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Saath-Saath Project

Annual Report (August 2012 – July 2013)



September 2013

Submitted by

Saath-Saath Project

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USAID Cooperative Agreement # AID-367-A-11-00005

USAID/Nepal Country Assistance Objective Intermediate Result 1 & 4

*The views expressed in this publication do not necessarily reflect the views of the
United States Agency for International Development or FHI 360.*

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AKP	Asha Kiran Pratisthan
AMDA	Association of Medical Doctors of Asia
ARSH	Adolescent Sexual and Reproductive Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASHA	Advancing Surveillance, Policies, Prevention, Treatment, Care and Support to fight HIV/AIDS
BIJAM	Student Awareness Forum (Bidhyarthi Jagaran Manch)
CAC	Community Action Center
CBO	Community Based Organization
CB-PMTCT	Community-Based Prevention of Mother to Child Transmission
CDF	Community Development Forum
CHBC	Community and Home Based Care
CIRDS	Chandra Jyoti Integrated Rural Development Society
CM	Community Mobilizer
CME	Continuing Medical Education
CMF	Conscious Media
CMS	Chhahari Mahila Samuha
CMT	Clinical Management Training
COP	Chief of Party
CWES	Child and Women Empowerment Society
DACC	District AIDS Coordination Committee
DDC	District Development Committee
DIC	Drop-in Centre
DHO	District Health Office
DOHS	Department of Health Services
DPHO	District Public Health Office
DPG	Dharan Positive Group
Dristi	Dristi Nepal
EDP	External Development Partners
EID	Early Infant Diagnosis
EIHS	Expanded Integrated Health Services
EPC	Essential Package of Care
FCHV	Female community health volunteer
FHD	Family Health Division
FP	Family Planning
FSW	Female Sex Worker
FSGMN	Federation of Sexual and Gender Minorities in Nepal
Gangotri	Gangotri Gramin Bikas Manch
GHI	Global Health Initiative
GIS	Geographic Information System
GoN	Government of Nepal
GWP	General Welfare Pratisthan
HA	Health Assistant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Head Quarters

IA	Implementing Agency
IBBS	Integrated Bio-Behavioral Surveillance
ICH	Institute of Community Health
ID	Identifier
IDU	Injecting Drug User
ILO	International Labor Organization
IMPACT	Implementing AIDS Prevention and Care Project
INGO	International Non-Governmental Organization
IOM	Institute of Medicine
JMMS	Jagriti Mahila Maha Sangh
KTM	Kathmandu
LMD	Logistic Management Division
LMIS	Logistic Management Information System
LP	Lumbini Plus
MARP	Most-at-Risk Population
M&E	Monitoring and Evaluation
MIS	Management Information System
MOHP	Ministry of Health and Population
MOU	Memorandum of Understanding
NAP+N	National Association of PLWHA in Nepal
NAMUNA	Namuna Integrated Development Council
NCASC	National Centre for AIDS and STD Control
NCS	Nari Chetna Samaj (Society for Women's Awareness in Nepal)
NFHP	Nepal Family Health Program
NFWLHA	National Federation of Women Living with HIV & AIDS
NHEICC	National Health Education, Information, Communication Centre
NHSP	Nepal Health Sector Program
NG	Naulo Ghumti
NGO	Non-Governmental Organization
NHTC	National Health Training Centre
NHRC	Nepal Health Research Council
NNSWA	Nepal National Social Welfare Association
NPHL	National Public Health Laboratory
N'SARC	Nepal STD and AIDS Research Center
OE	Outreach Educator
OI	Opportunistic Infection
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PGD	Planned Group Discussion
PLHA	People Living with HIV and AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnership
QA	Quality Assurance
QA/PI	Quality Assurance/Performance Improvement
RDF	Rural Development Foundation
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
RN	Recovering Nepal
SA	Subagreement
SAC	Social Awareness Center

SACTS	STD/AIDS Counseling and Training Services
S&D	Stigma and Discrimination
SBC	Strategic Behavioral Communication
SI	Strategic Information
SITWG	Strategic Information Technical Working Group
SMS	Short Message Service
SOP	Standard Operating Procedures
SSG	Syangja Support Group
SPARSHA	Society for Positive Atmosphere and Related Support to HIV and AIDS
SPN	Sakriya Plus Nepal
SSP	Saath-Saath Project
STEP Nepal	Society for Empowerment-Nepal
STI	Sexually Transmitted Infection
TIP	Trafficking in Person
TOR	Terms of Reference
TSDA	Thagil Social Development Association
TWG	Technical Working Group
TUTH	Tribhuvan University Teaching Hospital
UNAIDS	Joint United Nations Program on HIV AND AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International Development
VACC	Village AIDS Coordination Committee
VDC	Village Development Committee
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

This is the second annual report of United States Agency for International Development (USAID)-funded Saath-Saath Project and it covers the time period of (August 2012- July 2013). The five-year project was initiated on October 1, 2011 with FHI 360 as prime organization, AMDA and Jhpiego as core partners and more than 40 local NGO partners. In this reporting period, apart from the core partners, SSP worked through 41 local partners implementing agencies (IAs). The project currently operates in 33 districts. Table 1 below shows coverage of districts and major focus of SSP's intervention components.

Table 1: Break-down of different components by districts is as following over the reporting period:

SSP components	Coverage of Districts (As of Year 2 Annual Reporting Period)
Female sex workers	25
Migrants	4
Community and Home based Care	20
Positive Prevention	13
Overall Project Coverage	33

As the project entered second year, the foundation laid by the year one operations and infrastructure paved a smooth implementation of the envisaged activities. Major highlight of the Year two was the decision for SSP-wide roll-out of the first three methods of family planning (Condoms, Oral Pills and Injectables) followed by phased roll-out of IUCD and Implants in SSP's static and selected satellite clinics. The FP provision of FP services through SSP sites was a major step in making these services available to Key Population groups in Nepal. The formation of the Technical Advisory Group under the Leadership of the Deputy Director General (DDG) of the Department of Health Services (DoHS) with representation from the National Center for AIDS and STD Control (NCASC), Family Health Division (FHD), National Health Training Centre (NHTC), National Health Education, Information, Communication Centre (NHEICC), USAID, UNICEF, WHO and SSP to help operationalize integration FP/HIV services in the context of Nepal was a milestone in provision of integrated package of services in the country.

The roll-out of the Female Community Health Volunteers (FCHV) and mothers' group (MG) to serve as the first line of provisioning integrated FP/HIV messages at the outreach /community level is a new initiative SSP has partnered with Government of Nepal to introduce in migrant districts is another key activity with potentials to contribute to increasing FP uptake in the country among migrant couples and help increase CPR which has been stagnating for last few years.

The FP/HIV integration roll-out was planned in such a way that relevant training and Strategic Behavior Change (SBC) communication were simultaneously launched in massive scale. During a short period of time, SSP together with partner Jhpiego which is providing technical backstopping to FP integration was able to adapt, re-module and develop its own key messages on Integrated FP/HIV services, FP methods to key population groups and migrants. Drawing upon the Strategic Behaviour Communication strategy developed in Year one and updated in Year two, these materials provided much needed key messages to be disseminated and used by service providers at all levels of SSP.

SSP provided technical assistance to NCASC on the conduct of IBBS surveys on Female sex workers (FSWs), Men having sex with men (MSM) and transgender, male injecting Drug Users (IDUs) and Male labor migrants (MLM) in year two of its operations. From the very beginning of the IBBS survey, 2012, SSP has been providing need-based technical assistance to NCASC and was involved in preparing tools,

training of enumerators, monitoring of the surveys, data analysis and report preparation. SSP was also involved in the discussion of preliminary results of the survey. SSP is committed to support NCASC to finalize the survey reports, disseminate it and initiate discussion on its findings for possible implications for HIV response in Nepal. Round Table discussions and final dissemination is planned in year 3 of SSP.

Likewise, dissemination of both the National M&E Guidelines and Surveillance Guidelines by NCASC which received TA from SSP helped to strengthen NCASC's capacity to mainstream M&E system and tailor its surveillance activities as per the surveillance guidelines. SSP's contribution to NCASC's M&E training and addition of the 8th Module on data collection and utilization has received positive feedback from district stakeholders as it has helped them to utilize available data for evidence based planning. SSP's TA on research agenda is almost in final stage.

SSP also successfully transitioned to provide VDC level information as per the reporting requirement agreed upon with USAID to facilitate geo-enabled mapping of service districts of the target population.

The regional TA provided by SSP to strengthen National laboratory's EID operation, research curricula on Ethical issues in HIV research, a SSP's joint initiative with NHRC and NCASC and training on IBBS focusing on RDS methodology to NCASC and other researchers were other initiatives undertaken by SSP to strengthen national capacity on research and Laboratory.

The successful completion of the FP baseline and Rapid assessment of HIV in SSP's four migrant districts provides the first hand information on both FP and HIV components among migrants. The dissemination event was a huge success with participation of key stakeholders FP and HIV areas in which the fact sheet of the findings was jointly unveiled by the DG of the DoHS and Director of USAID's Population and Health Division.

During the first half of the review year, TOCAT exercise was successfully been rolled-out among all the remaining partner implementing agencies that were not covered under Year one roll-out. Findings from the exercise have already been built-in the envisaged activities and are gradually taken up for implementation as prioritized by the agencies.

The internship program got further momentum as the year also held an interns' gathering event and continued the regular stream throughout the year.

Beside these milestones and key activities, SSP continued its focus on improving the quality of the services by strengthening the capacity of service providers for both the government counterparts and SSP IA (Implementing agencies). The coordination and collaboration got momentum as SSP IAs continued search for leveraging resources for Key populations.

Continued focus on improving performance guided by the national and international standards, contributed to a successful Year two of SSP. Table two below highlights the major quantitative achievements of the Year.

As shown in Summary Table below, SSP's Year two has been remarkably successful in attaining major physical /planning targets set for the year. SSP was able to reach out to Key population groups both in prevention and care. In all the key indicators, SSP has been able to meet the planning targets set for the year. Number of MARPs reached through individual or small level group interventions is at 135,181 against the planning target of 115,000 set for the year. Likewise, improving quality of services by strengthening the capacity of service providers through training has exceeded the expectations. During the period under review, more than 22,000 people were tested for STI and were counseled. Since the roll-out of the FP services, more than 6,000 individuals have been counseled on FP and about 462 received FP

Summary Table of SSP FY 13 Achievement against Target for Key Indicators

Key Indicators	Target FY13	Achievement (Aug 12 - Jul 13)	% Achieved	Remarks
HIV and AIDS				
Number of MARP reached with individual and/or small group level intervention that are based on evidence and/or meet the minimum standards required				
<i>FSW</i>	26,000	25,873	99.5%	Overall achievement exceeds by 18%. FSWs (99.5%), Clients of FSWs (26.6%), Migrants and Spouse (113.8%). Among total 66% were new
<i>Migrants and their spouse</i>	34,000	39,022	114.8%	
<i>Clients of FSWs</i>	55,000	69,631	126.6%	
<i>Other</i>	NA	655		
Total Female	72,000	49,960	69.4%	
Total Male	43,000	85,221	198.2%	
Number of PLHIV reached with a minimum package of Prevention with PLHIV (PwP) interventions				
<i>Female</i>	1,650	1,855	112.4%	Exceeded by 7% and of total 29.2% were new.
<i>Male</i>	1,650	1,689	102.4%	
Number of people Trained				
<i>S&D Reduction</i>	7,500	10,923	145.6%	Achievement is 28% more than targets. People from more than 124 organizations mostly from GoN participated in SI related training. More than 80 agencies were benefitted from the training on HIV related Institutional Capacity Building
<i>Prevention (Other than AB)</i>	1,600	839	52.4%	
<i>Institutional capacity building</i>	1,100	1,389	126.3%	
<i>Strategic information</i>	325	382	117.5%	
<i>Medical injection safety</i>	300	215	71.7%	
<i>In service training on (incl. CMT, clinical, lab, PMTCT, ARV)</i>	110	239	217.3%	
<i>Counseling and testing</i>	20	45	225.0%	
Total	10,955	14,032	128.1%	
Number of HIV-positive adults and children receiving a minimum of one care service				
<i>Female</i>	3,000	3,275	109.2%	Of total, 57% received only CHBC, 23% received only EPC and 20% received both
<i>Male</i>	3,000	3,115	103.8%	
Total	6,000	6,390	106.5%	
Number of people who received counseling and testing and their results				
<i>Female</i>	8,000	10,904	136.3%	HIV positive-1.28% of the total tested
<i>Male</i>	14,000	11,800	84.3%	
Total	22,000	22,704	103.2%	
<i>Total HIV Positive</i>	NA	291	-	
Number of MARPs receiving STI treatment at USAID-assisted sites				
<i>Female</i>	6,500	8,659	133.2%	Total STI examined - 22,469 (35.5% FSWs, 45.8% Clients of FSWs, 13% migrants & 6% Other)
<i>Male</i>	1,500	762	50.8%	
Total	8,000	9,421	117.8%	
Family Planning				
Number of people that have been trained in FP/RH	NA	352	-	
Number of people screened for FP Needs	NA	21,476	-	FP commodities (OCP and Injectable) started in Sep'13

Key Indicators	Target FY13	Achievement (Aug 12 - Jul 13)	% Achieved	Remarks
Number of people received FP counseling	NA	6,281	-	but scaled up in all sites from May 2013. IUCD and Norplant initiated in 7 sites from June 2013.
Number of people received any FP method by methods	-	462	-	

methods other than Condoms. Given the national uptake of these methods, it is a significant gain as the 5 commodities roll-out is of recent origin.

Of the total 462 who received modern FP methods (except condoms), 216 people received OCPL, 221 received Injectables, 19 people received Implants and 6 people received IUCD. A total of 32,117 CYP contributions were made as against estimated target of 33,000 for this reporting period. It is 97.3% of the expected number. None of the service sites experienced a stock out of FP commodities.

Other highlights of the year included continued interest of USAID and other visitors to observe SSP operations in Nepal. USAID's Amy Fawcett, Mission Controller; Rajiv Shakya, Financial Analyst; Srijana Rai, Administrative Assistant; and Deepak Paudel, AID Development Program Specialist visited Kaski district on September 16, 2012 to observe HIV and FP-related activities under SSP's EIHS and co-located DIC site in Pokhara implemented by Naulo Ghumti and CWES respectively.

Renowned HIV rights advocate and Olympic multi-gold medalist Mr. Gregory Louganis along with Jonny Chaillot visited SSP program site in Lalitpur district on October 12, 2012. As part of the special program, a model "HIV-free Village" was designed to showcase USAID's continued support to the Government of Nepal to help build an HIV-free country by providing a continuum of HIV-related prevention to care, support and treatment services.

Joyce Friendenberg from Development Grant Program (DGP), Washington and Pragya Shrestha, Shankhar Khazi, Colin Holmes and Srijana Rana from USAID/Nepal visited Expanded Integrated Health Service (EIHS) clinic operated by SSP IA Naulo Ghumti Nepal (NG) and DIC operated by CWES in Kaski on May 17, 2013.

USAID team (Ms. Laura Andes, Advisor at Washington DC; and Nepal's OHFP Daniel Sinclair, HIV/AIDS and Social Marketing Team Leader and Gajendra Rai, AID Development Program Assistant) visited SSP EIHS and co-located DIC site in Butwal managed by local NGO partner NAMUNA on June 19, 2013.

A representative of Ministry of Health, Bhutan visited SSP's EIHS site in Bhaktapur district on August 8, 2012 and observed EIHS site activities and procedures including medical waste management.

SSP coordinated the visit of Dr. Tim Mastro, Combined Director of Global Health, Population and Nutrition Division of FHI 360 in July. In addition to holding a courtesy call to USAID counterparts, SSP and GGMS staff. Also Dr. Mastro made a presentation during an interaction program organized by NCASC on Combination HIV Treatment which was attended by key government representatives, civil society and donor agencies.

Helen Albert, Gender Expert from FHI 360's Center for Gender Equity in Washington D.C. USA visited Nepal on 18-21 of September 2012. The visit's objectives were to conduct a scoping exercise of the funding opportunities in Nepal for gender and education related programs through meetings with national government agencies, donors, and INGOs working in the gender area.

In addition to these, there were several USAID/Nepal visits to SSP project districts as part of the regular program monitoring which has assisted to address programmatic gaps in service delivery.

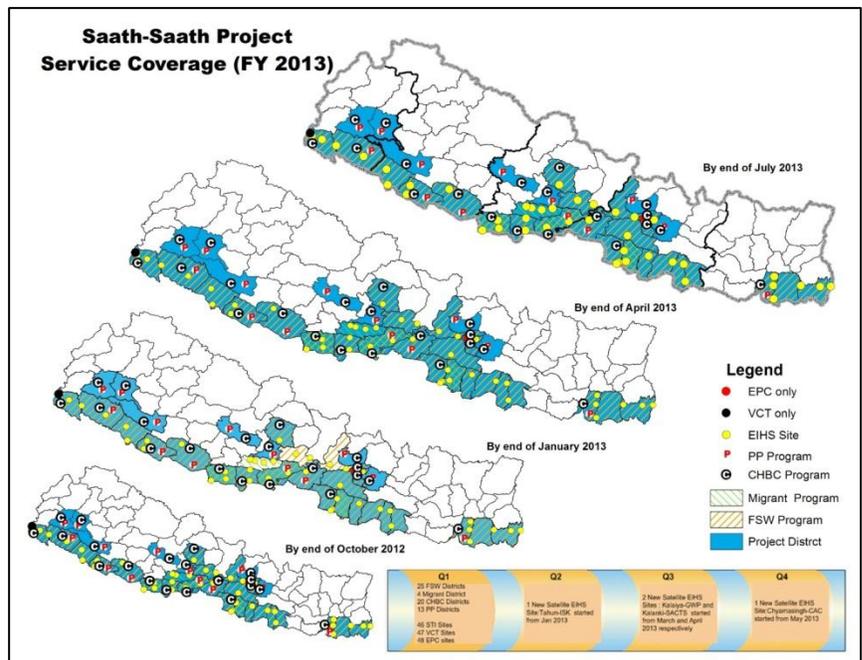
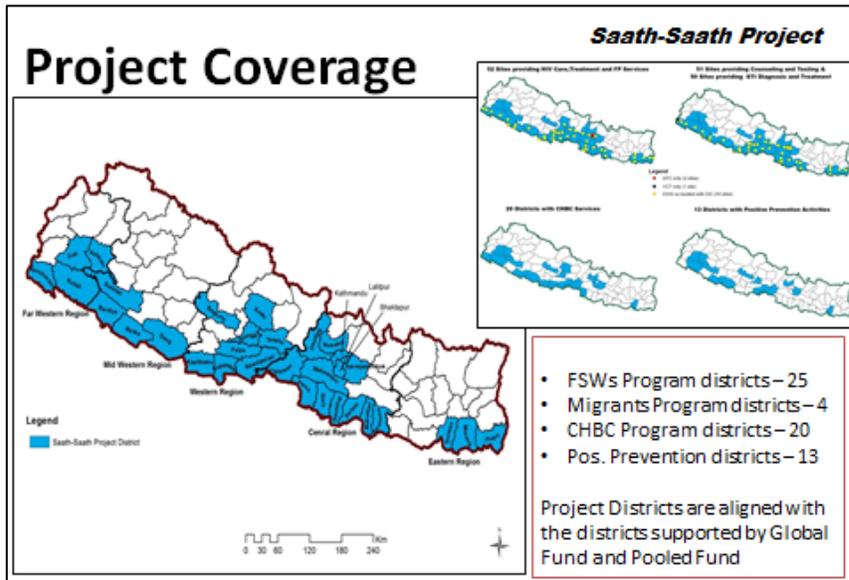
Similarly, Government counterparts and others continued to show interest in our operations. The then newly appointed Director of NCASC (Dr. Bal Krishna Suvedi) made a point to visit SSP office in Baluwatar and interact with management and SSP staff.

Despite many challenges, SSP's second year of operation has been a remarkable year of improving access to FP/HIV integrated package of services to key populations in Nepal with various innovative models of community level interventions, a strengthened partnership with government that extended beyond NCASC and SSP partner agencies, effective coordination and collaboration at all levels of operations. SSP has largely met the targets it set to achieve for the year and looks forward to more challenging year ahead as political uncertainty looms large in Nepal.

I. INTRODUCTION

This is the second annual report of United States Agency for International Development (USAID)-funded Saath-Saath Project (SSP) covering period between August 2012 and July 2013. The five-year project was initiated on October 1, 2011 with FHI 360 as the Prime and AMDA and Jhpiego as the core partners.

While the coverage of districts remains unchanged during the reporting period, 4 new satellite sites were added - Tahun (Palpa), Kalaiya (Bara), Kalanki (Kathmandu) and Chyamasing (Bhaktapur). FP services initiated from all outreach, FP commodities (short-acting) made available in few sites in the early this year and gradually expanded to all sites by May 2013. Similarly, long-acting methods were made available in 8 static sites from June 2013 and 10 satellite sites from July 2013. The geographical coverage of the districts and service site is shown in Map 1 below.



II. PROGRAM MANAGEMENT

A. Human Resources

New Hires/Resignations/Promotion/Position Restructure

Human resources (HR) management tailored to the needs of SSP is a special focus under this project. As HR management is a dynamic process, SSP continued to experience staff mobility and transition, which were managed by hiring new positions or promoting /transferring some to other positions and restructuring as the specific needs of SSP. FHI 360's HR policy embedded to SSP continues to strive best possible HR available in the country.

During the reporting period, 11 new staff were recruited (Table 1) for various positions following the FHI360 HR policy,

Table 1: New Personnel for Saath-Saath Project (Aug 12 to Jul 13)

SN	Name	Position Title	Start Date	Remarks
1	Santa Kumar Dangol	Program Officer - Mid Western Region	09-Aug-12	New Hire
2	Rubina Shrestha	Technical Officer (Community Initiatives)	09-Oct-12	New Hire
3	Alina Maharjan	Program Officer - Western Hills	6-Dec-12	New Hire
4	Rajani Bharati	Program Officer - Far Western Region	7-Jan-13	New Hire
5	Subash Yogi	Program Officer - Mid Western Region	15-Mar-13	New Hire
6	Russell Man Singh Pradhan	IT Officer	1-May-13	New Hire
7	Khagendra Prakash K.C.	Lab Specialist	2-May-13	New Hire
8	Dr. Durga Prasad Bhandari	Technical Advisor	6-May-13	Re-employment
9	Rebika Magar	Office Assistant	16-May-13	New Hire
10	Deepak Kaji Gopaju	IT Officer	25 June	New Hire

During this reporting period, the following staff members, totaling 13 were either promoted or their positions were restructured in line with the organogram approved for SSP (Table 2).

Table 2: Promotions and position restructure for Saath-Saath Project (Aug 12 to Jan 13)

SN	Name	Position Title	Start Date	Remarks
1.	Puspa Basnet	Program Officer – Eastern Region	8-Oct-12	Transfer
2.	Bhagawan Shrestha	Team Leader - Kathmandu Valley and Central Region	10-Dec-12	Transfer
3.	Deepak Dhungel	Team Leader - Eastern and Western Region	10-Dec-12	Transfer
4.	Rajesh Khanal	Team Leader – Mid and Far Western Regions	1-Oct-12	Promotion
5.	Salina Joshi	Program Officer – Kathmandu Valley	8-Oct-12	Promotion
6.	Sanjeev Neupane	SBC Specialist	19-Nov-12	Promotion
7.	Ashima Shrestha	Program Officer – Kathmandu Valley	1-Apr-13	Promotion
8.	Jeni Rajbamshi	MIS Specialist	1-Apr-13	Promotion
9.	Mukesh Hamal	Capacity Building Specialist	1-Apr-13	Promotion

SN	Name	Position Title	Start Date	Remarks
10.	Poonam Shakya	Grants Specialist	1-Apr-13	Promotion
11.	Pravaran Mahat	Specialist - PPP, PR and Branding	1-Apr-13	Promotion
12.	Dr. Rajya Shree Kunwar	Technical Specialist - Clinical Services	1-Apr-13	Promotion
13.	Puspa Basnet	Sr. Program Officer – Eastern Region	1-Apr-13	Promotion

Likewise, altogether 11 staff resigned during the second annual period of SSP. The breakdown is as following:

Table 3: Resignations from Saath-Saath Project (Aug 12 to Jul 13)

SN	Name	Position Title	Resignation Date
1.	Tsering Pema Lama	Surveillance and Research Specialist	3-Aug-12
2.	Vinita Sharma	Program Officer (Eastern Region)	4-Oct-12
3.	Dr. Sushma Bhusal	Technical Officer - Community Initiatives	20-Oct-12
4.	Dr. Lisa Stevens	Technical Advisor – HIV Clinician	27-Dec-12
5.	Sujan Pandit	Program Officer - Western Terai	31-Dec-12
6.	Rubina Shrestha	Technical Officer - Community Initiatives	14-Mar-13
7.	Prasiddha Tuladhar	IT Officer	16-Mar-13
8.	Anjana Shahi Sharma	Receptionist	30-Apr-13
9.	Gopal Panta	Lab Specialist	1-May-13
10.	Russell M S Pradhan	IT Officer	1-Jul-13
11.	Abina Shrestha	Logistics Specialist	18-Jul-13

As of now SSP has maintained a good gender balance of its staff and the ratio of male to female staff is almost equal.

B. Staff Development

In order to ensure highest quality of services and technical backstopping to SSP and SSP IAs, and national government counterparts, SSP has followed a three-pronged strategy to help staff develop their capacity. They are coaching and mentoring by senior colleague, self-learning from various web-based resources, enabling staff to avail locally available training opportunities and arranging resources for attending professional development opportunities at regional and international level. In the past twelve months, Saath-Saath Project staff participated in the following professional development activities at local level (Table 4) and some received international exposure (Table 5). A total of 24 Staff were provided opportunity to develop their professional skills at nationally organized training events (13 staff) and international level (11 staff).during the reporting period.

Table 4: Local Training/Workshop (Aug 12 to Jul 13)

Participants	Training/workshop attended	Remarks
One	Training on Effective Purchasing, Inventory and Store Management	Offered by Management Association of Nepal
Two	Online Training on Basic Health Economics	Offered by World Bank Institute
One	Anti-Sexual Harassment Training	Offered by PeoplePower
Two	Workshop on Stress Management	Offered by Int'l Management Institute of Nepal
Two	Executive Coaching	Offered by Beed Leadership

Participants	Training/workshop attended	Remarks
Two	Leadership Thinkshop	Offered by Beed Leadership
One	Appreciative Leadership and Development Visioning	Offered by Appreciative Leadership and Development Management
One	Online course on mHealth for Sexual and Reproductive Health	Offered by Geneva Foundation for Medical Education and Research
One	Evaluation Conclave 2013	Organized by Community of Evaluators (COE) in South Asia
One	Risk Based Management System Audit	Offered by URS Ltd.
One	GIS Application in Public Health	Offered by Public Health Foundation India and USAID Nepal

Table 5: International Training/Workshop/Meeting (Aug 12 to Jul 13)

Participants	Training/workshop/ Meeting attended	Venue	Remarks
Two	Regional PMTCT Workshop	Dar es Salaam, Tanzania	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Workshop on "HIV Prevention, Care and Treatment for MSM"	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - Saath-Saath Project
One	USAID Rules and Regulations: Grants & Cooperative Agreements	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	DHIS2 Academy South Asia Workshop	Chandigarh, India	Staff time - Saath-Saath Project Travel and Logistics - HISP India, Department of Health & Family Welfare NRHM Punjab and NHR
One	2013 HIV Estimates and Projections Workshop	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - Saath-Saath Project
One	Information Solutions and Services (ISS) Regional Conference “Engaging to Drive Technology Utilization”	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
Two	Project Management Training and TOT	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics – Saath-Saath Project (1person) FHI 360 Corporate Fund (1 person)
One	Exposure visit to different project sites in India	Mumbai, India	Staff time - Saath-Saath Project Travel and Logistics - Saath-Saath Project
One	“Regional Consultation on Migration” organized by EMPHASIS Project of CARE International	New Delhi, India	Staff time - Saath-Saath Project Travel and Logistics - CARE International

The details of international travel are provided under Annex B.

III. TECHNICAL PROGRAM ELEMENTS (Progress by Outcomes)

Outcome 1: Decreased HIV prevalence among selected MARPs

As per the work plan for the period, series of activities were implemented by SSP to contribute to decreased HIV prevalence among selected MARPs, mainly on FSWs, clients of FSWs in 25 districts and among migrant workers and their spouses in four districts through outreach and Drop-in centers (DIC) activities. In addition, Positive prevention activities were implemented in 13 districts. The following section summarizes major activities undertaken during the reporting period.

Mobilization of outreach staff and volunteer peer educators: In this reporting period, 167 community mobilizers (CMs) and 54 outreach educators (OEs) were mobilized for targeted and tailored Sexually Transmitted Infection (STI) and HIV prevention and family planning (FP) promotion outreach activities among FSWs and their clients as well as migrants and their spouses. These outreach activities include HIV risk assessment, information and education on HIV, STI and FP, information on condom plus (correct and consistent use of condom including with any other FP method), condom use and negotiation skills, distribution of condoms and referral and follow up for STI diagnosis and treatment, HIV voluntary testing and counseling (VCT) and FP services. FSWs that faced any type of violence from clients, family and services providers and were found to have suffered from any form of violence were referred for the services available in the district.

FSWs that were willing to join income generating and livelihoods activities were referred to the agencies who are working for income generation and livelihoods activities (see Leveraging below under **Outcome 5**).

The outreach staff are regularly assessing and identifying and reaching new hotspots and FSWs to protect and prevent from risky sexual behaviour. According to micro-planning data, most of the new FSWs were identified and reached within their first six months of sex work. In addition, 305 female volunteer peer educators (PEs) and community information points (CIP) operators were trained and mobilized to support CMs and OEs for outreach activities specially to identify and reaching out to new hotspots and FSWs and their clients. Quarterly orientation and review meetings with female volunteer PEs and CIP Operators were organized by different IAs working for HIV/STI prevention and FP promotion in this period. The main objectives of these meetings were to share and review the activities accomplished with the support from PE and CIP Operators, to share field level experiences, issues and challenges and to orient PEs and CIP Operators on HIV, STI and condoms and family planning services as well as on condom negotiation skills and their role and responsibilities and to strengthen support from PE and CIP Operators in identification and referral of target population. These orientation also covered BISHWAS branding for demand generation for FP and HIV quality services, stigma and discrimination reduction and use of FP related SBC materials and increasing DIC and EIHS utilization, new FP services, FP related compliance and trafficking in person (TIP) certification.

SSP conducted several supportive supervisory visits and provided on-site coaching support to outreach staff, supervisors, DIC Operators and Project Coordinators on use of SBC materials interactively and educational sessions on HIV prevention and FP promotion and referral. As FP is a relatively new area for the outreach workers, special attention was provide to support the staff on FP related matters.

Addressing Overlapping Risk among FSWs: In this reporting period, SSP, in coordination with SSP IAs Recovering Nepal and Dristi Nepal, developed and finalized a training manual on overlapping risk for FSWs who inject drugs. Following this finalization, one day training was conducted for Program Coordinators of prevention IAs working with FSWs. After the training, each IA conducted in-house training on overlapping risk to their outreach educators and community mobilisers covering covered

sessions on importance of overlapping risk in HIV prevention program, approaches to identify FSWs who inject drugs, barriers in accessing services for FSWs who inject drugs and key messages to be provided to FSWs who inject drugs. The outreach educators and community mobilisers have shared that it has become easier for them to approach and give message to the FSW who inject drugs. SSP IAs working with FSWs are conducting an assessment of risk behaviors among FSWs who also injects drugs to cater to their overlapping risk behavior. SSP IAs Dristi Nepal, STEP Nepal, CAC Nepal, NCS and JMMS in Kathmandu valley, Sahara Nepal in Jhapa, Morang and Sunsari, TSDA in Kailali and Kanchanpur organized coordination meeting with organizations working with people who inject drugs to discuss referral services to address overlapping risk among FSWs covered by SSP. After the coordination meeting in Kathmandu valley, STEP Nepal, NCS and Dristi Nepal prepared joint mapping of hotspots for FSW and FIDUs and based on the mapping have conducted joint outreach visits in certain clusters with high number of FIDUs. SSP continues to create synergy in this field by partnering with other agencies to reduce overlapping risks of females who inject drugs.

Operation of DIC: Fifty DICs branded with BISHWAS and co-located with expanded integrated health services (EIHS) sites (including recently opened site in Tahunn PHC in Palpa and District Hospital, Kaliaya Bara in collaboration with GoN) are operational to provide safer and comfortable place for HIV and STI prevention to care services to FSWs, clients of FSWs and migrants, SSP's target population. DIC have also engaged in socially marketed condom promotion and distribution.

DIC has two different types of activities – edutainment related materials for family planning and HIV. These range from Wheel game to snake and ladder recently introduced to create awareness on both FP/HIV integrated services to various play/game materials to attract, engage and educate target population. In addition to this, DICs are also venues for meeting FSWs and celebrating special events and engaging in different creative activities. Different creative events such as painting, art and craft (paper flower, doll making, making picture and sample of FP methods, creating BISHWAS brand logo with broken pieces of bangles), quiz contest, essay and drawing competition games, beauty tips/classes and competition and interactive discussion on beauty and healthy living were organized at DICs to motivate target groups to visit DIC and seek and utilize services from EIHS sites through edutainment activities and improving trust and bonding between DIC staff and target groups. These types of activities were also organized on to observe local festivals such as *Teej*, *Gaura* and *Maghi*, and also national and international days such as World AIDS Day and National Condom Day.

DIC committee meetings were conducted by different IAs in this reporting period. During these meetings, members were informed about DIC activities and clinic schedule on regular basis and discussed about DIC progress, constraints, and importance of committee members for DIC management and roles and responsibilities of DIC management members including increasing utilization of DIC as well as EIHS site co-located at DIC.

SSP organized a 3-days training on DIC operation for the DIC operators working in different districts. The main objective of the training was to enable the participants to operate DIC as per the BISHWAS branding guidelines and integrated FP promotion and HIV prevention guidelines. The training package has been revised to enable them to communicate key FP/HIV integrated messages to the DIC visitors.

Planned group discussion (PGD) among FSWs and their clients, migrants and their spouses were conducted by prevention IAs as part of the regular activities to explore their knowledge, attitude and behaviors on FP methods, HIV, STI, condom use and health seeking behavior. A total of 238 PGD sessions were held. These PGDs covered topics such as HIV, STI, FP, barriers and myths of FP in accessing services, inter-personal communication and quality of services.

During this period, the PGD focused on reasons for involvement as sex workers, knowledge, attitude & practice of FP services risk perception, condom use and negotiation reasons for not attending STI clinics, health seeking behavior, and stigma and discrimination. According to the PGD on FP, most of the participant knew that temporary FP methods including dual protection and services available through EIHS sites. Some of the participants were concerned over the side effects on using FP methods. At the end of the PGDs, information on FP methods and services, need and importance of dual protection and dual method use were provided. The PGD also helped to demystify the FP related myths. The participants suggested for showing FP related movies at DIC so that they can gain more knowledge on it.

All SSP IAs are coordinating and collaborating with District (Public) Health Office (DHO or DPHO) to obtain condoms for free distribution to FSWs and clients of FSWs. All SSP IAs are submitting Logistics Management Information System (LMIS-6) reporting to D(P)HO on a quarterly basis. SSP conducted several meetings with USAID-funded GGMS to scale up ongoing condom social marketing efforts by IAs.

Training on outreach and peer education for HIV & STI prevention and FP promotion: SSP organized five batches of 6-day training on ‘Outreach and Peer Education for HIV & STI Prevention and FP promotion’. The main objective of the training was to strengthen the knowledge and skills of Outreach Educators and Community Mobilizers in outreach and peer education so as to enable them to help target groups in positive behavior change and maintenance with focus on HIV, HIV prevention and FP promotion. The revised training curricula was used following the introduction of the FP component in SSP’s operations to improve their skill to create demand for FP services. The CMs and OEs working with migrants and their spouses also received additional training on negotiation skills for HIV and STI Prevention as well as FP promotion to enable them to improve knowledge and life skills of spouse of migrants to help them negotiate safer sex with their husbands and encourage them to utilize FP/HIV services for testing and healthy time spacing of children they want to have.

Training of Trainers (ToT) and roll out of BISHWAS Guidelines: SSP organized a 2-day Training of Trainers (ToT) for 26 staff members from IAs on BISHWAS branding guidelines to build capacity of trainers from SSP IAs to train other key staff on using the BISHWAS guidelines and roll it out in their respective districts for FP and HIV services demand generation and improve quality of services. Those trained staff further oriented respective IA staff on BISHWAS guidelines and quality services.

Web based Short Message Service (SMS): In this reporting period, FSWs who are hard to reach through the existing HIV prevention activities (such as DIC and outreach activities) were continued to be reached through Web SMS in nine districts (Kathmandu, Pokhara, Jhapa, Morang, Sunsari, Parsa, Chitwan, Rupandehi and Banke). Altogether 31,060 SMS were sent and 2,861 queries and responses were received from the beneficiaries. Similarly, 830 previously contacted FSWs and 247 new FSWs were contacted through the web-based SMS. Seventeen Offline interaction meetings were organized with the target group. Among the 17 offline activities, three were conducted by Sahara Nepal (two in Itahari, Sunsari and one in Biratnagar, Morang) DICs, two by Bijam in Birganj DIC of Parsa district, three by CWES in Pokhara DIC of Kaski district and the remaining nine offline activities were conducted by STEP Nepal in its Bagbazar office, Kathmandu district.

A quick assessment of Web-SMS was carried out to identify the existing situation and use of Web SMS program, lessons learnt and challenges faced.. Following the assessment, SSP organized a workshop on web SMS with Program Coordinators of seven IAs implementing web SMS activities to share the findings and to provide recommendation to modify web SMS implementation modalities and districts.

Micro-planning process: In this reporting period, micro-planning process for HIV prevention activities among FSWs were continued in 10 districts and were expanded in additional four districts (Chitwan, Dhadhing, Makwanpur and Tanhahu) from February 2013. SSP organized three day training on micro-planning process to selected staff of four additional IAs (CIRDS, GWP, Naulo Ghumti and Sahavagi) for the new districts. SSP IAs STEP Nepal, CWES and Sahara Nepal who are experienced in micro-planning process were mobilized for the training. The IAs rolled out two-day training to their staff while STEP Nepal and CWES staffs provided on-site support along with consultant coaching support.

Strategic Behavior and Communications (SBC) materials: SSP has developed SBC Strategy for migrants and using it as a guide to develop SBC materials. In this reporting period, seven FP brochures (General information on FP, Pills, Depo, Implant, IUCD, Minilap and vasectomy), two DIC games (FP wheel game and FP snake and ladder game), Condom plus poster and flyer, migrant booklet for male labor migrants, Stickers and flyers on condom plus pills and condom plus Depo and radio program promotional materials were printed and distributed to IAs. The FP-related SBC materials were reviewed and approved at the reproductive health IEC/BCC technical committee meeting.

Safer and Healthy workplace activities: During this reporting period, safer and healthy workplace workshops were conducted in three cities, Kathmandu, Itahari and Pokhara covering, central, eastern and western regions. The workshop was participated by representatives of associations (restaurants and bar/massage parlors/night business) and owners, managers and workers of dance/cabin/*dohori* restaurants. A representative of Safer and Healthy Workplace Coordination Committee Kathmandu and SSP IA STEP Nepal staff facilitated the workshop in Itahari and Pokhara. The main objective of the workshop was to share, discuss, review and finalize safer and healthy workplace guidelines and activities. The workshop also aimed to sensitize the participants on safer and healthy workplace concept and activities. At the end of the workshop in each city, a Safer and Healthy Workplace Coordination Committee consisting of representatives from associations, owners/managers and workers has been formed. The committee is responsible for the overall implementation, management and monitoring of the safer and healthy workplace activities in respective places.

During this reporting period, STEP Nepal, JMMS and Sahara Nepal supported to facilitate meetings of Safer and Healthy Workplace Coordination committees in Kathmandu and Itahari. The committee meetings reviewed the progress on assessment of the workplace using the guidelines and implementation of guidelines in the workplaces. So far 29 workplaces in Kathmandu and 9 workplaces in Itahari have discussed the safer and healthy workplace guidelines at their workplaces and identified focal person for the safer and healthy workplace activities.

Stigma and discrimination (S&D) reduction training: As part of SSP's continued effort to reduce stigma and discrimination in the society against FP use and PLHIV, SSP IAs conducted training on stigma and discrimination (S&D) reduction with different target groups and influential people of the community in their project districts.

The training was redesigned following the national revision of the S&D training curricula in which SSP also a key strategic partner together with NCASC and UNICEF. Overall, the training sensitized the participants on HIV related S&D and helped them realize that all individuals are equal and have rights for healthy living.

HIV and STI prevention and FP promotion among migrants and their spouses: In this period, four SSP IAs continued HIV and STI prevention and FP promotion activities among migrants and spouse of migrants in four districts, namely, Bara, Nawalparasi, Kapilbastu and Palpa. Migrants and their spouse were reached through group and one-on-one educational contacts during community outreach, immediately after street drama performance and other community group meetings such as radio listens

groups (RLG). They were also reached through street drama, community events and DIC. Migrants were also reached through pre-departure sessions which emphasized on abstinence and being faithful and responsible to family while staying abroad, skills on condom use and safety precaution and measure while travelling and staying abroad. SSP IA ISK, in coordination with DPHO, DACC, VACC, VDC and local health posts and youth club, conducted awareness raising events to sensitize on HIV, STI prevention and FP promotion through local folk media- *Gandarva* Song (traditional song in western region), *Gaura* Dance (traditional dance in mid-west and far west region) and street drama. During the events, ISK staff disseminated FP, HIV and STI related information and materials.

Similarly, Conscious Media Forum (CMF), SSP IA has been designing and broadcasting radio program "*Sancho Bisancho*" through local FM stations for safer migration and providing awareness and information on HIV prevention to care, support and treatment activities among migrants and their spouses in Bara, Nawalparasi, Rupandehi and Palpa districts. Radio program was broadcasted in Nepali, Bhojपुरi and Abadhi languages as per the popular demand of target population in respective districts. Radio listeners groups (RLG) were functional in these four districts facilitated every week by RLG facilitators trained by CMF. In this year, 208 episodes of "*Sancho Bisancho*" were aired and discussions were held among 2,080 RLG members, mostly spouse of migrant workers. SSP IAs working with migrants and their spouse conducted quarterly orientation and review meeting with RLG facilitators to review the radio program and weekly RLG discussion sessions. The Content Advisory Group (CAG) mechanism at the district and central levels was maintained. SSP's IAs of respective districts, representatives from DPHO, DACC Coordinator, FM radio operators and other stakeholders' participation those meetings is ensured to make the radio broadcasting more responsive to local needs.

As reaching migrants with FP/HIV messages is a new initiative, SSP organized a workshop among IAs working in the four migrant districts to share the progress, good practices, lessons learned, gaps, issues and challenges; share findings of mapping and size estimation and FP baseline and HIV, STI and FP situation survey and; identify strategies and action points (way forward) for improvements.

Basic orientation on HIV and safe migration to local leaders: SSP IAs GWP and SAHAVAGI, conducted basic orientation on HIV and safer migration for local leaders to sensitize on HIV/STIs transmission and prevention, safer migration and their role/responsibilities for HIV prevention and safer migration. Participants included *Jotishi* (fortune teller), priest, teachers, local leaders, FCHV and representatives of political parties, saving and credits groups and cooperatives. At the end of the orientation, participants committed to share the knowledge with other community members specially migrants and their spouses and refer for STIs and VCT services.

Positive Prevention activities: SSP IAs continued implementation of positive prevention activities integrated with CHBC services through local IAs in 13 districts. Positive prevention activities have included HIV and STI prevention education, FP promotion, condom promotion and distribution, disclosure, positive speakers' mobilization, referral for HIV counseling and testing, anti-retroviral therapy (ART), prevention of mother to child transmission (PMTCT) and S&D reduction. PLHIV support group meetings were organized to share PLHIV's issues, feelings and problems and helped raise hope and motivation to improve positive attitude of those infected with HIV. These meetings also discussed about PMTCT, S&D faced by them and ways to address the S&D and the importance of regular health check-up, self-care, nutritious diet, personal hygiene and sanitation, CD4 count and ART adherence. Community events and discussion forums mobilizing positive speakers were organized by positive prevention IAs in the community to raise awareness on HIV and reduce S&D in the society. IAs working for positive prevention in the districts also conducted orientation and review meetings with positive speakers on quarterly basis to review and share the activities conducted with their support. These meetings are helpful to strengthen knowledge on positive living and healthy lifestyles, condom use among concordant and discordant couples, care and support, S&D reduction. These meeting also discussed local level issues

such as availability of blood bank and establishment of fund at VDC level in Achham district. SEBAC, an NGO working in water, sanitation and hygiene (WASH) through USAID support, provided orientation on WASH in one of the meeting with positive speakers in Achham district.

Working with beneficiary group networks: SSP has been working with beneficiary group networks (FSWs, PLHIV, women living with HIV, men who have sex with other men and transgender, people who inject drugs and FIDUs) to strengthen their networking and institutional capacity for planning, implementation and monitoring of HIV prevention to care and support related activities as well as to create demand for HIV-related services among key populations and PLHIV. These networks IAs have conducted district level coordination meetings, executive board meetings, S&D reduction training and various need based capacity building training such as advocacy, leadership, documentation and report writing, presentation skills and public speaking, sexual and reproductive health and HIV and AIDS, office management and project management training to their board members and CBOs in this reporting period. JMMS and NFWLHA have been supporting its member community based organizations (CBOs) to conduct monthly discussion forums/meeting at the district level to share their achievement, issues, challenges and way forward. SSP has been supporting 24 JMMS CBOs (11 new CBOs were added from April 2013) in 21 districts for monthly discussion forums and meeting. Furthermore, SSP IAs are working with 38 PEs (additional 12 PEs from April-May 2013) from JMMS in 19 districts (two in each district) to identify and reach new hotspots and FSWs and refer FSWs for STI and VCT services as well as develop their capacity. These PEs also participated in outreach and peer education training organized by SSP and refresher training and quarterly review meeting organized by SSP IAs.

JMMS organized two three-day training on Sexual Reproductive Health (SRH), HIV and AIDS and gender based violence for its member CBOs. The main objectives of the training were to increase understanding of participants on the concept of SRH and gender based violence to capacitate participants to describe prevention, treatment, care and support and to enhance the knowledge of participants about life skills that can contribute to improve SRH. Similarly, JMMS conducted a two-day long training on documentation and report writing. The main objectives of the training were to increase knowledge and skills of participants on documentation and writing meeting minutes, success stories and case studies. Need and importance of documentation, minute keeping, filing, recording of incoming and outgoing documents, success story and case study writing, organization registration and renewal system/process were some of the main topics covered by the training.

FSGMN, Dristi Nepal and JMMS conducted advocacy and leadership training to their member CBOs to strengthen capacity of participants on evidence based advocacy, improve their performance for advocacy in and outside the organization and strengthen leadership skills. The training covered basics of advocacy, steps of advocacy, networking, tools for advocacy and basics of leadership. The training was seen quite useful and helpful to increase knowledge and skills on evidence based advocacy and leadership.

SSP IA JMMS and Dristi Nepal conducted two-day public speaking training for its executive committee members and members of community based organizations with objectives to build their capacity in designing and making effective public presentation while they represent the organization and strengthen their communication skills. At the end of the training, participants were able to understand the process and ways of effective communication and design a purposeful presentation that is audience focused. Similarly, the participants shared that they will apply their learning from this training among their colleagues back in their organization and start public speaking forums in their organizations.

SSP IA Dristi Nepal conducted two-day training on office management for its CBOs and support group members. The objective of the training was to develop practical knowledge and skills regarding office management in their day to day operation. SSP IA NFWLHA conducted a two-day long training on project management and monitoring and evaluation for its CBO members. The main objectives of the

training were to increase knowledge and skills on the concept and importance of project management and monitoring and evaluation.

Dristi Nepal organized a national consultation meeting on the issues and agenda of female IDUs to address vulnerability, stigma and discrimination faced by female drug users and to build strong coordination and referral mechanism among stakeholders and make them aware of the situation of women drug users. The meeting identified key accomplishments, lessons learned, issues/challenges and way forward to advocate and present these at the national forum. Similarly, JMMS organized a round table meeting with stakeholders to share the achievement of JMMS, findings of focus group discussion (FGD) report on sexual and reproductive health and gender based violence (GBV) among FSWs.

SSP supported JMMS to organize and facilitate their first General Assembly in which SSP Chief of Party (COP) highlighted the partnership between USAID-funded projects and JMMS for institutional capacity building of JMMS and its CBOs. During the session, JMMS presented their program and financial report in summary. The assembly elected 13 members executive committee. SSP conducted meeting with newly elected executive board members of JMMS to introduce each other, to extend congratulation and best wishes and to discuss SSP's possible support for JMMS activities in years to come.

Trafficking in Person (TIP): In accordance with the USG's Unified Policy Guidelines for (TIP), SSP has been maintaining recording and reporting system of suspected TIP cases in which SSP IAs, at the district level, have to identify all suspected forms of trafficking in Person among FSWs reached, record and refer them for EIHS, report these cases to SSP, follow-up, and refer them to local anti-trafficking agencies as necessary. SSP has given high priority to TIP and the suspected TIP cases are always tracked and where found, offered services through SSP services sites (all prevention outreach and EIHS sites) as well as referred for appropriate services to the agencies with anti-trafficking programs as well as with USAID-funded Combating Trafficking in Persons (CTIP) Project in five districts. In this reporting period, SSP IAs recorded and reported 486 cases of suspected TIP and offered referral services. Women Police Cell, Shakti Samuha, Naya Bato Naya Paila, UPCA Nepal, Maiti Nepal, ABC Nepal, Raksha Nepal, Bishwas Nepal, WOREC Nepal, Serve Nepal, KI, Sano Haath, CAP Nepal, TPO Nepal, and Saathi Sanstha are some of the agencies where SSP IAs are referring as part of support to the suspected TIP cases. Similarly, as per follow up action of the national coordination meeting organized by SSP on July, 2012, the referral directory of each SSP IAs was updated and shared with the key stakeholders. SSP organized the second national coordination meeting with agencies working in TIP in July 2013 to chart out steps to expand and ensure effective coordination among stakeholders working on anti-trafficking activities,

Outcome 2: Increased use of family planning (FP) services among MARPs

Year 1 of SSP laid the institutional foundation for the operationalization of FP/HIV integration with the formation of national Technical Advisory Group (TAG) under the framework of the Department of Health Services comprising key stakeholders such as Family Health Division, National Centre for AIDS and STD Control, National Health Training Centre and National Health Education, Information and Communication Centre, USAID, UN agencies and SSP. Major highlight of the year 2 operation was the SSP-wide roll out of FP services and preparatory work need for the successful implementation of the roll-out. Although most of the FP/HIV related activities were earlier planned as piloting in the approved work plan and were to be initiated in year three, in consultation with USAID and government, SSP was able to carry out these activities in year two itself on a fast track basis to create demand and utilization of FP/HIV services among key population including migrants.

Strengthen Integration of FP Counseling and information services within HIV/AIDS service settings:

SSP efforts in advocating at the national level for FP/HIV integration through the Technical Advisory Group resulted in a) LMD/FHD responsible for ensuring the supply of FP commodities in the SSP EIHS sites; b) consensus on the Female community Health Volunteers (FCHVs) training package roll out in the migrant districts; and c) consensus on the strengthening of FP/HIV services in the GON service sites.

In order to facilitate the strengthening of Government capacity on integration, SSP conducted series of reviews of the existing national guidelines and rapid assessment of the status of FP/HIV integration at selected public sector settings. The findings emphasized the integration of FP information/education, screening and referrals. The recommendation is being packaged as a FP/HIV orientation package for HIV and AID service settings. Under this activity, SSP drafted, shared and piloted the FP/HIV tool kit. This toolkit was drafted based on international best practices and adapting existing materials to teach integrated FP/HIV/STI counseling approaches to the providers. This toolkit has been introduced at the Paropakar Maternity and Women's Hospital in Kathmandu during a two-day hospital orientation workshop, attended by 33 participants from the hospital including providers and hospital administrators. A roll-out plan targeting 21 HIV and AIDS service sites will be implemented first in year 3 of SSP operation in the first phase followed by a review and then roll out in second phase sites.

Similarly, to facilitate the FP rollout from SSP EIHS sites, Family Planning Standard Operating Procedures (SOPs) were developed which is intended for use by the SSP EIHS staff for providing counseling and services from selected sites including referrals. With the initiation of year 2, SSP started family planning counseling and referral services in eleven districts, namely, Dhanusha, Mahottari, Sarlahi, Jhapa, Morang, Rautahat, Bara, Parsa, Dang, Banke and Kanchanpur districts through its Implementing agencies and FP counseling and commodities such as pills and injectables and referral services in Sunsari, Hetauda, Dhading, Kathmandu, Lalitpur, Bhaktapur, Kaski, Tanahun, Palpa, Rupendehi, Kapilbastu, Chitwan, Nawalparasi, Bardiya and Kailali districts through its IAs. Following the SSP wide roll-out of the three commodities towards the end of the second year, SSP also initiated Implant and IUCD services from eight static EIHS sites as per the approved FP scale-up plan. The IUCD and Implant services were introduced by conducting training on IUCD and Implant insertion and removal in coordination with National Health Training Center and Chetrapati Family Welfare Clinic.

Following the initiation of IUCD and implants from the static EIHS sites, an assessment for the feasibility of providing all 5 FP commodities through satellite clinics was conducted. Based on the recommendations from the assessment, SSP initiated the roll out of IUCD and Implants from its ten satellite clinics in 4 migrant districts. The review of this roll out in migrant districts will be used for the roll out of the IUCD and implants in the remaining satellite clinics.

During this period, SSP conducted three batches of comprehensive FP and counseling training for 47 service providers from the Implementing Agencies. The purpose of the training was to strengthen the counseling skills of providers on FP. Similarly, Quality Assurance/Quality Improvement (QA/QI) tool was developed to ensure that FP standards are being met.

During this reporting period SSP also initiated the discussion on providing IUCD insertion and removal training for Health Assistants through series of meetings with FHD and NHTC. Following this, SSP was able to build a consensus in the Family Planning sub-committee that an assessment needs to be conducted to look for the ability of Health assistants to provide IUCD services and SSP will carry out this assessment to provide recommendations.

Integrated FP and HIV messages into community outreach: As the FP services were being rolled-out following the FP scale-up plan, the demand generation part was also prioritized that led to the development and use of various SBC materials. This meant, SSP had to adapt some of the existing SBC

materials, some were newly developed and others were modified and re-designed. To guide the process, SBC Strategy on Migrants was drafted so that the demand generation was carried out in a systematic manner. The FP Baseline Survey and Review of FP Services among Migrants Study provided further insights on the gaps and help in targeting key messages. FP orientation to OE /CM and CHBC has also been accomplished to integrate FP counseling and information and support community level intervention to create demand for FP/HIV services. FP component has been added to the OE/CM and CHBC training packages. Altogether 140 OE/CMs were trained in this reporting period in 5 batches of training based on the revised curricula. Likewise, a total of 55 CHBC team with 113 members were oriented on FP for PLHIV. These are supplemented by a series of FP messages and games (also discussed under Outcome 1 above).

Strategic Behavior and Communications (SBC) materials: SSP has developed SBC Strategy for migrants and using it as a guide to develop SBC materials. In this reporting period, seven FP brochures (General information on FP, Pills, Depo, Implant, IUCD, Minilap and vasectomy), two DIC games (FP wheel game and FP snake and ladder game), Condom plus poster and flyer, migrant booklet for male labor migrants, Stickers and flyers on condom plus pills and condom plus Depo and radio program promotional materials were printed and distributed to IAs. The FP-related SBC materials were reviewed and approved at the reproductive health IEC/BCC technical committee meeting under the leadership of the NHEICC.

SSP developed various innovative SBC materials including Snake and Ladder and wheel games to educate key population in FP, HIV, and STI. Orientations on its use were conducted for its use at the DICs. To address knowledge of the targeted group within the key population additional SBC material including Dream girl/boy poster, Smart girl concept poster (emphasizing on dual method), and Myths/Misconceptions game were drafted.

During the period under review, SSP produced a total of 8 different types of SBC materials to create demand for FP/HIV services among key populations of SSP- FSWs, clients of FSWs and PLHIV. Training/orientations, PGD, on the spot mentoring and coaching to OE/CM, CHBC teams and frequent interaction by the monitoring visits by SSP staff has provided an impetus to create demand generation at outreach level and SSP has been reaching to the unreached with 5 FP commodity roll-out (also see demand generation for migrants below).

List of SBC Materials produced in the reporting period

S. No.	Type of SBC Materials	Target Audience	Date of Production
1.	FP HIV Integrated Brochures (Seven types)	Key population at risk of HIV	April, 2013
2.	FP wheel (DIC game)	Key population	April, 2013
3.	Snake and ladder (DIC game)	Key population	April, 2013
4.	FCHV flip chart and training manual	FCHVs	May, 2013
5.	Condom Plus (Flyer and poster)	Female sex workers	June, 2013
6.	Paper strip message	Key population	July, 2013
7.	Condom plus pills (Flyers and Stickers)	Female sex workers	July, 2013
8.	Condom plus Depo (Flyers and stickers)	Female sex workers	July, 2013

During this period, SSP worked closely with FHD, NHEICC, NHTC, NCASC and NFHP II to develop a community-based information and referral package for FP and HIV and ensure coordinated approaches to

deliver integrated FP/HIV messages at the community level in the projects migrant districts. SSP also coordinated closely with NFHP II during the initiation of this activity. Series of consultation meetings and workshops were conducted to develop the community based counseling and referral package on FP/HIV. SSP in coordination with FHD and District Public Health Office were able to successfully roll out this package in the projects two migrant districts namely Palpa and Kapilbastu mobilizing FCHVs. 76 FCHVs have been trained in this package in this year. The learning from this roll out will be used for roll out of the FHCV activity in Bara and Kapilbastu.

New Program Approaches developed to reach migrant families with FP and HIV information, Counseling and Services: Series of intervention activities were planned and implemented under this output. Key accomplishments under this include drafting of a strategy to improve FP/HIV/STI use among migrant couples, support to FP baseline and rapid assessment of HIV among migrants and outlining of the program implications from the findings. SSP is analyzing the baseline data to help develop further target specific interventions.

In Year 2 of SSP, the following two migrant specific SBC materials were designed and used. While the migrant booklet provides critical information on remaining safe and being faithful to own spouse, the radio program had been an edutainment material aired every week of the year in the four districts. Together with the key population specific materials discussed in section above, these materials add pool of resources to target the key population for demand generation.

S. No.	Type of SBC Materials	Target Audience	Date of Production
1.	Migrant Booklet	Male labor migrants	May 2013
2.	Radio program promotional materials	Male labor migrants and spouse of migrants	July 2013

Similarly, a concept note on pilot intervention on MNCH integration in existing government facility as operation research has been drafted and awaiting Institutional Review Board (IRB) approval. Discussions have been initiated with private sector for its possible engagement in FP/HIV provision. The successful mobilization of FCHVs for providing FP/HIV integrated messages in first two migrant districts has been a major milestone achieved during the reporting period. It is expected that FCHVs will work with mothers groups to increase demand for FP/HIV services and its utilization in the migrant districts.

In addition, a total of 114 street dramas were conducted during this period in Nawalparasi, Bara and Palpa, through local drama teams. The street drama reached a total of 31,287 community members with messages on FP, HIV and dual method use and has been very well appreciated at the district level.

Participation in national meetings/workshop on FP: As the FP integration was being rolled out, SSP staff participated in several national level RH and FP related meetings to represent the SSP's FP focus and also to provide technical inputs where necessary. SSP staff participated in the Annual RH review where the team discussed the major issues and challenges faced in the reproductive health program and also prepared an action plan based on the recommendations. The workshop was organized by FHD, DoHS. Similarly, SSP staff participated in various FP sub-committee meetings where various issues related to FP were discussed. This forum was also used in providing an overview on SSP's effort in FP and HIV integration to the members of the sub-committee. SSP staffs have also been participating in various USAID FP partners meetings where USAID partners regularly provide their update on FP related activities and issues related to FP program implementation. The partners meeting has also been discussing on USG abortion and FP legislative requirements and its requirements.

USG Abortion and Family Planning Legislative requirements: SSP has taken several steps to ensure compliance with the USG FP legislative and policy requirements. All SSP staff have taken the online

course on FP compliance this year. Similarly, key IA staff has also taken this course and also orientations have been provided to the IA staffs at the local level. Based on the compliance monitoring plan and the checklist developed for monitoring compliance, SSP monitors compliance to USG abortion and family planning legislative requirements during monitoring visits. Family planning focal persons have been also enrolled in each of the implementing partners who are responsible for conducting the orientations on compliance to their staff at the local level. In addition to this, USAID FP partners meeting have also been discussing new updates and issues related to USG Abortion and Family Planning Legislative requirements.

Outcome 3: Increased GON capacity to plan, commission and use SI

3.1.2 and 3.1.3. Improved capacity at GON to plan, commission and supervise HIV/AIDS essential data collection and improved capacity within the MOHP to conduct second generation HIV surveillance in accordance with national plans

One of the outcomes of the SSP is capacity strengthening of NCASC and other national government agencies such as NHRC to refine the surveillance, research and M&E related activities in close coordination with other EDP partners such as UNAIDS, WHO and Global Fund (GF)-related activities. This support is embedded as part of the health system strengthening and enhancing government capacity to take increased ownership of the national programs. Capacity building support was also extended to the District level agencies, particularly DACC. Support to NCASC and other government agencies in Strategic Information included both support for Surveillance/ research and use of program data (M&E related) for informed decision-making. Section below deals on these dimensions of this Outcome.

Conducted coordination meeting with NCASC Strategic Information Unit: SSP carried out regular coordination meetings with NCASC SI Unit with objectives to share the M&E-related technical assistance and support planned, identify support areas and follow-up progress. Among the agenda discussed and agreed in the meeting were national level support and technical assistances, planning and delivering data analysis and data use training, national M&E training to SSP staff, database, mapping of national program, Unique ID for National ART Program, national data quality assessment workshop and so on.

SSP also coordinated and participated in a tripartite meeting between NCASC SI Unit, USAID and SSP SI unit to provide overview of recording and reporting system of National HIV Program in Nepal so that it could be communicated better when there is an opportunity for support or to update status to the next level.

Carried out training and workshops in collaboration with NCASC and FHD: SI unit in collaboration with NCASC led 3 batches of two days training on Data Analysis and Use to government staff, HIV focal person and DACC coordinators from various districts of all five development regions. The last two days of the 5-day modular training on National M&E of HIV interventions, organized by NCASC under Global Fund was supported by SSP and was focused on Module – 8, Data Analysis and Use. The training covered data for decision making, basic types of analysis and interpretation and communication followed by hands on exercise. More than 100 people participated in the training representing 50 districts.

Similarly, SSP provided technical assistance on Data Quality Assessment workshop and supported NCASC to conduct DQA workshop. DACC coordinators from 18 various districts participated in DQA workshop. This activity was also conducted in collaboration with NCASC- Global fund.

Likewise, in close collaboration with NCASC, SSP organized Training on M&E of National HIV Program in July 2013 for the project staff and NGOs M&E Staff who are involved in the reporting, supervising and recording and reporting system to meet the standards of Government of Nepal. The objective of the training was to create uniform understanding in the tools used for recording and reporting to GoN. Majority of the sessions were facilitated by the technical experts from SI unit of NCASC and FHD.

Technical assistance to NCASC on various areas related to SI: SSP team remained engaged with NCASC to provide necessary technical assistance on the following areas of SI:

- Supported in refining the National M&E Guidelines, 2012 as per the need. The guidelines have been drafted and are in the process of being finalized following the comments made by the GFATM. SSP has availed its services to NCASC whenever the request is made to review and refine the guidelines and its indicators. The printing and publication of the guidelines will be done after final endorsement by NCASC.
- SSP facilitated a session on data verification and DQA during a training organized by NCASC for the Principal Recipients (PRs) and Sub-recipients (SRs) of GFATM-funded HIV Program in Nepal. SSP's experience on conducting DQA was also shared as best practice and methods of data verification practices were also discussed in the training.
- Provided technical support in creating program coverage maps for different occasions such as publishing factsheets for World AIDS Day, during National AIDS Conference, Regional reviews etc.

In addition to supporting the strengthening the government system, particularly NCASC, SSP also continued to build the capacity of implementing partner agencies.

Data Quality Assessment (DQA) of SSP Implementing Agencies: Two rounds of DQAs were carried out during this fiscal year. The DQAs were carried out with the objective of assessing the quality of routine data recorded and reported to the project as well as to the GON. Overall progress was measured by covering dimension such as M&E management, system integrity, data integrity, accuracy, and feedback.

Monitoring of beneficiaries' VDC/Municipality data collection practice started in SSP: SSP initiated an additional system for recording beneficiaries' VDC/Municipality level information from Aug 1, 2012 from service delivery sites (outreach and EIHS sites) to contribute to USAID's requirement for geo-enabled reporting. SSP SI team members provided orientation to all IAs, and conducted regular monitoring after implementation. The team conducted field visits to perform on-site verification of recording system and to provide technical support to program officers and IAs as this activity was rolled out. The VDC level information of beneficiaries is included in regular reporting system for EIHS since February 2013 and from the outreach, it is recorded in standard excel sheet from coverage register and reported semi-annually

Regular SI related Support to the Saath-Saath Project Implementing Agencies (IAs): During the reporting period, SSP SI team conducted regular technical support visits to all implementing agencies of SSP. As per the need, majority of IAs were visited twice, and only few agencies where a single visit was made. This has helped to improved quality data collection, recording and reporting. SI team also support selected 3 IAs (Step Nepal, AMDA and Naulo Ghumti) for ArcGIS software installation and subsequent orientation and follow up.

Provided Training on MIS and Data Analysis to SSP IAs: SI unit conducted 3 batches of training on MIS and Data Analysis to the IAs M&E staff, Project Coordinators and other staff supporting program data entry and analysis. These training were focused on the use of SSP updated MIS software and simple

analysis using program data. A total of 63 participants were trained in the three training. Similarly, an orientation was provided on the use of updated MIS Software separately to the program staff of the IAs.

Support in TOCAT implementation at IA level: SI team members provided regular support in validation and triangulation of M&E related concerns and comments in all TOCAT assessment done during this report period. Similarly, SI team reviewed and provided support in MIS related areas identified by TOCAT by supporting in mobilizing consultant to support for the M&E Frameworks for NGOs, reviewing the proposed integrated MIS Plan of NNSWA.

Support to HMIS and MOHP in Database and GIS experience sharing: SSP provided expertise to facilitate session on the Q-GIS training organized for MOHP by collaborative effort of USAID, Public Health Foundation India and Measure Evaluation. The experience of using GIS in SSP was shared as good practices.

Similarly, SSP also provided technical assistance in designing prototype of new design for database for HMIS during consultative meeting on DHIS-2. HMIS improvement activities are in progress with involvement of NHSSP, WHO, HMIS-Section and other key stakeholders.

Output 3.4: Periodically updated national research agenda with involvement from all stakeholders including NGOs

Technical Assistance to NCASC on IBBS Survey: SSP supported NCASC for IBBS surveys planned in 2012. NCASC conducted IBBS surveys among Female Sex Workers (FSWs), People Who Inject Drugs (PWID) and Male Labor Migrants. From the early stage of these IBBS surveys, SSP supported NCASC and research organizations and provided need-based support such as EOI announcement, tools preparation, training conduction to field researchers and field work monitoring visits. As requested by NCASC, SSP also made available a consultant to provide guidance regularly to the research organizations. In addition, SSP regularly coordinated with FHI 360 regional office in Bangkok for required technical guidance during data analysis. SSP participated in a discussion of the preliminary findings of the IBBS conducted and provided inputs to improve the final results of the survey. In addition, SSP is committed to provide further support to NCASC in finalizing the IBBS survey reports, disseminate them and initiate discussion on the findings' implications on HIV response in Nepal.

Technical Assistance to NCASC on HIV infection Estimation: SSP supported NCASC on HIV infection estimation process that is done every two years. SSP staff as part of the country estimation team attended a training workshop on HIV estimates and projection in Bangkok along with representatives from WHO, Save the Children, UNICEF, NCASC and UNAIDS. The country team is now working to estimate HIV infection for Nepal for 2012. The HIV infection estimates for 2012 will be disseminated in September 2013.

Support NCASC to Develop National HIV Research Agenda: As National HIV/AIDS Strategy 2011-16 emphasized on the need for the development of a national HIV research agenda based on the principle of "getting research into policy and practice", SSP supported NCASC to develop National HIV Research Agenda. An expert consultation workshop attended by 40 people was organized to identify possible research agenda. The draft National HIV Research Agenda report has been developed which will now be shared with wider level stakeholders for finalization.

Training Curriculum for IBBS Surveys: SSP's research unit is working to develop a training curriculum for IBBS surveys. This curriculum is expected to be developed by end of September 2013.

Research Advanced Workshop: During this year, SSP organized ‘Research Advanced Workshop’ for Government of Nepal (GON) and research organizations and NGO people to improve skills on articulating clear significant, feasible and ethical research questions that can be developed into research concepts and proposals. The training also aimed to enhance the skills and knowledge of participants in identifying and applying the appropriate methods for conducting population and health research. A total of 19 participants attended the workshop. Following request from NCASC, sessions on Respondent Driven Sampling (RDS) were also included. Guy Morineau, Technical Advisor, FHI 360 Asia Pacific Regional Office (APRO), facilitated the 3 day sessions on RDS including analysis of data using RDSAT.

Support to NCASC in Surveillance Training: SSP staff facilitated selected sessions in the national surveillance training organized by NCASC. The surveillance training was attended by DHO, DPHO and DACC. Altogether 21 participants attended the training.

Preparation for Publication of Special Issue on HIV and AIDS: SSP is worked with NCASC and National Health Research Council (NHRC) to develop plans for the HIV specific journal supplement. NCASC and SSP agreed to use NHRC journal for this special supplemental issue. A call for paper was published in National level newspapers to invite interested authors. Authors have now been identified to contribute to the writing process. SSP has formed a team to contribute to this journal paper development.

HIV Research Repository: SSP is supporting NHRC to develop HIV research repository. This task mainly involves compiling of HIV research conducted so far and to review HIV and AIDS-related research reports and journal papers. It is expected that the development of the repository will be completed in during early part of Year 3.

Technical presentation at National Health Research Council (NHRC): SSP made a technical presentation on ‘Ethical Issues in Health Research to NHRC Ethical Review Board (ERB) and Institutional Review Committee (IRC) members. NHRC and SSP identified possible areas to be strengthened in health research review and one of the areas to be strengthened was capacity of ethical review board members. A total of 26 members of Ethical Review Board and Internal Review Committee attended the meeting. Janet Robinson, Research Director, APRO, FHI 360 facilitated the presentation.

FP Baseline Including Rapid Assessment of FP, HIV and STI among Migrant Couple Survey: SSP completed Baseline Family Planning including Rapid Assessment of FP, HIV and STI survey among migrant couples in Bara, Kapilbastu, Nawalparasi and Palpa districts. Three separate reports and factsheets were developed and findings from this study were disseminated. Dr. Mingmar G. Sherpa, Director General of Department of Health Services, Ministry of Health and Population attended the dissemination program as the Chief Guest.

The baseline survey found that contraceptive prevalence rate (CPR) among wives of male labor migrants who are using a modern FP method in the four migrant study districts was 24.2 percent against the CPR among currently married women of reproductive age (15-49 years) of 43.2 percent reported by the Nepal Demographic and Health Survey (NDHS), 2011, indicating lower use of modern FP methods by wives of male labor migrants. The survey also found that migrant’s spouse who were living together had almost three times higher (43%) CPR of modern FP method compared to those women whose husbands are away (15.4%). These figures, however, are also lower than the national average as NDHS 2011 reported CPR of modern FP method among currently married women whose husband and wife lived together was 52.9 percent and whose husband lived away was 22.5 percent. Likewise, the baseline survey findings revealed that unmet need for family planning among wives of migrants was high (43%), with 13 percent having an unmet need for spacing and 30 percent unmet need for limiting.

Drawing upon the findings, SSP has been working on several key initiatives to increase demand for FP services and its utilization by migrant community. A migrant districts focused review and planning

workshop was conducted involving key project and management staff of implementing partners which recommended re-clustering of the Village Development Committees covered, arrangement for additional outreach staff, expansion of satellite clinic sites and days including provision of satellite Expanded Integrated Health Services (EIHS) from government facilities and weekly progress monitoring among others. Given that about 30 percent of unmet need was for limiting and 13 percent for spacing among wives of male labor migrants, other initiatives taken by SSP included FP service roll out including long acting methods through satellite EIHS sites and training of service providers, preparation of strategic behavior communication (SBC) strategy for migrants, pre-departure packages for migrants, adaptation and design of new SBC materials including dual method and dual protection. Radio program “Sancho Bisancho” to create awareness and generate demand for FP/HIV services and FCHV mobilization are other initiatives taken by SSP to cater to the needs of FP services among migrants. Target group focused Planned Group Discussions (PGD) are held to explore the perception and acceptability of ongoing efforts. With a slow start of FP service utilization, the number of people screened for FP services, counseled and who were provided FP methods is gradually increasing in the migrant district.

The baseline survey has revealed CPR among wives of male labor migrants who are using a modern method as 24.2%. This is up by 1.7% from the baseline CPR 22.5% used in the SSP M&E Plan. The CPR of 24.2% as revealed by the baseline survey will be used against the expected CPR target, i.e. 25% for SSP FY12.

Vulnerable Youth Mapping and Behavioral Study: Necessary processes were completed to select the research agency for this study. Field work for this study will be completed in October 2013 and research organization will submit final report by December 2013.

Sexual Network of Female Sex Workers Study: Necessary processes were completed to select the research agency for this study. Field work for this study will be completed in October 2013 and the research organization will submit final reports to SSP in December 2013.

Meetings with external partners: SSP conducted meeting with UNAIDS to discuss on Strategic Information (SI)-related activities and mainly discussed on how SSP and UNAIDS can work jointly to strengthen NCASC capacity on SI.

Support to 4th National AIDS Conference: SSP’s Research unit coordinated with the project for abstract review and submission for the conference. A total of 17 papers were submitted from SSP. Nine SSP abstracts were selected for oral sessions (detailed in Outcome 5).

Other training and workshops:

- SSP staff (SSRS) attended National Workshop on Networking and Research Policy Linkage organized by NHRC. A total of 40 participants from GoN, NGO, academicians, media people and researchers attended the workshop.
- SRS attended a dissemination workshop on Building the Evidence Base for Protecting and Promoting the Rights of Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Children in Nepal. This was organized by Save the Children

On December 19, 2012, SSP SSRS attended Biomedical and Health Experimentation in South Asia (BHESA) dissemination program organized by Biomedical and Health experimentation in South Asia.

Outcome 4: Increased quality and use of HIV services

SSP is designed to ensure that quality HIV services is improved and clinical management of HIV is institutionalized in Nepal. Its support to national health system includes ensuring continued education, mentoring, coaching for service providers. Furthermore, SSP also provides support to supply chain security and overall integration of HIV logistics with general logistics under Logistics Management

Division (LMD) and providing technical support to public HIV laboratory systems. SSP also supports IAs to run high quality HIV/STI services called Expanded Integrated Health Services (EIHS) that are generally co-located with DICs. With the integration of FP, these EIHS will also start providing selected FP services and referral from Year 2.

To streamline the activities under this outcome, SSP held a coordination meeting with NCASC technical team and discussed areas of collaboration aimed at increasing quality of care provided at national service delivery sites including new technical activities. Activities committed under SSP such as mentoring teams, development of an ART orientation package for ART sites, development of an ART Pocket Handbook based on soon-to-be released adult ART guidelines, first steps for updating and standardizing pre-service curriculum at the national level, and the development of a CME package for medical staff providing HIV-related services were discussed and necessary guidance from NCASC was received.

SSP participated in the sharing on National HIV and AIDS logistic system done by NCASC for Logistic Management Division (LMD). The information on Global fund activities along with the Global fund Voluntary Pooled Procurement Mechanism was also shared during the meeting and way forward to facilitate the transition of the HIV logistics towards integration into LMD system was discussed.

In this reporting period, SSP provided EIHS services to FSWs, clients of FSWs, migrants and their spouses and PLHIV through 22 static and 31 satellite sites managed by 12 IAs in 26 districts. Similarly, community and home based care (CHBC) services to PLHIV and their families are provided through 18 IAs in 20 districts

Output 4.1 Improved quality of clinical management of HIV positive people institutionalized

National HIV & AIDS Logistics support: During this fiscal year, SSP participated in various logistic task force meeting and contributed to the strengthening of the HIV/AIDS logistics. SSP through various meetings contributed in the forecasting and quantification of ARVs, STI/ OI drugs and laboratory supplies along with submission of the Procurement and supply management plan to Global fund. SSP contributed in the discussion related to increasing consumption trend of test kits, current stock status of STI test kits, HIV test kits at central warehouse. Similarly, SSP also contributed to the discussion on the issues raised by the Global Fund during their visit regarding the need to improve the storage condition of central warehouse, make store room available for soon to arrive huge consignment of HIV drugs at the Central Warehouse. SSP contributed to the discussion around need for cleanliness of central warehouse, make available the minimum requirements for store management like fire extinguisher, thermometer and “walk in cooler room” to be fixed urgently. The need to procure Zidovudine, TB drugs, locally, solve the problem regarding breakdown of CD4 machines at two sites at earliest and to follow up with UNDP on the delivery status of TPPA tests were also discussed.

In addition to this, SSP also participated in the discussion around the stock status of Pediatric ARV at NCASC and the delayed and partial supply of STI test kits, distribution of the new third tie breaker test i.e. Statpak tests to sites and maintenance of breakdown of CD4 machine at Nepalgunj. As per the request from NCASC, SSP also reactivated the PMTCT donation program and facilitated the donation of Determine test kits to be used in PMTCT program. SSP continued its coordination with LMD and USAID DELIVER for the smooth supply of OI, FP supplies from LMD to SSP EIHS sites via DPHO. SSP was also engaged in discussion on the current status and issues of national HIV/AIDS logistic system and the challenges to integrate the National HIV/AIDS logistic system into general logistic management information system of the Department of the Health Services

As part of the logistic management, SSP also participated in the National Pipeline Review meeting at LMD where the updates on pipeline and stock status of FP commodities, Essential drugs, ARV drugs, Vaccines and Syringes were done.

Support to ART program: SSP's main role in the support to ART program has been through the Technical working group meetings, on-site coaching and mentoring visits to the ART and PMTCT sites, developing guidelines and SOPs, conducting different training along with technical updates. Through these technical working groups, SSP also contributed to the discussions related to early warning indicators, Pharmacovigilance, second line ART and also the PMTCT program design. SSP contributed in the discussions related to advanced Clinical Management Training of HIV & AIDS and also the Training of Trainers on Clinical management of HIV&AIDS. SSP facilitated various sessions during this training. This advanced training and updates added other experts to the pool of experts to lead future training and will bring information back to their respective ART sites. SSP through these TWG meetings also contributed to the discussion and roll out of various activities under global fund which NCASC required support from TWG members. These activities included Pharmacovigilance, training on adverse drug reaction and opportunistic infections and roll out of Point of care CD4 machine.

SSP was also able to get CMT SOP and the warm line for ART providers endorsed through the TWG. SSP during this fiscal year was able to establish the warmline which is a national HIV Telephone Consultation service for HIV. Warmline services aims to provide prompt and accurate consultation on services for health workers in the periphery to assist in ensuring the best possible care for people living with HIV. SSP also put forward different agendas through these TWG meetings. This included the need for revising the national HIV training plan, development of the ART orientation package and Unique ID. In coordination with NCASC, SSP initiated the development of the national training plan involving different stakeholders conducting HIV-related training. In addition, during this fiscal year, SSP was also able to get the pocket handbook on Nepal's National Guidelines on Antiretroviral Therapy and the ART related wall charts endorsed and printed in coordination with NCASC.

SSP in coordination with NCASC, WHO and UNICEF contributed to the development of the mentoring plan and conducted mentoring of the ART and PMTCT sites. On-site mentoring and coaching was conducted in the ART sites of Dhulikhel Hospital, Makwanpur District Hospital, Bhaktapur Hospital, Bharatpur District Hospital and Lumbini Zonal Hospital during this period. Various issues related to ART and PMTCT such as linkages of ART doctors with ART specialists, up-to-date information of isoniazid preventive therapy (IPT), ART and OIs, patient follow-up, ART adherence, availability and use of SOPs/guidelines/job aids, recording and reporting, management of ARV drugs and EQAS were discussed and provided onsite coaching support and technical guidance on these issues. The coaching and mentoring support visits were helpful to provide up-to-date information on HIV and ART. Similarly, SSP also conducted regular technical support to the Sukraraj Tropical and Infectious Disease Hospital ART Site in Teku working closely with doctors, nurses and counselors and helping build the national capacity of service providers which has been very well appreciated by Teku Hospital.

Similarly, ART orientation was also conducted to health care providers at Bhaktapur and Dhulikhel hospital. The orientation was to update clinical staff on updated national guidelines on ART, pediatric ART and PMTCT. The orientation also covered post exposure prophylaxis and HIV-related stigma and discrimination reduction in health care setting.

SSP through meetings with NCASC also initiated the discussion on the possible support to the strengthening of ART sites. Coordination meetings were conducted with AHF, an agency supporting national response to look for possible collaboration for the strengthening of the Teku Hospital ART site and to identify possible gaps and possible areas of collaboration.

Technical assistance visit from FHI 360 Regional Technical Advisor: FHI 360 Regional Technical Advisor Dr. Lisa Stevens visited FHI 360 Nepal country office and provided technical assistance to Nepal country office as well as National Center for AIDS and STD Control (NCASC) Dr. Stevens participated and contributed in workshop for development of National HIV training curriculum for medical schools. She provided ART orientation and onsite coaching and mentoring support to Teku ART site and Bhaktapur and Dhulikhel ART and PMTCT sites. She provided technical update on CROI 2013 and Option B+ and WHO recommendations to NCASC, ART TWG, USAID and SSP staff.

Development of the Pre service training curriculum: SSP in coordination with Nepal Medical Council and Institute of Medicine conducted a workshop for developing the pre-service curriculum for medical schools and made the consensus that detailed HIV related contents of the curriculum should be revised in reference with National Guidelines on clinical management, ART and other HIV related guidelines.

Continuing medical education (CME):

- A Continuing medical education (CME) session on “Immune Reconstitution Inflammatory Syndrome” was conducted at Teku ART clinic for Teku Hospital nurses, doctors and health assistants as well as ART providers from other Kathmandu Valley ART sites.
- A technical update session on “TB/HIV co-infection” was conducted at Teku ART clinic for Teku Hospital nurses, doctors and health assistants.
- Technical Update on “PMTCT and Option B+ at Maternity Hospital” was conducted at Maternity Hospital to provide updates on new recommendation on PMTCT and Option B +.
- Technical Update on “CROI 2013 and Option B+” to NCASC, ART TWG.

Support to the PMTCT program: As a part of strengthening the PMTCT program SSP facilitated National PMTCT program small group meeting for finalization of operationalization plan for Option B. In addition, SP provided its inputs during the workshop to accelerate PMTCT program to achieve national goals as well as in the interviews related to national PMTCT review. SSP continued its participation in the technical working groups for PMTCT and ART. SSP team was also involved in the development of the Prevention of Mother to Child Transmission of HIV in Nepal SOP – first edition. Several technical updates sessions such as National PMTCT guidelines at Maternity Hospital, Option B and Option B plus at Maternity and Teku Hospital, Technical update session on EID at Seti Zonal Hospital were conducted by SSP team. Similarly, SSP participated in the workshop to accelerate PMTCT organized by NCASC. The main objective of the workshop was to accelerate PMTCT to achieve National goal.

In addition to this, SSP staff also conducted several rounds of meetings with Maternity Hospital Superintendent, PMTCT Focal Person and PMTCT counselor about possible SSP support for upcoming establishment of ART site at Maternity Hospital. Possibility of SSP provision of technical assistance including clinical mentoring and continuing medical education to help ensure quality in new ART services was also discussed with Maternity Hospital. Through Logistics task force, SSP team continued to advocate for better logistics mechanism for pediatric regimens. SSP also facilitated the donation of Determine test kits to be used in PMTCT program.

SSP also facilitated the different training related to PMTCT where SSP staff Laboratory Specialist, Technical Advisor and Technical Officer conducted various sessions. In addition, during the National Pediatric HIV training, SSP staff facilitated session on challenges to PMTCT and EID in Nepal. Support was also provided by training CHBC teams on CB-PMTCT related topics so that they can provide on the field support to the program.

SSP team also participated in three day FHI 360’s Global PMTCT workshop in Dar es Salaam, Tanzania. The workshop focused on implementation of PMTCT towards the goal of elimination of MTCT The objectives of the workshop included: To reach a common understanding of WHO’s call for MTCT

elimination; to disseminate FHI 360's 2012 Strategic Approach to Supporting PMTCT and develop country-based action plans for its implementation; to disseminate FHI 360's Quality and Performance PMTCT Standards and reach a consensus on a system to monitor them; to identify best practices for documentation and topics for operations research. The Nepal team presented community based PMTCT program and facilitated a technical session on infant feeding issues and Efavirenz guidance and chaired a session of the workshop.

Support to NPHL: As a part of strengthening National Public Health Laboratory, SSP through its direct interaction with NPHL and participation in the HIV Laboratory Technical Committee meetings contributed to DNA PCR testing, portable CD4 machine, HIV EQAS and viral load testing issues. Through these meetings SSP also provided support on the planning of roll out HIV EQAS in a systematic manner and on the importance of monitoring of the sites. In addition, during FY 13, the project also helped the government develop the EID national guidelines. SSP also facilitated the training of EID service providers from national Public health Laboratory (NPHL). These two service providers were trained in FHI 360 laboratory in Bangkok on methodologies related to EID. NPHL has greatly appreciated this support.

SSP staff conducted specific topic related meetings to discuss the need for revising the training curriculum on HIV and STI testing and possible support from the project on this activity.

SSP also provided assistance and facilitated sessions in the Training on CD4 enumeration by portable PIMA analyzer conducted by NCASC, NPHL and WHO for government lab staff from Baglung, Baitadi, Bajhang and Bajura districts and NPHL. The participants were trained on CD4 count by PIMA analyzer (portable) and accessibility and coverage of CD4 monitoring of PLHIV is expected to improve in these districts.

In addition to this, SSP also participated in the discussion around HIV testing at maternity hospital. The meeting decided to conduct two different technical sessions on national HIV testing strategy for laboratory and clinical staff of the hospital for which SSP conducted a technical update session on PMTCT and Option B+.

Technical Assistance by Janet Robinson (Director Research, Asia Pacific Region, Global Director, Laboratory Sciences APRO) to NPHL: SSP staff and Janet provide technical assistance to NPHL in the areas of Early Infant Diagnosis, Laboratory basic HIV and STI training curriculum, EQAS, Proficiency panel testing, evaluation of test kits, genotyping and related research, quality assurance and HIV drug resistance. Janet provided suggestions on curriculum development and on strengthening the lab capacity for HIV testing and monitoring its progression and drug resistance. This meeting was helpful in enhancing the capacity of NPHL for using the molecular techniques on HIV and STI diagnosis and related research. APRO is has also facilitated EID-related training event for NPHL staff.

SSP staff also facilitated sessions in the following training conducted by NCASC:

- Clinical Management of HIV Training- Training of Trainers (ToT) – facilitated various training sessions
- Clinical management training – facilitated various sessions
- National PMTCT training – facilitated session on HIV testing and also counseling and testing
- National Pediatric HIV training- facilitated session on “Challenges to PMTCT and Early Infant Diagnosis (EID) in Nepal”.
- Facilitation in the ART Laboratory monitoring Training conducted by NCASC and NPHL

- Facilitation in Training of HIV and STI Surveillance in Nepal.
- Training on CD4 enumeration by portable PIMA analyzer.

Clinical training: As planned SSP conducted several clinical training during the first year. A list of training conducted is provided below:

- Basic training on logistics management
- Community and home based care (CHBC) training
- Clinical management of HIV training (CMT)
- Clinical Practicum training
- Stigma and discrimination training for Health care workers
- National HIV counseling
- STI management training
- Training on Rapid HIV testing and laboratory diagnosis of Sexually Transmitted Infections (STIs)
- Training on universal precautions and Healthcare waste management
- Care giver's training (conducted by IAs)

Training of trainers (ToT) on HIV-related stigma and discrimination reduction: SSP provided technical, financial and logistic support to NCASC to organize a five-day Training of Trainers (ToT) on a revised and updated HIV-related stigma and discrimination (S&D) specifically in health care setting. SSP team also facilitated the finalization of the toolkit used for this training. The main objective of the training were to develop skills, experience and confidence in conducting the S&D reduction training using the S&D reduction toolkit, develop an in-depth understanding of HIV-related stigma, causes and consequences in health care setting, and to improve their skills in the use of core training techniques and to select the modules to be used in the national stigma reduction training in health care setting and communities. There were altogether twenty participants from NCASC, Child Health Division, Family Health Division, National Health Training Center, National Networks of PLHIV and Women living with HIV and I/NGOs.

Saath-Saath Project initiated collaboration with Government Service site: SSP established the first ever EIHS satellite clinic at Primary Health Care (PHC) Center in Tahunn, Palpa and followed suit in Bara District Hospital. In collaboration with the DHO, these satellite EIHS clinics offers Integrated FP, HIV prevention, care and treatment services for migrants and spouses of migrants which includes STI screening and treatment, VCT and pre-ART and FP counseling and methods (Condoms, OCP and Injectables).

Support to IAs: Supportive and monitoring visits have been held by SSP's technical unit either independently or in joint visits to all the SSP implementing IAs. Technical officers, Lab specialists and program officers have been providing feedback for better quality service delivery by visiting EIHS, prevention and CHBC sites. Such visits also occur based on the monitoring visits of the other SSP staff-program officer, SI/RU staff and TLs. They also met with government counterparts to ensure there is good coordination.

Meeting to discuss CHBC duplication: SSP team conducted series of meetings with NCASC and other stakeholders to discuss on the issue of CHBC service duplication due to multiple stakeholders implementing the same program in overlapping areas.

Workshop with beneficiaries, their networks and IAs on CHBC and PP integration: SSP conducted a workshop with beneficiaries, their networks and IAs on CHBC and PP integration to explore the

perception of beneficiary group networks and its member organizations as well as beneficiary groups on usefulness, lessons learned, issues/challenges and way forward/recommendations for improvements of existing CHBC and PP activities. The workshop participants' comprised of three distinct types of participants, i.e. beneficiaries from CHBC/PP integration program, IAs implementing integration program and national networks on PLHIV (NAP+N and NFWLHA). CHBC teams (team leader and worker) represented IAs, while staffs, board members and affiliated member organizations' representatives constituted the national networks. This became a unique platform where these three groups met, consulted and discussed on the CHBC/PP integration program.

Technical update sessions within SSP:

- Putting Research into Practice: Implementation of FHI 360's PMTCT strategy
- CROI 2013 and Option B+
- Three questions in STI program
- WHO recommendations for FSWS for prevention and treatment of HIV and other sexually transmitted infections
- Hormonal Contraception and HIV

DBS samples for HIV EQAS from August 2012 to July 2013 (Annual):

SSP ensures quality of its lab services by re-validating the results it obtains in its labs. During the period, a total of 2840 samples were sent. Of the total DBS samples tested by NPHL (2283 from August 2012 to May 2013), only two samples were found to disagree, indicating high quality of SSP lab services.

S.N.	Indicators	Values
1	Total number of DBS samples sent to NPHL for retesting (August 2012 to July 2013)	2,849
1.1	Number of rapid HIV test positive samples sent to NPHL	277
1.2	Number of rapid HIV test negative sample sent to NPHL	2,572
2	Numbers samples re-tested by NPHL (August 2012 to May 2013)	2,283
3	Number rapid HIV test results (site results) disagreed with NPHL's result (February to May 2013)	2

SSP's Contribution to Early Infant Diagnosis (EID) services during the period October 2011 to July 2013: SSP introduced this service in Nepal and has been contributing to its inclusion in national response. Five EID sites (including two government healthcare facilities) continued providing Early Infant Diagnosis (EID) services to HIV exposed babies during this period. A total of 151 HIV exposed babies received early infant diagnosis services from October 2011 to July 2013. Twelve babies were found to be HIV DNA PCR positive during this period and nine PCR positive babies were referred to nearest ART sites for antiretroviral therapy. Two were lost to follow up and one baby was expired. Breakdown of number of babies receiving EID services from different sites is given below.

SN	EID Site	No. of Babies Receiving EID services (October, 2011-July 2013)
1	Achham District Hospital	10
2	Seti Zonal Hospital	26
3	NNMSA Mahendra Nagar	7
4	NSARC, Nepalganj	36
5	SACTS	72
	Total	151

SSP conducted an orientation on EID for healthcare workers in November 2012. The main objective of the orientation was to discuss recent recommendations for EID among healthcare workers. Fifteen participants including participants from Seti Zonal Hospital, NNSWA and AKP participated in the orientation program. Staff from Seti Zonal Hospital showed commitments to continue EID activities at the hospital and improve quality of services.

Output 4.2 Improved systems for sustaining NGO community care and support services

SSP's capacity building initiatives gathered new momentum in Year two, adding further to the initial gains of Year one. Operationalizing the project's *Capacity Building Framework* was the major driver of this year's activities. Better coordination, strengthening partnerships, facilitating cross-organizational and cross-cultural learning, NGO board development, integrating gender and social inclusion, and providing individualized coaching and mentoring support to those who need it are some of the critical directions where Year two was effectively able to break new grounds in capacity building.

The major highlights presented below illustrate where SSP was able to contribute in strengthening local capacity as envisioned in the project's capacity building framework and also identified by the technical and organizational capacity assessment tool (TOCAT).

Major highlights in capacity building:

District level

In partnership with the local District AIDS Coordination Committee, SSP carried out Sustainability Analysis Workshops in Chitwan, Rupandehi, and Morang districts to help the government and relevant local stakeholders plan for a sustainable HIV response in respective districts. (*Separate reports for the workshops in Chitwan and Rupandehi are available. Morang district report is in progress.*)

NGO level

Another critical level where local capacity building efforts need to be directed, as stated in the *Capacity Building Framework*, is to improve the overall organizational systems of local NGOs. This means that local NGOs which are responsible for implementing the project's activities must have sound management, financial, and administrative capabilities for them to be sustainable beyond SSP's lifespan. In that respect, the key SSP undertakings to operationalize the framework was to successfully carry out TOCAT Phase II with the remaining 17 IAs and thus conclude the assessments in the first semi-annual period.

Consolidating the action plans from both assessment phases was an important forerunner to creating a database of all the strengths and improvement areas where capacity building activities would subsequently be tailored. The various training and workshops that were then carried out over the year were based on the expressed needs from the action plans. Training on NGO Good Governance, NGO Management, Proposal Writing, Communication and Presentation, and workshops for Sustainability Planning and Resource Mobilization, Strategic Planning, and Organizational Communication and Public Relations/Media, Documentation of good practices and lessons learned constituted the major areas of capacity building support originating from TOCAT action plan requests from different NGOs.

The TOCAT assessments were done not just to find out where SSP can support them but also to help them leverage their own strengths and resources to address areas where they could do so and help them plan for their own sustainability. The NGOs were thus able to support themselves in some of the following key areas as a result of the TOCAT assessments, as derived from follow ups of TOCAT action plans at six NGOs:

- practice better documentation of organizational activities including field and outreach work
- update referral directories at service delivery sites and strengthen client satisfaction and feedback collection system
- standardize their organizational branding and marking practices
- start performance evaluations of employees as part of recruited critical staff such as M&E/MIS assistant where required
- regularize board meetings

Besides TOCAT based training, other organizational development activities were also carried out. Regular financial and technical reviews that keep the organizations' systems in check and monitor compliance issues were carried out periodically. Training on understanding USAID Rules and Regulations was provided to select NGOs that have demonstrated strong performance over the course of USAID-supported ASHA Project and in SSP so far. Improvement of the NGOs' ability to use financial software like the Tally Accounting software through training on using this software was also one of the key areas of capacity strengthening.

Exposure visit to India for selected NGOs: Exposure visits to similar programs in similar socio-cultural contexts/settings has been identified and articulated in the *Capacity Building Framework* as one of the key methods to facilitate and promote learning and development of local stakeholders – both NGOs and Government. To take forward this method of cross-cultural and cross-project learning as part of its overall capacity building approach, SSP facilitated an exposure visit for selected NGOs to Mumbai, India coordinated through FHI 360 India office.

Three NGOs were selected for participation. It was expected that through the process, the participants would gain additional, and in some cases new insight, into good practice examples and innovations in how HIV programs are being delivered elsewhere. It is also expected that the participants will be able to bring their learning to inform and innovate their own programmatic activities in key thematic areas after the visit. The team will share what is practically applicable of what was learned from the visit and SSP if found practicable will utilize this learning.

Community level

SSP works with major networks of CBOs-related to HIV in the country. Building the capacity of the National Network NGOs that implement SSP activities is central to SSP's overall capacity building strategy. To streamline the support to these Network NGOs, the project crafted a separate strategy for *Capacity Building of Network NGOs* in Year two. The strategy outlines three critical areas where capacity building will be focused:

- (i) *Improve evidence-based advocacy skills*
- (ii) *Improve technical capacity to support CBOs*
- (iii) *Prepare for post 2015 scenario planning for their constituencies*

Network NGOs' capacity building was prioritized as per their felt needs articulated through TOCAT exercise such as Good Governance training, Organizational Sustainability and Resource Mobilization workshop, and Strategic Planning workshop. Further coaching support and constant engagement with the Network NGOs was provided to enable them to create a tangible strategic plan. Three out of the six Network NGOs have now finalized their Strategic Plans (i.e., NFWLHA, Dristi Nepal, and JMMS).

To enable them to host events more effectively, event management sessions were integrated as part of the workshop on Organizational Communication and PR/Media Relations, and Communication and Presentation Skills training. Since capacity building of their CBOs is a critical role of the Network NGOs, a Training of Trainers (ToT) was also provided to them to strengthen their facilitation skills. NGO Board strengthening was a key feature of capacity building at the NGO and community levels. Enhancing board

members' capability to contribute more effectively to their role was at the heart of the multiple and varied organizational development training that took place in Year Two.

Mobilization of Capacity Building IAs: At the outset of the project, SSP had outlined in the proposal some key capacity building (CB) areas where IAs known to have existing expertise in those areas would be utilized. These pre-identified CB-IAs and other local organizations (like IOM for instance) were then mobilized through various activities that contribute to strengthening local capacity of other IAs under SSP and government counterparts. Apart from them other IAs that demonstrated good expertise in a particular CB area were also utilized in Year 2. Below are the highlights.

CB Area	CB-IA/Organization	Utilization activities
Treatment for PLHIV	IOM	<ul style="list-style-type: none"> ART clinicians from TUTH involved in warmline ART clinicians from TUTHT involved in onsite coaching and mentoring at ART sites
	Teku Hospital	<ul style="list-style-type: none"> Clinical practicum training at Teku Hospital as a model training site Co-trainers from the facility involved in clinical practicum training
	AMDA	<ul style="list-style-type: none"> Conduct Clinical Practicum Training
CHBC	GarDef	<ul style="list-style-type: none"> CHBC team members included as resource persons in CHBC and CB-PMTCT training
S&D	AMDA	<ul style="list-style-type: none"> Involve AMDA in ToT for S&D Reduction Conduct training on S&D Reduction for Health Care Workers
Positive Prevention	SSG	<ul style="list-style-type: none"> Sharing by positive speaker on positive living and needs at the CHBC training
HIV prevention of MARPs	CWES	<ul style="list-style-type: none"> Web SMS support to IAs in the Western, Mid-West and Far West Micro-planning support to IAs in the Western, Mid-West and Far West Exposure visit for NG Tanahu Prevention team
	CAC and Step Nepal	<ul style="list-style-type: none"> Facilitation of OE/CM training
	Sahara Nepal	<ul style="list-style-type: none"> Hosting of exposure/cross-project learning visit for Sahavagi
	Recovering Nepal and Dristi	<ul style="list-style-type: none"> Experience sharing of implementing prevention to care activities for multiple MARPs (FSWs, clients of FSWs, Migrants and spouses of migrants)
	Sahavagi and Namuna	<ul style="list-style-type: none"> Support in development of manual for overlapping risk and facilitation of training on overlapping risk
M&E	NCASC SI Team	<ul style="list-style-type: none"> Conduct training on M&E of National HIV program
	Sahara Nepal, ICH, STEP Nepal, SACTS, Lumbini Plus, and Sahavagi	<ul style="list-style-type: none"> Use key staff as resource persons at MIS and data analysis training

Outcome 5: Strengthened coordination among all HIV/AIDS partners

One of the outcome areas of SSP is to facilitate coordination for national HIV planning and response including, coordination with external donor partners (EDPs) for leveraging resource allocation, management, and monitoring under the GoN's leadership. These efforts are intended to support effective scale-up and national impact. To achieve this outcome, SSP works closely with all stakeholders for HIV and FP at all levels. In addition, the project also provided technical assistance in close coordination with all partners. These efforts expanded to all development actors - from government entities to civil society, private sector and external development partners. Below are some key highlights of SSP's achievements in Year Two in terms of a better and strengthened coordination among all HIV/AIDS partners.

A. Support to organize AIDS-related conferences

The seminal **XIX International AIDS Conference 2012 Hub** took place in August 2012 in Kathmandu, organized by USAID/SSP and UNAIDS under the leadership of NCASC. *Understanding Global and National HIV Epidemic* was the hub theme. The three day hub, which was endorsed by the XIX International AIDS 2012 Committee, aimed at providing opportunity for those who could not make it to DC to participate in and know about the global discussions. The objectives were to strengthen the local HIV/AIDS response, create new opportunities for partnerships and help disseminate the latest programmatic approaches and research among stakeholders from the key thematic discussions held at the XIX International AIDS Conference in Washington, DC in July 2012. Recorded videos of selected sessions were screened at the event followed by discussions moderated by local expert panels. More than one hundred and fifty participants from government agencies, civil society, hospitals, UN agencies and beneficiary group networks were present in this well-appreciated event. The event was first of its kind in Nepal and was highly appreciated by stakeholders.

USAID, GIZ, UN, and other EDPs, was part of the main organizing committee of the **4th National AIDS conference** which was held in December 2012 under the leadership of NCASC. SSP contributed to the review and selection of abstracts and other key activities including development of relevant publications and event management as part of the various sub-committees. Seventeen papers (nine oral and eight posters) were presented by different staff members. The project's COP presented during the conference plenary session to highlight the importance of HIV prevention among FSWs to contain the epidemic and evidence of what works. Substantial participation from SSP IAs was observed and SSP supported the participation of several DACC Coordinators and Regional HIV/AIDS Program Officers.

B. Coordination meetings with other USAID-funded projects

SSP team met with NFHP II and DELIVER projects on the low supply of condoms from SSP IAs. The meeting decided that SSP along with NFHP II would coordinate with LMD to check if all the LMIS reports sent from the implementing agencies are being reported to LMD. The team also discussed on including LMIS orientation during the HIV logistics training.

SSP staff attended the USAID-funded NFHP-II end of project Dissemination which was chaired by Dr. Praveen Mishra, Secretary Ministry of health and Population. The dissemination included presentation on the project progress, documentary screening called "Manmali" and remarks from dignitaries.

SSP staff met with USAID-funded Suaahara Project and discussed on collaborating in Baglung and Syangja districts where both Suaahara and Saath-Saath Projects overlap to share the project activities and possible coordination activities. Discussion about organizing regular informal meeting among USAID funded projects in Kaski also took place. A visit to SUA AHARA Project, Ama Milan Kendra was also done to discuss on program activities in HIV and challenges in HIV related prevention to care activities.

Meeting with GGMS: SSP has conducted several rounds of meetings with Ghar Ghar Maa Swasthya (GGMS)/Nepal CRS to discuss the possibility of a joint pilot initiative for Condom Social Marketing

(CSM) in Kathmandu also promote public-private partnership in FP/HIV. These meetings decided that similar initiatives would later on be replicated in other SSP districts as well. Both projects would make efforts through CRS to provide condoms to SSP partner at subsidized rates and help establish linkages with its traditional and non-traditional outlets.

SSP Nepal Participates and Interacts in CDCS: USAID Mission in Kathmandu invited SSP to participate in the event. CDCS has stated its goal as - Increased progress toward a democratic, resilient, and prosperous Nepal. In order to achieve this goal, there are two development objectives: 1) Governance systems made more effective, participatory, and responsive and 2) Communities made more economically, environmentally and socially robust. There are two sub intermediate results under objective one and four under objective two. Similarly, there are three sub intermediate results under each intermediate result. These development objectives, their intermediate and sub intermediate results and their alignment with different USAID supported projects were discussed in the meeting.

As improved health outcomes of the people come under objective two and the strengthened service delivery capacity of health institutions falls under objective one, Saath-Saath Project (SSP) was found to be linked with both development objectives of USAID's CDCS 2013-2018.

USAID Partners' meeting: USAID Nepal organized a partners meeting on March 15, 2013 at Hotel Annapurna in Kathmandu. The main objective of the meeting was to share draft of 'Country Development Cooperation Strategy 2013-2018' (CDCS). SSP staff attended the meeting on behalf of Saath-Saath Project (SSP).

SSP's Participation in Annual Meeting of the USAID Partners: SSP participated in the Annual meeting of the USAID partners in Nepal. COP of the SSP led a team and presented FP/HIV integration processes and challenges and the presentation was very much welcomed by the participants. These meetings have provided opportunities for cross-project learning and creating synergy.

SSP Participates and Contributes to USAID Partners' Meeting in Family Planning: SSP regularly participates and contributes to the partners' meeting on family planning. These meetings have helped to foster common understanding on USAID policy on FP, its compliance and opportunities for collaborations and cross-project learning. It also hosts the committee meetings. SSP also sponsored FP sub-committee meetings of the FHD, in the DOHS.

C. SSP's Participation in national level activities

NCASC National Review Meeting: NCASC organized National review meeting in all five regions of the Country where Saath-Saath Project and its implementing agencies represented. SSP staff participated in all regional reviews. The main objectives were to review the progress at regional level and to strengthen coordination and collaboration among partners. The outcome of the sharing was to have consensus to strengthen the network and collaboration between governmental and non-governmental organization for better achievement. SSP's contribution with the support from USAID to Nepal's HIV response was well acknowledged. SSP's IAs presence and support to DACC in preparation of district reviews especially on DACC was also acknowledged.

National Centre for AIDS and STD Control (NCASC) conducted a meeting of the technical working group to discuss the development of Behavior Change Communication (BCC) Strategy for HIV and AIDS for the GoN under the leadership of NCASC. SSP staff participated in the meeting. It was decided that a 'National Communication Strategy on HIV and STI' that will cover the aspects of behavior change

and maintenance related to HIV and STI would be prepared. The same meeting also decided to form a HIV and STI Communication Technical Working Group.

SSP staff participated and contributed in the workshop on National Harm Reduction Strategic Plan 2012-2016) Regional level consultation meeting in Dhangadi organized by National Centre for AIDS and STD control (NCASC) and MoHP.

SSP supports cash prize to NAMA 2012 winners: Federation of Nepal Journalists (FNJ) organized a formal program chaired by Honorable Minister of Health Mr. Vidhyadhar Malik in Kathmandu on April 22, 2013 to distribute award certificates and cash prizes to the winners of 2012 Nepal AIDS Media Awards (NAMA). SSP supported the 2012 NAMA awards by providing cash prize of Nrs. 66,676 (inclusive of local taxes) to one of the three winners of award this year. NAMA awards was initiated by UNAIDS under Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) regional initiative in partnership with Journalist Association of Nepal. These awards are given out to the journalists in television, print and radio categories for outstanding coverage of the HIV and AIDS issue. This year, USAID had agreed to cover the cost of one award through mobilization of funds from SSP. The awards were announced by the selection committee on World AIDS Day 2012. The winners were Ms. Aarti Chataut from Television, Mr. Bishnu Ghimire from Print and Mr. Chandra Baniya from Radio.

Coordination meeting with Nepal Medical Council: SSP staff conducted a coordination meeting with Nepal Medical Council Chairperson on May 7 2013 to discuss on the need for developing pre-service curriculum. The meeting decided to conduct a workshop, under the leadership Nepal Medical Council with the support from SSP, to develop the pre-service curriculum on HIV for medical schools.

Meeting with NPHL: SSP conducted various coordination meetings with NPHL and its Director round the year to support to improve collaborative efforts. The meetings discussed regarding the need for revision of the VCT/STI Laboratory training curriculum and its endorsement and strengthening the capacity of NPHL in testing.

High level meeting reporting stock-taking/assessment exercise meeting: SSP staff participated on a high level meeting reporting stock-taking/assessment exercise meeting was organized by NCASC. Representative of SSP, Save, AHF, Namuna, AMDA HAMI Project, FSGMN, BDS, JMMS, RN, NANGAN, UNAIDS, RECPHEC and NCASC were present in the meeting. The meeting is one of the five parts of mid-term review at the country level. The main objective of the meeting was to review the progress, assess national targets and prioritize interventions and resource allocation. The participants were divide into three groups and discussed and reviewed assigned targets and elimination commitments of 2011 UN political Declaration on HIV/AIDS using 10 key questions. National level data from data validation workshop for Nepal Country Progress report 2013 was referred during the discussion. The outcomes of the group work were presented and discussed in the plenary. The summary of the meeting will be presented and reviewed in the national consultation meeting.

Meeting with National Health Education, Information and Communication Center (NHEICC): SSP staff held a meeting with IEC Focal Person and Acting Director at NHEICC on May 28. The meeting discussed about sharing of all the IEC materials used by SSP to NHEICC so that NHEICC can provide feedback on the same. According to the recent National Health Communication Policy 2070, all agencies should obtain approval of IEC materials from NHEICC. The IEC Focal Person committed to providing feedback to SSP materials and emphasized focusing on correct and consistent message to the target audience.

Participation in the consultation meeting: SSP participated in the consultation meeting organized by UNICEF on June 21, 2013. The consultation meeting was conducted to identify the availability and gaps

of adolescent friendly materials like training manuals, posters, comic, flipchart, brochures etc. in terms of six domains of holistic adolescent development. During the consultation, six parallel sessions were conducted on these domains namely 1) Health and Healthy Behavior which includes SRH, unsafe abortions, HIV, STI; 2) Enabling and Protective Environment; 3) Education and Skills; 4) Livelihoods, Employment and financial literacy; 5) Participation and Civic Management; and 6) Gender Equity and Social Inclusion. The PO participated and contributed in the first domain of Health and healthy behavior.

Consultative meeting on Cash Transfer Program to CABA: SSP participated and contributed in a Consultative Meeting on 'Cash Transfer Program to CABA' organized by Country Coordination Mechanism (CCM). The main objectives of the meeting were to share and discuss on a) Social Protection Framework of Nepal, b) International Experience on HIV sensitive social protection, c) Fund Implementation: Discussion/recommendations on modalities for designing the cash transfer program (child grant) for CABA and complementary services and d) Fund Management Mechanism. The meeting discussed the findings and recommendations of the rapid assessment and social protection framework of Nepal. The meeting decided to form a Task Force consisting of CCM Coordinator, Representative of MoHP, NPC, EDPs and Civil Societies under the coordination of NCASC Director. The task force, based on the recommendation of the rapid assessment report and the consultative meeting, will finalize the cash transfer and fund management mechanism and guidelines soon.

Workshop on mainstreaming psychosocial support in existing health care system for CABA: SSP participated and contributed in a 'Workshop on mainstreaming psychosocial support in existing health care system for CABA' organized by NCASC with support from Transcultural Psychosocial Organization (TPO) and UNICEF. Suggestions on the content and format of the guidelines were provided in the workshop. TPO and NCASC will finalize the document incorporating the comments and circulate the electronic copy to the participants for final comments.

Communication for development strategy planning consultation workshop: SSP staff participated in a two-day long communication for development strategy planning consultation workshop organized by UNICEF. The main objective of the workshop was to chart the roadmap for an integrated communication for development strategy toward the achievement of planned results for the country program action plan of UNICEF.

Meeting with NAP+N: SSP staff had a meeting with SSP IA NAP+N to discuss on NAP+N's activities, progress, issues and challenges and SSP's support to NAP+N for their institutional and network strengthening. The meeting also discussed about NAP+N's upcoming general assembly, process and support for finalization of NAP+N strategic and operational planning and organizational policy documents and capacity building related activities.

National coordination meeting with agencies working in combating Trafficking in Persons (TIP): SSP successfully organized the 4th National coordination meeting with agencies working in Combating Trafficking in Persons (TIP) in Kathmandu on July 29. This coordination meeting was attended by around 30 participants from various organizations and networks working in combating TIP in Nepal. The main objectives of the workshop were to provide platform for SSP and other agencies to share key activities and achievement since last National Coordination meeting held in July 2012 and to chart out steps to expand and ensure effective coordination among stakeholders working on anti-trafficking activities. At the end of the half day meeting, the meeting shared current TIP situation and response by agencies working on anti-trafficking activities and updated TIP information sheet highlighting activities in combating trafficking in persons and TIP Referral directory for field level linkages and coordination in accessing services.

Participation in an interaction program on Human Trafficking: SSP participated in an interaction program and a screening of a documentary ‘The Price of Sex’ on December 9. As a part of the national campaign on “*16 days of Activism Against Gender Based Violence*” led by the Government of Nepal, the program was organized by the Ministry of Women, Children and Social Welfare (MOWCSW) and the National Committee to Controlling Trafficking Secretariat with support from USAID-funded Counter Trafficking Project (CTIP). Participants were from Ministry of Women, Children and Social Welfare, National Women Commission, USAID, CTIP implementing agencies and other agencies working for anti-trafficking projects.

Participation in a Network’s meeting: SSP participated in coordination meeting jointly organized by NAP+N and NFWLHA with support from Global Fund/Save the Children. The meeting discussed on strengthening coordination, collaboration and networking among networks and other organizations and role of DACC; draft CABA guidelines on cash transfer; exploring new strategies to mobilize additional resources as the HIV fund is decreasing and importance of public private partnership.

Coordination meeting organized by FNCCI’s Business Coalition on AIDs in Nepal (BCAN): As part of its effort to work with private sector under public private partnership, SSP has been working very closely with BCAN/FNCCI in Nepal to create awareness on HIV/AIDS and also promote safer and healthy place concept. SSP attended a meeting called by FNCCI’s Business Coalition on AIDs in Nepal (BCAN). The meeting was also attended by FNCCI members, ILO, UNAIDS and representatives from private companies and associations. The meeting’s main agenda was to discuss tentative plan developed by BCAN on HIV orientation at workplaces and also seek support for training from organizations. The training was part of safer workplaces initiatives for FNCCI and will be conducted in two phases between September 10-14, 2012 and included both sensitization/orientation HIV among workplace employees and training for Office’s Human Resource managers/officers and management staff regarding HIV. Also a ToT was planned in the next 6 months. The training cost is supported by UNAIDS and is to be conducted by Susan Solomon from Business Coalition on AIDS Asia Chapter. In the meeting, SSP also recommended the involvement of NCASC being the lead agency in the national HIV response. Also BCAN requested for IEC materials and condom boxes from SSP.

Following the meeting, SSP provided IEC material support during the workplace training organized by FNCCI/BCAN at various prominent private companies as well as associations/unions in Kathmandu Valley during September 10 to 13. SSP has also provided additional IEC materials to BCAN for different HIV-related orientation programs around Kathmandu.

Sharing on Internship plan: On September 25, 2012, SSP shared its internship program with stakeholders including UN, civil society, Government agencies and donors working in Nepal. The focus of the sharing was to illustrate how the internship programs addressed social inclusion issues and provided opportunities for people from traditionally excluded communities in the country.

Participation in AIN: SSP is a member of the Association of International Non-Governmental Organizations in Nepal and participates in different advocacy, awareness and coordination issues it organizes that helps to build good rapport with the network and also with government counterparts.

Reporting out meeting: SSP organized three reporting out meetings (October 2012, Feb 2013 and July 2013) with all program and technical staff in Year Two in Kathmandu and reviewed program progress, issues, challenges, gaps, good practices and lessons learned and to identify way forward.

D. Participation in regional level activities

SSP regularly participated in all the regional review meetings held in the year. SSP was also included in several task forces and working groups created for preparation of the event including presentations prepared by DACCs/DHOs and RHD report preparation. The main objectives of the meeting were to discuss on planning for district and regional level annual health review meeting, prepare calendar of operation for next year and prepare joint supervision plan.

Meeting with AIN members of Far West Region and Robert Pieper-UN held: Meeting with AIN members for Far West Region and Robert Pieper, UN Resident Coordinator had a cordially meeting at Dhangadi on November 27. Representatives from SSP, Care Nepal, Oxfam, UNFCO, LWF, Mercy Crops, Basic Operating Guidelines Secretariat and Risk Management Office were actively participated in the meeting. Security situation of far west region, perception towards INGO, role of INGOs and currently emerging situation were mainly discussed during the meeting.

SSP IAs GWP, STEP Nepal, Sneha Samaj, Trishuli Plus, BIJAM, Lumbini Plus, CIRDS, ICH, N'SARC, Dang Plus, AKP, NNSWA, TSDA GWP, NG, CWES, SSG, Sahara Nepal, AMDA/SSP, RDF and SPN organized the monitoring visit from DPHO, DACC and District Development Committee (DDC) in respective project districts. Regional Health Director, HIV/AIDS Program Officer of Central Regional Health Directorate, CDO and representatives from DDC also visited and observed SSP activities respectively. The team observed EIHS, outreach DIC and CIP activities and recording and reporting formats and systems. They also discussed outreach process and interacted with outreach staff and DIC Operator on availability and quality of condoms and HIV prevention and FP promotion activities. During the visit, they also interacted with beneficiary groups. The visiting team appreciated the achievements so far.

SSP Core Partner AMDA/SSP facilitated a joint monitoring visit from Dhanusha DPHO, DACC Coordinator, RHCC and DPHO HIV & AIDS focal person. The visiting team observed EIHS site and interacted with staff. The visitors were impressed with SSP activities in Dhanusha district and recommended for community level HIV and AIDS awareness activities. The RHCC Focal Person also keenly discussed FP related activities and expressed his commitment to provide support and conduct monitoring in the future.

SSP IA participated in Reproductive Health Coordination Committee (RHCC) meeting: SSP IAs participated in the RHCC meetings in SSP districts and contributed in improving coordination related to Reproductive Health activities in the districts. Details of the meetings presented below:

- The CHBC worker of SSP IA NG participated in the coordination meeting of RHCC held in April 18, 2013 where the meeting discussed regarding the FP methods and increasing FP demand.
- SSP Program Officer and SSP IA AKP participated in a RHCC meeting held in DPHO, Kailali on May 2, 2013.
- Project Coordinator of SSP IA NG participated in the RHCC meeting on July 2, 2013. The meeting was focused for the celebration of upcoming World Population Day on July 11, 2013. The theme of the World Population Day 2013 is: Focus is on Adolescent Pregnancy.

Regular briefing to Regional Health Director and DPHO/DHO DACC: SSP Program Officers and IAs in respective districts and region, meet, interact and brief about the SSP and its activities to newly joined officials in SSP district and regions. This process is reinforced whenever there is change in the MOHP bureaucracy at all a level. To keep the RHDs informed, SSP also made arrangement to provide quarterly regional report on key indicators of the ongoing SSP activities implemented by SSP IAs in the field. Similarly, SSP staff also visited districts and briefed about the ongoing SSP activities to the D(P)HO, DACC Coordinators, personnel:

Coordination meeting of Western Regional Health Network (WRH-Net): SSP staff participated in coordination meeting of WRH-Net on June 27 where there was representation of stakeholders working in more than one district in Western region along with Regional Health Director (RHD), Public Health Officer, regional HIV focal person, regional HIV coordinator and other staff members from RHD. The meeting decided to discuss on specific issues at a time and next meeting is scheduled to discuss on family planning related issues.

Stakeholder's meeting of agencies involved in HIV training: SSP staff participated in stakeholder's meeting of agencies involved in HIV training at NHTC on June 25, 2013. The main objective of the meeting was to get recommendation of stakeholders on overall content of National Training Plan (if anything needs to be added or removed from the content) and way forward for revising the National Training Plan. Discussion was held during meeting among the stakeholders.

Regional sharing and coordination meeting: FSGMN organized eastern regional sharing and coordination meeting with FSGMN's 15 member organizations from the eastern region. The main objective of the meeting was to share updates and increase coordination and networking between CBOs and FSGMN. The meeting shared progress, achievements, issues and challenges and good practices from the CBOs.

Workshop on Regional HIV and AIDS Service Access Mapping: SSP staff participated in a HIV and AIDS Service Access Mapping organized by Regional Health Directorate Far Western Region) on May 6 and 7, 2013. The workshop discussed on the health related services available in the far western region. The issues of CHBC service duplication in Doti and Achham districts were also discussed. The workshop highlighted the need for program focus in Dadeldhura, Baitadi, Bajhang, Bajura and Darchula districts of the region.

E. Commemorating special events

SSP attends various meetings to commemorate special events day. In some of the organizing committees, it also involves as a committee member/task force member to make the events a success. These events are held both at national and district level. While SSP is represented in national level events, district level events are mostly attended by its local partners.

SSP provided technical and financial support to NCASC, D(P)HO, DACC and IAs to commemorate 18th National Condom Day and 25th World AIDS Day at both national and district levels. These events were organized in collaboration with national and international stakeholders, coordinated for the nationwide commemoration with several local level programs in their respective districts throughout the country.

SSP IA Sneha Samaj celebrated the 103rd International Women's Day to sensitize gender based violence, inequality, discrimination from the societies and need and importance of participation of women in all level of the state. In Kailali, SSP staff attended the candle light event organized by Care Nepal. Similarly, SSP IAs TSDA and NNSWA participated in a rally program in Kanchanpur district.

On the occasion of 30th International Candlelight Memorial Day, school bags were provided to 38 CABA in Kanchanpur. The fund collected through donation box in Opera Hotel for CABA was used for providing the support. SSP IA NNSWA and DACC Kanchanpur played crucial role to establish donation box in the hotel. SSP IA CDF Nepal, Doti participated in the celebration of the World Health day on April 7, 2013 with the theme on High Blood Pressure. The program was organized by District Health Office. Various program were also held. SSP IA NCS participated and organized stall exhibition during Lalitpur Health Volunteer Conference organized by Lalitpur Sub-Metropolitan to share and learn from the

experiences of health volunteers mobilized in the district. During the conference, NCS showcased the SSP-funded HIV and STI prevention activities, distributed condoms and SBC materials.

SSP IA Dristi Nepal participated in the celebration of 26th International Day against Drug Abuse and Illicit Trafficking. The two day program was organized by Saarathi Nepal, The main theme of the event was based on the global campaign “Support, don’t punish”. Similarly, SSP IAs RN and its regional offices, AKP, NNSWA and TSDA commemorated the Anti-Drug Day celebration programs. Blood donation drives and S&D reduction training in were conducted in the respective communities.

District public Health Office, District Development Committee and Tansen Municipality jointly celebrated various program on world population day in Palpa on July 11, 2013. Similarly, planning Officer from DDC presented situation of adolescent in Nepal in the program. On the occasion, an essay competition on importance of adolescent pregnancy prevention was conducted among students from secondary schools and winners were rewarded.

Quarterly review meeting (QRM) and financial review meeting conducted: SSP staffs conducted Quarterly review meeting (QRM) and financial review meeting in their respective all IAs under SSP. The objective of the meeting was to share and review the key achievements, issues, challenges and lesson learned for the completed quarter and to share the action plan for the upcoming quarter as approved in the quarterly work plan. Along with the financial review checklist, follow up on improvement from previous financial reviews findings were also conducted. Few issues were identified and actions had been set to address such issues.

Regional review meeting for SSP IAs: SSP organized regional review meetings for all regions to share and review the progress, issues, challenges and good practices of the IAs from the region. SSP shared the key updates from NCASC regional review and national review and key achievements in FWR along with issues, challenges and possible way forward. Likewise, SSP partners shared the good practices, lesson learnt, coordination issues and challenges in their respective district. SSP staff also presented the key findings of DQA and SA implementation and monitoring related issues. Participants were also informed on the FP recording, reporting and compliance. Action plan and way forward were identified and discussed.

F. Coordination meeting related to ART

- **Coordination meeting with WHO:** SSP held a coordination meeting with WHO to discuss on the National mentoring/coaching of the ART sites. The meeting discussed on how both WHO and SSP could work together to move the mentoring plan forward.
- **Coordination meeting with AHF:** SSP participated in a coordination meeting with AHF. The objective of the meeting was to discuss on how both SSP and AHF could collaborate for the strengthening of Teku Hospital, specially its ART center as a prime institute for HIV/AIDS referral and research center. AHF’s current support to Teku Hospital ART center was also shared by AHF during the meeting. SSP envisions a TA to strengthen Teku ART center as center of excellence and the meeting with AHF was to identify gaps and possible areas of collaboration to implement the planned activity.
- **Coordination meeting with ART committee: by SSP IAs:** SSP IAs CDF and AKP, TSDA and NNSWA held a coordination meeting with ART Committee of Doti Hospital and Seti Zonal Hospital respectively. The role of CHBC team to increase the clients in PMTCT services and refer in CD4 counts in timely were discussed and acknowledged in the meeting. Follow up of EID babies, PMTCT and ART lost to follow up was the main agendas on the meeting. The team agreed to develop a tracking format where the information regarding EID babies will be filled in.

Similarly, Lumbini Plus Nawalparasi coordinated with Bharatpur Hospital, AIDS Health Foundation (AHF) Bharatpur; and Lumbini Zonal Hospital Butwal during this reporting period and held a discussion about CD4 count and ART for PLHIV. As CD4 machine wasn't working at Bharatpur since long time, PLHIV are unable to get CD4 count check-up and know their CD4 status.

SSP staff r and SAC Project Coordinator and DACC Coordinator Surkhet had a coordination meeting with ART Center and Mid-western regional hospital (MWRH) Surkhet and discussed on making the ART supply more accessible to PLHIV of the district. SSP IA SSG-Syangja also facilitated CD4 mobile camp at District Hospital in coordination with DACC Syangja and Western Regional Hospital Pokhara and collected blood sample of 137 PLHIV in two occasion. The camp provided the service to the PLHIV who had to travel Pokhara for the service and saved travel time and cost. CDF also facilitated a meeting with ART committee including ART clinical staff and CHBC team on July 9, 2013 in Doti, A total of twelve people participated in the meeting.

G. Leveraging efforts under SSP

SSP continues to build upon its efforts to leverage resources to uplift the lives of the target population it reaches. Such efforts have taken a holistic approach that goes beyond prevention, care, support and treatment. SSP's leveraging efforts have helped key populations become self-sufficient, change to a safer profession and maintain safer behaviors. Leveraging efforts under SSP are primarily conducted through its local NGO partners at the local levels in coordination with relevant stakeholders from both public and private sectors. Through continued efforts, SSP local NGO partners have managed to provide vocational training, secure business loans, start own businesses and establish personal savings. Examples of SSP's leveraging efforts include:

- Coordinated with relevant agencies to provide the following vocational training to key population
 - Beautician training
 - Basket weaving
 - Candle making
 - Tailoring
 - Doll making
 - Electric appliances repair training
 - Agriculture
 - Animal husbandry
- Supported to secure employment for key population in local business houses
- Coordinated with local financial institutions to secure business loans for key population to initiate small businesses.
- Coordinated with financial institutions to ease opening of bank accounts and help key population develop a habit of saving.

Key outcomes of SSP's leveraging efforts are:

- 59 FSWs (Aug 12-June 13) assisted to get new jobs as per skills. This helped them change their profession as well.
- 23 FSWs are running small business like tea, vegetable, fruit shop etc.
- 8 FSWs are now working in private organization as cook, marketing representative, assistants, etc.
- 3 FSWs are working in beauty parlor as beauticians.
- 3 FSWs are involved in daily wage income.
- 3 FSWs are involved in tailoring & *Kadai* fabricating.
- 2 PLHIV has funding support for small business & treatment from Basket fund of DACC Parsa

- 45 PLHIV women trained in animal husbandry and also provided with NRs. 8000 to start own goat keeping business.
- 9 FSWs participated in leveraging and livelihood program.
- 3 Clients of FSWs were referred for AC, refrigerator, training.
- 40 children of FSWs provided with scholarships
- Coordinated with ART and PMTCT sites to ensure easy access to services for key population.
- 180 FSWs opened savings account in various banks and other financial institutions.
- 2 FSWs to partially change their profession and open a small retail shop.
- PLHIV oriented on financial institution procedures and assisted to secure loans for 20 PLHIV to start small business like farming, shop, fresh house, tea hotel, and buffalo farming.



Success from the Field

Gopal Kharel is a resident of Nawalparasi district. He contracted HIV in India and was compelled to return home due to ill health. Knowing of his condition, SSP local NGO partner Lumbini Plus have been regularly visiting him at his home to provide quality health services under expanded community and home based care services. He has been availing the services from Lumbini Plus ever since. Luckily neither his wife nor his four children contracted HIV from him. His family was barely making ends meet with both husband and wife doing odd jobs and tilling other people's land. Knowing of the derelict condition of Gopal and his family, Lumbini Plus looked for a way out and was successfully coordinated with another local non-profit organization Indreni Samaj Kendra to help secure a one year loan especially designated for PLHIV to start livelihood business. Gopal obtained a Nrs. 10,000 loan bought a goat. Lumbini Plus employee would also regularly visit him to provide health services and advise on goat rearing. Indreni Samaj would also regularly visit to monitor the progress and provide tips. Within a year Gopal paid off his loan. Seeing the progress made, he was again able to secure a new loan for Nrs. 18,000. He bought a buffalo with the money. The whole family would chip in to raise the animals. He now owns a buffalo and a few goats and soon plans to add more to his livestock.

The once heartbroken Gopal now looks upon his lives stock in pride as he gradually works towards improving his economic conditions. He is already contemplating on his next venture, maybe some poultry or set up a meat shop. Says he, *"It's all in the planning stage now. But I am going to grow my business and help my family. My poor economic state had forced me to migrate to India for a job but all I returned back with was HIV. Luckily none in my family contracted HIV. Lumbini Plus supported me when I had lost all hopes. This is a new lease on life for me and I am working towards ensuring a better life for my family. I now also help Lumbini Plus to motivate others like me. I now know that nothing is impossible, even for someone infected with HIV."*

IV. CROSS-CUTTING ISSUES: INTERNSHIP AND GENDER INTEGRATION

Internship Program implementation: SSP's *Internship Program* has now completed two years of implementation. It was rolled out between June 2012 and May 2013, with the first year implementation ending in mid-December 2012 and the second year of the program conducted with eight interns from 31 December 2012 to 31 May 2013. The program concluded with the Annual Intern Gathering in June 2013. The interns spent a month each at FHI 360 Nepal, AMDA-Nepal, and Jhpiego during their three month tenure in the program's *Structured Track*, which constitutes the project's main internship program.

The *Internship Program* is a key element of SSP's overall capacity building strategy as articulated in the *SSP Capacity Building Framework*. The program has a pivotal role in helping to improve the human resource capacity of its implementing agencies - particularly the National Network NGOs that are responsible for strengthening community systems - and emerging leaders in the country's academia who can be engaged in future health programs. Human resource development features as one of the two core components of the project's capacity building strategies (the other one being organizational development).

The interns were assigned tasks that were designed to help improve their knowledge and skills in a number of technical and functional areas in keeping with their current capacity or aptitude and their personal learning interest areas that they can then utilize in their post-internship work or role. In addition, they also got to experience activities at multiple levels through different types of field visits to other NGOs, participation at district and national level events, and supporting some of the innovative undertakings of SSP in the areas of research and technical service delivery, depending on their capacity to contribute. Along the way, the interns also got a chance to work on improving their computer skills, prepare and give presentations, learn about managing organizational events more effectively, and get tips on interviewing better for jobs and making themselves more marketable.

To commemorate the completion of the *Internship Program* for the year and to reconnect the interns once again, an Annual Intern Gathering event was carried out in June 2013. Interns from both years (totaling fifteen people) took part in the event that unfolded in two parts – a preparatory workshop and a formal evening program with USAID, FHD, and AMDA in attendance. The program helped interns showcase their accomplishments, learning, and recommendations. Internship reports for both years have been prepared to chronicle the program's implementation, achievements and lessons learned.

Integrating Gender in SSP: SSP continued to work toward bringing the gender agenda to the forefront in Year Two. To begin with, a strategy document articulating the project's approach to gender in line with the central tenets of FHI 360 Gender Integration Framework was developed. Three key intervention areas form the rubric for the project's activities:

- (a) Building advocacy skills
- (b) Promoting equitable relationships
- (c) Encouraging equitable leadership

Many activities were done to implement these strategic areas. Some pertinent examples include SSP's continued efforts to promote equitable leadership by encouraging increased recruitment of qualified and competent female staff within SSP's central office and among its implementing agencies. Women now comprise 71% percent of staff in implementing agencies carrying out field activities on HIV prevention; 62% of the Team Leaders for CHBC are women; and 73% of women are working as MIS officers. 41% of board members across SSP's implementing agencies are women. These are quite remarkable numbers to reckon with.

The SSP Internship Program was also implemented using a gender-sensitive approach. Five of the eight interns were female, and one person represented “Other” gender category. This was part of the program unique design in which priority placements are given to people representing traditionally excluded communities of people with respect to gender, ethnicity, HIV status, and geographical dispersion among other factors.

Trafficking in Person (TIP) monitoring and reporting was implemented innovatively in Nepal through SSP using custom tracking forms, timely reporting and close coordination with anti-trafficking agencies (this has been dealt somewhere else in this report).

The project’s focus on working with female sex workers has also help put women squarely in the middle of some of the major activities undertaken. Examples include condom negotiation skills building training, promoting safer and healthy workplace environment and awareness raising in various contexts where sex work occurs, and creating a coordination committees to strengthen the implementation of guidelines pertaining to a safe and healthy workplace for FSWs. Web SMS services for women who use mobile phones to communicate with clients have also been initiated to reach and ensure that the women are safe and connected to access and use appropriate health and protection services. They are also empowered through engagement in the community as peer educators and through micro-credit initiatives. Overlapping risks for women who also inject drugs are addressed by referring them to the project’s EIHS and DIC sites. Coordination with national networks of female injecting drug users, female sex workers, and community based organizations is one of the key strategies through which women with overlapping risk behaviors are reached with the services that SSP offers for them.

V. SECURITY ANALYSIS

Political Strikes (*Bandhs*): Saath-Saath Project implementing agencies send monthly updates on external and internal environment assessing local security situation in the districts. Summary of security situation and rating is presented in the table below. According to the reports, there were a total of 45 unique days where the incident of *Bandh* occurred in all project districts that affected smooth operations partially in concerned districts. As compared to previous reporting period, the security situation in this reporting period remained mostly normal.

Majority of the IAs rated the situation as “Normal”. However, there was “Caution” rating in Lalitpur, Dang and Kailali in August 2012. In March 2013 there was “Risky” rating in Dang & Dhading and “Caution” rating in Kailali, Kavrepalanchok and Sunsari districts. Local security situation such as frequent strike of local transportation and market places have minimal effect in reaching out the target people and smooth running of clinical services. Only in few occasions, the satellite clinics had to be cancelled in Bhaktapur, Kathmandu, Palpa Tanahun, Rupandehi and Kapilbastu districts due to strike and local adverse security situations. Altogether 19 satellite clinic days were reported to be closed. Similarly static sites were closed in Lalitpur, Dhading, Palpa, Dang, Banke and Bardiya. The local adverse security situation has affected normal mobility and as a result, some outreach visits were cancelled but most of the time it was rescheduled to another date to cover the plan as well as outreach staff were mobilized in their home locations.

Summary of Monthly Security Reports

Month	No. of Reports	Dates of Bandh reported	Number of Days	Districts affected
12-Aug	34	6, 7, 8, 9, 10, 11, 15, 20	8	Dhanusha, Jhapa, Morang, Sunsari, Dang, Lalitpur, Nawalparasi, Kaski, Syangja, Kavrepalanchok
12-Sep	34	12,14,21,28	4	Sunsari, Lalitpur, Chitwan, Nawalparasi
12-Oct	34	None	0	None
12-Nov	34	2	1	Dhanusha
12-Dec	34	None	0	None
13-Jan	34	4	1	Nawalparasi
13-Feb		3, 19,26	3	Kavre, All Nepal, Kanchanpur,
13-Mar	34	4,5,6,7,13, 14, 15,	7	All Nepal, Dang, Kailali, Parsa
13- Apr	34	7, 16, 15, 17	4	All Nepal, Banke, Dang, Bardiya, Kailali, Kanchanpur
13- May	34	4,5,7,8,30	5	Dhanusha, Jhapa, Makwanpur, Rupandehi, Sunsari
13 Jun	34	4,5,6,7,10,16,24, 25,26	9	Jhapa, Kaski, Kathmandu, Lalitpur, Mahottari, Achham, Baglung, Banke, Bardiya, Bhaktapur, Kavre, Chitwan, Dhanusha, Kailali, Kanchanpur, Palpa, Sarlahi, Morang, Sunsari, Syangja, Nuwakot, Tanahun
13- Jul	34	11,22,24	3	Kavrepalanchowk, Nuwakot, Rupandehi

The NGO partners send monthly reports assessing external and internal environment to mention if any proposed program was affected due to security conditions. During this annual reporting period, implementing agencies from all 33 districts have provided security updates.

According to the reports, out of 45,129 outreach visits planned across 33 project districts, 218 (0.5%) visits were cancelled due to inaccessibility. Similarly, out of 4,660 supervision visits planned, only 56 (1.2%) were either cancelled or postponed due to security reasons (see box below).

Security analysis in brief:

- Total # outreach sites in a month: Min-1,296 (Sep) Max-1542 (April)
- Total # outreach visit planned: 45,129
- % of outreach visits cancelled: 218 (0.5%),
- Total # of supervision visits planned: 4,660
- % of supervision visits cancelled: 56 (1.2%),
- Total # of Static Clinic days planned: 5,609
- % of static clinic days cancelled: 0.3%
- Total # of Satellite Clinic days planned: 791
- % of satellite clinic days cancelled: 2.4%

Police Raid

During this reporting period, FSWs program related IAs have reported that there were a total of 94 incidents related police raid occurred in 12 SSP working districts which displaced 535 people from beneficiary groups and owners of hotel owners

District wise number of incidents of police raid

Districts/IA	Number of incidents reported
Banke (ICH)	2
Bara (GWP)	3
Bhaktapur (CAC)	3
Jhapa (Sahara)	4
Kailali (TSDA)	2
Kaski (CWES)	37
Kathmandu (STEP)	20
Lalitpur (NCS)	1
Morang(Sahara)	2
Parsa (BIJAM)	15
Rupandehi (Namuna)	1
Sunsari (Sahara)	4
Total	94

District wise breakdown of number of people displaced due to police raid.

District	Female	Male	Total
Banke	5	3	8
Bara	14	3	17
Bhaktapur	7	0	7
Jhapa	25	4	29
Kailali	9	8	17
Kaski	139	20	159
Kathmandu	132	0	132
Lalitpur	1		1
Morang	8	8	16
Parsa	70	22	92
Rupandehi	16	14	30
Sunsari	20	7	27
Total	445	90	535

VI. PROJECT VISITS

USAID team visited Sunsari, Jhapa and Morang districts to observe USAID's Saath-Saath Project activities at Sahara Nepal and AMDA Nepal. Visitors included USAID/Nepal's Shanta Maya Gurung, Program Coordinator HIV/AIDS; Naramaya Limbu, Team Leader, FP/MNCH/Nutrition; Gajendra Rai, AID Development Program Assistant; and Padam Darji, Intern, USAID/Nepal. Visit was organized at EIHS site and co-located DIC and also included observation of outreach activities

USAID's Deepak Paudel, MNH Program Specialist and Jacob Mueller, Deputy Controller Officer visited Makwanpur district. The team observed SSP's EIHS and co-located DIC) site in Hetauda followed by outreach activity observation.

USAID's Mr. Han Kang, Deputy Director and Ms. Naramaya Limbu, Team Leader, FP/MNCH/Nutrition visited Banke district to observe SSP's Expanded community and home-based care program and EIHS and co-located DIC site in Nepalgunj managed by SSP IAs Junkiree Banke, NSARC and ICH respectively.

Ms. Mary Tyler Holmes, Desk Officer, USAID/Washington along with Ms. Kristin Ray, Deputy Director, Program Office, Mr. Evan Merek, Mr. Han Kang, Deputy Director, Office of Health and FP and Ms. Pramila Dangol from USAID/Nepal visited USAID-funded SSP implementing partner agency SPN office and interacted with SPN positive prevention and CHBC project staff and beneficiaries on November 19. During their visit, SSP staff and SPN's Project Coordinator provided brief information on SSP and SPN's PP and CHBC activities respectively.

USAID's Naramaya Limbu, Team Leader, FP/MNCH/Nutrition; Jacob Mueller, Deputy Controller Officer; Rajiv Shakya, Financial Analyst; and Mahendra Hada, Chief Accountant visited Morang district SSP's EIHS and co-located DIC site in Mahendra Chowk, Biratnagar implemented by AMDA Nepal and Sahara Nepal respectively. The team also observed outreach activities in the field in the district on the same day.

USAID's Amy Fawcett, Mission Controller; Rajiv Shakya, Financial Analyst; Srijana Rai, Administrative Assistant; and Deepak Paudel, AID Development Program Specialist visited Kaski district to observe HIV and FP-related activities under SSP's EIHS and co-located DIC site in Pokhara implemented by Naulo Ghumti and CWES respectively. The team also observed outreach activities at a nearby site.

USAID's Shanta Maya Gurung, Program Coordinator HIV/AIDS and Gajendra Rai, AID Development Program Assistant visited Kailali and Kanchanpur districts to observe SSP's CHBC and HIV prevention to care, support and treatment support along with FP services at EIHS sites. The visit was coordinated by SSP IAs AKP, NNSWA and TSDA. The visit included monitoring visits to SSP EIHS sites and co-located DIC, CHBC home visit and outreach activity observation.

USAID's Shanta Maya Gurung, Program Coordinator HIV/AIDS; Gajendra Rai, AID Development Program Assistant and Daniel Sinclair, Social Marketing and HIV team leader visited Palpa and Kapilbastu districts to monitor FP baseline survey activities in the districts. In addition, the team also observed activities under SSP's integrated family planning, HIV prevention, care and treatment services and co-located DIC activities in Palpa and Kapilbastu implemented by ISK and Namuna. The team also observed outreach activities at a nearby site.

Greg Louganis visits SSP program: Renowned HIV rights advocate and Olympic multi-gold medalist Mr. Greg Louganis along with Jonny Chaillot visited SSP program site in Lalitpur on October 12, 2012. Also present were Dr. Krishna Kumar Rai, Director of NCASC and other US embassy staff. As part of

the special program, a model “HIV-free Village” was designed to showcase USAID’s continued support to the Government of Nepal to help build an HIV-free country by providing a continuum of HIV-related prevention to care services. The model village, organized at SSP’s implementing partner SPARSHA Nepal contained a wide array of publications, games and audio/visuals that are used to raise HIV awareness along with mockups of its service sites including HIV counseling and testing clinic. The interactive tour around the model site helped visitors understand how USAID has been supporting the government-led national program at ending the HIV epidemic in Nepal.

Visit from Ministry of Health, Bhutan: A representative of Ministry of Health, Bhutan visited a SSP-funded expanded integrated health services (EIHS) site in Bhaktapur district and observed EIHS site activities and procedures including medical waste management. During the visit, the visitors toured CAC’s EIHS site and Drop-in center followed by brief on SSP and CAC activities and achievements.

Visit of Gender Expert from FHI 360 DC: SSP coordinated the visit of Helen Albert, Gender Expert from FHI 360’s Center for Gender Equity in DC. The visit’s objectives were to conduct a scoping exercise of the funding opportunities in Nepal for gender and education related programs through meetings with National government agencies, donors, and INGOs working in the gender area. Another objective was to orient the SSP staff members on the center’s various work on gender and explore ways to integrate gender in SSP. The SSP shared the SSP Gender Strategy paper and Gender Integration Action Plan during the visit. A meeting with USAID was also held where SSP’s gender strategy paper was also shared

USAID/Nepal team visited SSP districts: USAID Nepal Office of Health and Family Planning representatives including Program Coordinator for HIV/AIDS Shanta Maya Gurung visited satellite Expanded Integrated Health Services (EIHS) site and Co-located Drop in Center (DIC) in Dharan and static site in Birtamod during February 11 and 13 2013 respectively. Ms. Gurung also conducted monitoring visit to Outreach site in Damak and also ongoing micro planning activities. The process was facilitated by SSP Chief of Party and the Program Officer for Eastern Region.

USAID conducts project monitoring visit in Kathmandu Valley: Daniel Sinclair, HIV/AIDS and Social Marketing Team Leader; Shanta Maya Gurung, Program Coordinator HIV/AIDS; Gajendra Rai, AID Development Program Assistant; and Naramaya Limbu, Team Leader, FP/MNCH/Nutrition from USAID/Nepal’s Office of Health and Family Planning jointly visited multiple SSP sites in Kathmandu Valley on March 20. The visit was coordinated by SSP’s staff. During the visit, the team observed project activities including family planning compliance and also interacted with implementing agency staff and project beneficiaries. The visit was conducted at Drop-in center (DIC) operated by SSP IA STEP Nepal in Thamel and expanded integrated health service (EIHS) site and co-located DIC managed by SACTS Nepal and CAC in Thapathali and Bhaktapur respectively. Visitors also observed outreach activities and interacted with beneficiaries at a massage parlor (outreach site) in Thamel.

USAID/Nepal conducts project monitoring visit: SSP staff along with USAID Program Coordinator for HIV/AIDS Ms. Shanta Maya Gurung and Intern Ms. Anju Kandel visited Nuwakot to observe Trishuli Plus’s activities on 16th April. The Project Coordinator shared the overall background about Trisuli Plus, the objective of the Project, Project coverage, team composition, strategies under SSP, monthly trend on PLHIV reached, VCT referral, CST referral, condom distributed, CHBC services, people on ART vs. those who are in ART, VCT referral to discordant couple, Condom distribution to Discordant/Concordant couple and coordination and networking efforts. The team also met with DACC Coordinator, Ms. Sabina Timilsina and ART Counselor Mr. Saroj Tiwari. The team discussed on ART progress in the districts. The DACC Coordinator updated on the district status and shared that DACC will be soon be preparing District Profile. The team further held CHBC home visit. At the end of the day, Ms. Gurung de-briefed the team members on her observations.

Similarly, SSP staff, USAID Program Coordinator for HIV/AIDS Ms. Shanta Maya Gurung and Intern Ms. Anju Kandel also visited SSP IAs NGN, SSG and CWES. In Tanahu, the team visited DIC and EIHS operated by NGN in Damauli and interacted with staffs as well as beneficiaries on 17-18 April. Later, they also went on outreach visit nearby Damauli bazar. Likewise in Syangja, they visited the office, interacted staffs and went to observe CHBC visit at Waling municipality. Further they observed EIHS run by NGN at Pokhara and co-located DIC run by CWES. They also interacted with FSWs visiting DIC. Finally, they interacted with NGN and CWES staff members and de-briefed their observations to Program Officer for Western Hill Region and team.

USAID team's visit to Pokhara, Kaski: Joyce Friendenberg from Development Grant Program (DGP), Washington and Pragya Shrestha, Shankar Khazi, Colin Holmes and Srijana Rana from USAID/Nepal visited Expanded Integrated Health Service (EIHS) clinic operated by SSP IA Naulo Ghumti Nepal (NG) and DIC operated by CWES in Kaski on May 17 2013. The Project Team Leader for Western and Eastern region and the Program Officer for Western Hill Region jointly facilitated the visit. The Project Coordinator for both NGN and CWES briefed the USAID team on the program activities at EIHS site and DIC. The team interacted with the staff members and put forward some queries to understand the program better.

Furthermore, there was presentation on overview of NGN and CWES with special focus on capacity building activities. This was followed by interaction with beneficiaries (FSWs) in which four FSWs working in different places of Pokhara participated. Then the team went to home of CHBC client where the team interacted with the beneficiary (PLHIV).

USAID's supportive supervision visit: Representatives of USAID conducted monitoring visit to SSP IAs STEP Nepal and SACTS on May 23 2013 for the end use check of USAID-funded commodities. During the visit, the team verified procurement process of the IAs and end-use check of expendable and non-expendable commodities. The visiting team was impressed from the system our IAs have and the way USAID logos and identification numbers were affixed to all items.

USAID team visits SSP site in Butwal: USAID team (Ms. Laura Andes, Advisor at Washington DC; and Nepal's OHFP Daniel Sinclair, HIV/AIDS and social marketing team leader and Gajendra Rai, AID Development Program Assistant) visited SSP EIHS and co-located DIC site in Butwal managed by local NGO partner NAMUNA on June 19 2013. The visitors toured the facility and interacted with staff handling SSP's Integrated FP, HIV prevention, care, treatment services for FSW, their clients and PLHIV in Rupandehi district. Visitors also interacted with project beneficiaries at the DIC after the tour. Following the site monitoring visit, visitors traveled to nearby outreach site (Cabin Restaurant) to observe HIV prevention and FP promotion activities. Visit was facilitated jointly by NAMUNA team and SSP team (Chief of Party, Team Leader for Eastern and Western Region, Program Officer for Western Terai Region and Specialist PPP, PR and Branding)

USAID's visit to in Mid and Far Western districts: On July 22 and 2, 2013, USAID representative Ms. Shanta Gurung and SSP staff visited Attariya DIC and EIHS on 22 and Bhurigaon EIHS cum DIC site on July 24. They observed the activities and services being provided through SSP supported site in Bhurigaon and also interacted with the beneficiaries. Mrs. Gurung also visited DIC at Gulariya and held interactions with three FSWs at DIC. She was happy to know that the FSWs were visiting DIC and utilizing the services of satellite clinic. They were also using condom and another FP method as they learnt about its importance from outreach workers. She also observed outreach session of at Gulariya and interacted with the beneficiary during outreach. Shanta Gurung also had an interaction meeting with ICH staff in Nepalgunj on the same day. She suggested exploring the opportunities to take sessions on HIV, STI and FP among nursing students.

Similarly, Mr. Gajendra Rai and Gopal B.K from USAID visited Far-Western region from July 15 till 19 2013. They observed the DIC and EIHS in Attariya; had interaction with TSDA and NNSWA- SSP team. Similarly, they observed CHBC home visit in Doti and Accham and had interaction with CDF and GaRDeF-SSP team.

Similarly, SSP also facilitated numerous visits by Government counterparts. Some of these visits were in joint collaboration with DACC, DPHO and DDC, while others were independent monitoring visits. Most of the government officials visiting SSP sites were impressed with the rigorous reporting, recording, outreach and quality of our EIHS sites.

Office of Compliance and Internal Audit (OCIA) visit: OCIA from FHI 360 Headquarters conducted audit of SSP IAs SACTS and STEP Nepal in Kathmandu and NG in Kaski and provided suggestions for improvement in financial and administrative system, procedures and compliance.

Team from FHI 360 HQ OCIA along with SSP Associate Director and respective backstopping Program Officer facilitated the process. SSP COP also participated in the Exit meeting and OCIA recommended some areas of improvement. OCIA team also did debriefing to USAID Nepal.

VII. TECHNICAL PRESENTATIONS

Some of the technical presentations made during the reporting period are:

- A total of 17 scientific papers including 9 orals from SSP country office were presented in the 4th National AIDS Conference.
 - Plenary
 - Why prevention of HIV among Sex Workers is critical to contain the epidemic – what works
 - Oral presentation:
 - Reaching the unreached: web short message service
 - Are newer female sex workers (FSWs) more vulnerable to HIV? Comparison of key behavioral indicators from an IBBS survey among FSWs in Kathmandu
 - Challenges encountered in a Pilot Early Infant Diagnosis Program in Nepal.
 - Use of Dynamic map: the experience of Saath-Saath Project, Nepal
 - Importance of CHBC in a community based PMTCT program
 - Challenges of access in a community-based PMTCT program in the hilly district of Achham, Nepal
 - Using Geographical Information System (GIS) for HIV and AIDS Project Data Management in Nepal
 - Outcome of PEP among HIV exposed health care workers
 - Enhanced syndromic approach in the management of STIs among most at risk populations in Nepal
 - Lessons from Data Quality Assessment HIV-Related Projects managed by FHI 360 Nepal
 - Poster presentation:
 - Micro-planning: An Effective tool in Providing Services to Female Sex Workers
 - CHBC team mobilization and its achievements under the Saath-Saath Project in Nepal.
 - Trafficking in Person (TIP) in HIV and AIDS prevention activities among Female Sex Workers (FSWs) in Nepal.
 - Can we use new technology for HIV prevention? A qualitative study among female sex workers (FSWs) in Nepal
 - Building NGO capacity through technical and organizational capacity assessment and action planning
 - Assisting PLHIV adhere to treatment during unpredicted situations, the case in Kailali district in Nepal
- SSP's COP presented a technical paper on FP/HIV integration at semi-annual meeting of the USAID partners' meeting held in Kathmandu. While highlighting the theoretical underpinnings of FP/HIV integration, it drew upon Nepal's experience and challenges to-date following SSP's pioneering initiative to strengthen it SSP wide.
- SSP Technical Unit Head and Technical Advisor-HIV Clinician participated in FHI 360's Global PMTCT three day workshop from September 11 to 13 in Dar es Salaam, Tanzania. The Nepal team presented a paper on community based PMTCT program and also facilitated a technical session on infant feeding issues and Efavirenz guidance and chaired a session on the third day of the workshop.

- SSP Capacity Building Advisor, along with key members of the TOCAT review committee, presented to USAID on August 22, 2012 the experiences in rolling out the TOCAT assessments in its first phase. The presentation detailed the process, results and implications, challenges and lessons learned, and way forward for Phase II roll out.
- SSP Capacity Building Advisor did a presentation on SSP Internship program on September 25 among different donors including UN, national agencies and INGOs working in Nepal. The focus of the sharing was to illustrate how the internship programs addressed social inclusion issues and provided opportunities for people from traditionally excluded communities in the country.
- SSP staff also prepared, presented and facilitated various papers on data quality, M&E, PMTCT, Waste management, CHBC and safer and healthy workplaces.
- SSP's Sr. SI Officer presented Nepal's experience on mapping practices in a Workshop on Mapping Community-Based Global Health Programs in Washington DC, USA on Jul 20, 2012. MEASURE Evaluation, a USAID-funded project, hosted a workshop which brought together community-based M&E advisors, program officers, and thought leaders working in GIS and community-based delivery of HIV and other health services.
- "Conducting IBBS Survey Field Work in Nepal: FHI 360's Experience": On September 6, 2012, SSP Senior Surveillance and Research Specialist, shared FHI360 experiences about IBBS survey to the IBBS survey field work team and research organization representatives. There were more than 80 participants. The presentation mainly covered issues around things to be considered before, during and after the survey field work.
- "Surveillance among Sex Workers and Clients of Sex Workers: BSS Perspectives": SSP staffs supported NCASC in surveillance trainings. Senior Surveillance and Research Specialist facilitated a session on surveillance among female sex workers and clients in Nepalgunj on December 19, 2013. The surveillance training was attended by representatives from DHO, DPHO and DACC and altogether 21 participants attended the training.
- SSP Senior Surveillance and Research Specialist presented "study methodology of the Baseline Family Planning Survey Including Rapid Assessment of HIV, Sexually Transmitted Infections and FP Situation among Migrant Couples in Bara, Kapilbastu, Nawalparasi and Palpa Districts" during the dissemination event of the study. This event was attended by more than 100 GoN officers, development partners and media people. Dr Mingmar Sherpa, Director General of Department of Health Services, Ministry of Health and Population attended the program as the Chief Guest.
- SSP Team Leader presented "Interpersonal communication for positive health behavior change and maintenance" one of the papers of symposium on application of theoretical behavior change models organized by USAID Nepal in the first National Health Promotion Conference, Kathmandu Nepal on March 30 -April 1, 2013
- "Use of GIS for effective planning and program monitoring – A case study of Saath-Saath Project by SSP MIS Officer presented in the workshop on " GIS Application in Public Health" from 29th April to 3rd May 2013 in Nagarkot Nepal organized jointly by MEASURES Evaluation and MOHP in support of USAID.
- "Experience of DQA in Saath-Saath Project" presented by SSP M&E Officer at DQA Workshop for DACC Coordinators organized by NCASC in July 2013.

VIII. MONITORING & EVALUATION UPDATE

During this reporting period substantial progress was made in all key target areas and in most instances targets were exceeded. Details are available in Annex C.

Indicator: Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards required

- 25,873 female sex workers, 69,631 clients of FSWs, 39,022 migrants and their spouses (Male migrants – 12,261; Female migrants -323; Spouse of male migrants -23,360; Spouse of female migrants-78) reached through prevention outreach.

Comments: Overall achievement of outreach numbers exceeded by 18% because increased numbers of new clients of FSWs and migrants reached. FSWs reach was just on target whereas the clients of FSWs exceeds by 26.6%. Similarly, outreach among Migrants and their Spouses exceeded by 14.8% due to increased focus on migrants outreach strategies in the second semi-annual period. Among total people reached by prevention outreach, 65% were new, majority being clients of FSWs and Migrants and their spouses.

Indicator: Number of PLHIV reached with a minimum package of Prevention with PLHIV (PwP) interventions

- A total of 3,544 PLHIV were reached by positive prevention outreach activities (female – 1,855; male – 1,689).

Comment: The achievement is 7% more than the target. Of the total reach, 29.2% were newly reached PLHIV.

Indicator: Number of health workers who successfully completed an in-service training program

- 839 trained in HIV Prevention (other than AB); 45 people training in HIV Testing and Counseling, 239 people trained in in-service training on (incl. CMT, clinical, lab, PMTCT, ARV); 215 people trained in Medical Injection Safety; 382 people trained in Strategic Information; 1,389 people trained in Institutional Capacity Building and 10,923 people trained in Stigma and Discrimination reduction.

Comments: Overall 28 % more people trained than it was targeted in this reporting period. The number of trained people exceeded by 117%, 46%, 26%, 18% in Health Care Workers in-service training (CMT, Lab, Clinical Practicum), S&D Reduction, Institutional Capacity Building and Strategic Information. There was underachievement in HIV Prevention target (by 48% less) which was because of the FCHV training was delayed. As FCHV training will be accomplished in year 3 which will compensate the shortfall in year one. Of total, about 60% female were trained, mostly in the area of HIV Prevention and S&D reduction. More male are trained in medical injection safety, SI and institutional capacity building.

People from over 124 organizations including Government of Nepal (MOHP, NCASC, D(P)HO, RHD, DACC participated in Strategic Information related training and people from over 80 agencies were reached by institutional capacity building training (see the attached list).

Indicator: Number of HIV positive adults and children receiving a minimum of one care service

- 3,275 female and 3,115 male; 94 people under 5 years old, 531 people between 5-14 year old and 5,783 people aged 15 years and above

Comment: Overall achievement exceeds by 6.5%. Of the total Palliative Care service recipients, 3,658 (57%) received only CHBC services, 1,469 (23%) received only EPC services and remaining 1,263 (20%) received both EPC and CHBC services. Out of 291 diagnosed positive from SSP EIHS sites, 118 received CHBC services and 285 received EPC services. Of the total, 25.7% were new PLHIV.

Indicator: Number of people who received counseling and testing and their results (disaggregated by MARPs)

- 7,720 FSWs, 182 IDUs, 735 male migrants, 2,235 spouses of male migrants, 10,553 clients of FSWs, and 130 MSM/TG. 22,704 people tested and received post-test counseling, 291 diagnosed positive. 44 people under 5 years old, 160 people between 5-14 years old and 22,500 people aged 15 and above.

Comment: Overall achievement exceeds by 3.2%. Achievement is high among females. Of the total people served, 81% were newly reached service seekers. Of the total 22,839 people served in VCT sites, 99.7% were provided pre-test counseling and tested for HIV and 99.48% received results after post-test counseling. Of those who were tested, about 1% were children below the age of 15 years. A total of 291 people (1.28%) people among who received results after post-test counseling tested HIV positive from SSP clinics.

Indicator: Number of service outlets for palliative care

- 52 outlets.

Indicator: Number of outlets providing counseling and testing

- 51 outlets

Indicator: Number of USAID assisted service outlets providing STI treatment

- 50 outlets

Indicator: Percent of USG-assisted service delivery points providing family planning (FP) counseling and/or services

- 100% of the clinic sites have provided FP counseling, commodities or referral services during this reporting period. This doesn't include DICs/outreach condom availability

Indicator: Number of people received FP counseling

- 6,281 people received FP counseling from the SSP sites.

Comment: Roll out of FP counseling services began from mid Aug 2012. Total 21,476 people were screened, 8,179 (38%) people have responded that they were currently using any modern FP method in their first visit to the clinic.

Indicator: Number of people received any FP method by methods

- 216 people received OCP and 221 people received injectable; 6 people received IUCD and 19 people received Implant.

Comment: Of the total 462 people receiving FP commodities other than condoms, 85% were FSWs, 9% were Spouse of Migrants – Female and 6% were Other Female including a Female IDU. Of the total acceptors, 47% accepted OCPL, 48% accepted injectable, 4% accepted implant and 1% accepted IUCD.

Provision of FP commodities (OCP and Injectable) started in Sep 2013 from few sites and scaled up in all sites from May 2013. Similarly, IUCD and Implant distribution initiated from 7 sites from June 2013

Indicator: Couple Years Protection in USG supported program

- 32117 CYPs

Comment: CYP contributed by Condoms (99%) followed by Implant (0.3%), Injectable (0.21%), OCP (0.16) and IUCD (0.15)

Indicator: Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the defined reporting period of any contraceptive method that the SDP is expected to provide

- 0%. None of the SDPs experienced stock out during this reporting period.

Indicator: Number of additional USG-assisted community health workers (CHWs) providing family planning (FP) information and/or services during the year

- 44 (this includes Staff Nurse, Health Assistant and Counselors from the EIHS sites. Outreach staff and DIC Operators are not counted).

IX. CHALLENGES FACED FOR PLANNED ACTIVITIES

Year two of SSP was remarkable in many ways. In almost all Outcome area, SSP achievement has been excellent except for somewhat delay in Outcome 2. Despite delayed implementation of FP/HIV integration due to institutional dynamics as it required multi-agencies and multi-divisions participation, coordination and collaboration within MoHP and with relevant donor communities in year one of the project, SSP has been able to quickly turn around things as the Technical Advisory Group under the leadership of the DoHS was agreed by the government to facilitate the operationalization of FP/HIV integration in the country. TAG has since then been guiding the integration SSP was able to roll-out first three contraceptives methods through all EIHS sites to gradually training and roll-out of other two FP methods (IUCD and Implant) in a phased manner. In quick succession, SSP has been able to develop a migrant SBC strategy and design migrant specific messages for FP/HIV service demand generation. Likewise, greater efforts were focused on orienting SSP-wide staff training and orientation of FP. Getting all levels of SSP staff, especially at field level to carry FP messages to target population in expected manner is proving hard. To turn this around, SSP has designed on-the-spot backstopping teams and also reviewed and revised OE/CM, CHBC and other training materials targeted to improve their skills and understanding. These were backed up by seven FP method specific FP/HIV messages. This was further supported by innovating games and another 11 messages that relate to the community life to which they can connect easily—such as use of umbrella when in rain. As we look forward to year three, SSP expect to expedite all these measures, including design and demand generation package and target-specific SBC materials.

Integration of FP in government sites such as ART, PMTCT and VCT has been delayed. But TAG has given green signal to priorities 20 PMTCT sites in the first phase. As the project rolls this out from October, it is expected that it will gain further momentum.

Negotiations with the Hotel Association, Restaurant and Bar Association, Massage Parlor Association, Local Police and Authorities to initiate “Safer and Health Workplace” policy created a supportive environment to conduct three workshops in Kathmandu valley, Itahari and Pokhara. After the workshop a safer and healthy workplace guideline is endorsed and local chapters of the safer and healthy workplace formed in each of these areas.

Some of the activities on strengthening the capacity of NCASC were realigned with GF-funded activities and in the process. However, major gains were made as SSP provided TA in the preparation of research agenda, curricula development on training on research ethics for HIV, and support to IBBS.

Activities that were planned but not implemented have now been moved to year 3 and it is anticipated that the most of the activities planned for the year will be successfully integrated.

X. PROSPECTS FOR NEXT YEAR'S PERFORMANCE

The political scenario is uncertain in Nepal as the proposed CA election hangs on balance as an alliance of 33 parties continue to shun political dialogue and embrace the election. As the election date nears, all types of activities in support and against it are planned. Series of bandhs announced for upcoming days highlights the difficulty ahead. If all parties join the election fray, it is likely that the country will transit to a more peaceful environment but if that doesn't happen, uncertainty lies ahead which is likely to impact project performance.

Continued police raid on hotels, restaurants, dance club and bar often makes it difficult to continue to reach out to the target population.

Government is likely to request for 2nd phase support from Global Fund. An investment plan has been prepared following the recommendations of comprehensive review of the national HIV response. Hopefully, the gaps currently identified will be met. After continuation discussion over a year on avoiding CHBC duplication among partners, some positive steps are likely to be taken.

The completion of Phase II roll out of the TOCAT marks a milestone to provide baseline data on the status of SSP IAs. Identified needs and priorities within the realms of SSP are increasingly integrated in SSP's annual work plans and support. Network agencies and their CBOs are prioritized to receive SSP support. Utilization of CB IAs in SSP-wide CB activities is likely gain further momentum as these IAs and relevant staff get more exposure and input from SSP supported activities.

It is also expected that USAID will provide direct fund to at least one of the SSP partner to show-case a transitioning to country platform. This will receive further momentum as the EDPs are likely to lobby and advocate for Country Ownership at the policy level.

Staff attrition with IAs and frequent transfer of the key government officials at all levels could also affect SSP's program implementation as the project works very closely with the government counterparts at all levels.

Over the next 12-month period, the SSP will provide cost-effective and sustainable support to achieve the following key results:

- HIV prevalence among FSW maintained at 2%
- Increase in Contraceptive Prevalence Rate (CPR) among migrant couples to 30% in four migrants focused districts
- FP services fully integrated into HIV services for MARPs in SSP districts
- 28,000 FSWs reached through targeted HIV prevention services
- 40,000 migrants and their wives reached through targeted HIV prevention services
- 8,500 MARPs (FSWs, clients of FSWs, male labor migrants and their wives) treated for sexually transmitted infections (STIs)
- 24,000 MARPs (FSWs, clients of FSWs, male labor migrants and their wives) provided with HIV counseling and testing
- 6,500 PLHIV received a minimum of one clinical services
- 4.9 million condom distributed to key populations

XI. LESSONS LEARNED AND BEST PRACTICES

- Multi-agency involvement in TAG for guiding operationalization of FP/HIV integration need enough time in planning and preparation. Creating enabling environment of FP /HIV integration is time consuming and needs proper planning, coordination and continuous follow-up with government counterparts.
- Frequent transfer of Key government staff critically affects project operations. Within last two years of SSP, four NCASC directors have been changed. Similar changes in other DoHS entities affected composition of TAG which affects further operationalization FP/HIV integration.
- Government's frequent postures and changes in policy statements and guidelines create confusion and delays smooth implementation.
- Motivated and committed staff can provide service to PLHIVs even in most difficult circumstances.
- SSP's FP/HIV integration has been welcomed as a way of providing comprehensive health services in the context of the primary health care.
- Continuous follow-up and mentoring has increased SSP's leveraging effort and many of the target population have benefitted from such support.
- Changing sexual and reproductive intentions of migrant couples of dual protection and dual method use is a time-consuming process as it is related to people's life styles, life chances and their cultural roots.
- Addressing social norms that governs couples sexual and reproductive intentions need a multi-sectoral approach and project-specific interventions may not suffice.
- USAID/SSP's active participation in National HIV and AIDS conference, ICAAP Hub hosting in Kathmandu with participation of large number of stakeholders is much appreciated.
- SSP's TA on IBBS, DQA and M&E, research agenda are proving to be critical in strengthening NCASC's capacity to lead the national response.
- Changing mind-sets of service providers who were trained in one discipline to take another task is not as easy as said. The worker must internalize the need him/herself to help articulate the need to others—target population.

XII. FINANCIAL STATUS

The financial status of the project is given below. In general, overall burn rate is lower than expected for the period. Specifically, lower expenditures are observed in personnel and agreement line items. Other Direct Cost is exceeded than standard burn rate due to adaptation of new method for allocation of resources in which Support staff costs - Admin, Finance, HR, Contracts and IT are now moved from Personnel line item to ODC line item (Service Centre). Indirect charge is exceeded than budgeted as provisional indirect rate is increased this year. A modification request is being prepared and will submit soon to reflect the new indirect cost rate for example.

Budget Vs. Expenditure Until FY13 (July 13)

S. No	Cost Categories	Total Budget	Expenditure			Budget Balance	Burn Rate	Standard Burn Rate	Reason
		Oct '11-Sep '16	Yr 1 Oct '11-Jul '12	Yr 2 Aug '12-Jul '13	Total Expenditure Oct '11-Jul '13				
1	Personnel & Consultants/Fringe Benefits/Allowances	5,725,318	423,536	942,653	1,366,189	4,359,129	24%	37%	FHI 360 adopted new method for allocation of mutually beneficial resources (e.g., shared support staff, shared office costs – rent, utilities, supplies, equipment, vehicles, etc.) across a portfolio of projects/awards funded by multiple sources under Service Center Cost and these costs are charged under Other Direct Cost. Due to this arrangements support staff costs - Admin, Finance, HR, Contracts and IT were moved to ODC line item. Please note that, we also have exchange gain on this line item.
2	Travel & Per Diem/Equipment, Materials &	701,967	118,855	141,000	259,855	442,112	37%	37%	

Budget Vs. Expenditure Until FY13 (July 13)

S. No	Cost Categories	Total Budget	Expenditure			Budget Balance	Burn Rate	Standard Burn Rate	Reason
		Oct '11-Sep '16	Yr 1 Oct '11-Jul '12	Yr 2 Aug '12-Jul '13	Total Expenditure Oct '11-Jul '13				
	Supplies								
3	Agreements	16,456,530	1,723,769	2,683,285	4,407,054	12,049,476	27%	37%	Majority of low burn rate contributed from Jhpiego. There was some low burn rate observed for other implementing agencies including AMDA. Research activities planned for FY13 were moved to FY14 and this contributed to under expenditure. Moreover, there were exchange gains during this period. This contributed low burn rate.
4	Other Direct Costs/Windows of Opportunity	1,847,656	317,629	585,491	903,120	944,536	49%	37%	FHI 360 adopted new method for allocation of resources. As per the new method, Support staff costs - Admin, Finance, HR, Contracts and IT are now moved from Personnel line item to ODC line item (Service Centre) resulted high burn rates.
5	Indirect Charges	2,768,529	509,192	786,296	1,295,488	1,473,041	47%	37%	Indirect charges changed in FY13 (from October 12). A modification request is being prepared to submit USAID for approval.
	Total Budget	27,500,000	3,092,981	5,138,725	8,231,706	19,268,294	30%	37%	

