Student Awareness Forum (BIJAM) has been working with IDUs for the past ten years in Parsa and the surrounding districts. It currently has about 478 IDUs in contact on a regular basis. This project was commenced on March 2006 under FHI/IMPACT project and has been carried out through ASHA/FHI/USAID project up to June 2009.Under this sub agreement, BIJAM continued the established VCT centre targeting IDUs and their partners and in addition migrants. It has also provided basic health care and support services for people living with HIV & AIDS (PLHA) through a weekly clinic and home-based care services. The project has added Female Sex Workers (FSWs) & clients component since October 2009 & Currently working for serving 697 FSWs, 490 IDUs, 1461 Clients of FSWs & 85 People Living with HIV & AIDS (PLHAs).

Goal, Aim, Strategy & Activities

The **goal** of the project is to increase access to integrated health services for IDUs, migrants and PLHA by creating a positive and caring environment in the local vicinity.

The **Aim**, through linkage, is to maximize the services available and the accesses to those services to PLHA, to develop their life based skills and uplift their status in the community.

Strategy 1: Build capacity of the organization to implement care and support programs

Activities

1.1 Conduct various staff development orientation/trainings as needed based on staff positions and program activities.

1.2 Conduct quarterly review and planning meetings.

Strategy 2: Provide Integrated Health Services

Activities

2.1 Conduct pre-test counselling for all VCT clients following the national VCT Counselling Manual and Guidelines.

2.2 Conduct HIV testing after informed consent using a serial rapid HIV testing algorithm and post test counselling following results

2.3 Follow external quality control procedures for HIV testing according to national guidelines

2.4 Provide EPC for PLHA through the STI/VCT/EPC clinic (4 days per month). The services will include a general health checkup, TB diagnosis and treatment referral, cotrimoxazole prophylaxis, diagnosis of simple OIs and treatment referral, nutritional advice, and referral for ARV and clinical support for those taking ARV.

2.5 Conduct quarterly meeting with target group for feedback on quality of services

Strategy 3: Provide home-based care services for PLHA and families

Activities:

3.1 Provide 7-day HBC training to HBC teams and 4-day HBC refresher training semi-annually.

3.2 Conduct regular HBC visits to PLHA who request the service including symptom management and pain reduction support, adherence counselling; hygiene and infection prevention, nutrition and positive living counselling; emotional support and counselling, assistance in preparing future plans including will writing and end-of-life care.

3.3 Establish responsive referral system for PLHA to/from home and VCT, ART sites and other services and refer PLHA who need medical assessment to the nearest HIV clinic.

3.4 Support family caregivers groups through training in care giving and coping skills. Topics will include infection control and precautions; nutrition and healthy living; importance of cotrimoxazole preventative therapy, adherence and signs and management of hypersensitivity; TB/HIV; ART selection process and adherence.

3.5 Conduct quarterly meetings with HBC team and HIV clinical specialists to discuss all cases receiving HBC and provide HBC team members with updated training.

Strategy 4: Conduct local advocacy and networking

Activities

4.1 Provide monthly updates to the DACC and DPHO on program activities;

4.2 Meet with other stakeholders on a regular basis to share and discuss project activities.

Strategy 5: Build capacity of PLHA groups in Birgunj

Activities

5.1 Help PLHA support group to meet monthly and strengthen their ties to other groups and the national network

5.2 Provide trainings, orientations and skill building sessions to PLHA group and family members on leadership, life skills, self care, prevention, stigma and discrimination