

Saath-Saath Bulletin

Volume 1 | June 2012

“Saath-Saath Project is USAID’s new initiative, building on nearly two decades of support to the Government of Nepal’s national HIV response. In line with NHSP II and the National HIV/AIDS strategy, the project will be implemented following the principles outlined by the U.S. Government’s Global Health Initiative, to strengthen the country’s health systems and bolster the health of women, newborns and children by combating infectious diseases. This new project will continue to support reduction in the transmission and impact of HIV/AIDS among selected most-at-risk populations, while also improving reproductive health through the provision of family planning services. We are happy and hopeful that the addition of family planning services will add a new dimension to the country’s HIV/AIDS program by promoting integration and sustainable approaches.”



Shanda Steimer, Director, Office of Health and Family Planning, USAID/Nepal

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Message from the Chief of Party

On December 1, 2011, Government of Nepal unveiled the new National HIV/AIDS Strategy 2011-2016 in order to guide an effective response envisioning that “Nepal will become a place where new HIV infection are rare and when they do occur, every person will have access to high quality, life extending care without any form of discrimination.” By 2016, the strategy aims to achieve universal access to HIV prevention, treatment, care and support through reduction of new HIV infections by 50% and reduction in HIV-related deaths by 25% (both figures as compared with a 2010 baseline). The strategy also aims to reduce new HIV infections in children by 90% within the same time period (also compared with a 2010 baseline).

The five-year USAID-funded Saath-Saath Project (SSP), initiated in October 2011, aims to support the Government of Nepal to reduce the transmission and impact of HIV and AIDS and improve reproductive health among selected most-at-risk populations (MARPs) through a combination of capacity building, health systems strengthening, systems support, programs for MARPs, integration of services, research and surveillance and strengthened co-operation between key stakeholders. Following United States Government’s Nepal Global Health Initiative Strategy, the project will contribute to local capacity building and promote greater local ownership in HIV and AIDS program. For the first time in Nepal, a large scale family planning (FP)/HIV integration (focused mainly on migrants, their families, female sex workers and their clients) will be implemented by SSP supporting both the government and NGO-run HIV services to include FP-related services, thus expanding the choices of services from HIV programs.

A more detailed description of the project can be found on page 4 of this newsletter.



Capacity strengthening

Empowering women in Saath-Saath Project

Building on successes of previous USAID-funded interventions, the ongoing Saath-Saath Project continues to encourage greater engagement of women. Realizing further need to address existing gender gaps in HIV prevention to care, support and treatment services and family planning counseling and referral, the five year project has incorporated a gender perspective right from the planning phase and is making conscious efforts to work with its implementing agencies to bring it into practice. Gender specialists under SSP are taking the lead in using the FHI 360 Gender Integration Framework as a guiding tool to promote a gender based approach in all its activities. The project will ensure that its plans and activities are implemented through a gender lens and contributes to gender equality and social inclusion (GESI) indicators. As an important first step toward this process, a comprehensive orientation on the framework was conducted for all the SSP staff involved in rolling out the project activities.

The project's NGO partners are also making commendable efforts on gender integrated programming. For instance, our local NGO partner Naulo Ghumti Nepal (NGN) has developed its own gender policy. The policy mainstreams gender into service delivery targeted to most-at-risk populations (MARPs), to contribute towards ending gender discrimination to develop equitable society, and to enhance capacity of female staff from institutional to community level to increase their access to and control over decision-making, resources



and opportunities. SSP applauds NGN's initiative and encourages other implementing agencies to emulate this organizational thinking on gender, which is a great example of what constitutes "systems strategy" that underpins SSP's overall capacity building approach.

A review of the current SSP implementing agencies shows that 15 out of 38 implementing agencies have women as the head of the organization/board member (e.g., Executive Director, President and Project Coordinators). These are encouraging beginnings and SSP intends to continue this trend of women's empowered engagement in leading the HIV and family planning intervention.

Innovation

Reaching the unreached: web-based short message service

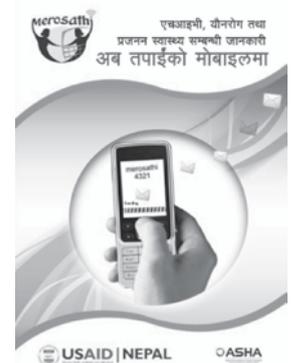
In 2010, the USAID-funded ASHA Project (2006-2011) introduced a pilot initiative titled Merosathi (Nepali for 'my friend') to reach female sex workers (FSWs) in Kathmandu and Pokhara valleys who were not being reached by existing HIV prevention activities such as drop-in centers and outreach education.

The innovative concept embraced utilization of new age technology (Short Message Service or SMS) and increasing trend of mobile phones by FSWs. The pilot web SMS activity aimed at providing HIV and STI prevention and sexual and reproductive health related information to promote positive health behavior change and maintenance among FSWs. The web SMS enabled sharing of information via SMS with FSWs on varied topics related to HIV, STIs, condom use and also personal utility such as beauty-related tips. The SMS included information on safer behaviors and also urged FSWs to visit nearby service sites to get tested for HIV and STIs. The service also enabled

FSWs to directly send in queries and receive information from the activity operators.

Building on the web SMS success, the initiative has been continued under USAID's latest HIV and family planning intervention, Saath-Saath Project and also expanded to seven additional districts.

The Web SMS activity has assisted to reach the unreached and opened up opportunities for the successful utilization of modern technologies in public health programs.



Success from the field

"CHBC came as our saviors"

Achham is one of the remotest districts of Nepal, lying in the far-western region of Nepal which also has a high HIV prevalence rate, primarily among migrant workers and their spouses. The district lacks proper access to quality health care services, especially for HIV-infected people. Many still have to walk for hours if not days to access medical care. Under these circumstances, the USAID-funded Saath-Saath Project has been implementing the community and home based care (CHBC) program in the district to provide continuum of HIV-related services to those infected with HIV at their doorstep. CHBC also helps address existent HIV-related stigma and discrimination in the community.

During a recent project monitoring visit, SSP's Far-Western Region Program Officer visited a CHBC service beneficiary at her home. During the interaction, the HIV-diagnosed mother (name undisclosed) shared that both her husband and her daughter had HIV. "We were afraid to tell anyone and lay in hiding. Sure enough, our health also started to deteriorate and we would have probably been dead had the CHBC team not come to our rescue. Nowadays, the CHBC team regularly visits me and my family to ensure our wellbeing. I am currently on anti-retroviral

therapy and my health has improved considerably due to their regular mentoring and support. When I was pregnant with my second child, the CHBC team immediately enrolled me into the CB-PMTCT** program. The medication provided me then has today blessed with an eighteen month old son who doesn't have HIV. Furthermore, they even counseled us on family planning and now we practice safer sex. CHBC team is our savior, not just for providing health checkup but also for motivating us to live a healthy and positive life even beyond HIV. We will always remain grateful to the CHBC team for their relentless efforts."

From October 2011-March 2012, a total of 3,473 HIV-infected individuals (1,632 male and 1,841 female) were availing CHBC services under SSP throughout its project districts. In Achham itself, 413 such individuals (139 male and 275 females) were receiving the CHBC services in the same time period.

***In 2009 USAID, in collaboration with UNICEF and the Government of Nepal, piloted the community based-PMTCT to reduce transmission of HIV from mother to child. Both CB-PMTCT and CHBC were interlinked to ensure continuum of services among those infected with HIV and prevent HIV among new borns.*

Saath-Saath Project in Still



A beneficiary receiving STI-related counseling at SSP EIHS site in Kaski district



A staff nurse demonstrating correct condom use to a beneficiary at a SSP EIHS site



A woman received care and support services in Chitwan under SSP's positive prevention program



Family Planning counseling being provided to beneficiary at SSP EIHS site in Kathmandu



Participants learning to prepare Jeevan Jal (ORT) during care giver training conducted by SSP in Dharan



Service beneficiary receiving services under SSP's community & home based care program in Accham



SSP local NGO partners commemorating World AIDS Day 2011 in Kathmandu district



SSP NGO partner staff distributing red ribbons & HIV-related brochures to public during World AIDS Day 2011 in Kaski



SSP NGO staff demonstrating correct condom use to the public during National Condom Day 2011



Street drama promoting condom use conducted by SSP in Makawanpur

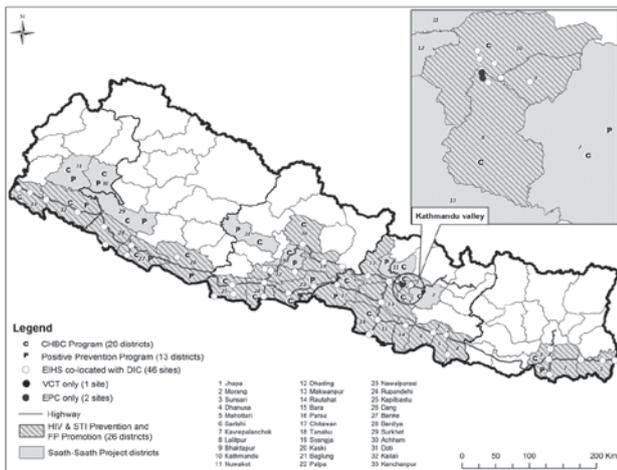


Trained positive speaker promotes reduction of HIV-related stigma & discrimination under SSP's positive prevention programme



Visitors at SSP Drop-in center receiving beauty treatment as part of creative activities to increase visitor flow

Introducing USAID's latest HIV and FP intervention for Nepal



Saath-Saath Project (SSP) is USAID's latest HIV and family planning (FP) intervention tailored to address Nepal's concentrated HIV epidemic and current FP situation. The project aligns with Government of Nepal's (GON's) national HIV strategy and supports United States Government's Global Health Initiative and USAID/Nepal's overall health sector objectives. Built on the success and lessons learned from previous USAID-funded intervention, SSP aims to reduce the transmission and impact of HIV and AIDS and improve reproductive health among selected most-at-risk populations in a manner that supports the GON.

During the next five years of the project's tenure, SSP will focus on strengthening local capacity to promote national ownership of HIV and FP response and ensure access to quality integrated HIV-related prevention to care, support and treatment services and FP services among the vulnerable population.

Furthermore SSP will also be supporting a key new initiative to promote Public Private Partnership (PPP) principles in its project districts and at the national level that supports sustainable HIV and FP intervention in Nepal. Other key activities include health care waste management, development and distribution of HIV and FP-related IEC materials, web SMS and technical support at various national level technical working groups.

By September 2016, the project will have contributed to a decreased HIV prevalence among MARPS, increased use of FP services among MARPS, increased GON capacity to plan, commission and use of strategic information, increased quality and use of HIV services and strengthened coordination among all HIV/AIDS partners.

SN	Implementing partner agencies	Districts
HIV and STIs prevention and family planning promotion		
1	Rural Development Foundation	Dhanusha, Mahottari, Sarlahi
2	Sahara Nepal	Jhapa, Morang, Sunsari
3	Society for Empowerment-Nepal	Kathmandu
4	Nari Chetana Samaj	Lalitpur
5	Child and Women Empowerment Society Nepal	Kaski
6	Institute of Community Health	Banke, Bardiya, Dang
7	Thagil Social Development Association	Kailali, Kanchanpur
Positive prevention program (including community and home based care)		
1	Trisuli Plus	Nuwakot
2	Dhaulagiri Positive Group	Baglung
3	Lumbini Plus	Nawalparasi
4	Dang Plus	Dang
5	Chhahari Mahila Samuha	Chitwan
6	Sakriya Plus Nepal	Kavrepalanchowk
7	Syangja Support Group	Syangja
Integrated family planning and HIV prevention, care, treatment services		
1	Student Awareness Forum	Parsa
2	General Welfare Pratisthan	Makawanpur, Bara, Rautahat
3	Chandra Jyoti Integrated Rural Development Society	Dhading
4	Community Action Center	Bhaktapur
5	Namuna Integrated Development Council	Rupandehi, Kapilvastu
6	Naulo Ghumti	Kaski, Tanahu
7	Indreni Samaj Kendra	Palpa
8	SAHAVAGI	Chitwan, Nawalparasi
Integrated HIV and STIs treatment, care, support and family planning services		
1	Association of Medical Doctors of Asia	Jhapa, Morang, Sunsari, Dhanusha, Mahottari, Sarlahi
2	Sneha Samaj (Essential package of care services only)	Lalitpur
3	Society for Positive Atmosphere and Related Support to HIV and AIDS	Lalitpur
4	Nepal STD and AIDS Research Center	Banke, Bardiya, Dang
5	STD/AIDS Counseling and Training Services	Kathmandu, Lalitpur
6	Nepal National Social Welfare Association	Kailali, Kanchanpur
Expanded community and home based care program (including positive prevention)		
1	Dharan Positive Group	Sunsari
2	Asha Kiran Pratisthan	Kailali
3	Community Development Forum	Doti
4	Gangotri Rural Development Forum	Achham
5	Junkiree, Banke	Banke
6	Social Awareness Center, Nepal	Surkhet
National Networks		
1	Dristi Nepal	National
2	Federation of Sexual and Gender Minorities Nepal	National
3	National Association of PLWHA in Nepal	National
4	Jagriti Mahila Maha Sangh	National
5	National Federation of Women Living with HIV and AIDS	National
6	Recovering Nepal	National
Radio program for HIV prevention and FP promotion		
1	Concious Media Forum	Palpa, Kapilvastu, Nawalparasi, Bara

SSP Snippet

- Team: FHI 360 Nepal, Association of Medical Doctors of Asia, Jhpiego and at least 41 local NGO partners
- Target groups:
 - Female sex workers and their clients
 - Migrant workers and their spouses
 - People living with HIV

Achievements (October 2011 – April 2012)

- Number of individuals reached with peer or outreach education: 55,901
- Number of people who were examined for STI: 11,194
- Number of individuals who received STI-related treatment services: 5,347
- Number of individuals who received voluntary counseling and testing: 11,373
- Number of PLHA receiving basic health care (essential package of care/palliative care): 1,930
- Number of HIV-infected individuals receiving home/community-based care: 3,747

Introducing the Technical and Organizational Capacity Assessment Tool in Saath-Saath Project

Capacity Building (CB) is a critical and cross-cutting component under USAID-funded Saath-Saath Project (SSP). Overall, the project aims to transition a sustainable model of integrated HIV and RH/FP services for MARPs to country-owned platforms [Government of Nepal (GoN) and civil society] at the end of its 5 year lifespan.

To achieve this aim, SSP will be carrying out accelerated CB activities to strengthen the organizational systems of selected SSP's implementing agencies or IAs (local NGO partners) in its first 3 years so that they will be able to take on the role of CB-IAs in the remaining project time frame. As CB-IAs, the selected institutions will be responsible for delivering all the management, financial and administrative CB activities to smaller NGOs and CBOs in the remaining years. The CB activities will be designed and conducted based on the IAs' actual needs as assessed by the Technical and Organizational Assessment Tool (TOCAT).

TOCAT is a global tool designed by FHI 360 and can be adapted to fit the needs of organizations at country level. The tool is based on the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) core functional areas and combines features from a number of other organizational assessment tools. It is designed to capture a comprehensive and balanced "snapshot" of an organization and enable the rapid assessment of several organizations simultaneously. Using TOCAT, SSP will assess its IAs on their overall capacity; develop an action plan to address their capacity needs; and develop strategies to improve the identified gaps. For nascent organizations, the instrument serves as a guide for prioritizing and developing capacity. For established organizations that are growing or facing significant changes (i.e. change of technical scope, scale, funding, delegation, staffing levels), the tool serves as a reference for the types of issues that must be addressed to grow or manage change successfully. As

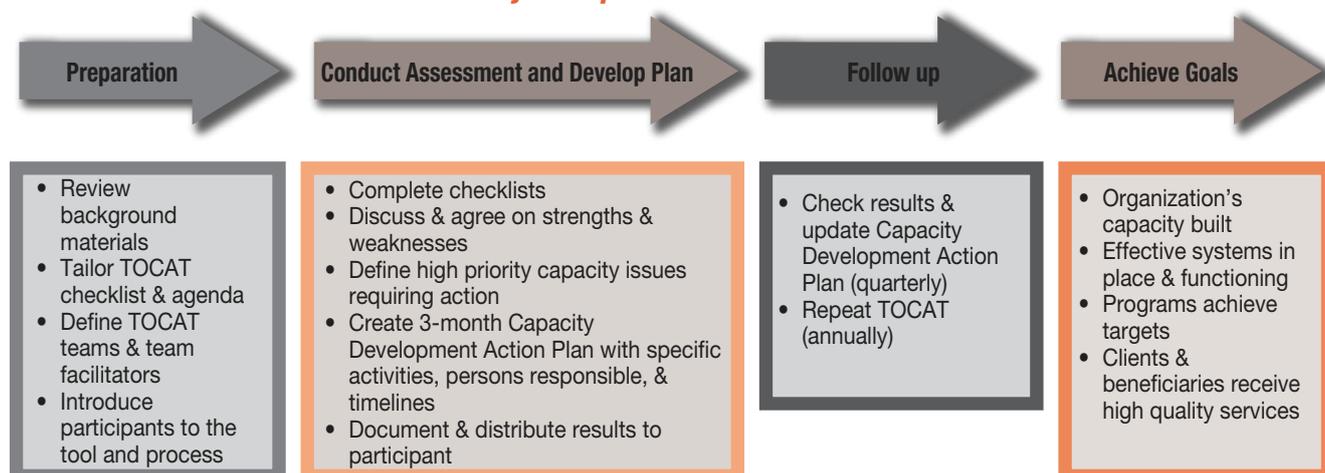
organizations are always evolving, the tool can confirm successes and identify areas for improvement.

Piloting of the TOCAT was done with two Kathmandu-based IAs (i.e., CAC Nepal and Step Nepal) to gauge the tool's feasibility in the SSP context. Following the orientation workshop with the 2 IAs (done on 1-2 March, 2012), the tool was adapted both in English and Nepali. In the process, aspects of another comparable tool called the OCAT (Organizational Capacity Assessment Tool) that USAID uses in its various projects were also included. Components on Sustainability and External Relations, along with the standard criteria for the scores, were particularly adapted from OCAT. A roll out plan was developed wherein the tool would be introduced among the project's 40 plus IAs in a phased approach. In the first phase, 24 IAs would be undergoing the TOCAT assessment by end of July.

Based on the roll out plan, TOCAT pre-assessment meetings were held among 19 IAs between April - May 2012. Also triangulation and validation meetings have been planned among 9 IAs in June 2012. The objectives of the pre-assessment were to introduce the TOCAT to the IAs, help them understand the scoring process, form functional area teams, and establish a timeline for submission of the checklists and action plans to the SSP focal persons and TOCAT review committee that has been formed to oversee the TOCAT's successful implementation. After the checklists are submitted by the IAs and reviewed by the TOCAT review committee, data validation will occur in which assigned members of the committee will revisit the assessment checklists, focusing on areas needing joint review and reflection with the IAs, and form a consensus on the action plans before they are implemented as part of the SSP capacity building activities fitting the needs identified through this collective, rigorous process.



Major Steps of the TOCAT Process



SSP continues its efforts to assure quality data generation by its partners

SSP initiated data quality assessment (DQA) of the data reported by its implementing partner agencies in the first semi-annual period of FY 2012. DQA uses standard data quality assessment tools to review existing routine data recording and reporting system, assess the quality of routine data recorded and reported on four key aspects i.e. validity, reliability, system integrity and accuracy and recommend steps to improve quality of data reported. SSP's strategic information unit and program officers led the first DQA under SSP among 37 implementing partner agencies in April 2012. Three new indicators recommended by NCSAC were also verified in these DQAs.

DQA was first initiated in 2007 under USAID-funded ASHA Project and is conducted annually. DQAs have been helpful in assuring quality of data generated for measuring progress on interventions, evidence-informed decision-making and national/donor reporting.



Joint collaboration to promote income generation opportunities among project beneficiaries

SSP recently collaborated with another USAID-funded Education for Income Generation (EIG) project in Bardiya district to provide income generation training on vegetable farming. In total, ten women from sex work background along with two community mobilizers and one outreach worker from SSP NGO partner- Institute of Community Health (ICH) participated in this training. The training's main objective was to improve livelihoods of female sex workers through strengthened linkages and coordination with skill/income generation activities. Such training is useful in showing alternative income generating options for those involved in high risk sexual behavior.

The training stands out an excellent example of collaboration among USAID-funded projects working together for additional relevant services to project beneficiaries. EIG has been working to avail income generation activities to the marginalized communities. This SSP-EIG collaboration was facilitated by ICH along with SSP's program officer.

Speaking after the training, one participant expressed, "The training showed me an easy way of income generation and now I feel empowered to start my own vegetable farming soon".

New Deputy Chief of Party joins SSP

Dr. Bhanu Bhakta Niraula has joined the SSP team in the capacity of Deputy Chief of Party. Dr. Bhanu is a Post-Doctoral Fellow (Population Studies Center) from University of Pennsylvania, Philadelphia, USA and had completed his PhD (Demography) and M.A (Demography) from the Australian National University (ANU), Canberra, Australia.



Prior to SSP, Dr. Bhanu had worked in several national and international arenas contributing to socio-economic research and development in Nepal and abroad for more than 20 years. His expertise ranges from program management, public health and development, gender, community development and decentralization, socio-cultural, class/ethnic analysis and socio-demographic research. His recent long-term assignment was with Britain Nepal Medical Trust (BNMT) where he served until September 2011 as Country Director - Programs & Operations. Dr. Bhanu was also associated with UNFPA and served as the Assistant Representative for Nepal Office for almost seven years and as an International Program Specialist with UNFPA Maldives for one and a half years.

Under SSP, Dr. Bhanu will provide leadership for program development, implementation, monitoring and evaluation; technical quality; and strategic information. We welcome Dr. Bhanu in the SSP family and look forward to working together to further enhance our programs across Nepal under his leadership.

Promoting use of strategic information among stakeholders

Geographical Information System (GIS) assists program implementers to create visual interpretation of program data. Its strong analysis tools help for better program planning, decision making and also helps improve effective management of resources. GIS tools have been used progressively under USAID funded ASHA Project in the past and in the ongoing Saath-Saath Project to prepare real-time interactive maps using project-related data for project monitoring, evaluation and alignment.

Thus, understanding the potential usefulness of GIS tools in the overall national HIV response, SSP collaborated with USAID Nepal, FHI 360 and USAID's Ghar Ghar Maa Swasthya (GGMS) Project to organized a five days 'Introductory training on Arc GIS' in Kathmandu. The training also supported one of SSP's project outcomes to increase government's capacity to plan, commission and use strategic information. The training, organized from April 16-20, 2012 saw participation from National Center for AIDS and STD Control, National Planning Commission, UNAIDS, USAID Nepal, Nepal CRS Company - GGMS project, SSP and SSP implementing partners. In total, fifteen participants were trained on ArcGIS software to become familiar with the software's features so as to easily develop relevant maps. The training sessions were led by Caleb Parker, GIS expert at FHI 360 and co-facilitated by SSP, USAID Nepal and GGMS staff. Using the knowledge gained during the training, participants will now be able to use GIS to effectively plan, monitor and evaluate their ongoing programs.

SSP joins hands with FHI 360 to strengthen national and local research capacity

Supporting USAID's continued efforts to strengthen research and surveillance at the national level; SSP and FHI 360 jointly organized the "Research Capacity Building Workshop" from January 31-February 3, 2012. This four-day workshop aimed to strengthen the capacity of individuals on critical areas of programmatic research and approaches to promote high quality, scientifically rigorous research activities that contribute to strengthen public health and development programs at the national level. A total of 26 participants from SSP, Ministry of Health and Population (National Center for AIDS and STD Control, Population Division and Family Health Division), Nepal Family Health Program II, USAID Nepal attended the workshop. The workshop was led by Holly Burke and Lisa Dully from FHI 360 and co-facilitated by Nepal Health Research Council and SSP staff. During the course of the workshop, the participants were mentored to produce quality research concept proposals and empowered to demonstrate improved country office and national level staff capacity to identify programmatic challenges and knowledge gaps that can be addressed through research and clearly articulate research questions and begin development of research concept proposals on selected research topics.



Baseline family planning survey to be initiated in four project districts

Nepal annually sees large number of laborers migrating abroad for better job prospects. However, such migration pattern has also contributed to increase in HIV and sexually transmitted infections (STIs) cases among the same group due to involvement in unsafe sexual behaviors. The same is also transmitted to their respective spouses/partners upon return to home. Clearly, this suggests that Nepali male migrant and their wives are at greater risk of HIV infection and unwanted pregnancies. Government of Nepal also identifies migrant laborers and their spouses as most at risk of HIV transmission. But the country still lacks adequate researched-backed literature about male labor migrant and their wives. Some of USAID supported researches conducted in the past such as the Integrated Biological Behavior Surveillance surveys and a recent study by NFHP II provide a glimpse regarding the HIV prevalence in this group and other attributes but more information is required.

SSP has initiated steps to conduct a baseline family planning (FP) survey including rapid assessment of HIV, STIs and FP situation among migrant couples in Bara, Kapilvastu, Nawalparasi and Palpa districts.

The survey will identify gaps and priority areas for intervention and aims to assess the HIV, STIs and FP situation and assess needs on HIV, STIs and FP services for migrant couples and will also measure contraceptive prevalence rate among wives of migrants. The survey will utilize a mix method approach including quantitative survey and interviews.

The survey results will assist SSP to design and implement an effective integrated HIV and FP intervention in these four districts and also identify programmatic priority areas related to HIV and FP with the aim to respond to these areas with interventions.

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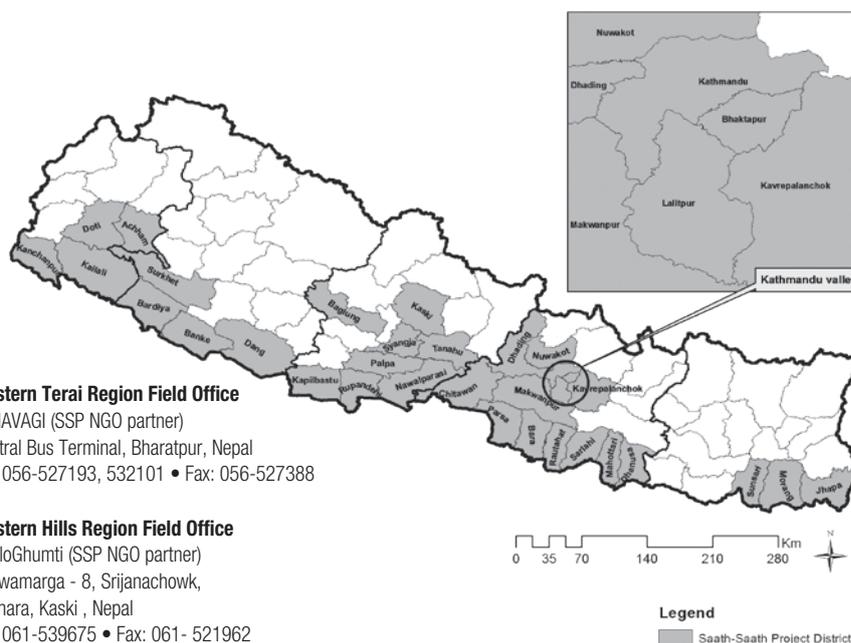
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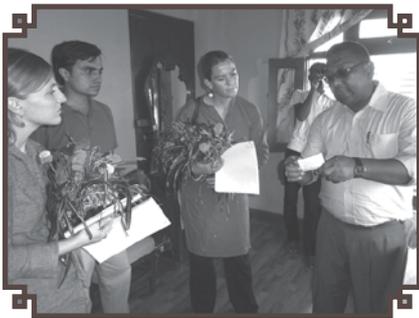
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Visitor's log



1. Visitor(s): *Global Health Initiative's Andrea Sternberg and USAID's OHFP Director Shanda Steimer*

Venue: Mahottari district

Date: October 12, 2011

Objective: Observe SSP's HIV and STI prevention for female sex workers and their clients in Mahottari district by local NGO partner Rural Development Forum.

2. Visitor(s): *Jonathan Shepard, Evaluation Specialist, USAID Washington; USAID's OHFP Director Shanda Steimer and AID Development Program Specialist Shanta Maya Gurung.*

Venue: Bhaktapur district

Date: October 20, 2011

Objective: Observe SSP's Integrated family planning, HIV prevention, care, treatment services for female sex workers and their clients and people living with HIV implemented by SSP NGO partner Community Action Center in Bhaktapur district.

3. Visitor(s): *USAID's OHFP Director Shanda Steimer*

Venue: Kailali and Achham districts

Date: November 16-19, 2011

Objective: Observe SSP's expanded community and home-based care services for PLHIV in Achham district implemented by local NGO partner Gangotri Rural Development Forum. Also observe HIV and STI Prevention and family planning promotion for female sex workers and their clients in Kailali and Kanchanpur districts implemented by Thagil Social Development Association.



4. Visitors: *Executive Director Lois Quam; USAID's OHFP Director Shanda Steimer and AID Development Program Specialist Shanta Maya Gurung.*

Venue: Bhaktapur district

Date: December 1, 2011

Objective: Observe SSP's Integrated family planning, HIV prevention, care, treatment services for female sex workers and their clients and people living with HIV implemented by SSP NGO partner Community Action Center in Bhaktapur district.

5. Visitor(s): *USAID-funded Turkmenistan Youth Centers project team.*

Venue: Kathmandu Valley and Kaski District

Date: January 10-18, 2012

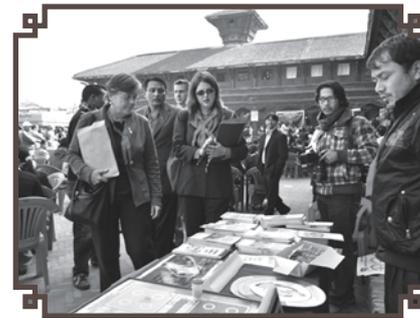
Objective: Observe SSP's Expanded Integrated Health Services (EIHS) site activities, Drop-in center activities, outreach activities and use of IEC materials.

6. Visitor(s): *Patrick Wilson, AOTR, USAID Bangkok and USAID's Hariyo Ban program team*

Venue: Kaski district

Date: February 10, 2012

Objective: Observe SSP's Expanded Integrated Health Services (EIHS) site co-located with Drop-in center managed by SSP NGO Partner Naulo Ghumti.



7. Visitor(s): *USAID's OHFP AID Development Program Specialist Shanta Maya Gurung, Health Development Officer Marie Ahmed and Program Assistant, Family Planning Gajendra Gurung.*

Venue: Kaski and Syangja districts

Date: February 16-17, 2012

Objective: Observe SSP's Expanded Integrated Health Services (EIHS) site co-located with Drop-in center, HIV prevention outreach activities and CHBC program managed by SSP NGO Partner Naulo Ghumti and Child and Women Empowerment Society. Also observe Positive prevention and CHBC program in Syngja district including outreach activities and interaction with project beneficiaries.

8. Visitor(s): *US government's Deputy Assistant Secretary for South and Central Asia Ms. Alyssa Ayres, US embassy's Control Officer Cain Harrelson and Cultural Affairs Specialist Amod Bhattarai and USAID's OHFP AID Development Program Specialist Shanta Maya Gurung.*

Venue: Kaski district

Date: March 28, 2012

Objective: Observe SSP's co-located Expanded Integrated Health Services (EIHS) site and Drop-in Center (DIC) managed by local NGO partners Naulo Ghumti and Child and Women Empowerment Society Nepal

Subject: Saath-Saath Bulletin June 2012

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