



USAID | **NEPAL**
FROM THE AMERICAN PEOPLE

Saath-Saath Project

Annual Report

(October 2011-July 2012)

September 2012

Submitted by

Saath-Saath Project

Gopal Bhawan, Anamika Galli

Baluwatar – 4, Kathmandu

Nepal

T: +977-1-4437173

F: +977-1-4417475

E: fhinepal@fhi360.org

FHI 360 Nepal

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

USAID/Nepal Country Assistance Objective Intermediate Result 1 & 4

Table of Contents

LIST OF ACRONYMS	I
EXECUTIVE SUMMARY	IV
I. INTRODUCTION	1
II. PROGRAM MANAGEMENT	2
III. TECHNICAL PROGRAM ELEMENTS (PROGRESS BY OUTCOMES).....	5
IV. SECURITY ANALYSIS	25
V. PROJECT VISITS	27
VI. TECHNICAL PRESENTATIONS	28
VII. M&E UPDATE	29
VIII. CHALLENGES FACED FOR PLANNED ACTIVITIES	31
IX. PROSPECTS FOR NEXT YEAR'S PERFORMANCE	32
X. LESONS LEARNED AND BEST PRACTICES.....	34

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
CMU	Central Management Unit
COFP	Comprehensive Family Planning
COP	Chief of Party
CWES	Child and Women Empowerment Society
DACC	District AIDS Coordination Committee
DDC	District Development Committee
DEC	Development Experience Clearinghouse (USAID website)
DIC	Drop-in Centre
DHO	District Health Office
DOHS	Department of Health Services
DOTS	Directly Observed Treatment Shortcourse
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
FHD	Family Health Division
FHI	Family Health International
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
HSCB	HIV/AIDS and STI Control Board
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
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
TOR	Terms of Reference
TSDA	Thagil Social Development Association
TTF	Transitional Task Force
TWG	Technical Working Group
TUTH	Tribhuvan University Teaching Hospital
UCAAN	Universal Access for Children Affected by AIDS
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
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

This is the first -annual report of United States Agency for International Development (USAID)-funded Saath-Saath Project and it covers the time period of (October 2011- July 2011). The five-year project was initiated on October 1, 2011 with FHI 360 as prime organization, AMDA and Jhpiego as core partners. In this reporting period, apart from the core partner, SSP worked through 41 local partner implementing agencies (IAs). The project currently operates in 33 districts (See Figure 1 on Geographical Coverage of SSP). Three districts were added in the latter part of the year, in consultation with NCASC and USAID after identifying the gaps and also to improve coverage of districts in line with the national HIV AIDS strategy.

Table 1 shows the coverage of districts by the program components and timing of the first year of SSP operation.

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

Component	# of districts	
	1st Semi-annual period	2nd Semi- annual period
Female sex workers	23	25
Migrants	1	4
CBHC	13	20
Positive Prevention	7	13
Overall project coverage	30	33

USAID organized a launch of the project for key stakeholders which provided an excellent opportunity to share the approaches and activities of the projects. SSP team and USAID held a meeting with all staff members of NCASC to provide them more detailed information of the project. Similar meetings were organized with other stakeholders as well.

One of the key highlights of this reporting period was the visit to project site and involvement in World AIDS Day 2012 activities by the Executive Director of US President Obama's Global Health Initiative (GHI) Ms. Lois Quam along with USAID/Nepal's Mission Director Mr. David Atteberry and Office of Health and Family Planning Director Ms. Shanda Steimer and other USAID/Nepal staff.

Mr. Todd Sorenson, Deputy Director of South and Central Asian Affairs at USAID/Washington visited SSP activities being implemented by the Community Action Center (CAC), Bhaktapur and interacted with the target beneficiaries. He was accompanied by Ms. Shanda Steimer, Director, Office of the Health and Family Planning and other USAID/Nepal staff.

Dr. Paul Farmer, the head of Partners in Health, a well-known and well-read public health expert, visited GaRDEF in Achham district and observed Community based prevention of mother to child transmission (CBPMTCT) activities.

During May 14-17, Tricia Petruney, Senior Technical Officer in FHI 360's Global Health, Population, and Nutrition division visited SSP. She was here to observe what SSP is doing and intends to do and share various approaches and strategies for FP/HIV integration. She also interacted with the Directors of the NCASC and FHD and advocated for integration of FP and HIV.

Despite several limitations, the project's first year is exemplary in the sense that no services were discontinued from ASHA project and there was quick success process from ASHA to Saath- Saath.

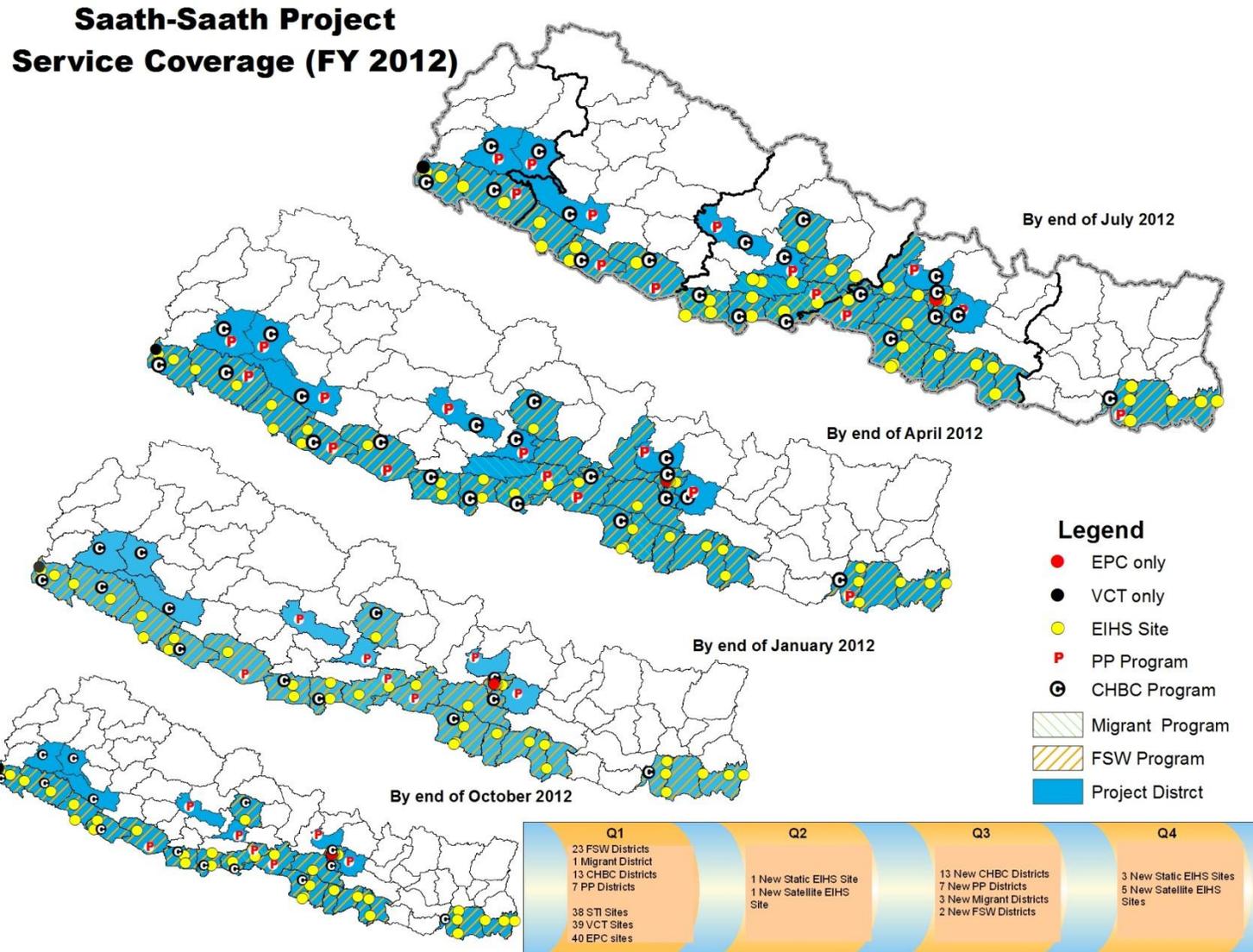
The project achievement significant gains and majority of targeted interventions for Year 1 were met. Table 2 below summarizes the major results /successes of the year. During the review period, SSP reached more than 22,055 FSWs and about 49,319 clients of FSWs, and 4,980 migrants and their spouses. Number of people trained during the intervention period stands at 11,049 on various skills while about 16,080 received VCT services from the project. During the period 7,163 MARPs received STI services whereas about 5,531 were reached with palliative care (Table 2).

Table 2: Summary Table of FY 12 Annual Achievement against Targets for Key Indicators

Key Indicators	Target FY12* (Oct 11 - Jul 12)	Achievement FY12 (Oct 11 - Jul 12)	% Achieved	Remarks
Number of MARP reached with individual and/or small group level intervention that are based on evidence and/or meet the minimum standards required				
FSW	22,000	22,055	100%	Other target group includes PLHIV and their families, MSM etc.
Migrants and their spouse	17,000	4,980	29%	
Clients of FSWs	50,000	49,319	99%	
Other	NA	3,423	-	
Total Female	30,500	26,800	88%	
Total Male	58,500	52,977	91%	
Number of people Trained				
S&D	7000	8113	116%	Participants from 93 organization received training on institutional capacity building and 49 for SI
Other than AB	1000	1286	129%	
Institutional capacity building	1000	731	73%	
Strategic information	210	139	66%	
Medical injection safety	90	41	46%	
ARV	40	46	58%	
Counseling and testing	40	48	120%	
Palliative Care	NA	250	-	
Lab	40	78	-	
FP/RH	300	308	103%	
Total	9,720	11,040	114%	
Number of HIV-positive adults and children receiving a minimum of one care service				
Female	2,750	2,907	106%	People who received EPC, CHBC or Both
Male	2,750	2,624	95%	
Total	5,500	5,531	101%	
Number of people who received counseling and testing and their results				
Female	6,500	7,525	116%	HIV positive rate- 1.4% of the total tested
Male	10,500	8,785	84%	
Total	17,000	16,310	96%	
Total HIV Positive	NA	228	-	
Total HIV Negative	NA	16,082	-	
Number of MARPs receiving STI treatment at USAID-assisted sites				
Female	5,700	6,634	116%	Total 16,045 people examined
Male	1,300	590	45%	
Total	7,000	7,224	103%	

* FY 12 target is only for 10 months for the period from Oct 2011 to Jul 2012

Figure 1: Geographical Coverage of SSP



Other highlights of the reporting period include:

- Continuation all FSW and their clients related field activities in 25 districts without any break of service from ASHA Project to Saath-Saath Project.
- Finalization of project districts through consultation with National Center for AIDS and STD Control (NCASC) and USAID.
- Expansion of CHBC and Positive Prevention activities.
- Research capacity building workshop was organized in collaboration with FHI 360 HQ and Nepal health Research Council (NHRC) for participants from Ministry of Health Population Division, NCASC, Family Health Division (FHD), USAID, Nepal Family Health Program (NFHP)-II and SSP.
- Support to logistics system integration as continued from ASHA Project and further planning meetings were attended to make necessary contributions.
- Co-ordination at national and district level was further strengthened.
- Local security situation didn't significantly affect project implementation in the first half but *bandas* lasting three weeks in the Far-West and recurrent *bandas* and strikes in other regions affected smooth functioning of the project in the second half.
- During the period, a survey on Rapid assessment of family planning needs and HIV was awarded to the NEW ERA, a research consultancy firm. The survey is being carried out in 4 migrant districts.
- In close coordination and collaboration with the NCASC and FHD, SSP organized a national consultative workshop to facilitate roll-out of FP/HIV integration in the country. The Workshop led to the formation of a Technical Working Group, FP/HIV Integration under the leadership of the Deputy Director of Health Services Department.
- SSP together with NCASC, USAID and UNAIDS collaborated to host the first ever AIDS Conference hub in August 14-16. The hub was well attended and much appreciated.

I. INTRODUCTION

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

To officially initiate SSP, USAID organized a launch for key national stakeholders which provided an excellent opportunity to share the approaches and activities of the project. The SSP team and USAID also held a meeting with all staff members of National Center for AIDS and STD Control (NCASC) to provide the government team with more detailed information. While meeting helped NCASC understand the scope of SSP, the team at NCASC also provided valuable inputs that very helpful for better collaboration between NCASC and SSP. Similar meetings were held with Family Health Division (FHD) and Logistics Management Division (LMD). SSP staff continued to hold meeting with other key stakeholders share information so that co-ordination and collaboration during the project implementation will be enhanced. To help partner agencies understand focus and requirements of the project, the SSP staff organized project orientation to all current NGO partners. In addition, joint SSP sharing meetings at district level for key district level authorities were also carried out.

There were altogether 43 local partners implementing agencies (IAs) in the first year of SSP including core partners (Annex A) The total number of districts covered by SSP is 33 out of which the program focus were as following (also refer to Figure 1 above):

- Female sex worker and their clients related activities - 25 districts
- Migrants and spouse related programs – 4 districts
- Community and Home Based care (CHBC) - 20 districts and
- Positive Prevention - 13 districts.

Additional three districts (Palpa, Tanahu and Dhading districts) were covered by project activities since January 2011, after consultation with NCASC and USAID. By the end of the year, start-up phase for program roll out were completed and Program activities in these three new districts started in the late first half and second half of the year.

As NGO capacity building is a major focus of the project, a concerted effort was applied to roll out the first phase of Technical and Organizational Capacity Assessment Tool (TOCAT) implementation among SSP IAs. A total of 21 were completed by end of July of the first reporting period year. The remaining three included in the phase out plan will be completed in early July. (See Outcome 4 for more details).

Family Planning (FP) and HIV integration is another focus area of SSP. For this, detailed planning and operational activities such as sharing with government authorities the integration place, decisions on types of services to be made available, training of staff, curriculum development where new curriculum is required, development of compliance plan, staff training on compliance, commodity arrangement and overall monitoring plan were completed by the end of the reporting period and services will be rolled from August 2012. (See Outcome 2 for more details)

II. PROGRAM MANAGEMENT

A. Human Resources

New Hires/Resignations/Promotion/Position Restructure

Well qualified and skilled human resources are backbone for project management. SSP had a smooth transition from ASHA to Saath-Saath enabling it to pool the needed staff from a well-trained and skilled human resources that already existed. As a result, required positions for SSP were matched with available human resources retaining staff the required qualifications. Since SSP required staff with skills in new areas, new recruitment were carried out from the external pool using competitive selection process.

During the first annual period of SSP, the following 18 staff were recruited (Table 3).

Table 3: New Personnel for Saath-Saath Project (Oct 11 to Jul 12)

Name	Position Title	Start Date	Remarks
Bisika Thapa	Capacity Building Advisor	17-Oct-11	New Hire
Milima Singh Dangol	Monitoring and Evaluation Officer	21-Nov-11	New Hire
Gita Lama	Finance Associate	21-Nov-11	New Hire
Vinita Sharma	Program Officer (Eastern Region based in Kathmandu)	23-Nov-11	New Hire
Rajesh Prasad Khanal	Strategic Behavior Communication Specialist	19-Dec-11	Reemployment
Prakash Pandey	Program Officer (Mid-Western Region)	22-Dec-11	Reemployment
Kimat Adhikari	Program Officer (Central Terai based in Kathmandu)	3-Jan-12	New Hire
Rajya Shree Nyachhyon (Kunwar)	Technical Officer (Clinical Services)	3 Jan-12	New Hire
Bhawani Dahal	Program Officer (Far-Western Region)	9-Jan-12	New Hire
Upasana Rai	Human Resources Officer	1-Feb-12	New Hire
Pramod Regmi	Senior Surveillance and Research Specialist	6-Feb-12	New Hire
Sushila Subba Nepal	Administrative Associate	16-Feb-12	New Hire
Mukesh Hamal	Capacity Building Officer	16-Feb-12	Reemployment
Sushma Bhusal	Technical officer (Community Initiatives)	20-Mar-12	New Hire
Bhanu Bhakta Niraula	Deputy Director/ Deputy Chief of Party	16-Apr-12	New Hire
Abina Shrestha	Logistic Specialist	2-May-12	New Hire
Neelima Lama	Administrative Associate	23-May-12	Reemployment
Sampurna Kakchapati	Surveillance and Research Specialist	20-Jul-12	New Hire

During this reporting period, the following staff were either promoted or their positions were restructured in line with the requirements of SSP (Table 4):

Table 4: Promotions and position restructure for Saath-Saath Project (Oct 11 to July, 12)

Name	Position Title	Start Date	Remarks
Bhagawan Shrestha	Team Leader – West, Mid and Far West Regions	1-Nov-11	Promotion
Merina Baidya	Administrative Officer	21-Nov-11	Promotion
Neeta Shrestha	Technical Unit Head	1-Dec-11	Promotion
Tsering Pema Lama	Surveillance and Research Specialist	1-Apr-11	Promotion
Deepak Dhungel	Team Leader – West, Mid and Far West Regions	9-Jan-12	Transfer
Bhagawan Shrestha	Team Leader – Kathmandu Valley, Central and Eastern Regions	9-Jan-12	Transfer
Sanjeev Neupane	Program Officer- Western Hills (Pokhara)	23-Jan-12	Transfer
Sujan Pandit	Program Officer – Western Terai (Chitwan)	27-Jan-12	Transfer

Altogether, 7 staff resigned during the first annual period of SSP. The breakdown is as following (Table 5):

Table 5: Resignations from Saath-Saath Project (Oct 11 to Jul 12)

Name	Position Title	Resignation Date
Kamala Moktan	Team Leader – West, Mid and Far West Regions	26- Oct-11
Keshav Yogi	Technical Unit Head	17- Nov 11
Aruna Bajracharya	Senior Admin and HR Officer	19-Nov-11
Rabin Shrestha	Logistics Specialist	16- Jan-12
Neera Thakur	Technical Officer (Community Initiatives)	3-Mar-12
Sushila Subba Nepal	Administrative Associate	4-May-12
Prakash Pandey	Program Officer, Mid-western region	18- Jul-12

B. Staff Development

Human resources development remains a priority to maintain the highest quality of work. As a technical assistance providing project, SSP needs to ensure that the capacity building carried activities out for government and NGOs employ current knowledge and approaches. To attain this level of work, 35 SSP staff benefited from participating in various national and international training, workshops and conferences during the first year of SSP. Out of these 18 were international trainings and workshops while the rest obtained various skills at local level. (Tables 6 and 7).

Table 6: Local Training/Workshop (Oct 11 to Jul 12)

Participants	Training/workshop attended	Remarks
One	Training on Statistical Package for Social Science (SPSS)	Offered by Environment Professional Training and Research Institute
One	GIS Training	Offered by Environment Professional's Training and Research Institute
One	2 nd HR Conference: Innovate, Evolve, Empower	Offered by National Banking Training Institute
One	Project Excellence Award Assessor Training	Offered by International Project Management Association
One	MCITP Server Administrator (Microsoft Windows 2008 Server) Certification Exams	Offered by Envision Nepal
Twelve	Support Staff Development Program	Offered by Organizational Development Center

Table 7: International Training/Workshop/Meeting (Oct 11 to Jul 12)

Participants	Training/workshop/Meeting attended	Venue	Remarks
One	16th International Conference on AIDS and STIs in Africa (ICASA 2011) – (10 days TA)	Ethiopia	Staff time - Saath-Saath Project Travel and Logistics - Organizers of ICASA
Two	Technical meeting on FP/HIV integration (5 days TA)	Mumbai	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Project Management Global Symposium (7 days TA)	New Delhi	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	DHIS2 workshop (14 days TA)	Shimla	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
Two	Gender Integration Workshop (5 days TA)	Bangkok	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Knowledge Services Workshop (10 days TA)	Phnom Penh	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	FHI 360 GLM meeting (14 days)	Washington DC	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Regional Workshop on Monitoring and Evaluation of HIV/AIDS Programs (12 days)	New Delhi	Staff time - Saath-Saath Project Travel and Logistics – MEASURE Evaluation
One	USAID Rules and Regulation and Procurement Planning and Execution Training (6 days)	Bangkok	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Population Association of America (PAA) Annual Meeting (17 days TA)	California	Staff time - Saath-Saath Project Travel and Logistics - Population Association of America
One	2012 Asia Regional Finance & Operations Meeting (7 days TA)	Bangkok	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	CARE Annual Review Workshop 2012 (4 days TA)	Bangkok	Staff time - Saath-Saath Project Travel and Logistics – CARE International
One	Strategy Development on Health Workshop (5 days)	Bangkok	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Workshop on Population Size Estimates in Most at Risk Population: Methods and Lessons Learned around the World (9 days TA)	Zagreb	Staff time - Saath-Saath Project Travel and Logistics – Saath-Saath Project and FHI 360 Corporate Fund
One	XIX International AIDS Conference (13 days TA)	Washington DC	Staff time - Saath-Saath Project Travel and Logistics – Partial Funding from FHI 360 Corporate Fund
One	Workshop on Mapping Community Based Programs for Monitoring and Evaluation (7 days TA)	Washington DC	Staff time - Saath-Saath Project Travel and Logistics – MEASURE Evaluation

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

Output 1.1. Reduced HIV and STI risk among FSW in selected districts

Among all HIV projects being implemented in Nepal, SSP has the largest focus on FSWs and their clients among them all. In line with the key populations identified by National Strategy for HIV and AIDS 2011-2015, in this reporting period, SSP focused on reaching FSWs and their clients through targeted and tailored HIV prevention outreach and drop-in centers (DIC) activities through 13 local NGO implementing agencies (IAs) in 25 districts including new additional districts Dhading and Tanhau along the Kathmandu Pokhara highway through projects awarded to two IAs (Naulo Ghumti Nepal and Chandra Jyoti Integrated Rural Development Society) in Tanahu and Dhading respectively.

In this reporting period, community mobilizers (CM) and outreach educators (OE) were trained and mobilized for tailored community and peer based outreach educational activities for FSWs and clients of FSWs to assess risk behaviors; provide HIV and STI prevention information, condom use and negotiation skills; distribute condoms and refer and follow up for STI diagnosis and treatment and HIV voluntary testing and counseling (VCT) services. In addition, female volunteer peer educators (PEs) were also mobilized for peer education to support CMs and OEs to identify and reach new hot spots and FSWs.

Drop-in-Center: There are 46 DICs branded with BISHWAS and co-located with expanded integrated health services (EIHS) providing safer and comfortable space for HIV and STI prevention education and condom promotion and distribution (both free and socially marketed). SSP organized 3-day training on DIC operation to DIC Operators to enable them to operate DIC as per the BISHWAS branding and prevention guidelines to promote HIV prevention through positive behavior change and maintenance of target population.

As per the prevention guidelines, different types of creative events such as quiz, art and craft work, duet songs, *mehendi* coloring, hair design and nail art competition, painting, interaction on thematic title, valentine day, new year and *holi* (festival of color) celebration were organized in DICs. The main purpose of these activities was to motivate FSWs and their clients for frequent DIC visits and to promote positive health behavior change and maintenance through edutainment activities. Creative events with thematic title of the event generated curiosity and increased participation among the participants. These events were followed by discussions on HIV, STI, condom use, risk behavior and importance of regular STI checkup and HIV testing.

Community Outreach: In this reporting period SSP organized four 5-day training on 'Outreach Education and Peer Education for HIV and STI Prevention' to strengthen the knowledge and skills of outreach educators (ORE) and community mobilizers (CM) in outreach and peer education so as to enable them to help target groups in positive behavior change and maintenance. To make ORE and Cm aware of and skilled in the new FP/HIV Integration related activities roll out, an additional one-day training covering family planning promotion components was also conducted. Staff from selected IAs were mobilized as facilitators for the training as part of capacity building.

SSP also organized three events of 3-day training on 'Negotiation Skills for HIV and STI Prevention' to develop a pool of trainers to train OEs, CMs and PEs in condom negotiation so as to enable them to develop knowledge and skills of FSWs on condom negotiation. Using the cascade training approach, all IAs working with FSWs rolled out condom negotiation training to their OEs, CMs and PEs based on the action plan developed during the three day training of the trainers.

Peer educators: All SSP IAs mobilizing female volunteer PEs conducted two-day long basic training for PEs including from Jagriti Mahila Mahasang (JMMS) CBOs and community information points (CIP) operators to increase knowledge and skills on peer education, roles and responsibilities of PEs, communication and HIV, STI and condom use and negotiation. SSP IAs also conducting quarterly review and planning meeting with PEs and CIP Operators in their project districts to review the support provided by PEs and to share successes and good practices and to orient PEs and CIP Operators on HIV, STI and condoms. During the meeting, refresher session on HIV and STI prevention, nation HIV situation, condom use and EIHS schedule were also conducted. Information on DIC creative activities and meaning and importance of BISHWAS branding were also shared during the meeting. Based on the contribution made, best PEs were also awarded during the meeting.

Condom supply arrangement: All SSP IAs are coordinating and collaborating with D(P)HO to get condoms free distribution to FSWs and clients of FSWs. To ensure the steady and adequate supply of the condom, SSP conducted meeting with Director of Logistic Management Division as well as USAID-funded Nepal Family Health Project-II (NFHP-II) and Deliver Project at the national level and discussed about SSP activities and condom needs for SSP. All SSP IAs are submitting LMIS-6 reporting to D(P)HO on quarterly basis.

Partnership with USAID's social marketing project: SSP also conducted coordination meeting with USAID-funded *Ghar Ghar Ma Swaysthya* (GGMS) project and discussed to collaborate for condom social marketing through SSP DICs, safer and healthy workplace pilot activity, STI Kits promotion among clients of FSWs and public private partnership. To promote social marketing through SSP DICs, GGMS/Nepal CRS Company facilitated a session on condom social marketing among DIC Operators during DIC operation training. SSP IAs are coordinating with CRS distributors and other private distributors at the district level for condom social marketing through DIC.

Overlapping risks for FSWs: SSP IAs working with FSWs focused on reaching FSWs as they are more vulnerable for STI and HIV infection. SSP is developing guidelines and activities to address overlap risk of sex work and drug use among FSWs. SSP organized a consultation meeting among SSP IAs working for HIV prevention, care, support and treatment for FSWs and agencies working for HIV prevention, care, support and treatment for female drug users (FIDUs) to share experience, issues and challenges and identify way forward to address overlapping risks among FSWs and FIDUs. The consultation meeting decided to conduct orientation to outreach staff working for FSWs on FIDUs related issues and activities and outreach staff working for FIDUs on FSWs related issues and activities. Similarly, SSP IAs STEP Nepal, NCS and SACTS are in regular coordination and collaboration with Dristi Nepal-a network of ex-FIDUs-to deal with overlapping risk among FSWs and FIDUs. SSP IAs CWES and ICH also organized coordination meeting with agencies working with IDUs at the district level. Similarly, SSP IA NCS and ICH organized an orientation on dealing with drug use related issues to their staff in coordination with agency working with drug users.

Micro planning process: In this reporting period, micro planning process for HIV prevention activities has been expanded and implemented in ten additional districts for improved understanding of risks and vulnerabilities, tracking FSW's behavior change and maintenance over a period and prioritizing, planning and monitoring outreach activities among FSWs. SSP organized three day training on 'micro-planning process for HIV prevention to selected staff of five additional IAs for these new districts. SSP IAs STEP Nepal, CWES and BIJAM who are experienced in micro planning process were mobilized for the training. Based on the roll-out action plans, the participants of the training rolled out two-day long micro planning process training to their staff with support from SSP Program Officer and IAs STEP Nepal, CWES and BIJAM. Similarly, all five IAs STEP Nepal, NCS, BIJAM, CWES and Sahara Nepal who have been implementing micro planning process from previous USAID-funded ASHA Project conducted

micro planning refresher training to their OEs and CMs. The refresher training was useful solve issues and challenges related to recording and reporting tools.

Web Short Message Services (SMS): Based on learning of web SMS activities piloted in Kathmandu and Pokhara during USAID-funded ASHA Project, web SMS activities have been scaled up in seven additional districts namely Jhapa, Morang, Sunsari, Parsa, Chitwan, Rupandehi and Banke. Web SMS activities are targeted to FSWs who are not reached by general prevention outreach and DIC activities. SSP IAs STEP Nepal and CWES, with technical support from SSP, conducted five events of one-day long web SMS orientation to the project staff of SSP IAs Sahavagi, BIJAM, Sahara Nepal, NAMUNA and ICH during this reporting period. The main objective of the orientations was to orient IA project staff on web SMS activities (on-line and offline) and their roles and responsibilities for web SMS activities in their respective project districts. In this reporting period, 17,975 SMS were sent to 547 FSWs and 805 queries/incoming messages and responses were received. As part of offline activity of Web SMS activity, STEP Nepal and CWES organized eleven events of edutainment interaction sessions (offline activities) with 65 FSWs reached through the web SMS. These interactions helped receive feedback on the SMS activity, share basic facts on HIV and provide information on beauty and skin care. The participants appreciated receiving information through SMS. Participants also appreciated SMS sent during festivals and special days and also requested to send SMS on their birthday. Participants of the meeting also suggested reducing cost for sending SMS.

Working with Jagriti Mahila Maha Sangh (JMMS): SSP, at the national level, initiated sub-agreement with the national network of female sex workers, JMMS aimed at helping to strengthen institutional capacity of JMMS to plan, implement and monitor HIV-related activities. In this reporting period, 10 SSP IAs signed memorandum of understanding (MoU) with JMMS member community-based organizations (CBOs) in 13 districts to mobilize their PEs (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. JMMS with technical assistance from SSP organized the project orientation to their executive board members. Project goal, outcome areas, project coverage, certifications, requirements and compliance, key activities with JMMS and their CBOs were the major topics covered during the orientation. Issues related to JMMS CBO mobilization at the district level were also discussed. JMMS CBOs are organizing monthly sharing and review meeting at the district level. As part of sub-agreement activities for capacity building of JMMS and their CBOs, JMMS organized a training on documentation and report writing; leadership and advocacy and sexual and reproductive health for its board members and members of 13 CBOs.

Safer and healthy workplace activity: SSP held series of interaction with establishment setting owners/managers of hotel and restaurants, massage parlors associations and FSWs to get their feed-back on the concept note developed for creation of safer and health workplace. These meetings were carried out using guidelines/checklist for interaction developed by SSP and helped identify their needs, interests and recommendations on the activities to be included in the pilot safer and health workplace activities in establishment setting in Kathmandu and Pokhara.

Stigma and discrimination (S&D) training: SSP IAs conducted training on HIV-related S&D reduction for FSWs, clients of FSWs, garment and carpet factory workers, college students, dance and *dohori* restaurant owners/managers cabin restaurant owners, massage parlor owners/managers, hoteliers, factory workers, construction owners and workers, transport union staff and vehicle owners, local community people, single women, players, local men and women groups, representatives of local youth clubs, NGOs, CBOs and Government, local political leaders, social workers, house-wives, PLHIV, representatives of local private health institution, health care service providers, female community health volunteers (FCHV), Village AIDS Coordination Committee (VACC), tea estate workers, para-legal committee members, high school teacher and student, uniformed service people. Standard S&D reduction training toolkit developed by USAID-funded IMPACT Project in collaboration with NCASC and NAP+N

was used for the training. Meaning and types of stigma, causes and consequences of stigma and dealing with stigma, changing attitude and behaviors for reducing stigma and discrimination, discussion on sex and sexuality, boosting self-esteem for positive living and healthy lifestyles were the topics of the training. They, furthermore, committed to provide information and refer for clinical services if they contact PLHIV and MARPs in their communities.

Strategic Behavioral Communication (SBC) Workshop and Focus Group Discussion (FGD) with FSWs: SSP organized a 3-day SBC workshop to strengthen the knowledge and understanding of the participants in guiding principles of SBC; product, price, place and promotion including marketing mix strategies, creative brief and BRAVO criteria for assessing the SBC materials. The workshop focused on the application of SBC to design of behavioral interventions and preparation of creative briefs. Draft creative briefs were prepared during the workshop. SSP, with support from SSP IAs implementing HIV prevention activities among FSWs and their clients, conducted ten FGDs with FSWs in ten different districts of all five regions to collect the feedback on existing SBC materials and to assess the communication needs and gaps. The FGD suggested that the existing SBC materials specially games are popular among FSWs and helpful for raising awareness and motivating for behavior change and maintenance. Based on the outcome of SBC workshop and the findings/recommendations from FGDs, existing SBC materials are being revised and new SBC materials are being designed and developed.

Output 1.2: Reduced HIV and STI risk among migrants in selected high-risk districts

Apart from FSWs and their clients, SSP carries out HIV prevention activities for make migrants and their spouses in selected districts. The focus district for migrants and their spouses related activities needed careful understanding of the similar activities being implemented by the pooled funding and GFATM related HIV projects. Therefore, a detailed discussion at the start SSP were carried out at the start of the project to minimize duplication in migrants and their spouse related programs. The four districts eventually selected for these activities were decided after close consultation with NCASC and USAID.

FP integration in HIV prevention guidelines: During this reporting period, existing HIV prevention guidelines were updated to include FP promotion and to accommodate specific migrants related components. In addition, lessons learned from the implementation of the guidelines and feedback received from IAs were also incorporated. The guidelines have now been renamed as "Guidelines for implementing integrated family planning promotion and HIV prevention programs among MARPs." The updated guideline will be useful for rolling out FP/HIV integration through outreach and DIC.

Prevention among migrants and their spouses: In this project period SSP IAs Sahavagi, GWP, Namuna and new IA Indreni Sewa Samaj selected through a competitive process initiated to conduct outreach educational activities among migrants and their spouse in Nawalparasi, Bara, Kapilvastu and Palpa districts respectively to assess risk behaviors; provide HIV and STI prevention information, condom use and negotiation skills; distribute condoms and refer and follow up for STI diagnosis and treatment and VCT services. In all of those districts except Palpa, the migrants activities are rolled out together with the FSWs related activities through the same IAs.

Outreach activities for migrants: SSP organized a 5-day training on 'Outreach Education and Peer Education for HIV and STI Prevention among migrants and their spouse' to strengthen the knowledge and skills of OEs and CMs in outreach and peer education so as to enable them to help migrants and their spouses in positive behavior change and maintenance. Peer educators from different VDCs of Palpa were also trained in Palpa district.

Migrants field activities roll out: SSP IAs Sahavagi, GWP, Namuna and ISK, with technical assistance from SSP research unit, conducted rapid assessment and mapping to collect detail information about

migrants and their spouses and to identify outreach clusters and sites in the beginning of the HIV prevention to care, support and treatment activities in the project districts. SSP collected and reviewed existing SBC materials including pre-departure package targeted to migrants and their spouses from various agencies including Safer Migration Network, International Labor Organization, Family Planning Association and Care Nepal and in the process of adaptation and development of SBC materials, pre departure session plan and materials. Following contract awards in the three migrants related districts by April 1, 2012, the outreach activities for migrants had all rolled out by the end of the reporting period.

Output 1.3. Increased knowledge about HIV transmission and service delivery sites among selected MARPs

Radio program targeting spouse of migrants: Conscious Media Forum (CMF), SSP IA has been designing and broadcasting radio program under SSP for safer migration and HIV prevention to care, support and treatment activities among migrants and their spouses in Bara, Nawalparasi, Rupandehi and Palpa districts.

CMF formed Content Review Group (CAG) at both national and district levels to advise and provide guidance on the overall outline of themes, contents and format of the radio program. Both CAGs (at national and districts) meet every two months separately at the national and district levels. At the national level, CAG comprised representatives from USAID/Nepal, NCASC, National Health Information, Educational and Communication Centre (NHIECC), National Association of PLHIV in Nepal (NAP+N), SSP (including Jhpiego) and CMF. At the district level, CAG consist of District AIDS Coordination Committee (DACC) Coordinator, SSP Program Officer and representative from D(P)HO, Federation of National Journalists and the SSP's implementing agency. Similarly, Content Review Group (CRG) consisting of representatives of USAID/Nepal, SSP and CMF was formed at the national level to review and approve the technical and creative contents of each episode of radio program. CAG will meet every two months while CRG meets every fortnight.

CMF conducted a three-day long training to program producers and community reporters on radio program production to sensitize radio program producers and community reporters on the issues of HIV, STI and family planning and to strengthen the participants' skills on radio program production and community reporting. CMF also conducted a two-day long Radio Listeners Group (RLG) facilitator's training to orient the RLG facilitators in radio program and to enhance their skill in RLG facilitation. By the end of the first year, 589 (M- 134; F-455) had joined the RLG and. 5 episodes of radio program had been aired.

With overall guidance from CAG and technical support and guidance from CRG, CMF initiated broadcasting of weekly interactive radio program '*Sancho Bisancha*' for thirty minutes through local FM stations in Bara, Nawalparsai, Kapilvastu and Palpa district. The radio program is targeted to spouse of migrants and has been designed building on lessons learned from USAID-funded ASHA Project and Reaching Across Border (RAB) Project. The main objectives of radio program are: to promote awareness and positive health behavior change; to increase demand of STI, HIV and family planning (FP) services and to decrease the risks of STI and HIV transmission among migrants and their spouses and increase contraceptive prevalence. The radio program is also aimed to promote BISHWAS branding for quality services among migrant families.

Positive Prevention Activities: SSP introduced positive prevention related program focused on reaching PLHIV and their families through targeted and tailored HIV prevention outreach activities through 13 local IAs in 13 districts, Out of 13 IAs, seven were continued from USAID-funded ASHA Project.

Positive Prevention activities have been added into existing CHBC services run by six IAs in six districts namely Achham, Doti, Surkhet, Kailali, Banke and Sunsari districts.

Following one-day basic training that focused on developing knowledge and skills on various areas of Positive Prevention program, SSP Positive Prevention IAs conducted basic training for positive speakers including PLHIV to enable PLHIV to share their experience with communities covering basics of HIV, positive living and healthy lifestyle and to build their capacity as a positive speaker to promote positive prevention activities in the district. Several community events were conducted by mobilizing positive speakers among local community, women groups, saving and credit groups, schools, colleges, political leaders, teachers, social workers, paralegal committees, PLHIV, Children Affected by AIDS (CABA) and child club members. Positive speakers are trained PLHIV who have already disclosed their status in their community helping communities to raise awareness and directly contributing to reduce S&D.

The discussion forums were held to eliminate misconceptions on HIV and sensitize on HIV-related stigma and discrimination. Concepts like importance of having blood in blood bank was discussed following publication of newspaper coverage of these issues. These forums were successful in obtaining commitments from political leaders and concerned stakeholders to raise these important issues upcoming district council meetings. Then, SSP IAs conducted quarterly orientation and review meetings with positive speakers to encourage positive speakers to share their experience. Support groups were also held in the communities to share and discuss issues and problems faced by PLHIV and importance of regular health checkup and positive and healthy lifestyles. These meeting also contribute to increase treatment literacy, ARV adherence and side effects of ARV drugs. Participants have also committed to refer women living with HIV who want to get pregnant or are already pregnant to PMTCT sites.

Working with beneficiary group networks: In its first year, SSP has been working with beneficiary group networks namely National Association of PLHIV in Nepal (NAP+N), National Federation of Women Living with HIV/AIDS (NFWLHA), Recovering Nepal (RN), Federation of Sexual and Gender Minorities in Nepal (FSGMN), JMMS and Dristi Nepal to strengthen their networking and institutional capacity strengthening 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 MARPs and PLHIV. These network IAs have conducted district level coordination meetings, executive board meetings, advocacy training, sexual and reproductive health (SRH) related training, report writing training, behavior change communication (BCC) training and S&D reduction training. NFWLHA has been supporting its member CBOs to conduct monthly discussion forums to discuss and share issues and challenges faced by women living with HIV and Children Affected by AIDS (CABA).

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

The project has set out to integrate FP and HIV/AIDS components for the first time at such a large scale in Nepal and also to initiate pilot activities to showcase how migrants and their spouses can be better reached. This required a series of consultation with Family Health Division, NCASC and national experts to discuss the best way to move forward.

As part of the process, SSP in coordination with FHD and NCASC organized a national workshop on FP/HIV integration. The main objective of the workshop was to explore the current status of integration of Family Planning into HIV settings in Nepal and to identify the potential areas of integration of FP into HIV and way forward. Drawing upon the examples of FP/HIV integration around the world, the workshop highlighted on the importance of FP/HIV integration, coordination and cooperation required for quality integration, and efforts required in laying out modalities for integration in Nepal. The workshop suggested to form an FP/HIV integration Task Force chaired by the Deputy Director General for

Department of Health Services. SSP will serve as the secretariat of the Task Force. The task force is mandated to work out modalities for integration of both the services for effective delivery of FP/HIV services in the country. Representatives from DoHS, NCASC, FHD, Regional Health Directorate Central Region, UN agencies, USAID, DHOs and SSP National partners were present during the workshop.

Output 2.1. Strengthened integration of FP counseling and information services within HIV/AIDS settings

FP/HIV technical assistance visit to Nepal: FHI 360 has a global programs and expertise in FP as well as FP/HIV integration. To share this global expertise, Tricia Petruney, FHI 360 (NC) Senior Technical Officer in Global Health, Population, and Nutrition division visited Nepal and shared current global and regional evidence, best practices, knowledge gaps and challenges for integrating family planning services with STI and HIV Program in Nepal in the framework of the SSP. A technical update session on “Family Planning & HIV/AIDS Integration: Global Overview and Considerations for Concentrated Epidemics” was conducted to a larger audience at NCASC and the SSP program and technical team. Ms Putney called upon Director of the Family Health Division to discuss how SSP can work with government in piloting and up-scaling FP/HIV integration in the country to improve health for all and meet the MDG targets on health.

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 COFP and Counseling (with RH component) manual revision workshop conducted by the National Health Training center (NHTC) and provide inputs in the review and revision of the manual. Similarly, SSP staff also participated in the preparatory meeting for the Annual RH review to discuss the preparation for the family planning (FP) thematic group presentation for the Annual Reproductive Health review. The preparatory meeting was followed by a workshop during the third week of the month and 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 Family Health Division, Department of Health Services. Other FP related events that SSP staff participated in and provided inputs include dissemination of the study on ‘Family Planning needs of migrant couples in Nepal’ organized by Family Health Division. The study was conducted by CREPHA in collaboration with FHD and NFHP II.

Comprehensive Family Planning/Counseling (with RH Components) trainings: The Project conducted two COFP (Comprehensive Family Planning/Counseling (with RH Components) during this period. The objective of the training was to provide participant with the knowledge and skill needed to provide counseling on comprehensive family planning methods, referrals, including provision of temporary methods of family planning. The training is done in coordination with Regional Health Training Centre (RHTC) in Hetauda and Pokhara respectively.

SBC related activities for FP roll out: In addition to the guidelines revision and training roll out for outreach staff by SSP staff, FP components were integrated into outreach and peer education training manual and 3-day ‘Training of Trainers on Outreach and Peer Education for HIV & STI Prevention and FP promotion’ were conducted to create a pool of trainers to deliver training on outreach and peer education for HIV and STI prevention and FP promotion to outreach workers using the training package developed by SSP. These ToT participants have conducted FP promotion training for one day to their outreach educators and community mobilizers in their respective organizations SSP IAs have also organized *outreach and peer education training on FP compliance* for its outreach educators (OEs) and community mobilizers (CMs). In places, different IAs have teamed up to carry out these training jointly. FP related SBC materials developed National Health Information Education and Communication Center

and USAID-funded NFHP II such as flip chart, brochures, flip chart, Tihart poster were reprinted with permission to use during community outreach and counseling in the clinics. SBC messages that are developed by various development partners for FP, HIV, migrants were collected, reviewed and adopted to provide information and services to MARPs. Discussions with Government and Jhpiego are ongoing to develop new messages. Demand generation activities to motivate wives of migrants who want to delay, space or limit births to seek FP services were integrated into radio program "Sancho Bisancho" in four migrant districts. CMF is providing FP/HIV integrated radio episodes focused to migrant districts.

Participation in the Family Planning partners meeting: SSP staff participated in the USAID FP team meeting that was held to provide update on the FP Policy compliance and training needs and to share on the steps required for adhering to FP compliance by all USAID partners. The USAID funded Project 'Suaahara' and SSP shared their project plans briefly during the meeting. In addition, in another FP related meeting, recently approved National FP Strategy and update on the FP/HIV integration plan of SSP was discussed in addition to the checklists for FP legislative and policy requirements.

USG Family Planning Legislative and policy requirements and FP compliance:

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. Similarly, some key IA staff have also taken this course. SSP conducted two consecutive TOTs on USD FP legislative and policy requirements for FP focal persons of SSP IAs to train FP focal persons on the importance of FP compliance and their roles in ensuring compliance. The trained IA staff have been conducting orientations for their Staffs at local level. In addition, discussions with USAID were held on an elaborate family planning compliance monitoring plan. SSP has developed Family Planning compliance monitoring plan which includes checklist for monitoring FP compliance, e-learning course on FP legislative and policy requirement to be completed by all SSP staff involved in Family planning program and an orientation on compliance and monitoring for all SSP staff members. The checklists will be used during field monitoring visits. The compliance plan was discussed and refined during FP partners' meetings. One of those meetings has agreed to develop a more consolidated checklist to monitor compliance mainly on Tihart, Helms Amendment and PD3. As a part of SSP FP Compliance plan, USAID Nepal FP Focal Person Mr. Gajendra Rai conducted a half day orientation on FP Legislative and Policy requirements on June 27 for the SSP staff and Jhpiego staff members.

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

SSP has plans to support the GON to refine the surveillance, research and M&E related activities at the national and at the districts level in close co-ordination with other EDP partners such as UNAIDS, WHO and GF related activities. The project is designed to support MOHP and NSCAC to provide strong leadership and management of the HIV related strategic information system. Mainly two streams of activities on strengthening surveillance, M&E, and strategic use of information for planning and monitoring and strengthening the research capability to collect, analyze and use for evidence based planning are targeted under SSP's support. At the start of the year and throughout the reporting period, SSP Strategic Information (SI) and Research team members have repeatedly met with NCASC SI Unit members to share about the activities to support national system for HIV surveillance, research and M&E under SSP work plan. These meetings have been very useful to establish better understanding of the SSP activities among NCASC SI related staff and for SSP staff to understand SI related needs at NCASC.

3.1. 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

Technical assistance/Support for developing National Guidelines on M&E: SSP provided technical and financial support for development of National M&E Guideline through consultant support and engagement of several SSP staff including Chief of Party and Sr. SI Officer. SSP M&E staff attended several meetings including final sharing meeting of national M&E guidelines. The national dissemination meeting was also funded by SSP during which NCASC also held the national dissemination of National HIV and AIDS Surveillance Guidelines. The SSP team reviewed the draft M&E Guidelines and provided comments/feedback and participated in finalization of the document.

Technical assistance/support facilitating data verification and DQA training: SSP facilitated sessions on data verification and DQA during a training organized by NCASC for the Principle Recipients (PRs) and Su-recipients (SRs) of Global Fund for AIDS, TB and Malatia (GFATM) funded HIV Project. SSP shared its multiple years of hands on experience on conducting DQA as best practices and methods of data verification.

Participation in NCASC organized events, training and workshops: The SI team members attended several meeting/training events organized by NCASC SI team and provided valuable technical inputs. These include the following:

- Two-day workshop to review the national indicators and reporting requirements, review existing recording reporting tools of HIV program and to update the recording reporting tools as per the national reporting requirement.
- Planning meeting for National HIV/AIDS review meeting organized by NCASC.

Support to the National Guideline on HIV and STI Surveillance: This guideline is being developed by NCASC with support from WHO. SSP staff provided consolidated technical inputs to the draft Guideline document. In addition, project staff attended the technical consultation meeting on the Guidelines. The consultation meeting involved greater discussion to try to develop consensus on the content, format and further steps for the finalization of the guideline. Although NCASC is yet to take into consideration all comments made on the draft versions, national dissemination of the guideline was done without sharing the final version of the document with the reviewers. The dissemination didn't include the complete version and NCASC is currently working to finalize the document although no further consultations have been held.

Data quality management within SSP: At the onset of the program while the overall data quality assessment plan was being developed, SSP carried out a data verification exercise so that the IAs received support very early on the needed area of data management. Similarly, verification of data was done before preparing semi-annual/annual report as well. Two rounds of data verification held during this reporting period. The Project SI Unit, backstopping Program Officers, and IAs staff members were involved in the verification process. Once the data quality assessment (DQA) plan was developed and new Program Officers were oriented on how to carry it out, one round of comprehensive DQA for the indicators reported in the first semi-annual period was completed in all 37 implementing agencies involved in SSP the time of assessment. SI team provided orientation with complete SI support plan to all members of program and technical team. The DQA helped assess the overall systems associated with recording and reporting to ensure quality of data reported by SSP to USAID and Government of Nepal.

Technical Support of Implementing Agencies: During this reporting period, the SI team members visited 26 agencies for onsite technical support to support the IAs so that they can improve recording and reporting system, carry out data quality assessment, carry out proper national reporting, work on challenges of the low performing agencies, provide onsite training for MIS software and data management. In addition to this, the SI team members provided distance support through phone calls, emails and meeting in person at office to several agencies

SI related trainings held:

- **Introductory training on ArcGIS:** Saath-Saath Project in coordination with FHI 360 HQ organized a five-day introductory training on ArcGIS to fifteen participants from eleven different organizations including National Center for AIDS and STD Control (NCASC), National Planning Commission (NPC), UNAIDS, USAID Nepal, Nepal CRS Company, SSP and SSP implementing partner organizations. The training was planned to impart basic GIS skills to the participants so that they can use GIS for analysis and use strategic information for planning and management purpose. The training was a very good collaboration example as trainers from FHI 360, SSP, USAID- Nepal Office and GGMS were mobilized.
- **Training on monitoring and evaluation (M&E) and management information system (MIS) to SSP implementing agencies:** SSP SI unit provided structured training on monitoring and evaluation (M&E) and management information system (MIS) to 80 participants from 41 implementing agencies of Saath-Saath Project from 33 districts to impart skills and knowledge on project management, M&E concepts/ frameworks, data quality, data management, recording and reporting as per national requirement and practical use of SSP MIS software. During these trainings, the participants were also oriented on recording and reporting on the new USAID requirement of VDC level information generation for selected indicators.

Support on GIS for Save the Children ‘Suaahara Project’ M&E team: As part of its collaboration exercise, SSP staff met with M&E team of USAID funded ‘Suaahara Project’ to discuss their experience on the use of GIS, and its lessons learned and challenges including geo-enabled reporting requirements, GIS Software and the GIS data.

The SI team members also participated in the following training/workshop during this reporting period:

- **Regional workshop on “Monitoring and Evaluation of HIV/AIDS Programs”:** Regional workshop on “Monitoring and Evaluation of HIV/AIDS Programs” in New Delhi, India organized by USAID. The objective of the training was to discuss on M&E of HIV/AIDS programs for national level M&E professionals and their counterparts, assistants and advisor who are involved with the implementation of HIV/AIDS program.
- **Basic GIS Training:** 20- hrs Basic GIS training organized by EPTRI in Kathmandu Nepal in February 2012.
- **Workshop on Mapping Community-Based Global Health Programs:** Nepal’s experience on mapping practices in MEASURE Evaluation, a USAID-funded project, hosted workshop on Mapping Community-Based Global Health Programs in Washington DC, USA.

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

Research Capacity Building Workshop: This capacity building focused workshop was facilitated by research experts from FHI 360 HQ and supported by SSP local staff activity helped to develop the research capacity of MoHP (NCASC, FHD and Population Division) as well as SSP staff, USAID Nepal and NFHP II. The workshop worked on real life examples of research concepts and helped the refine those concepts to make them more ready for implementation.

Baseline FP survey including rapid assessment among migrant couples: The research concept and tools development for the baseline Rapid Assessment of HIV, Sexually Transmitted Infections (STIs) and

FP Situation among Migrant Couples in Bara, Kapilvastu, Nawalparasi and Palpa districts FP survey among wives of migrant including rapid assessment among migrant couples in the four migrant program districts was completed and the study is currently underway. SSP's Research Unit held several consultative meetings with the FHD, DoHS and SI unit of NCASC on the concept. Some of these meetings were participated by USAID representatives too. The survey will be completed in the first half of SSP's year 2. SSP facilitated training sessions to the field researchers of the survey.

Formative FP research to identify reasons for low FP use and high unmet need among migrant couples: Consultation meeting with USAID-funded Nepal Family Health Program II was held to discuss on the research approach for the planned formative research to understand the FP needs among migrant couples. The team also discussed on the lesson learnt from NFHP II on research approach, protocol and tools for FP. NFHP II shared the draft study report and also the tools used in their research. As required, future consultation meetings will be done with NFHP II M&E team. After series of consultations, it was agreed that it would be more appropriate for SSP to first assess the findings of the qualitative study on migrants' need for FP conducted by NFHP-II.

Support NCASC for Development of National HIV Research Agenda 2012-2016: SSP has been supporting NCASC for National HIV Research Agenda development. A national consultant has been identified for this by SSP in consultation with NCASC and the consultant has presented his inception report to NCASC. RU is closely working with SI unit and the consultant in order to accomplish this task.

Support to NCASC for IBBS: SSP has supported NCASC for IBBS studies planned. RU has provided technical inputs to SI unit of NCASC when and as necessary. Since conducting six IBBS surveys at a time requires dedicated human resource for constant monitoring of quality at all levels, SSP has supported a consultant to support the all IBBS activities under the supervision of NCASC. This consultancy has been designed to provide necessary technical support to make this first round of IBBS studies fully led and managed by NCASC successful and in a timely manner. Similarly, SSP staff provided several rounds to technical support the current roll out of IBBS.

Support NCASC to finalize Nepal Country Report Progress 2012: SSP provided necessary support to the development and finalization of Nepal Country Report Progress 2012. A very comprehensive review of the draft report was carried out by the SSP team and shared with NCASC. The writing team of the report had shared their acknowledgements of the valuable contribution SSP made to finalize this important document within its deadline of submission.

SSP's participation in following research related Studies workshop/trainings and provided necessary inputs.

- Meeting organized by UNAIDS to share SSP's outcome 3 (particularly surveillance, research and M&E activities) activities to UNAIDS and WHO.
- Dissemination meeting organized by ILO on the study on 'Behavior of returnee Nepali Sex Workers from India to Assess the Impact on HIV and Designing a Package to Deliver Prevention, Care and Treatment Services in Nepal' and "Survey on Knowledge, Attitude and Practices to assess the risk of TB and HIV transmission among street vendors in Nepal". SSP staff was also engaged in the dissemination preparation meetings and provided comments on the finalization of the report.
- Several rounds of meetings of working group on the UNFPA's Regional Research Project: Sex Work and Violence: Understanding Factors for Safety and Protection.

Participation in the 'Population Size Estimates in Most-at-Risk-Populations: Methods and Lesson Learned around the World' workshop: The Project Senior Surveillance and Research Specialist participated in the workshop on 'Population Size Estimates in Most-at-Risk-Populations: Methods and

Lesson Learned around the world' in Croatia. The objective of the workshop was to provide participants with practical guidance on how to design studies to estimate the size of populations at higher risk for HIV; particularly FSWs, IDUs and MSM; conduct these studies and analyze, interpret and use the data.

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. Using a health systems strengthening approach, the project is supporting different areas of health system so that continuing education is in place for service providers, mentorship and coaching is available, provide 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 expanded integrated health services (EIHS) to FSWs, clients of FSWs, migrants and their spouses and PLHIV through 46 EIHS sites of 12 IAs in 26 districts including three new districts (Dhading, Tanhu and Palpa). Two IAs are providing essential package of care (EPC) services for PLHIV. Similarly, community and home based care (CHBC) services to PLHIV and their families are provided through 18 IAs in 20 districts (including 7 new districts where CHBC services added into positive prevention activities).

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

HIV Logistics: SSP provides technical assistance to NCASC and LMD to support the integration of HIV logistics with general logistics at LMD. SSP also advocates on behalf of its IAs for required commodities and facilitates logistics arrangements for the EIHS and other sites so that SSP can provide required HIV/STI services. Similarly, with the introduction of FP services, SSP has initiated arrangement of FP commodity supplies through the existing government systems at national and district levels. A coordination meeting with Logistics Management Division (LMD) Director and Senior Public Health Administrator was held to discuss on the Commodities including condom, oral contraceptive pills and injectable required by SSP and ensure its regular supplies.

Logistics Task Force (LTF) support: As part of support to the government of Nepal, SSP participates regularly in the Logistics Taskforce (LTF) meetings. During the first year of the project, SSP participated in various task force meeting. One of these meetings which included global regional staff from UNDP, UNICEF and WHO followed-up on all procurement processes and clarified the timeline for implementation of new ART guidelines. SSP staff continued to offer support as exact procurement lists

for ARVs, OI drugs, and lab reagents were finalized. Similarly, during other meetings quantification and forecasting of HIV commodities were reviewed and finalized. It was decided that the quantification of adult ARVs will be based on soon-to-be released ART guidelines. Stock status of ARVs and HIV test kits were jointly reviewed and phase out plan for Stavudine were also discussed. Procurement status of Methadone was also discussed during the meeting.

SSP staff also provided technical inputs in the discussions related to renovation of ART sites; procurement of ARVs, STIs/OIs, test kits, lab reagents in bulk, procurement of walk in cooler for central warehouse and procurement of health equipment to NCASC. It was decided that UNDP will start renovation task at sites soon after getting the official request letter from NCASC and will check Country Office UNDP about the possibility of staggered delivery of the procured drugs and test kits after the closure of HIV/AIDS PMU UNDP. It was also decided that UNDP will start procurement of sample test kits (option of SD Bioline) soon after getting the approval from NCASC. Another meeting decided to share the quantification of HIV commodities including the drugs that were missing in the previous quantification submitted to global fund and discussed that NCASC with support from LMD will provide the specification for the walk in cooler in the new HIV Store and also that the sample test kit of Stat pack cassette will be ordered for validation of the test kits. Discussion on the need for the development of National Guidelines in management of Expired Drugs and Stock out Reporting Format for the HIV and AIDS logistics management was initiated by SSP staff. SSP provided technical assistance to finalize Quality Assurance Plan for Global Fund procured health products in Nepal including pharma-covigilance of ARVs and opportunistic infections (OI) medicines as well as activities to promote rational drug prescribing. SSP team participated in a national meeting on revision of the national pediatric ARV dosing tool to reflect upcoming changes in pediatric ARV formulations. SSP expertise helped to revise current pediatric HIV wall charts to reflect new Pediatric HIV Guidelines for Nepal. In addition, SSP helped in the review of the first draft of the National Early Infant Diagnosis guideline. Through quality assurance task force meeting, SSP provide inputs in the discussion regarding development of sampling plan for quality assurance and training on proper storage of HIV & AIDS products at the ART sites.

Support to HIV/STI Logistics Integration with National Logistics System: SSP contributed to the discussions held by Transitional Task Force (TTF) meetings to finalize the terms of reference (ToR) for the task force responsible for smooth integration of national HIV & AIDS logistics with that of the general logistics under LMD. Contributions were also made to review status of the activities on the work plan. TTF selected agencies to be included in the QA task force. SSP has been providing the require support to this process.

HIV Laboratory: As part of systems development and strengthening, USAID funded project's support to overall development of HIV related laboratory work in Nepal has been extremely valuable. In the first year of SSP, this support was continued on. Support was provided through direct interactions with National Public Health laboratory (NPHL), participation in Laboratory Technical Committee meetings and specific topics related meeting such as HIV test kit finalization, external quality assurance system (EQAS) and early infant diagnosis (EID).

SSP staff met with NPHL to discuss about trainings being conducted by Saath-Saath Project in coordination with NPHL to ensure quality of training to improve access to quality of HIV services.

SSP staff provided technical assistance in the discussion related to possible alternatives for SD Bioline HIV test kit where different options (e.g. First Response HIV-1/2 and HIV-1/2 Stat-Pak test kit) were shared. Discussions related to testing DBS specimens and diluted sera using the alternative test kits selected for tie-breaker test were held. Following the testing based on the performance, HIV-1/2 Stat-PAK was selected as tie-breaker test kit. It was also decided to use ELISA test kit as the tie-breaker test in reference laboratory for testing DBS specimens. SSP also supported NPHL to develop the interim plan

for tiebreaker test of HIV testing algorithm. The meeting decided to collect and send all discordant samples from SSP supported sites to NPHL for ELISA testing using DBS technique.

In addition, SSP provided valuable technical assistance to determine the specifications of PCR machine to be procured under the Global Fund for Early Infant Diagnosis (EID) of HIV. SSP provided technical inputs for the suitable PCR machine required for the country. As SSP is the only project currently using Dried Blot Spots (DBS) technique, SP's inputs in the workshop for revision of the National Training manual on DBS Technique for HVI EQAS were also highly appreciated.

SSP has been supporting the national program as it starts to develop necessary guidelines and roll out plan for EID at the national level. SSP briefed NCASC and UNICEF on recent issues in the EID program supported by SSP. This helped the national team understand that an EID guideline meeting involving clinical and laboratory technical experts was necessary before finalization of national EID guidelines. SSP has provided necessary inputs in the development of Early Infant Diagnosis (EID) national guidelines. SSP representatives have provided overall input on the document as well as specific recommendations regarding expansion of section on discordant results, specimen flow and site-lab communications, training needs and synchronization of algorithms with those in National HIV Laboratory Diagnosis guidelines. SSP team also provided technical assistance and presented information on Early Infant Diagnosis in the 'Nepal CME workshop on Pediatric HIV meeting held at Kanti Children's Hospital during this month.

Support to ART program: SSP's technical experts have been providing needed support to strengthen the ART program in Nepal. The NCASC has provided much needed leadership to get ART rolled out at scale using existing government systems. SSP's role has mainly been in support through technical working groups, site visits, inputs in development of national recommendations and making technical presentations on new developments. Through TWG meetings, SSP contributed to the discussions on the Training of Trainers on Clinical management of HIV & AIDS and phasing out of stavudine. SSP also shared concepts around mentoring/onsite coaching plan, plan for advanced and clinical practicum training, CME program development, ART orientation package and initiation of warm-line. SSP technical team provided their inputs during the National Workshop for HIV Clinicians organized by NCASC to make ART providers from the across the country aware on new updates and also discuss complicated cases. SSP staff facilitated the sessions on challenging case studies and presented new Pediatric ARV formulation and dosing information. SSP provided valuable technical inputs in the process of finalization of new national adult ART guidelines which were originally drafted in 2009 and have undergone many revisions and refinements to include all WHO guidelines released since 2009. Similarly, SSP has been providing 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. SSP's contribution in developing curriculum for clinical management of HIV TOT training upon the request of NCASC was very well appreciated. The curriculum includes adult learning and facilitation skills sessions, technical updates on many HIV related topics and sessions to improve practical teaching/clinical mentoring skills of HIV experts in the country. SSP participated in the workshop on Pharmacovigilance to discuss on Pharmacovigilance which is also a part of the Quality Assurance plan for Pharmaceuticals and other Health Commodities for product procured under GFATM.

Support to PMTCT including Community based (CB)- PMTCT program: Previous USAID funded ASHA Project had carried out a pilot CB-PMTCT Project that provided valuable guidance to the national program. UNSAID funded program has been working closely with WHO, UNICEF and NCASC to provided valuable technical assistance for the roll out of PMTCT program in Nepal. During the first year of SSP, this was done through PMTCT technical working group, through different curriculum/guidelines development, training, support by Community and Home based Care teams (CHBC) and mentoring. SSP has provided necessary inputs in the "Way Forward" discussions to roll out Option B+ for PMTCT that

Nepal has adopted. SSP staff met with Director of Paropakar Maternity and Women's Hospital to discuss future support for PMTCT clinical activities by SSP through on-site coaching and discussed useful modalities to help with the roll-out of triple ARV prophylaxis for pregnant women and the prescription of triple ARVs on-site at the Hospital. SSP team also shared their experience in discussions related to scale-up efforts within the CB-PMTCT districts. SSP staff also attended a workshop to "finalize the modality" of the future PMTCT program for Nepal contributed to final decisions for institutional PMTCT and CB-PMTCT programs and the kind of support necessary to achieve National goals following new updated PMTCT guidelines. Similarly, to support government's expansion of CB-PMTCT program, SSP conducted two CB-PMTCT training for CHBC team members in Dhandagi strengthening the capacity of the teams to effectively support CB –PMTCT services.

STI consultation: SSP organized a consultative meeting with STI experts to discuss possible alternative to Injection Benzathine Penicillin for syphilis. The meeting decided that Injection Penicillin should be the first drug of choice instead of recommending an alternative. In addition, training on Basic life support for health care providers at the EIHS sites was also recommended. Following the recommendation of the experts, SSP conducted an assessment of selected EIHS sites to explore if the EIHS sites are adequately equipped with the minimum standards required for conducting resuscitation. Based on the recommendations of the assessment, need for upgrading the EIHS sites have been decided. Possibility of insurance coverage for the health care provider at the EIHS sites was also explored.

Technical Assistance to FHI360 Cambodia in Healthcare Waste Management (HCWM) assessment: SSP provided technical assistance to FHI 360 Cambodia in Healthcare Waste Management assessment to build the capacity of the FHI 360 Cambodia staff to assess Healthcare Waste Management based on the experience of rolling out health care waste management in SSP run sites in Nepal. During the visit, SSP staff also conducted rapid assessment of HCWM at two referral hospitals and one health center in Cambodia.

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 meet with government counterparts to ensure there is good coordination and collaboration in promoting HIV care and prevention services throughout the SSP districts.

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 (two basic and two refresher)
- Clinical management of HIV training (CMT) (two)
- Clinical Practicum training (One)
- Stigma and discrimination training for Health care workers (two)
- National HIV counseling (two)
- STI management training (two basic and one refresher)
- Training on Basic Life Support
- Training on Rapid HIV testing and laboratory diagnosis of Sexually Transmitted Infections (STIs) (Two):
- Training on universal precautions and Healthcare waste management (Two)
- Care giver's training (conducted by IAs)

SSP staff also facilitated sessions in the following training:

- Clinical Management of HIV Training- Training of Trainers (ToT) (supported training held by NCASC)
- MTOT and regional training on DBS Technique

Technical updates and other program updates within SSP:

Various technical updates were done during this month to increase awareness about recent technical facts and help them to best utilize their knowledge in the program implementation.

- Discussion on recent findings and recommendations related to the use of hormonal contraception by women at risk for or living
- Technical update on various aspects of using antiretroviral as prevention of HIV transmission.
- Sharing on Global PMTCT overview and PMTCT in the context of Nepal
- Technical update on the Conference on Retroviruses and Opportunistic Infections 2012

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

Supportive monitoring Technical backstopping visits to the IAs: To strengthen the capacity of IAs to deliver quality services, various capacity building initiatives have been implemented in the reporting period. Some of the capacity building activities implemented are on program management, good governance, transparency and accountability. Before starting the SSP initiatives, IA staff are well-oriented on the project goals, outcomes and outputs, monitoring requirements, compliance to USAID-funded project.

Development of draft SSP Capacity Building Framework: A draft of the Saath-Saath Project (SSP) Capacity Building framework was developed and shared with the team internally and with USAID. The purpose of the framework is to facilitate an institutional understanding among Saath-Saath Project staff and implementing partners/agencies on capacity building, its emergent need and role in the project, and the particular approach that will be adopted. The draft is under revision as of end of this reporting period to include the capacity building plans emerging from the technical and organizational capacity assessment that all SSP implementing agencies (IAs) are undertaking in two phases (phase I: April-July, and phase II: Sept-Dec).

Phase I Rollout of TOCAT: The global TOCAT (Technical and Organizational Assessment Tool) developed by FHI 360 was reviewed and revised for use in Nepal. A two-day pilot workshop was carried out subsequently with two IAs from Kathmandu to test out and contextualize the global tool. The project decided to carry out the TOCAT in all 41 IAs in two phases. Twenty-four IAs were selected to carry out the TOCAT in Phase I. A Nepali version of the tool was also developed to facilitate the assessment process. The TOCAT assessment rollout in Phase I was carried out between April-July in all 24 IAs with team efforts from all functional areas in the Program-Technical team.

Capacity Building Training/workshops for IA staff: SSP organized three different trainings aimed at improving the capacity of IA staff. They were

- Presentation and communication skills workshop,
- Documentation and good practices and lessons learned workshop
- Proposal writing workshop

Development of Internship Guidelines and implementation of SSP Internship Program: The Saath-Saath Project Internship Guidelines were developed to outline the overall processes and procedures for SSP's Internship Program, from the requisition stage to the program evaluation stage. It helped to lay out the selection processes, learning objectives, supervisor's roles and responsibilities, a template for

planning tasks/activities requiring interns, and an evaluation plan for hosting organization and interns. The program is a three- month structured internship for nominees from SSP's Network IAs (1 person from each of the 5 networks annually) and students from BP Koirala Institute of Health Sciences (BPKIHS), Dharan. The interns spend 1 month each at FHI 360 Nepal, Jhpiego and AMDA Nepal. A memorandum of understanding (MoU) was established between BPKIHS and FHI 360 Nepal in June to place 2 of their MPH level students annually in the program. The program was fully rolled out from 18 June, 2012.

Development of draft SSP Gender Strategy: Two SSP staff were trained on the FHI Gender Integration Framework at a workshop conducted by FHI 360 in Bangkok. An action plan to implement the integration framework was developed. A Gender Strategy paper was then developed to articulate Saath-Saath Project's approach and strategies on gender that is in line with the central tenets of the framework. In addition, a gender team was formulated consisting of selected members of SSP staff (including those trained on the FHI 360 gender integration framework) who had participated in an online course on monitoring and evaluating gender programs in HIV and FP.

Technical Assistance (TA) on USAID Small Grants on Gender-based Violence (GBV) to three IAs: SSP provided technical assistance to Community Action Center (CAC) Nepal, Jagriti Mahila Maha Sangh (JMMS), and Child and Women Empowerment Society (CWES) on proposal writing for submission to PEPFAR small grant on Gender Based Violence. To facilitate the application process, by organizing a Joint Review and Consultative meeting on July 20, 2012.

Outcome 5: Strengthened coordination among all HIV/AIDS partners

SSP has a strong commitment to build coordinated national planning, resource allocation, management, and monitoring under the leadership of the GON to support effective scale-up and national impact. SSP has strong commitment to work very closely with all stakeholders for HIV and FP at all levels as required. In addition, SSP is provided its technical assistance in close co-ordination with all partners.

Saath-Saath Project (SSP) Launch: USAID officially announced the launch of its new five-year health program Saath-Saath Project sharing the fact that the project builds on USAID's continual support to Nepal's HIV/AIDS response since 1993 and will integrate and expand HIV prevention, treatment, and care and family planning services in 33 districts of Nepal. During the launch attended by key national stakeholders including EDP, a presentation including key components of SSP was made. During the launch function, SSP organized as a prelude to World AIDS Day (WAD) 2011, the launch featured key stakeholders from the Government of Nepal, private sector, civil society, and media. Seven local organizations (Trisuli Plus, Syangja Support Group, Chhahari Mahila Samuha, Dang Plus, Dhaulagiri Positive Group, Lumbini Plus and Sakriya Plus Nepal) were recognized for their longstanding, exemplary contributions towards serving people living with HIV and their families. Similarly, a series of meetings were held with NCASC, FHD, district authorities and DACC meetings to share about SSP initiation.

Combating Trafficking in Persons (TIP): In line with USG's Unified Policy Guidelines for (TIP), SSP developed and maintain a recording and reporting system of suspected TIP cases in which SSP IAs, at the district level, are regularly identifying all suspected forms of trafficking among FSWs reached, refer them for EIHS, report these cases to SSP, follow-up, and refer them to local anti-trafficking agencies as necessary. All SSP IA staff including volunteer PEs were oriented on working with suspected trafficking in person cases and have signed certification of compliance for anti-trafficking in person. SSP staff have been regularly monitoring this during field visit and interaction. SSP provided orientation on identifying, dealing with and recording and reporting of TIP cases. SSP organized a coordination meeting with anti-trafficking organizations The Asia Foundation, World Education and Terre Des Hommes (TDH) and

shared the progress on SSP and Combatting Trafficking in Persons (CTIP) Project. The meeting discussed on collaboration and linkages for the TIP referrals in the five CTIP and SSP overlapping districts Kavre, Kathmandu, Makawanpur, Banke and Kanchanpur. In addition, SSP also held a national coordination meeting with agencies working in the field of Anti Trafficking to share Government of Nepal's policies and programs on combating TIP and HIV issues, to update on key prevalent issues related to HIV and trafficking and to discuss potential program options, including ways to establish improved coordination, to chart out steps to expand and ensure effective coordination among stakeholders working on anti-trafficking activities. Similarly, SSP IAs are regularly coordinating with agencies working for combating TIP for referral mechanism for providing income generation, livelihood, skills building, legal and psycho-social support to the TIP cases.

Co-ordination at district level of leveraging: SSP IAs are coordinating with local government and non-governmental and private sector stakeholders for skill-building, vocational and income-generation activities and paralegal committees for violence prevention and mitigation for FSWs.

Co-ordination meetings at national level: SSP staff attended the following co-ordination meetings at the national level:

- Meeting on PMTCT jointly organized by NCASC and FHD to bring together different stakeholders and discuss on the need of integrating PMTCT and ANC services.
- National TB/HIV Collaboration committee meeting to discuss on duplication of TB/HIV activities by NCASC and NTC in Makawanpur and Kathmandu.
- Clinical practicum training preparatory meeting to discuss on how the training could be conducted in collaboration with NCASC, Teku Hospital, TUTH and SSP. This included a separate coordination meeting with Teku Hospital to discuss on the clinical practicum training being planned in Teku.
- SSP technical coordination meeting with NCASC to discuss on the possible coordination and collaboration on several new technical activities aimed at increasing quality of care provided at national service delivery sites. Follow up meetings were held with NCASC Senior Medical Officer on Technical/Clinical activities to discuss on the potential technical clinical activities of support from SSP. The Advisor also supported NCASC by giving inputs in the ART guidelines finalization.
- Meeting with NCASC-GFATM ART focal person to avoid duplication and enhance effectiveness of the national program overall through collaboration.
- Participation in UCAAN Activities to discuss, finalize UCAAN Articles of Association and to discuss the progress of UCAAN secretariat handover from FHI 360 Nepal to Save the Children.
- SSP-UNICEF sharing meetings to share their recent situational analysis and work-planning ideas with FHI 360 staff related to youth, pediatric HIV, CABA and PMTCT. SSP also participation in UNICEF Annual Review to discuss continued collaboration with UNICEF Nepal on Pediatric HIV, PMTCT, CABA and HIV-related issues for adolescents.
- Participation in the Adolescent Sexual and Reproductive Health (ARSH) sub-committee meeting organized by Family Health Division (FHD) to share the National Adolescent Sexual and Reproductive Health program package developed by FHD/Department of Health Services, Ministry of Health and Population (MoHP) and to get feedback on the draft of the ARSH Flip Chart.
- Sharing on SSP with LMD to explain the provisions in the SSP and the assistance for the integration of the HIV and AIDS logistics management system with that of general logistics.
- Meeting with USAID and DELIVER to discuss the possible mechanism where SSP and USAID-DELIVER could work together and contribute.

Participation in regional workshop on Health Care Waste Management: SSP participated in in regional workshop on Health Care Waste Management. The objective of the workshop were to review global, regional and national status of health care waste management, to identify issues and challenges on health care waste management, to discuss strategies and approaches for health care waste management and to develop a country specific action plan on health care waste management. A poster oh health care waste management activities carried out by SSP was displayed in the workshop. Liquid waste management at Dhulikhel Hospital and solid waste management at Bir Hospital were observed during the workshop.

Participation in the Regional Technical Consultation on the Integration of Family Planning and HIV and AIDS in Asia: SSP staff participated in the Regional Technical Consultation on the Integration of Family Planning and HIV and AIDS in Asia. The main objectives of the technical consultation were to develop a common understanding on FP/HIV integration and its importance, provide a technical update on the latest evidence and guidance for FP/HIV integrated policies and programming, orient on available tools and resources for supporting FP/HIV integration efforts and to develop country specific action plans on Family Planning and HIV/AIDS integration. Representatives from five countries of south-east Asia region participated in the meeting.

Support to National Days: Synergizing with local implementing partners, SSP organized activities to support the 17th National Condom Day events in all project districts. The slogan for this year's event was of "Universal Access to Condom for Dual Protection. Saath-Saath Project also assisted NCASC in the overall planning including preparation of press release, media mobilization and banner designing for the national condom day. In addition, under the leadership of NCASC, SSP provided technical assistance to different committees responsible for planning events for the World AIDS Day (WAD) 2011 throughout the country. This included development of technical update sessions presented at NCASC's National World AIDS Day technical sessions. The SSP IAs also marked the WAD by conducting various programs such as distributing condoms and brochures, organizing rallies, sports competitions, quizzes and candlelight vigils under leadership of respective District AIDS Coordination Committee (DACC).

NCASC Regional Review Meeting on HIV and STI responses: SSP staff participated in regional and national review meetings on HIV and STI responses organized by NCASC to review the progress on responding to HIV at regional level and national level, to strengthen coordination and collaboration among the partners at regions and districts for improved programming and to document the progress so far. Regional Health Directors, District (Public) Health Officers/Administrators and DACC Coordinators participated in the meetings and presented progress, issues, challenges and ways forward on district level HIV responses. SSP also provided consultant support for documentation of the meeting. SSP's strategy to work very closely with the government counterparts and contribute to the national capacity was very much welcomed in all the regions.

Participation in Regional Health Reviews, regional health Coordination Team Meetings, EDP coordination meetings: SSP regularly participates in regional reviews organized by regional health directorates and coordination meetings. It has also served as working group member in various task force/working groups formed by the reviews/meetings.

Bi-annual coordination meeting (BCM): SSP organized the first BCM with IAs in all the regions. Representatives (Project Coordinator and board member) of the IAs participated in the meetings. The main objectives of the meetings were to share and review key program highlights, good practices, lessons learned, issues and challenges in the implementation of SSP, to review and strengthen coordination and collaboration issues between SSP implementing partners; and to share program, technical and certifications/compliance related updates and monitoring system under SSP.

Promoting PPP in SSP: SSP has held several round of meetings with GGMS for involving CRS company to collaborate on social marketing of condoms, STI kit and others. Both the teams have agreed to identify a district and pilot what can be done to promote PPP in FP/HIV program activities.

Likewise, SSP has held information sharing and coordination meetings with representatives of the hotel association of Nepal (HAN), Restaurant and Bar association of Nepal (Reban), GGMS, law enforcement agencies to promote safer and healthy work place environment. This will be taken further in year 2.

Monitoring Visit from DPHO, DACC and DDC: SSP core partner AMDA and SSP IAs Sneha Samaj, STEP Nepal and SPARSHA Nepal, SPN, Trisuli Plus, GWP, Sahara Nepal, DPG, CIRDS, RDF, N'SARC and ICH organized monitoring visits of their project activities including DIC, static and satellite EIHS sites, outreach activities, SBC materials and recording and reporting system of the project from their respective District Public Health Offices (DPHOs), District AIDS Coordination Committees (DACCs) and District Development Committees (DDCs). All of the IAs received strong commitments from DDC, DPHO and DACC to provide ongoing support to the activities. The monitoring visit team appreciated the activities being conducted by the SSP IAs and efforts in HIV prevention, care, support and treatment at district level and assured their support for effective coordination in upcoming days for HIV prevention and FP promotion activities smoothly. During the visit, Kathmandu DPHO and DACC Coordinator also interacted with target group members on HIV related knowledge, condom use and quality of condoms they received. Dhanusha DPHO and DACC Coordinator admired and appreciated the program and expressed that the site is one of the model sites that has been providing the quality services as per the guidelines and standard protocols of NCASC. Morang DPHO and DACC suggested for strengthening networking and coordination with DDC fund that could be utilized for betterment and improvement of livelihood of FSWs.

Regional Technical Consultation on the Integration of Family Planning and HIV and AIDS in Asia: Two SSP staff participated in the Regional Technical Consultation on the Integration of FP and HIV and AIDS in Asia. The main objectives of the technical consultation were to develop a common understanding on FP/HIV integration and its importance, provide a technical update on the latest evidence and guidance for FP/HIV integrated policies and programming, orient on available tools and resources for supporting FP/HIV integration efforts and to develop country specific action plans on Family Planning and HIV/AIDS integration.

National Ownership and transition: Through detailed research work, SSP has developed a concept for national ownership assessment in Nepal and to develop a five- year transition plan. This plan was shared with USAID and necessary revisions were made. Further consultations were held with external development partners and EDP supported the idea of carrying out the assessment and working jointly to develop the transitional plan. Discussions indicated that higher authorities at MoHP might also be required to be engaged in the process. The idea was shared with NCASC Director and he has supported to carry out this activity. The ownership assessment will be carried out in Year 2 of the project followed by development of a transitional plan.

IV. Cross-cutting Issue: SSP and Gender Integration

Drawing upon USAID's Policy Framework (2011-2015) and USAID's Gender Equality and Female Empowerment Policy (March 2012), and the FHI 360 Gender Integration Framework, FHI360-Nepal has developed a Gender Strategy for SSP. This framework promotes advocacy, equity and leadership as three key channels through which gender can be integrated into health and HIV programs. SSP is integrating gender through these three key areas in the following manner:

- **Building Capacity** – SSP works closely with marginalized women, mainly female sex workers, engaged in behaviors that put them at high risk for HIV transmission. Many of these women reportedly engage in sex work due to economic circumstances or coercion by husbands or family members. Through its NGO partners, SSP has also worked with them to build their skills in advocating for better health care and economic opportunities. For example, behavioral change communication activities and counseling services will strengthen the skills and abilities of women to negotiate the use of condoms and other family planning methods. SSP is also promoting safer and healthy work place environment for FSWs. Further advocacy of marginalized group is enhanced through mobilization of network agencies that are either PLHIV-led or involve key target groups including sexual/gender minorities, FSWs, female IDUs to name a few.
- **Promoting equitable relationships** – SSP promotes Gender-integrated programs that focus on building equitable relationships between sexual partners, among community members, and between clients and health providers and targeted beneficiaries. User/client friendly services are promoted by SSP and its partners and PLHIV and sex workers are recruited as PE and CHBC worker under the project. Along with helping clients express their health concerns to providers, these programs assist providers in developing more open relationships with clients and creating a positive healthcare experience for clients. More than two thirds of participants of SSP trainings are females.
- **Encouraging equitable leadership** - SSP encourages gender-integrated programs that emphasize the equitable participation of underrepresented groups in leadership positions.. SSP strives to balance representation across leadership roles and work with IAs that have women in leadership roles, and to the greatest extent possible support these individuals in developing and maintaining the skills and competencies necessary to succeed in these positions. Through capacity building on good governance, transparency and accountability this area is further strengthened. Of the 41 SSP's implementing partners, about 39% are led by women and others. Likewise. Of the six network agencies that SSP partners with 5 are women and other (transgender led). SSP activities are targeted to build leadership and improve governance and transparency and accountability of organizations we work and women led organizations have benefited the most. Training on public speaking, proposal writing to networking and facilitating their participation in local, regional and national forums have been promoted

Internship Guidelines and Placements of Interns.

As reported in Outcome 5 above, SSP has developed a well-structured Internship Guideline during the reporting period. Interns from five network partners and BPKIHS are enrolled. The goal is to build capacity of network NGOs to improve their HR portfolio and help improve their performance. In addition to building the institutional capacity of partner NGOs, it also helps to develop individual professionalism of the persons who will participate in the program. Same is true of the BPKIHS students—they will have better understanding of HIV policies and programmes.

V. SECURITY ANALYSIS

SSP implementing agencies send fortnightly security reports to inform about the local security situation in the districts. A total of 287 reports were received via email during this reporting period. According to the reports, there were a total of 77 days (average 8 days/month) where incidents of Banda occurred that affected fully or partly in all 33 districts. However, the districts from the far-western region and eastern regions affected more by Banda and other security incidents. High number of *banda* observed in the month of May (18 unique days) followed by January (17) and November (14). In addition to the fortnightly security update reports, NGOs sent daily updates through email, telephone and SMS during May 2012.

Majority of the NGOs rated the situation as normal. However, there was “Caution” rating in Jhapa, Morang, Sunsari, Dhanusha, Mahottari, Rupandehi, Kapilbastu, Banke, Bardiya, Dang, Kailali and Kanchanpur districts. Similarly, security condition as ‘Risky’ was reported in Mahottari, Dhusha, Banke, Kapilbastu and Rupandehi during the month of Jan and May 2012. The local security situation such as frequent strike of local transportation and market places have affected reaching out the target people and smooth running of clinical services. Mostly, it affected services in the month of May 2012.

Summary of Fortnightly Security Reports

Months	Number of reports	Dates of Bandha reported	# of days	Districts affected
Oct-11	11	None	0	
Nov-11	24	10-20, 23-25, 27	14	Banke, Kailali, Kanchanpur,
Dec-11	17	12,13,17, 19,23,26,29	7	Makawanpur, Bara, Rautahat, Kaski, Syangja, Rupandehi, Banke, Bardiya, Dang, Kapilbastu, Kailali, Kanchanpur, Jhapa, Morang, Sunsari
Jan-12	32	1, 2,5,11,19, 13, 20-31	17	Banke, Bardiya, Dang, Kanchanpur, Rupandehi, Kapilbastu, Syangja, Dhanusha, Mahottari, Jhapa, Morang, Sunsari,
Feb-12	39	3, 23, 24, 28, 29	5	Mahottari, Jhapa, Morang, Sunsari, Achham, Doti, Kailali, Kanchanpur, Kapilbastu, Rupandehi, Nawalparasi, Dang, Banke, Bardiya, Surkhet and all district
Mar-12	33	1, 2, 4, 9, 10,15,16	7	Kaski, Baglung, Tanahu, Palpa, Syangja, Nawalparasi, Kapilbastu, Rupandehi, Jhapa, Morang, Sunsari, Doti, Achham, Kailali, Kanchanpur
Apr-12	27	2,9,10,15, 16,17, 24	7	Dhanusha, Mahottari, Sarlahi, Banke, Bardiya, Surkhet, Chitwan, Bara, Makwanpur, Parsa, Rautahat, Doti, Achham, Kailali, Kanchapur, Palpa and all district
May-12	19	2,3,4,5,8,10,11,12,14 -18,20-22	18	All districts, Jhapa, Morang, Sunsari, Nawalparsai, Rupandehi, kapilbastu, Dang, Banke, Bardiya, Kailali, Kanchanpur, Dhanusha, Bara, Parsa, Rautahat, Sarlahi, mahottari, Kaski, Tanahu, Syangja, Baglung, Kavrepalanchowk

Months	Number of reports	Dates of Bandha reported	# of days	Districts affected
Jun-12	33	17	1	Kathmandu, Bhaktapur, Lalitpur
Jul-12	52	2	1	Chitwan

The NGO partners also 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 these reports. According to the reports, out of 29,901 outreach visits planned in 1,410 locations across the 33 districts, 585 (2%) visits were cancelled due to security incidents. Similarly, out of 3,513 supervision visits planned, 178 (5%) were either cancelled or postponed due to security reasons. High percentage of cancellation was occurred in May 2012 where 13.5% outreach visits and 28% of supervision visits were cancelled.

Security analysis in brief:

- Total # outreach sites in a month: Min-1296 (Dec) Max: 1410 (Jun)
- % of outreach sites not visited: 44 (3.1%), in May 3.3% (of 1321)
- Total # outreach visit planned: 29901
- % of outreach visits cancelled: 585 (2%), in May 13.5% (of 3220)
- Total # of supervision visits planned: 3513
- % of supervision visits cancelled: 178 (5.1%), in May 28.3% (of 371)
- Total # of Static Clinic days planned: 3930
- % of Static clinic days cancelled: 106 (2.7%), in May 23.3% (of 417)
- Total # of Satellite Clinic days planned: 465
- % of Satellite Clinic days cancelled: 30 (6.5%), in May 42.9% (of 42)

Security situation has also hampered normal operation of Satellite and Static Clinics. Of the total of 4,395 clinic sessions (3,930 Static and 465 Satellite) planned during this period, 136 (3%) clinics had to be cancelled due to security concerns (6.5% in satellite clinics and 2.7% in static clinics). The highest rate of cancellation was in May 2012 where 43% of satellite clinics and 23% of static clinics were cancelled. The clinics were cancelled due to unexpected transportation *bandha* (strike) called by various groups including political parties.

Month-to-month analysis revealed that the effect was higher in May 2012 followed by April 2012, January 2012 and December 2011. There were no direct and or indirect threats, loss or damage to individuals, staff of SSP and its NGO partners of Saath-Saath Project during this reporting period.

VI. PROJECT VISITS

GHI Executive Director Visit to Saath-Saath Project (SSP): The Executive Director of US President Obama's Global Health Initiative (GHI) Ms. Lois Quam along with USAID/Nepal's Mission Director Mr. David Atteberry and Office of Health and FP Director Ms. Shanda Steimer and other USAID/Nepal staff participated in the special WAD program organized by Bhaktapur District AIDS Coordination Committee. At the program the team also visited SSP outreach table setup by its IA Community Action Center (CAC) to disseminate HIV, STIs and Condom use-related information using different IEC

materials and games. Following the WAD commemoration, Ms. Quam also visited the SSP site in Bhaktapur. The Project's Chief of Party led the visitors on an interactive tour of the EIHS site and co-located DIC being operated under SSP's Integrated FP, HIV prevention, care, treatment services for female sex workers, their clients and people living with HIV in the district by CAC. Ms Quam also met and interacted with FSWs receiving services from the CAC EIHS site.

USAID visit to Janakpur: Shanda Steimer, Director, Office of Health and Family Planning (O/HFP): Andrea Sternberg, Global Health Initiative (GHI), Washington; and Deepak Paudel, Program Specialist, O/HFP, USAID Nepal visited SSP IAs RDF and AMDA Nepal in Janakpur. Visit was organized at co-located DIC run by SSP IA RDF and EIHS site run by AMDA Nepal at Zero Mile. The team also monitored outreach activities run by RDF in the nearby location and interacted with the FSWs available in the site to know more about their understanding on risk behavior, activities conducted by community mobilizers from RDF, availability and use of condom and other social factors in relation to prevention activities under SSP.

USAID visit to Far-Western Region: USAID team (Shanda Steimer, Ann P McCauly, Shanta M Gurung and Pragya Shrestha) visited Far-Western Nepal and met with the SSP IA Gangotri Rural Development Forum, the Shrikot Health Post where CB-PMTCT is being implemented and Thagil Social Development Association this month. The team was debriefed about the services being provided by the respective organization and the team also interacted with the target group members.

Educational visit from Turkmenistan: SSP team facilitated the visit of a team from Turkmenistan in Nepal to learn more about HIV program and outreach activities with the focus to SBC materials. The team visited in different location in Kathmandu and also visited SSP partners in Pokhara to observe the field activities.

US Government's Deputy Director of Bureau for Asia visits Saath-Saath Project: US Government's Deputy Director of Bureau for Asia Mr. Todd Sorenson along with USAID's Office of Health and Family Planning Director Ms. Shanda Steimer and Health and Population Officer Ms. Jessica Healey visited SSP site in Bhaktapur district. The visit was conducted at SSP's local NGO partner Community Action Center (CAC) implementing integrated family planning, and HIV prevention, care and treatment services for female sex workers, their clients and people living with HIV in Bhaktapur district.

USAID Team Visits: Mr. Gajendra Rai and Ms. Jessica of USAID visited SSP IA Sahara Nepal DIC co-located with AMDA SSP satellite EIHS site and DPG CHBC service in Dharan and interacted with project staff about functioning of the sites, and specially family planning and abortion. Similarly, USAID team led by Patrick Wilson visited the SSP implementing agencies in Pokhara. The team has observed the EIHS service at Naulo Ghumti and DIC and outreach services managed/implemented by Child and Women Empowerment Society (CWES). The team also observed the use of IEC/SBC materials being developed by USAID funded ASHA Project. Prof/Dr. Paul Farmer, the head of Partners in Health, a well-known and well-read public health expert, visited GaRDEF in Achham district and observed Community based prevention of mother to child transmission (CBPMTCT) activities.

VII. TECHNICAL PRESENTATIONS

Presentation on “Early Infant Diagnosis (EID)” was shared in the NEPAS (Nepal Pediatric Association) Continuing Medical Education (CME) workshop held at Kanti Children’s Hospital. Participants included health care workers from both government and private hospitals in Kathmandu.

Presentations were made on “Challenging case studies” and on “New Pediatric ARV formulations and dosing information” during the National HIV Clinician Workshop organized by NCASC. Participants in the workshop included health care workers from the ART sites.

Presentation on “ARV drug choices for Community Based programs focusing on efficacy, toxicity and laboratory monitoring issues” was presented at the CB-PMTCT workshop. Representatives from NCASC, FHD, UNICEF and WHO participated in the meeting.

Presentations on “Health System in Nepal”, HIV Epidemic” and “Clinical Management of HIV in Nepal” were shared with visiting students the Global Health Nepal course from University of Arizona.

Presentations were made on “Family Planning & HIV/AIDS Integration: Global Overview and Considerations for Concentrated Epidemics” during the National FP/HIV integration workshop held on July 5, 2012. The participants included representatives from DoHS, RHD, NCASC, FHD, NHTC, NHEICC, USAID, UNICEF, WHO, UNFPA and SSP.

FHI 360 HQ PMTCT Technical Advisor, Justin Mandala from FHI 360 HQ did the sharing on ‘ Global PMTCT overview and PMTCT in the context of Nepal’ for the Program and Technical team of the Project. The team also held a very fruitful discussion on where we are now and how we can move ahead in coordination with the National government.

A technical update session on “Family Planning & HIV/AIDS Integration: Global Overview and Considerations for Concentrated Epidemics” was also conducted to a larger audience at NCASC

External presentations:

SSP shared a work-in progress paper on national ownership and Transition Plan development concept drawing upon the Paris Declaration on AID harmonization, transparency and accountability with external donor partners at a meeting including USAID. The paper was well-received and a taskforce to formalize the document is in the process.

A sharing on SSP’s plan for capacity building of IAs and transition plan which is a key deliverable of SSP was done with USAID which included presentation on comparative advantages of two organizational assessment tools (TOCAT and OCAT – Organizational Capacity Assessment Tool). The use of TOCAT as the principal tool for the capacity assessments was agreed upon.

VIII. M&E UPDATE

During this reporting period substantial progress was made in all key target areas and in most instances achievements exceeded the target. 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.*

- Female sex workers - 22,055; Clients of FSWs - 49,319; Male migrants - 2,126; Female migrants - 47; Spouse of male migrants - 2,796; Spouse of Female migrants – 11; PLHIV Male - 1,358; PLHIV Female - 1,678; IDUs – 33; and MSM – 3

Comments: The overall achievement of outreach numbers is 10% below expected target which is mainly due to the shortfall in reaching the targets of migrants. The project has achieved exactly 100% of the target of FSWs and 99% of the target of Clients. Migrants reach is low because the activities focused on migrants started only in the second semi-annual period and uncertainty on state-restructuring and fate of the constituent assembly led to several *bandas* some lasting for 3 weeks during the month of May 2012.

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

- 1,286 trained in other than AB; 250 trained in Palliative Care; 48 trained in counseling and testing; 46 trained in ARV; 78 trained in Lab, 139 trained in Strategic Information; 731 trained in Institutional Capacity Building; 8,128 trained in Stigma and Discrimination reduction and 41 trained in Medical Injection Safety.

Comments: The overall achievement in training indicator is 114% (F- 131% and M-94%). Achievement exceeded in prevention training (129%), counseling and testing (120%), and S&D reduction training (116%). However, the achievement is low SI (66%) and institutional capacity building (73%). Most of the training activities planned in this reporting period have been completed. However, few Research and SI related training events planned to be conducted in coordination/collaboration with GON were either not required (i.e., DQA) or rescheduled/postponed to year 2 (i.e., data analysis, sustainability, QI etc). Some of institutional capacities building training were prioritized after TOCAT assessment.

Participants from 49 organizations were trained on Strategic Information and 93 organizations were trained for institutional capacity building. Participants represented from FHI 360 Staff (Saath-Saath Project and GGMS), Implementing Agencies, USAID Nepal Staff, Government of Nepal (Ministry of Health, Family Health Division, NCASC), DACC,D(P)HOs, NFHP-II, National Planning Commissions, UNAIDs, NGOs, Networks, , Community people, beneficiaries.

Indicator: *Number of people that have been trained in FP/RH with USG funds*

- 308 people (159 females and 149 males) trained on FP/RH. Overall achievement is 103%. People trained in this indicator are community workers and clinic staff of implementing agencies

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

- 5,531 total; 2,907 women and 2,624 men; (109 less than 5 year old and 431 between 5-14 year old and 4,991 15 years and above)

Comment: The achievement for this indicator is 101%. Of the total Palliative Care service recipients, 3,231 (58.4%) received only CHBC services, 1233 (22.3%) received only EPC services and remaining 1067 (19.3%) received both EPC and CHBC services. Out of 228 HIV positive diagnosed from SSP EIHS sites, 223 (98%) are enrolled in EPC services. Of the remaining 5, one has received service in Aug 2012 and 2 are being followed up by IAs and 2 are out of the districts. Only 90 (39%) have received CHBC services.

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

- 16,310 Total; 6,066 FSWs, 127 IDUs, 326 male migrants, 792 spouses of male migrants, 8,100 clients of FSWs, 41 MSM. 16082 tested negative and 228 diagnosed positive.

Comment: Overall achievement is 96% of the target set for this annual period. However, the achievement for female is 16% higher than the target. The 4% shortfall is mainly because of the lower number of clinic days open in Oct 2011 due to festival seasons and project beginning and transitioning days and in May 2012 due to political instability. Similarly, delay in initiating migrants programs in 3 districts (Bara, Kapilbastu and Palpa) also contributed for this shortfall in achievement. Due to security reasons, 3% Static and 6.5% Satellite clinics had to be cancelled. The cancellation % in the month of May was 23% and 43% of static and satellite clinics respectively. A total of 228 (1.4%) people were tested positive from SSP clinics among people who received VCT.

Indicator: *Number of service outlets for palliative care*

- 48 outlets

Indicator: *Number of outlets providing counseling and testing*

- 47 outlets

Indicator: *Number of USAID assisted service outlets providing STI treatment*

- 46 sites

In comparison of ASHA Project sites, 10 new sites were opened in the first year of Saath-Saath Project in Kailali, Dang, Kapilbastu, Palpa, Tanahu, and Dhading districts.

Indicator: *Number of MARPs receiving STI treatment at USAID-assisted sites*

- 7,224 Total; 6,098 FSWs, 11 IDUs, 245 Migrants and their spouses, 547 clients of FSWs, 23 other males, 300 other females (6,634 females and 590 males)

Comment: Overall achievement is 3% above the target. It is 16% higher in the female. The proportion of male being treated is still low as the activities focused on migrants delayed in initiation and expansion 3 districts. During this period, a total of 16,045 people were examined for any STIs. Of them, 6,266 (39%) were FSWs, 7,915 (49%) were Clients of FSWs, 1031 (6%) were migrants and their spouses and remaining 5% were from other target groups.

IX. CHALLENGES FACED FOR PLANNED ACTIVITIES

The initial efforts of the project were focused on ensuring smooth transition from ASHA Project to SSP. This entailed a very quick turnaround time for sub-agreement renewals of IAs so that there was no service interruptions for the MARPs. This was a challenging task given the short period available for such large number of NGOs but the task was successfully carried out. As the project moved to the second half of the first year, the implementation picked up further momentum. Activities that were not implemented in the first half due to decisions being awaited from NCASC or other stakeholders were implemented, clear direction regarding working together with JMMS, for example, was set.

Activities related to FP/HIV integration were delayed due to institutional dynamics as it required multi-agencies and multi-divisions participation, coordination and collaboration within MoHP and with relevant donor communities. This delayed the development and use of targeted SBC messages and materials for migrants and coordinate with the Safer Migration Network, Labor/Trade Unions, Department of Immigration, ILO and Care Nepal to adapt pre departure package and integrate/conduct pre-departure HIV sessions in selected districts also did not start as the reporting period months had to be utilized

negotiating the migrants districts with NCASC and USAID. However, significant progresses were made with the formation of the TWG on FP/HIV integration and roll-out of the FP services in EIHS sites and outreach.

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 for the formulation of the national M&E plan and National Surveillance Guidelines.

SSP IAs get request to initiate DOTS service from the existing HIV clinics. SSP has requested for the DOTS program to share the cost of facilities and staff time if such services are to be started. SSP has also raised the issue about infection control needs.

As anticipated during the reporting of the first Semi-Annual report of this project, failing political consensus on the state restructuring, and completion of the constitution writing, CA was dissolved. In the lead up to the expiry of the deadline, there were *bandas* all around the country, the worst affected were Far western and eastern development regions. In the Far West, the a *banda* lasted for more than 3 weeks crippling normal life, disrupting regular supplies including services for HIV/AIDS. SSP was fortunate enough to have cadre of social mobilizers and community volunteers who dared to provide the ART services to the PLHIV, an act very much appreciated by all stakeholder.

Several of SSP activities are linked with coordination with MoHP, NCASC, and EDP funded programs. It was anticipated that with the staff hiring process at NCASC and with roll out of GF Rd 10 related activities, staff at NCASC, LMD and NPHL will be more occupied to implement the GF related activities. This will slow down the completion of some selected activities under SSP.

As SSP envisions a transition plan whereby SSP IAs receive direct funding for implementation of some of the activities they have strength in, there was a need to formalize this process. TOCAT was used as an approach to capacity building and it was decided with USAID that it will be rolled out to all IAs not limiting the initially thought number. At the first phase, TOCAT was rolled out to 24 IAS which took significant time and resources.

The issue about government facilitator's allowance in trainings continues to be an issue raised by the government employees pointing that the allowance are not adequate to carry out the require training. This might affect some proposed national training activities under SSP are designed to engaged government employee as co-trainers.

Activities that were planned but not implemented have now been moved to year 2 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 CA has been dissolved and parties are not able to agree on the way forward. There are contentious issues each party and interest group is fighting that could lead up to more chaotic situation, *bandas* and strikes in future.

Negotiations with the Hotel Association, Restaurant and Bar Association, Massage Parlor Association, Local Police and Authorities to initiate "Safer and Health Workplace" policy is likely to move forward. Further work needs to be carried out to establish more trust between the key stakeholders and to convince the authorities that such a policy is useful. Advocacy at higher levels might also be required.

One of the major highlight of year 2 will be the integration of FP/HIV through roll out of activities on the ground. promotion, counseling and service provision as the FP related guidelines and training materials are completed. Once clarity is established on national level technical advisory committee, guidance will be sought on the documents developed for refinement.

With the roll out of Global Fund Round 10, SSP needs to be more cautious about possible duplication in the activities. Rounds of meetings have already been held in specially on CHBC as some of the districts covered by SSP overlap with GF-funded CHBC program.

Another major highlight of year 2 will be the completion of the TOCAT phase 2. This will complete the process in all of the IAs who are partners with SSP. This will enable SSP to develop concrete plans for capacity building and to hold further discussions with USAID on the transition of NGO partners to direct funding from USAID.

Some of the other notable highlights, among many, of year 2 include the following:

- Further strengthening of FSW related prevention to care and support program
- Consolidate work on web SMS, TIP, overlapping risks for FSWs and working with new FSW entrants
- Roll out of safer and healthy workplace component in selected cities
- Finalization and roll out of pre-departure session plans for Migrants
- Finalize advocacy approaches of networks and provide targeted capacity building in those areas
- Develop toolkit for HIV/FP integration to be used by outreach workers including FCHVs
- Pilot quality improvement approaches for EIHS providing integrated FP and HIV services
- Demonstration site identification for transitioning to country platform by 2016
- FP related component strengthening in selected government HIV sites
- Pilot coaching and other alternative learning approaches for government ARV providers
- Pilot community based FP/HIV integration components including mobilization of FCHVs
- Disseminate findings from baseline FP study in migrants districts
- Joint monitoring of SSP with government officials
- Technical assistance to government in SI related activities
- Support national research agenda setting in HIV programs
- Pilot studies on high risk-migration zones and operational research on networks of highly mobile FSWs
- Support development of co-ordinated National Training Plan
- Continue to provide technical assistance in clinical, logistics and laboratory areas

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 27.5% in four migrants focused districts
- FP services fully integrated into HIV services for MARPs in SSP districts.
- 26,000 FSWs reached through targeted HIV prevention services
- 34,000 migrants and their wives reached through targeted HIV prevention services

- 8,000 MARPs (FSWs, clients of FSWs, male labor migrants and their wives) treated for sexually transmitted infections (STIs)
- 22,000 MARPs (FSWs, clients of FSWs, male labor migrants and their wives) provided with HIV counseling and testing

XI. LESSONS LEARNED AND BEST PRACTICES

- Background and early preparation on possible transition from ASHA to SSP contributed to timely and smooth transition and rolling out SSP activities without disruption of services by IAs.
- Rolling out new components need enough time in planning and preparation. This is applicable in integrating FP in HIV program. Creating enabling environment of FP /HIV integration is time consuming and needs proper planning, coordination and continuous follow-up with government counterparts.
- Motivated and committed staff can provide service to PLHIVs even in most difficult circumstances as the CHBC team members from Asha Kiran Pratishtha (AKP) have shown during the 3 week long *banda*/strike in the Far western region.
- Sharing of the launching of the SSP both at national and district level created a positive environment for initiation of SSP activities.
- Timely sharing of TOCAT package to facilitate better understanding of the contents and generate discussions
- The organization must get better representation from board members and other project staff. The assessment process created greater awareness among IAs on issues of organizational development
- Linkages with other program activities especially on income generation are well appreciated by PLHIV.
- Regular coordination with DPHO/DACC and other stakeholders is quite important for program's success and visibility.
- NCASC recognized and appreciated the contribution being made by SSP in national HIV program during the national review and this is considered a best practices.
- During the NCSASC's national review, SSP was visible in all of the DACC's presentations. And DACC coordinators appreciated SSP's role in HIV program in the districts.

Saath-Saath Project
Cooperative Agreement # AID-367-A-11-00005
Budget Vs Expenditure - October 1, 2011 through July 31, 2012
(10 months)

S. No.	Cost Categories	Budget	Expenditure	Balance	Burn Rate	Reason
1	Personnel & Consultants/Fringe Benefits/Allowances	705,993	453,507	252,486	64%	Deputy Director position was vacant for three and half months. Some field positions were also vacant couple months during startup phase and some positions were vacant due to staff changes. All proposed consultants could not on board since some activities were transferred to Yr. 2. Moreover, stronger dollar rate resulted low expenditure.
2	Travel & Per Diem/Equipment, Materials & Supplies	202,447	126,715	75,732	63%	Strikes during March -May barred frequent travel to the field. International travels, TA from Regional office and exposure visits to Government staff was reschedule for Year 2. Generator procurement transferred to Year 2. The exchange gain has also reduced our expenditure by up to 18% as most of the payments was in local currency.
3	Agreements	2,991,337	1,837,767	1,153,570	61%	Low burn rates observed in all SAs during project start up. Subagreement of JJMS, Migration program and Research work with NEW ERA was delayed. Also, delay in fully executed SA for Jhpiego resulted less expenditure. Moreover, exchange gain on US\$ also major contributor for low expenditures.
4	Other Direct Costs/Windows of Opportunity	274,574	132,125	142,448	48%	WOO activities was not conducted in Year 1. Printing and guidelines were delayed as inputs from other stakeholders not completed. Some workshop, training activities also defer to Year 2. The strong dollar against NPR was also a major factor for low burn rates.
5	Indirect Charges	725,490	542,866	182,624	75%	Due to low expenditures on items 1 to 4 mentioned above resulted low expenditure on indirect charges.
	Total Budget	4,899,840	3,092,981	1,806,859	63%	

Annex A
Saath-Saath Project Annual Report (Oct 2011-Jul 2012)
Partner SA matrix

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
Core Partners												
1	Association of Medical Doctors of Asia (AMDA)	605193/0634.0039	Dr. Rishikesh Narayan Shrestha, President Dr. Anil K Das, Sr. Technical Advisor PO Box 8909, Jorpati Kathmandu Tel: 4910235; M: 98510 36827 E-mail: ak.das@amda.org.np Dr. CM Chaudhary, Project Director (9855067232) AMDA Itahari, Sunsari, Tel: 025-580791 E-mail: cm.chaudhary@amda.org.np	AMDA Saath-Saath Project		Jhapa Morang Sunsari Dhanusha Mahottari Sarlahi	1-Oct-11	30-Jun-16	\$1,518,429 \$0 (Amd#1)	Dr. Bhanu	N/A	Anil
2	Jhpiego	605176/0634.0022	Stephanie Suhowatsky Program Manager EPC 479, GPO Box 8975, Sanepa, Lalitpur Tel: 5544948 E-mail: ssuhowatsky@jhpiego.net	Jhpiego Saath-Saath Project			11-Oct-11	30-Jun-16	\$4,011,938			
Implementing partners												
3	Asha Kiran Pratisthan (AKP)	605180 / 0634.0026	Janaki B.K., President Bikram Raj Joshi, Project Coordinator (9848175356) Geta VDC, Ward no. 3, Attariya Chowk, Attariya, Kailali Tel: 091-550961 ; Mob: 9848424173 E-mail: ahsa_kiran@ntc.net.np	Expanded community and home-based care services for PLHIV in Kailali district	Far Western	Kailali	1-Oct-11	30-Sep-13	\$105,560 ↓\$ (16) (Amd#1)	Deepak	Bhawani	Poonam
4	Chandra Jyoti Integrated Rural Development Society (CIRDS)	605198/0634.0044	Urmila Regmi, Chairperson Rabin Maharjan, Project Coordinator (9849785128) Gokarna Rupakheti, Executive Director Thakre-3, Mahadevbesi, Dhading, Nepal Tel: 016925052 E-mail: cirids1996@yahoo.com	Integrated FP, HIV prevention, care, treatment services for FSWs and clients of FSWs in Dhading district	Central Terai	Dhading	1-Apr-12	30-Sep-13	\$107,067	Bhagawan	Puspa	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
5	Child and Women Empowerment Society Nepal (CWES)	605158 / 0634.0004	Indra Kumari Adhikary, Chairperson Harikala Lamsal, Project Coordinator (9846035913) Fewa Marg, Pokhara Tel: 061-525431 E-mail: cwes@pinet.com.np; cwesn.kaski@gmail.com	HIV and STI Prevention and FP promotion for FSWs and their clients in Kaski district	Western-Hill	Kaski	1-Oct-11	30-Sep-13	\$83,745 ↑\$4,376 (Amd#1)	Deepak	Sanjeev	Poonam
6	Chhahari Mahila Samuha (CMS)	605157 / 0634.0003	Lesha Kumari Kunwar, President Dil Kumari Tamang, Team Leader Dilli Raj Acharya, Project/MIS Coordinator (9845046900) Paras Bus Park, Bharatpur, Chitwan Telephone: 056-526832 Mobile: 9745008737 (Mala) E-mail: chhahari2000@yahoo.com	Positive prevention activities for PLHIV in Chitwan district	Western-Terai	Chitwan	1-Oct-11	30-Sep-13	\$35,333 ↑\$5,229 (Amd#1)	Deepak	Sujan	Anil
7	Community Action Center (CAC)	605174 / 0634.0020	Tulasa Lata Amatya, Executive Director (9851038011) Omita Joshi, Project Coordinator (9841255428) Chundeви, Bhaktapur, G.P.O Box: 8234 Tel: 6614310 E-mail: bhaktapur@cac-nepal.org.np	Integrated FP, HIV prevention, care, treatment services for FSWs, clients of FSWs and PLHIV in Bhaktapur district	Kathmandu Valley	Bhaktapur	1-Oct-11	30-Sep-13	\$155,288 ↓\$(794) (Amd#1)	Bhagawan	Puspa	Poonam
8	Community Development Forum (CDF)	605167 / 0634.0013	Bhakta Bahadur Singh, President Ganesh Prasad Joshi, Project Coordinator (9848434756) Daud VDC, Ward No. 6, Doti, Nepal Tel: 094-420363/420587 E-mail: info@cdfnepal.org.np; ganesh.joshi@cdfnepal.org.np	Expanded community and home-based care services for PLHIV in Doti district	Far Western	Doti	1-Oct-11	30-Sep-13	\$59,826 ↑\$5,123 (Amd#1)	Deepak	Bhawani	Anil
9	Concious Media Forum (CMF)	605197 / 0634.0043	Hiranya Joshi, Executive Director Shredhar Neupane, Project Coordinator (9851136551) 34 Ekta Marga, Anamnagar, Kathmandu Tel: 4267315 E-mail: cmfnepal@gmail.com	Radio program for HIV prevention and FP promotion among migrants and their spouses in Palpa, Kapilvastu, Nawalparasi, and Bara districts	National	Palpa, Kapilvastu, Nawalparasi, Bara	1-Apr-12	30-Sep-13	\$57,674	Bhagawan	Rajesh	Anil

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
10	Dang Plus (DP)	605159 / 0634.0005	Tilak Khadka, Chairperson Prakash Nepali, Project Coordinator (9847847181) Tribhuvan Nagar Municipality, 11 – Ghorahi Dang District, Nepal Tel: 082-563101 Email: dangplus@ntc.net.np	Positive prevention activities for PLHIV in Dang district	Mid Western	Dang	1-Oct-11	30-Sep-13	\$41,748 ↑\$5,293 (Amd#1)	Deepak		Anil
11	Dharan Positive Group (DPG)	605181 / 0634.0027	Naresh Lal Shrestha, President Nilam Devi Rai, Project Coordinator (9842165784) Laxmi Sadak, Dharan - 4 Sunsari, Nepal Tel: 025-531321 Email: drnpositive2010@gmail.com	Expanded community and home-based care services for PLHIV in Sunsari district	Eastern	Sunsari	1-Oct-11	30-Sep-13	\$45,535 ↑\$2,417 (Amd#1)	Bhagawan	Vinita	Poonam
12	Dhaulagiri Positive Group (DPG)	605168 / 0634.0014	Chandra Bahadur Khatri, President Sitaram Thapa, Team Leader, (9857620763) Surya Kishan, Program/MIS Coordinator (9847654220) Guthi, Baglung Municipality-3, Baglung Tel:068-522282 E-mail: dpgsb@ntc.net.np	Positive prevention activities for PLHIV in Baglung district	Western-Hill	Baglung	1-Oct-11	30-Sep-13	\$31,364 ↑\$11,763 (Amd#1)	Deepak	Sanjeev	Anil
13	Dristi Nepal (Dristi)	605169 / 0634.0015	Bobby Singh, President (9851117596) Parina Subba Limbu, Program Director (9841390140) POB 23378, Sorhakutte, Kathmandu Tel: 01-6214906 E-mail: info@dristinepal.org	Capacity strengthening of former female IDUs network in Nepal	National		1-Oct-11	30-Sep-13	\$30,567 ↑\$3,564 (Amd#1)	Bhagawan	Puspa	Anil
14	Federation of Sexual and Gender Minorities (FSGMN)	605160 / 0634.0006	Suben Dhakal, President (9849214901) Roshan Mahato, National Program Coordinator (9851014049) Shiva Bhakti Marga, House No 295/38, Khursanitaar, Lazimpat, Kathmandu Tel: 01- 4000012 E-mail: fsgmn@yahoo.com	Capacity strengthening of MSM/MSW network in Nepal	National		1-Oct-11	30-Sep-13	\$44,664 ↑\$1,923 (Amd#1)	Bhagawan	Puspa	Anil

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
15	Gangotri Rural Development Forum (GaRDeF)	605182 / 0634.0028	Kul Bahadur Sethi, Vice President Laxman Bhul, Project coordinator (9749010676) Bayalpata, Achham Tel: 097-625068 E-mail: gangotrichbc@gmail.com	Expanded community and home-based care services for PLHIV in Achham district	Far Western	Achham	1-Oct-11	30-Sep-13	\$93,130 ↑\$17,102 (Amd#1)	Deepak	Bhawani	Poonam
16	General Welfare Pratisthan (GWP)	605183 / 0634.0029	Mahesh Dev Bhattarai, Member Secretary (9851048398) Gyaneshwor, Kathmandu Tel: 44416462/4441476 (Ktm) / 057-522036/ 525038 (Hetauda) E-mail (Kathmandu): gwp@ntc.net.np Hetauda: Shyam Basukala, Project Coordinator (9845106298) E-mail (Hetauda): gwphtd@ntc.net.np	Integrated FP, HIV prevention, care, treatment services for FSWs, clients of FSWs and PLHIV in Makawanpur, Bara and Rautahat districts	Central Terai	Makawanpur Bara Rautahat	1-Oct-11	30-Sep-13	\$228,939 ↓\$(579) (Amd#1) ↑\$36,957 (Amd#2)	Bhagawan	Kimat	Poonam
17	Indreni Samaj Kendra (ISK)	605196/ 0634.0042	Nabindra Thapa Soti, Chairperson Rudra Masarangi, Program Manager (9857060156) Vijay Gyawali, Program Coordinator (9847829065) Tansen Municipality-4, Bishalbazar, Palpa, Tel: 075-520091 E-mail: iskpalpa@yahoo.com	Integrated FP, HIV prevention, care, treatment services for migrants and spouse of migrants in Palpa district	Western-Terai	Palpa	1-Apr-12	30-Sep-13	\$119,889	Deepak	Sujan	Poonam
18	Institute of Community Health (ICH)	605175 / 0634.0021	Shankar Raj Joshi, Chairperson Padma Nath Tiwari, Project Director (9849302040) PO Box 24950, Mitra Marga, Tinkune, Subidhanagar, Kathmandu Tel: 6205180 (Ktm) Email: ichealth@hotmail.com Kalidas Joshi, Project Coordinator (9848428769) Bhrikuti Nagar Marg, House #273, Ward 13, Nepalgunj; Tel: 081-522672 E-mail: ichealth@ntc.net.np	HIV and STI prevention and FP promotion for FSWs and their clients in Banke, Bardiya and Dang districts	Mid Western	Banke Bardiya Dang	1-Oct-11	30-Sep-13	\$160,675 ↑\$5,345 (Amd#1)	Deepak		Poonam
19	Jagriti Mahila Maha Sangh (JMMS)	605156/ 0634.0002	Bijaya Dhakal, President Chiranjivi Amgai, Program Manager (9841079888) Dhobikhola, Kathmandu Tel: 2100680, 4474351 E-mail:	Capacity Strengthening of JMMS network in Nepal	National		16-Jan-12	30-Sep-13	\$61,292	Bhagawan	Vinita	Anil

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
			jmms.fswfederation@gmail.com									
20	Junkiree, Banke (Junkiree)	605184 / 0634.0030	Bhim Bahadur Ghale, President Yuddha Bahadur Pachhai, Project Coordinator (9848109287) Bus Park Road, Nepalgunj-5, Banke Tel: 081-692707 Email: junkiree_npj@hotmail.com	Expanded community and home-based care services for PLHIV in Banke district	Mid Western	Banke	1-Oct-11	30-Sep-13	\$47,541 ↑\$8,915 (Amd#1)	Deepak		Poonam
21	Lumbini Plus (LP)	605161 / 0634.0007	Nirmala Paudel, Chairperson, (9841868307) Prakash Acharya, Project/MIS Coordinator (9845048111) Shivamandir – 3, Kawasoti Thana Tel: 078-540011 E-mail: lumbini_plus@yahoo.com	Positive prevention activities for PLHIV in Nawalparasi district	Western-Terai	Nawalparasi	1-Oct-11	30-Sep-13	\$38,103 ↑\$4,130 (Amd#1)	Deepak	Sujan	Anil
22	Namuna Integrated Development Council (NAUNA)	605170 / 0634.0016	Gyanu Poudyal, Chairperson Dinesh Paudyal, Team Leader (9847039277) Resource Center, Narayanpath, Ward No. 8, Bhairahawa, Rupandehi Tel: 071-527205, 522905 email: gyanupd@wlink.com.np Dharma Raj Bhattarai, Project Coordinator (9857060137) Project Office, Kalikapath, Ittabhatti, Opp. of Health Care Nursing Home (Khatri Medical), Butwal-11 Tel: 071-541259, 542782 Email: namuna.butwal@ntc.net.np	Integrated FP, HIV prevention, care, treatment services for FSWs, clients of FSWs and PLHIV in Rupandehi and Kapilvastu districts	Western-Terai	Rupandehi Kapilvastu	1-Oct-11	30-Sep-13	\$162,359 ↑\$13 (Amd#1) ↑\$53,984 (Amd#2)	Deepak	Sujan	Anil
23	Nari Chetana Samaj (Society for Women's Awareness in Nepal) (NCS)	605185 / 0634.0031	Shova Dangol (9841559351), Project Manager Amish Poudel, Project Coordinator (9841470500) Gwarko, Lalitpur, Nepal Tel: 5202451/6206166 E-mail: swannet@ntc.net.np	HIV and STI prevention and FP promotion for FSWs and their clients in Lalitpur district	Kathmandu Valley	Lalitpur	1-Oct-11	30-Sep-13	\$67,800 ↑\$139 (Amd#1)	Bhagawan	Kimat	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
24	National Association of PLWHA in Nepal (NAP+N)	605189 / 0634.0035	Natisara Rai, President (9841378498) Mr. Sudin Sherchan, National Program Coordinator (9841522863) Mr. Prakash Yogi MIS/Program Officer (9841753473) Central Office, Maharajgunj, Kathmandu Tel: 4373910 E-mail: napn@wlink.com.np	Capacity strengthening of national PLHIV network in Nepal	National		1-Oct-11	30-Sep-13	\$99,196 ↑\$6,973 (Amd#1)	Bhagawan	Puspa	Poonam
25	National Federation of Women Living with HIV and AIDS (NFWLHA)	605171 / 0634.0017	Chhiring Doka Sherpa, Director (9851029362) Rishu Shrestha, Program Coordinator (9841489299) POB 1925, Dhobighat Naya Bato, Lalitpur Tel: 5529153 E-mail: info@nfwlha.org	Capacity strengthening of network of women living with HIV in Nepal	National		1-Oct-11	30-Sep-13	\$69,642 ↑\$1,263 (Amd#1)	Bhagawan	Puspa	Anil
26	Naulo Ghumti (NG)	605177 / 0634.0023	Padam Raj Pahari, President Ram Prasad Gyawali, Executive Director Ram Saran Sedai, Project Coordinator (98460-86101) Srijana Chowk, Fewa Marg, PO Box 387 Pokhara, Kaski Tel: 061-521962,539675, 520557 Email: rpgyawali.director@ngn.org.np; nauloghunti.ihs@ngn.org.np; nauloghunti@ngn.org.np	Integrated treatment, care, support and FP services for FSWs, clients of FSWs and PLHIV in Kaski district	Western-Hill	Kaski	1-Oct-11	30-Sep-13	\$175,604 ↑\$400 (Amd#1) ↑\$105,482 (Amd#2)	Deepak	Sanjeev	Poonam
27	Nepal National Social Welfare Association (NNSWA)	605178 / 0634.0024	Ashok Bikram Jairu, Executive Director (9858750038) Dev Raj Badu, Project Coordinator (9858750377) Airport Road-18, Mahendranagar, Kanchanpur Tel: 099-525539/525703/ 522182; Fax: 099-523805 E-mail: nnswaihs@ntc.net.np	Integrated treatment, care, support and FP services for FSWs, clients of FSWs and PLHIV in Kailali and Kanchanpur districts	Far Western	Kailali Kanchanpur	1-Oct-11	30-Sep-13	\$175,595 \$0 (Amd#1)	Deepak	Bhawani	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
28	Nepal STD and AIDS Research Center (N'SARC)	605190 / 0634.0036	Dr. G. Raj Shakya, President (9858020369) Dr. Jeevan Kumar Shrivastav, Program Manager Ripu Rawat, Project Coordinator (9858021749) Jail Road -13, Nepalgunj, Banke Tel: 081-526522, Fax: 081-525455 E-mail: nsarc_org@ntc.net.np	Integrated treatment, care, support and FP services for FSWs, clients of FSWs and PLHIV in Banke, Bardiya and Dang districts	Mid Western	Banke Bardiya Dang	1-Oct-11	30-Sep-13	\$207,768 ↓\$(7,779) (Amd#1) ↓\$(1,545) (Amd#2)	Deepak		Poonam
29	New ERA Private Ltd. (New ERA)	605195/ 0634.0041	Siddhartha M Tuladhar, Executive Director Jagat Basnet, Deputy Director Rudramati Marg, Kalopul, Siphel, Kathmandu Tel: 4413603; Fax: 4419562 E-mail: jbb@newera.com.np; sidhartha@newera.com.np	Baseline Family Planning (FP) survey including rapid assessment of HIV, Sexually Transmitted Infections (STIs) and FP situation among migrant couples in Bara, Kapilvastu, Nawalparasi and Palpa districts		Bara Kapilvastu Nawalparasi Palpa	1-Jul-12	30-Nov-12	\$70,181	Dr. Pramod	Tsering	Poonam
30	Recovering Nepal (RN)	605191 / 0634.0037	Ananda Pun, Executive Director (9841513534) Jeevan Ghale, Project coordinator (9841395830) Sanepa, PO Box 6744, Lalitpur Tel: 5521391 E-mail: npc@recoveringnepal.org.np	Capacity strengthening of recovering drug users' network in Nepal	National		1-Oct-11	30-Sep-13	\$52,670 ↓\$(155) (Amd#1)	Bhagawan	Puspa	Poonam
31	Rural Development Foundation (RDF)	605179 / 0634.0025	Vishnu Kunwar, President (9854024540) Rakesh Kumar Yadav (9847110137) Pidari Chowk, Janakpur-9, Dhanusha Tel: 041-525151, 524971 E-mail: rdf@ntc.net.np	HIV and STI prevention and FP promotion for FSWs and their clients in Dhanusha, Mahottari and Sarlahi districts	Eastern	Dhanusha Mahottari Sarlahi	1-Oct-11	30-Sep-13	\$120,857 ↓\$(1,312) (Amd#1)	Bhagawan	Vinita	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
32	Sahara Nepal	605192 / 0634.0038	Mahendra Giri, Executive Director Matrika Subedi, Project Coordinator (9842635213) Charpane 3, Jhapa, Nepal Tel: 023-543718 E-mail: saharashpp@ntc.net.np; saharanepal@ntc.net.np	HIV and STI prevention and FP promotion for FSWs and their clients in Jhapa, Morang and Sunsari districts	Eastern	Jhapa Morang Sunsari	1-Oct-11	30-Sep-13	\$170,388 ↑\$8,535 (Amd#1)	Bhagawan	Vinita	Poonam
33	SAHAVAGI	605194 / 0634.0040	Shaligram Sharma, Executive Director (9855058458) Yubaraj Sapkota, Project Coordinator (98450-90237) SAHAVAGI Central Office Kasturi Tole, Bharatpur-12, Chitwan 056-527388, 532348 Email: sahavagi@wlink.com.np SAHAVAGI Field Office, Central Bus Terminal, Bharatpur, 056-532101, 527193 sahavagissp@ntc.net.np	Integrated FP, HIV prevention, care and treatment services for FSWs, clients of FSWs, migrants and PLHIV in Chitwan and Nawalparasi districts	Western-Terai	Chitwan Nawalparasi	1-Oct-11	30-Sep-13	\$241,397 ↑\$160 (Amd#1)	Deepak	Sujan	Poonam
34	Sakriya Plus Nepal (SPN)	605162 / 0634.0008	Dilip Thapa, Project Manager Shyam KC, Project Coordinator (9851165500) Jangal, Ugratara VDC-1, Kavre, Nepal Tel: 011-682508 Email: spnkavre@gmail.com	Positive prevention activities for PLHIV in Kavrepalanchowk district	Kathmandu Valley	Kavrepalanchowk	1-Oct-11	30-Sep-13	\$47,234 ↑\$5,909 (Amd#1)	Bhagawan	Salina	Anil
35	Sneha Samaj (Sneha)	605165 / 0634.0011	Chhiring Doka Sherpa, President (9851029362) Samjhana Ghimire, Program Coordinator (9849639159) Dhobighat, Lalitpur Tel: 2210202, 5540142 E-mail: info@snehasamaj.org.np; snehasamaj@yahoo.com; snehasamaj@enet.com.np;	Essential package of care services for women living with HIV in Lalitpur district	Kathmandu Valley	Lalitpur	1-Oct-11	30-Sep-13	\$41,213 ↑\$13 (Amd#1)	Bhagawan	Gopal	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
36	Social Awareness Center, Nepal (SAC)	605172 / 0634.0018	Gopi Krishna Dhakal, Chairperson Tika Ram Acharya, Executive Director (9858051546) Om Prakash Subedi, Project Coordinator (9848020233) Birendranagar Municipality-6, Surkhet, Nepal Tel: 083-521282 Email: sacnepal@ntc.net.np; sachiv@ntc.net.np	Expanded community and home-based care services for PLHIV in Surkhet district	Mid Western	Surkhet	1-Oct-11	30-Sep-13	\$47,012 ↑\$3,723 (Amd#1)	Deepak		Anil
37	Society for Empowerment-Nepal (STEP-Nepal)	605166 / 0634.0012	Dal Bahadur GC, Chairperson Neela Thapa, Project Coordinator (9841493251) Bank Marga, Bagbazar, PO Box 4664, Ktm. Tel: 4221226 E-mail: stepnepalpo@gmail.com	HIV and STI prevention and FP promotion for FSWs and their clients in Kathmandu district	Kathmandu Valley	Kathmandu	1-Oct-11	30-Sep-13	\$151,551 ↑\$1,395 (Amd#1)	Bhagawan	Kimat	Poonam
38	Society for Positive Atmosphere and Related Support to HIV and AIDS (SPARSHA Nepal)	605173 / 0634.0019	Bhim Kunwar, General Secretary (9841509665) Ananda Pun, Chief Executive Officer (9841513534) Abhimanyu Bista, Project Coordinator (9841515963) Sanepa, Indrayanithan Tel: 5537814 E-mail: sparshanepal.care@gmail.com	Integrated treatment, care and support services for PLHIV in Lalitpur district	Kathmandu Valley	Lalitpur	1-Oct-11	30-Sep-13	\$73,110 ↑\$5,655 (Amd#1)	Bhagawan	Vinita	Poonam
39	STD/AIDS Counseling and Training Services (SACTS)	605186 / 0634.0032	Dr. Vijay Lal Gurubacharya, Chairman (9841229658) Ms. Purna Devi Mandhar, Project Coordinator (9841311065) Thapathali, Kathmandu Tel: 4246612 E-mail: sacts_vct@ntc.net.np	Integrated treatment, care, support and FP services for FSWs, clients of FSWs and PLHIV in Kathmandu and Lalitpur districts	Kathmandu Valley	Kathmandu Lalitpur	1-Oct-11	30-Sep-13	\$172,736 ↓\$(131) (Amd#1)	Bhagawan	Kimat	Poonam

SN	Organization	FCO/ID#	Contact Information	Project Title	Region	Districts	Start Date	End Date	Budget - Estimated	Team Leader	Program Officer	Finance
40	Student Awareness Forum (BIJAM)	605188 / 0634.0034	Mahesh Aryal, President (9855020611) Ganesh Kumar Khadka, Senior Program Officer (9845309280) Pani Tanki, PO Box 94, Birgunj, Parsa Tel: 051-520576, 621399; Fax: 051-525473 Email: info@bijam.org	Integrated FP, HIV prevention, care and treatment services for FSWs, clients of FSWs and PLHIV in Parsa district	Central Terai	Parsa	1-Oct-11	30-Sep-13	\$159,847 ↓\$(6) (Amd#1)	Bhagawan	Kimat	Poonam
41	Syangja Support Group, Syangja (SSG)	605163 / 0634.0009	Dhamendra Rokaha, President (9856050223) Surya Bahadur Nepali, Project Coordinator (9846073009) Putalibazar Municipality, Ward No. 1, Syangja Tel: 063-421010 Email: ssg_syangja@yahoo.com	Positive prevention activities for PLHIV in Syangja district	Western-Hill	Syangja	1-Oct-11	30-Sep-13	\$41,876 ↑\$8,164 (Amd#1)	Deepak	Sanjeev	Anil
42	Thagil Social Development Association (TSDA)	605187 / 0634.0033	Deepak Deo Bhatt, President (9851054049) Eshwar Raj Pant, Project Coordinator (9848723977) Bhimdatta Nagarpalika, Ward no. 3, Bhansi, Jagriti Tole, Mahendranagar, Kanchanpur Tel: 099-525417 E-mail: thagil@hotmail.com	HIV and STI Prevention and FP promotion for FSWs and their clients in Kailali and Kanchanpur districts	Far Western	Kailali Kanchanpur	1-Oct-11	30-Sep-13	\$108,720 ↑\$701 (Amd#1)	Deepak	Bhawani	Poonam
43	Trisuli Plus (TP)	605164 / 0634.0010	Achut Sitoula, President (9751060727) Neeru Suchikar, Project Coordinator (9808767804) Bidur-3, Nuwakot Tel: 010-560727 E-mail: trisuliplus@yahoo.com	Positive prevention activities for PLHIV in Nuwakot district	Kathmandu Valley	Nuwakot	1-Oct-11	30-Sep-13	\$40,522 ↑\$8,647 (Amd#1)	Bhagawan	Puspa	Anil

Annex B
Saath-Saath Project Annual Report (Oct 2011-Jul 2012)
International Travel by SSP Staff

No.	Name	Address	Travel From	Travel To	Dates	Purpose
1	Ms. Vinita Sharma	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Addis Ababa, Ethiopia	Dec 2 to Dec 11	To attend the 16th International Conference on AIDS and STIs in Africa (ICASA 2011) (sponsored by organizers of ICASA)
2	Dr. Neeta Shrestha	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Mumbai, India	Dec 7 to Dec 11	To attend the Technical meeting on FP/HIV integration (FHI 360 Corporate Fund)
3	Ms. Neera Thakur	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Mumbai, India	Dec 7 to Dec 11	To attend the Technical meeting on FP/HIV integration (FHI 360 Corporate Fund)
4	Mr. Prabesh Aryal	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	New Delhi, India	Dec 4 to Dec 10	To attend Project Management Global Symposium (FHI 360 Corporate Fund)
5	Ms. Jeni Rajbamshi	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Shimla, India	Jan 14 to Jan 27	To attend DHIS2 Workshop (FHI 360 Corporate Fund)
6	Dr. Bisika Thapa	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	Feb 7 to Feb 11	To attend Gender Integration Workshop (FHI 360 Corporate Fund)
7	Mr. Deepak Dhungel	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	Feb 7 to Feb 11	To attend Gender Integration Workshop (FHI 360 Corporate Fund)

8	Ms. Ashima Shrestha	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Phnom Penh, Cambodia	Feb 18 to Feb 27	To attend Knowledge Services Workshop (FHI 360 Corporate Fund)
9	Mr. Satish Raj Pandey	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Washington DC, USA	Mar 3 to Mar 16	To attend FHI 360 GLM meeting (FHI 360 Corporate Fund)
10	Ms. Milima Singh Dangol	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	New Delhi, India	Feb 12 to Feb 23	To attend Regional Workshop on Monitoring and Evaluation of HIV/AIDS Programs (sponsored by MESURE Evaluation)
11	Mr. Anil Shrestha	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	Mar 26 to Mar 31	To attend USAID Rules and Regulation and Procurement Planning and Execution Training (FHI 360 Corporate Fund)
12	Ms. Vinita Sharma	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	California, USA	May 1 to May 17	To attend Population Association of America (PAA) Annual Meeting (sponsored by Population Association of America)
13	Mr. Prabesh Aryal	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	June 17 to June 23	To attend 2012 Asia Regional Finance & Operations Meeting (FHI 360 Corporate Fund)
14	Mr. Satish Raj Pandey	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	June 3 to June 6	To attend CARE Annual Review Workshop 2012 (sponsored by Care International)
15	Mr. Satish Raj Pandey	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Bangkok, Thailand	June 17 to June 21	To attend Strategy Development on Health Workshop (FHI 360 Corporate Fund)

16	Mr. Pramod Raj Regmi	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Zagreb, Croatia	July 7 to July 15	To attend Workshop on Population Size Estimates in Most at Risk Population: Methods and Lessons Learned around the World (Saath-Saath Project and FHI 360 Corporate Fund)
17	Mr. Rajesh Khanal	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Washington DC, USA	July 20 to Aug 1	To attend XIX International AIDS Conference (Partial funding from FHI 360 Corporate Fund)
18	Mr. Madhav Chaulagain	FHI 360 Nepal PO Box: 8803 Baluwatar Kathmandu	Kathmandu, Nepal	Washington DC, USA	July 18 to July 24	To attend Workshop on Mapping Community Based Programs for Monitoring and Evaluation (sponsored by MESURE Evaluation)

Annex C
Saath-Saath Project Annual Report (Oct 2011-Jul 2012)
Service Sites by District and by IAs

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Eastern Terai	Jhapa	AMDA (605193)	STI/VCT/EPC/FP	3	3	3		Birtamod (Static) Damak & Kakarvitta (Satellite)	STI/VCT/EPC/ FP/referral	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS
		Sahara Nepal (605192)	Prevention and FP promotion					Birtamod	PE, OR, referral	FSW, Clients	Bhadrapur, Damak , Mechinagar	Anarmani, Arjundhara, Chandragadi, Charpane, Duwagadi, Garamuni, Gauradaha, Gauriganj, Dhailadubba ,Jyamirgadi, Lakhanpur, Maheshpur, Shanishchare, Sattashidham, Surung, Topgachi	Oct 1, '11	30-Sep '13	BS	VS	PS
	Morang	AMDA (605193)	STI/VCT/EPC/FP	1	1	1		Biratnagar (Static)	STI/VCT/EPC/ FP/referral	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS
		Sahara Nepal (605192)	Prevention and FP promotion					Biratnagar	PE, OR, referral	FSWs, Clients	Biratnagar Sub Metropolitan	Belbari, Dulari, Indrapur, Pathari, Sundarpur, Tankisinuwari,Urlawari	Oct 1, '11	30-Sep '13	BS	VS	PS
	Sunsari	AMDA (605193)	STI/VCT/EPC/FP	2	2	2		Itahari (Static)& Dharan (Satellite)	STI/VCT/EPC/ FP services	FSWs, Clients ,PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS
		Dharan Positive (605168)	CHBC and PP				2	Dharan	CHBC	PLHA	Dharan, Itahari, Inaruwa	Bharaul, Hansposa , Pakali	Oct 1, '11	30-Sep '13	BS	VS	PS
		Sahara Nepal (605192)	Prevention and FP promotion					Dharan, Itahari	PE, OR, referral	FSWs, Clients	Dharan, Itahari, Inaruwa	Duhavi, Hansposa, Khanar, Pakali, Sonapur	Oct 1, '11	30-Sep '13	BS	VS	PS
	Dhanusha	RDF (605179)	Prevention and FP promotion					Janakpur	PE, OR, referral	FSWs, Clients	Janakpur	Bengadawar, Bharatpur, Dhalkebar, Tallogodar, Hariharpur, Labatoli, Lakshminiwas, Nakatajhij, Pushpalpur, Sakhuwa Mahendranagar, Sapahi, Umaprempur, Yagyabhumi	Oct 1, '11	30-Sep '13	BS	VS	PS
		AMDA (605193)	STI/VCT/EPC/FP	1	1	1		Janakpur (Static)	STI/VCT/EPC/ FP/referral	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS
	Mohattari	RDF (605179)	Prevention and FP promotion					Bardibas	PE, OR, referral	FSWs, Clients	Jaleswor	Aurahi, Bardibas, Belgachhi, Bijalpura, Ekarahiya, Parikauli Phuhatta, Gauribas, Gaushala, Hathilet, Lakshminiya, Maisthan, Matihani, Pigauna, Pipra, Ramnagar, Sugabhawanipatti	Oct 1, '11	30-Sep '13	BS	VS	PS
		AMDA (605193)	STI/VCT/EPC/FP	1	1	1		Bardibas (Satellite)	STI/VCT/EPC/ FP/referral	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS
	Sarlahi	RDF (605179)	Prevention and FP promotion					Lalbandi	PE, OR, referral	FSWs, Clients	Malangawa	Barhathawa, Dhungrekhola, Ghurkauli, Haripur, Hariban, Ishwarpur, Jabdi, Kalinjor, Karmaiya, Lalbandi, Murtiya, Netraganj, Pattharkot, Raniganj, Sasapur	Oct 1, '11	30-Sep '13	BS	VS	PS
		AMDA (605193)	STI/VCT/EPC/FP	1	1	1		Lalbandi (Satellite)	STI/VCT/EPC/ FP/referral	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BN	na	AKS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Central Terai	Rautahat	GWP (605183)	Prevention,FP Promotion, STI/VCT/EPC/ FP	1	1	1		Chandrnigahapur (Satellite)	STI/VCT/EPC/FP referral, PE, OR	FSWs, Clients, PLHA	Gaur	Bishrampur, Chandranigahapur, Dumariya Matiyon, Judibela, Paurai, Santapur (Ma)	Oct 1, '11	30-Sep '13	BS	KA	PS
	Bara	GWP (605183)	Prevention,FP Promotion, STI/VCT/EPC/ FP	1	1	1		Pathalैया (Satellite)	STI/VCT/EPC/FP referral, PE, OR	FSWs, Clients, Migrants, PLHA	Kalaiya	Amlekhgunj, Banjariya, Bhodaha, Buniyad, Chhatapipra, Dahiyar, Dohari, Dumarwana, Ganjhbawanipur, Jhitakaiya (Uttar), Jitpur, Kudawa, Matiarwa, Motisar, Nijgadh, Pakadiya (Chikani), Pipra Simara, Parashurampur, Purainiya	Oct 1, '11	30-Sep '13	BS	KA	PS
	Parsa	BIJAM (605188)	Prevention,FP Promotion, STI/VCT/EPC/ FP/CHBC	2	2	2	1	Birgunj (Satatic), Custom area (Satellite)	VCT/STI/EPC/CHBC/PE, OR, referral	FSW, Clients, PLHA	Birgunj Sub Metropolitan,	Lipanibirta, Ramgadhawa, Sirsiya	Oct 1, '11	30-Sep '13	BS	KA	PS
	Makwanpur	GWP (605183)	Prevention,FP Promotion, STI/VCT/EPC/ FP	1	1	1		Hetauda (Static)	STI/VCT/EPC/FP/ PE/OR	FSWs, Clients, PLHA	Hetauda	Basamadi, Bhainse, Bhimphedi, Churemai, Handikhola, Manahari, Nibuwatar, Padampokhari	Oct 1, '11	30-Sep '13	BS	KA	PS
Surrounding Districts	Kathmandu	SACTS (605186)	STI/VCT/EPC/FP	4	4	4		Thapathali (Static) Mitranagar (Satellite) Gashala (Satellite) Thamel (Satellite)	STI/VCT/EPC	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BS	KA	PS
		STEP Nepal (605166)	Prevention and FP promotion					Bagbazar, Kathmandu	PE, OR, referral	FSWs, Clients	Kathmandu Metropolitan, Kirtipur	Balambu,Chalnakhel,Chhaimale,Dahachok,Dakshinkali,Dhapasi,Goldhunga,Gongabu,Jorpati,Kapan, Machchhegaun, Mahangkal, Manmajin, Matatirtha,Naikap Naya,Naikap Purano, Satungal, Syuchatar, Sitapaila,Thankot, Tinthana	Oct 1, '11	30-Sep '13	BS	KA	PS
	Lalitpur	NCS (SWAN, 605185)	Prevention and FP promotion					Imadol, Gwarko	PE, OR, Referral	FSWs, Clients	Lalitpur Sub Metropolitan	Badikhel,Dhapakhel,Godawari,Harisiddhi,Imadol, Lamatar, Lubhu, Sairbu, Sunakothe, Thaiba	Oct 1, '11	30-Sep '13	BS	KA	PS
		Sneha Samaj (605165)	EPC			1		Dhobighat	EPC and referral	Women PLHA	NA	NA	Oct 1, '11	30-Sep '13	BS	GP	PS
		Sparsha Nepal (605173)	EPC/CHBC			1	2	Sanepa	EPC/CHBC/Referral	PLHA	Lalitpur Sub Metropolitan	Bungmati, Harisiddhi,Imadol,Thaiba	Oct 1, '11	30-Sep '13	BS	VS	PS
		SACTS (605186)	STI/VCT/EPC/FP	1	1	1		Gwarko (Satellite)	STI/VCT/EPC	FSW, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	BS	KA	PS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Kathmandu Valley and Surrounding	Bhaktapur	CAC (605174)	Prevention/STI/VCT/EPC/FP	2	2	2		Chundevis (Static) Lokanthali (Satellite)	STI/VCT/EPC, PE, OR, referral	FSWs, PLHA	Bhaktapur, Madhyapur Thimi	Bageshwarim, Balkot, Changunarayan, Chhaling, Chitapol, Dadhikot, Duwakot, Gundu, Jhaukhel, Katunje, Nagarkot, Nangkhal, Sipadol, Sirutar, Sudal, Tathali	Oct 1, '11	30-Sep '13	BS	PB	PS
	Kavre	Sakriya Plus Nepal (605162)	Positive Prevention and CHBC				2	Banepa	PE, OR, referral	PLHA	Banepa, Dhulikhel, Panauti	Anekot, Chalalganeshthan, Daraunepokhari, Baluwa deubhumi, Devitar, Dhungkharka Bahrabisa, Dolalghat, Hoksebazar, Kapali Bhumaedanda, Kabhrenitya Chandeshwari, Dapcha Khanalthok, Kushadevi, Mahendrajyoti Banskot, Methinkot, Ugrachandinala, Nasikasthan Sanga, Panchkhal, Patlekhet, Rabiopi, Ryale Bihawar, Ugratarata Janagal	Oct 1, '11	30-Sep '13	BS	SJ	AKS
	Nuwakot	Trisuli Plus (605164)	Positive Prevention and CHBC				2	Bidur	PE, OR, referral	PLHA	Bidur	Barsunchet, Budhasing, Bungtang, Chorghare, Chaughoda, Deurali, Gerku, Ghyangphedi, Jiling, Kalyanpur, Khadga Bhanjyang, Khanigaun, Kintang, Madanpur, Karki Manakamana, Narjamandap, Ralukadevi, Samudradevi, Kholegaun, Samudratara, Shikharbesi, Sundaradevi, Suryamati, Taruka, Thaprek, Tupche, Ratmate	Oct 1, '11	30-Sep '13	BS	PB	AKS
	Dhading	CIRDS (605198)	Prevention, STI/VCT/EPC/FP	2	2	2		Mahadevbesi	STI/VCT/EPC/ referral, PE, OR	FSWs, Clients, PLHA		Baireni, Benighat, Bhumisthan, Dhursa, Gajuri, Jogimara, Naubise, Nilkanth, Pida, Thakre	Apr 1, '12	30-Sep '13	BS	PB	PS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Western Terai	Chitwan	Sahavagi (605194)	Prevention, STI/VCT/EPC/FP	1	1	1		Narayangadh (Static)	STI/VCT/EPC/ referral, PE, OR	FSWs, Clients, PLHA	Bharatpur, Ratnanagar	Bachhauri,Bhandara,Birendranagar,Chainpur,Chandibhanjyang,Darechok,Kabilas,Khairhani,Kumroj,Lothar,Piple,Pithuwa	Oct 1, '11	30-Sep '13	DD	SP	PS
		CMS (605157)	Positive Prevention and CHBC				2	Bharatpur	PE, OR, referral	PLHA	Bharatpur, Ratnanagar	Ayodhyapuri,Bachhauri,Baghauda,Bhandara,Birendranagar,Chainpur,Divyanagar,Narayanpur Fulbari),Gardi,Gitanagar,Gunjanagar,Jagatpur,Jutpani,Kathar,Khairhani,Kumroj,Lothar,Kalyanpur,Mangalpur,Meghauri,Padampur,Patihani,Piple,Pithuwa,Sharadanagar	Oct 1, '11	30-Sep '13	DD	SP	AKS
	Nawalparasi	Sahavagi (605194)	Prevention, STI/VCT/EPC/FP	2	2	2		Bardghat (Satellite), Kawasoti (Satellite)	STI/VCT/EPC/ referral, PE, OR	FSWs, Clients, Migrants, PLHA	Ramgram (Parasi)	Argyauli,Amarapuri,Amraud,Badahara,Dubauliya,Bedoli,Banjariya,Benimanipur,Bhujahawa,Daunne devi ,Deurali,Devchuli,Devgaun,Dhurkot,Divyapuri,Dumkibas,Gaindakot,Germi,Guthiparsauni,Guthisuryapur a,Hakui,Harpur,Jahada,Jamuniya,Kawasoti,Kolhuwa ,Kudiyi,Kumarbarti,Kusma,Mainaghar,Makar,Manari,Mukundapur,Narayani,Narsahi,Nayabelhani,Pakli hawa,Palhi,Panchanagar,Parsauni,Pithauli,Pragatina gar,Pratappur,Rajahar,Ramnagar,Rampurwa,Ramp urkhadauna,Rupauliya,Sanai,Sarawal,Shivamandir,S omani,Sukrauli,Sunwal,Swathi,Tamsariya,Thulokhai ratawa,Tilakpur,Trivenisusta	Oct 1, '11	30-Sep '13	DD	SP	AKS
		Lumbini Plus (605161)	Positive Prevention and CHBC				2	Kawasoti	PE, OR, referral	PLHA	Ramgram (Parasi)	Argyauli,Banjariya,Benimanipur,Daunne devi,Deural i,Devchuli,Devgaun,Dhauwadi,Divyapuri,Dumkibas, Gaindakot,Harpur,Jahada,Jamuniya,Kawasoti,Kolhu wa,Kumarbarti,Kusma,Makar,Mukundapur,Narayan i,Narsahi,Nayabelhani,Palhi,Panchanagar,Pithauli,Pr agatinagar,Pratappur,Rajahar,Ramnagar,Rampurwa ,Rupauliya,Sanai,Shivamandir,Sunwal,Swathi,Tamsa riyi,Tilakpur,Trivenisusta	Oct 1, '11	30-Sep '13	DD	SP	AKS
	Rupandehi	NAMUNA (605170)	Prevention/STI/VCT/EPC/FP/CHBC	2	2	2	2	Butwal (Static) Bhairawa (Satellite)	STI/VCT/EPC/CHBC, PE, OR, referral	FSW, Clients, PLHA	Butawal, Siddhartha Nagar (Bhairahawa)	Ama,Adarsha,Amuwa,Wayarghat,Basantapur,Betku iya,Bhagamanpur,Bodabar,Bogadi,Chilhiya,Dayanag ar,Devdaha,Dhamauli,Dudrakshya,Ekala,Pharena,G ajeedi,Gonaha,Hattibanagai,Kamhariya,Karahiya,Kar auta,Kerwani,Lumbini,Madhawaliya,Madhubani,M ainihawa,Majhagawa,Makrahara,Maryadpur,Motipu r,Padsari,Pajarkatti,Pakadisakron,Parroha,Patkhauli, Pokharbhandi,Saljundi,Semlar,Shankarnagar,Siktah an,Sipuha,Saurahapharsatkar,Suryapura,Thumha Piprahawa,Tikaligadh	Oct 1, '11	30-Sep '13	DD	SP	AKS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
	Kapilvastu	NAMUNA (605170)	Prevention/STI/VCT/EPC/FP/CHBC	3	3	3	1	Taulihawa (Satellite) Gorusinghe (Satellite), Krishnanagar (Satellite)	STI/VCT/EPC/CHBC, PE, OR, referral	FSW, Clients, Migrants, PLHA	Kapilbastu (Taulihawa)	Amirawa,Bahadurganj,Balarampur,Baluhawa,Banga nga,Basantapur,Banskor,Bhaluwari,Birpur,Budhi,D hankauli,Dharmapaniya,Dohani,Duwiya,Dumara,Ga jehada,Gauri,Gugauli,Hardona,Hariharpur,Hathiha wa,Jawabhari,Jayanagar,Kopuwa,Krishnanagar,Kusa hawa,Lalpur,Maharajanj,Mahuwa,Motipur,Nigliha wa,Pakadi,Parsohiya,Patna,Rajpur,Rangapur,Shivan agar,Shivagadhi,Shivapur,Singhakhori,Somdiha,Thu nhiya,Tilaurakot, Titirki	Oct 1, '11	30-Sep '13	DD	SP	AKS
	Palpa	ISK (605196)	Prevention/STI/VCT/EPC/FP	3	3	3		Tansen (Static), Khasauli (Satellite) , Rampur (Satellite)	STI/VCT/EPC, PE, OR, referral	Migrants, PLHA	Tansen	Archale,Argali,Bandhi Pokhara,Bhairavsthan,Bodha Pokhara Thok,Chhahara,Chirtungdhara,Darchha,Deurali,Phe k,Gandakot,Galdha,Gejha,Khaliban,Kusumkhola,Ma dan Pokhara,Mujhung,Nayarnamtales,Palung Mainadi,Rampur,Siluwa,Tahu,Timure	Apr 1, '12	30-Sep '13	DD	SP	PS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)				Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC	CHBC				Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Western Hill	Kaski	NG (605177)	STI/VCT/EPC/FP/CHBC	1	1	1	3	Pokhara (Static)	STI/VCT/EPC/CHBC	FSW, Clients, PLHA	Pokhara Sub-metropolitan, Lekhnath	Arba Bijaypur, Bhachok, Bharatpokhari, Chapakot, Dhikur Pokhari, Dhital, Ghachok, Hyangja, Kahun, Kaskikot, Kristi Nachnechaur, Lahachok, Lama Chaur, Nirmalpokhari, Pumdi Bhumdi, Puranchaur, Sarangkot, Sardikhola, Bhalam, Dhampus, Lumle	Oct 1, '11	30-Sep '13	DD	SN	PS
		CWES (605158)	Prevention and FP promotion					Pokhara	PE, OR, referral	FSW, Clients	Pokhara Sub-metropolitan, Lekhnath	Arba Bijaypur, Hyangja, Kahun, Lama Chaur, Pumdi Bhumdi, Puranchaur, Sarangkot, Bhalam	Oct 1, '11	30-Sep '13	DD	SN	PS
	Tanahu	NG (605177)	Prevention/STI/VCT/EPC/FP	2	2	2		Damauli (Static), Abukhaireni (Satellite)	STI/VCT/EPC, PE, OR, referral	FSW, Clients, PLHA	Byas	Anbukhaireni, Bandipur, Barbhanjyang, Bhanu, Bhimad, Chhang, Devghat, Dhorphidi, Dulegaunda, Ghansikuwa, Jamune, Kahunshivapur, Keshavtar, Khairenitara, K yamin, Manpang, Pokharibhanjyang, Thaprek	Oct 1, '11	30-Sep '13	DD	SN	PS
	Baglung	DPG (605106)	Positive Prevention and CHBC				2	Baglung	PE, OR, referral	PLHA	Baglung	Amalachaur, Bhihun, Dudilabhata, Harichaur, Hatiya, Kusmisa, Malika, Narethanti, Paiyunpata, Paiyunthanthap, Rangkhani, Shinghan, Malma, Righa	Oct 1, '11	30-Sep '13	DD	SN	AKS
	Syangja	SSG (605163)	Positive Prevention and CHBC				2	Syangja	PE, OR, referral	PLHA	Putalibazar, Waling	Arjunchaupari, Bhatkhola, Birgha Archhale, Chapakot, Darsing Dahathum, Jagatradevi, Kalikakot, Khilu Deurali, Kuwakot, Malunga, Malyangkot, Pakwadi, Rangbhang, Ratnapur, Shrikrishna Gandaki, Tindobato	Oct 1, '11	30-Sep '13	DD	SN	AKS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)			Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff			
				STI	VCT	EPC				CHBC	Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin
Mid-Western	Dang	ICH (605175)	Prevention and FP promotion				Tulsipur	PE, OR, referral	FSW, Clients	Tulsipur, Tribhuvannagar(Ghorahi)	Bela,Bijauri,Chaulahi,Gadawa,Gangaparaspur,Gobardiha,Haluwar,Hapur,Hekuli,Lalmatiya,Lakshmiapur,Narayanpur,Pawannagar,Rampur,Satabariya,Saudiyar,Sisahaniya,Sonpur,Tarigaun,Urahari	Oct 1, '11	30-Sep '13	DD	PP	PS	
		N'SARC (605190)	STI/VCT/EPC/FP	1	1	1	Tulsipur		FSW, Clients	NA	NA	Oct 1, '11	30-Sep '13	DD	PP	PS	
		Dang Plus (605159)	Positive Prevention and CHBC				2	Ghorahi	PE, OR, referral	PLHA	Tulsipur, Tribhuvannagar(Ghorahi)	Baghmare,Bela,Chaulahi,Dhanauri,Dhikpur,Duruwa,Gobardiha,Haluwar,Hansipur,Hapur,Hekuli,Kabhre,Lalmatiya,Lakshmiapur,Loharpani,Manpur,Narayanpur,Panchakule,Purandhara,Rajpur,Rampur,Shantinagar,Shrigaun,Sisahaniya,Siyaja,Tarigaun,Urahari	Oct 1, '11	30-Sep '13	DD	PP	AKS
	Banke	ICH (605175)	Prevention and FP promotion					Nepalgunj	PE, OR, referral	FSW, Clients	Nepalgunj	Bageshwari,Bankatwa,Basudevpur,Belahari,Chisapani,Ganapur,Indrapur,Jaispur,Kamdi,Kachanapur,Khajurakurda,Kaskarkando,Kohalpur,Mahadevpuri,Manikapur,Naubasta,Paraspur,Piprahawa,Puraina,Puraini,Rajhena,Samsanganj,Tithiriya,Udayapur	Oct 1, '11	30-Sep '13	DD	PP	PS
		N'SARC (605190)	STI/VCT/EPC/FP	2	2	2		Bus Park (Static) Chappar Gudi (Kohalpur) (Statellite)	STI/VCT/EPC	FSWs, Clients, PLHA	NA	NA	Oct 1, '11	30-Sep '13	DD	PP	PS
		Junkiri (605184)	CHBC and Positive Prevention				3	Nepalgunj	CHBC	PLHA	Nepalgunj	Bageshwari,Bankatwa,Banakatti,Basudevpur,Belahari,Belbhar,Betahani,Binauna,Hirminiya,Kalaphat,Kamdi,Kachanapur,Katkuiya,Khajurakurda,Kaskarkando,Khaskushma,Kohalpur,Lakshmanpur,Manikapur,Matehiya,Narenapur,Naubasta,Paraspur,Phattepur,Piprahawa,Puraini,Radhapur,Rajhena,Raniyapur,Saigaun,Samsanganj,Sitapur,Tithiriya,Udarapur,Udayapur	Oct 1, '11	30-Sep '13	DD	PP	PS
	Bardiya	ICH (605175)	Prevention and FP promotion					Gulariya	PE, OR, referral	FSW, Clients	Gulariya	Bagnaha,Baniyabhar,Belawa,Deudakla,Dhadhwar,Dhodari,Jamuni,Kalika,Magaragadhi,Mahamadpur,Mainapokhar,Motipur,Neulapur,Padanaha,Sanoshr i,Shivapur,Sorhawa,Taratal,Thakurdwara	Oct 1, '11	30-Sep '13	DD	PP	PS
		N'SARC (605190)	STI/VCT/EPC/FP	2	2	2		Bhurigaun (Satic) Gulariya (Statellite)	STI/VCT/EPC	FSWs, Clients PLHA	NA	NA	Oct 1, '11	30-Sep '13	DD	PP	PS
	Surkhet	SAC (605172)	CHBC and PP				3	Birendranagar	CHBC	PLHA	Birendranagar	Awalching,Babiyaachur,Bajedichaur,Betam,Vidyapur ,Bijora,Chhapre,Chinchu,Dandakhali,Dasharathpur ,Garpan,Ghatgaun,Ghoreta,Ghumkhahare,Gumi,Guthu,Hariharpur,Jarbuta,Kaphal Kot,Khanikhola, Kunathari, Lagam, Latikolli, Lekhparsa, Lekgaun, Lekhparajul, Maintara, Malarani, Matela, Mehelkuna, Rajena, Rakam, Ramghat, Ranibas, Ratudevistan, Sahare, Salkot, Satakhani, Taranga Ghat,Tatopani,Uttarganga	Oct 1, '11	30-Sep '13	DD	PP	AKS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)			Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff				
				STI	VCT	EPC				CHBC	Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO	Fin	
Far Western	Kailali	Asha Kiran Pratisthan (605180)	CHBC and PP				9	Attariya	CHBC	PLHA	Dhangadhi, Tikapur	Baliya,Basauti,Bhajani,Bauniya,Chuha,Chaumala,Dhansinghapur,Darakh,Dododhara,Durgauli,Geta,Godawari,Hasuliya,Janakinagar,Joshipur,Khailad,Kota,Tulsipur,Lalbojhi,Malakheti,Masuriya,Munuwa,Narayanpur,Nigali,Pahalmanpur,Pathariya,Phulbari,Pratappur,Ramshikharjhala,Ratanpur,Sandepani,Sahajpur,Shripur,Sugurkhal,Thapapur,Udasipur,Urme	Oct 1, '11	30-Sep '13	DD	BD	PS	
		TSDA (605187)	Prevention and FP promotion					Dhangadi	PE, OR, referral	FSW, Clients	Dhangadhi, Tikapur	Baliya,Beladevipur,Bauniya,Chuha,Chaumala,Darakh,Dododhara,Geta,Godawari,Malakheti,Masuriya,Pahalmanpur,Phulbari,Ramshikharjhala,Shripur,Urme	Oct 1, '11	30-Sep '13	DD	BD	PS	
		NNSWA (605178)	STI/VCT/EPC/FP	2	2	2		Attariya (Static), Sukkhad (Satellite)		FSWs, Clients PLHA	Dhangadhi	NA	Oct 1, '11	30-Sep '13	DD	BD	PS	
	Kanchanpur	TSDA (605187)	Prevention and FP promotion					Mahendranagar	PE, OR, referral	FSW, Clients	Mahendranagar	Daiji,Jhalari,Krishnapur,Pepladi,Sudha	Oct 1, '11	30-Sep '13	DD	BD	PS	
		NNSWA (605178)	STI/VCT/EPC/FP/CHBC	2	3	2	3	Mehendranagar (Static) MZH (VCT), Jhalari (Satellite)	STI/VCT/EPC/CHBC	FSWs, Clients PLHA	Mahendranagar	Beldada,Chadani,Daiji,Dekhatmuli,Dodhara,Jhalari,Kalika,Krishnapur,Laxmipur,Pepladi,Raikawarabechawa,Shreepur,Sudha,Tribhuwanbasti	Oct 1, '11	30-Sep '13	DD	BD	PS	
	Accham	Gangotri (605182)	CHBC and PP					8	Bayalpata	CHBC	PLHA	NA	Bawala,Baijanath,Bannatoli,Baradadevi,Basti,Batulasain,Wayala,Bhagyashwari,Bhairavsthan,Bhatakatiya,Muli,Vinayak,Bindhyabasini,Birpath,Budhakot,Chalsa,Chandika,Darna,Dhakari,Dhaku,Dhamali,Ghodasain,Ghughurkot,Duni,Gajara,HattikotHichma,Jalapadevi,Janali,Bandali,Jupu,Kalagaun,Kalika,Kalikasthan,SodasadeviKuika,Kunti,Bandali,Layati,Lunga,Managsen,Marku,Masyawandali,Mashtamadaun,Nandegada,Nawathana,Oligaun,Patakot,Payal,Ramarosana,Raniban,Ridikot,Santada,Siddheshwar,Syudi,Saukat,Timilsain,Tauli,Barla, Toshi, Turmakhad	Oct 1, '11	30-Sep '13	DD	BD	PS
	Doti	CDF (605167)	CHBC and PP					4	Silgadhi	CHBC	PLHA	Dipayal Silgadhi	Banjhkakani,Banlek,Basudevi,Bhumirajmadaun,Chhapali,Dahakalikasthan,Daud,Dhirkamadaun,Durgamadaun,Gairagaun,Gajari,Girichauka,Jjodamadaun,Kadamadaun,Kalikasthan,Kaphalleki,Khatiwada,Khirsain,Ladagada,Latamadaun,Mahadevsthan,Mudbhara,Mudegaun,Pachnali,Pokhari,Ranagaun,Sanagaun,Tijali,Tikhatar,Toleni,Baglek,Barpata, Lamikhal	Oct 1, '11	30-Sep '13	DD	BD	PS

Region	District	IA (FCO #)	Service Type	Service sites or team (#)			Location	Site Function	Population Served	Program Coverage by Prevention / CHBC Program		Project Period		Responsible staff		
				STI	VCT	EPC				CHBC	Name of Municipalities	Name of VDCs	Start Date	End Date	TL	PO
National		NAP+N (605189)	Capacity Building and Network Strengthening				Maharajgunj	Strengthen network, Build Capacity	PLHA	NA	NA	Oct 1, '11	30-Sep '13	BS	PB	PS
		Recovering Nepal (605191)	Capacity Building and Network Strengthening				Sanepa	Strengthen network, Build Capacity	Former IDUs	NA	NA	Oct 1, '11	30-Sep '13	BS	PB	PS
		FSGMN (605160)	Network Strengthening				Lazimpat		MSM/ MSW	NA	NA	Oct 1, '11	30-Sep '13	BS	PB	AKS
		NFWLHA (605171)	Strengthening women PLHA				Dhobighat	strengthen network	Women PLHA	NA	NA	Oct 1, '11	30-Sep '13	BS	PB	AKS
		JMMS (605175)	CapacityStrengthening				Dhobikhola	Capacity building	Female sex workers	NA	NA	Jan 16, '12	30-Sep '13	BS	PB	AKS
		Dristi Nepal (605169)	Network Strengthening				Sundhara	strengthen network	Former female IDUs	NA	NA	Oct 1, '11	30-Sep '13	BS	PB	AKS
		CMF (605197)	Radio Program in 4 districts				Anamnagar	Radion program in Papla, Kapilbastu, Nawalparasi and Bara	Migrants	NA	NA	Apr 1, '12	30-Sep '13	BS	RK	AKS
Total District	33	41	Total sites / numbers	46	47	48	55									

NoteVCT only
EPC only1 Mahakali Zonal Hospital (added in NNSWA Kanchapur sites)
2 SNEHA, SPARSHA (no STI and VCT services in these sites)

Annex C
 Saath-Saath Project FY 12 Annual Report (Oct '11 - Jul '12)
 Service Achievements by IAs

Annex C
Saath-Saath Project Annual Report (Oct 2011-Jul 2012)
Service Targets vs Achievement by IAs

Region	Saath-Saath Project Implementing Agencies (IA)	# of Static Sites	# of Satellite sites	# clinic days planned	# actual clinic days conducted	Achievements vs Targets for FY12 (October 2011-July 2012)												Palliative Care (FY12)
						STI diagnosed and treated			Provided results with counseling (VCT)			PLHIV received basic health care (EPC)			PLHIV received care services through CHBC			
						FY12 Target*	Achievement	% Achieved	FY12 Target*	Achievement	% Achieved	FY12 Target*	Achievement	% Achieved	FY12 Target*	Achievement	% Achieved	
East and Central Region Terai Region	AMDA - Nepal	4	5	941	908	1,221	864	70.8	2,458	2,135	86.9	144	100	69.4				100
	GWP	1	2	197	195	532	402	75.6	1,880	1,219	64.8	69	41	59.4				41
	BIJAM	1	1	206	205	271	163	60.1	611	701	114.7	73	114	156.2	96	151	157.3	155
	DPG-Dharan	-	-	-	-	-	-	-	-	-	-	-	-	-	203	238	117.2	238
	Sub Total	6	8	1,344	1,308	2,024	1,429	70.6	4,949	4,055	81.9	286	255	89.2	299	389	130.1	534
Western Region Hill and Terai Districts	Naulo Ghumti	2	1	317	313	455	401	88.1	1,043	994	95.3	241	146	60.6	186	316	169.9	340
	Sahavagi	1	2	256	249	678	413	60.9	1,929	958	49.7	175	140	80.0				140
	Namuna	1	4	263	249	593	466	78.6	1,843	1,324	71.8	348	196	56.3	335	309	92.2	351
	Indreni Samaj Kendra	1	2	34	32	44	19	43.2	271	123	45.4	28	2	7.1				2
	DPG-Baglung														112	123	109.8	123
	Syangja Support Group														137	127	92.7	127
	Lumbini Plus														131	148	113.0	148
	Chhahari Mahila Samuha														201	150	74.6	150
	Sub Total	5	9	870	843	1,770	1,299	73.4	5,086	3,399	66.8	792	484	61.1	1,102	1,173	106.4	1,381
Mid and Far Western Region Districts	NSARC	3	2	677	630	987	1,117	113.2	2,276	2,696	118.5	268	214	79.9				214
	NNSWA	3	2	471	469	443	528	119.2	1,056	1,823	172.6	323	326	100.9	212	236	111.3	374
	Gangotri - Achham	-	-												355	440	123.9	440
	AKP-Kailali	-	-												610	712	116.7	712
	Junkiree - Banke	-	-												197	223	113.2	223
	SAC- Surkhet	-	-												163	182	111.7	182
	CDF - Doti	-	-												349	459	131.5	459
	Dang Plus														125	92	73.6	92
	Sub Total	6	4	1,148	1,099	1,430	1,645	115.0	3,332	4,519	135.6	591	540	91.4	2,011	2,344	116.6	2,696
Kathmandu Valley and surrounding districts	SACTS	1	4	349	347	2,925	1,978	67.6	4,406	2,936	66.6	254	78	30.7				78
	CAC-Bhaktapur	1	1	230	225	813	847	104.2	1,465	1,355	92.5	32	25	78.1				25
	Sneha Samaj	1	-	217	205	-	-	-	-	-	-	718	501	69.8				501
	SPARSHA	1	-	186	181	-	-	-	-	-	-	431	419	97.2	176	226	128.4	468
	CIRDS	1	1	51	51	67	25	37.3	142	48	33.8	17	-	-				
	SPN- Kavre														159	82	51.6	82
	Trishuli Plus														83	86	103.6	86
	Sub Total	5	6	1,033	1,009	3,805	2,850	74.9	6,013	4,339	72.2	1,452	1,023	70.5	418	394	94.3	1,240
	Annual Total	22	27	4,395	4,259	9,029	7,223	80.0	19,380	16,312	84.2	3,121	2,302	73.8	3,830	4,300	112.3	5,851

Note:

1. IA target for FY12 (Oct 11- Jul 12) has been calculated from Year 1(Oct 11-Sep 12) target matrix
2. Total number of people received Palliative Care in this IA matrix is different than in SSP overall achievement. It is because some people have received same services from multiple service sites
3. Annual target = Year 1/12*10 months

Annex C

Saath-Saath Project Annual Report (Oct 2011-Jul 2012)

FY 12 Annual Achievement against Targets for Key Indicators

Indicator	Disaggregation		Target FY12* (Oct 11 - Jul 12)	Achievement FY12 (Oct 11 - Jul 12)	Justification	Target FY13	Geo-enabling Unit	Source
Number of targetted condom outlets open in hotzones	NA	NA	NA	NA		NA	NA	
Number of MARP reached with individual and/or small group level intervention that are based on evidence and/or meet the minimum standards required	MARPs	FSW	22,000	22,055	The overall achievement of outreach numbers is 10% below expected target which is mainly due to the two third shortfall in reaching the targets of migrants. The project has achieved exactly 100% of the target of FSWs and 99% of the target of Clients. Migrants reach is low because the activities focused on migrants started in the second semi annual period only and there was political instability in the month of May 2012. Further break down of MARPs: Male migrants - 2,126; Female migrants - 47; Spouse of male migrants - 2,796; Spouse of Femle migrants=11, PLHIV Male - 1,358; PLHIV Female - 1,678; MSM - 3; IDUs - 33	26,000	District	Routine data
		Migrants and their Spouses	17,000	4,980		34,000		
		Clients of FSWs	50,000	49,319		55,000		
	Sex	Total Female	30,500	26,800		72,000		
		Total Male	58,500	52,977		43,000		
	Number of health care workers who successfully completed an in-service training program	Other than AB	F	500		946		
M			500	340	800			
Palliative Care		F	NA	143	NA			
		M	NA	107	NA			
Counseling and testing		F	20	23	10			
		M	20	25	10			
ARV		F	20	14	55			
		M	20	32	55			
Lab		F	20	15	NA			
		M	20	63	NA			
Strategic information		F	105	43	150			
		M	105	96	175			

Annex C Saath-Saath Project FY 12 Annual Report (October 2011- January 2012)

Achievement vs Targets

Indicator	Disaggregation		Target FY12* (Oct 11 - Jul 12)	Achievement FY12 (Oct 11 - Jul 12)	Justification	Target FY13	Geo-enabling Unit	Source
	Institutional capacity building	F	400	366	(Saath-Saath Project and GGMS), Implementing Agencies, USAID Nepal Staff, Government of Nepal (Ministry of Health, Family Health Division, NCASC), DACC,D(P)HOS, NFHP-II, National Planning Commissions, UNAIDs, NGOs, Networks, , Community people, beneficiaries.	500	District	
		M	600	365		600		
	S&D	F	4,000	5,141		4,300		
		M	3,000	2,987		3,200		
	Medical injection safety	F	45	13		150	None	
		M	45	28		150		
	Total	F	5,110	6,704		NA		
M		4,310	4,043	NA				
Number of people that have been trained in FP/RH with USG funds	Sex	F	150	159	Overall achievement is 103%. People trained in this indicator are community workers and clinic staff of implementing agencies	25	None	Training reports
		M	150	149		25		
	Total	300	308	50				
Number of HIV-positive adults and children receiving a minimum of one care service	Sex	F	2,750	2,907	The achievement for this indicator is 101%. Of the total Palliative Care service receipts, 3,231 (58.4%) received only CHBC services, 1233 (22.3%) received only EPC services and remaining 1067 (19.3%) received both EPC and CHBC services.	3,000	District	Routine data
		M	2,750	2,624		3,000		
	Age	<5	NA	109	NA			
		5-14	NA	431	NA			
		15 and above	NA	4,991	NA			
Number of people who received counseling and testing and their results	MARPs	FSW	NA	6,066	Overall achievement is 96% of the target set for this annual period. However, the achievement for female is 16% higher than the target. The 4% shortfall is mainly because of the lower number of clinic days open in Oct 2011 due to festival seasons and project beginning and transitioning days and in May 2012 due to political instability. Similarly, delay in initiating migrants programs in 3 districts (Bara, Kailbastu and Palpa) also contributed for this shortfall in achievement.	NA	District	Routine data
		IDU	NA	127		NA		
		Male migrant	NA	326		NA		
		Spouse of male migrants	NA	792		NA		
		Clients of FSWs	NA	8,100		NA		
		MSM/TG	NA	46		NA		
	Sex	Total Female	6,500	7,525	8,000			
Total Male		10,500	8,785	13,000				
					Due to security reasons, 3% Static and 6.5% Satellite clinics had to be cancelled. The cancellation % in the month of May was 23% and 43% of static and satellite clinics respectively.			

Annex C Saath-Saath Project FY 12 Annual Report (October 2011- January 2012)

Achievement vs Targets

Indicator	Disaggregation		Target FY12* (Oct 11 - Jul 12)	Achievement FY12 (Oct 11 - Jul 12)	Justification	Target FY13	Geo-enabling Unit	Source
	Age	<5	NA	26	A total of 228 (1.4%) people were tested positive from SSP clinics among people who received VCT.	NA		
		5-14	NA	88		NA		
		15 and above	NA	16,196		NA		
	Result	Positive	NA	228		NA		
		Negative	NA	16,082		NA		
Number of service outlets for palliative care	NA	NA	46	48	During second semi-annual period, new clinics sites for VCT, STI and EPC services were added in Tanahu and Dhading for FSWs program, Palpa and Kapilbastu for Migrants program	46	District	Service mapping
Number of outlets providng counseling and testing	NA	NA	45	47	do	45		
Number of USAID-assisted service outlets providing STI treatment	NA	NA	44	46	do	44		
Number of MARPs receiving STI treatment at USAID-assisted sites	MARPs	FSW	NA	6,098	Overall achievement is 3% above the target. It is 16% higher in the female. The proportion of male being treated is still low as the activities focused on migrants delayed in initiation and expansion in 3 districts.	NA	District	Routine data
		IDU	NA	11		NA		
		Migrant and spouse	NA	245		NA		
		Clients of FSWs	NA	547	During this period a total of 16,045 people were examined for any STIs. Of them, 6,266 (39%) were FSWs, 7,915 (49%) were Clients of FSWs, 1031 (6%) were migrants and their spouses and remaining 5% were from other target groups.	NA		
		Other Male	NA	23		NA		
	Other Female	NA	300	NA				
	Sex	Total Female	5,700	6,634	6,500			
		Total Male	1,300	590	1,500			

* FY 12 target is only for 10 months for the period from Oct 2011 to Jul 2012

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
1	Project Orientation and Team Building Workshop	22-Oct-11	24-Oct-11	Staff Members	8	22	0	30
2	Team management training for EIHS Clinic Staffs	16-Nov-11	18-Nov-11	Staff Members	10	4	0	14
3	Basic and refresher for positive speaker bureau	21-Dec-11	22-Dec-11	PLHIV	9	11	0	20
4	Basic Training on HIV & AIDS Logistics Management System	08-Jan-12	10-Jan-12	Government Staff,NGO People	12	11	0	23
5	Basic Training on HIV & AIDS Logistics Management System	09-Jan-12	11-Jan-12	Government Staff,NGO People	13	12	1	24
6	Peer Educator and CIP Operator Training	13-Jan-12	14-Jan-12	Peer Educators	0	16	0	16
7	One day training on positive prevention	15-Jan-12	15-Jan-12	NGO People	9	16	0	25
8	Training on Clinical Management	16-Jan-12	21-Jan-12	Government Staff, Health Workers	11	6	0	17
9	Basic Training for Peer Educator	19-Jan-12	20-Jan-12	Peer Educators	0	31	0	31
10	Refresher STI Case Management	22-Jan-12	24-Jan-12	Government Staff, Health Workers	10	8	0	18
11	Basic Training on Communityand Home based Care (CHBC)	24-Jan-12	28-Jan-12	NGO People	9	18	0	27
12	One day training on positive prevention	29-Jan-12	29-Jan-12	NGO People	9	18	0	27
13	PE Training	31-Jan-12	01-Feb-12	Peer Educators	0	18	0	18
14	Research Capacity Building Workshop	31-Jan-12	03-Feb-12	FHI 360 Staff, USAID Nepal Staff, Government of Nepal (Ministry of Health, Family Health Division, NCASC), NFHP II	16	10	0	26
15	Training on Tally ERP 9.0 Accounting Software	06-Feb-12	10-Feb-12	NGO People	13	6	0	19
16	One day training on positive prevention	12-Feb-12	12-Feb-12	NGO People	14	12	0	26
17	Refresher Training on Community and Home based Care (CHBC)	13-Feb-12	16-Feb-12	NGO People	8	9	0	17
18	Training on Outreach Education and Peer Education for HIV Prevention	13-Feb-12	17-Feb-12	NGO People	10	16	0	26
19	National STI/VCT Laboratory Refresher Training	14-Feb-12	16-Feb-12	Health Workers, Government Staff	16	4	0	20
20	Stigma and discrimination reduction training (Morang)	16-Feb-12	17-Feb-12	Peer Educators	0	9	0	9
21	Stigma and discrimination reduction training (Sunsari)	16-Feb-12	17-Feb-12	Peer Educators	0	10	0	10

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
22	Basic Refresher training to female volunteer P.E and CIP operators (Jhapa)	16-Feb-12	17-Feb-12	Peer Educators	0	8	0	8
23	PE Training	21-Feb-12	22-Feb-12	Peer Educators	0	15	0	15
24	Report Writing Training (NFWLHA)	21-Feb-12	22-Feb-12	Staff Members	5	15	0	20
25	2 Days Workshop on Legal Aid for FIDUS	21-Feb-12	22-Feb-12	NGO People	0	20	0	20
26	Training on Negotiation Skills for HIV and STI Prevention	22-Feb-12	24-Feb-12	NGO People	14	4	0	18
27	PE Training	23-Feb-12	24-Feb-12	Peer Educators, Staff Members	0	18	0	18
28	Report writing Training.	25-Feb-12	26-Feb-12	Others - LGBTI	6	0	0	6
29	Training on HIV Counseling training	26-Feb-12	05-Mar-12	NGO People, Government Staff, Staff Members	12	11	0	23
30	Technical and Capacity Assessment Tool (TOCAT) Orientation Workshop	01-Mar-12	02-Mar-12	NGO people, SSP staff	15	12	0	27
31	Basic STI Case Management	11-Mar-12	16-Mar-12	Health Workers, Government Staff	11	10	0	21
32	Peer Educators Refresher Training-Dang	12-Mar-12	13-Mar-12	Peer Educators	0	7	0	7
33	Training on Outreach Education and Peer Education for HIV Prevention	12-Mar-12	16-Mar-12	NGO people	8	18	0	26
34	Basic training for PEs and CIP Operator	13-Mar-12	14-Mar-12	CIP Operator, Peer Educators	0	10	0	10
35	Negotiation skills for HIV and STI prevention	14-Mar-12	16-Mar-12	Outreach Educators, Community Mobilisers	8	11	0	19
36	Refresher training to female volunter Pes and CIP Operators	15-Mar-12	16-Mar-12	Peer Educators	2	28	0	30
37	P.E Training	15-Mar-12	16-Mar-12	House wife, Labour, Volunteer, FarmerPeer Educators, Staff Members	1	14	0	15
38	Training on micro planning process for HIV prevention among MARPs	20-Mar-12	22-Mar-12	NGO people, Staff Member	20	7	0	27
39	PE & CIP Operators Training	22-Mar-12	23-Mar-12	Peer Educators	0	18	0	18
40	Negotiation Skill training	26-Mar-12	28-Mar-12	Staff Members	5	10	0	15
41	Training on Negotiation Skills for HIV and STI Prevention	26-Mar-12	28-Mar-12	Media People	12	5	0	17
42	Peer Educators Refresher Training-Banke	27-Mar-12	28-Mar-12	Peer Educators	0	7	0	7

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
43	Training on Negotiation Skills for HIV and STI Prevention	28-Mar-12	30-Mar-12	DIC Operator, Community Mobilisers, Outreach Educators	4	11	0	15
44	Peer Educators Refresher Training-Bardiya	29-Mar-12	30-Mar-12	Peer Educators	0	7	0	7
45	Presentation and Communications Skills Workshop	29-Mar-12	30-Mar-12	NGO people, government people	12	7	0	19
46	One day training on positive prevention	29-Mar-12	29-Mar-12	NGO People	16	12	0	28
47	Outreach and peer education for HIV and STI prevention and FP promotion	02-Apr-12	06-Apr-12	NGO People	11	15	0	28
48	Condom negotiation training to OE and CM	09-Apr-12	11-Apr-12	Outreach Educators, Community Mobilisers, Peer Educators	3	6	0	9
49	Micro planning Training	10-Apr-12	11-Apr-12	Outreach Educators, Community Mobilisers	1	10	0	11
50	Micro Planning Training	11-Apr-12	12-Apr-12	Staff Members	6	12	0	18
51	Microplanning Training	15-Apr-12	16-Apr-12	Community Mobilisers, Outreach Educators, Staff Members	7	5	0	12
52	Introductory Training on ArcGIS	16-Apr-12	20-Apr-12	Government Staff, NGO People Staff, Members, GGMS/CRS,UNAIDS,USAID	12	3	0	15
53	Micro Planning Training	18-Apr-12	19-Apr-12	Community Mobilisers	4	5	0	9
54	Miropanning training	19-Apr-12	20-Apr-12	Staff Members, Peer Educators	3	11	0	14
55	Condom Negotiation Training	22-Apr-12	25-Apr-12	Outreach Educators, Community Mobilisers, Peer Educators	3	9	0	12
56	Training on Saath-Saath Project Sub agreements activities, policies and requirements for IAs	24-Apr-12	25-Apr-12	NGO People	18	6	0	24
57	Condom Negotiation skill training to O.E.s and C.Ms	25-Apr-12	27-Apr-12	Outreach Educators, Community Mobilisers, Staff Members	6	22	0	28
58	PE & CIP Operator training	25-Apr-12	26-Apr-12	FSWs, Migrant workers, Spouse of Migrants	0	17	0	17
59	Negotiation Skills training for HIV & STI Prevention	25-Apr-12	27-Apr-12	Staff Members, Peer Educators	6	14	0	20

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
60	Condom Negotiation Training	26-Apr-12	27-Apr-12	Community Mobilisers	8	6	0	14
61	Peer Educator and CIP Operator orientation	27-Apr-12	28-Apr-12	Peer Educators, CIP Operators	1	15	0	16
62	Microplanning Training	28-Apr-12	29-Apr-12	Outreach Educators, Community Mobilisers	2	9	0	11
63	Outreach and peer education for HIV and STI prevention and FP promotion	29-Apr-12	04-May-12	NGO People	14	16	0	30
64	Outreach and peer education for HIV and STI prevention and FP promotion	29-Apr-12	04-May-12	NGO People	14	16	0	30
65	National STI/VCT Laboratory Basic Training	07-May-12	11-May-12	Health Workers, Government Staff	16	3	0	19
66	Workshop on TOCAT	11-May-12	12-May-12	Staff Members	14	4	0	18
67	Basic STI Case Management	05-Jun-12	10-Jun-12	Staff Members, Health Workers	13	11		
68	Training on M&E and MIS to Saath-Saath Project's Network and Radio Program partner Organizations	05-Jun-12	06-Jun-12	NGO People	3	8	1	12
69	Documentation and report writing training	06-Jun-12	08-Jun-12	FSWs	0	22	0	22
70	Training on Training schedule for Radio Program Producer and Community Reporter	08-Jun-12	10-Jun-12	Media People	8	0	0	8
71	HIV Counseling Training	10-Jun-12	18-Jun-12	NGO People, Government Staff	13	12	0	25
72	Training of Trainers on Out Reach and Peer Education for HIV & STI Prevention and FP Promotion	12-Jun-12	14-Jun-12	NGO People	19	5	0	24
73	2 Days workshop on Behavioral Change Communication	12-Jun-12	13-Jun-12	NGO People, Dristi Nepal Support Group	0	20	0	20
74	Advocacy and leadership training	12-Jun-12	14-Jun-12	FSWs	0	21	0	21
75	Training on M&E and MIS (Mid and Far Western Region)	14-Jun-12	16-Jun-12	NGO People	18	3	0	21
76	Training on M&E and MIS (Western and Eastern Region)	18-Jun-12	20-Jun-12	NGO People	15	8	0	23
77	CB-PMTCT Training for CHBC workers	18-Jun-12	19-Jun-12	NGO People	9	11	0	20
78	Basic Life Support Training	19-Jun-12	19-Jun-12	NGO People	16	4	0	20
79	Stigma & Discrimination Reduction Training for Health Care Workers	20-Jun-12	21-Jun-12	Staff Member, sHealth Workers	13	11	0	24
80	Training on M&E and MIS (Central Region)	21-Jun-12	23-Jun-12	NGO People	15	9	0	26

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
81	Universal Precaution & Post Exposure Prophylaxis and Healthcare Waste Management	22-Jun-12	24-Jun-12	Staff Members, Health Workers	14	4	0	18
82	Sexual and Reproductive Health Training	22-Jun-12	23-Jun-12	LBT Women	0	8	12	20
83	STI/VCT Laboratory Related Basic Training	25-Jun-12	29-Jun-12	Staff Members	13	6	0	19
84	Workshop on Documentation of Good Practices and Lessons Learned (GPLL)	25-Jun-12	27-Jun-12	NGO People	12	11	0	23
85	Training on Comprehensive Family Planning (COFP) and Counseling (with RH components)	26-Jun-12	03-Jul-12	NGO People, Government Staff	6	11	0	17
86	NGO Management Training	05-Jul-12	06-Jul-12	NGO People	18	8	0	26
87	Advocacy Training	07-Jul-12	08-Jul-12	Community Mobilisers, Peer Educators	10	0	10	20
88	Training on DIC operation	11-Jul-12	13-Jul-12	NGO People	3	24	0	27
89	Proposal Writing Training	12-Jul-12	15-Jul-12	NGO People, Government Staff	16	6	0	22
90	Baseline FP Survey including Rapid Assessment of HIV, STI and FP situation among Migrant Couples- Training on Operation and Mapping and Size Estimation	12-Jul-12	15-Jul-12		16	0	0	16
91	National Training on Clinical Management	15-Jul-12	20-Jul-12	Staff MembersHealth Workers	18	6	0	24
92	CHBC refresher	16-Jul-12	19-Jul-12	Staff Members	1	1	0	2
93	CHBC refresher training	16-Jul-12	19-Jul-12	NGO People	11	10	0	21
94	Peer Educator Training	18-Jul-12	19-Jul-12	Peer Educators	1	15	0	16
95	2 Days Training on Report Writing	19-Jul-12	20-Jul-12	NGO People	0	20	0	20
96	Training on OE and Peer Education on HIV and STI Prevention and Family Planning Promotion	20-Jul-12	21-Jul-12	Staff Members	9	20	0	29
98	Training to Radio Listener Group (RLG) Facilitators	21-Jul-12	22-Jul-12	R L G Facilitators	11	28	0	39
99	National STI/VCT Laboratory Refresher Training	22-Jul-12	24-Jul-12	Staff MembersHealth Workers	14	4	0	18
100	STI/HIV prevention and FP promotion training for Peer Educator and Outreach educator.	22-Jul-12	23-Jul-12	Staff Members	10	24	0	34
101	Training on Family Planning to OE and PE	24-Jul-12	25-Jul-12	Staff Members	8	6	0	14
102	Stigma and Discrimination Training	24-Jul-12	24-Aug-12	FSWs, Health Workers, Community people	4	22	0	26

Annex D

Saath-Saath Project Annual Report (Oct 11- Jul 12)

Key Workshops and Trainings*

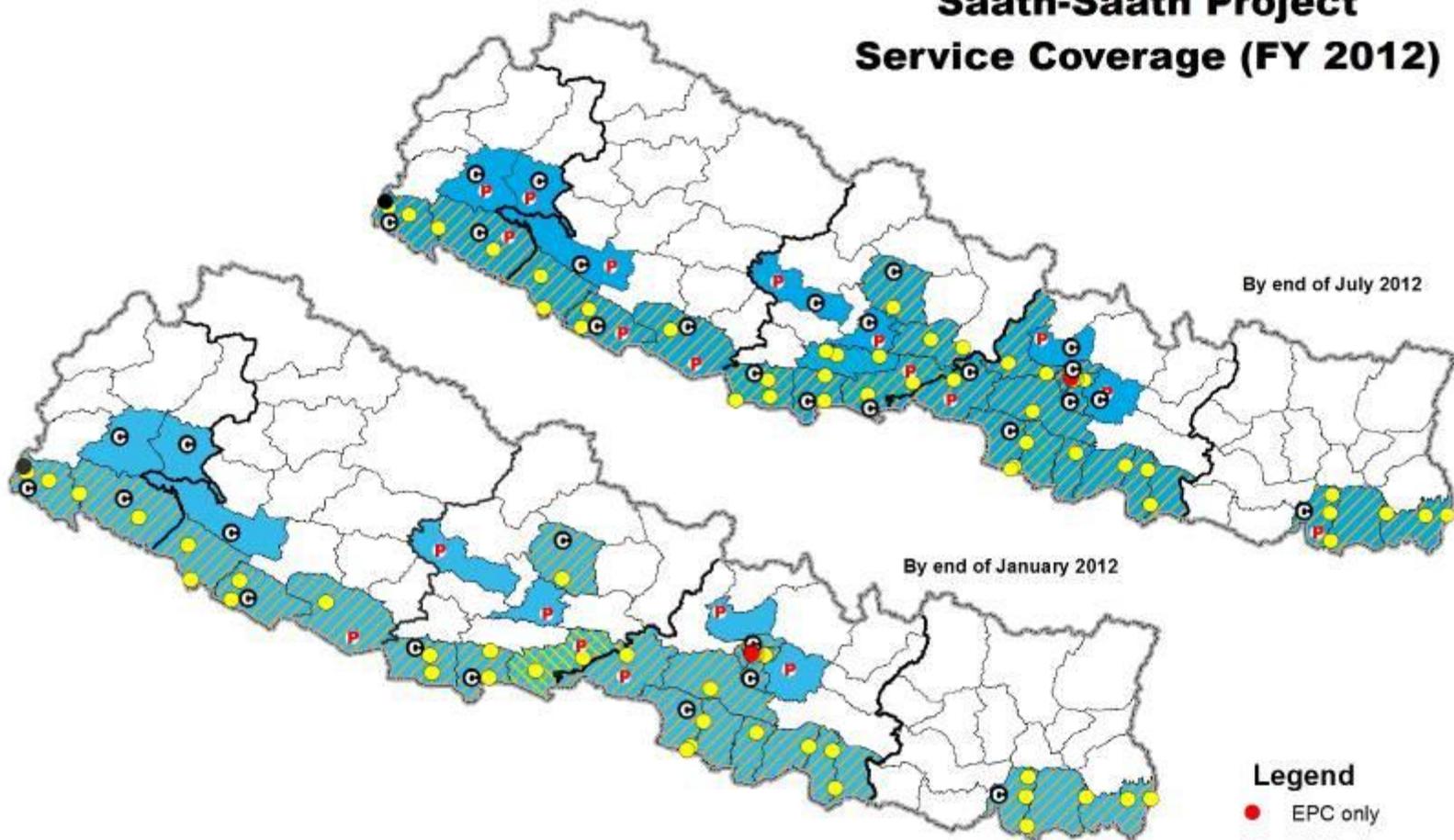
S.N	Title of training/workshop	Start Date	End Date	Participants	Male	Female	TG	Total
103	Training on Outreach and Peer Education and FP promotion	24-Jul-12	25-Jul-12	Outreach Educators, Community Mobilisers, Staff Members	3	13	0	16
104	FP Training to OE/CM	24-Jul-12	25-Jul-12	Staff Members	9	18	0	27
105	Basic training to Peer Educators	24-Jul-12	25-Jul-12	Peer Educators	0	20	0	20
106	SRH and HIV and AIDS Training	25-Jul-12	27-Jul-12	FSWs	0	22	0	22
107	HIV-related Stigma & Discriminaiton Reduction	26-Jul-12	27-Jul-12	Health Workers	6	7	0	13
108	Orientaion on Condom negotiation skills, FP promotion and FP Legislative and Policy requirements	26-Jul-12	29-Jul-12	Staff Members	8	17	0	25
109	Training on Outreach and Peer Education and FP promotion	26-Jul-12	27-Jul-12	Outreach Educators, Community Mobilisers, Staff Members	3	10	0	13
110	CB-PMTCT Training for CHBC workers	26-Jul-12	27-Jul-12	NGO People	9	9	0	18
111	Training on Comprehensive Family Planning (COFP) and Counseling (with RH components)	26-Jul-12	02-Aug-12	NGO People, Government Staff	10	8	0	18
112	Clinical Practicum	27-Jul-12	01-Aug-12	Health Workers	3	2	0	5
113	S&D Training	27-Jul-12	28-Jul-12	Communiti Members	3	18	0	21
114	Universal Precaution & Post Exposure Prophylaxis and Healthcare Waste Management	28-Jul-12	30-Jul-12	Staff MembersHealth Workers	15	7	0	22
115	Training on OE,PE on HIV & STI prevention & FP promotion program	29-Jul-12	30-Jul-12	CIP operator, Staff Members, Peer Educators	4	10	0	14
116	Training on OE,PE on HIV & STI prevention & FP promotion program	29-Jul-12	30-Jul-12	Staff Members, Peer Educators	4	10	0	14
117	Training on Family Planning	30-Jul-12	31-Jul-12	Staff Members	7	15	0	22

* - All types of training conducted by country office and other training with duration of consecutive two days or more are included in this list.

Annex F: Map Report

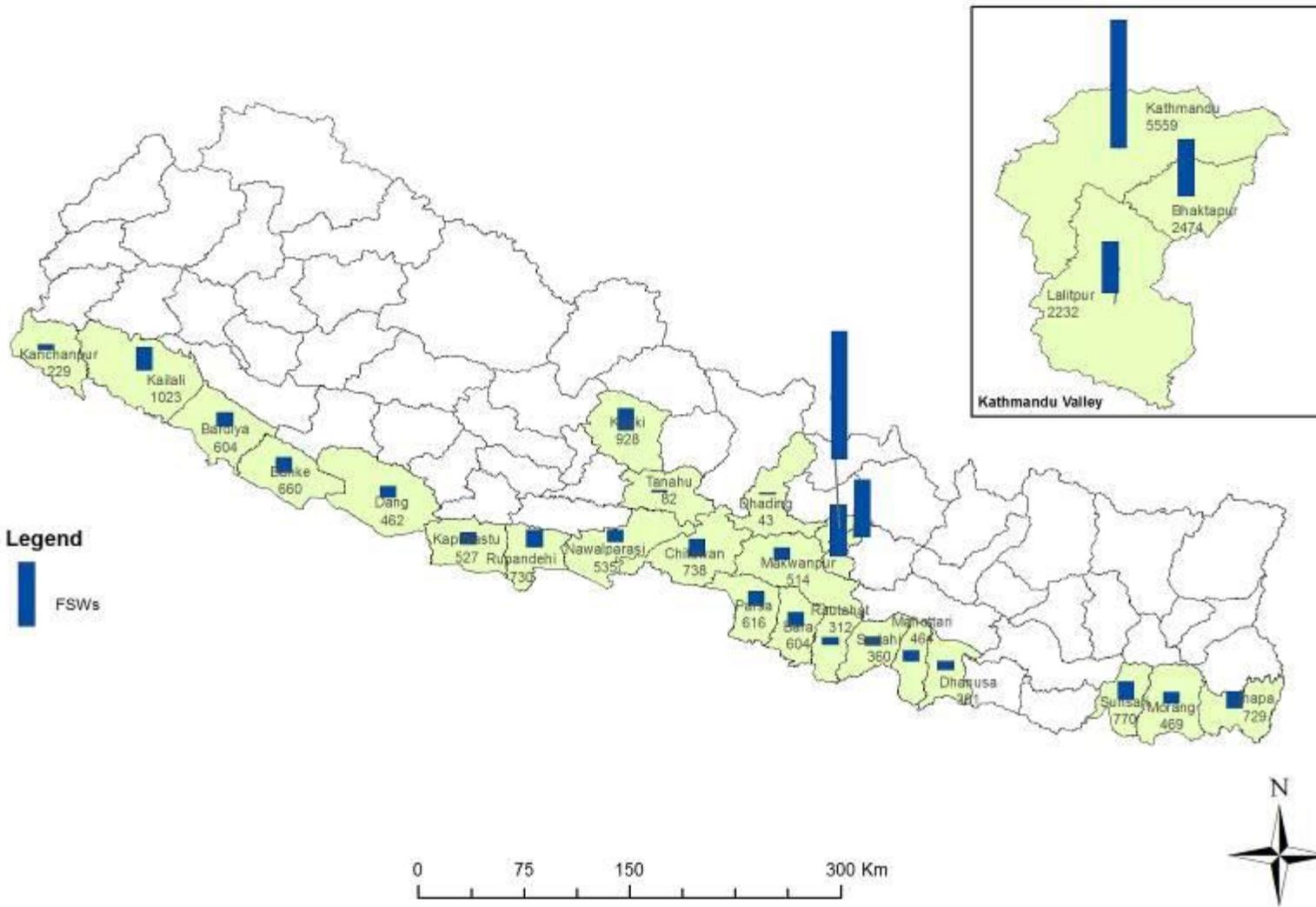
**Annual Period
(October 2011-July 2012)**

Saath-Saath Project Service Coverage (FY 2012)

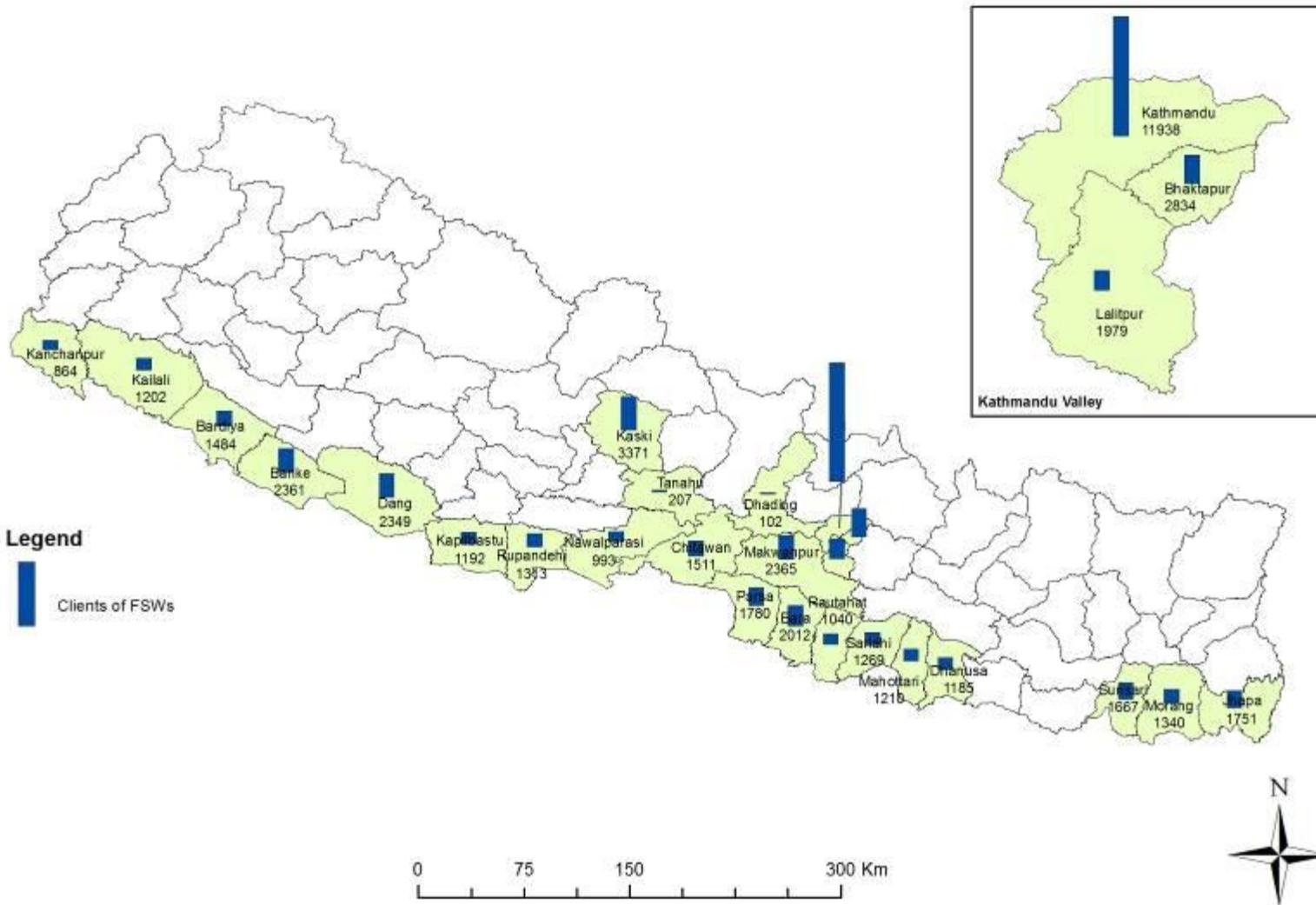


- Legend**
- EPC only
 - VCT only
 - EIHS Site
 - P PP Program
 - G CHBC Program
 - Migrant Program
 - FSW Program
 - Project District

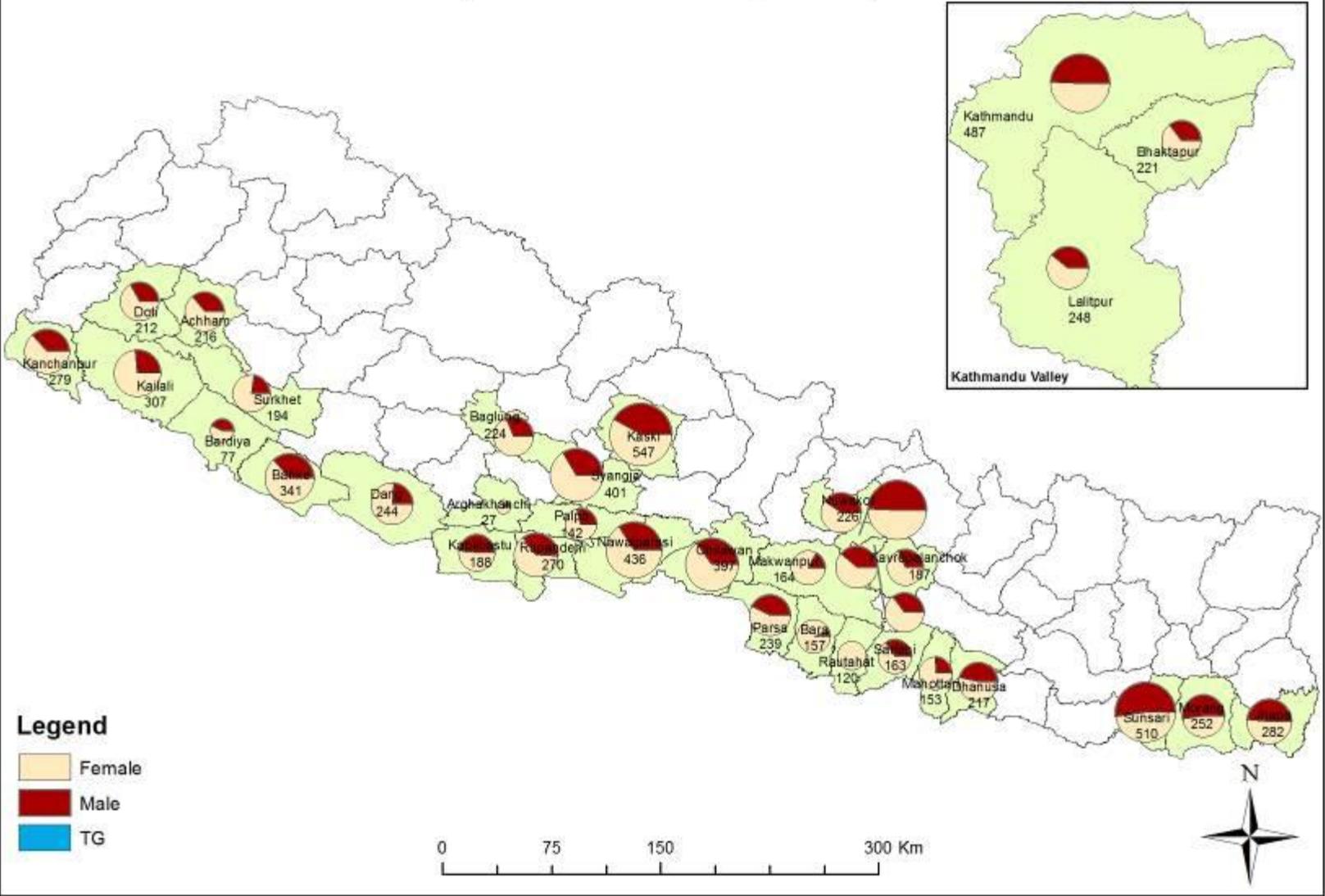
Coverage of FSWs reached through Prevention Outreach (October 2011-July 2012)



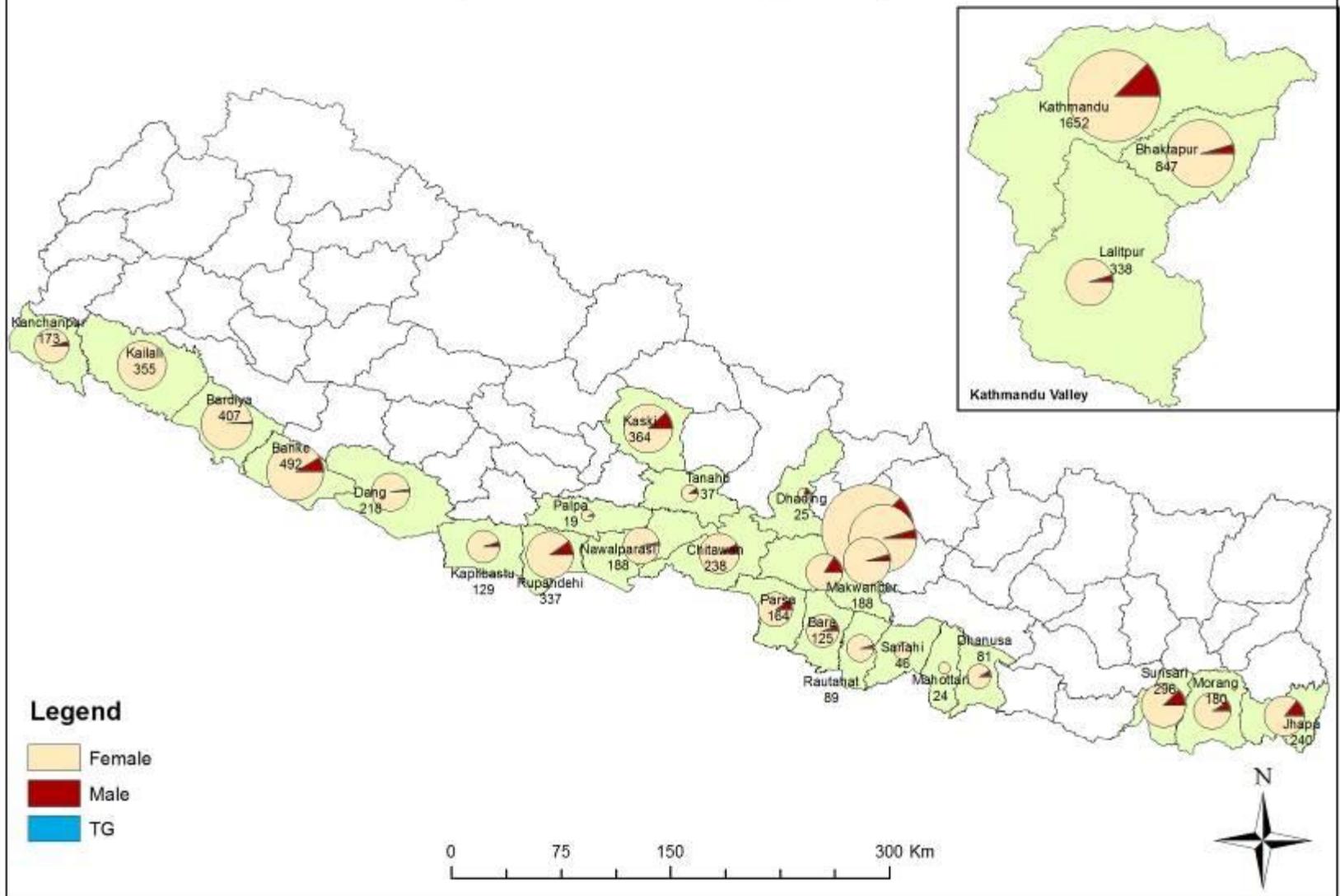
Coverage of Clients of FSWs reached through Prevention Outreach (October 2011-July 2012)



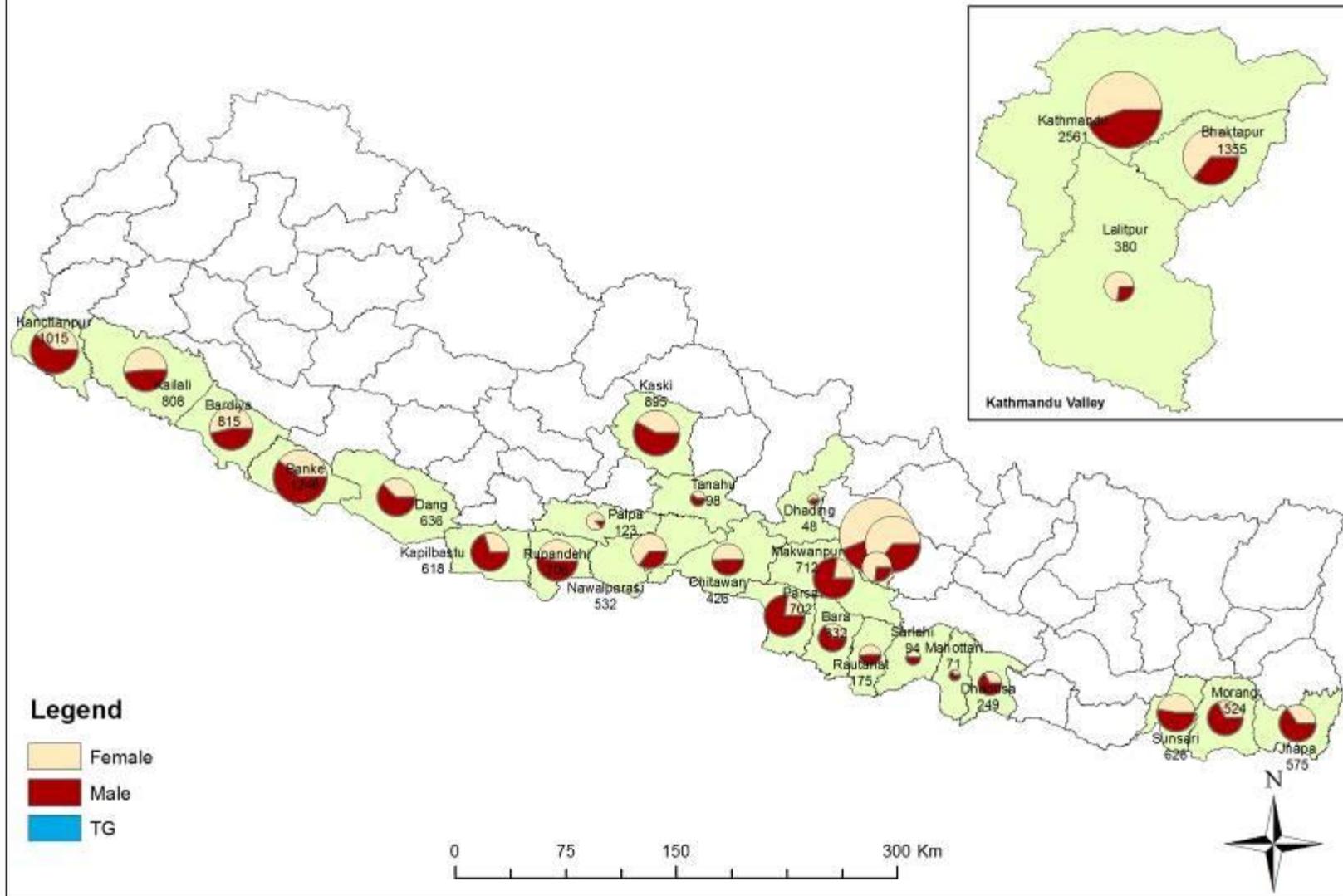
People trained on S&D Reduction (October 2011-July 2012)



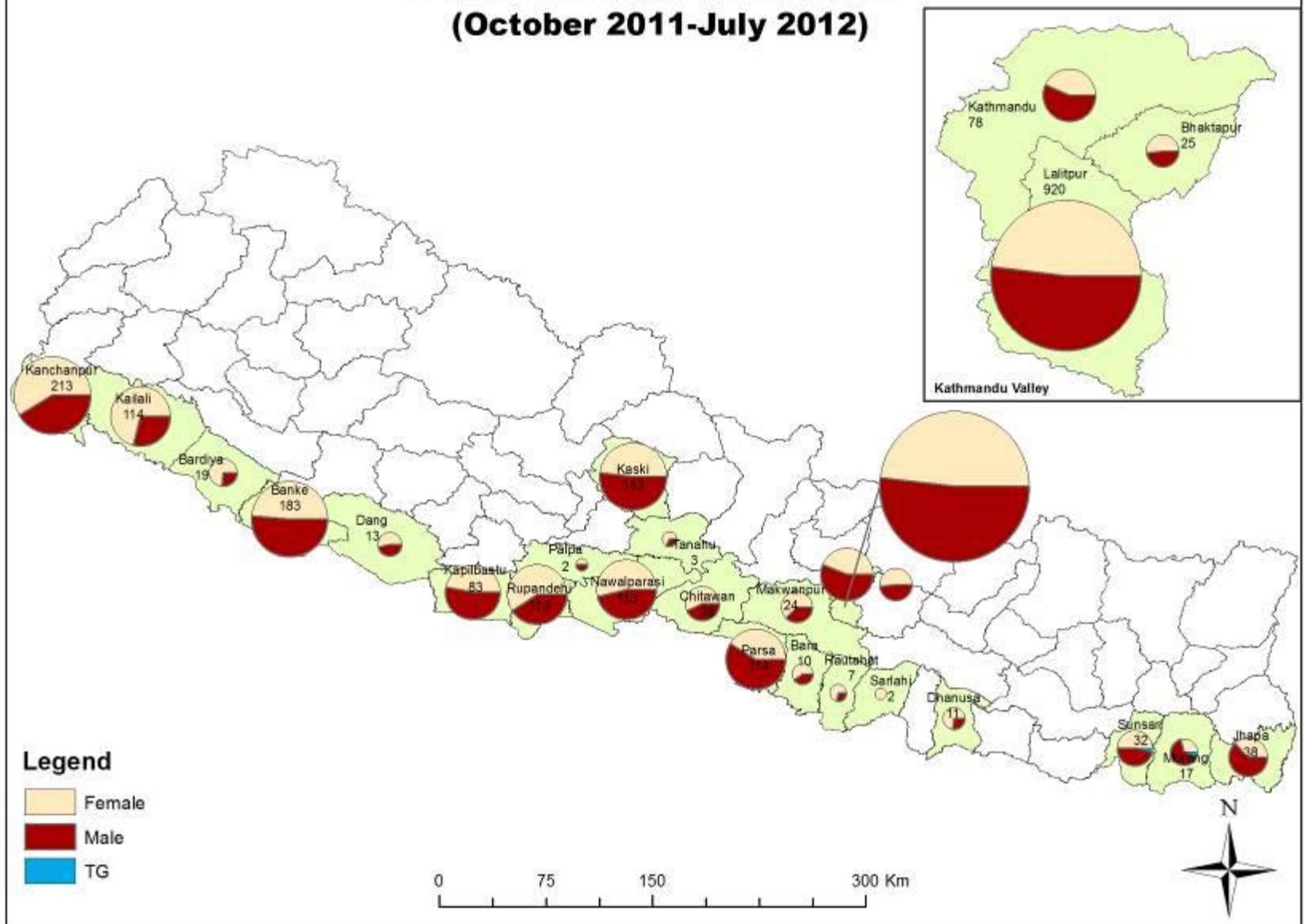
People received STI treatment (October 2011-July 2012)



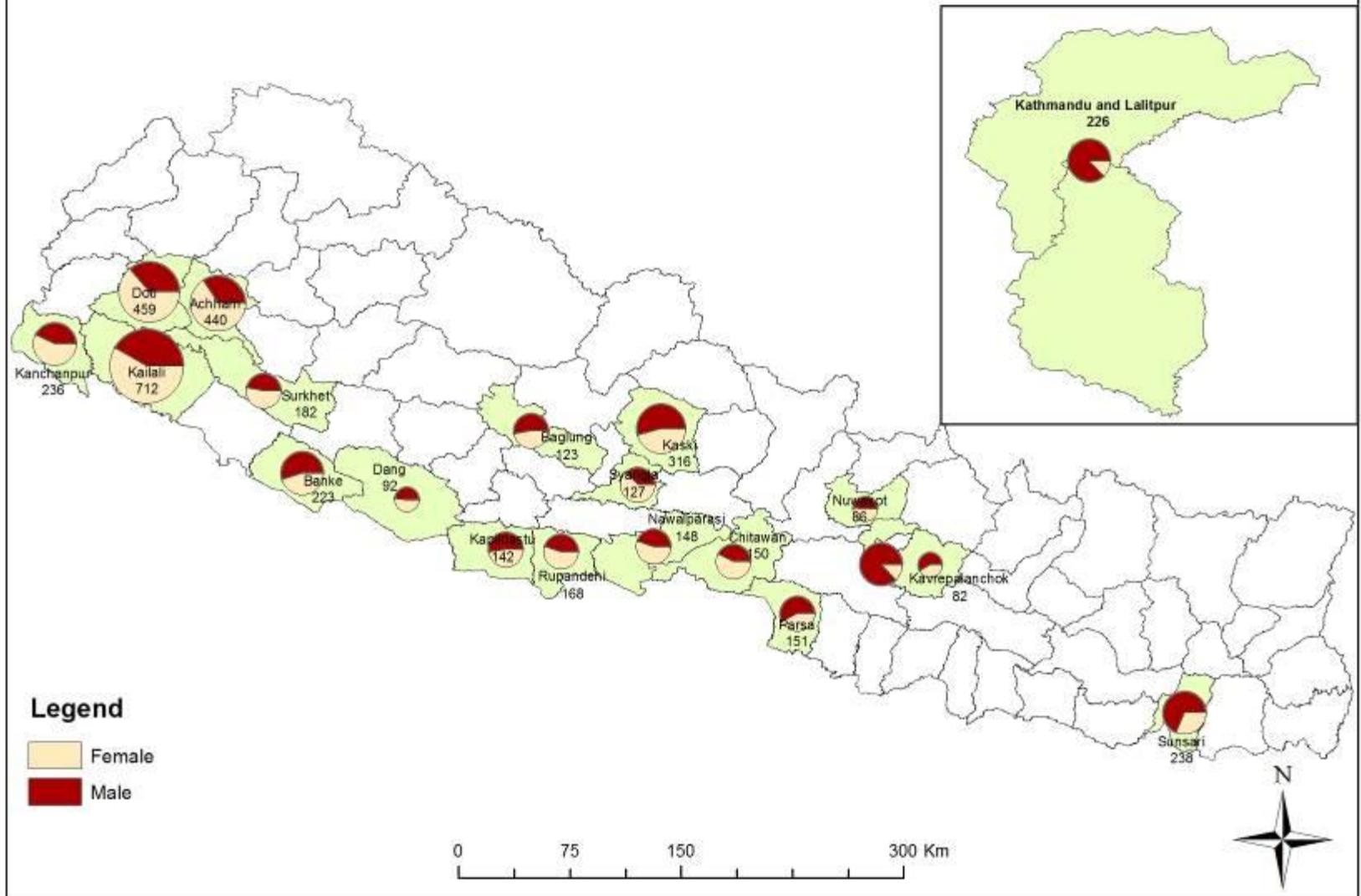
People provided Results with Counseling (October 2011-July 2012)



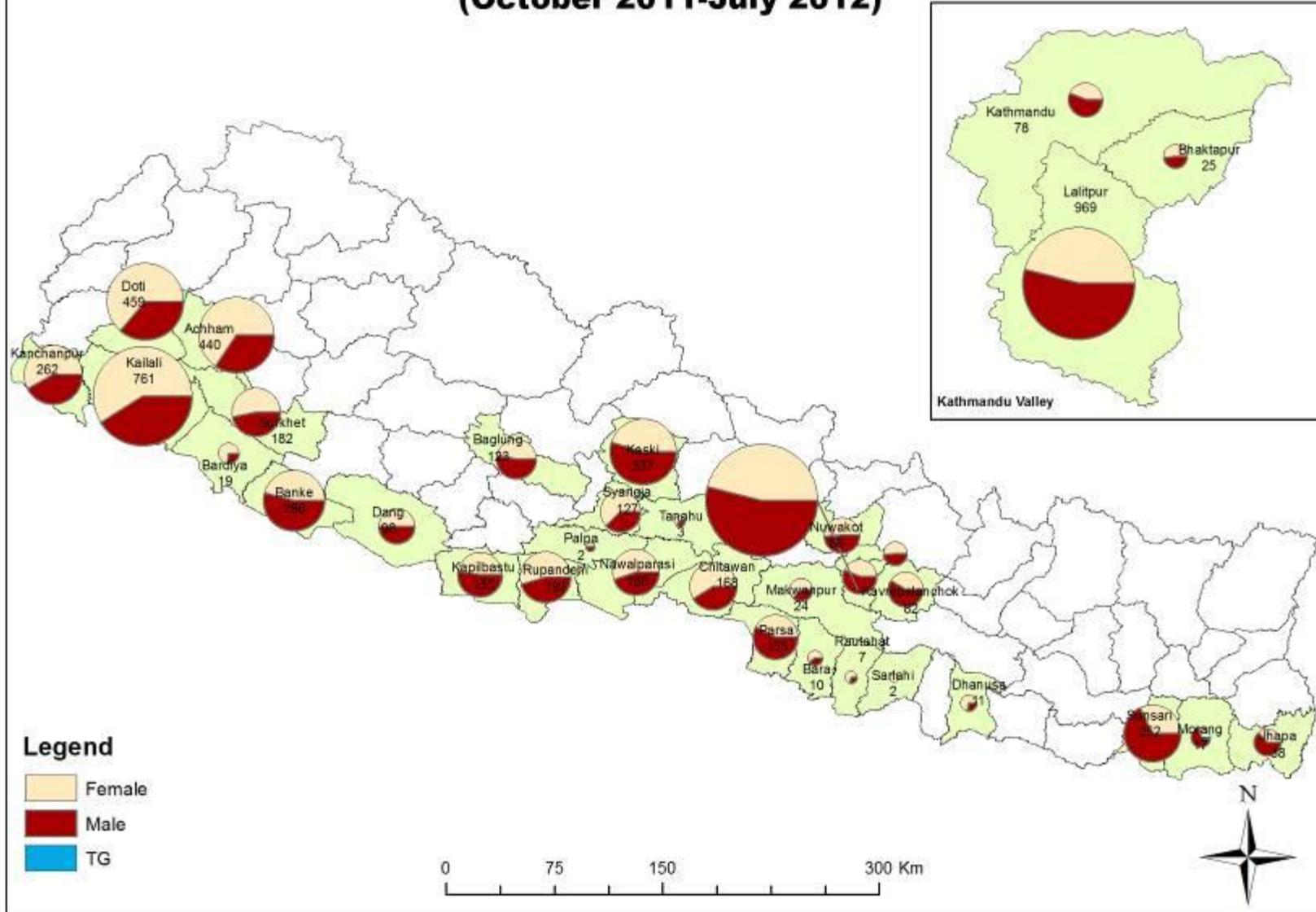
PLHIV received EPC Services (October 2011-July 2012)



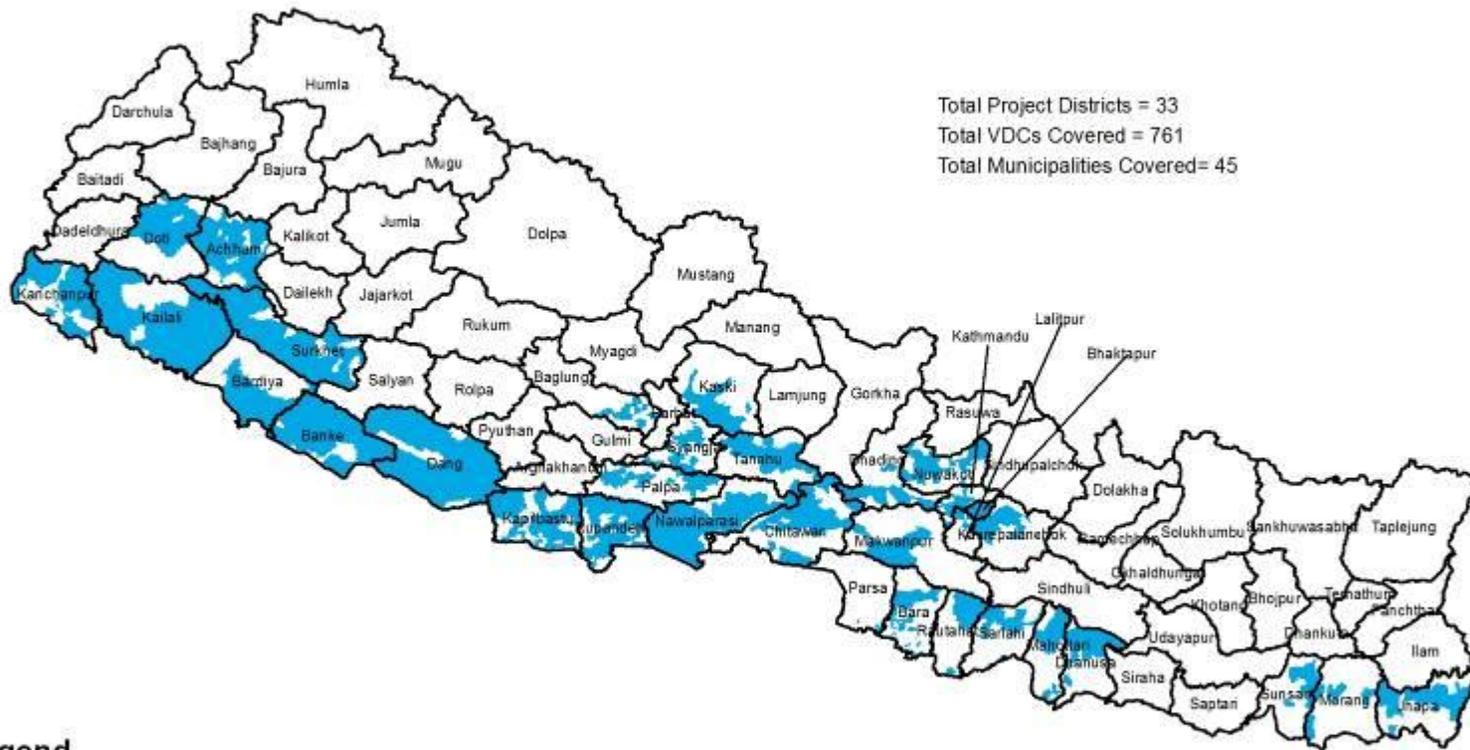
PLHIV received CHBC Services (October 2011-July 2012)



PLHIV received Palliative Care Services (October 2011-July 2012)



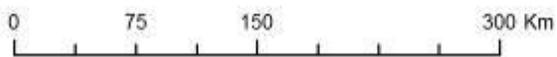
VDCs/Municipalities covered by Saath-Saath Project Prevention, CHBC and Positive Prevention activities



Total Project Districts = 33
Total VDCs Covered = 761
Total Municipalities Covered = 45

Legend

 VDCs/Municipalities covered by SSP



Annex G

Saath-Saath Project Annual Report (Oct 2011-Jul 2012)

Data used for Geo-Enable Map Reports

District	FSW
Banke	660
Bara	604
Bardiya	604
Bhaktapur	2,474
Chitawan	738
Dang	462
Dhading	43
Dhanusa	391
Jhapa	729
Kailali	1,023
Kanchanpur	229
Kapilbastu	527
Kaski	928
Kathmandu	5,559
Lalitpur	2,232
Mahottari	464
Makwanpur	514
Morang	469
Nawalparasi	535
Parsa	616
Rautahat	312
Rupandehi	730
Sarlahi	360
Sunsari	770
Tanahu	82

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Clients_FSW
Banke	2,361
Bara	2,012
Bardiya	1,484
Bhaktapur	2,834
Chitawan	1,511
Dang	2,349
Dhading	102
Dhanusa	1,185
Jhapa	1,751
Kailali	1,202
Kanchanpur	864
Kapilbastu	1,192
Kaski	3,371
Kathmandu	11,938
Lalitpur	1,979
Mahottari	1,210
Makwanpur	2,365
Morang	1,340
Nawalparasi	993
Parsa	1,780
Rautahat	1,040
Rupandehi	1,313
Sarlahi	1,269
Sunsari	1,667
Tanahu	207

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Male	Female	Total
Kavrepalan	48	34	82
Nuwakot	42	44	86
Dang	45	47	92
Baglung	65	58	123
Syangja	48	79	127
Kapilbastu	74	68	142
Nawalpara	66	82	148
Chitawan	64	86	150
Parsa	87	64	151
Rupandehi	75	93	168
Surkhet	85	97	182
Banke	122	101	223
Lalitpur	197	29	226
Kanchanpu	101	135	236
Sunsari	163	75	238
Kaski	171	145	316
Achham	151	289	440
Doti	166	293	459
Kailali	297	415	712

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Female	Male	TG	Total
Palpa	1	1	0	2
Sarlahi	2	0	0	2
Tanahu	2	1	0	3
Rautahat	5	2	0	7
Bara	6	4	0	10
Dhanusa	8	3	0	11
Dang	7	6	0	13
Morang	5	11	1	17
Bardiya	14	5	0	19
Makwanpu	15	9	0	24
Bhaktapur	13	12	0	25
Chitawan	16	12	0	28
Sunsari	16	15	1	32
Jhapa	14	24	0	38
Kathmandu	34	44	0	78
Kapilbastu	39	44	0	83
Nawalpara	61	52	0	113
Rupandehi	67	46	0	113
Kailali	81	33	0	114
Parsa	47	67	0	114
Kaski	69	74	0	143
Banke	89	94	0	183
Kanchanpu	125	88	0	213
Lalitpur	443	477	0	920

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Female	Male	TG	Total
Palpa	1	1	0	2
Sarlahi	2	0	0	2
Tanahu	2	1	0	3
Rautahat	5	2	0	7
Bara	6	4	0	10
Dhanusa	8	3	0	11
Morang	5	11	1	17
Bardiya	14	5	0	19
Makwanpu	15	9	0	24
Bhaktapur	13	12	0	25
Jhapa	14	24	0	38
Kathmandu	34	44	0	78
Kavrepalan	34	48	0	82
Nuwakot	44	42	0	86
Dang	49	49	0	98
Baglung	58	65	0	123
Syangja	79	48	0	127
Kapilbastu	74	81	0	155
Parsa	66	89	0	155
Nawalpara	92	74	0	166
Chitawan	99	69	0	168
Surkhet	97	85	0	182
Rupandehi	108	89	0	197
Sunsari	81	170	1	252
Kanchanpu	152	110	0	262
Banke	132	154	0	286
Kaski	153	184	0	337
Achham	289	151	0	440
Doti	293	166	0	459
Kailali	448	313	0	761
Lalitpur	446	523	0	969

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Male	Female	TG	Total
Achham	77	139	0	216
Arghakhanchi	5	22	0	27
Baglung	70	154	0	224
Banke	126	215	0	341
Bara	10	147	0	157
Bardiya	33	44	0	77
Bhaktapur	78	143	0	221
Chitawan	139	258	0	397
Dang	58	186	0	244
Dhanusa	100	117	0	217
Doti	70	142	0	212
Jhapa	138	144	0	282
Kailali	80	224	3	307
Kanchanpur	102	177	0	279
Kapilbastu	91	97	0	188
Kaski	229	318	0	547
Kathmandu	241	246	0	487
Kavrepalanchok	59	128	0	187
Lalitpur	97	151	0	248
Mahottari	39	114	0	153
Makwanpur	28	136	0	164
Morang	132	120	0	252
Nawalparasi	149	287	0	436
Nuwakot	92	134	0	226
Palpa	41	101	0	142
Parsa	101	138	0	239
Rautahat	0	120	0	120
Rupandehi	95	172	3	270
Sarlahi	56	107	0	163
Sunsari	266	244	0	510
Surkhet	44	150	0	194
Syangja	135	266	0	401

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Male	Female	TG	Total
Palpa	1	18	0	19
Mahottari	0	24	0	24
Dhading	5	20	0	25
Tanahu	4	33	0	37
Sarlahi	0	46	0	46
Dhanusa	7	74	0	81
Rautahat	4	85	0	89
Bara	7	118	0	125
Kapilbastu	6	123	0	129
Parsa	16	148	0	164
Kanchanpur	8	165	0	173
Morang	15	165	0	180
Makwanpur	30	158	0	188
Nawalparasi	5	183	0	188
Dang	5	213	0	218
Chitawan	20	218	0	238
Jhapa	34	206	0	240
Sunsari	38	258	0	296
Rupandehi	34	303	0	337
Lalitpur	16	322	0	338
Kailali	1	354	0	355
Kaski	43	321	0	364
Bardiya	5	402	0	407
Banke	43	449	0	492
Bhaktapur	39	808	0	847
Kathmandu	204	1447	1	1652

Annex G**Saath-Saath Project Annual Report (Oct 2011-Jul 2012)****Data used for Geo-Enable Map Reports**

District	Female	Male	TG	Total
Dhading	26	22	0	48
Mahottari	26	45	0	71
Sarlahi	45	49	0	94
Tanahu	40	58	0	98
Palpa	107	16	0	123
Rautahat	89	86	0	175
Dhanusa	83	166	0	249
Bara	114	218	0	332
Lalitpur	277	103	0	380
Chitawan	217	209	0	426
Morang	169	353	2	524
Nawalparasi	344	188	0	532
Jhapa	203	372	0	575
Kapilbastu	183	435	0	618
Sunsari	295	328	3	626
Dang	238	398	0	636
Parsa	160	542	0	702
Rupandehi	332	374	0	706
Makwanpur	161	551	0	712
Kailali	420	388	0	808
Bardiya	438	377	0	815
Kaski	373	522	0	895
Kanchanpur	395	620	0	1015
Banke	491	755	0	1246
Bhaktapur	868	487	0	1355
Kathmandu	1435	1126	0	2561

Annex G

Saath-Saath Project Annual Report (Oct 2011-Jul 2012)

Data used for Geo-Enable Map Reports

IA	EIHS Site	STI	VCT	CST	ClinicType	District
AMDA	Dharan	Y	Y	Y	Satellite	Sunsari
AMDA	Itahari	Y	Y	Y	Static	Sunsari
AMDA	Janakpur	Y	Y	Y	Static	Dhanusa
AMDA	Bardibas	Y	Y	Y	Satellite	Sarlahi
AMDA	Lalbandi	Y	Y	Y	Satellite	Sarlahi
AMDA	Kakarvitta	Y	Y	Y	Satellite	Jhapa
AMDA	Birtamod	Y	Y	Y	Static	Jhapa
AMDA	Damak	Y	Y	Y	Satellite	Jhapa
AMDA	Biratnagar	Y	Y	Y	Static	Morang
BIJAM	Birgunj	Y	Y	Y	Static	Parsa
BIJAM	Birgunj border area	Y	Y	Y	Satellite	Parsa
CAC	Chundevi	Y	Y	Y	Static	Bhaktapur
CAC	Lokanthali	Y	Y	Y	Satellite	Bhaktapur
GWP Terai	Chandranigahpur	Y	Y	Y	Satellite	Rautahat
GWP Terai	Pathaliya	Y	Y	Y	Satellite	Bara
GWP Terai	Hetauda	Y	Y	Y	Static	Makwanpur
Namuna	Butwal	Y	Y	Y	Static	Rupandehi
Namuna	Gorusinghe	Y	Y	Y	Satellite	Kapilbastu
Namuna	Bhairahawa	Y	Y	Y	Satellite	Rupandehi
Namuna	Taulihawa	Y	Y	Y	Satellite	Kapilbastu
Namuna	Krishna Nagar	Y	Y	Y	Satellite	Kapilbastu
Nauloghumti	Naya Bazaar	Y	Y	Y	Static	Kaski
Nauloghumti	Aabukhaireni	Y	Y	Y	Satellite	Tanahu
Nauloghumti	Damauli	Y	Y	Y	Static	Tanahu
NNSWA	Jhalari	Y	Y	Y	Satellite	Kanchanpur
NNSWA	Sukhad	Y	Y	Y	Satellite	Kailali
NNSWA	Mahendranagar	Y	Y	Y	Static	Kanchanpur
NNSWA	Attariya	Y	Y	Y	Static	Kailali
NSARC	Nepalgunj	Y	Y	Y	Static	Banke
NSARC	Bhuri Gaun	Y	Y	Y	Static	Bardiya
NSARC	Gulariya	Y	Y	Y	Satellite	Bardiya
NSARC	Chappar Gaudi	Y	Y	Y	Satellite	Banke
SACTS	Mitra Nagar	Y	Y	Y	Satellite	Kathmandu
SACTS	Gaushala	Y	Y	Y	Satellite	Kathmandu
SACTS	Thamel	Y	Y	Y	Satellite	Kathmandu
SACTS	Thapathali	Y	Y	Y	Static	Kathmandu
SACTS	Gwarko	Y	Y	Y	Satellite	Lalitpur
Sahavagi	Kawasoti	Y	Y	Y	Satellite	Nawalparasi
Sahavagi	Narayanghat	Y	Y	Y	Static	Chitawan
Sahavagi	Bardhaghat	Y	Y	Y	Satellite	Nawalparasi
SPARSHA	Sparsha	N	N	Y	Static	Lalitpur
Sneha Samaj	Sneha Samaj	N	N	Y	Static	Lalitpur

NSARC	Dang	Y	Y	Y	Static	Dang
NNSWA	MZH	N	Y	N	Static	Kanchanpur
CIRDS	Mahadev besi	Y	Y	Y	Static	Dhading
CIRDS	Gajuri	Y	Y	Y	Satellite	Dhading
ISK	Tansen	Y	Y	Y	Static	Palpa
ISK	Palungmainadi	Y	Y	Y	Satellite	Palpa
ISK	Rampur	Y	Y	Y	Satellite	Palpa