



Annual Report (2079/2080)

SPARSHA Nepal

Sanepa-2, Lalitpur

1. At a Glance...

SOCIETY FOR POSITIVE ATMOSPHERE AND RELATED SUPPORT TO HIV AND AIDS (SPARSHA Nepal) started its journey as support group for PLHIV in 2002 by valiant individuals who were diagnosed HIV positive in due course of treatment in drug treatment rehabilitation center, Richmond Fellowship Nepal.

The rationale of the group was to provide psychosocial support and confidential environment for disclosing status and for sharing concerns. The period was most challenging in itself for the group to sustain in the environment where the pervasiveness of HIV related stigma and discrimination was very high, and the idea of getting exposed with positive status and to seek treatment was perceived as threat by the society. Realizing the extent, the group approached with the concept of people living with HIV and their friends (PLHAF) as the working strategy to reduce stigma and discrimination associated with HIV. Overtime, the increasing network with other PLHIV and the individual membership of community revitalized the group, which led vital policy changes within SPARSHA Nepal, establishing institutional framework which finally took the shape of community based organization in 2004.

SPARSHA Nepal since its inception has been working with Most at Risk Populations (MARP) like people who use drugs (DUs), people who inject drugs, and female sex workers (FSWs) with the particular focus to people living with HIV (PLHIV) and their family, especially children. The service domain starts from HIV Testing as an entry point and up to ART including short term residential care for PLHIV, home based care, palliative care including hospital care and so on.

*The level of stigma was very high in the society, we had a fear of getting exposed and discriminated.
Support group provided us the moral support and the confidential environment to share our problems with each other*

2. Vision

Creating responsible society that promotes healthy and dignified life of human

3. Mission

Enhance health care, increase public awareness that leads to informed understanding, caring and involvement, results in hope for the future and to promote justice that seeks to change unjust structures affecting the people among whom we work with.

4. Goals

- I. Reduce new HIV and blood borne transmission
- II. Improve health status of PLHIVs
- III. Reduce stigma and discrimination among PLHIVs
- IV. Improve livelihood status of PLHIVs
- V. Increase meaningful participation of PLHIVs in social and political sectors

5. Objectives

- A. Reduce the risk behaviors of people on acquiring and transmitting HIV and other blood borne infections
- B. Increase the accessibility of PLHIVs towards different health services
- C. Reduce stigma and discrimination by increasing awareness among community at large and work for human rights of people
- D. Increase skills and employment opportunities for PLHIVs and vulnerable groups
- E. Enhance organizational development, leadership and advocacy skill of PLHIVs
- F. Strengthen networking and collaboration with different stakeholders

6. SPARSHA's Milestones...

SPARSHA Nepal has played a proactive role in the field of HIV throughout the years of its work. Within the span of 20 years, SPARSHA Nepal has not only grown institutionally but has been able to garner its expertise in developing and improvising HIV prevention services for Key Populations and treatment, care and support for PLHIV in Nepal.

At its initial phase, SPARSHA Nepal, as a support group, had put relentless effort in reducing stigma and discrimination related to HIV in the Nepalese society which was one of the challenging memoirs for the institution.

The aspiration of the institution was further augmented through community support which led to the concept of **People Living with HIV and Friends (PLHAF)**. Providing proper and positive information on HIV to the local community has played vital role in the prevention of HIV. Educating and providing training on HIV to local volunteers and social workers has helped to advocate against stigma and discrimination associated to HIV in the community. Disseminating positive information on HIV through volunteers and students resulted in wider acceptability of PLHIV in the community.



In 2005, SPARSHA Nepal was **the first community based organization (CBO) to initiate Community Based ART Program in Nepal**, which was further supported by National Centre for AIDS and STD Control (NCASC). The Community Based ART program has been very instrumental in enhancing access to treatment and care for PLHIVs in Nepal. PLHIVs enrolled in ART program of SPARSHA Nepal have been provided with essential information and tracked on time to monitor their health status and to observe their adherence. It has been revealed that adherence of 97% of PLIHV is more than 95%. Likewise, retention of PLHIVs in national ART program is one of the biggest challenges but retention of PLIHVs in ART program of SPARSHA Nepal is also high. The country first initiated ART program in 2005 with the enrollment of 25 PLHIV in the program and as a result of constant and effective advocacy of organizations like SPARSHA Nepal currently 22,735 PLHIV are enrolled in ART program out of the 30,000 estimated number of PLHIVs throughout the country and 84 ART centers and additional dispensing centers are catering ART services and treatment of Opportunistic Infections, SPARSHA Nepal is one of the centers.

Moreover, SPARSHA Nepal is one of the pioneer organizations to initiate Community and Home Based Care for PLHIV in Nepal. SPARSHA Nepal was one of the contributors in developing CHBC national guidelines where a team of community/peer supporter and health worker would visit homes of PLHIVs to provide basic services. Short term residential care to PLHIV and drug users was also another unique strategy adopted by SPARSHA Nepal to prepare PLHIV for a better and dignified life.

Additionally, the vibrant leadership of the organization along with other likeminded organizations put tremendous pressure to the Country Coordinating Mechanism (CCM) of Global Fund to discard its policy of status quo and to democratize its criteria for membership of civil society. SPARSHA Nepal, for the first time in the country, facilitated developing district AIDS plan and psychosocial care and support plan in Nepal. Both the district plans have been illustrations for other districts and based on the plans, districts have started allocating resources for prevention and care of PLHIV. Gradually, the advocacy shifted on decentralization and scale up of the treatment and care initiative and the government started realizing the strength of CBOs like SPARSHA Nepal and adopted new strategy to adopt Greater Involvement of PLHIV (GIPA) and Meaningful Involvement of People Living with HIV (MIPA) where massive advocacy was carried out to recognize PLHIV as one of the core group for developing and implementing strategies and programs related to HIV in the country.

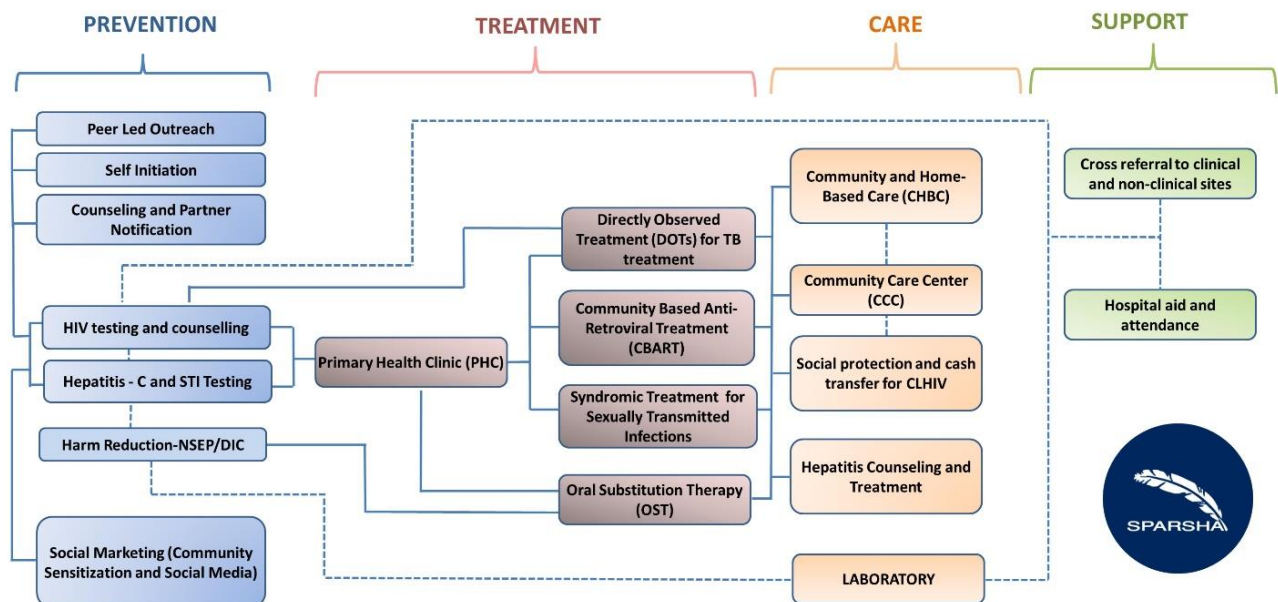
In due course of time, SPARSHA Nepal has not only been recognized nationally as one of the leading organizations working in the area of treatment and care for PLHIV and reducing HIV related stigma and discrimination but has also been accepted regionally, i.e., South and South Asian level for promoting universal access to prevention, treatment and care for HIV, TB and Hepatitis C. SPARSHA Nepal's experiences in reducing or halting the spread of HIV and providing universal access to prevention and treatment and care and support have been recognized by international organizations such as International AIDS Society (IAS) as well.

7. The Continuum of Care

SPARSHA Nepal is one of the very few organizations providing continuum of care for PLHIV in the country. SPARSHA has utilized HIV testing as an entry point and is providing various services including ART, DOTs, HCV Treatment and OST. SPARSHA believes in universal access to prevention, testing along with treatment and care for PLHIV and is adopting strategies to translate its belief in practice.

From the very beginning SPARSHA Nepal has put tremendous effort on the development of an epitome of treatment, care and support for PLHIV and to foster the environment for PLHIV to live qualitative life. With the philosophy of need based treatment, SPARSHA Nepal has prioritized the range of services focusing on the immediate need of PLHIV and has been constantly serving PLHIV for easy accessibility and availability of the treatment options for PLHIV. The comprehensive care that a client receives is initiated when a potential client is reached and continues till the client requires services in the form of care and support. The community based comprehensive service model acts as a one-stop shop and includes the following:

SPARSHA Comprehensive Community-Based Service Model



8. Services Provided in 2022-2023

8.1. HIV Testing and Counseling (Community Based/ Facility Based)

HIV Testing Services are essential part of the case finding/case management continuum of “Identify, Reach, Recommend, Test, Treat and Retain” (IRRTTR). HIV testing is done by SPARSHA Nepal team for Key Populations (KPs) in mobile testing as well as static testing sites for PWIDs, Sex Workers, their clients, migrants and other vulnerable populations following testing algorithm defined by the national HIV testing and treatment guidelines.

Components of Mobile Clinic and Static VCT

Providing voluntary counseling and testing services at facilities and community sites

Pre-test counseling session (group or individual session, based on situation)

Providing clinical services, essential medicines or referral to ART, Harm Reduction or other services as per the diagnosis and the case of client if required

Provide report with post-test counseling (individual sessions)

Networking and meeting with key stakeholders

The prevalence of HIV is relatively high among injecting drug users in comparison to other Key Populations (KPs) so the focus of the program is on PWIDs. The reluctance of this group in utilizing HIV testing services are comparatively high due to the presence of stigma and discrimination associated with HIV in general and injecting drug use and HIV testing in particular. In order to reduce the stigma

associated with HIV testing and encourage testing among drug users, in 2006, SPARSHA Nepal initiated mobile clinic and mobile Voluntary Counseling and Testing (VCT) as the strategy of providing Primary Health Care service coupled with testing services. Different new approaches have been initiated like index testing and partner testing along with on call testing to identify new clients.



In 2022 (January to December), the number of people tested was 3091

and the number of people identified in the program was 15 and 12 known positives have been linked to ART within the year in Province 3 under the program supported by AHF Nepal. Similarly, new cases have

been identified and linked to care in Bagmati Province and Madhesh Province through the harm reduction program for PWID supported by Save the Children and comprehensive care for other priority populations through EpiC project supported by FHI360.

8.2. Community and Home Based Care (CHBC)

SPARSHA Nepal in its every endeavor has been trying to garner community support and involvement in treatment and care and support of PLHIV. To translate community involvement into practice, the institution initiated Community and Home Based Care (CHBC) services utilizing its health personnel, field workers and peer outreach workers. Primary objective of this program is to prepare a safety net within the community to provide care and support services to PLHA in their own settings. CHBC program is being implemented in Lalitpur and Saptari districts. During the reporting period of 2079-2080 (July 2022 to June 2023), 245 PLHIVs (114 Male, 129 Female and 2 others) received CHBC Service and till date, the organization has provided CHBC services to more than 500 PLHIV. In Saptari district, 137 clients (69 Male and 68 Female) received CHBC services).

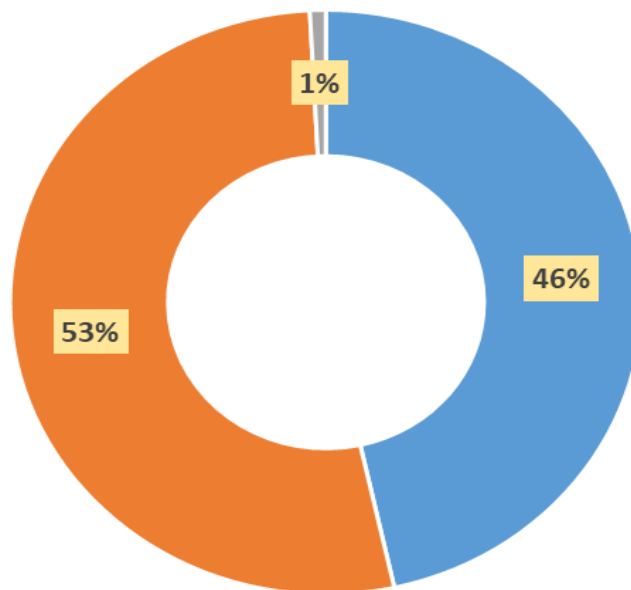
CHBC aims to:

Addresses the physical, emotional, social and spiritual needs of PLHA and their families:

- reduce stigma and discrimination;
- promote client and family HIV care;
- knowledge , skills and self-reliance;
- provide vital links to needed health and other services; and
- improve overall quality of life of clients

CHBC Lalitpur

■ Male ■ Female ■ Others



The team has been providing basic health care services including symptomatic treatment, self-care education and treatment literacy, psychosocial support, adherence support and other support such as drug counseling and positive living counseling to PLHIV. The CHBC team members are also playing crucial role to refer the clients for different essential services such as OI management, laboratory tests, etc. to different health institutions including Primary Health Clinic of SPARSHA Nepal. CHBC team also conducted community-led HIV testing among 357 high risk populations where 3 positive cases were identified.

8.3. Community Care Centre:

Components of Hospital Based Care

- A. Motivational interviewing
- B. Attending patients
- C. Counseling and psychosocial support
- D. Bridging the gap between service providers and patient
- E. Referral to different services

CCC service in SPARSHA was started since May 2012 and running till date. Currently, SPARSHA is operating CCC in 2 districts: Lalitpur and Saptari. As defined by UNAIDS, "HIV care and support refers to key non-antiretroviral therapy clinical services, the treatment of HIV-related infections and non-clinical services that in combination with antiretroviral therapy contribute

towards the reduction of rates of ill health and AIDS-related deaths among people living with HIV."

We have been providing different services to clients such as ART start & observation, TB treatment support, side effects managements, CD4 Count, viral load count, OI management, health care management, psychological support.

During the reporting period of Fiscal Year 2079-2080 (July 2022 to June 2023), 78 clients (51 Male and 27 Female) used the service in Lalitpur district. Whereas, in Saptari district 117 clients (56 Male and 61 Female) used the service from the CCC.

SPARSHA Nepal has been providing PLHIVs with hospital based aid and attendance service as well by mobilizing CCC and CHBC teams. It has been providing essential aid and attendance services to clients who require support during hospital stays. CCC team also provides referral support to different other health and non-health related services where the teams are also mobilized for accompanied referrals.



Care and support is important for the following reasons: to facilitate immediate access to treatment when a person is diagnosed with HIV; to support adherence to treatment in order to attain viral suppression for people living with HIV, and to prevent onwards transmission; to enhance the prevention and management of HIV-related infections; and to enhance coping with the challenges of living with HIV.

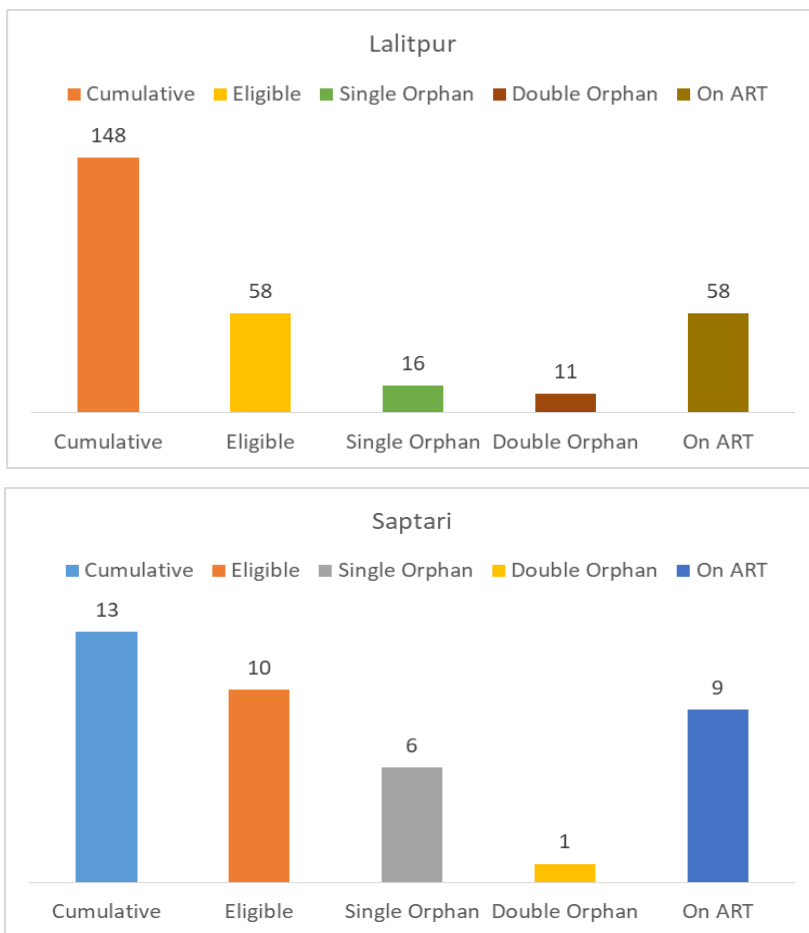
8.4. Social Protection and Cash Transfer Program for Children Living with HIV:

According to the "Social Protection/ Security Grant Operation Procedure for Children living with HIV, 2014 AD", the program for social protection and cash transfer for Children Living with HIV aims to ensure basic child rights including education, health, nutrition and raring along with love and dignified livelihood in the family and community that contribute on physical, psychological and emotional development of the Children living with HIV. It also aims to provide enabling environment for the protection of CLHIVs from possible ill-treatment, exploitation, discrimination, violence, and negligence.

Social protection and cash transfer program for CLHIV was

started in April 2014 and is continuing till now. Since then we have provided service to 148 children. The support provided each month to children's is used for different proposes like education, nutrition, health problems, regular checkup, ART related services etc.

Additionally, 10 CLHIVs are being provided with the service from Saptari district.



8.5. Community Based ART Service



Anti-Retroviral Therapy is one of the major components in the spectrum of treatment and care to PLHIV. Realizing this fact, SPARSHA started providing ART to PLHIV in 2005 by procuring ART privately. In November 2005, SPARSHA Nepal initiated Community Based ART Program with the approval of National Center for AIDS and STD Control (NCASC), first of its kind in the country. Goal of the program is to improve quality of life of PLHIV. Major strategy of the program is to ensure community involvement and ownership in the

treatment and care of PLHIV for securing optimum adherence to their treatment.

The ARV drugs for the program is being provided by NCASC while other costs such as providing ARV drugs to PLHIV in their own settings, clinical monitoring of PLHIV, regular health checkups and nutritional support to PLHIV are provided by SPARSHA Nepal. The lifespan of PLHIV is often determined by progression of disease juxtaposed with the availability of treatment option for PLHIV.

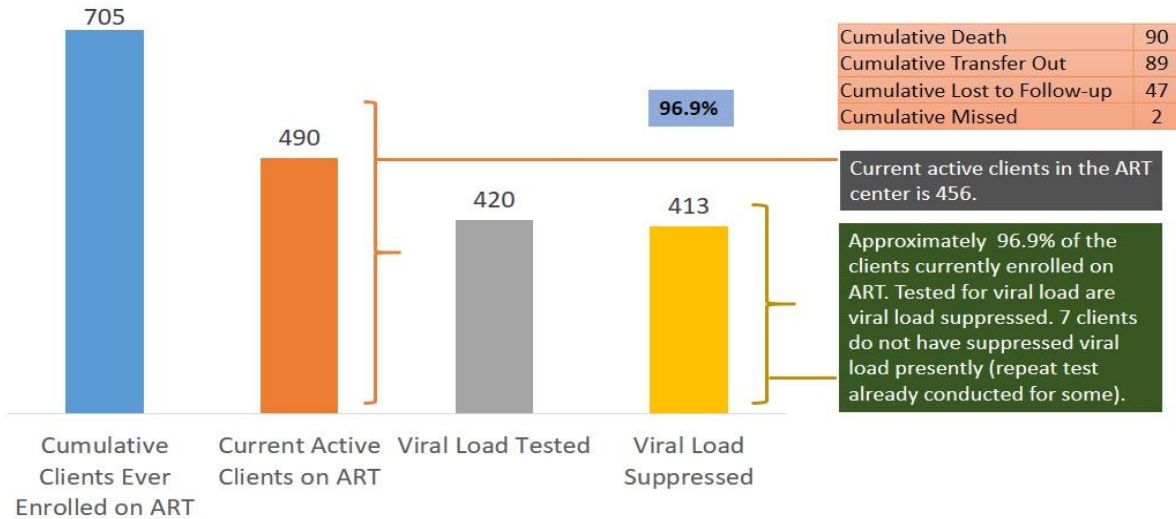
Crucial factors like clinical assessment and staging; diagnosis and treatment of opportunistic infections; Cotrimoxazole prophylaxis; diagnosis of TB and referral to DOTS for TB treatment; initiation of ART; psychosocial services are the crucial components in the treatment

strategy to improve health status and to prolong the life of PLHIV. In 2005, SPARSHA Nepal started to provide some of the treatment facilities through clinic with its internal resources. The service is run by Health Assistant 6 days a week including provision of specialist doctors visiting the clinic.

Components of Primary Health Care at CB-ART Center

- General Health Checkup
- Clinical Assessments
- Cotrimoxazole Prophylaxis
- OI Diagnosis and Treatment
- TB screening and treatment
- Positive Prevention Counseling
- Nutritional Education
- Management of symptoms and co-infections
- Adherence counseling (ART, Cotrimoxazole)
- Referral for other clinical diagnosis and treatment
- Psychosocial Support

Key Achievement in FY 2079/80 (As of Asar 2080)



Highlights of the program

- Psycho-social assessment of each PLHIV (a standard form has been developed) for ART preparedness
- If found not prepared, intensive measures applied to prepare them
- Treatment supporters; any one from the family
- Training to treatment supporters along with the PLHIV (standard curriculum have been adopted)
- ARV drugs are dropped to the residential settings of the PLHIV by CHBC workers if needed
- Different tools including pill counts and clinic visit scheduling have been adopted to monitor adherence
- Once every month, PLHIV under ART are encouraged to consult with doctors
- In certain intervals (as per the guidelines), PLHIV are encouraged to get their viral load testing and other routine tests done

8.6. Opioid Substitution Therapy (OST):

OST Service in SPARSHA started since February 2015 and running till date. OST service not only means dispensing Methadone to clients, we perform different programs like input sessions to clients as well as their family members. Co-ordination meetings are also performed with stakeholders and police personnel regarding achievements, learning, and difficulties faced. Along with that, we also help clients to get vocational training and income generation skills time and again.



The regular clients for different months during the reporting period of fiscal year 2079-2080 are as follows:





8.7. **Comprehensive HIV Prevention and Harm Reduction Program for PWID:**

SPARSHA has been providing Comprehensive HIV Prevention and Harm Reduction Program to PWID. The program for PWID started from March 16, 2018 since New Funding Model (NFM2) in Cluster 3 (Dhanusha, Mahottari and Siraha) and Cluster 4 (Kathmandu, Bhaktapur and Lalitpur) which was conducted till March 15, 2021. The program was renewed from March 16, 2021 in Cluster 3 (Dhanusha, Mahottari and Siraha) as well as Cluster 5 (Kathmandu, Bhaktapur, Lalitpur, Chitwan and Makwanpur) with additional districts.

This comprehensive HIV prevention and harm reduction program for PWID has been planned to reach 95-95-95 goals with IRRTR approach with increased reach, HIV testing and link to care for People Who Inject Drugs (PWID).

The project in Cluster 5 is a joint initiative in a partnership approach of SPARSHA Nepal and its partners Sathi Samuha, Saarathi Nepal, Aavash Samuha, New Way Foundation, Nirnaya Chitwan and Makwanpur Recovering Group which includes NSEP sites in 5 districts (6 DICs and 5 ECs) and 6 OST sites (4 OST MU+SSU and 2 OST MU with 2 additional extended OST sites) in the Kathmandu valley and Chitwan as well as 2 Extended OST sites in the Kathmandu valley.



SPARSHA Nepal

in partnership with

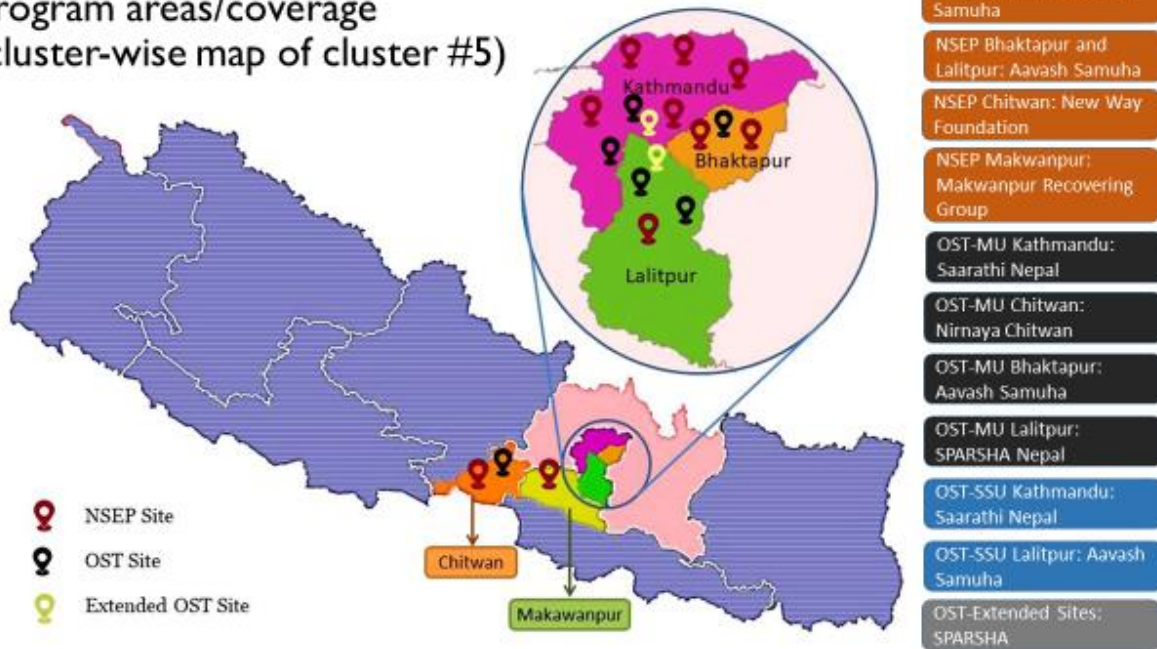
**Sathi Samuha, Aavash Samuha, Saarathi Nepal, Nirnaya Chitwan,
Makwanpur Recovering Group, New Way Foundation**



**SATHI SAMUHA
Friends Group**

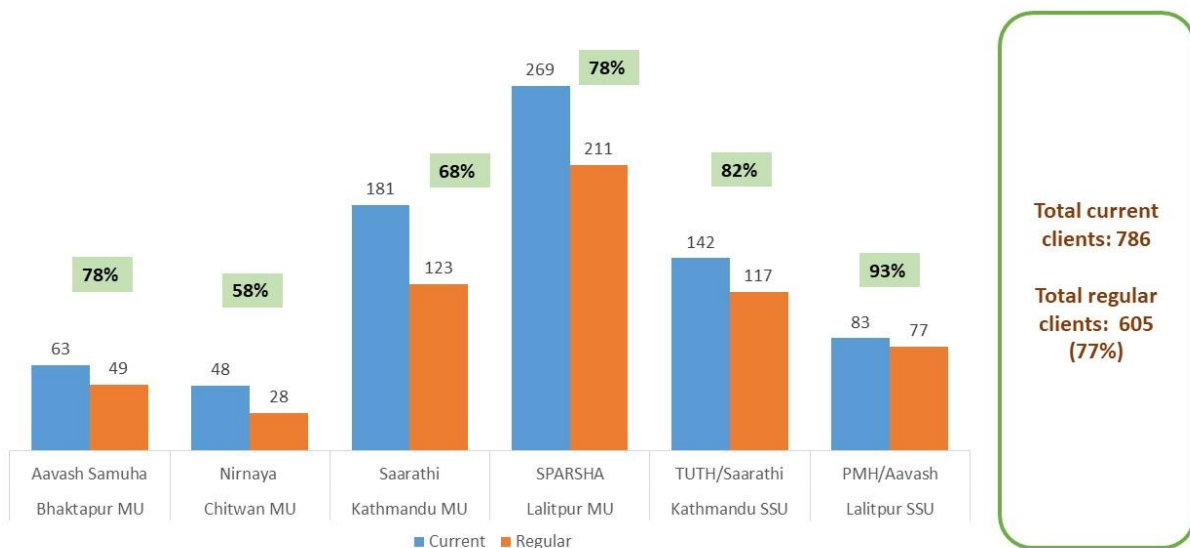


Program areas/coverage (cluster-wise map of cluster #5)



In Cluster 3, the reach of Dhanusha district is 992, in Mahottari is 996 and in Siraha is 721 from July 2022 to June 2023. In Cluster 5, NSEP reach from July 2022 to June 2023 in Kathmandu is 2522, in Bhaktapur is 855, in Lalitpur is 720, in Chitwan is 1063 and in Makawanpur is 781. OST reach of Lalitpur OST (MU) is 269 (including extended sites of Shankhamul and Battisputai), Lalitpur OST (SSU) is 83, Kathmandu OST (MU) is 181, Kathmandu OST (SSU) is 142, Chitwan (MU) is 48 and Bhaktapur (MU) is 63 by the end of Ashad 2080.

Programmatic Performance **OST (Ashadh 2080)**



The trendline of NSEP services in Bagmati Province 3 (Cluster 5) is as follows:

Programmatic Performance BCC/HR (July to June 2023)

S.N	District	Partner Organization	Target	Achievement	%
1	Bhaktapur	Aavash Samuha	1,123	855	76%
2	Chitwan	New Way Foundation	1,094	1,063	97%
3	Kathmandu	Sathi Samuha	2,659	2,522	95%
4	Lalitpur	Aavash Samuha	967	720	74%
5	Makwanpur	Makwanpur Recovering Group	813	781	96%
Total			6,656	5,941	89%

The HIV testing targets versus reach in Bagmati Province is as follows:

Programmatic Performance CLT (July to June 2023)

S.N	District	Partner Organization	Reach	CLT	%
1	Bhaktapur	Aavash Samuha	855	717	84%
2	Chitwan	New Way Foundation	1,063	1032	97%
3	Kathmandu	Sathi Samuha	2,522	2029	80%
4	Lalitpur	Aavash Samuha	720	568	79%
5	Makwanpur	Makwanpur Recovering Group	781	748	96%
Total			5,941	5094	86%

In Cluster 3, the reach of Madhesh Province (Dhanusha, Mahottari and Siraha) is:

Programmatic Performance BCC/HR (July to June 2023)

S.N	District	Target	Achievement	%
1	Dhanusha	994	992	100%
2	Mahottari	1,184	996	84%
3	Siraha	713	721	101%
Total		2,891	2,709	94%

Similarly, the HIV testing status of clients is as follows:

Programmatic Performance CLT (July to June 2023)

S.N	District	Reach	CLT	%
1	Dhanusha	992	975	98%
2	Mahottari	996	966	97%
3	Siraha	721	712	99%
Total		2,709	2,709	98%

8.8. *Directly Observed Treatment (DOTs) for TB:*

SPARSHA Nepal has been providing PLHIV and General Population infection with Tuberculosis with DOTs treatment. The ratio of PLHIV and general population ratio is approximately 60:40. SPARSHA Nepal has been providing DOTs treatment since 2014.

DOTs is a proven cost-effective strategy for TB treatment with a patient-centered case management approach. DOT helps patients finish TB therapy as quickly as possible, without unnecessary gaps and helps prevent TB from spreading to others. DOT decreases the risk of drug-resistance resulting from erratic or incomplete treatment which also leads to less treatment failures by helping patients keep medical appointments. All the patients receiving DOTs treatment are also motivated to get tested for HIV as co-infection rate of HIV-TB is very high in the context of Nepal. Co-infection of TB and HIV is taken as one of the most potent and life-threatening condition.

Similarly, all patients identified as HIV positive are also screened and tested for TB so that clinical management of both infections can be done side-by-side.

9. Working with Partners

From the very beginning, SPARSHA Nepal has been aware of the intensity of the issues of HIV. Networking and close coordination with support groups working for PLHIV, Governmental Organizations (GOs), Non-Governmental Organizations (NGOs) and human rights organizations is the main working strategy of SPARSHA for effective intervention and to cater to the immediate needs of PLHIV and most at risk groups.

Currently, SPARSHA Nepal has been implementing programs in partnership with National Center for AIDS and STD Control (NCASC), which is the apex body for HIV in Nepal. It is also working with donor organizations such as FHI 360; Save the Children- Global Fund to Fight AIDS, Tuberculosis and Malaria; AIDS Healthcare Foundation; and National Network of PLHIV in Nepal (NAP+N). The current supporting partners of SPARSHA Nepal for 2022-2023 are:

- **National Centre for AIDS and STD Control (NCASC):**

SPARSHA Nepal is implementing Community Based Anti-retroviral Therapy Program with support from NCASC which was started in 2005. Besides, SPARSHA, with support from NCASC, has time and again contributed in enhancing knowledge and skills of HIV clinicians of Nepal and in advancing the issue of access to treatment and care of PLHIV in Nepal. NCASC provides ART medicine and HIV test kits for the CB-ART center and for HIV testing and counseling programs. Similarly, they have also been providing technical support and guidance to implement all HIV related programs in Nepal.

- **Save the Children International/ Global Fund to Fight AIDS, Tuberculosis and Malaria:**

Save the Children International under Global Fund has been in partnership with SPARSHA Nepal since 2012. They have been supporting HIV prevention and harm reduction program (opioid substitution therapy and needle syringe exchange programs) for PWID and care & support program for PLHIV. The harm reduction program is running in 8 districts (Kathmandu, Lalitpur, Bhaktapur, Chitwan, Makwanpur, Dhanusha, Mahottari and Siraha) in two provinces of Nepal (province 2 and province 3). Care and support program is being run in partnership with NAP+N under SCI-GFATM in 2 districts (Lalitpur and Saptari).

- **Family Health International Nepal (FHI360)/ LINKAGES/ UNAIDS/ PEPFAR:**

The partnership with FHI started on April 2005 and still ongoing. Major thrust of the partnership FHI is to provide treatment and care for PLHIV of Nepal. At present, SPARSHA Nepal is working with FHI360 in three districts: Lalitpur, Dhanusha and Dhading. In Lalitpur, FHI360 is supporting CB-ART center of SPARSHA Nepal through mobilization of health worker and peer navigator. Similarly, in Dhanusha district, FHI360 is working with priority populations for prevention, linkage to treatment, care and support with an establishment of city clinic where different services are provided such as TB screening

and diagnosis, STI treatment and so on. In Dhading, it is supporting the ART center and linking clients who are diagnosed to ART treatment.

- **AIDS Healthcare Foundation Nepal:**

SPARSHA Nepal contributed in establishing AHF in Nepal in 2007 as a local partner. SPARSHA Nepal is one of the core partners of AHF in Nepal and SPARSHA has implemented various programs in partnership with AHF Nepal. Sole objective of the partnership is to enhance access to testing and treatment and care of PLHIV in Nepal. AHF Nepal is supporting the CB-ART clinic of SPARSHA Nepal and also conducting testing program for most-at-risk populations. They have also been contributing for the betterment of lives of PLHIV enrolled in ART center of SPARSHA by providing different supports such as medicine cost support.

- **National Association of PLHIV in Nepal (NAP+N):**

SPARSHA Nepal is a member organization of National Association of PLHIV in Nepal (NAP+N). Currently, SPARSHA Nepal is implementing care and support program in partnership with NAP+N in 2 districts of Nepal including Lalitpur and Saptari. The program is funded by SCI-GFATM. Community Care Center (CCC), Community and Home-based Care (CHBC) and social protection; cash transfer program for Children Living with HIV (CLHIV) and are the programs under care and support (C&S) project.

- **UNAIDS Nepal**

SPARSHA Nepal has been in a productive partnership with UNAIDS Nepal since August 2022, spanning nearly a year, as of the end of the Fiscal Year (June 2023). This collaboration has been particularly instrumental in the implementation of the Community Led Monitoring project, a significant initiative aimed at tackling HIV/AIDS-related challenges and enhancing public health in Nepal. Together, SPARSHA Nepal and UNAIDS Nepal have been at the forefront of this project, working diligently to advocate for change, share knowledge, and implement data-driven strategies to combat the spread of HIV while placing a strong emphasis on community engagement and leadership. This collaborative effort underscores a shared commitment to making a meaningful and sustainable impact in the fight against HIV/AIDS in Nepal.

Some of the past funding partners that SPARSHA Nepal has worked with are:

- WHO Nepal and WHO SEARO
- Project Management Unit (PMU), UNDP
- Care Nepal
- UNODC Nepal
- AIDS ACCESS Foundation, Thailand
- Recovering Nepal

Finance

Annual Budget Expenditure

Funding Source	Project Title	Total Expenses
AIDS Healthcare Foundation (AHF)	Community Based ART and Community Based HIV Testing	3,410,560
Family Health International (FHI 360)	EpiC (Meeting targets and maintaining Epidemic control) Project in Nepal	19,961,439
Save the Children International-Global Fund (SCI-GF) Kathmandu + Lalitpur + Bhaktapur + Chitwan + Makwanpur + Dhanusha + Mahottari + Siraha (NFM3)	Comprehensive Harm Reduction Program for HIV Prevention (NSEP and OST)	78,826,977
NAPN CCC, CHBC, CABA (Saptari and Lalitpur) (NFM3)	Care and Support (CCC, CHBC, social protection cash transfer program for CLHIV)	7,910,291
UNAIDS Nepal	Community Led Monitoring	4,795,312
Other expenditure from core income (Membership, Donation, etc.)	Official Administrative Expenses	28,573