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# Second Semi-Annual Report August 2012- January 2013



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**Submitted by**

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AKP	Asha Kiran Pratisthan
AMDA	Association of Medical Doctors of Asia
ARSH	Adolescent Sexual and Reproductive Health
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASHA	Advancing Surveillance, Policies, Prevention, Treatment, Care and Support to fight HIV/AIDS
BIJAM	Student Awareness Forum (Bidhyarthi Jagaran Manch)
CAC	Community Action Center
CBO	Community Based Organization
CB-PMTCT	Community-Based Prevention of Mother to Child Transmission
CDF	Community Development Forum
CHBC	Community and Home Based Care
CIRDS	Chandra Jyoti Integrated Rural Development Society
CM	Community Mobilizer
CME	Continuing Medical Education
CMF	Conscious Media
CMS	Chhahari Mahila Samuha
CMT	Clinical Management Training
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
DDMC	District Disaster Management 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
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 in Nepal
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
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

## Executive Summary

United States Agency for International Development (USAID)-funded Saath-Saath Project (SSP) entered its 2<sup>nd</sup> year of implementation from August 2012. This second semi-annual report, covers progress of the first half (August 2012 to January 2013) of year 2 of SSP operation in the country. In this reporting period, apart from the two core partners, SSP activities were implemented in 33 districts nationwide through 41 local partner implementing agencies (IAs).

During this reporting period SSP implemented targeted interventions for female sex workers (FSWs) in 25 districts and for migrant workers in four districts. Similarly community and home based care (CHBC) activities were implemented in 20 districts out of which Positive Prevention included in 13 districts.

The break-down of different components by districts are as follows:

Component	# of districts	
	Till Dec 2012	During Aug 2012-Jan 2013
Female sex workers	23	25
Migrants	1	4
CBHC	13	20
Positive Prevention	7	13
Overall project coverage	30	33

### Key Achievements of the reporting period (August, 2012-January, 2013)

During the reporting period, most of the planned activities have been implemented. The achievements related to the migrant population were short of target and need further attention (see Table below). It is encouraging that the service uptake by migrant worker have picked up significantly in the last three months of the reporting period. The target for institutional development training area will be covered in the remaining period of the fiscal year.

Key Indicators	Target FY13	Target SA1-FY13 (Aug 12 - Jan 13)	Achievement (Aug 12 - Jan 13)	% Achieved	Remarks
<b>HIV and AIDS</b>					
<b>Number of MARP reached with individual and/or small group level intervention that are based on evidence and/or meet the minimum standards required</b>					
<i>FSW</i>	26,000	13,000	19,445	150%	Overall achievement exceeds by 38.6%. It exceeds in FSWs (49.6%) and Clients of FSWs (67%); and less in Migrants and Spouse (25%). Total new (45%)
<i>Migrants and their spouse</i>	34,000	17,000	12,727	75%	
<i>Clients of FSWs</i>	55,000	27,500	45,991	167%	
<i>Other</i>	NA	NA	1,586	-	
<b>Total Female</b>	<b>72,000</b>	<b>36,000</b>	<b>28,228</b>	<b>78%</b>	
<b>Total Male</b>	<b>43,000</b>	<b>21,500</b>	<b>51,500</b>	<b>240%</b>	
<b>Number of PLHIV reached with a minimum package of Prevention with PLHIV (PwP) interventions</b>					
<i>Female</i>	1,650	825	1,573	191%	New indicator added from this report
<i>Male</i>	1,650	825	1,366	166%	
<b>Number of people Trained*</b>					
<i>S&amp;D Reduction</i>	7,500	7,500	4,756	63%	Measured against annual target. Achievement is 57%
<i>Prevention (Other than AB)</i>	1,600	1,600	622	39%	
<i>Inst. capacity building</i>	1,100	1,100	504	46%	
<i>Strategic information</i>	325	325	245	75%	
<i>Medical injection safety</i>	300	300	0	0%	
<i>In service training on (incl. CMT, clinical, lab, PMTCT, ARV)</i>	110	110	70	64%	
<i>Counseling and testing</i>	20	20	24	120%	
<b>Total</b>	<b>10,955</b>	<b>10,955</b>	<b>6,221</b>	<b>57%</b>	
<b>Number of HIV-positive adults and children receiving a minimum of one care service</b>					
<i>Female</i>	3,000	1,500	2,718	181%	Of total, 65% received only CHBC, 18% received only EPC and 17% received both
<i>Male</i>	3,000	1,500	2,494	166%	
<b>Total</b>	<b>6,000</b>	<b>3,000</b>	<b>5,212</b>	<b>174%</b>	
<b>Number of people who received counseling and testing and their results</b>					
<i>Female</i>	8,000	4,000	5,565	139%	HIV positive-1.22% of the total tested
<i>Male</i>	13,000	6,500	5,670	87%	
<b>Total</b>	<b>21,000</b>	<b>10,500</b>	<b>11,235</b>	<b>107%</b>	
<i>Total HIV Positive</i>	NA	NA	138	-	
<b>Number of MARPs receiving STI treatment at USAID-assisted sites</b>					
<i>Female</i>	6,500	3,250	4,377	135%	Total STI examined - 11,372 (39% FSWs, 45% Clients, 11% migrants)
<i>Male</i>	1,500	750	394	53%	
<b>Total</b>	<b>8,000</b>	<b>4,000</b>	<b>4,771</b>	<b>119%</b>	
<b>Family Planning</b>					
<i>Number of people trained in FP/RH</i>	50	50	175	350%	
<i>Number of people received FP counseling</i>	NA	NA	2,506	-	New indicators reported first time
<i>Number of people received any FP method*</i>	NA	NA	172	-	

\* Method specific info in Annex C.

**Other highlights from the reporting period include:**

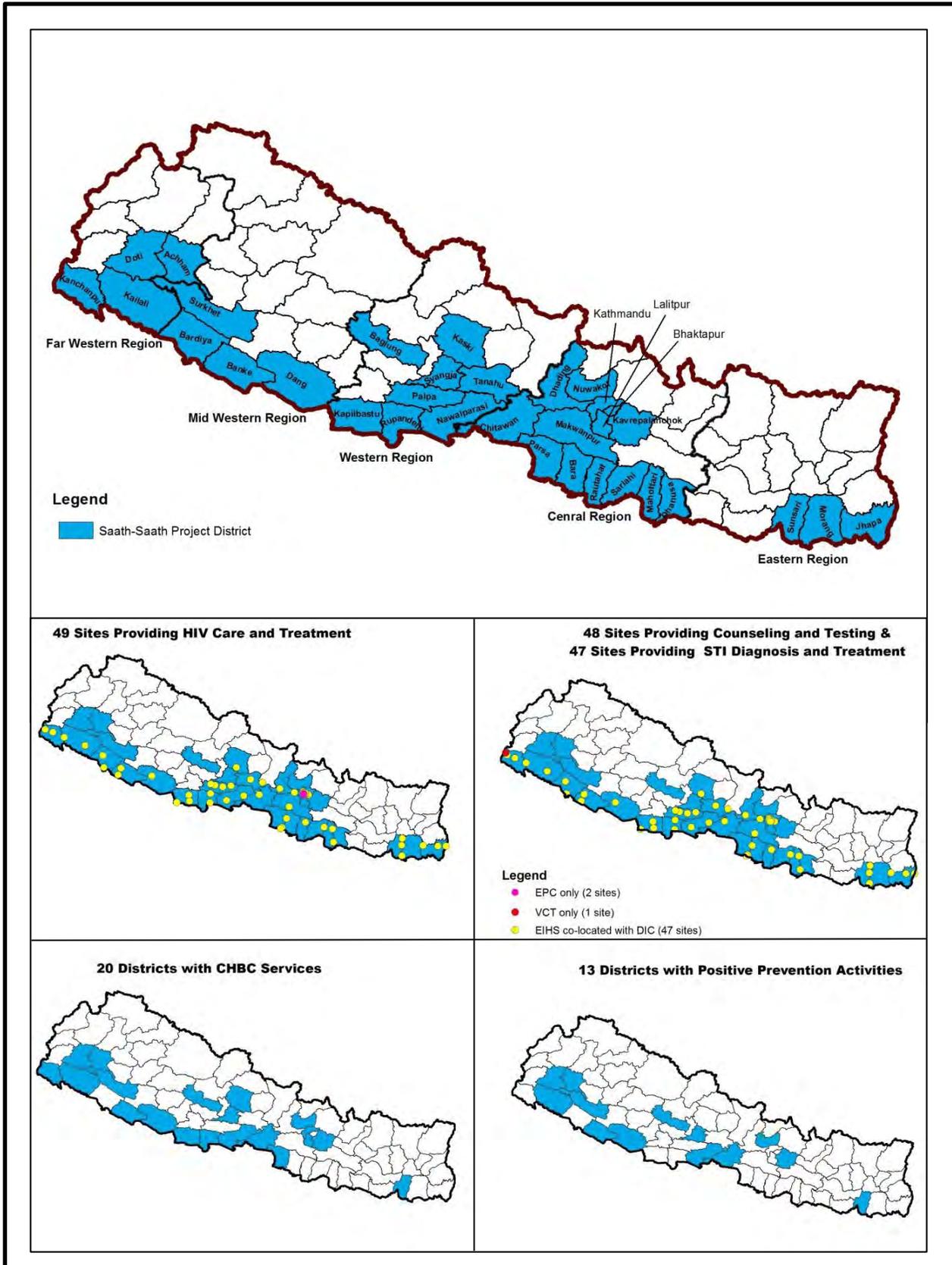
- Under the FP/HIV integration umbrella, coordination and collaboration further strengthened with various entities of Government of Nepal (GoN), particularly with Department of Health Services (DoHS) and Family Health Division (FHD), National Health Training Center (NHTC), and National Health Information, Education and Communication Center (NHIECC) and NCASC.
- SSP catalyzed the formation of Technical Advisory Group (TAG) headed by the Deputy Director General of the DoHS with representation from NCASC and FHD, USAID, WHO, UNICEF, NHTC, NHIECC and SSP was a critical step in the operationalization of FP/HIV integration/strengthening. This stands as an excellent example of intra-departmental as well as inter-key stakeholders' collaboration.
- Initiation of the FP information and services from all SSP districts with targeted interventions for female sex workers and migrant populations. FP counseling and referral started in all 26 districts while three methods (condoms, OCP and injectables) were initiated in 15 districts as per the annual work plan.
- FP/HIV integration efforts further included review and revision of training materials, manuals to include FP information and services, preparation of Strategic Behavioral Communication (SBC) messages that is integrative of both FP and HIV, training and orientation of service providers including EIHS, prevention and outreach workers on FP and FP counseling as well as establishment and implementation of comprehensive compliance plan, incorporation of FP indicators in SSP's M&E plan,
- Preparation and introduction of village development committee (VDC) level data collection from beneficiaries to comply with Geo-enabled reporting requirement.
- As a major success story, the first ever integration of services with existing government facility became operational when EIHS Satellite clinic in Tahun Primary Health Care Center, Palpa district was initiated strengthening both public private/civil society partnership model and integrated model for FP/HIV service provision.
- Completed assessment of all SSP IAs using the TOCAT (Technical and Organizational Capacity Assessment Tool). This was planned over the five year period but was completed within the first 16 months of the project to expedite the transitional funds mechanism under SSP
- Completion of field work and draft report preparation of FP baseline survey and rapid assessment of HIV/AIDS in migrant districts.
- Various concept notes have been developed which will be operationalized in the coming reporting period. These include concept notes on mobilization FCHVs for integrated FP/HIV information and services at community level, network study of female sex workers and vulnerable youth, mechanisms and modality for transitional award for direct funding by USAID as well as Country Ownership.
- Monitoring visits from USAID staff and visitors to SSP sites.
- Continued technical assistance to NCASC on IBBS, 2012.
- Increased efforts at coordination with USAID-funded Ghar Ghar Maa Swasthya Project for STI kits and condom social marketing piloting.
- SSP's pro-active roles in national HIV response through participation in various technical working groups, such LTF, ART, HIV and STI Communication Technical Working Group, LAB Technical Working Group etc.
- Finalization of the pilot Safer and Healthy Workplace guidelines and activities and formation of Safer and Healthy Workplace Coordination Committee through workshop with owners, managers and employees and associations of establishment settings (dance, cabin and *dohori* restaurants and massage parlors) to share and finalize the guidelines.
- Increased coordination, collaboration/leveraging at national, regional, district/community level.
- Significant contribution to the 4<sup>th</sup> National HIV/AIDS Conference and acknowledgement from NCASC

## **I. Introduction**

United States Agency for International Development (USAID)-funded Saath-Saath Project (SSP) entered the second year of implementation from August 2012. This second semi-annual report, covers progress of the first half (August 2012 to January 2013) of year 2 of SSP operation in the country. The five-year project was initiated on October 1, 2011 with FHI 360 as prime organization and AMDA and Jhpiego as core partners. In this reporting period, apart from the core partners, SSP worked through 41 local implementing partner agencies (IAs). List of IAs is provided in Annex A.

In the first semi-annual period of SSP implementation, only 30 districts were covered by SSP's operation. Later in January 2012, after consultation with NCASC and USAID three additional districts (Palpa, Tanahu and Dhading districts) was selected as SSP districts. Programs in these three new districts commenced in the 2<sup>nd</sup> semi-annual period of year 1 of SSP implementation. During this reporting period (August 2012-January 2013), project implemented female sex worker (FSWs) and their clients related activities in 25 districts, migrants and their spouses in four districts, Community and Home Based care (CHBC) combined with Positive prevention in 13 districts and CHBC only in 7 districts. Altogether, the project worked in 33 districts (Figure 1).

**Figure 1: Geographical coverage of SSP Project**



## II. Program Management

### A. Human Resources

The following was the staff movement during the reporting period.

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

Name	Position Title	Start Date	Remarks
Santa Kumar Dangol	Program Officer - Mid Western Region	9-Aug-12	New Hire
Dr. Rubina Shrestha	Technical Officer (Community Initiatives)	9-Oct-12	New Hire
Alina Maharjan	Program Officer - Western Hills	6-Dec-12	New Hire
Rajani Bharati	Program Officer - Far Western Region	7-Jan-13	New Hire

Similarly, during this reporting period, the following staff members were either promoted or transferred:

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

Name	Position Title	Start Date	Remarks
Rajesh Khanal	Team Leader – Mid and Far West Regions	1-Oct-12	Promotion
Salina Joshi	Program Officer – Kathmandu Valley	8-Oct-12	Promotion
Sanjeev Raj Neupane	SBC Specialist	19-Nov-12	Promotion
Puspa Basnet	Program Officer – Eastern Region	8-Oct-12	Transfer
Bhagawan Shrestha	Team Leader - Kathmandu Valley and Central Region	10-Dec-12	Transfer
Deepak Dhungel	Team Leader - Eastern and Western Region	10-Dec-12	Transfer

Altogether 5 staff members resigned during this period. The breakdown is as following:

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

Name	Position Title	Resignation Date
Tsering Pema Lama	Surveillance and Research Specialist	3-Aug-12
Vinita Sharma	Program Officer (Eastern Region)	4-Oct-12
Sushma Bhusal	Technical Officer - Community Initiatives	20-Oct-12
Dr. Lisa Stevens	Technical Advisor - HIV Clinician	27-Dec-12

Sujan Pandit	Program Officer - Western Terai	31-Dec-12
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## B. Staff Development

In the past six months, SSP staff members participated in the following professional development activities:

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

Participants	Training/workshop attended	Remarks
One	Training workshop on effective purchasing, inventory and store management	Offered by Management Association Nepal
Two	Online Training on Basic Health Economics	Offered by World Bank Institute
One	Anti-Sexual Harassment Training	Offered by People Power
Two	Workshop on Stress Management	Offered by International Management Institute of Nepal
Two	Executive Coaching	Offered by Beed Leadership Center
Two	Photography Workshop	Offered by Artudio
One	Appreciative Leadership and Development Visioning	Offered by Appreciative Learning and Development Management
Two	Leadership Thinkshop	Offered by Beed Leadership Center

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

Participants	Training/workshop/Meeting attended	Venue	Remarks
Three	Workshop on “HIV Prevention, Care and Treatment for MSM: A Review of Evidence-Based Findings and Best Practices in Asia and Central Asia”	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - Saath-Saath Project
Two	FHI 360 Global PMTCT Workshop	Dar es Salaam, Tanzania	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	Assist FHI 360 Papua New Guinea Office Finance Team in setting up systems in order to manage USAID Cooperative Agreement	Port Moresby, Papua New Guinea	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund
One	USAID Rules and Regulations: Grants and Cooperative Agreements Training	Bangkok, Thailand	Staff time - Saath-Saath Project Travel and Logistics - FHI 360 Corporate Fund

The details of international travel are provided under **Annex B**.

### III. Technical Program Elements (Progress by Outcomes)

#### **Outcome 1: Decreased HIV prevalence among selected MARPs**

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

**Training and mobilization of outreach staff and volunteer peer educators:** In this reporting period, 167 community mobilizers (CMs) and 54 outreach educators (OEs) were trained and mobilized for targeted and tailored STI and HIV prevention and family planning (FP) promotion outreach activities among FSWs and their clients and migrants and their spouses. These outreach activities include risk assessment, information and education on HIV, STI and FP, information on condom plus (correct and consistent use of condom along with any other FP method), condom use and negotiation skills, distribution of condoms and refer and follow up for STI diagnosis and treatment, HIV voluntary testing and counseling (VCT) and FP services. FSWs that faced any types of violence from clients, family and services providers and were found to have suffered from any form of violence, they were referred for the services available in the district. FSWs who were willing to join income generating and livelihoods activities were referred to the agencies who are working for income generation and livelihoods activities.

The outreach staff are regularly assessing and identifying and reaching new hotspots and FSWs. According to micro-planning data, most of the new FSWs were identified and reached within their first six months of sex work. In addition, 305 female volunteer peer educators and community information points (CIP) operators were trained and mobilized to support CMs and OEs for outreach activities specially identifying and reaching new hotspots and FSWs and their clients. Quarterly orientation and review meetings with female volunteer PEs and CIP Operators were organized by different IAs working for HIV/STI prevention and FP promotion in this period. The main objectives of these meetings were to strengthen support from PE and CIP Operators in identification and referral of target population and to refresh PEs and CIP Operators knowledge on HIV, STI and condoms.

Similarly, SSP IAs working with FSWs are conducting an assessment of risk behaviors among FSWs who also injects drugs to cater to their overlapping risk behavior risks. According to micro planning data, very few numbers of FSWs who also inject drugs were reached and referred for IDU related services. SSP in collaboration with SSP IAs Dristi Nepal, STEP Nepal, CAC Nepal, NCS and JMMS is in the process of finalizing the guidelines and activities as well as training session plan to address overlapping risk of sex work and drug use among FSWs. Similarly, SSP IAs Dristi Nepal, STEP Nepal, CAC Nepal, NCS and JMMS in Kathmandu valley, Sahara Nepal in Jhapa, Morang and Sunsari and TSDA in Kailali and Kanchanpur organized coordination meeting with organization working with injecting drug users to discuss referral services to address overlapping risk among FSWs. The coordination meeting in Kathmandu valley decided and prepared joint operational and coverage mapping of hotspots for FSW and FIDUs and based on the mapping, the meeting decided to conduct joint outreach visits in certain clusters with high number of FIDUs reached.

**Operation of DIC:** Forty seven DICs branded with BISHWAS and co-located with expanded integrated health services (EIHS) sites (including recently opened site in Tahun PHC in Palpa in collaboration with GoN) are operational to provide safer and comfortable space for HIV and STI prevention to care services and both free and socially marketed condom promotion and distribution. Different creative events such as painting, art and craft (paper flower, doll making, creating BISHWAS brand logo with broken pieces of bangles), games, beauty tips/classes and competition and interactive discussion on beauty and healthy

living are being organized at DICs to motivate target groups to visit DIC and seek and utilize services from EIHS sites through edutainment activities and improving trust and bonding between DIC staff and target groups. These types of activities were also organized on to observe local festivals such as *Teej*, *Gaura* and *Maghi* and also national and international days such as World AIDS Day and National Condom Day. DIC committee meetings were conducted by different IAs in this semi-annual period. During these meetings, members were informed about DIC activities and clinic schedule on regular basis and discussed about DIC progress, constraints, importance of committee members for DIC management, roles and responsibilities of DIC management members including issues and constraints in smooth operation of DIC.

SSP organized a 3-days training on DIC operation for the DIC operators working in different districts. The main objective of the training was to enable the participants to operate DIC as per the BISHWAS branding guidelines and integrated FP promotion and HIV prevention guidelines.

Planned group discussion (PGD) among FSWs and their clients, migrants and their spouses were conducted by prevention IAs as part of the regular activities to explore their knowledge, attitude and behaviors on HIV, STI, condom use and health seeking behavior. During this period, the PGD focused on reasons for involvement as sex workers, risk perception, condom use and negotiation and STI treatment.

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

**Training on outreach and peer education for HIV & STI prevention and FP promotion:** SSP organized three batches of 6-day training on „Outreach and Peer Education for HIV & STI Prevention and FP promotion’ in Biratnagar and Kathmandu. The main objective of the training was to strengthen the knowledge and skills of outreach educators and community mobilizers in outreach and peer education so as to enable them to help target groups in positive behavior change and maintenance with the focus on HIV and HIV prevention and FP promotion.

**Training on negotiation skills:** SSP organized one event of 3-day training on negotiation skills for HIV and STI Prevention and FP promotion for CMs and OEs working with migrants and their spouses to enable them to improve knowledge and life skills of spouse of migrants to help them negotiate safer sex.

**Training of Trainers (ToT) and roll out of BISHWAS Guidelines:** SSP organized a 2-days ToT on BISHWAS branding guidelines. The main objective of the training was to build the capacity of trainers from SSP IAs to train other key staff on using the BISHWAS guidelines and roll it out in their respective districts for demand generation and quality of services. A total of 26 staff members from SSP IAs were trained. Following the ToT, a pool of trainers on BISHWAS guidelines were developed and these trained staff further oriented their IA staff on BISHWAS guidelines and quality services. The objectives of the orientation program were to explain participants on the concept of branding, meaning, vision, mission, goals and five commitments and strategies of BISHWAS branding for delivering quality services.

**Web based Short Message Service (SMS):** In this reporting period FSWs who are hard to reach through the existing HIV prevention activities (such as DIC and outreach activities) have continued to be reached through Web SMS in nine districts (Kathmandu, Pokhara, Jhapa, Morang, Sunsari, Parsa, Chitwan, Rupandehi and Banke). In this reporting period, 16,087 SMS were sent and 1,176 queries and responses were received from the beneficiaries. Similarly 707 old people and 145 new people were contacted through the web based SMS in this reporting period. Interaction meetings were organized with the target group. The main objectives of the interaction were to receive feedback on the SMS activity, share basic

facts on HIV and provide information on beauty and skin care during the winter season. The participants appreciated receiving information through SMS. An assessment of Web SMS is being carried out and the methodology includes interviews with the IAs staff implementing Web SMS services and also with those participating in offline activities wherever possible. The main objectives of the assessment is to identify the existing situation and use of Web SMS program including the lesson learnt and challenges related to the program. This assessment, which is expected to be completed by the end of March 2013, will recommend a way forward for this activity.

**Micro-planning process:** In this reporting period, micro planning process for HIV prevention activities among FSWs has been continued in ten districts and expanded the micro planning process in additional four districts from February 2013. With this expansion, micro planning process has been implemented in all IAs working with FSWs. SSP organized three day training on micro-planning process to selected staff of four additional IAs for these new districts. SSP IAs STEP Nepal, CWES and Sahara Nepal 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. As part of SSP strategy to mobilize staff from experienced IA in micro planning, STEP Nepal and CWES staff were mobilized to provide on-site support on micro planning to other IAs CAC, NCS, ICH and TSDA in this semi-annual period.

**Strategic Behavior and Communications (SBC) materials:** In this reporting period, three types of SBC materials on HIV and STI prevention and FP promotion are designed, pre-tested and finalized. Migrant booklet and hoarding board were sent to USAID for approval. Similarly, three types of existing SBC materials are revised and the designs of some additional new materials were finalized. Seven types of SBC material on FP (one general and six method-specific) have been re-designed, reviewed and pre-tested and ready for printing. The SBC materials were also reviewed and approved at the reproductive health IEC/BCC technical committee meeting attended by SSP, NHEICC, FHD, NCASC, UNFPA, Save the Children, NHEICC, Jhpiego and USAID representatives.

**Workshop on Safer and Healthy workplace activities:** SSP and its IA STEP Nepal jointly organized a workshop on safer and healthy workplace activities among representatives of associations (restaurants and bar/massage parlors/night business) and owners, managers and workers of dance/cabin/*dohori* restaurants and massage parlors to share, discuss, review and finalize safer and healthy workplace guidelines and activities. Basic concept, need, importance and benefits of safer and healthy workplace and national and international provisions for safer and healthy workplace (occupational safety and health) were shared and discussed. Guidelines and activities for promoting safer and healthy workplace were shared, discussed and finalized. At the end of the workshop, a Safer and Healthy Coordination Committee consisting of nine members (three from associations, three from owners/managers and three from workers) has been formed. The committee is responsible for the overall implementation, management and monitoring of the safer and healthy workplace activities. The committee will meet on monthly basis for the first three months then on quarterly basis to review the progress and plan for the upcoming period. The workshop identified the following activities for way forward: a) share safer and healthy workplace guidelines and activities at the workplace b) form Safer and Healthy Workplace Committee or identify focal person at workplaces; c) conduct assessment of the occupational safety and health condition of the workplace; d) plan and implement occupational safety and health related activities as per the need and gaps; e) provide orientation and training to the employee on occupational safety and health and f) review and assess the status of safer and healthy workplace activities regularly.

**Stigma and discrimination (S&D) reduction training:** SSP IAs working with FSWs and their clients, migrant workers and their spouses and PLHIV conducted trainings on stigma and discrimination (S&D) reduction with different target groups and influential population of the community in multiple project districts. Participants at the training were teacher, students, social workers, club members, transport workers, mother's group, informal leaders, community workers, staff and members of community based

organizations, local health workers, owners of dance/cabin/*dohori* restaurants and uniformed service personnel. The training covered basic information of HIV, STI and definition of stigma, causes and consequences of stigma, changing attitude and behaviors for reducing stigma and discrimination, experiences as an individual who stigmatized others, let's understand feeling of PLHIV etc. using standard S&D reduction toolkit developed under USAID-funded IMPACT project in collaboration with NCASC and National Association of PLHIV in Nepal (NAP+N). The training sensitized the participants on HIV related S&D and helped them realize that all individuals are equal and have rights for healthy living. At the end of the training, the participants committed not to stigmatize PLHIV and MARPs and advocate the same in the society. SSP conducted training on use of S&D reduction tool kit to its IA staff to train them on designing and conducting S&D reduction trainings to different types of participants using S&D reduction toolkit.

**HIV and STI prevention and FP promotion among migrants and their spouses:** In this period four SSP IAs continued HIV and STI prevention and FP promotion activities among migrants and spouse of migrants in four districts. Similarly, Conscious Media Forum (CMF), SSP IA has been designing and broadcasting radio program "*Sancho Bisancho*" through local FM stations for safer migration and HIV prevention to care, support and treatment activities among migrants and their spouses in Bara, Nawalparasi, Rupandehi and Palpa districts. Migrants and their spouse are reached through group and one-on-one educational contacts, street drama, community events and DICs. Radio program is being broadcasted in Nepali, Bhojpuri and Abadhi languages as per the popular demand of target population. Radio listeners groups (RLG) are functional in these four districts which are being facilitated by RLG facilitator every week. Content Advisory Group (CAG) meeting for radio program is being held bi-monthly in which each episode of radio program is being reviewed, revised and further planning is done. The CAG meeting is also being organized at the district level in those four districts. SSP's IAs of respective districts, representatives from DPHO, DACC Coordinator and other stakeholders participated in those meetings.

**Quarterly orientation and review with Radio Listener's Group (RLG):** SSP IAs working with migrants and their spouse conducted quarterly orientation and review meeting with RLG facilitators. The main objective of the meeting was to review the radio program and weekly RLG discussion sessions. RLG facilitators shared that the radio program and RLG discussions are useful for raising awareness on HIV/STI and services sites. As shared by spouses of migrants, they have started to talk with their husbands about the program.

**Basic orientation on HIV and safer migration to local leaders:** SSP IA GWP and Sahavagi conducted basic orientation on HIV and safer migration for local leaders in their project districts. Participants included were *Jotishi* (fortune teller), priest, teachers, and local leaders. The main objectives of the orientation were to sensitize local leaders on HIV/STIs transmission and prevention, safer migration and their role/responsibilities for HIV prevention and safer migration. At the end of the orientation, participants committed to share the knowledge with other community members specially migrants and their spouses and refer for STIs and VCT services.

**Positive Prevention Activities:** During the reporting period, SSP IAs continued implementation of positive prevention activities integrated with CHBC services through thirteen local IAs in thirteen districts among PLHIV and their families including discordant couples, children and care givers. Positive prevention activities include HIV and STI prevention education, condom promotion and distribution, disclosure, positive speakers' mobilization, referral for HIV counseling and testing, anti-retroviral therapy (ART), and prevention of mother to child transmission (PMTCT) and S&D reduction. PLHIV support group meetings were organized in the project districts. These types of meetings mainly focused to share PLHIV's issues, feelings and problems, raise hope, motivate each other and improve positive attitude, beliefs and confidence towards their life. The meetings also discussed about the importance of regular health check-up, CD4 count and ART adherence. Community events and discussion forums mobilizing

positive speakers were organized by positive prevention IAs in the community to raise awareness on HIV and reduce S&D. Positive speakers are helpful for raising awareness on HIV and STI and supporting in the reduction of HIV related S&D in the community. IAs working for positive prevention in the districts also conducted orientation and review meetings with positive speaker on quarterly basis

**Working with beneficiary group networks:** SSP has been working with beneficiary group networks (FSWs, PLHIV, women living with HIV, men who have sex with other men and transgender, people who inject drugs and FIDUs) to strengthen their networking and institutional capacity 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 networks IAs have conducted district level coordination meetings, executive board meetings and S&D reduction training in this reporting period. JMMS and NFWLHA have been supporting its member community based organizations (CBOs) to conduct monthly discussion forums/meeting at the district level to share their achievement, issues, challenges and way forward. Furthermore, SSP IAs are working with 26 PEs from JMMS in 13 districts (two in each district) to identify and reach new hotspots and FSWs and refer FSWs for STI and VCT services as well as develop their capacity. These PEs also participated in outreach and peer education training organized by SSP and refresher training and quarterly review meeting organized by SSP IAs.

JMMS organized three-day training on Sexual Reproductive Health (SRH) and HIV/AIDS to its member CBOs. The main objectives of the SRH training were to increase understanding of participants on the concept of SRH, to capacitate participants to describe prevention, treatment, care and support and to enhance the knowledge of participants about life skills that can contribute to improve SRH. Similarly JMMS organized two-day public speaking training to its executive board members to build their capacity in designing and making effective public presentation while they represent the organization and strengthen their communication skills. Similarly, FSGMN conducted Advocacy training to their member CBOs to strengthen capacity of participants on evidence based advocacy and improve their performance for advocacy in and outside the organization. The training covered basics of advocacy, steps of advocacy, networking and tools for advocacy. The training was seen quite useful and helpful to increase knowledge and skills on evidence based advocacy and participants committed to act as young advocates in their daily work and work for securing the rights of PLHIV, MSMs/TGs.

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

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

**Trafficking in Person (TIP):** In line with the USG's Unified Policy Guidelines for (TIP), SSP has been maintaining recording and reporting system of suspected TIP cases in which SSP IAs, at the district level, have to identify all suspected forms of trafficking among FSWs reached, record and refer them for EIHS, report these cases to SSP, follow-up, and refer them to local anti-trafficking agencies as necessary. SSP has given high priority to TIP and the suspected TIP cases are always tracked and where found, offered

services through SSP services sites (all prevention outreach and EIHS sites) as well as referred for appropriate services to the agencies with anti-trafficking programs as well as with USAID-funded Combating Trafficking in Persons (CTIP) Project in five districts. In this reporting period, SSP IAs recorded and reported 216 cases of suspected TIP and offered referral services. Shakti Samuha, Naya Bato Naya Paila, Mahila Awaz, UPCA Nepal, Maiti Nepal, ABC Nepal, CLRC, Raksha Nepal, Change Nepal, JMMS, Bishwas Nepal, WOREC Nepal, Serve Nepal, KI, and Saathi Sanstha are some of the agencies where SSP IAs are referring as part of support to the suspected TIP cases. Similarly, as per follow up action of the national coordination meeting organized by SSP on July, 2012, the referral directory of each SSP IAs was updated and shared with the key stakeholders.

## **Outcome 2: Increased use of Family Planning (FP) services among MARPs**

Following the preparation of the ground work with NCASC, DoHS and FHD in particular for integrated packaging of FP/HIV services in SSP districts in the second half of the first year of SSP operation, several critical activities have been successfully initiated and implemented to contribute to attain the expected results of this outcome. Major activities carried out during the reporting period are detailed below. The formation of the Technical Advisory Group (TAG) inclusive of major stakeholders- NCASC, FHD, NHTC, National Health Education, Information and Communication Centre (NHEICC), USAID, UNICEF, WHO was a major step in further operationalization of FP/HIV integration which is guiding this innovative initiative in Nepal's health system. SSP's core partner Jhpiego supports SSP in attainment of this outcome.

**Initiation of FP services:** SSP initiated FP counseling and referral services in eleven districts, namely, Dhanusha, Mahottari, Sarlahi, Jhapa, Morang, Rautahat, Bara, Parsa, Dang, Banke and Kanchanpur through its implementing agencies from mid- August, 2012. From September 2012, FP services were also initiated in 15 districts from (Sunsari, Makwanpur, Dhading, Kathmandu, Lalitpur, Bhaktapur, Kaski, Tanahun, Palpa, Rupendehi, Kapilvastu, Chitwan, Nawalparasi, Bardiya and Kailali) through its IAs.

Along with the initiation of FP services through SSP EIHS sites, the project's technical unit in coordination with its core partner, Jhpiego conducted orientations to all the EIHS sites on the provision of FP services. The orientation included sharing of information on family planning screening and counseling, family planning commodities and correct use of recording and reporting tools. Similarly, the outreach staffs were orientated on their roles in providing FP services. They were also explained about the screening questions and job aid, SBC materials including flipcharts, brochures including USG FP legislative and policy requirements.

**Comprehensive FP and Counseling training:** In collaboration and coordination with NHTC and RHTC (Regional Health Training Centre), SSP conducted two Comprehensive Family Planning and counseling trainings in the month of August and September 2012 respectively in Kathmandu and Pokhara. The objective of the training is to strengthen the capacities of IAs to deliver family planning services as part of FP/HIV integration plan. The training was done in coordination with Regional Health Training Centre (RHTC).

**USG FP legislative and policy requirements:** SSP has taken several steps at ensuring compliance with the USG FP legislative and policy requirements. All SSP staffs have taken online courses in FP compliance. New SSP staff along with new IA staff in the IAs has taken the online course on FP compliance or the orientation on FP compliance conducted by the TOT trained FP focal persons at the IAs. These orientations were useful for the IAs for compliance to FP legislation and policy requirements as well as monitoring FP compliance and S&D in delivering services. Similarly, in coordination with the USAID FP partner's, the FP compliance monitoring checklist was finalized. As part of the FP compliance plan, compliance monitoring using the comprehensive checklist has been done in the EIHS sites and outreach.

## **FP and HIV Integration efforts at the National level**

**Participation in the FP/HIV Technical Advisory Group (TAG) meeting:** SSP COP along with Technical Unit Head participated in the first ever FP/HIV TAG meeting on October 5. The main objective of the meeting was to share the scope of work of the TAG and the highlights from the decisions made in the National workshop on integration of Family Planning into HIV services and to discuss on the way forward on FP/HIV integration. The meeting approved the scope of work of the TAG. The formation and leadership of the TAG under DoHS DDG chairship has been a major step in institutionalizing and moving forward in FP/HIV strengthening in the country. Presentation on Integrating/strengthening FP into HIV was also shared by SSP during the meeting.

SSP has been a regular member of the TAG and has been participating in its meeting. In the 3<sup>rd</sup> FP/HIV TAG meeting held the possibility of integrating 42 PMTCT sites instead of the SSP proposed 29 sites in the first phase was discussed. The meeting also discussed the need for sharing of the lessons learnt in integration/strengthening at the national level. The meeting decided that SSP will further work on the concepts based on the feedback received and present to TAG members.

**Workshop on FP/HIV integrated SBC materials development:** SSP participated in a one day workshop on „FP/HIV integrated SBC material development’ organized by NHEICC conducted on November 26 with the financial and technical support from SSP. The objective of the workshop was to review the existing materials on FP and develop FP/HIV integrated materials. The proposed materials were reviewed and suggestions for further improvements were provided.

**Participation in workshop on developing consensus on strengthening integrated FP/HIV information and counseling through Female Community Health Volunteers (FCHVs) and other community based mechanisms:** SSP’s Technical Unit head, Technical Officer-Community Initiatives and SBC Specialist participated in the workshop on developing consensus on strengthening integrated FP/HIV information and counseling through FCHVs and other community based mechanisms on Jan 11, 2013. The workshop was jointly organized by Family Health Division (FHD) and SSP. The main objective of the workshop was to develop consensus on strengthening integrated FP/HIV information and counseling through FCHVs and other community based mechanisms. The workshop discussed on the draft strategy for strengthened community outreach on FP/HIV services and the FCHV training package to see how FP/HIV messages could be provided through this mechanism. The workshop decided that the feedback from the workshop will be incorporated and shared to the TAG.

**FP sub-committee meeting:** The Project Technical Unit Head and SSP Core Partner Jhpiego’s Family Planning Technical Specialist participated in the 29<sup>th</sup> Family Planning sub-committee meeting on November. The meeting was organized by FHD. The meeting shared and discussed on the outcome of Family Planning from the South Asia Regional workshop on strengthening advocacy efforts for promoting FP and improving counseling skills held in Jaipur, India. Sharing was also done on the press release of the workshop on the new partnership to expand access to contraception for 27 million women and girls in low-income countries. SSP shared the proposed FP/HIV integration under SSP. The current integration status at both government and NGO HIV service delivery sites was discussed.

**USAID FP partners’ meeting:** SSP Technical Officer for Clinical Services participated in the USAID FP partners’ meeting on September 4. The main objective of the meeting was to discuss on the progress and challenges in implementation of FP activities including the need for updating the informed choice poster and compliance to USG requirements. The meeting also discussed on GGM’s health care waste management in their services outlets. Representatives from USAID, GGMS, CRS and Suaahara also participated in the meeting.

**Coordination meeting with NFHP II:** SSP team members participated in a coordination meeting with representative from NFHP II on August 21. The main objective of the meeting was to learn from NFHP II their experience and recommendation on utilization of FCHV for both FP (which they are doing) and HIV prevention in SSP districts. The meeting also weighed pros and cons of using them for community based counseling and referral.

**Participation in the RH review meetings:** The Project Technical unit members participated in the Annual RH review meeting from December 28 to 30, 2012. The main objective of the meeting was to assess the progress of the National RH/SMNH Programme of 2011/12; identify best practices and lessons learnt; recommend strategic directions for joint planning for 2013-14 and enhance further coordination between key GoN departments, divisions, centers and partners. Issues and challenges related to each of the thematic groups on Safe motherhood, RH morbidity, Child and neonatal health, Safe Abortion, ASRH, M&E and Family Planning. Each of the thematic group presented issues and challenges related to FP and HIV integration and FP promotion. Action plans were developed based on this.

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

SSP continued its support to the GoN, specially for the capacity strengthening of NCASC at the national and government agencies at the district level to refine the surveillance, research and M&E related activities in close co-ordination with other EDP partners such as UNAIDS, WHO and Global Fund (GF)-related activities. The project is designed to support MoHP and NSCAC to provide strong leadership and management of HIV-related strategic information system including uniform data collection by all stakeholders, compilation, analysis, dissemination and utilization of data for evidence-based HIV response in the country.

**Data Analysis and Utilization Training to Government Staff:** In collaboration with NCASC, SI unit led 2 day training on Data Analysis and Use which was conducted along with National M&E Training organized with NCASC under Global Fund support. It was run in 3 batches. The last two days of this training was focused on Module – 8, Data Analysis and Use supported by SSP. The participants were DACC coordinators and HIV focal persons from various districts of all 5 development regions and NCASC. The training covered data for decision making, basic types of analysis and interpretation and communication followed by hands on exercise.

**Support in developing National M&E Guidelines, 2012:** SSP SI team has been constantly supporting to refine this document as per NCASC's need. In addition to the regular technical support, SSP also supported this activity by hiring a national consultant. Although the Guidelines was drafted in Year 1 of SSP, it is yet to be finalized following the comments made by the GF. SSP has availed its services to NCASC whenever the request is made to review and refine the guidelines and its indicators.

**Support to NCASC in data verification training and sharing of SSP's DQA experience:** The SI team facilitated session on data verification and DQA during a training organized by NCASC for the Principal Recipients (PRs) and Sub-recipients (SRs) of Global Fund HIV Program in Nepal. SSP's experience on conducting DQA was also shared as best practices and methods of data verification practices were also discussed in the training.

**SSP DQA of SA2FY12:** The second round of data quality assessment (DQA) of SSP conducted during Sep – Nov 2012. The SI team provided on-site support to 25 IAs. The objective of the DQA was to assess the quality of the routine data recorded and reported to FHI 360 Nepal for SSP and National Center for AIDS and STD Control (NCASC) during second semi-annual period of FY12 (February – July 2012). The standard tool with six dimensions namely management and administration of M&E, data quality, data integrity, system integrity, data accuracy and feedback system was used in all the implementing agencies. Based on the technical area of the implementing agencies, various indicators were verified for data

accuracy. DQA completed in 40 implementing agencies and 2 partner agencies. The overall DQA score was 91.3 percent (2.3% up from the last round).

**Coordination Meeting with NCASC SI Unit:** SSP M&E team members held regular coordination meetings with the SI Unit members of NCASC. The objective of the meetings was to discuss on the M&E related technical assistance and support activities planned under SSP. The meeting discussed and agreed on the agenda of national level support and technical assistances on data analysis and utilization workshop, progress on the support planned in GIS, database and mapping of national program etc. The meeting also decided to coincide SSP-supported data analysis training at regional level together with the M&E training planned under Global Fund – supported program so that it will save time and cost of the training.

**Monitoring of Beneficiary VDC/Municipality data collection practice started in SSP:** SSP initiated system for recording beneficiaries' VDC/Municipality level information from Aug 1, 2012 from service delivery sites. SI team members provided orientation to all IAs, and conducted regular monitoring after implementation. The team conducted field visits to 28 IAs (of 34 eligible IAs) to perform onsite verification of recording system and to provide technical support to program officers and IAs. This is part of the SSP initiative to contribute to USAID's requirement for geo-enabled reporting.

**Support in TOCAT implementation at IA level:** The SI team members provided regular support in reviewing process for validation and triangulation of M&E related concerns and comments in all TOCAT assessment done during this report period. A team member visited RDF in Dhanusha district, CMS in Chitwan district, GWP in Kathmandu, Gangotri in Achham districts to support Program Officer to conduct TOCAT.

**Participation in M&E of Public Health and Nutrition Workshop:** SSP participated in workshop on M&E of PHN organized by Ministry of Health and Population (MOHP) in support of USAID-Nepal on Dec 10-14, 2012 in Nagarkot, Nepal. The training was managed and facilitated by Public Health Foundation of India (PHFI) and MEASURE Evaluation, USA. There were 26 participants from various divisions of MOHP and other stakeholders working on public health program in Nepal. The training was based on the standard package of M&E training developed by MEASURE Evaluation. During the workshop, one of the case studies was about SSP's M&E plan.

**Support NCASC for IBBS studies:** SSP continuously supported NCASC for the ongoing IBBS studies. SSP research unit staff attended meetings organized by NCASC in the initial stages of the IBBS planning. In addition, on 6<sup>th</sup> September 2012, SSRS presented experiences and lesson learned from the past IBBS surveys conducted under previous USAID-funded programs to the key people from research organizations, research enumerators and NCASC colleagues. More than 80 participants attended the session. SSP also shared protocols used in previous rounds of IBBS. At the request of NCASC, SSP provided technical assistance for the conduct of IBBS by hiring a consultant and facilitating other needs as and when requested by NCASC.

In addition, SSP coordinated with FHI 360 Asia Pacific Regional Office (APRO) Technical Advisor, Guy Morineau for any technical support needed during the IBBS study design/analysis. SSP provided technical input to NCASC about the size estimation during initial stage of IBBS planning. His expert opinion was sought to solve wide gap in numbers of possible study population in the selected cluster between initial mapping (used to create sampling frame based on secondary data and or rough estimation of possible study participation provided by NGOs) and a real mapping (real mapping in a sense that field team visited all households of selected cluster to create sampling frame to recruit possible study participants). Similarly Mr. Morineau was also requested to guide in calculating HIV prevalence (among MSM/TG people) data using RDSAT software. Respondents highly overestimated their personal network size so the research organization had calculated both RDS weighted and RDS non-weighted HIV

prevalence among them (information attached here). Based on both analysis (both RDS weighted and RDS non-weighted), they had found high discrepancy in HIV prevalence (from 6.3% to 3.8%) among them. SSP also requested him to suggest any validated methods to adjust overestimated personal network size which will help us to say that their estimate is close to reality.

SSP staff also attended the IBBS preliminary findings sharing meeting called by NCASC and provided feedback to NCASC and research organization team. SSP staff also monitored field work of the IBBS surveys and shared key impressions from the field visits to NCASC and Research Organizations. They closely worked with the SSP-supported consultant to provide input to the successful conduct and completion of IBBS.

**Support to NCASC to Develop National HIV Research Agenda:** SSP is constantly engaged with NCASC to identify critical gaps in research needed to respond to the HIV epidemics in the country. In addition to regular support in this field, NCASC also requested SSP to support to develop National HIV Research Agenda, SSP has provided a consultant to develop the National HIV Research agenda. SSP staffs are closely working with NCASC and the consultant, Dr Bhimsen Devkota, to accomplish this important activity. A consultation workshop was organized on 30<sup>th</sup> September 2012 to identify key HIV research areas. A total of 40 experts from GoN and I/NGO including SSP staff participated the workshop. The consultant is now developing the national document which is expected to be finalized by March 2013. The document is expected to identify thematic areas of research, proposed methodology for it with estimates of costs to conduct the proposed research studies.

**Training on HIV and STI surveillance in Nepal:** SSP's Research Unit (RU) staff attended a TOT on HIV and STI surveillance in Nepal organized by NCASC. A total of 23 senior surveillance/research related staffs from GoN and I/NGO attended the training. After this training, SSP also facilitated HIV and STI surveillance trainings in Kathmandu and Nepalgunj. DACC, DHO, NGO staff benefited from the training.

**Support to develop HIV Specific Edition of Journal:** SSP is closely working with NCASC and NHRC to develop a specific journal of HIV. For this a MoU between NCASC and NHRC has been done. Similarly, a call for concept notes on original scientific research works, reviews, program narratives, letter to the editor and short communication on different themes (e.g. Health systems and policies; epidemiology and disease burden of HIV and STIs; prevention of HIV and STIs; STI management; HIV related treatment, care and support; and health and community system strengthening) was published in the National daily newspaper to inform authors about this opportunity. SSP's RU staffs are also developing a paper for this specific edition of the journal.

**FP Baseline Survey including Rapid Assessment of FP, STI and HIV among Migrant Couples:** SSP is continuously working with the research organization, New ERA, to complete the FP Baseline Survey including Rapid Assessment of FP, STI and HIV among Migrant Couples in Bara, Kapilbastu, Nawalparasi and Palpa study. Field work of this study was completed during August 22-October 16, 2012. During this period SSRS/SRS visited the study districts (Kapilbastu, Nawalparasi, Palpa and Bara) to monitor the field work. The research organization has submitted draft reports and factsheets of this study and RU staffs presented key findings from the study to SSP colleagues and USAID and now incorporating comments to finalize the reports. RU is also doing need based further analysis of the study data to support targeted program interventions.

**Protocol Development on Vulnerable Youth Mapping and Sexual Network of FSW Study:** SSP has developed protocol and tools for the above mentioned studies. Concept of these studies has previously been shared to SSP and USAID colleagues. RU will submit them for PHSC and NHRC approval soon.

**Concept Note Development on Identification of High Risk Migration Zones of Heavy Migration Districts:** SSP's RU unit has developed a concept note of this study. It is being reviewed internally.

**Support to SSP Staffs on Need Based Further Analysis of Past Studies:** SSP Research unit staff engaged in various analyses from the past IBBS studies, FP baseline study and NDHS 2011. Similarly, RU staffs provided research findings/information to SSP colleagues as and when requested.

### **Meetings, Workshops and Conferences**

**NCASC:** SSP staff participated several meetings with SI unit of NCASC during this period. The project RU attended meetings at NCASC to discuss on IBBS, development National HIV Research Agenda, Development of HIV specific journal, Size estimation of Migrants and CABA, round table meetings and Update HIV surveillance plan.

**NHRC:** SSP staff attended meetings with NHRC to share possibilities of working together in the framework of SSP. The objectives of the meetings was to share SSP activities and to discuss on how SSP and NHRC work together to strengthen country's IRB. The meetings also discussed the need of HIV research repository and HIV research curriculum for the beneficiaries group. SSP's RU is now developing concept notes/ToR for these activities. In addition, RU had meeting with NHRC chairman to discuss on the development of HIV specific journal edition of Journal of Nepal Health Research Council. The meeting decided to use the journal of Nepal Health Research Council for a specific edition of HIV AIDS journal.

**Serve as National Working Group:** SSP's RU attended few meetings of the working group on the UNFPA's Regional Research Project: Sex Work and Violence: Understanding Factors for Safety and Protection and provided inputs for the study. Field work of this study is being conducted. SSRS had provided inputs on the study tools and protocol.

In addition to the above activities, SSP also participated in the following events.

- SSP attended a dissemination workshop on Building the Evidence Base for Protecting and Promoting the Rights of Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Children in Nepal. Save the Children organized this workshop and around 25 attended the workshop.
- SSP attended a workshop on Health System Priorities in Nepal, organized by NHRC on September 16<sup>th</sup>

### **Outcome 4: Increased quality and use of HIV services**

SSP is designed to ensure that quality of 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 and providing technical support to public HIV laboratory systems.

In this reporting period SSP have been continued providing EIHS services which include HIV counseling and testing, STI diagnosis and treatment, essential package of care and FP services 49 sites in 26 districts including one site recently opened in Tahnu PHC center in Palpa in collaboration with GoN. Similarly, 18 IAs are implementing CHBC services in 20 districts out of which positive prevention activities are also conducted in 13 IAs in 13 districts.

**Supportive monitoring visit to EIHS sites:** Ensuring the quality of services rendered through SSP's IAs that follow national and international standards from prevention to care of HIV is critically important to contribute the attainment of SSP's objectives. This was ensured by various technical monitoring and supervisory visits by COP, DCOP, Technical Unit staff, TLs, and support units of SSP. During this period, various technical monitoring visits were conducted by Technical team as listed below. The team provided on-site coaching to the concerned staff of the EIHS site. Feedbacks from the visit were provided to the Project Director, Project Coordinator and the EIHS staff at the end of the visit. Such monitoring visits by SSP staff include:

- Technical unit staff conducted supportive monitoring visit to EIHS site of SACTS at Thapathali. STI, VCT, EPC and laboratory and logistics management system were observed during the visit.
- Technical unit staff conducted supportive monitoring visit to EIHS site of CIRDS Dhading on August 20. The purpose of the monitoring visit was to improve the quality of services provided by the site through supportive supervision and onsite coaching. STI, VCT, EPC and Laboratory Services and Logistics Management System were observed during the visit
- Technical staff conducted supportive monitoring visit to EPC service site of Sneha Samaj on August 27. The purpose of the visit was to observe and improve the quality of EPC services by the site through supportive supervision and on-site coaching.
- Technical unit staff made a monitoring visit on August 15 to SACTS EIHS site regarding preparedness of Emergency drug during treatment of Syphilis and evaluated diagnosis of Allergic reaction/ anaphylaxis.
- SSP conducted a supportive monitoring visit to BIJAM from August 22 to 24 and Trisuli Plus on August 28 and 29. The visit was accompanied by project coordinators of both IAs and SSP POs. The objective of the supportive visit was to monitor CHBC activities, observe home visits by the CHBC teams and provide supportive feedback. At the end of the visit, the SSP PO, Project Coordinators of respective IAs and CBHC teams were debriefed on the findings.
- SSSP staff did monitoring visit to NNSWA Kailali and Kanchanpur on September 19 to 21. EPC, STI and VCT services were observed during the visit. The team provided on-site coaching to the concerned staff of the EPC, STI and VCT.
- SSP conducted a supportive monitoring visit to Naulo Ghumti Kaski from September 6 to 7. The objective of the supportive visit was to monitor CHBC activities, observe home visits by the CHBC teams and provide supportive feedback.
- SSP conducted supportive visit to EIHS site of SACTS on September 6 to provide technical advice on infant feeding. The purpose of the visit was to discuss practical implications of Nepal 2011 PMTCT and Pediatric HIV guidelines related to infant feeding counseling. Staff present included project coordinator, supervising doctor, health assistant, staff nurse and counselor.
- SSP conducted a supportive monitoring visit to NAMUNA on September 23. The objective of the supportive visit was to monitor CHBC activities, observe home visits by the CHBC teams and provide supportive feedback.
- SSP staff provided supportive monitoring visit on October 9 and 10 to N'SARC Tulsipur and Nepalgunj respectively. VCT, STI and EPC services were observed.
- SSP provided supportive monitoring visit from October 17 to 19 to AMDA-Birtamod, Itahari and Biratnagar respectively. VCT, STI and EPC services were observed
- Technical unit staff visited EIHS site of ISK Palpa on November 8. The services on family planning, STI, VCT and EPC were observed during the visit.
- Technical unit staff visited EIHS sites of Namuna- Bhairahawa on November 9. The services on family planning, STI, VCT and EPC were observed during the visit.

- SSP staff visited NNSWA EIHS site in Mahendranagar and Attariya and in AKP Kailali on November 9. The purpose of the visits was to improve quality of EIHS laboratory services and logistics management in sites.
- SSP staff visited Madi district to observe the CHBC activities implanted by one of the IA, CMS. A PLHIV network- Srijansil Hatemalo Plus is active in Kalyanpur-Madi with about 20 PLHIV in the network. They also observed that Madi area is a potential area for HIV prevention among FSWs and clients for FSWs.
- SSP conducted a supportive monitoring visit to SPARSHA on November 26. The objective of the supportive visit was to monitor CHBC activities, observe home visits by the CHBC teams and provide supportive feedback. Observation from the visit was provided to the team at the end of the visit.
- SSP staff visited EIHS site of GWP Bara during December 19 to 21. The purpose of the monitoring visit to plan satellite clinic from Government site (Kalaiya Hospital) to improve both access to utilization of the quality HIV and family planning services to local people.
- SSP staff visited N'SARC Nepalgunj EIHS site on December 18 to help improving quality of EIHS site. The Project Technical Unit Head observed STI, VCT, EPC and FP services at the site and Laboratory Specialist observed laboratory services, EID services and healthcare waste management at the site.
- SSP staff visited Junkiree, Dang Plus and SAC Nepal in Mid-Western Region between 24 to 27 December. The objective of the supportive visit was to monitor CHBC activities, observe home visits by the CHBC teams and provide supportive feedback.
- SSP Technical staff visited Naulo Ghumti Pokhara EIHS site on January 1 and 2. The purpose of the visit was to help improving quality of EIHS at the site. Saath-Saath Project Technical Unit Head observed STI, VCT, EPC and FP services at the site and Laboratory Specialist observed laboratory services, EID services and healthcare waste management at the site. Family Planning compliance was also monitored during the visit.
- SSP technical staff and Project Director of AMDA-Saath-Saath Project visited to ISK Palpa EIHS site on January 8. The purpose of the visit was to help improving quality of EIHS at the site. STI, VCT, EPC, FP, laboratory services, healthcare waste management and logistics management system were observed during the visit. Similarly the team conducted supportive monitoring visit of NAMUNA Bhairahawa EIHS site on January 10.

**Logistics Task Force (LTF) meetings:** SSP regularly participates in the national LTF and contributes to its activities.

- On August 12, SSP participated in Logistic task force meeting. The main objective of the meeting was to discuss about the Procurement and Supply Management (PSM) plan which NCASC had to re-submit to Global Fund on August 15. The meeting mainly discussed about the need of revising quantification for test kits and lab reagents.
- On October 7, SSP participated in Logistic Task Force meeting at NCASC. The main agenda of the meeting were to discuss about the forecasted quantification of ARVs, lab reagents that need to place order through VVP, delay in regular supply of ARVs at the government sites. The meeting also requested SSP to explore further for the PMTCT donation program.
- On December 24, SSP participated in Logistic Task Force meeting at NCASC. The objective of the meeting was to discuss about the central warehouse condition – one of the issues raised by Global Fund. The Logistics Task force discussed about the need to improve the storage condition of central warehouse, make store room available for soon to arrive huge consignment of HIV drugs at the Central Warehouse. The meeting also discussed the need to distribute third tie breaker test i.e. Statpak tests to sites and maintenance of breakdown of CD4 machine at

Nepalgunj site at the earliest. The Logistics Specialist also shared the information about arrival of Determine tests along with accessories from PMTCT Determine Donation Program.

- Likewise, on January 4, SSP attended Logistics Task Force meeting at NCASC. The main agenda of meeting was to review the checklist developed regarding storage management and cleanliness of newly constructed central warehouse. The meeting focused on the need for cleanliness of central warehouse, make available the minimum requirements for store management like fire extinguisher, thermometer and “walk in cooler room” to be fixed urgently. The need to procure Zidovudine, TB drugs, locally, solve the problem regarding break down of CD4 machines at two sites at earliest and to follow up with UNDP on the delivery status of TPPA tests was also discussed.
- On August 13, SSP had a meeting with LMD and DELIVER staff at LMIS center, LMD. The purpose of the meeting was to discuss about the verification of LMIS-6 reports submitted by our implementing agencies to LMD via DPHO to ensure regular supply of the condoms and other FP materials.

**Technical Support to Sukraraj Tropical and Infectious Disease Hospital ART Site:** SSP provided clinical support and technical advice to the Sukraraj Tropical and Infectious Disease Hospital ART Site on various months of the reporting period. The objective of the technical support was to help build it as the lead national organization for referral, treatment and research on HIV/AIDS. This support will be continued to further strengthen knowledge of doctors, nurses, counselors and PLHIV volunteers in the area of HIV care.

**ART Technical Working group (TWG):** SSP is a member of this TWG and has been actively contributing to its success. During the intervening period, SSP participated and contributed to the followings:

- SSP technical unit staff participated in the national TWG on ART held by NCASC on August 19. The main objective of the meeting was to present plans for an advanced CMT to be held by NCASC with WHO support in late September. Other discussions included updates on early warning indicators, Pharmacovigilance, Second line ART and PMTCT program design. NCASC, UNICEF, WHO and SSP participated.
- SSP technical unit members also participated in the ART TWG on January 13. The meeting mainly discussed on the various activities under global fund which NCASC required support from TWG which include the activity on Pharmacovigilance, trainings on adverse drug reaction and opportunistic infections and roll out of Point of care CD4 machine. The meeting also discussed mentoring plan, need for national HIV training plan and the ART orientation package. The CMT SOP and the activity on warm line was endorsed by the TWG during this meeting.

**National PMTCT Program small group meeting:** NCASC, UNICEF, WHO and SSP representatives met on August 23 to finalize plans for operationalization of Option B as per new national PMTCT guidelines in both facility-based and community based PMTCT districts. The objective of the meeting was to agree upon program design including clinical and logistics aspects which will be documented in PMTCT SOPs.

**Care givers training:** SSP IA NAMUNA and Chhahari Mahila Samuha (CMS) conducted the Care givers training on August 12 and 14 respectively. The Caregiver’s training was conducted at Kalyanpur VDC, Madi Chitwan and Siktahan Health Post of Rupandehi. Altogether 42 participates were trained from family members/care givers of PLHIV. The main objectives of the trainings were to increase the level of knowledge on HIV/AIDS, S&D and home base care and support.

Likewise, SSP IA SPN, CDF Doti and Trisuli Plus conducted a Care Givers' Training for PLHIV and their family members. The main objectives of the training were to increase knowledge and skills on personal hygiene, home-based and self-care and treatment, management of simple opportunistic infections, nutrition, and importance of safer sex practices among PLHIV and to sensitize on common side effects of ARV drugs and importance of ARV adherence.

**FHI 360 Global PMTCT workshop:** The Project Technical Unit Head and Technical Advisor-HIV Clinician participated in FHI 360's Global PMTCT three day workshop from September 11 to 13 in Dar es Salaam, Tanzania. The workshop focused on implementation of PMTCT towards the goal of elimination of MTCT. Other objectives of the workshop included: to reach a common understanding of WHO's call for MTCT elimination; to disseminate FHI 360's 2012 Strategic Approach to Supporting PMTCT and develop country-based action plans for its implementation; to disseminate FHI 360's Quality and Performance PMTCT Standards and reach a consensus on a system to monitor them; to identify best practices for documentation and topics for operations research. The Nepal team presented a paper on community based PMTCT program and also facilitated a technical session on infant feeding issues and Efavirenz guidance and chaired a session on the third day of the workshop.

**Workshop to accelerate PMTCT:** SSP participated in workshop to accelerate PMTCT on Sep 6 to 7. The main objective of the workshop was to accelerate PMTCT to achieve National goal. Group works were done to discuss how to integrate MCH and HIV, what role would stakeholders play to make it possible, what measures needs to be worked and how it could be implemented in existing health care facility, and logistics challenges were discussed in-depth. Hattiban Declaration and PMTCT flowchart were shared as well.

**Facilitation in the PMTCT training:** SSP facilitated a session on HIV testing during the National PMTCT training conducted by NCASC on January 20 and 27. The main objective of the training session was to provide knowledge and skills on HIV testing to the PMTCT providers.

**Preventing Mother-to-Child Transmission (PMTCT) review interview:** SSP participated in the interview in the PMTCT review on November 7 conducted by NCASC. This study is being conducted in five districts namely Sunsari, Kaski, Kathmandu, Banke and Achham with an objective to analyze the effectiveness of PMTCT service. This study is mainly focused on the disease condition, service delivery system and practices, management of the cases, policies and programs, challenges faced in providing the service and the suggestions to improve program management at all levels.

**National pediatric HIV training:** NCASC held a National training on Pediatric HIV for doctors from various hospitals throughout Nepal on September 20. The purpose of the training was to train clinical providers in pediatric HIV including ART. The Project Technical Advisor HIV Clinician facilitated a session on "Challenges to PMTCT and Early Infant Diagnosis (EID) in Nepal".

**Meeting with Maternity Hospital:** SSP staff met with Hospital Superintendent, PMTCT Focal Person and PMTCT counselor about SSP support for upcoming establishment of ART site at Maternity Hospital on September 24. The objective of the meeting was to discuss the possibility of SSP provision of technical assistance including clinical mentoring and continuing medical education to help ensure quality in new ART services. The meeting decided that the Maternity team would further discuss this and respond to their needs.

**Meeting with NCASC on SSP Technical Unit activities:** SSP's specialized units meet the NCASC counterparts as and when needed to discuss specific intervention area proposed by the project.

- SSP Technical staff met with NCASC staff on various occasions to strengthen planning and cooperation between the two organizations. The objective of the meeting was to update NCASC

on the status of various technical activities which SSP is taking part in or developing. Some of issues discussed included CME sessions, warm line, pocket hand book, wall charts, and website technical updates.

- SSP staff met with Senior Medical Officer of NCASC. The objective of the meeting was to discuss and finalize multiple SSP technical activities including warmline, continuing medical education, ART clinic wall charts, ART pocket handbook and Clinical Management of HIV SOPs. The overall objective was to provide technical assistance to NCASC with development of quality job aids, trainings and tools.
- In another meeting, SSP technical unit members discussed the proposed mentoring plan. The meeting decided that SSP will further work on developing the checklist for mentoring and share. The meeting also discussed about the National HIV training plan. It was also decided that SSP will further initiate to work on the training plan in collaboration with NCASC and other stakeholders.

**Training of Trainers (ToT) on HIV-related stigma and discrimination reduction:** The Project provided technical, financial and logistic support to National Center for AIDS and STD Control (NCASC) to organize a five day long training of trainers (ToT) on a revised and updated HIV-related stigma and discrimination (S&D) specifically designed for health care setting. The main objective of the training were to develop skills, experience and confidence in conducting the S&D reduction training using the revised S&D reduction toolkit, develop an in-depth understanding of HIV-related stigma, causes and consequences in health care setting, and to improve their skills in the use of core training techniques and to select the modules to be used in the national stigma reduction training in health care setting and among communities. There were altogether twenty participants from NCASC, Child Health Division, Family Health Division, National Health Training Center, National Networks of PLHIV and Women living with HIV and I/NGOs. The training was facilitated by Ross Kidd, International Trainer who have been involved in S&D for long time in designing and implementing S&D reduction toolkit in Africa and co-facilitated by SSP, staff from UNICEF and NCASC. SSP staff participated in series of preparatory meeting for the ToT organized by NCASC and UNICEF. Similarly, SSP organized training on S&D reduction toolkit use for its IAs staff to enable them to design, plan and facilitate S&D reduction training using the toolkit.

**CHBC refresher training:** A 4-day CHBC refresher training was conducted between October 9 and 12 in Kathmandu. Altogether twenty participants attended from different IAs among which sixteen were female. The objective of the training was to provide updated information on latest changes in HIV situation, treatment and care and also learn their experiences from the field. The main facilitators apart from Technical unit were from NCASC, Bir Hospital and SEBAC Nepal. SEBAC Nepal was brought in to link CHBC with WASH initiatives.

**Training on Rapid HIV testing and Laboratory Diagnosis of Sexually Transmitted Infections:** SSP conducted training on Rapid HIV Testing and Laboratory Diagnosis of Sexually Transmitted Infections for laboratory personnel in Kathmandu from October 7 to 11. The purpose of the training was to make participants able to conduct rapid HIV tests and laboratory diagnosis of STIs properly. Altogether 23 participants including seventeen from government healthcare facilities and six from SSP IAs participated in the training.

**National Clinical Management of HIV Training of Trainers (ToT):** NCASC held a National CMT ToT for doctors from various hospitals throughout Nepal during October 8-14. The purpose was to provide advanced training and updates on clinical issues as well as facilitation training to lead HIV clinicians. These doctors will add to the pool of experts to lead future trainings and will bring information back to their respective ART sites. The Project Technical Advisor HIV Clinician led topical teach-back

sessions on October 12 and facilitated sessions on “Post Exposure Prophylaxis”, Treatment as Prevention”, “Family Planning and HIV”, “Early Infant Diagnosis” and “Rational Prescribing of Antiretroviral Medications” on October 8 and 9.

**Meeting on pre-service HIV training:** SSP staff met with Head of Internal Medicine Department at Tribhuvan University Teaching Hospital to discuss the way forward on standardization and updating HIV components of the medical school’s curriculum. The objective was to review the findings of the consultant led investigations and plan the next steps.

**Orientation on Early Infant Diagnosis (EID):** SSP conducted an orientation on EID for healthcare workers on November 9 to discuss recent recommendations for EID among healthcare workers in Seti Zonal Hospital. A total of fifteen participants including participants from Seti Zonal Hospital, NNSWA and AKP attended in the orientation program. This support will be continued to further strengthen knowledge of doctors, nurses, counselors and PLHIV volunteers in the area of HIV care.

**Continuing Medical Education (CME) at Teku Hospital:** SSP Technical Unit sponsored and led a CME session on Immune Reconstitution Inflammatory Syndrome at the Teku ART clinic for Teku Hospital nurses, doctors and health assistants as well as ART staff from other Kathmandu Valley ART sites. The objective was to improve the quality of care provided to PLHIV through ongoing education for health care providers. SSP Technical Advisor- HIV Clinician, Technical Unit Head, Technical Officer Clinical Services and Technical Officer Community Initiatives facilitated the session. This was the first ever-event organized by SSP on CME and plans to continue the services in other ART sites as well. The event was very much appreciated by the participants.

**National Clinical Management of HIV & AIDS training:** SSP in collaboration with NCASC organized National Clinical Management of HIV & AIDS training for the health workers of Government and implementing agencies from Dec 9 to 14. The objective of the training is to provide basic knowledge and skills on clinical management for HIV in adults, children and in pregnant.

**Participation in the National HIV Laboratory Technical committee meeting:** SSP attended National HIV Laboratory Technical Committee meeting organized by NPHL on December 26. The meeting discussed issues related to DNA PCR testing, portable CD4 machine, HIV EQAS and viral load testing. The meeting decided to explore possibility of increasing frequency of viral load testing at NPHL and prepare a plan for monitoring HIV EQAS activities at government healthcare facilities.

**Basic STI Case management training:** SSP in collaboration with NCASC organized Basic STI training for the health workers of Government and implementing agencies from December 23 to 28. The objective of the training is to provide basic knowledge and skills in STI case management.

**Facilitation in Training of HIV and STI Surveillance in Nepal:** SSP Technical unit staff facilitated two sessions each in Training on HIV and STI Surveillance in Nepal organized by NCASC in Nepalgunj during first week of January 2013. The main purpose of the training was to upgrade the understanding of HIV and STI surveillance in Nepal. DHO, DPHO, NGO staff and other healthcare institutions participated in the training.

**Supportive monitoring visit:** During this period, various technical and program monitoring visits were conducted by SSP technical and program team as listed below. The team provided on-site coaching to the concerned staff of the EIHS site. Feedbacks from the visit were provided to the Project Director, Project Coordinator and the EIHS staff at the end of the visit.

**Orientation on EIHS for Tahun PHC staff:** SSP staff along with Project Director of AMDA-Saath-Saath Project conducted an orientation on EIHS for Tahun PHC staff on January 9. The purpose of the orientation was to provide an overview of EIHS to healthcare staff of Tahun PHC, Palpa. The Project technical team conducted orientation sessions on STI, VCT, EPC, FP, Laboratory services, healthcare waste management and logistics management among healthcare staff of the PHC.

**National HIV counseling training:** SSP in collaboration with NCASC conducted National HIV counseling training from January 6 to 14. The main objective of the training was to build capacity of health care workers and counselors in HIV counseling.

**Refresher STI case management training:** SSP in collaboration with NCASC conducted Refresher STI case management training from January 16 to 18. The main objective of the training was to provide updated knowledge on STI management, strengthen the skills and confidence in the management of difficult cases and problems encountered in the field.

SSP also targets strengthening the capacity of the implementing partners to help them relevant to HIV response in Nepal by improving their organizational, technical and governance capabilities. The following activities were implemented in this reporting period.

**Preparation of SSP Capacity Building Framework:** The Saath-Saath Project *Capacity Building Framework* revised draft was completed in this period. It is a major working draft document guiding the project's overall capacity building approach and is being used to articulate and situate some of the major undertakings of the SSP in terms of building local capacity and local system. Some examples of how the framework is implemented are the use of TOCAT assessments as a critical approach to systematizing the CB support through identifying need areas, the SSP internship program as a means to develop human resource capacity, conceptualizing every training in the language of building capacity and tailoring them with a view to enhancing skills and knowledge, and instituting the capacity building board as among the prime roles of the Senior Leadership Team to foster greater ownership of the capacity building initiatives that SSP is undertaking.

The framework emphasizes the centrality of capacity building activities to achieving the project's aim and how capacity building is central to strengthening health systems and increasingly demanded by international donors and ministries of health globally to enhance overall performance in the health sector. It is also a significant aspect of USAID's health assistance strategies which highlight how capacity building is critical to sustaining health outcomes and reducing reliance on external assistance – two stated objectives of US assistance in the health sector. The framework discusses evidence on how achieving better health outcomes require both an injection of resources and adequate local capacity to use those resources effectively.

**TOCAT Phase I Process Document:** A report entitled *Rolling out the TOCAT: Experiences from Phase I* was prepared to document the TOCAT process in Phase I. It chronicles the design, roll-out, findings, challenges and lessons learned, and the recommended next steps from using the TOCAT in the project. The document is a critical part of the repository of information recording this important and large-scale undertaking in institutional capacity assessment undertaken by the SSP.

**TOCAT Phase I Consolidated Action Plan:** The final versions of the TOCAT checklists and action plans from the 24 IAs participating in the assessments in Phase I was consolidated into a comprehensive compilation of the major activities where IAs have identified capacity building support. The consolidated plan also classifies the activities with respect to the source of support – SSP, self, or other funders – that IAs have identified.

The Capacity Building Unit at SSP is using the consolidated action plan to formulate a package of capacity building activities where the existing resources – financial and human resource expertise – within SSP will be strategically channeled for capacity building support. The activities proposed in Year 2 work plan, which were identified from the preliminary findings of the TOCAT Phase I assessments, are also aligned with the consolidated plan and the CB package.

**TOCAT Phase II Assessments:** Based on the recommendations from experiences in rolling out TOCAT Phase I, TOCAT Phase II was carried out in a 2 day workshop format with the remaining 17 IAs. Lessons from Phase I indicated that participation in doing an institutional assessment of their strengths and gaps as an organization was contributing to helping the organizations improve their understanding of critical issues that needs to be improved. This was the driving factor for envisioning the TOCAT process as a form of institutional capacity building.

Through the process, the IAs were learning to assess their technical and organizational capacity using the different functional area checklists of the TOCAT, translate the identified need/gap areas into organizational capacity building action plans, prioritize the gap areas and build organizational consensus, and identify the appropriate resources (self, SSP, others) to support activities that are aimed at building capacity where it was found lacking/inadequate. The workshop format was adopted to facilitate and streamline the process. It also helped to provide more technical support to the IAs during the assessments and to expedite the rollout at the same time.

**Completion of Year One SSP Internship Program:** The SSP Internship Program was rolled out between June-December 2012, thus completing its first year of implementation. Seven interns – 5 from the Network IAs and 2 from BP Koirala Institute of Health Sciences' students in the MPH program – were enrolled in the program. The focus of the program was to improve the human resource capacity of its implementing agencies - particularly the Network NGOs that are responsible for strengthening community systems - and emerging leaders in the country's academia who can be engaged in future health programs. It provided practical learning opportunities to the interns, they got to know more and acquire new or sharpen existing skills on a variety of areas where SSP is implementing its activities and polish their technical know-how and knowledge base in those areas. The interns were representatives from marginalized communities in terms of ethnicity, caste, geographical location, gender. The internship program catered to categories of interns with very different skill sets. On one hand, there were the Network IAs whose nominees represented people who did not have high academic credentials and had limited computer skills. As expected they had to be given very simple tasks and supervised with greater attention. On the other hand, the BPKIHS students were more independent, familiar with computer programs and could provide technical inputs on assigned tasks.

A set of *Guidelines for Saath-Saath Project Internship Program* were produced at the outset to help implement the program in a systematic manner. The CB Unit led the overall program and prepared the guidelines, a placement chart for the interns, collected tasks from the different units at FHI 360, Jhpiego, and AMDA where they were placed for 1 month each for a total of 3 months, and matched the interns to the tasks. An end of internship evaluation was also done to record the interns' and the supervisors' mutual experiences. The findings were used to help improve the program further in the areas identified and to foster a continuous learning process.

**Year One SSP Internship Report:** A comprehensive report recounting and capturing the process, structure, internship tracks, the tasks that interns carried out, the profiles of interns, their accomplishments, and experiences (both the interns and the three host organizations) in implementing the SSP Internship program in its first year of implementation was also prepared. The report also presents a way forward in how the program will improve itself in the second year based on the learning from the first year.

**Capacity Building Trainings:** Drawing upon first phase of TOCAT and emerging needs identified by the IAs, several capacity building activities were carried out during the reporting period.

**NGO (including HR) Management Training:** A 3-day training on NGO management was carried out in Chitwan with 25 participants. The IAs participating in this training were those that had undertaken the TOCAT in Phase I. As requested in their TOCAT assessments, a major component on HR management was added as part of the training. The event focused on strengthening the IAs' current organizational practices on administrative and financial management. The training aimed at helping IAs get an overview of NGO as development partners in Nepal, to be able to explain the basic principles, stages, cycle and importance of project management, understand process, tools, importance and components of financial management and use basic NGO accounting principles, process, steps, components and internal control mechanism in their organizational practices. In addition, the IAs were also trained on procurement processes and inventory recording and controlling and on being able to articulate FHI 360 requirement of financial reporting/recording. Their understanding on reporting and recording of Cost Share for FHI 360 was also enhanced.

Furthermore, the IAs were assisted in improving their understanding on how to implement the Standard Provision for non-US non-government organization which is a significant part of their sub-agreement, and to carry out audit, general findings on audit and SFR review as part of their organizational practices. Lastly, they were also trained on managing their human resources effectively.

**Tally Accounts Software training:** A 5-day Tally Accounts Software training was carried out to help IAs develop their understanding and skills in using the software to help maintain books of account on Tally.ERP9. Through the training, the participants were able to generate financial statements as per FHI360 requirements.

**Proposal Writing Training:** 3-day training on „Proposal Writing’ was carried out in Kathmandu with 25 participants, with a majority of them representing the organizations’ board members. The training objectives were to build the capacity of selected IAs, with a focus on those who demonstrated the need in their TOCAT assessment and action plans, in designing and writing a winning proposal to diversify their funding portfolio, and to strengthen the IAs’ current organizational proposal development practices.

Based on the learning from the previous training on the same topic, this event was progressively more focused on balancing concepts and tips with an actual writing exercise. The next two batches of proposal writing trainings in SA 2 period will, based on the recommendations from this one, be geared toward helping the participants write an actual proposal using the concepts they have all learned in the last two trainings so that it becomes more skills-based as is necessary to develop a winning proposal.

**Sustainability Analysis Workshop in Chitwan district:** A 4-day district level Sustainability Analysis Workshop in Chitwan district from December 24-27, 2012 together with local stakeholders, including government and civil society organizations, to develop a sustainability plan for a lasting HIV and AIDS response in the district. It was also a good opportunity to mobilize SAHAVAGI, an SSP IA that had undertaken a similar workshop during ASHA project and leverage their technical support in relevant sessions.

The overall aim of the exercise was to help the participants become familiar with the USAID Sustainability Assessment Framework in the context of HIV/AIDS related interventions. In addition, it helped to review the local health system (including local resources) for a district level response to HIV/AIDS including Periodic Health Plan, to introduce the sustainability dimensions and its indicators to assess the existing HIV response plan, to review and develop a monitoring and evaluation (M&E) plan to monitor the progress. The participants collectively produced a dashboard for sustainability indicators for sensitizing organization/district level authorities, planners/program managers to focus on critical areas where support

would be continually required to sustain the program at the district level. Importantly, the workshop was able to garner the commitment from local stakeholders to implement the recommendations from the workshop for a sustainable local response to HIV/AIDS.

**SSP’s Contribution to Early Infant Diagnosis (EID) services during the period October 2011 to January 2013.** Five EID sites (including two government healthcare facilities) continued providing Early Infant Diagnosis (EID) services to HIV exposed babies during this period. A total of 110 HIV exposed babies received early infant diagnosis services from October 2011 to January 2013. Seven babies were found to be HIV DNA PCR positive during this period and all PCR positive babies were referred to nearest ART sites for antiretroviral therapy. Breakdown of number of babies receiving EID services from different sites is given below.

S. No	EID Site	No. of Babies Receiving EID services (October, 2011-Jan 2013)
1	Achham District Hospital	10
2	Seti Zonal Hospital	23
3	NNMSA Mahendra Nagar	7
4	NSARC, Nepalganj	25
5	SACTS	45
	<b>Total</b>	<b>110</b>

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

**Addressing Gender Issues in SSP:** Using a gender-sensitive approach, the SSP internship program was rolled out from August to December 2012, completing its first year of implementation. Interns were nominated from the 5 Network IAs and BP Koirala Institute of Health Sciences following criteria set in the SSP internship guidelines. Nominees from marginalized groups based on gender, ethnicity, geographical dispersion, and HIV status were a priority in the placements. Three out of the five interns representing Network IAs were female. One of them identified herself as a lesbian in her CV. Four of the five interns were Janajati and one person was from the Brahmin community. Two of them were permanent residents of Kathmandu while the other three hailed from Jumla, Rupandehi and Sunsari. The interns, as per the criteria for selection, were not paid staff members. Their affiliation with their organization ranged from a volunteer, an outreach worker, a youth focal person, and a CABA (children affected by HIV and AIDS) representative. Their education level varied from an SLC degree to a Bachelors’ degree in Nursing. This variation in the level of competencies and life experiences meant that the SSP team had to carefully plan their tasks and make it flexible and simple enough in a majority of cases to allow for changes as the supervisors got to know more about the intern’s capabilities. The two MPH students from BPKIHS consisted of one male and one female student. Both interns were 2<sup>nd</sup> year MPH students and represented the Janajati community. The female student and was a permanent resident of Kathmandu while the male student was from Paanchthar. The interns were engaged in tasks that matched their academic interests and capabilities. Both were highly commended by the SSP partners hosting them for their stellar work during their internship and they were able to take back their learning from the internship to further their careers after graduation.

SSP also ensured greater participation of women and sexual minorities in the various capacity building trainings organized between August-December 2012. A total of 3803 women compared to 2554 men were trained in different areas ranging from topics in institutional capacity building including TOCAT Phase II assessment, HIV related stigma and discrimination reduction, provision of STI services based on national guidelines, and strategic information. A total of 23 transgender people participated in various SSP organized trainings. Encouraging greater participation from women on the different issues and in group work during the trainings was a continual effort to enhance their ability to make meaningful contributions and improve their confidence to raise, present, and converse on critical areas. Board members, with a priority on women wherever possible, were engaged in the critical areas of institutional capacity building. TOCAT phase II, which was carried out in a workshop format with the aim to develop the skills of IAs to use institutional assessment tools in identifying their organizational strengths and gaps, and to leverage appropriate resources to address them, engaged board members including women in the workshop. This engagement helped enhance the understanding and skills of female board members on critical areas of organizational capacity building and the role of an assessment tool such as TOCAT in supporting the process of need-based capacity building.

### **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. SSP's coordination and leveraging expands to all development actors- from government entities to civil society, private sector and external development partner.

**Support to 4<sup>th</sup> National AIDS Conference.** The conference was held on December 1-4 in Pokhara under the leadership of NCASC. USAID, GIZ, UN and other EDPs were members of the organizing committee. Preparatory meetings and workgroup meetings were held Kathmandu and SSP played a very active role in making it a success. SSP COP was a member of main organizing committee of the event and he participated and contributed in various meetings. SSP was members of Scientific Committee and Media Committee and contributed to review and selection of abstracts and design web pages, media campaigns and event brochure and scheduling respectively. Eleven SSP staffs attended the 4<sup>th</sup> National AIDS Conference and presented 17 papers (9 oral and 8 posters) during the conference. SSP COP presented his paper on “„Why prevention of HIV among Female Sex Workers is critical to contain the epidemic – what works?” in one of the plenary sessions of the conference. SSP staff also moderated several scientific sessions. SSP also operated a stall in the conference premises which was believed to be visited by many conference delegates. Participation from SSP implementing partner agencies' staff was also substantial. SSP also supported participation of DACC Coordinators from SSP districts and Regional HIV/AIDS Program Officers. SSP' s contribution to the conference was widely acknowledged. The theme of the conference was “*Achieving Millennium Development Goals through Universal Access*”. There were at around 400 participants; largely from Nepal, however, Government press release after the conference suggested around 1,000 participants. A total of 15 plenary sessions, 15 scientific sessions (each had 3-5 presentations) and about 70 posters exhibitions were included in the conference. Similarly, the conference also organized 10 capacity building sessions. Several documentaries/movies about HIV and AIDS \produced under previous USAID-funded programs were screened at the conference. Rt. Hon. President, Dr. Ram Baran Yadav inaugurated the conference and Minister for Health and Population, National Planning Commission, MoHP Planning Division Chief, UNAIDS Country Coordinator, NCASC Director and representatives of National networks and civil societies provided their remarks during the opening session.

**XIX International AIDS Conference 2012 Hub:** SSP and UNAIDS, under the leadership of NCASC, successfully organized a XIX International AIDS Conference 2012 Hub titled *Understanding Global and National HIV Epidemic* from August 14-16, 2012 in Kathmandu, Nepal. The three day hub, endorsed by the XIX International AIDS 2012 Committee, was planned primarily for government agencies and local non-governmental organizations that were unable to participate physically in the XIX International AIDS Conference 2012 in Washington DC, USA. The hub also aimed at strengthening the local HIV and AIDS response, create new opportunities for partnerships and help disseminate the latest programmatic approaches and research among stakeholders. In total, the hub saw active participation from around 150 participants from government agencies, civil society, hospitals, UN agencies and beneficiary group networks. The hub focused on screening pre-recorded videos from the main International AIDS Conference followed by discussions on related topics with the help of Chair and expert panelists. Chair and panelist were drawn from various field – both government and non-government and also those who participated in the International conference held in Washington. The event was the first ever event of this kind in Nepal and was very much appreciated by stakeholders.

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

SSP and SSP IA SACTS, NCS and STEP Nepal, in collaboration with USAID mission in Nepal, SSP organized a WAD commemoration at US embassy. In addition to highlighting the global, national HIV scenario, SSP team also gave a rundown of SSP project. Participating IAs conducted prevention and VCT activities. A total of twelve individuals received pre-test counseling eleven opted for the test and eleven were offered post-test counseling. One individual was found potential for family planning services who received only counseling. FP method was not provided.

**MSM TG workshop in Bangkok:** SSP supported three participants (SSP, NCASC and SSP IA FSGMN) to participate in "HIV Prevention, Care and Treatment for Men Who Have Sex with Men: A Review of Evidence-Based Findings and Best Practices in Asia and Central Asia" workshop organized by the PEPFAR Office of the Global AIDS Coordinator, Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) in Bangkok, Thailand on August 28-30, 2012. The purpose of the workshop was to enhance understanding of MSM programming options that can be supported with U.S. Government funding.

**Meeting of HIV and STI communication technical working group.** National Centre for AIDS and STD Control (NCASC) conducted a meeting of the technical working group on August 12, 2012 at NCASC meeting hall Teku. The meeting was called to discuss the development of Behavior Change Communication (BCC) Strategy for HIV and AIDS for the government of Nepal under the leadership of National Centre for AIDS and STD Control (NCASC). The meeting decided to prepare a „National Communication Strategy on HIV and STI’ that will cover the aspects of behavior change and maintenance related to HIV and STI. The same meeting also decided to form a HIV and STI Communication Technical Working Group.

**Participation in Regional Health Directorate planning meeting and RHSSP workshop:**

SSP participated in Central, Eastern and Far Western Regional Health Coordination Team (RHCT) meeting called by Central, Eastern, Far Western Regional Health Directorate respectively. The main objectives of the meeting were to discuss on planning for district and regional level annual health review meeting, prepare calendar of operation for next year and prepare joint supervision plan.

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

**Participation in the Regional Annual Health Review meeting:** SSP participated in the Eastern and Central Regional Annual Health Review meeting conducted in this reporting period. The meeting shared and discussed to review the achievements, issues, challenges and lessons learned. D(P)HO of eastern region, NCASC Director, Director of DoHS and participants from external development partners, I/NGOs, UN agencies participated in the meeting. SSP also provided financial and technical support for the meeting.

Furthermore, SSP supported in preparation and review of Eastern Regional Health Review meeting as well as supported to Eastern Regional Health Office to draft Annual Health Report of Eastern Region.

**Monitoring visit from RHD, DACC, D(P)HO, CDO and DDC:** SSP IA GWP, STEP Nepal, Sneha Samaj, Trishuli Plus, BIJAM, Lumbini Plus, CIRDS, ICH, AKP, NNSWA and TSDA and organized the monitoring visit from Regional Health Directorate, DPHO, DACC and District Development Committee. Regional Health Director, HIV/AIDS Program Officer of Central Regional Health Directorate, CDO and representative from DDC visited and observed AKP, NNSWA, TSDA, GWP, BIJAM and Sneha Samaj respectively. The team observed EIHS, outreach DIC and CIP activities and recording and reporting formats and system. They also discussed about outreach process. During the visit, they also interacted with beneficiary group members. The visiting team appreciated what SSP funded project has been doing in the district.

**District Health Annual Review meeting:**

SSP Partner, AMDA Nepal and IA Sahara Nepal, Naulo Ghumti, Sahavagi, Lumbini Plus, Chhahari Mahila Samuha attended annual review meeting organized by DACC/DPHO of their respective project districts (Jhapa, Kaski, Nawalparasi, Chitawan). The meeting focused on reviewing ongoing HIV related activities of organizations on annual basis. SSP IAs also presented their annual program and the brief achievements, Issues, Challenges and Lesson learned

**Coordination meeting with ART committee:**

SSP IAs CDF and AKP, TSDA and NNSWA held a coordination meeting with ART Committee of Doti Hospital and Seti Zonal Hospital respectively. The role of CHBC team to increase the clients in PMTCT services and refer in CD4 counts in timely were discussed and acknowledged in the meeting. Follow up of EID babies, PMTCT and ART lost to follow up was the main agendas on the meeting. The team agreed to develop a tracking format where the information regarding EID babies will be filled in. Similarly, Lumbini Plus Nawalparasi coordinated with Bharatpur Hospital, AIDS Health Foundation (AHF) Bharatpur; and Lumbini Zonal Hospital Butwal during this reporting period and held a discussion about CD4 count and ART for PLHIV. As CD4 machine is not working at Bharatpur since long time, PLHIV are unable to get CD4 count check-up and know their CD4 status. SSP Program Officer- and SAC Project Coordinator and DACC Coordinator Surkhet had a coordination meeting with ART Center and Mid-western regional hospital (MWRH) Surkhet and discussed on making the ART supply more accessible to PLHIV of the district.

Similarly, SSP IA SSG-Syangja facilitated CD4 mobile camp at District Hospital in coordination with DACC Syangja and Western Regional Hospital Pokhara and collected blood sample of 64 PLHIV. The camp provided the service to the PLHIV who had to travel Pokhara for the service and saved travel time and cost.

**Coordination meeting with Other USAID-funded Projects:**

SSP team conducted a coordination meeting with NFHP II and DELIVER project regarding the low supply of condoms in SSP implementing partners. The meeting decided that SSP along with NFHP II will coordinate with LMD to check if all the LMIS reports sent from the implementing agencies are being reported to LMD. The team also discussed on the need of including LMIS orientation during the HIV logistics training. SSP Program Officer and SSP IA NGN conducted meeting with USAID-funded Suaahara Project and discussed possible coordination and collaboration at the district level between Suaahara and Saath-Saath Project in Baglung and Syangja districts where both Suaahara and Saath-Saath Projects overlap to share the project activities and possible coordination activities.

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

**District level coordination meeting:** As a part of collaboration and coordination activities with Government stakeholders, the implementing agencies for SSP participated in various District level coordination meeting this month as per the following;

- SPN, CAC, Sneha Samaj, NCS, NFWLHA, AMDA, Sahara Nepal, RDF and GWP organized a district level coordination meeting among government and non-government stakeholders their respective project district. The meeting shared the HIV prevention, care and treatment activities and progress in the district, referral mechanism and reporting deadlines to DACC/DPHO. Sneha Samaj conducted meeting with service providers including DOTS centers to strengthen coordination and collaboration with DOTS center and service providers working in the area of care, support and treatment services.
- SSP IAs NCS, SPN, Trshuli Plus, Naulo Ghumti, CWES, GWP, BIJAM, AMDA, Sahara Nepal, RDF, AKP, NNSWA, TSDA, Gangotri, ICH and Dang Plus participated in district level coordination meeting organized by DACC, DPHO and other stakeholders in their respective districts. The meeting shared and discussed district level HIV prevention, care, support and treatment program activities. The meeting in Damak Jhapa discussed constraints faced by Damak sub-health post for voluntary counseling and testing. The meeting decided to coordinate with SSP to provide lab training to lab assistant of Damak sub-health post. District level meeting in Achham discussed CHBC program duplication issues. SSP IAs GWP, AMDA and ISK also participated in district Reproductive Health Coordination Committee meeting.
- NCS, one of the SSP IAs participated and organized stall exhibition during Lalitpur Health Volunteer Conference organized by Lalitpur Sub-Metropolitan to share and learn from the experiences of health volunteers mobilized in the district. During the conference, NCS showcased the SSP-funded HIV and STI prevention activities, distributed condoms and SBC materials
- The SSP Team and GWP met with DHO Kailaya to discuss on operating satellite EIHS clinic for migrants and their spouses in DHO premises. Senior DPHO, Medical Officer, DACC Coordinator, HIV and FP Focal Person and Lab Technician from DHO participated in the meeting. The meeting decided to provide rooms and other available facilities to SSP and decided to have one clinic per month and to move ahead with MoU. Similarly, SSP staff held a courtesy meeting with Regional Health Director for Far Western Region and Sr. Public Health Administrator. SSP participated and supported in District AIDS Plan finalization meeting organized by DACC Chitwan, SSP program Officer participated in a meeting organized by DPHO Chitwan and Blue Diamond Society by which a regional taskforce for LGBTI issue under leadership of DPHO was formed

**Co-ordination and Leverage at district level of leveraging:** One of the objectives of SSP is to leverage resources for SSP supported initiatives. Towards this end, SSP has taken up several steps. It has facilitated coordination meetings with Regional Health Directorates, Regional HIV/AIDS Officers, D/PHO, DACC and local governance bodies. While doing so, it also availed opportunities to discuss possible areas of cooperation and creating synergy. One such example is SSP's collaboration with Safe-WASH project in Achham. The followings have been activated under collaboration. A joint coordination meeting was organized between SEBAC (implementing safe WASH) and Gangotri (implementing CHBC PP under SSP) on August 1, 2012 at SEBAC Nepal's office in Subidhanagar Kathmandu and Achham district.

- **SSP and SEBAC jointly conducted orientation to the field staff on SSP and SAFE WASH Program activities in Achham.** SSP and Safe-WASH Program-SEBAC had jointly conducted orientation on SSP, HIV and AIDS and Safe-WASH program to the field staffs of SSP implementing agency Gangotri Rural Development Forum and SEBAC in Sanfe, Achham on September 25, 2012. The meeting assisted to orient field staffs from both projects on key message on HIV and AIDS, CHBC and Safe-WASH and identify the areas of collaboration and coordination were the main objective of the orientation.
- SSP IAs are regularly updating the referral directory and 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. SSP IAs Sahara Nepal, NCS, CAC, BIJAM, CIRDS and TSDA referred FSWs for vocational training like driving/beautician linked with income generating activities such as tailoring/sewing, candle/incense/soap/soybean factory. Beneficiaries linked with agriculture and livestock rearing training projects. Sahara Nepal coordinated with INSES and provided immediate care of post natal care for 7 Days for FSWs and after that she was linked with Women Development Office in Inaruwa for shelter and other required support for 45 days. SSP IA Trisuli Plus held a coordination meeting with Child Workers in Nepal (CWIN) and CWIN have committed scholarship for three PLHIV children and two HIV affected children up to twelfth grade. SSP Program Officer ICH and N'SARC Project Coordinators held coordination meeting with GIZ and Care Nepal to share and discuss possibility of supporting PLHIV and FSWs with Income Generation activities through its implementing agencies in its program areas. Similarly, Junkiree coordinated with local business persons for educational support to two HIV positive children.

**Consultative meeting on Cash Transfer Program to CABA:** SSP participated and contributed in a Consultative Meeting on 'Cash Transfer Program to CABA" organized by Country Coordination Mechanism (CCM). The main objectives of the meeting were to share and discuss on a) Social Protection Framework of Nepal, b) International Experience on HIV sensitive social protection, c) Fund Implementation: Discussion/recommendations on modalities for designing the cash transfer program (child grant) for CABA and complementary services and d) Fund Management Mechanism. The meeting discussed the findings and recommendations of the rapid assessment and social protection framework of Nepal. In line with the recommendation from the rapid assessment, the participants discussed and recommended cash transfer mechanism through VDC/DDC with regular monitoring system. The meeting suggested that the cash transfer should be implemented within the Government social protection framework/system and mechanism with involvement of civil societies for providing support for monitoring. Moreover, the participants suggested for strong coordination and collaboration with existing health and education system as well as national and international non-governmental organization and external development partners (EDPs). The meeting decided to form a Task Force consisting of CCM Coordinator, Representative of MoHP, NPC, EDPs and Civil Societies under the coordination of NCASC Director. The task force, based on the recommendation of the rapid assessment report and the consultative meeting, will finalize the cash transfer and fund management mechanism and guidelines soon.

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

SSP staff participated in the DACC meeting to discuss about opportunities for establishing and sustaining a fund for CABA. A core group, consisting seven members, was formed to develop a concept paper for establishing core fund for CABA along with exploration of funding opportunities. Similarly SSP IA SAC Surkhet conducted a coordination meeting with BNMT and INF to discuss on educational support to CABA. BNMT and INF in coordination with SAC agreed to provide certain amount as an educational support.

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

Following the meeting, SSP provided IEC material support during the workplace trainings organized by FNCCI/BCAN at various prominent private companies as well as associations/unions in Kathmandu Valley between September 10 to 13. The training helped to raise HIV awareness among business leaders, executives, employers and workers. The training also focused on a special training for HR managers regarding HIV sensitization. The overall objective of the training was to change the behaviors of business people on TB/HIV/AIDS at the workplaces and their communities. At the end of the training, SSP IEC material bundle was also provided to HR managers to display in their offices for employees to refer to. The initiative supports both SSP’s Public Private Partnership initiative as well as Safer Workplace. SSP has also provided additional IEC materials to BCAN for different HIV-related orientation programs around Kathmandu.

**Coordination meeting with WHO:** SSP conducted a coordination meeting with WHO to discuss on the National mentoring/coaching of the ART sites. The meeting discussed on how both WHO and SSP could work together to move the mentoring plan forward.

**Media award meeting at NCASC:** SSP Chief of party attended a meeting call by NCASC to discuss the future support for Nepal AIDS Media Award which has been carried out by Asia Pacific leadership Forum with support from UNAIDS since 2010. This meeting was attended by NCASC, Federation of Nepali Journalists (FNJ), UNAIDS, USAID and other EDPs. The concept of the award was explained and supports from EDPs were sought so that the award can be continued in Nepal. SSP DCOP attended another round of meeting for the successful management of the Media award which was announced by the Minister for Information under the aegis of the Journalist Federation of Nepal.

**Coordination meeting with AHF:** SSP participated in a coordination meeting with AHF. The objective of the meeting was to discuss on how both SSP and AHF could collaborate for the strengthening of Teku Hospital, specially its ART center as a prime institute for HIV/AIDS referral and research center. AHF's current support to Teku Hospital ART center was also shared by AHF during the meeting. SSP envisions a TA to strengthen Teku ART center as center of excellence and the meeting with AHF was to identify gaps and possible areas of collaboration to implement the planned activity.

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

**Saath-Saath Project team interacted with the stakeholders in Tansen, Palpa:** SSP organized an informal meeting with the stakeholders in Tansen Palpa and reviewed the SSP's initiatives in Palpa targeting migrants and their spouses. Local Development Officer Mr. Dirgha Bahadur Pokhrel, NCASC's Senior Public Health Officer Mr. Shambhu Kafle, USAID's HIV/AIDS Program Coordinator Ms. Shanta Maya Gurung, USAID's GIS Specialist Mr. Indra Saran KC, Palpa's Senior Public Health Administrator Mr. Jhalak Sharma and others participated in the meeting and agreed to move forward with the experience from Satellite EIHS clinic initiated in PHC Tahun. Expansion of services is expected to increase access to HIV/FP services and its utilization.

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

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

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## Saath-Saath Project's efforts at leveraging to change the lifestyles of project beneficiaries



*“My husband infected me with HIV. He used to work in India before but deteriorating health compelled him to return back home and search for a job nearby. Worse once the community found out about his HIV status, the stress induced from constant stigma and discrimination made him worse and he passed around three years ago.”* This is the story of Nawalparasi district inhabitant Khagisara Neupane. Like many HIV-infected people in the rural part, Khagisara faced her share of stigma and discrimination but braved it all for the sake of raising her 3 children. Poverty stricken and weak, she fought her sickness to work tirelessly in the field to provide for her family. But HIV was taking its toll

on her. Near death, a community mobilizer from Lumbini Plus (USAID-funded Saath-Saath Project NGO partner implementing Positive Prevention program in the district) came to know of her condition and visited her at home. She educated her on staying healthy and safe even after HIV. *“Her regular visits and counseling taught me that HIV was not the end of life but the beginning of a brave new journey. She also had my children tested for HIV but fortunately the tests came back negative”*. Khagisara's community was quite backward and HIV-related misconceptions were high. Lumbini Plus carried out series of community interactions and training on clarifying such misconceptions and thus reducing HIV-related stigma and discrimination. This helped make the situation better with the community people themselves helping HIV-infected people like Khagisara. Khagisara also advises other wives of migrant workers in her community constantly to get tested for HIV and other STIs at nearby BISHWAS sites.

But Khagisara's economic state remained derelict. She could hardly provide for her family and her health conditions limited her physical activity. She constantly sought for vocational training opportunities and economic support from Lumbini Plus. In the meantime she took out a loan by selling her jewelries to open a small grocery stop. The shop started earning well. In the meantime, Lumbini Plus coordinated with Scout Nepal to enroll forty HIV-infected women including Khagisara into a goat rearing training program. The organization also provided eight thousand rupees to each training participant to buy a goat. *“Upon return home, I also bought a goat. The returns were quite good from selling the goats and now I have gradually managed to increase my livestock. The earnings from the shop and selling goats are enough to feed my family and pay my children's school fees.”*

But Khagisara was far from being content. She always aspired to grow stronger economically and constantly sought help from the community and home based (CHBC) team that visited her regularly to monitor her health. It was during one such visit when the team informed her of a decision by nearby Sunwal Community Development Center's decision to provided loans to nine HIV-infected individuals at 0% interest. She jumped to the chance and with the help of Lumbini Plus managed to secure a loan for twenty thousand rupees. With the loan money she opened a small restaurant next to her grocery shop, started raising chicken and also started selling meat for added income. *“The hotel is located inside my house itself from where I cook varied delicacies from my customers and also sell fresh meat to others. I don't face any HIV-related stigma and discrimination in the community else no one would come to my shop or restaurant. Moreover, the community members acknowledge my efforts at seeing me grow economically. All thanks to Lumbini Plus who came to my rescue when not even my family didn't care. I am proof that with similar support to other people living with HIV, they can also become self-sufficient.*

## IV. Security Analysis

**Political Strikes (*Bandhs*):** Saath-Saath Project implementing agencies continued to send monthly updates on external and internal environment assessing local security situation in the districts. Summary of security situation and rating is presented in the table below. According to the reports, there were a total of 14 unique days where the incident of *Bandha* occurred in 16 districts that affected smooth operations partially in concerned districts. As compared to previous reporting period, the security situation in this reporting period remained mostly normal.

Majority of the IAs rated the situation as normal. However, there was “Caution” rating in Lalitpur, Dang and Kailali in August. 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. There was a postponement of satellite clinic run by AMDA in Sunsari districts, SACTS in Lalitpur. One EPC clinic of Sneha Samaj had to be cancelled. There was some effect in the outreach activities and field mobility was partially hampered in NCS, Lalitpur, Lumbini Plus, Nawalparasi and SPN of Kavre.

### Summary of Monthly Security Reports

<i>Month</i>	<i>Number of Reports</i>	<i>Dates of Bandha reported</i>	<i>Number of Days</i>	<i>Districts affected</i>
12-Aug	34	6, 7, 8, 9, 10, 11, 15, 20	8	Dhanusha, Jhapa, Morang, Sunsari, Dang, Lalitpur, Nawalparasi, Kaski, Syangja, Kavrepalanchok
12-Sep	34	12,14,21,28	4	Sunsari, Lalitpur, Chitwan, Nawalparasi
12-Oct	34	None	0	None
12-Nov	34	2	1	Dhanusha
12-Dec	34	None	0	None
13-Jan	34	4	1	Nawalparasi

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

According to the reports, out of 20,337 outreach visits planned in 1,448 locations across the 33 districts, 191(0.9%) visits were cancelled due to inaccessibility. Similarly, out of 2,270 supervision visits planned, 96 (4.2%) were either cancelled or postponed due to security reasons (see box below).

#### **Security analysis in brief:**

- Total # outreach sites in a month: Min-1178(Sep) Max:1472 (Oct)
- Total # outreach visit planned: 20,337
- % of outreach visits cancelled: 191 (0.9%),
- Total # of supervision visits planned: 2,270
- % of supervision visits cancelled: 96 (4.2%),
- Total # of Clinic days planned: 3035
- % of clinic days cancelled: 0.6%

## Police Raid

During this reporting period, FSWs program related IAs have reported that there were a total of 32 incidents related police raid occurred in 5 SSP working districts which displaced 131 people from beneficiary groups (106 male and 27 female)

### District wise number of incidents of police raid

Districts/IA	Number of incidents reported
Rupandehi (Namuna)	1
Parsa (BIJAM)	7
Kaski (CWES)	19
Bhaktapur (CAC)	3
Kathmandu (STEP)	2
Total	32

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

District	Female	Male	Total
Rupandehi	16	14	30
Bhaktapur	7	0	7
Kaski	57	5	62
Parsa	14	8	22
Kathmandu	12	0	12
Total	106	27	133

## V. Project Visits

USAID's HIV/AIDS Program Coordinator Ms. Shanta Maya Gurung and USAID's GIS Specialist Mr. Indra Saran KC visited Tansen, Palpa and Butwal, Rupandehi to monitor the progress about the Village Development Committee (VDC) recording related to services offered to target populations during SSP on January 10-11, 2013. Team reviewed the arrangement made to train the SSP staff and also reviewed the tools used for the recording and reporting. Team was accompanied by SSP Deputy Chief of Party Dr. Bhanu Bhakta Niraula and team. USIAD team's visit in Rupandehi was facilitated by SSP MIS Officer Ms. Jeni Rajbamshi and SSP team also visited SSP IA's central officer in Bhairahawa

USAID's Deepak Paudel, MNH Program Specialist and Jacob Mueller, Deputy Controller Officer visited Makwanpur district on September 7, 2012. The team observed SSP's EIHS and co-located DIC) site in Hetauda followed by outreach activity observation.

USAID's Mr. Han Kang, Deputy Director and Ms. Naramaya Limbu, Team Leader, FP/MNCH/Nutrition visited Banke district to observe SSP's Expanded community and home-based care program and EIHS and co-located DIC site in Nepalgunj managed by SSP IAs Junkiree Banke, NSARC and ICH respectively. This visit took place on September 7, 2012.

Ms. Mary Tyler Holmes, Desk Officer, USAID/Washington along with Ms. Kristin Ray, Deputy Director, Program Office; Mr. Evan Merek,; Mr. Han Kang, Deputy Director, Office of Health and FP and Ms. Pramila Dangol from USAID/Nepal visited USAID-funded SSP implementing partner agency SPN office and interacted with SPN positive prevention and CHBC project staff and beneficiaries on November 19 2012. During their visit, SSP staff and SPN's Project Coordinator provided brief information on SSP and SPN's PP and CHBC activities respectively.

USAID's Naramaya Limbu, Team Leader, FP/MNCH/Nutrition; Jacob Mueller, Deputy Controller Officer; Rajiv Shakya, Financial Analyst; and Mahendra Hada, Chief Accountant visited Morang district on August 31, 2012 and observed SSP's EIHS and co-located DIC site in Mahendra Chowk, Biratnagar implemented by AMDA Nepal and Sahara Nepal respectively. The team also observed outreach activities in the field in the district on the same day.

USAID's Amy Fawcett, Mission Controller; Rajiv Shakya, Financial Analyst; Srijana Rai, Administrative Assistant; and Deepak Paudel, AID Development Program Specialist visited Kaski district on September 16, 2012 to observe HIV and FP-related activities under SSP's EIHS and co-located DIC site in Pokhara implemented by Naulo Ghumti and CWES respectively. The team also observed outreach activities at a nearby site.

USAID's Shanta Maya Gurung, Program Coordinator HIV/AIDS and Gajendra Rai, AID Development Program Assistant visited Kailali and Kanchanpur districts to observe SSP's CHBC and HIV prevention to care, support and treatment support along with FP services at EIHS sites from October 1-3, 2012. The visit was coordinated by SSP IAs AKP, NNSWA and TSDA. The visit included monitoring visits to SSP EIHS sites and co-located DIC, CHBC home visit and outreach activity observation.

USAID's Shanta Maya Gurung, Program Coordinator HIV/AIDS; Gajendra Rai, AID Development Program Assistant and Daniel Sinclair, Social Marketing and HIV team leader visited Palpa and Kapilvastu districts from September 27 – 29, 2012 to monitor FP baseline survey activities in the districts. In addition, the team also observed activities under SSP's integrated family planning, HIV prevention, care and treatment services and co-located DIC activities in Palpa and Kapilvastu implemented by ISK and Namuna. The team also observed outreach activities at a nearby site.

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

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

**Visit from Ministry of Health, Bhutan:** A representative of Ministry of Health, Bhutan visited a SSP-funded expanded integrated health services (EIHS) site in Bhaktapur district on August 8, 2012 and observed EIHS site activities and procedures including medical waste management. During the visit, the visitors toured CAC’s EIHS site and Drop-in center followed by brief on SSP and CAC activities and achievements.

**Visit of Gender Expert from FHI 360 DC:** SSP coordinated the visit of Helen Albert, Gender Expert from FHI 360’s Center for Gender Equity in DC during 18-21 of September 2012. The visit’s objectives were to conduct a scoping exercise of the funding opportunities in Nepal for gender and education related programs through meetings with National government agencies, donors, and INGOs working in the gender area. Another objective was to orient the SSP staff members on the center’s various work on gender and explore ways to integrate gender in SSP. The SSP shared the SSP Gender Strategy paper and Gender Integration Action Plan during the visit. A meeting with USAID was also held where SSP’s gender strategy paper was also shared.

#### **Visit of Government Counterparts**

- The Regional Health Director for Far Western Region, Sr. District Public Health Administrator, District Planning Officer, DDC Officer and DACC coordinator jointly conducted monitoring visit at sites of SSP implementing agencies in Kailali district on September 6, 2012. The Project Program Officer for Far Western Region along with Project Coordinators from AKP, NNSWA and TSDA facilitated the visit. The team visited Tikapur hospital and interacted ART team, visited DIC Sukhad, visited EIHS clinic and DIC at Attariya.
- SSP IA GWP organized the monitoring visit by HIV Program Officer of Central Regional Health Directorate and Makawanpur District AIDS Coordination Committee Coordinator on 24 September, 2012. The team observed EIHS and DIC activities, recording, and reporting registers, forms and formats. DACC Coordinator suggested submitting the reports to DACC, along with NCASC.
- SSP IA STEP Nepal facilitated the monitoring visit of DACC and DPHO on September 25, 2012. The main objective of the visit was to observe field activities of SSP and interact with target group to collect the views on condom use and negotiation skills. Feedback was received from the visitors as well as the officials appreciated SSP activities.
- SSP IA Sneha Samaj organized the monitoring visit on 27 September, 2012 from Lalitpur District Development Committee (DDC), District Public Health Office (DPHO) and District AIDS Coordination Committee (DACC). The team observed essential package of care (EPC) clinic activities and recording and reporting. At the end of the visit, the team representatives committed to continue ongoing support on OI drugs and FP commodities to Sneha Samaj for its smooth implementation of the project activities in the district.
- SSP IA BIJAM also organized monitoring visit of five people representing DACC, DPHO, CDO of Parsa District during September 28, 2012 in EIHS site. The MIS Associate briefed the officials on BIJAM/SSP and the team also observed the EIHS services site.

- SSP IA GWP organized the monitoring visit from DPHO and DACC on 22 January 2013. The team observed outreach and drop-in centers (DIC) activities and recording and reporting formats and system. They also discussed about outreach process. During the visit, they also interacted with beneficiary group members. DPHO and DACC Coordinator appreciated what GWP has been doing in the district.
- SSP IA ICH facilitated the monitoring visit of DPHO Banke on the 8 October 2012 where ICH shared about the achievement of the prevention program in the districts. The team also shared about increased number of coordination activities in the district.

## VI. M&E Update

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

### 1. **Indicator: Number of MARPS reached with individual and/or small group level interventions that are based on evidence and/or meet minimum standards required**

- 19,445 female sex workers, 45,991 clients of FSWs, 12,727 migrants (Male migrants - 4,748; Female migrants -129; Spouse of male migrants -7,822; Spouse of female migrants-28) reached through prevention outreach.

**Comments:** Overall achievement of outreach numbers exceeded by 38.6% because the follow up was high among FSWs and greater numbers of clients of FSWs reached were new. FSWs reach was exceed by 49.6% whereas Clients of FSWs exceeds by 67% as compared to the target. However, in case of Migrants and their Spouse, there is shortfall of 25%. Among total people reached by prevention outreach, 46% were new (it was 36% in the same period last year).

### 2. **Indicator: Number of PLHIV reached with a minimum package of Prevention with PLHIV (PwP) interventions**

- A total of 2,939 PLHIV were reached by positive prevention outreach activities (female – 1,573; male – 1,366).

**Comment:** This is the new indicator started reporting from this semi-annual period. The achievement is high (178%) because majority eligible old clients were reached within the first six months.

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

- 622 trained in HIV Prevention (other than AB); 70 people trained in in-service training on (incl. CMT, clinical, lab, PMTCT, ARV); 245 trained in Strategic Information; 504 trained in Institutional Capacity Building and 4,756 trained in Stigma and Discrimination reduction.

**Comments:** This indicator is measured against annual target. Overall achievement is 57%. It is 39% in HIV Prevention (other than AB), 120% in HIV testing and counseling, 64% in in-service training on (incl. CMT, clinical, lab, PMTCT, ARV), 75% in SI, 46% in institutional capacity building and 63% in S&D reduction. The achievement is 62% in female and 50% in male. More female are trained in prevention outreach, S&D reduction and HIV counseling and testing and more male are trained in clinical training including lab and institutional capacity building. People trained on strategic information were from 82 various districts and organizations and on institutional capacity building were from 66 various organizations (list attached).

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

- 2,718 female and 2494 male; 83 <5 year old, 436, 5-14 year old and 4,694 15 years and above

**Comment:** Overall achievement exceeds by 73.7%. The over-achievement for this indicator is due to follow up services received by old clients reached in last year (FY12). Only 7% were new. Of the total Palliative Care service recipients, 3,369 (65%) received only CHBC services, 927 (18%) received only EPC services and remaining 916 (17%) received both EPC and CHBC services. Out of 138 diagnosed positive from SSP EIHS sites, 81 received CHBC services and 133 received EPC services

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

- 4,113 FSWs, 81 IDUs, 303 male migrants, 1005 spouses of male migrants, 5,136 clients of FSWs, and 63MSM/TG. 11,235 tested, 138 diagnosed positive. 14 <5 years old, 86 5-14 years old and 11,137 aged 15 and above.

**Comment:** Overall achievement exceeds by 7%. Achievement is high among female. Of the total people served, 74% were new people. A total of 138 (1.22%) people among who received results after post-test counseling were tested positive from SSP clinics

**6. Indicator: Number of service outlets for palliative care**

- 49 outlets.

**7. Indicator: Number of outlets providing counseling and testing**

- 48 outlets

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

- 47 outlets

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

- 96% of the clinic sites have provided FP services. All STI sites except Mahakali Zonal hospital and Tahun of Palpa district have provided FP services during this semi-annual period. This also doesn't include DICs/outreach condom availability

**10. Indicator: Number of people received FP counseling**

- 2,506 people received FP counseling from the SSP sites.

**11. Number of people received any FP method by methods**

- 99 people received OCP and 73 people received injectable (using other than male condoms)

**Comment:** Of the total 172 people receiving FP commodities, 83% were FSWs, 10% were Spouse of Migrants – Female and 8% were Other Female including Female IDU. These figures do not include the ones who used male condoms as a FP method.

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

- 3,932 FSWs, 5 IDUs, 253 Migrants and their spouses, 378 clients of FSWs, 6 MSM/TG, 3 other males, 192 other females (4,377 females and 394 males)

**Comment:** Overall achievement exceeded by 19%. During this period a total of 11,372 people were examined for any STIs. Of them, 4,388 (39%) were FSWs, 5,077 (45%) were Clients of FSWs, 1,286 (11%) were migrants and their spouses and remaining 5% were from other target groups including 63 MSM/TG.

## VII. Technical Presentations

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

- A total of 17 scientific papers including 9 orals from SSP country office were presented in the 4<sup>th</sup> National AIDS Conference. SSP COP presented a paper in one of the plenary sessions which was attended and appreciated as lead paper of the conference. It highlighted the importance of focusing on FSWs in Nepal to contain HIV epidemics in the country.
- SSP's COP presented a technical paper on FP/HIV integration at semi-annual meeting of the USAID partners' meeting held in Kathmandu. While highlighting the theoretical underpinnings of FP/HIV integration, it drew upon Nepal's experience and challenges to-date following SSP's pioneering initiative to strengthen it SSP wide.
- SSP Technical Unit Head and Technical Advisor-HIV Clinician participated in FHI 360's Global PMTCT three day workshop from September 11 to 13 in Dar es Salaam, Tanzania. The Nepal team presented a paper on community based PMTCT program and also facilitated a technical session on infant feeding issues and Efavirenz guidance and chaired a session on the third day of the workshop.
- SSP Capacity Building Advisor did a presentation on SSP Internship program on September 25 among different donors including UN, national agencies and INGOs working in Nepal. The focus of the sharing was to illustrate how the internship programs addressed social inclusion issues and provided opportunities for people from traditionally excluded communities in the country.
- SSP staff also prepared, presented and facilitated various papers on data quality, M&E, PMTCT, Waste management, CHBC and safer and healthy workplaces.
- SSP's Sr. SI Officer presented Nepal's experience on mapping practices in a Workshop on Mapping Community-Based Global Health Programs in Washington DC, USA on Jul 20, 2012. MEASURE Evaluation, a USAID-funded project, hosted a workshop which brought together community-based M&E advisors, program officers, and thought leaders working in GIS and community-based delivery of HIV and other health services. At the meeting, participants discussed how best to apply community-based mapping methods and other operations research questions around the implementation of this relatively new and quickly expanding technical area. SSP's Sr. SI Officer shared experience of Nepal which focused on a variety of examples where maps have been integrated into global health program, at a variety of scales and with various level of technology.

## **VIII. Challenges Faced for Planned Activities**

Having successfully stabilized the institutional framework for the fullest implementation of the project envisioned activities; the second year successfully faced the challenges related to the roll out of FP/HIV integration /strengthening. This required larger stakeholder consultations and sharing which was time consuming but extremely important. All staff needed to be trained and oriented in FP compliance, COFP, and family planning. The demand generation activities had to be geared while not losing the momentum gained in project implementation. The community mobilizers and peer educators who were carrying out HIV related outreach had to be trained to include FP in their messages. Due to different education level of this cadre, this task was challenging was eventually successful. The focus on migrants required developing and reiterating on specific approaches.

To facilitate, geo-enabled reporting, collection of relevant data was started from August 2012. Despite orientations and training, errors in recording VDC names remained a challenge as the official names of VDCs are likely to be pronounced and written differently. The low educational level of outreach workers and target population who were often confused the names of VDC with *tole*/settlement remains a challenge in getting good accuracy on VDC reporting.

## **IX. Anticipated future problems, delays, or conditions or constraints that may adversely impact implementation of the program**

The political scenario remains uncertain and volatile after the dissolution of the constituent assembly and failure of the parties to forge consensus to lead the government and bring the comprehensive peace agreement to a logical conclusion including framing a new federal constitutions. The country can experience chaotic situation leading up to the election having an impact on project implementation.

Several of SSP activities are linked with coordination with MoHP, NCASC, and EDP funded programs. Problems are merging in coverage of CHBC as GF round 10 is also supporting this activity. With the roll out of Global Fund Round 10, SSP has been and will continue to be more cautious about possible duplication in the activities.

As FP related guidelines and training materials continue to be revised, standardization of the new approach will continue to take more efforts. Smooth facilitation of the FP/HIV strengthening under the framework of the Technical Advisory Group (TAG) will be continued with caution so that the momentum is not lost due to any changes in the composition/representation of key actors.

Possible partnership with private sector and promotion of PPP with the Hotel Association, Restaurant and Bar Association, Massage Parlor Association, Local Police and Authorities to initiate “Safer and Health Workplace” policy, promotion of FP/HIV will be promoted but may face challenges as 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 will also be required. Instability in government makes it difficult to engage in dialogue and advocacy.

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 required training. This might affect some proposed national training activities under SSP are designed to engaged government employee as co-trainers.

## X. Financial Status

The financial status of the project is given below. In general burn rate is somewhat below than expected level except for personnel and consultant/fringe benefits.

### Budget Vs Expenditure - August 1, 2012 through January 31, 2013 (6 months)

S. No	Cost Categories	Annual Budget Aug '12-Jul '13	Expenditure Aug '12-Jan '13	Budget Balance	Burn Rate	Reason
1	Personnel & Consultants/Fringe Benefits/Allowances	747,933	516,491	231,442	69%	Festival allowance paid in October 12. Field staff severance/gratuity accrued in this period.
2	Travel & Per Diem/Equipment, Materials & Supplies	135,331	63,494	71,837	47%	
3	Agreements	4,333,927	1,361,973	2,971,954	31%	Low burn rates observed in 12 of the 43 IAs including Jhpiego resulted in low expenditures.
4	Other Direct Costs/Windows of Opportunity	714,846	289,285	425,561	40%	Printing of IEC and forms will be completed in March 2013. Some workshops and trainings were moved to second semi-annual period to allow for TOCAT process to end. Small amount of WOO budget mobilized (\$5k).
5	Indirect Charges	522,755	334,407	188,348	64%	September 2012, year-end adjustment.
	<b>Total Budget</b>	<b>6,454,792</b>	<b>2,565,650</b>	<b>3,889,142</b>	<b>40%</b>	

**Note: Provisional**