FOREWORD

As our 15 years in operation came to an end, it is time to reflect on what we have achieved to date, and on how we can continue our fight for PLHIV in the country. With the HIV funding crisis taking toll everywhere, our work in 2018/19 has proven increasingly more challenging and demanding. PLHIV funding is under real threat at a time when it is critically needed. We have, however, completed our work, executed our advocacy campaigns and managed to achieve some good results.

Pursuing the ambitious 90-90-90, involvement of PLHIV & PLHIV led organization is a MUST if we were to achieve or get near to it. So, our fight was get involved in the matter thick & fast. We managed to secure all the Care & Support Program under Global Fund which is currently being implemented through our Partner CBOs in almost 57 districts of nation. Funding shortage led many Community Based Organization (CBOs) disappeared but after getting Care & Support Program many CBOs were back in business to work in a full throttle to achieve the target.

Treatment access continues to be a key focus of work, implementing Community Care Centers (CCC) and providing Care & Support services outside the Facility (CHBC) many people were reached and initiated the much needed ARVs. This year Our CBOs have played a vital role in New HIV Case finding through Index Testing & Community Led Testing. They have also shown energetic involvement in collecting samples (11581 samples) for Viral Load Tests all over the country. Furthermore, finding new HIV cases, removing human rights related barriers in community including access to 2nd and 3rd line HIV medicines remains major challenges for many people in our country. Hep C still a major problem for us, access to treatment is limited. There are still lots have to be done in coming years. We manage to provide treatment for few but a greater number are out there waiting for treatment.
The following section contains highlight of our achievements which we managed after a long year of hard work. Many thanks to our Secretariat team, Program implementing partner CBOs and our donors as well.
# Abbreviation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHF</td>
<td>AIDS Healthcare Foundation</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>APN+</td>
<td>Asia Pacific Network of PLHIVs</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retroviral Drugs</td>
</tr>
<tr>
<td>CABA</td>
<td>Children Affected by AIDS</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CCC</td>
<td>Community Care Centers</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CHBC</td>
<td>Community Home-based Care</td>
</tr>
<tr>
<td>CLHIV</td>
<td>Children Living with HIV</td>
</tr>
<tr>
<td>CSS</td>
<td>Community System Strengthening</td>
</tr>
<tr>
<td>DR TB</td>
<td>Drug-Resistant Tuberculosis</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FNAC</td>
<td>Fine Needle Aspiration Cytology</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis &amp; Malaria</td>
</tr>
<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV &amp; AIDS</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Syndrome</td>
</tr>
</tbody>
</table>
Hep C : Hepatitis C
IDUs : Injecting Drug Users
INGOs : International Non-Government Organizations
IPT : Isoniazid Preventive Therapy
IRRTTR : Identify, Reach, Recommend, Test, Treat and Retain
KPRA : Key Population Research and Advocacy
MTB : Mycobacterium Tuberculosis
NCASC : National Centre for AIDS and STD Control
NGOs : Non-Government Organizations
PBC : Pulmonary Bacteriologically Confirmed
PLHA : People Living with HIV & AIDS
PLHIV : People Living with HIV
RR-MTB : Rifampicin Resistant Mycobacterium Tuberculosis
S & D : Stigma and Discrimination
STIs : Sexually Transmitted Infections
TB : Tuberculosis
UN : United Nations
VCT : Voluntary Counseling and Testing
# TABLE OF CONTENTS

FOREWORD .......................................................................................................................i  
ABBREVIATION .............................................................................................................iii  
TABLE OF CONTENTS .....................................................................................................v  
COVERAGE MAP ................................................................................................................vi  
INTRODUCTION ...............................................................................................................1  
ABOUT NAP+N ..............................................................................................................2  
   Introduction of the organization .....................................................................................2  
2075/76 BY THE NUMBERS .............................................................................................5  
LIST OF PROJECTS .........................................................................................................8  
   I. The Global Fund: HIV Program ..................................................................................8  
   II. “Scaling up coverage and quality of HIV and AIDS prevention targeted to most at risk Population and treatment care and support service to PLHIV in Nepal” .................................................................9  
   III. HIV care and support services among PLHIV in Nepal .......................................10  
   IV. TB Program .........................................................................................................11  
   V. Evidence based Advocacy on community based testing and monitoring of quality services for key populations (KPRA Project) .........................................................12  
   VI. Repackaging Project (Income Generating Activities) ............................................14  
EVENTS ..........................................................................................................................15  
FUNDING AGENCIES .....................................................................................................19  
CASE STUDIES ..............................................................................................................20  
OUR PARTNERS ...........................................................................................................22
INTRODUCTION

MISSION:

Strengthen the voice of PLHIV through formation and strengthening of networks and association of PLHIV to respond to the challenge of HIV and AIDS

VISION:

Create a favorable environment for to access treatment, care and support for PLHA and ensure their quality of lives in Nepal.

GOAL:

To improve quality of life of PLHIVs to respond to the challenges faced by PLHIVs through Greater and more meaningful involvement of PLHA (GIPA) in program and policy development.

TARGET GROUPS:

All people of Nepal Living with HIV and AIDS are the main target for positive prevention.

- Injecting Drug users (IDUs)
- Sex workers (FSWs)
- Client of Sex workers (CSWs)
- Male Sex with Male (MSM-Sexual minorities) and
- Seasonal Labor Migrants (SLMs) and their spouses
- People Living with and affected by TB
ABOUT NAP+N

Introduction of the organization

The National Association of People living with HIV and AIDS (NAP+N) was established after the first national consultation of PLHIVs in 2003. This historic event, succeeded in bringing 30 PLHIV participants from across the country to agree to one common goal: to unite all those living with the virus in Nepal and fight back.

NAP+N has focused on building the capacity of local PLHIV groups in different districts to respond appropriately to the needs of PLHIVs in area of advocacy (remove the existing stigma and discrimination), treatment, care and support, counseling, raising community awareness, providing information and education and improving access to the healthcare and legal services. Besides these NAP+N is supporting people living with HIV on income generating activities by providing them small seed money. NAP+N is working to make changes in each people living with HIV in Nepal.

At the national level, NAP+N represents in different national forums, HIV Board and CCM as well represents in various national committees and works closely with NCASC, UN theme groups, governments, national and international organizations. Internationally, NAP+N have formal relationships with numerous national and international agencies including Global Fund, Save the Children, USAID, Pooled Fund, AHF, APN+, Nepal CRS Company. Since, NAP+N has a good relationship with international organizations working in the area of HIV we have to expand our hands more for other civil societies, corporate and business houses, individual philanthropist. So, that we can achieve the national goal, which seems more sustainable too.

NAP+N is committed towards the promotion of autonomy and empowerment of PLHIVs which will help them make informed decision. NAP+N ensure that PLHIVs are in the forefront of policy making debates and their meaningful involvement at all levels is essential. The network is working towards multi-sectored collaboration and aims to develop strong working partnership with
Non-Governmental Organizations (NGOs), the government (GOs) and other informal sector/private sectors (corporate and business houses).

Currently there are over 75 organizations affiliated to NAP+N. NAP+N currently has 7 Provincial offices in Dharan (Province 1), Janakpur (Province 2), Chitwan (Province 3), Pokhara (Gandaki Province), Nepalgunj (Province 5), Surkhet (Karnali Province) and Dhangadhi (Sudurpaschim Province). NAP+N has its central secretariat in Baluwatar, Kathmandu.

The NAP+N and other Provincial Offices are responsible for formulating programs as per policy and plans, implementation, use of financial resources and accountability, and monitoring and evaluation. NAP+N works on network strengthening by providing assistance to 7 Provincial offices and the central Secretariat with the support from FHI/Linkages Nepal project and Save the Children/Global Fund. Similarly Save the Children/Global Fund has supported to implement the Key Population Research and Advocacy (KPRA) project on Hepatitis C & HIV Co-infection.

During this five years NAP+N has expanded its network to bring the grass root level organization in one umbrella, approaching the different mobilization for its members, also by exposing PLHIVs in the society for positive prevention and capacity building of the grass root level organizations.

**Objectives**

- To act as an umbrella organization for PLHIV led organizations in Nepal and ensure universal access on treatment and care of PLHIV in Nepal.
- To organize capacity building programs to strengthen the network and its member organizations.
- To build network and alliance with international PLHIV organizations to foster HIV response.
• To advocate lobby and facilitate mainstreaming of PLHIV issues in the National agenda.
• To increase meaningful involvement of PLHIV including key populations to achieve national goals in response to HIV epidemic in Nepal.
• To facilitate and improve access to treatment, care and support for PLHIVs in Nepal.
• To represent Nepalese PLHIV in international policy decision making bodies, associations, conferences and various platform.
• To strengthen the active involvement of media, politicians, private sectors and civil society to act against stigma and discrimination related to HIV.

Human Resource

NAP+N has an inclusive human resource policy. In 2019, NAP+N has altogether 114 staffs in different projects (The Global Fund: HIV Program, The Global Fund: TB Program, KPRA, Repackaging Project & FHI/LINKAGES Project) and 6 volunteers, of whom 46 are men and 74 are women. NAP+N has enormous range of diverse staffs in its team (i.e. Religion, Ethnicity, KPs to Professional, youth to experienced, gender to gender etc.) and we are positively progressing in terms of diversifying our staff configuration.

NAP+N itself currently has two levels i.e. Provincial and Central level. NAP+N has its central secretariat in Baluwatar, Kathmandu, which is responsible for strategic planning, project and program design, donor counterpart and partner relations, concluding project and program agreements, financial management, policy and goal setting, organizational structure, staffing, implementation of project and program activities, monitoring and evaluation. And, Provincial offices of Dharan, Janakpur, Chitwan, Pokhara, Nepalgunj, Surkhet and Dhangadhi are responsible for execution of programs, advocating for the rights of the PLHIV, raising the issues of PLHIVs.
## 2075/76 BY THE NUMBERS

### Community Care Center (CCC) Services

<table>
<thead>
<tr>
<th>Category</th>
<th>District Covered</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Covered</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Number of New PLHIV received services from CCC</td>
<td></td>
<td>5350</td>
</tr>
<tr>
<td>Number of Follow-up PLHIV received services from CCC</td>
<td></td>
<td>3280</td>
</tr>
<tr>
<td>Number of PLHIV admitted to CCC to start ART</td>
<td></td>
<td>997</td>
</tr>
<tr>
<td>Number of PLHIV received counseling services from CCC</td>
<td></td>
<td>5350</td>
</tr>
<tr>
<td>Number of PLHIV (New &amp; Old) received nutritional support from CCC</td>
<td></td>
<td>8563</td>
</tr>
</tbody>
</table>

### Community and Home Based Care (CHBC) Services

<table>
<thead>
<tr>
<th>Category</th>
<th>District Covered</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Covered</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Number of New PLHIV who received CHBC services</td>
<td></td>
<td>4747</td>
</tr>
<tr>
<td>Number of Total PLHIV (New &amp; Old) who received CHBC services</td>
<td></td>
<td>9787</td>
</tr>
</tbody>
</table>

### CLHIV Cash Transfer Program

<table>
<thead>
<tr>
<th>Category</th>
<th>District Covered</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Covered</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Children enrolled in Cash Transfer (End of FY)</td>
<td></td>
<td>1370</td>
</tr>
<tr>
<td><strong>TB Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td><strong>District Covered</strong></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Courier System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Dots Center linked in Courier System</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Number of Presumptive TB cases Sputum to be collected for courier</td>
<td>4500</td>
<td></td>
</tr>
<tr>
<td>Number of TB cases diagnosed at Sputum Microscopy</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Tracing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Visits to Household of PBC and all Child cases</td>
<td>3405</td>
<td></td>
</tr>
<tr>
<td>No of TB cases diagnosed at Sputum Microscopy</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td>No. of sputum sample of smear negative presumptive TB cases transported to Gene-Xpert Centers</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>No. of MTB cases detected in GX</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Childhood TB Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of malnourished/ARI cases screened</td>
<td>6886</td>
<td></td>
</tr>
<tr>
<td>No. of Presumptive childhood TB identified</td>
<td>2691</td>
<td></td>
</tr>
<tr>
<td>Number of child TB cases clinically diagnosed based on FNAC, x-ray and clinical sign/symptoms</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Number of Child TB diagnosed cases enrolled in treatment</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td><strong>DR TB Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of presumptive DR cases of first line TB sputum collected for courier</td>
<td>161</td>
<td></td>
</tr>
<tr>
<td>No. of Rifampicin Resistant TB (RR-MTB) cases detected</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Number of family members of DR TB cases Screened</td>
<td>288</td>
<td></td>
</tr>
<tr>
<td>No. of Presumptive DR TB identified in the screening</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td><strong>IPT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children (&lt;5 years of age) eligible for IPT</td>
<td>607</td>
<td></td>
</tr>
<tr>
<td>No. of children (&lt;5 years of age) enrolled under IPT</td>
<td>363</td>
<td></td>
</tr>
<tr>
<td>No. of children completed IPT course</td>
<td>202</td>
<td></td>
</tr>
</tbody>
</table>
Community System Strengthening (CSS)

District Covered 4
Number of PLHIV received Treatment for Ultra Poor 172
Number of PLHIV received Treatment Support (Districts) 369
Number of PLHIV received Nutrition Support 472
Number of PLHIV received Hygiene Support 470

Viral Load Sample Collection

Sample Collection Sites 26
Sample Collected 11581

HIV Testing through Community Led Testing (CLT)

Screened 1569
Reactive 75
Confirmed 72
Linked to ART 71
LIST OF PROJECTS

I. The Global Fund: HIV Program

NAP+N has been implementing The Global Fund: HIV Program to implement care and support packages program in 57 districts through local PLHIVs led organization. This will fulfill the gap in HIV intervention program and will certainly support to achieve the goal established by the nation. Furthermore, they are mobilizing PLHIV to work for PLHIV which helps to address all needs and issues related to PLHIVs. As a result, the program has achieved its best outcomes in these years. By knowing these facts, Government has also developed the strategy to involve the PLHIV led organization for implementing the Targeted Intervention program for PLHIVs.

Project Goal:

To achieve optimized IRRTR 90-90-90 by 2020 and ending AIDS by 2030.

Working Districts:


Target Population:

People Living with HIV and AIDS (PLHIVs) and their families.

Project Period:

**Funding Agencies:**

Global Fund through Save the Children International.

**II. “Scaling up coverage and quality of HIV and AIDS prevention targeted to most at risk Population and treatment care and support service to PLHIV in Nepal”**

Since 2009, NAP+N is the partner organization of Save the Children International. NAP+N has been implementing project on “Scaling up coverage and quality of HIV and AIDS prevention targeted to most at risk Population and treatment care and support service to PLHIV in Nepal” supported by Global Fund as sub recipient and is currently implementing it through its member CBOs in 4 districts.

**Project Goal:**

To achieve optimized IRRTR 90-90-90 by 2020 and ending AIDS by 2030.

**Working Districts:**

Dhankuta, Rasuwa, Kailali & Kathmandu.

**Target Population:**

People Living with HIV and AIDS (PLHIVs).

**Project Period:**


**Funding Agencies:**

Global Fund through Save the Children International.
III. HIV care and support services among PLHIV in Nepal

NAP+N has been implementing a project on “HIV care and support services among PLHIV in Nepal” supported by LINKAGES Nepal. Since 2005, this program is continuously going on. NAP+N has conducted a training needs assessment and various need-based training and capacity building workshops including network and project management, evidence-based advocacy and management information systems. NAP+N also serves a crucial role in increasing the capacity of member organizations in the districts. NAP+N has also coordinated with the Saath Saath project implementing partner agencies in the districts to improve coordination efforts in and resource allocation for HIV programming in the districts. Its main target is to link PLHIV to care and services through the demand generation with the help of conducting literacy sessions and support group meetings. It promotes evidence-based advocacy. LINKAGES Nepal also helps to link the PLHIV in CCC, CHBC, CHLHIV, Cash transfer and other services that enhance the quality of life. It also helps to promote the information, advocacy events, and news through social media so that community and related stakeholders can be updated about the current situation.

Project Goal:
Increased demand generation and availability of comprehensive prevention, care and treatment services, including reliable coverage across the continuum of care for KPs.

Working Districts:
Five Development Regions (Kathmandu, Bhaktapur, Jhapa, Morang, Sunsari, Kapilvastu, Rupandehi, Makwanpur, Kaski, Banke, Dang, Kailali and Kanchanpur) of Nepal.

Target Population:
People Living with HIV and AIDS (PLHIVs), Secretariats of Central and Five Provincial offices of NAP+N.
Project Period:

1 October, 2016 to 30 September 2019.

Funding Agencies:

LINKAGES Nepal

IV. TB Program

TB is one of the most widespread infectious disease in Nepal which becomes the major public health problem. Tuberculosis (TB) is responsible for high morbidity among thousands of people every year in Nepal. TB ranks as the sixth leading cause of death in Nepal. World Health Organization (WHO) estimates prevalence of all types of tuberculosis cases for Nepal at 59000 (211/100K) while the number of all forms of incident cases is estimated around 43000 (156/100K). Tuberculosis infects about 45% of the total population. Every year about 45000 people develop active TB and out of them 20000 have infectious pulmonary disease and are able to spread the infection to others.

Currently NTC has implementing Tuberculosis program by two modalities that is one through existing government system and another is through SR method through NGO partnership. NAP+N, Save the Children (SCI) & National Tuberculosis Centre (NTC) agree to work collaboratively to carry out the National Tuberculosis Program and to facilitate the delivery of services to the beneficiaries in Salyan, Surkhet, Achham, Baitadi, Dadeldhura, Doti, Kailali & Kanchanpur is also one of the implementing partner of Save the Children to run Tuberculosis program in Province 6 and 7. The main strategic interventions include active case finding, enrollment in treatment and Childhood TB prevention Through Isoniazide Preventive Therapy.
**Project Goal:**

Decrease the incidence of TB by 10% by 2020 based on re-assessment of TB burden figures to be conducted in 2015.

**Working Districts:**

Surkhet, Achham, Dadeldhura, Doti, Kailali & Kanchanpur.

**Target Population:**

- TB and DR/TB suspects, patients, TB patients and their close contacts.
- HIV infected/affected vulnerable groups and
- Prisoners, migrants, street children, slum dwellers, factory workers, hard to reach populations and health care workers.

**Project Period:**


**Funding Agencies:**

Global Fund through Save the Children International.

---

**V. Evidence based Advocacy on community based testing and monitoring of quality services for key populations (KPRA Project)**

National HIV strategy 2016-2021 has also addressed PWID and TG population as key populations and recommended for institutionalize, identify, reach, recommend, test, treat and retain for all key populations in order to minimize HIV transmission. Community led and driven responses are essential for scaling up HIV prevention and treatment services for meeting the targets of 2020. For this, the role of community in prevention and testing is central. Capacity of people living with HIV and key population
led networks to be strengthened in areas of researches, community based studies and gather evidence that can be interpreted into the effective tailored advocacy strategies.

The program gather evidence for community led prevention and testing services amongst KPs, assess policies, laws, legislation and other barriers as well as community-based testing that affect access to HIV services including HIV prevention, testing, treatment and other services associated for PWID and transgender people and developed advocacy strategies for programmatic intervention at that are community initiatives. Good practices and lessons learned of the project will advocate and tailor in national HIV response. This project has envisioned and designed to contribute national HIV responses in meeting 90-90-90 targets therefore the project will work closely with national HIV program actors.

**Project Goal:**

The overall goal of this program is to strengthen community capacity to improve access to quality HIV prevention, testing, treatment, care and support services among key populations in Nepal.

**Working Districts:**

Lalitpur, Chitwan & Kaski.

**Target Population:**

- People Living with HIV & AIDS
- People Who Inject Drugs
- Transgender People

**Project Period:**

April 2018- December 2020
**Funding Agencies:**

Global Fund through Save the Children International.

---

**VI. Repackaging Project (Income Generating Activities)**

Nepal CRS Company is a pioneer social marketing company in Nepal which is distributing low-cost family planning (FP) material, maternal and child health (MCH) and other health products through its innovative social marketing strategies. NAP+N and CRS Company agreed to work together to uplift the socio-economic status of KPs through generating employment opportunities for female living and affected by HIV. In this project more than twenty female KPs working under a same roof and repackage the family planning materials as per the need of Nepal CRS Company.

**Project Goal:**

Uplift the socio-economic status of female KPs.

**Working Districts:**

Makwanpur based repackaging unit.

**Target Population:**

- Female key populations.

**Project Period:**

September 2017- August 2019

**Funding Agencies:**

Nepal CRS Company.
EVENTS

Pictures of 5th National Congress
Some Picture of Provincial Level Consultation
Some picture of International Condom Day

Pictures of Insurance Program
Coordination with different stakeholders
FUNDING AGENCIES

- Save the Children/Global Fund
- Linkages Nepal/FHI
- Nepal CRS Company

NAP+N Donorwise Fund Expenses FY 2075/76

- Pooled Fund Programme: 84%
- Empowerment of WLHIV: 2%
- The Global Fund TB Programme: 9%
- The Global Fund HIV Programme: 0%
- Key Population Research and Advocacy: 3%
- Linkages Programme: 2%
CASE STUDIES

Case 1
I am a mother of four children. My husband expired because of AIDS three years back. My third daughter is HIV positive and she is studying in class eight. We are taking ART regularly and the place where we are living is good, there is no discrimination and all are friendly.
We are financially poor. Municipality helped us financially, from which we bought food for us. We used to live in a small hut but one night our house was burned by the fire which was flamed to worship the god as per our religious culture. Community forest managed wood to rebuild our house and the community people helped us a lot to bring those woods and logs from the forest. We made the house of wood with the help of community people but we needed tin (zinc sheet) for the roof which was left without roof. The CHBC team of Nava Kiran Plus knew our situation then they contact Ms. Sarita Shrestha (Regional Facilitator of NAP+N). She came and talked to us. She contacts the NAP+N center office, Kathmandu and support us of Rs 20,000/- to make a roof. Now, I have a house where my children and I can leave. I personally thankful for the staffs of NAP+N and Nava Kiran Plus along with the Linkages Nepal and Save the Children.

Case 2
I am Dhan Bahadur Rana and living with HIV. I was in India for work. I used to be a security guard. So for pleasure seeking, I and my friends use to drink alcohol daily and used to go to a red light area. I spend 8-10 years in the same pattern. I was unknown about HIV and AIDS. I was being weak and hence, I was sick and unable to join the work. I spend all the money when I was sick.
Life is full of problems. I was in big trouble when I found a tumor in my stomach. Because of it, I had blood deficiency and need A+ blood for me and the doctor recommends me for the fresh blood. I was in trouble again because no one is there to give me blood and I don’t have money at the same time. I was decided to go home but in the meantime, ART center contacts Ms. Sarita Shrestha of NAP+N. Ms. Sarita came with her son and her son gave me a pound of blood. Even though the blood was not enough so she called her son’s college friend. He also gave me blood.
Because of Ms. Sarita, her son and son’s friend, I got blood. But my tumor in the stomach cause deficiency in the blood. Hence, I was referred to Bir
Hospital of Kathmandu and now I am going to Kathmandu for further treatment. Thanks to the team of NAP+N and liking me further treatment to higher center.
OUR PARTNERS

Arambha Nepal, Gorkha
Arun Plus Mahila Misrit Sarokar Kendra, Sankhuwasabha
Asha Jyoti Sahayog Sumuha, Rupendehi
Baitadi Plus, Baitadi
Baitadi Plus, Darchula
Bajhang Plus, Bajhang
Bajura Plus, Bajura
Bara Plus, Parsa
Bara Plus, Bara
Bishwasilo Aasha, Dhanusha
Chitwan Sakriya Women’s Foundation, Chitwan
Community Support Group, Kaski
Community Support Group, Parbat
Community Support Group, Syangja
Community Support Group, Tanahun
Dadeldhura Plus, Dadeldhura
Dailekh Plus, Dailekh
Dang Plus, Dang
Dang Plus, Rukum
Dhading Plus, Dhading
Dhading Plus, Lamjung
Dharan Positive Group, Dhankuta
Dharan Positive Group, Sunsari
Dhaulagiri Positive Group, Baglung
Godawari Plus, Kailali
Hamro Jeevan Plus, Gulmi
Helping Hands Nepal, Bardiya
Jiwan Rekha Sewa Samaj, Siraha
Junkiri Mahila Samuha, Banke
Karnali Plus, Kalikot
Laligurans Ekta Samaj, Doti

Lava Kush Ashram, Jhapa
Lava Kush Ashram, Illam
Life Vs Addiction, Sindhupalchowk
Lumbini Plus, Nawalparasi
Mahottari Paramarsha Sewa Kendra, Mahottari
Makwanpur Positive Group, Makwanpur
Maya Nepal, Rautahat
Nava Asha, Kanhanpur
Nava Kiran Plus, Surkhet
Nava Kiran Plus, Kailali
Nirnaya, Myagdi
Pratibaddha Sahayog Samuha, Palpa
Prayash Mahila Samuha, Udayapur
Pyuthan Plus, Pyuthan
Rolpa Plus, Rolpa
Saathi Samuha, Kathmandu
Sakriya Plus Nepal, Kavre
Samarpan Sahayog Samuha, Kapilbastu
Sandesh Sahayog Samuha, Argakhachi
Sankalpa Sahayogi Samuha, Syangja
Sarlahi Plus, Sarlahi
Shakti Milan Samaj, Kathmandu
Sharada Plus, Salyan
Sindhuli Plus, Sindhuli
Sparsha Nepal, Lalitpur
Sparsha, Morang
Sparsha Nepal, Saptari
Suruwat, Bhaktapur
The Creative Group, Kathmandu
Trisuli Plus, Nuwakot
Trisuli Plus, Rasuwa
WAC-Nepal, Achham
Head Office
House No.: 174, Anek Marg, Baluwatar, Kathmandu-4, Nepal.

Contact No.:
+977-1-4427459/4417835

E-mail: info@napn.org.np

Provincial Offices
Province 1 Office, Dharan, Sunsari, Nepal
Province 2 Office, Janakpur, Dhanusha, Nepal
Province 3 Office, Hetauda, Makwanpur, Nepal
Gandaki Province Office, Pokhara, Kaski, Nepal
Province 5 Office, Nepalgunj, Banke, Nepal
Karnali Province Office, Surkhet, Nepal
Sudurpaschim Province Office, Dhangadhi, Kailali, Nepal