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G HAR G HAR MAA SWASTHYA

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ACRONYMS AND ABBREVIATIONS

AED	Academy for Educational Development
ASHA	Advancing Surveillance, Policies, Prevention, Treatment, Care and Support to Fight HIV/AIDS
CRS	Nepal CRS Company
ERP	Enterprise Resource Planning
FP	Family Planning
FSW	Female Sex Worker
GIS	Geographic Information System
GPS	Global Positioning System
GON	Government of Nepal
IDF	Institutional Development Framework
IPC	Interpersonal Communication
KAP	Knowledge, Attitudes, and Practices
MARP	Most-at-risk population
MCH	Maternal and Child Health
NFCC	Nepal Fertility Care Center
NGO	Non-governmental Organization
N-MARC	Nepal Social Marketing and Franchising Project: AIDS, Reproductive Health, and Child Survival
OCP	Oral Contraceptive Pill
QA	Quality Assurance
RH	Reproductive Health
SBCC	Social and Behavior Change Communication
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Introduction

USAID's *Ghar Ghar Maa Swasthya* (GGMS), or Healthy Homes project, seeks to graduate Nepal CRS Company (CRS) to become a viable private sector company and to increase the availability and accessibility of health products in select hard-to-reach rural areas. GGMS consists of two components. Under the first component, USAID funds CRS for social marketing activities, focusing on sustainability through commercial marketing in urban areas and promoting subsidized products in the rural, hard-to-reach areas. Under the second component, USAID funds AED to assist CRS in developing and implementing business plans and in designing and implementing behavior change communication activities, such as generic campaigns promoting family planning best practices.

Compliance with US Population Policies

AED gave significant importance to guaranteeing compliance with US population policies. AED worked with CRS to ensure that its programs are being implemented in compliance with these policies. AED held multiple discussions with CRS and USAID concerning anecdotal reports that another organization working with CRS's network of Sangini providers could be in violation of US population policies. At the end of year one, AED will conduct a quality assurance assessment among CRS's network of Sangini providers. Together with program monitoring data collected by the Nepal Fertility Care Center (NFCC), this assessment will be used to further inform CRS's management of compliance with US population policies.

Operational Environment

During this period, AED experienced minimal disruption in activities due to the operational environment in the country. Protests and market disruptions were minimal. Loadshedding remained a constant during the winter months, but AED maintained adequate back up and generator systems to ensure a smooth working office.

Project Achievements

Overall, the GGMS project has progressed as planned during the first six months of the project. AED has not achieved significant progress in two technical assistance indicators, but has plans in place to ensure these indicators are achieved by the end of the project year.

INTERMEDIATE RESULT 1: Increased supply of selected high-quality FP, RH, and MCH commodities and services in hard to reach rural areas through private sector health providers

AED provided routine technical input into the development of marketing tactics for CRS's portfolio of family planning (FP), reproductive health (RH), maternal and child health (MCH) and HIV/STI prevention brand portfolios. AED staff participated on a broad range of technical working groups and committees in HIV/AIDS, FP, RH, and MCH technical areas. CRS is developing a commodity management plan that addresses the prevention of product expiry and the optimal disposal means at the regional level. AED has initiated an overall review of the Sangini network that documents its structure, positive attributes, and areas for improvement. This review will also identify potential strategies to streamline quality assurance activities.

INTERMEDIATE RESULT 2: Increased availability of HIV/AIDS/STI prevention commodities and services among most-at-risk groups in designated hot zones

AED facilitated coordination between GGMS and Advancing Surveillance, Policies, Prevention, Treatment, Care and Support to Fight HIV/AIDS (ASHA) project on a number of areas in order to capitalize on each project's strengths and reduce duplication of effort. AED provided routine inputs and assistance to CRS's marketing plans for CURE STI treatment kits for male urethritis and its third brand of condoms. These inputs included marketing plan frameworks, review of available evidence to inform definition of target groups, and refinement of marketing strategies.

INTERMEDIATE RESULT 3: CRS achieves full cost recovery with at least two products and product cost recovery with at least another two products by the end of the project

A central element to AED's technical assistance to CRS is the improvement of business processes and planning. CRS and AED determined the five-year business plan should be linked with CRS's annual workplan development, a routine process within the organization. CRS and AED will submit the five-year business plan to USAID in May 2011 for approval. AED provided technical assistance to CRS during the development of a plan allowing it to use revenue generated from the sales of commodities during the Nepal Social Marketing and Franchising Project: AIDS, Reproductive Health and Child Survival (N-MARC) for the procurement of oral contraceptive pills and a commercial brand of condoms. Under the N-MARC project, CRS had identified the fragmentation that existed as a major gap in its internal systems. In order to address this issue, CRS and AED determined that an enterprise resource planning (ERP) system should be installed. In addition, AED initiated the adaptation of the Institutional Development Framework (IDF) assessment approach developed by AED's Capable Partners Program.

INTERMEDIATE RESULT 4: Enhanced strategic behavior change communication materials and resources produced

In December 2010, AED initiated social and behavior change communication (SBCC) capacity-building activities by conducting a SBCC assessment with CRS. AED used the SBCC capacity assessment tool developed by the USAID-funded C-Change project. The following areas emerged as needing greater technical assistance: using of research to measure impact, their staff's implementation capacity, collecting and using data for planning, theory-driven planning and design and monitoring and evaluation frameworks. CRS and AED will use the results from the assessment in order to design a path forward to increase CRS's competencies and confidence in these areas.

Project Management

Upon signing the GGMS contract, AED entered into necessary agreements in order to secure the same office space used under N-MARC and maintain uninterrupted offices services (i.e., telephone, internet, insurance, security, etc.). AED capitalized on the on the staff investments during the N-MARC project by bringing nearly the entire team over to the GGMS project. AED prioritized project planning during this period and developed a start-up and deployment plan, joint first-year work plan, performance-based monitoring system, and social inclusion plan. USAID approved all of these plans.

Monitoring and Evaluation

AED worked closely with CRS to integrate geographical information system (GIS) mapping into routine CRS field activities. This activity will allow for GGMS to assess the geographical coverage of outlets stocking CRS products as a complement to indicators currently in the GGMS performance measurement plan (PMP). AED has prepared the methodology for the GIS mapping of high-risk areas and knowledge, attitudes and practices (KAP) surveys that will serve as baseline measurements when assessing GGMS project performance. AED has provided various ad hoc research technical support to CRS in order to better inform implementation of programs.

Challenges and Next Steps

AED faced a number of challenges during the initial six months of the GGMS project, but has taken actions to mitigate the effects of these challenges on delivering project results. These challenges include the new modality of partnership between AED and CRS, balancing immediate and long-term program priorities, USAID's suspension of AED, and delays in hiring the Senior Technical Expert. AED will focus on areas vital to delivering year one objectives, while at the same time setting the foundation for further progress in year two. These areas include conducting critical GGMS procurements, establishing a business planning process with CRS, evaluating GIS mapping integration into CRS field activities, and assessing CRS's distribution system.

INTRODUCTION

USAID's *Ghar Ghar Maa Swasthya* (GGMS), or Healthy Homes project, seeks to graduate CRS to become a viable private sector company and to increase the availability and accessibility of health products in 49 priority hill and mountain districts. The program will assist the GON to expand the depth, reach, and impact of the private sector in social marketing, and provide low-cost MCH, FP, and HIV prevention products and services.

GGMS consists of two components. Under the first component, USAID funds CRS for social marketing activities, focusing on sustainability through commercial marketing in urban areas and promoting subsidized products in the rural, hard-to-reach areas. Under the second component, USAID funds AED to assist CRS in developing and implementing business plans and in designing and implementing behavior change communication activities, such as generic campaigns promoting family planning best practices.

The GGMS project has four primary result areas:

INTERMEDIATE RESULT 1: Increased supply of selected high-quality FP, RH, and MCH commodities and services in hard to reach rural areas through private sector health providers

INTERMEDIATE RESULT 2: Increased availability of HIV/AIDS/STI prevention commodities and services among most-at-risk groups in designated hot zones

INTERMEDIATE RESULT 3: CRS achieves full cost recovery with at least two products and product cost recovery with at least another two products by the end of the project

INTERMEDIATE RESULT 4: Enhanced strategic behavior change communication materials and resources produced

COMPLIANCE WITH US POPULATION POLICIES

AED gave significant importance to guaranteeing compliance with US population policies. AED worked with CRS to ensure that its programs are being implemented in compliance with these policies. AED's Chief of Party for GGMS attended a half-day training on US FP requirements organized by the Senior Policy Advisor, USAID Office of Population and Reproductive Health. The Chief of Party later disseminated key outcomes from this training to AED technical staff. AED held multiple discussions with CRS and USAID concerning anecdotal reports that another organization working with CRS's network of Sangini providers could be in violation of US population policies. AED contacted the organization's Country Director regarding these reports and received assurance that measures were in place to maintain compliance with US population policies.

At the end of year one, AED will conduct a quality assurance assessment among CRS's network of Sangini providers. Together with program monitoring data collected by the NFCC, this assessment will be used to inform for CRS's management of compliance with US population policies.

OPERATIONAL ENVIRONMENT

During this period, AED experienced minimal disruption in activities due to the operational environment in the country. Protests and market disruptions were minimal. Loadshedding remained a constant during the winter months, but AED maintained adequate back up and generator systems to ensure a smooth working office. AED revised its *Safety and Security Contingency Plan* to account for the current operational environment.

PROJECT ACHIEVEMENTS

Overall, the GGMS project has progressed as planned during the first six months of the project. Table 1 summarizes AED's progress on specific PMP indicators related to technical assistance to CRS.

Table 1: Summary of AED progress on specific technical assistance PMP indicators

INTERMEDIATE RESULTS	INDICATOR	TARGET	PROGRESS
IR 1: Increased supply of selected high-quality FP, RH, and MCH commodities and services in hard-to-reach rural areas through private sector health providers			
Sub IR1.1: Increased availability of selected quality FP and MCH commodities in rural, hard to reach areas	Number of dialogue meetings held	48	✓
	Number of baseline contextual assessments completed	5	✓
	Number of collaborative plans submitted on time	5	✓
IR 2: Increased availability of HIV/AIDS/STI prevention commodities and services among most-at-risk groups in designated hot zones			
Sub IR 2.1: Increased availability of commercial condoms in traditional and non-traditional outlets of hot zones	Number of dialogue meetings held with commercial partners	12	✗
Sub IR 2.2: Increased accessibility of subsidized social marketed condoms for FSWs	Numbers of dialogue meetings held with HIV stakeholders	12	✓
IR 3: CRS achieves full cost recovery with at least two products and product cost recovery with at least another two products by the end of the project			
Sub IR 3.2: CRS financial management system disaggregates accounting by	Number of financial reports produced by CRS without the assistance with AED	4	✓

products and donor support	Number of CRS staff trained in cost accounting	10	✘
Sub IR 3.3: Increased collaboration between private sector, donors, USAID partners, and GON public sector health services in FP, MCH, HIV/AIDS and STI prevention products and services	Number of meetings and interaction sessions conducted	6	✔
IR 4: Enhanced strategic behavior change communication materials and resources produced			
Sub IR 4.3: Increased number of marketing and strategic BCC activities implemented by CRS with minimal TA assistance	Number of CRS staff trained in BCC, marketing and sales	6	✔

✔ Indicates progress on track to achieve annual target based on previous achievements

✘ Indicates progress is not yet on track to achieve the annual target based on previous achievements

As Table 1 indicates, AED is on track to achieve most technical assistance related indicators. There are two indicators where AED is behind in terms of achieving the annual target:

- **Number of dialogue meetings held with commercial partners:** AED has yet to embark on engaging commercial sector partners to increase marketing and distribution activities in hot zones, because this activity is planned to begin during the end of the third quarter of the project year.
- **Number of CRS staff trained in cost accounting:** AED planned to coordinate this activity with the implementation of the new ERP system within CRS. Delays in procuring of the software and services for the ERP system as a result of the USAID's suspension of AED have also resulted in the delaying of this training. Once the ERP system is introduced within CRS, complementary cost accounting training will be completed accounting for the new system.

Details of achievements for each intermediate result are below.

INTERMEDIATE RESULT 1: Increased supply of selected high-quality FP, RH, and MCH commodities and services in hard to reach rural areas through private sector health providers

Technical inputs into marketing activities

AED provided routine technical input into the development of marketing tactics for CRS's portfolio of FP, RH and MCH brands. AED staff were on the selection committee for CRS's procurement of advertisement agency services, and have engaged CRS and its advertisement agencies on key discussions related to specific marketing initiatives and media releases planned for project year one.

Participation in Government of Nepal (GON) technical meetings

AED staff participated on a broad range of technical working groups and committees in HIV/AIDS, FP, RH, and MCH technical areas. Such groups included National Family Planning Subcommittee, Safe Motherhood and Neonatal Health Subcommittee, National Commodity Forecasting Meetings, Family Planning Communication Strategy Meeting, and the Annual Reproductive Health Review Meeting. AED led the newly established thematic group for public-private partnerships for the Annual Reproductive Health Review meeting. This group brought together multiple organizations working with private health providers to showcase collective achievements, highlight challenges, and recommend a path forward to stimulating greater public and private sector collaboration.

Management of expired commodities

CRS retains a significant amount of expired commodities at both the central and regional levels. The majority of these commodities are condoms procured prior to July 2006 by a previous implementing partner of USAID. AED held numerous meetings with CRS to explore new approaches to reduce the environmental impact of disposing of expired commodities. As a result of these meetings and further discussions held with USAID, CRS is developing a commodity management plan that addresses the prevention of product expiry and the optimal disposal means at the regional level. This plan will be submitted to USAID for approval in the coming quarter.

Quality Assurance

Under GGMS, CRS contracts out quality assurance monitoring and training activities to NFCC. NFCC uses the quality assurance tools developed under the N-MARC project. AED and CRS have held numerous meetings to discuss the quality assurance mechanisms in place for Sangini providers. While major changes have not been implemented, AED has initiated an overall review of the Sangini network that documents its structure, positive attributes, and areas for improvement. This review will also identify potential strategies to streamline and strengthen quality assurance activities. In the fourth quarter of the project year, a quality assurance assessment will be carried out among Sangini providers to determine the quality of services provided through the network. This assessment will also be used to inform any corrective actions required to increase the effectiveness of the GGMS quality assurance strategy.

INTERMEDIATE RESULT 2: Increased availability of HIV/AIDS/STI prevention commodities and services among most-at-risk groups in designated hot zones

Engagement with HIV stakeholders

AED's Monitoring and Evaluation Advisor attended a three-day workshop organized by the Ministry of Health and Population for dialogue among key stakeholders on the national HIV research agenda. The objectives of the workshop were to:

1. Share the progress of strategic information (data) available in response to HIV in Nepal in terms of prevention, treatment, care and support.
2. Explore the national HIV research agenda for Nepal to better inform and guide planning, program implementation, and performance monitoring

3. Outline a framework for leadership and management of a national HIV operational research agenda in Nepal

The workshop has enabled AED to frame HIV-related research activities under GGMS within this overall research agenda. In addition, the workshop has led to furthering dialogue between GGMS and the World Health Organization and the United Nations Development Program on coordination in research and potentially on advancing activities related to CRS's STI treatment kit for male urethritis.

Facilitating coordination with the ASHA Project

AED facilitated coordination between the GGMS and ASHA projects on a number of areas in order to capitalize on each project's strengths and reduce duplication of effort. These areas included:

- **Inclusion of negotiation skills training module to CRS's inter-personal communication (IPC) activities:** AED connected CRS's training officer to ASHA technical staff in order assist CRS in incorporating a condom negotiation skills module into its existing IPC programs with female sex workers.
- **Linking CRS to ASHA project partners along highways:** In January 2011, CRS launched its CURE STI treatment kit for male urethritis in 103 Sangini outlets along the east-west highway. The ASHA project already supports a number of non-governmental organizations working along these highways. CRS is currently finalizing how they can take advantage of ASHA's existing presence along the east-west highway in order to generate awareness of and demand for CURE.
- **Increasing availability of CRS's condom brands through ASHA drop-in centers:** ASHA-supported drop-in centers have experienced significant demand for socially marketed brands of condoms. AED established a connection between ASHA and CRS to ensure that CRS provided an uninterrupted supply of its condom brands to these centers. CRS and ASHA field staff are coordinating to ensure availability of CRS's condom brands at ASHA-supported drop-in centers.

CURE and third brand of condoms marketing plan inputs

AED provided routine inputs and assistance to CRS's marketing plans for CURE STI treatment kits for male urethritis and its third brand of condoms. These inputs included marketing plan frameworks, review of available evidence to inform definition of target groups, and refinement of marketing strategies. AED provided technical inputs for the launch event of CURE in Ittahari district, and the AED Chief of Party attended and gave remarks at the event.

INTERMEDIATE RESULT 3: CRS achieves full cost recovery with at least two products and product cost recovery with at least another two products by the end of the project

Development of CRS's five-year business plan

A central element to AED's technical assistance to CRS is the improvement of business processes and planning. CRS's five-year business plan will play a central role in CRS's transformation over the course of the GGMS project and beyond. In order to ensure that CRS has ownership over the business plan and to integrate business planning as a tool for

organizational development, CRS and AED determined the five-year business plan should be linked with CRS's annual workplan development, a routine process within the organization. Linking business planning to an established process within CRS will create greater ownership and longevity of the document. In addition, much like the workplan process, the development of a five-year business plan can be replicated year after year to reinforce the importance of having a renewable long-term business perspective for the organization that accounts for annual changes. CRS and AED will submit the five-year business plan to USAID in May 2011 for approval.

CRS's procurement of oral contraceptive pills (OCPs) and condoms with product revenue

AED provided technical assistance to CRS during the development of a plan allowing it to use revenue generated from the sales of commodities during the Nepal Social Marketing and Franchising Project: AIDS, Reproductive Health and Child Survival (N-MARC) for the procurement of oral contraceptive pills and a commercial brand of condoms. USAID approved this plan. As a first step, AED assisted CRS to develop a scope of work and select a consulting organization to provide services related to the international procurement of OCPs and condoms.

Upgrading CRS's internal management systems

The quality of the systems upon which CRS relies to make key business decisions determines its progress towards becoming an independent and sustainable organization. Under the N-MARC project, CRS had identified the fragmentation that existed as a major gap in its internal systems. For instance, CRS has separate financial, management information systems, and logistics management systems. In order to address this issue, CRS and AED determined that an enterprise resource planning (ERP) system should be installed. An ERP system integrates internal and external management information across the entire organization, encompassing finance, logistics, sales, human resources, etc. This integration is created through a software application that facilitates the flow of information between business units and with outside stakeholders.

AED facilitated the establishment of a team within CRS to introduce a new ERP system. The team engaged various business units to identify information needs and selected an ERP system that would enable CRS to address these needs. AED is in the process of finalizing a request for proposals for this system, and plans to proceed with the procurement of software and relevant training and technical support once the procurement is authorized by USAID.

Addressing CRS's institutional development needs

AED initiated the adaptation of IDF assessment approach developed by AED's Capable Partners Program. AED has drawn upon the expertise of the Capable Partners Program and will utilize an expert from the Program for implementation of the IDF with CRS. The IDF will serve as an ongoing assessment tool used semi-annually for CRS, AED, and USAID to assess progress toward reaching CRS goals. CRS staff will be trained to use the IDF to assess the progress of their own units. Following the introduction of the IDF, specific STTA from local or regional organizations will be sought to advance CRS's development.

INTERMEDIATE RESULT 4: Enhanced strategic behavior change communication materials and resources produced

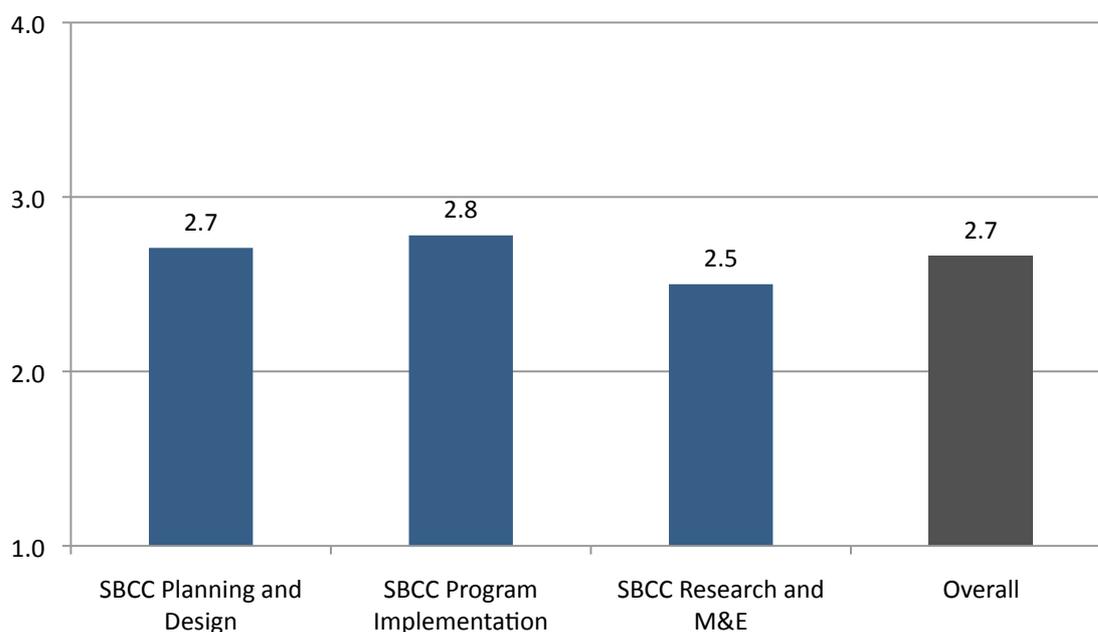
In December 2010, AED initiated SBCC capacity-building activities by conducting a SBCC assessment with CRS. This participatory workshop engaged CRS senior management, marketing and field staff involved in SBCC activities to identify organizational strengths and weaknesses in SBCC.

AED used the SBCC capacity assessment tool developed by the USAID-funded C-Change project. This tool allows an organization to self-assess across three primary dimensions: SBCC planning and design, SBCC program implementation, and SBCC research and monitoring and evaluation. Each of these dimensions is broken down into multiple components. As a group, CRS evaluated how well they performed in each component using the following rating system:

- 4 = Yes/Always
- 3 = Most/Frequently
- 2 = Some/Sometimes
- 1 = No/Never

The ratings for each individual component are averaged together to create an overall measure of each of the three dimensions. Figure 1 summarizes CRS's self-assessment of its SBCC capacity across the three dimensions.

Figure 1: Summary of CRS's SBCC capacity assessment



The following areas emerged as needing greater technical assistance: using of research to measure impact, their staff's implementation capacity, collecting and using data for planning, theory-driven planning and design and monitoring and evaluation frameworks. The SBCC capacity assessment was the first step in a systematic process to enhance CRS's SBCC

capabilities. CRS and AED will use the results from the assessment in order to design a path forward to increase CRS's competencies and confidence in these areas.

PROJECT MANAGEMENT

The first six months of the GGMS project focused on start-up activities:

- Office operations
- Staffing
- Project planning

Office operations

AED's ability to retain the office used under N-MARC allowed for a rapid transition. Upon signing the GGMS contract, AED entered into necessary agreements in order to secure the same office space and maintain uninterrupted offices services (i.e., telephone, internet, insurance, security, etc.). AED transferred all N-MARC-related assets (i.e., equipment, vehicles) to the GGMS project. Procurement of new equipment and supplies specifically for GGMS was completed using competitive bidding processes. In addition, AED conducted a review of its management and internal controls within its GGMS office as part of start-up activities.

Staffing

AED capitalized on the on the staff investments during the N-MARC project by bringing nearly the entire team over to the GGMS project. AED retained two key personnel from the N-MARC project: Peter Oyloe as Chief of Party and Anjeeta Shrestha as Finance and Administration Director. The third key personnel position, Senior Technical Expert, has not been filled to date. AED conducted an exhaustive search process, identified a highly qualified candidate, and submitted the candidate to USAID for approval. AED is waiting for USAID approval of this individual.

In terms of technical and program positions, AED retained Arinita Maskey Shrestha as SBCC Advisor and hired Dr. Prakash Dev Pant as the Monitoring and Evaluation Advisor. Dr. Pant performed a similar function under the N-MARC project in a position outsourced to MITRA Samaj. All finance and administration staff remained the N-MARC project.

Project planning

Start-up and deployment plan

AED developed a start-up and deployment plan to facilitate its rapid transition from N-MARC to GGMS. USAID approved this plan. All activities in this plan were completed with the exception of the hiring of the Senior Technical Expert as described above.

Joint first-year workplan

AED and CRS jointly developed a first-year work plan. This entailed an AED-facilitated two-day workplanning workshop to finalize plan format and key priority areas. Routine joint workplanning sessions followed. USAID approved the joint first-year workplan.

Performance-based monitoring system

AED and CRS jointly developed the GGMS performance-based monitoring system. This system includes a PMP and performance indicator reference sheets for each indicator in the PMP. USAID has approved the joint performance-based monitoring system. The PMP is included in Annex I.

Social inclusion plan

AED developed and finalized its social inclusion plan for the GGMS project. Key activity areas include:

- **Staffing and diversity coaching:** AED has attempted to represent Nepal's diversity within its GGMS staff, which is 5/5 male/female representing the Brahmin, Newar, and Janjati communities while its activities have reached many more of Nepal's diverse groups. CRS has a similar commitment to diversity, recognizing that many groups have limited "access to social space, productive resources, and national governance, resulting in marginalization and disadvantages to these people." AED is working closely with CRS to review existing practices, refine its diversity management efforts based on the latest thinking and to harness its diversity for programmatic impact.
- **Intern program:** AED is designing an intern program that gives members of traditionally unrepresented groups an opportunity to build their skills and enhance employability. Approximately 14 interns will be selected for work periods from three to six months with special efforts made to link them to sources of continued employment. The program will focus on hands-on experience in field situations throughout the country, rather than on "job shadowing" with GGMS staff. GGMS will organize the selection process (after defining criteria with USAID), hold a week-long orientation briefing at the start of the internship (groups of 3+4+4+3 in Years 2-5), a lessons learned and career planning review at the end of the internship, and will have a few interns spend around a month on a GGMS activity.
- **Mainstream gender and Social inclusion approaches into GGMS activities:** AED will mainstream gender and social inclusion approaches into GGMS activities. GGMS will have its major impact on diversity and gender through its target audiences and partners.

MONITORING AND EVALUATION

Integration of GIS mapping into CRS field activities

GGMS has three indicators in its PMP to assess progress towards achieving greater distribution coverage of 49 priority districts with CRS products:

Indicator 1.1.3: Number of new outlets (opened) in 16 mountain and 33 hill districts selling USAID-subsidized condoms, supplied directly by CRS

Indicator 1.1.4: Number of existing outlets in 16 mountain and 33 hill districts resupplied with USAID subsidized condoms, supplied directly by CRS

Indicator 1.1.5: Number of Sangini outlets in 49 hill and mountain districts

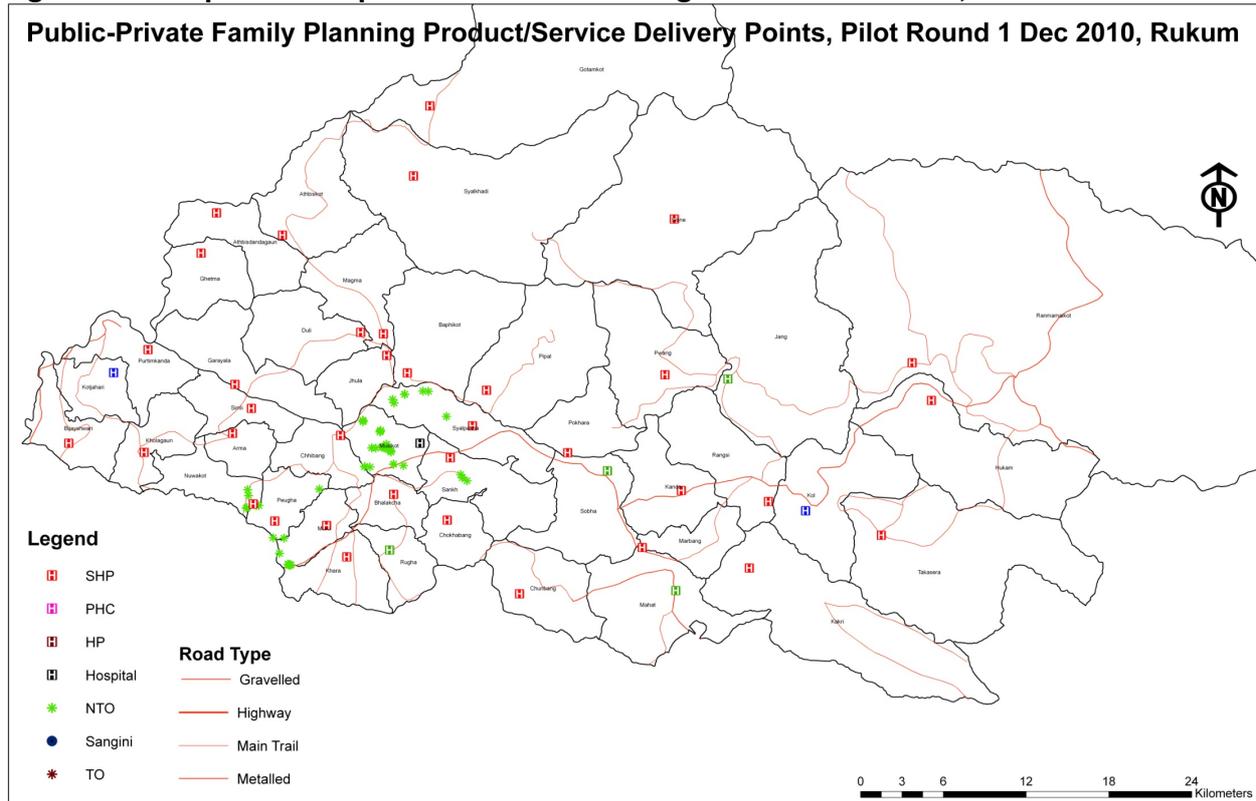
While these indicators measure the number of outlets opened and/or resupplied in the 49 priority districts, they do not provide an understanding of geographical coverage of the outlets at a district or village development committee level.

In order to complement these data sources, GGMS is using geo-spatial information to document the geographical coverage of outlets selling CRS condoms. GIS mapping allows for the collection and analysis of geo-spatial data to assess program and/or product coverage. In addition to collecting geo-spatial data on outlets selling CRS condoms, GGMS collects geo-spatial data for public sector and non-governmental health facilities. The use of this geo-spatial information will allow GGMS project management to determine the degree to which individual districts are covered by outlets selling CRS condoms and public sector and NGO service delivery points thus allowing for the identification of potential gaps in coverage that need to be addressed.

The approach used to integrate GIS mapping into routine CRS field activities included multiple steps described below:

- **Development of program concept:** CRS and AED officials designed a phased approach to introduce GIS mapping into routine field activities. The mid-western development region was selected as the phase I region. After three months of implementation, lessons learned would be gathered and the approach would be corrected as needed in preparation for scaling up the mapping activity into other geographic regions.
- **Training of CRS field staff:** AED trained CRS Field Officers in using Global Positioning System (GPS) units and the data collection forms at their respective CRS area offices. The training topics included review of data collection forms, data collection and reporting processes, and detailed overview of GPS units. In addition, a practical exercise in using the GPS units was conducted to ensure all Field Officers are confident in using it.
- **Data collection:** In December 2010, AED provided data collection forms to the Nepalgunj field staff. During visits to outlets for opening, resupply or other reasons, CRS Field staff filled out the data collection instrument. One data collection form was used for each day. At the end of December, Field Officers submitted completed forms to the Area Manager.
- **Data processing and analysis:** The Area Manager had the data inputted into an Excel spreadsheet. This spreadsheet was sent to AED for data analysis and mapping of GPS coordinates.

The first round of data collection and analysis are complete. CRS's field staff effectively collected GIS data for the outlets as part of their routine activities. In December, CRS collected 601 GPS coordinates of outlets stocking CRS products. A sample map created with data these coordinates is found in Figure 2.

Figure 2: Sample GIS map of CRS outlet coverage in Rukum district, December 2010

AED is currently analyzing data collected from January 2011. AED and CRS will review these first two months of data and determine the value and potential process for expanding GIS mapping to other regions.

GIS Mapping of High-risk Areas

AED built upon the success of GIS mapping of high-risk areas under the N-MARC project by expanding its mapping approach to include most-at-risk populations other than female sex workers and their clients. The methodological approach will now capture those geographical areas where injecting drug users and men who have sex with men are known to be engaging in high-risk behaviors. AED has shared this revised approach with the ASHA project, which has provided valuable details on locations where these additional groups are known to be active. Once authorization is received to proceed with the procurement of services to perform the study, AED will engage other stakeholders for their input into the survey design and instrument.

Knowledge, Attitudes and Practices (KAP) Survey in 49 GGMS Priority Districts

AED has developed the methodology for the upcoming KAP survey to be conducted in 49 GGMS priority districts. Results from the survey will serve two purposes:

1. Provide baseline measures for the GGMS performance measurement plan
 - a. IR 4.1.1: Percentage of women of reproductive age who are currently using a modern method of contraception

- b. IR 4.1.2: Percentage of currently married women of reproductive age (15 to 49 years) who know where to get selected MCH commodities
2. Inform the development program strategies to achieve the objective above.

Once authorization is received to proceed with the procurement of services to perform the survey, AED will engage other stakeholders, and in particular USAID partners, for their input into the survey design and instrument.

Ad hoc Research Technical Support to CRS

AED has provided ad hoc research technical support to CRS in order to better inform implementation of programs. Some examples include synthesis and presentation of previous research on willingness to pay data for condoms and oral contraceptive pills, analysis of HIV behavioral research to ascertain relevant knowledge and attitudes towards condoms in preparation of the third brand of condoms marketing strategy, and literature review of available studies related to STI treatment-seeking behaviors of transport workers.

CHALLENGES AND NEXT STEPS

Challenges

AED faced a number of challenges during the initial six months of the GGMS project, but has taken actions to mitigate the effects of these challenges on delivering project results.

New modality of partnership between AED and CRS

The transition from N-MARC to GGMS signified a major shift in USAID's support for social marketing with the funding of two distinct, yet integrated components for CRS and AED. Under N-MARC, CRS was a subcontractor to AED, whereas under GGMS, CRS and AED have no direct contractual arrangement. This approach has elevated CRS to being a direct recipient of USAID funding, and is indicative of the progress it has made over the past four years. The change of contractual arrangement between CRS and AED necessitated a change in the working relationship between the organizations. AED has approached this change by first reinforcing its technical assistance role with CRS and encouraging honest dialogue on how AED can better serve CRS as a partner. AED holds routine meetings with CRS senior management and encourages open dialogue and critique of its performance. To date, the transition into this new partnership dynamic has progressed smoothly, and AED will continue to foster transparency in communication and reflective discussion with CRS.

Balancing immediate and long-term priorities

Balancing immediate programmatic priorities and longer-term organizational sustainability for CRS will be critical to ensure success of GGMS. Achieving this balance is challenging, given the overwhelming number of immediate demands placed on CRS's senior management, both from within the organization and from outside. A key role for AED in moving forward will be to assist CRS's senior management in understanding the value of longer-term objectives in the face of significant immediate pressures.

USAID Suspension of AED

The USAID suspension of AED on December 8, 2010 has had some impact on AED's ability to carry out activities. In particular, AED's ability to procure services needed for GGMS has been restricted. These include short-term technical assistance for CRS in social and behavior change communications and institutional development and business planning, procurement of enterprise resource planning software and technical support, procurement of research services to analyze retail market audit data and conduct GIS mapping of hot zones and KAP surveys.

AED has taken a number of measures to minimize the effects of restrictions related to the suspension. While procurements have not been authorized, AED has prepared all the necessary documents to move procurements forward as soon as authorization is given. In addition, AED technical staff have focused on working with CRS in areas that are not reliant on external services such as technical support in marketing initiatives, orientations on using research for program planning, and trainings on GIS mapping.

Delays in hiring Senior Technical Expert

The delays in filling the Senior Technical Expert key personnel position has resulted in a reduction in the intensity and breadth of technical assistance provided to CRS, compared to the original plan. The Chief of Party and other technical staff have assumed responsibilities that would have been assigned the Senior Technical Expert. While progress on immediate priorities has been achieved, some of the longer-term institutional development activities planned for CRS have not advanced without the presence of the Senior Technical Expert.

Next Steps

AED will focus on areas critical to delivering year one objectives, while at the same time setting the foundation for further progress in year two.

Conduct critical GGMS procurements

As mentioned above, the suspension of AED has stalled authorization to move forward with critical procurements. Once authorization is received, AED is poised to rapidly roll these procurements out to minimize the effect on the project.

Establish business planning process with CRS

The establishment of a formalized business planning process within CRS is pivotal to its long-term sustainability. In early March, CRS and AED will establish the process by which the five-year business plan will be developed, including key milestones of progress through the May submission deadline.

Evaluate GIS mapping integration into CRS field activities

Following the analysis of the second round of GIS data collection by CRS field staff, AED and CRS will review the activity to date and determine the value of expanding it to other regions. If deemed valuable, the review team will design an approach to cost-effectively enlarge the scope of this effort.

Assessment of CRS's Distribution System

CRS's distribution system is unparalleled in Nepal for medical products. With the focus of GGMS on 49 priority hill and mountain districts, assessing the reach of CRS's existing distribution system to these areas and the costs associated with it are necessary for maintaining long-term cost-efficiency. AED will support an assessment of CRS's distribution system and identify ways to create greater efficiencies while at the same time maximizing coverage.

ANNEX I

Intermediate Results	Indicator	Targets					Means of Verification	Responsibility	
		3 months	2011	2012	2013	2014			2015
IR 1: Increased supply of selected high-quality FP, RH, and MCH commodities and services in hard to reach rural areas through private sector health providers									
Sub IR 1.1: Increased Availability of selected quality FP and MCH commodities in rural areas hard to reach area	CYP achievement	68,352	339,539	337,754	364,997	392,173	320,120	CRS MIS report	CRS
	Sales of MCH products								
	Nava Jeevan (oral rehydration salts)	700,000	3,000,000	3,000,000	3,000,000	3,000,000	2,250,000	CRS MIS report	CRS
	PIYUSH (point-of-use water chlorination)	38,876	73,324	99,220	109,142	120,056	96,631	CRS MIS report	
	Sutkeri Samagri (clean delivery kit)	24,831	120,000	166,267	182,052	199,416	162,148	CRS MIS report	
	Virex (chlorine disinfection powder)	2,961	129,991	117,571	129,328	142,261	114,503	CRS MIS report	
	Number of new outlets (opened) in 16 mountain and 33 hilly districts selling USAID subsidized condoms, supplied directly by CRS		600	1,150	1,700	1,110	0	CRS MIS report	CRS
	Number of existing outlets in 16 mountain and 33 hilly districts resupplied with USAID subsidized condoms, supplied directly by CRS		2,004	2,604	3,754	5,454	6564	CRS MIS report	CRS
	Number of Sangini service providers in 49 hilly and mountain districts		900	900	900	900	900	Program Report	CRS
	Number of dialogue meetings held		48	36	36	36	24	Program Report	AED
	Number of baseline contextual assessments completed		5	8	7	3	3	Program Report	AED
Number of collaborative plans submitted on time		5	2	2	2	2	Program Report	CRS/AED	
Sub IR 1.2: Improved systems for quality	Percentage of franchise outlets that meet minimum quality assurance standards for FP/MCH product and provision of care.		54	60	65	65	65	QA Assessment	CRS

assurance and waste management related to FP and MCH products and services delivered through CRS	Number of people trained in FP/RH with USG funds, disaggregated by gender		900	250	250	250	250	Program Report	CRS
IR 2: Increased availability of HIV/AIDS/STI prevention commodities and services among most-at-risk groups in designated hot zones									
Sub IR 2.1: Increased availability of commercial condoms in traditional and non-traditional outlets of hot zones	Percentage of condom-selling outlets in hot zones stocking commercial brand of condoms, disaggregated by brand		25	30	35	40	45	GIS Mapping Survey	AED
	Numbers of dialogue meetings held with commercial partners		12	24	24	24	24	Program Report	AED
Sub IR 2.2: Increased accessibility of subsidized social marketed condoms for FSWs	Percentage of hot spots with at least one condom-selling outlet within 100 meters		45	50	55	62	70	GIS Mapping Survey	AED
	Numbers of dialogue meetings held with HIV Stakeholders		12	24	24	24	24	Program Report	CRS/AED
Sub IR 2.3: Increased availability of STI treatment products in traditional outlets	Number of STI treatment kits (Cure) for male urethritis sold through selected traditional outlets along highway routes		7,300	16,425	16,425	16,425	16,425	CRS MIS report	CRS
	Number of people trained on STI treatment kits for male urethritis		100	TBD	TBD	TBD	TBD	Program Report	CRS
Sub IR 2.4: Percentage coverage of geographically defined hot zones with quality condoms and STI treatment products	Percentage of hot zones with one condom-selling outlet per five hot spots		50	55	60	66	80	GIS Mapping Survey	AED
	Percentage of hot zones with one STI treatment-selling outlet per five hot spots		40	50	60	60	70	GIS Mapping Survey	AED
IR 3: CRS achieves full cost recovery with at least two products and product cost recovery with at least another two products by the end of the project (CRS and TA to determine these target figures in the Five-year Strategic Business Plan for CRS within six months of award)									
Sub IR 3.1:	Number of products that achieve full		0	1	1	4	4	Program Report	CRS

Increased use of better business models, tools, and techniques for cost recovery and surplus revenue	cost-recovery		0	1	1	4	4	Program Report	CRS
	Number of products that achieve product cost-recovery		5	6	8	8	8	Program Report	CRS
	Ratio of CRS product costs to USAID product costs		6%	33%	40%	56%	80%	Program Report	CRS
	USAID shared cost ratio		94%	81%	79%	72%	65%	Program Report	CRS
Sub IR 3.2: CRS financial management system disaggregates accounting by products and donor support	Number of financial reports produced by CRS without the assistance of AED		4	12	16	16	16	Program Report	CRS
	Number of CRS staff trained in cost accounting		10	10	10	0	0	Program Report	AED
Sub IR 3.3: Increased collaboration between private sector, donors, USAID partners, and GON public sector health services in family planning, maternal and child health and HIV/AIDS and STI prevention products and services	Number of meetings and interaction sessions conducted.		6	12	12	12	12	Program Report	CRS/AED
IR 4: Enhanced strategic behavior change communication materials and resources produced									
Sub IR 4.1: Enhanced awareness and positive attitude change concerning selected quality FP and MCH behaviors in rural, hard to reach areas	Percentage of married persons (men and women) who can identify at least three modern methods of contraception.		50%		TBD		TBD	KAP Survey	AED
	Percentage of married persons (men and women) who know where to get selected MCH commodities		50%		TBD		TBD	KAP Survey	AED
	Number of people reached with FP/RH messages with support from USG funding, disaggregated by gender		850	1,000	1,000	1,000	1,000	Program Report	CRS
	Number of people reached with MCH messages, disaggregated by gender		850	1,000	1,000	1,000	1,000	Program Report	CRS

Sub IR 4.2: Enhanced awareness and positive attitude change concerning selected HIV/AIDS prevention behaviors in urban hot zone areas	Number of people reached with HIV prevention messages with USG funds, disaggregated by gender		1,810	2,000	2,000	2,000	2,000	Program Report	CRS
Sub IR 4.3: Increased number of marketing and strategic BCC activities Implemented by CRS with minimal TA assistance	Number of CRS staff trained in BCC, marketing and sales		6	10	10	5	5	Program Report	AED
Sub IR 4.4: Increased availability of strategic BCC resources, products for key health and FP issues to be identified by the COTR for purpose beyond those addressed by CRS	TBD								