	# of event	2	4	
PE meeting	# of event	12	12	
Event celebration	# of event	3	4	ADD, CD, CD &WID

Annexure G
Staff Training 2006

S/N.	Training	Participant	Duration	Organized by/from
1.	Post Graduate in Psychological counseling	CT Counselor	8 Weeks	Christian Counseling Center , Vellore, India
2.	Basic Counseling Training	VCT PEs, Counseling and Treatment Center Volunteer, Staff of NG	3 days	United Mission to Nepal, Kathmandu
3	Basic Training on Psychosocial Counseling	Naulo Ghumti Staff (17)	5 days	Naulo Ghumti Nepal
4	Theater for Development	CT Assistant	10 days	VSO Nepal
5	Appreciative Inquiry	CT Supervisor & Receptionist	5 days	NEST, Pokhara
6	Addiction Counseling	CT Coordinator & CT Motivator	11 days	Ashal Chhimeki Nepal
7	Social mobilization training	All Butwal Staff and CT motivator		Naulo Ghumti Nepal, Butwal
8	CHBC Training	Outreach/DIC Educator	7 Days	NCASC
9	Foundation for change (Basic AI Concept)	2 Outreach/DIC Educator, HR Butwal	2 days	NCASC
10	Communication skill development on HIV/AIDS	SIC Mobilizer	1 day	Richmond Fellowship
11	Reducing stigma and Discrimination on HIV/ AIDS	SIC Motivator	1 day	NAPN+
12	Community Home Based care on HIV/AIDS	SIC Motivator	1 day	Friends of Hope
13	Interpersonal communication and community mobilization	SIC Mobilizer	5 days	HR Butwal
14	Emotional Client Managing Training	HR Staff	1 day	Mr. Bryan

Annexure H

List of Naulo Ghumti Board Members

Executive Committee Members:

- | | | | |
|-----|----------------------------|---|------------------------------|
| 1. | Chairman | : | Mr. Surendra Kumar Gautam |
| 2. | Vice Chairman | : | Mrs. Indira Baral |
| 3. | Secretary | : | Mr. Padam Raj Pahari |
| 4. | Assistant Secretary | : | Mr. Prakash Raj Wagle |
| 5. | Treasurer | : | Mrs. Din Kumari Sharma |
| 6. | Member | : | Mr. Yog Raj Poudel |
| 7. | Member | : | Mr. Ramesh Bahadur Bhattarai |
| 8. | Member | : | Mr. Badri Binod Pratik |
| 9. | Member | : | Mr. Khadka Bahadur Ranabhat |
| 10. | Member | : | Mr. Kamal Prasad Aryal |
| 11. | Member | : | Mr. Meharman Shrestha |

Advisor Committee:

1. Mr. Prem Bahadur Shrestha, Chairperson, Advisory Committee
2. Mr. Ganesh Bahadur Gurung, Member
3. Mr. Ganesh Bahadur Shrestha, Member
4. Mr. Himalaya Dev Sigdel, Member

Management Committee:

- | | | | |
|-----|------------------|---|--|
| 1. | Chairman | - | Mr. Surendra Kumar Gautam, EC Chairmen |
| 2. | Member | - | Mr. Padam Raj Pahari, EC Secretary |
| 3. | Member | - | Mrs. Din Kumari Sharma, EC Treasurer |
| 4. | Member | - | Mr. Prakash Raj Wagle, EC Member |
| 5. | Member | - | Mr. Benedict MuKamba, Programme Dev. Advisor |
| 6. | Member Secretary | - | Mr. Ram Prasad Gyawali, Executive Director |
| 7. | Member | - | Mr. Som Lal Ojha, Programme Manager |
| 8. | Member | - | Mr. Sanjeev Raj Neupane, VCT Coordinator |
| 9. | Member | - | Mr. Durga Bahadur Thapa, CT Coordinator |
| 10. | Member | - | Ms. Mana Gyawali, HR Coordinator |
| 11. | Member | - | Mr. Sunil Pun, Finance Officer |
| 12. | Member | - | Mrs. Beena Gurung, Admin Supervisor |
| 13. | Member | - | Mr. Pankaj Ghimire, SIC Officer |

NGN Life Time member

1. Ms. Lal Kumari Gurung
2. Mr. Yogendra Pradhan
3. Dr. Narayan Ojha
4. Mr. Samir Gurung
5. Mrs. Shakun Gurung
6. Mr. Chudamani Pahari
7. Mr. Raju Adhikari
8. Mrs. Jamuna Poudel
9. Dr. Kapil Upadhaya
10. Mr. Ram Raj K.C
11. Mr. Grishma Parajuli
12. Mr. Ramnath Ojha
13. Mr. Mahesh Gurung
14. Dr. Dipendra Kumar Gautam
15. Mr. Shaha Bahadur Gurung
16. Mr. Rajan Adhikari
17. Mr. Sushil Lumar Goshali
18. Mr. Ram Prasad Gyawali
19. Mrs. Karma Gurung
20. Mrs. Gaj Kumari Gurung
21. Mrs. Ganga Kunwar
22. Mr. Mahendra Kumar Gurung
23. Mr. Sharada Mohan Kafle
24. Mr. Surendra Thapa Magar
25. Mr. Puspa Raj Magar
26. Mr. Mangal Nepali
27. Mr. Om Bahadur Ghale
28. Mrs. Raj Kumari Pun
29. Ms. Ram Maya Biswakarma
30. Mr. Babar Singh Gurung
31. Major Ram Bahadur Gurung
32. Major. Jay Bahadur Gurung
33. Major. Judh Bahadur Gurung
34. Mr. Dil Bahadur Gurung
35. Mrs. Nirupa Thapa
36. Mrs. Neelam Dubey
37. Mr. Chandra Bahadur Gurung
38. Mrs. Meena Gurung

Annexure: I

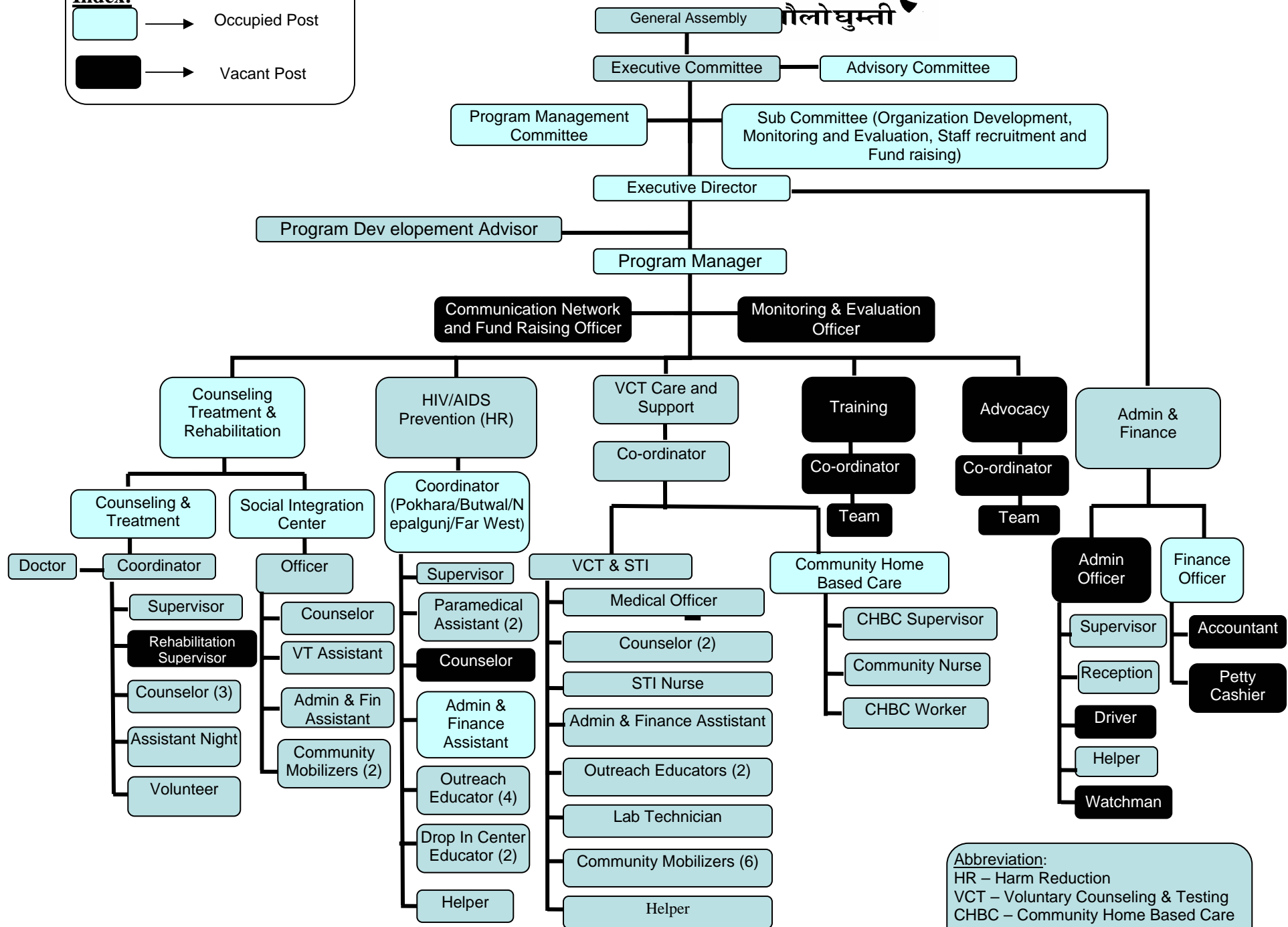
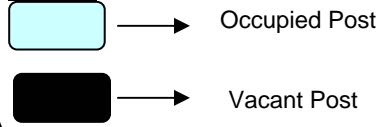
Staff List			
S. N.	Name	Designation	Remark
Management and Support			
1.	Mr. Ram Prasad Gyawali	Executive Director	
2.	Mr. Som Lal Ojha	Programme Manager	
3.	Mr. Benedict Mukamba	Programme Development Advisor	Volunteer
4.	Mr. Sunil Pun	Finance Officer	
5.	Mrs. Beena Gurung	Admin Supervisor	
6.	Ms. Heera Karki	Office Secretary	
7.	Mr. Moti Bahadur Thapa	Office Helper	
8.	Mrs. Laxmi Chhetri	Office Helper	Part time
Counseling, Treatment and Rehabilitation			
1.	Mr. Durga Bahadur Thapa	Counseling and Treatment Coordinator	
2.	Dr. Narayan Ojha	Consultant Doctor	Part time
3.	Ms. Bindeshowri Baral	Counseling and Treatment Supervisor	
4.	Mr. Om Krishna Gurung	Counseling and Treatment Assistant	
5.	Mr. Rajesh Aryal	Counseling and Treatment Motivator	
6.	Mr. Gopal Lama	Counseling and Treatment Motivator	
7.	Mr. Ram Prasad Poudel	Counseling and Treatment Motivator(Night)	
Social Integration Center			
1.	Mr. Pankaj Ghimire	Social Integration Center Officer	
2.	Mrs. Basudha Bhattarai	Social Integration Center Counselor	
3.	Mrs. Kamala Rimal	Vocational Training Assistant	
4.	Mr. Bishwas Parajuli	Admin & Finance Assistant	
5.	Mr. Santosh Gurung	Community Mobilizer	
6.	Mr. Ganesh Pun	Community Mobilizer	
Harm Reduction			
1.	Ms. Mana Gyawali	Harm Reduction Coordinator, Pokhara	
2.	Mr. Yam G.C	Harm Reduction Supervisor	
3.	Mrs. Sakuntala Thapa	Sr. Paramedical Assistant	
4.	Mr. Keshav Dhital	Paramedical assistant	
5.	Mr. Indra Pani Bhandari	Outreach Team Leader	
6.	Mr. Padam Lama	Outreach/DIC Educator	
7.	Mr. Kalyan Gurung	Outreach/DIC Educator	
8.	Mr. Laxman Kunwar	Outreach/DIC Educator	
9.	Mr. Ashok Gurung	Outreach/DIC Educator	
10.	Mr. Dagendra Budathoki	Outreach/DIC Educator	
11.	Mr. Dhan Bahadur Gurung	Outreach/DIC Educator	

12.	Mr. Hanesh Pun	DIC Helper	
Integrated Health Services			
1.	Mr. Sanjeev Raj Neupane	IHS Coordinator	
2.	Dr. Varsha Kunwar	Medical Officer	
3.	Dr. Mukunda Acharya	Consultant Doctor	Part time
4.	Mrs. Roma Raut (Shakya)	Sr. IHS Counselor	
5.	Mr. Tul Bahadur Gurung	CHBC Supervisor	
6.	Ms. Asta Prava Bajracharya	STI Nurse	
7.	Mr. Dhundi Raj Gyawali	IHS Counselor	
8.	Mr. Prabin Kayastha	Sr. Lab/ Counseling Assistant	
9.	Mr. Surya Sunuwar	Sr. Outreach Educator	
10.	Ms. Homa Adhikari	Sr. Outreach Educator	
11.	Ms. Neelam Pun	Admin & Finance Assistant	
12.	Mr. Bikash Gurung	CHBC Worker	
13.	Mrs. Sita Ale	CHBC Worker	
14.	Mr. Babin Gurung	Community Mobilizer	
15.	Mr. Suresh Lama	Community Mobilizer	
16.	Mr. Jitendra Kayasthya	Community Mobilizer	
17.	Mr. Chetan malla	Community Mobilizer	
18.	Mr. Biswas Gurung	Community Mobilizer	
19.	Mr. Suraj Rana	Community Mobilizer	
20.	Mr. Kaji Basnet	Office Helper	
Harm Reduction Butwal			
1.	Mr. Rajendra Bandhu Aryal	Harm Reduction Coordinator, Butwal	
2.	Mr. Dharma Raj bhattarai	Harm Reduction Supervisor	
3.	Mr. Raju Poudel	Admin & Finance Asst.	
4.	Mr. Gopal Banjade	Paramedical Assistant	
5.	Mr. Sagar Serchan	Outreach Team Leader	
6.	Mr. Khem Raj Hitan	Outreach/DIC Educator	
7.	Mr. Ramesh Malla	Outreach/DIC Educator	
8.	Mr. Nabin Tamrakar	Outreach/DIC Educator	
9.	Mr. Bijaya Gyawali	Outreach/DIC Educator	
10.	Mr. Shree Man Pun	Office Helper	
Volunteers			
1.	Mr. Mani Ram Sunuwar	Counseling & Treatment Volunteer	
2.	Mr. Anil Gurung	Counseling & Treatment Volunteer	

ORGANOGRAM OF NAULO GHUMTI NEPAL



Index:



Abbreviation:
 HR – Harm Reduction
 VCT – Voluntary Counseling & Testing
 CHBC – Community Home Based Care
 STI – Sexually Transmitted Diseases
 VT – Vocational Training