

Message from USAID

At the June 2016 Healthy Future for Young Women and Adolescent Girls event that took place in Washington, Ambassador Deborah L. Birx, the United States Global AIDS Coordinator & Special Representative for Global Health Diplomacy, remarked that *"Words without deeds are indeed hollow words, especially when there are lives at stake. Only by translating our words of concern and compassion into immediate and decisive actions do we breathe life into them and we deliver on the full power of their meaning. As a government, the United States has invested our voices, our actions, and our dollars."* This is a statement that very much holds true here in Nepal where USAID has provided unwavering support to the Government over the past 23 years for the prevention, care, and treatment for those affected and infected with HIV/AIDS.

As part of this support, the Saath-Saath Project (SSP) has worked with the Government of Nepal over the last five years to improve reproductive health and respond to the ongoing threat of HIV/AIDS among those populations most vulnerable to HIV/AIDS. In order to address the existing gaps and needs in Nepal, SSP's design and strategies were built on the platform and lessons learned from USAID's earlier projects in Nepal, and on USAID's unique comparative advantage as a long-term donor and a key partner to the country. Apart from aligning with the Government of Nepal's priorities, SSP embraced President Obama's goal of moving towards "An AIDS-Free Generation."

After much success, SSP will sadly be ending in September. The project should be noted for its remarkable ability to collaborate closely with the Government of Nepal and tailor its program to meet the specific epidemic needs of the country through national and local capacity building; service delivery; and health systems strengthening in 33 of Nepal's 75 districts. I would like to thank everyone who contributed to make this project such a grand success.

With the conclusion of SSP, USAID HIV projects since 1993 have cumulatively reached more than 1.5 million Nepalese with HIV prevention activities; distributed more than 103 million condoms; enrolled nearly 210,000 in HIV testing and counseling services; and provided STI management to over 238,000 people - all in partnership with Nepal's Ministry of Health. What an achievement!

Looking towards the future, USAID will continue its support to Nepal's HIV response in a more targeted manner through the upcoming LINKAGES Nepal Project. Current evidence indicates that to eliminate AIDS by 2030, a crucial step in HIV prevention is earlier diagnosis and provision of care and treatment of HIV cases to reduce the risk of passing the virus on to others. Thus we must help Nepal reach the UNAIDS global target of 90-90-90 by 2020 - diagnose 90% of all HIV positive people, provide antiretroviral therapy for 90% of those diagnosed, and achieve undetectable HIV for 90% of those on treatment.

USAID remains a long-standing partner to this country and we are committed to helping Nepal achieve an AIDS-free generation for its people.

Shanda Steimer
Director, Office of Health and Education
USAID Nepal



Message from the Chief of Party

With very mixed feelings, we are bringing to you the final issue of the Saath-Saath Bulletin. Mixed because we are happy to report the grand success the project has been able to achieve but at the same time, we are also currently wrapping up this wonderful project.

Over its life of five years, USAID-funded Saath-Saath Project mobilized 48 formal partners and collaborated with the Government of Nepal to implement extremely focused and well aligned interventions. It has been yet another contribution from USAID in its sustained support to Nepal.

The project has innumerable success stories of how a well-coordinated effort can deliver results. The coverage attained by the project through its outreach and clinical services is exemplary. The focus on local capacity building has also built a strong platform on which the country can carry forward its national response. The content of this issue will speak for itself for the success of the project.

We are very excited that we are packaging much of what we have learnt from SSP along with some exciting innovations into our upcoming USAID-funded LINKAGES Project.

As the Chief of Party over the life of the project, I have had the opportunity to understand and help steer the project through its ups and downs as it successfully completed on all its major deliverables with great support from everyone. I am thankful to USAID and FHI 360 for providing me this opportunity. I also want to thank all levels of the Government of Nepal, my fellow staff members, national networks/ NGO partners, consultants and all other stakeholders for joining hands to bring this impressive project to its successful conclusion.

Thank you all!

Contents

▪ Message from USAID	1	▪ Infographics Outcome 1	5	▪ Infographics Outcome 3	11
▪ Message from the Chief of Party	1	▪ Outcome 2: Increased use of family planning services among KPs	6	▪ Outcome 4: Increased quality and use of HIV services	12
▪ Infographics SSP Overall Achievements October 2011 to June 2016	2, 3	▪ Infographics Outcome 2	7	▪ Infographics Outcome 4	13
▪ SSP's Contribution to National HIV response	3	▪ Saath-Saath Project in Pictures	8, 9	▪ SSP's Noteworthy Achievements	14
▪ Outcome 1: Decreased HIV prevalence among selected KPs	4	▪ Outcome 3: Increased Government of Nepal's capacity to plan, commission and use strategic information	10	▪ SSP's Cutting-edge programs	15
				▪ Acknowledgments	16



Saath-Saath Project



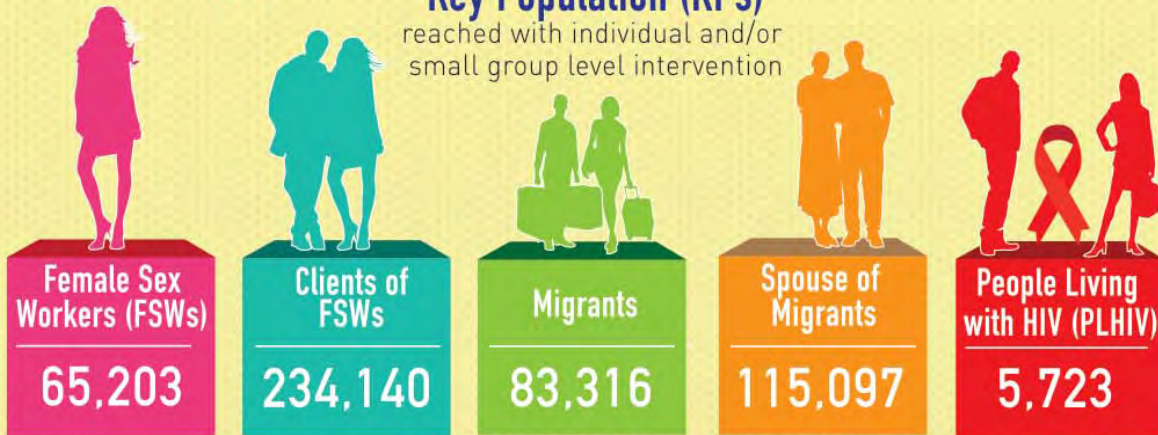
OVERALL ACHIEVEMENTS

October 2011 to June 2016



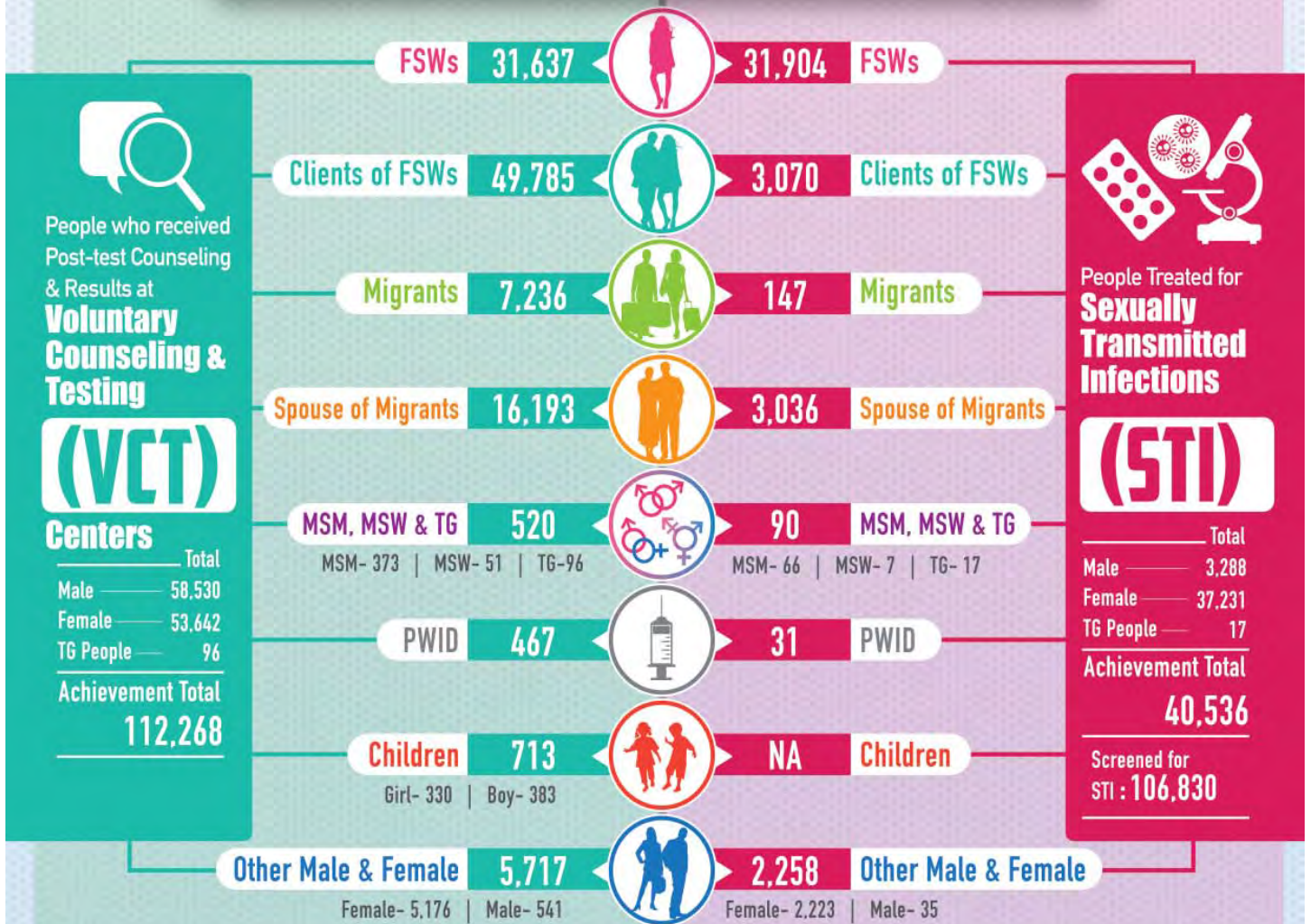
Key Population (KPs)

reached with individual and/or small group level intervention



Total 507,808 KPs Reached

Achievements of Key Indicators for HIV & STI Services



Number of PLHIV who received Palliative Care

$$\begin{matrix}
 \text{Total Male} & + & \text{Total Female} & + & \text{Total TG People} & = & \text{Achievement Total} \\
 5,995 & & 5,985 & & 15 & & 11,995
 \end{matrix}$$

MSM- Men who have Sex with Men | MSW - Male Sex Workers | TG - Transgender | PWID - People Who Inject Drugs

Saath-Saath Project's contribution to the National HIV response

Global solidarity of unprecedented proportions have been crucial to counter the scourge of HIV. While AIDS still ravages much of the world, the devastation has been contained. New data indicate that the global new infections haven't really decreased in the past five years but they remain much lower than the all-time high. Given the nature and scale of the pandemic, this is still a very big achievement. A key to this success is the sustained effort over a long period of time. We have witnessed this in Nepal too where USAID pioneered HIV response and has supported the Government of Nepal in its response for more than two decades. The recently concluding USAID-funded Saath-Saath Project was the part of this continuous support.

KPs reached through USAID-supported HIV programs from 1993 to June 2016	
HIV Prevention	1,520,116
STI Case Management	238,292
HIV Testing & Counseling	209,531
Condoms Distributed	103.4 million

HIV response needs to be well targeted and be efficient. The Government of Nepal through National Centre for AIDS and STD Control (NCASC) through the strategy documents that are developed in a very consultative manner have spelt out the effective response priorities for Nepal. SSP was designed to be aligned to these priorities and was implemented successfully in close coordination with the government and other key stakeholders.

Goal

To reduce transmission and impact of HIV/AIDS and improve reproductive health (RH) among selected key populations (KPs) in a manner that supports the Government of Nepal (GoN).

Outcomes

- Outcome 1: Decreased HIV prevalence among selected KPs
- Outcome 2: Increased use of family planning (FP) services among KPs
- Outcome 3: Increased GoN capacity to plan, commission and use strategic information
- Outcome 4: Increased quality and use of HIV services
- Outcome 5: Strengthened coordination among all HIV/AIDS partners

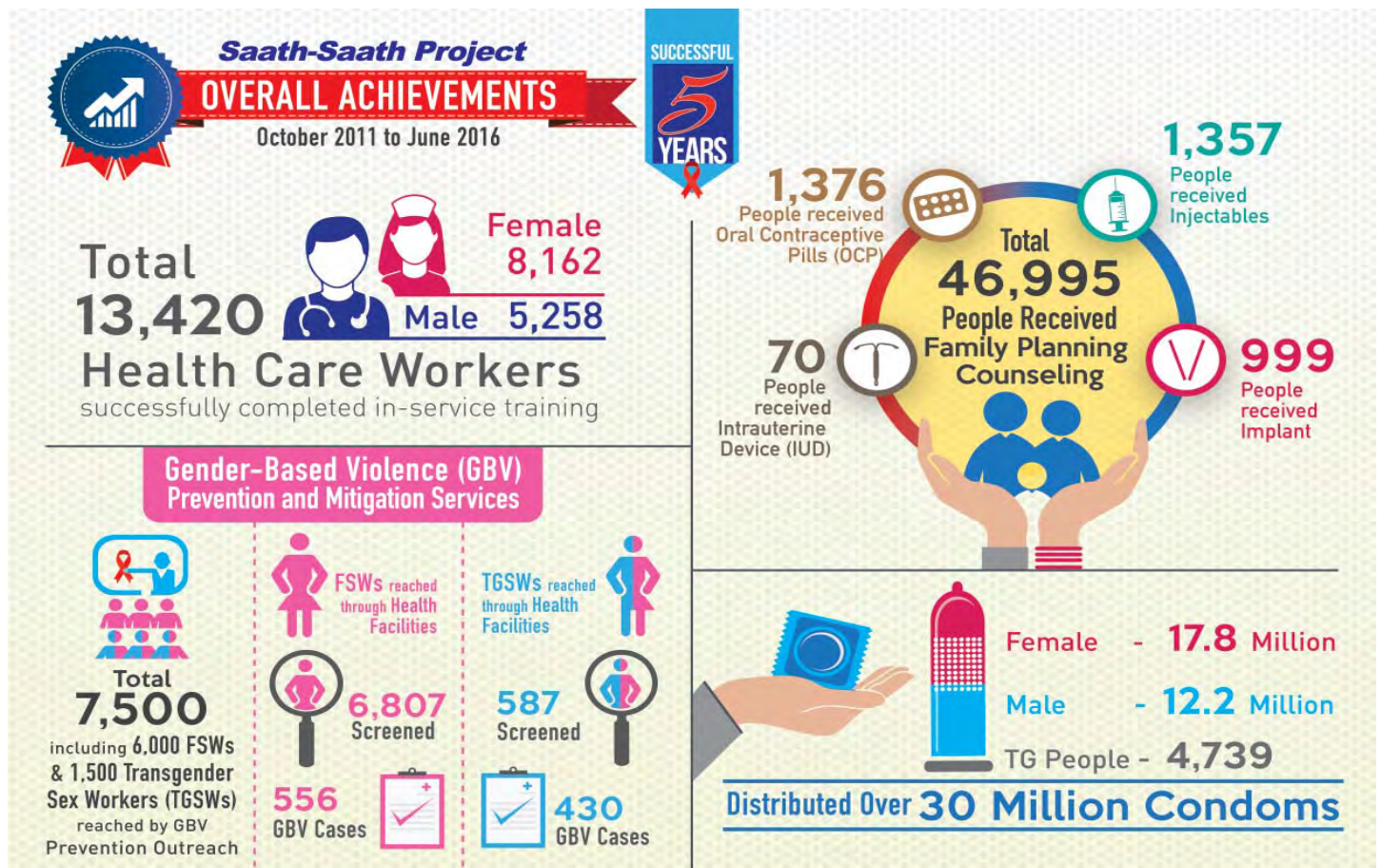
The project targeted key populations for HIV services in order to contain the epidemic. Local NGOs and national networks with intimate knowledge of working with female sex workers (FSWs), their clients and migrants who visit India, their spouses and people living with HIV (PLHIV) were mobilized. Apart from the NGO-run model, the project was also privileged to be allowed to use the premises of government health facilities in selected

districts. Organizations led by PLHIV and those that stand for the cause of FSWs, people who inject drugs (PWID), and Men who have sex with Men (MSM)/Transgender (TG) people amply supported the interventions designed by SSP.

Service components	Number of districts	Number of partners
HIV prevention, care, support and treatment among FSWs and their clients	25	18
HIV prevention, care, support and treatment among migrants and their spouses	4	4
GBV prevention and mitigation services	6	12
Integrated FP and HIV services	33	34

The project extended its support to systems strengthening mainly in the areas of Monitoring & Evaluation (M&E)/surveillance, laboratory and logistics management. Much effort was spent on providing needed technical assistance to enhance the capacity of the government as well as of the local civil society. The project introduced more efficient integrated approaches to take HIV interventions to scale and also to include FP and gender-based violence-related services using the HIV platform. Through several technical working groups, the project also helped establish and maintain sound standards and practices that are based on the most current global recommendations that are friendly to the local context.

Much of the achievements of SSP will be sustainable due to the nature in which all activities were kept within the national framework and were implemented in close collaboration. The project was successful in completing all its capacity building initiatives. The support to the strategic information helped generate, analyze and use valuable new pieces of information to further explain the epidemic and to inform the decision making. Overall, the project reached more than 500,000 people with its prevention outreach/ Drop in Center (DIC) efforts. Nearly 110,000 each received STI management and HIV testing services. Close to 12,000 PLHIV received palliative services. More than 30 million condoms were given out. Almost 47,000 people received FP counseling out of which nearly 3,600 adopted an FP method other than condom. Nearly 1,000 people received direct services for the gender-based violence (GBV) prevention and mitigation. During the life of the five year project, nearly 13,500 people were trained.



OUTCOME 1 Decreased HIV prevalence among selected KPs

Targeted interventions to promote safer behaviors among KPs: Way towards An AIDS-free generation

Nepal's concentrated HIV-epidemic among certain KPs requires targeted intervention specifically focused on those that have higher burden of HIV. The national HIV strategy has identified FSWs, clients of FSWs, labor migrants and MSM/TG people as some of the KPs.

Saath-Saath Project implemented targeted HIV prevention program for FSWs and their clients in 25 districts, for migrants and their spouses in four districts and positive prevention (PP) for PLHIV and their families in 13 districts in order to reduce the risks of HIV and STI under outcome 1 (decreased HIV prevalence among selected KPs). This was done by increasing the knowledge about HIV transmission and by increasing demand of and use for HIV services. These programs were tailored to cater to the needs of specific target groups through combination of prevention (behavioral, bio-medical and structural) interventions implemented through mobilization of local NGOs and national networks of KPs and PLHIV and their CBOs. This approach helped maximize the reach, coverage, effectiveness and sustainability.



Stratified and tailored strategic behavioral communication (SBC) activities to reach the KPs with HIV prevention messages and clinical services:*

- Capacity building of outreach staff including peer educators for HIV prevention.
- Co-location of drop-in centers (DICs) with HIV clinics to provide safe space for engagement in edutainment activities, and to have easier access to HIV and STI services as well as condoms. Selected DIC were also made friendlier for FSW who also inject drugs.
- Mobile phone technology WebSMS (*MeroSathi*) was used to remind FSWs to visit clinics, inform about HIV/STI and GBV prevention messages and to remind PLHIV to take Antiretroviral (ARV) drugs on time.

The micro-planning process was implemented for the first time in Nepal's HIV program, which helped outreach staff to reach new FSWs, to tailor outreach session based on risk, and to increase utilization of clinical services.

A month-long campaigns were conducted during festivals (*Dashain, Tihar, Chhat and Bakar Eid*), which reached over 10,000 migrants and spouses annually with HIV prevention messages and encouraged them to get tested for HIV.



Scale up of structural interventions to reduce HIV-related risks and vulnerability

- SSP promoted Safer and Healthy Workplace (SHWP) activities for FSWs to make their working environment safer and to promote healthy behaviors. This included HIV-related stigma and discrimination reduction training.*



Integration of FP promotion and GBV prevention and mitigation services in HIV program

- SSP integrated FP services and GBV prevention education and referral with the HIV services. FP promotion through outreach increased awareness on the need of use of non-condom FP method among KPs. Service provision through clinics, GBV prevention education and referral helped to sensitize FSWs and TGSWs on GBV and increase demand for GBV prevention and mitigation services.



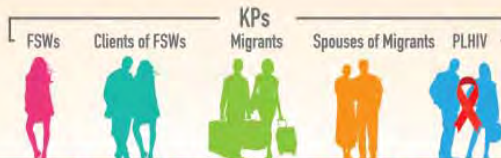
Positive Prevention (PP) program for PLHIV

- Community-Based Organizations (CBOs) run by PLHIV to promote positive health, dignity and prevention (also known as positive prevention) among PLHIV were mobilized to help disclosure of HIV status, positive and healthy living, safer sexual behavior, minimize stigma and discrimination and increase access to prevention, care, support and treatment services. PLHIV took the center-stage by taking up the responsibility of Positive Speakers.*



Note: * Details presented in infographics





HIV PREVENTION APPROACHES

OUTREACH



TRAINED 237
Outreach Staff
Female: 73%



MOBILIZED 290
Peer Educators (PEs)



GBV PREVENTION
Education & Referrals



MICRO-PLANNING
in **25** DISTRICTS

DROP-IN CENTERS (DICs)

54
DICs



EDUTAINMENT
[Making learning fun-
Games, Arts, Music etc]



55 CIPs

Strategic Locations for
Information Dissemination, Condoms Distribution & Referrals

WEB-BASED SMS



Total
145,474
Messages Sent



9,480
Messages Received

Reached 2,647
Both New and Old Individuals



Contacted 1,125
New Individuals



Conducted 107
Offline Activities

SAFER & HEALTHY WORKPLACE (SHWP)

238
Workplaces Assessed



78 Workplaces kept
First Aid Boxes
[Kathmandu - 62, Itahari - 11 and Pokhara - 5]



86 Workplaces started
providing Safe Drinking Water
[Kathmandu - 62, Itahari - 13 and Pokhara - 11]

Promoted Condom Use and Regularized HIV and STI Testing among Workers

[In coordination and collaboration with Restaurant and Bar Association Nepal, Massage Parlor Association, Hotel and Restaurant Workers' Association and JMMS].

People Trained in HIV Prevention
4,716
(75% Female)

- HIV and STI Prevention for DIC Operation
- Outreach and Peer Education
- Motivation and Communication Skills
- Condom Negotiation Skills

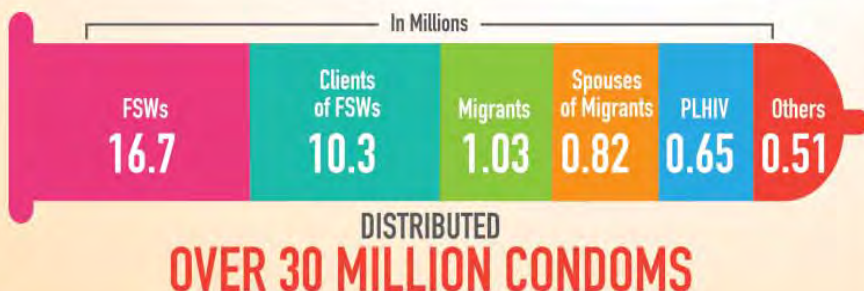
ZERO DISCRIMINATION

People Trained in Stigma & Discrimination Reduction
48,139
(60% Female)

TAILORED PREVENTION MESSAGES using SBC* Materials

- HIV
- STI
- FAMILY PLANNING
- GENDER-BASED VIOLENCE

* Strategic Behavioral Communication



242
HIV POSITIVE SPEAKERS

OUTCOME 2 Increased use of FP services among selected KPs

Strengthening FP/HIV integration for increasing use of FP among KPs

In order to contribute to the government's strategy to use all available and feasible platforms to increase FP uptake and address the stagnating Contraceptive Prevalence Rate (CPR), SSP integrated, at scale, FP awareness and service provision within its HIV-related activities to improve reproductive health among FSWs, their clients, spouse of migrants and PLHIV.* Cumulative couple years of protection (CYP) between 2012 and 2016 was 261,592.



National level engagement

SSP engaged with the government authorities at the national level to institutionalize the integration and to ensure close collaboration for the activities roll out*. For this, SSP carried out the following:

- Played prime role to initiate and form FP/HIV integration Technical Advisory Group (TAG) in leadership of Department of Health Services (DoHS) to provide support and guidance to scale-up FP/HIV integration.
- Revised National Consolidated Guidelines for Treating and Preventing HIV in Nepal, 2014.
- Developed FP/HIV/STI integration-related counseling toolkits, standard operating procedures (SOPs) and SBC materials.
- Included FP services into the HIV clinics package and
- Established a functional mechanism to monitor program compliance with US FP and HIV policies at all levels.

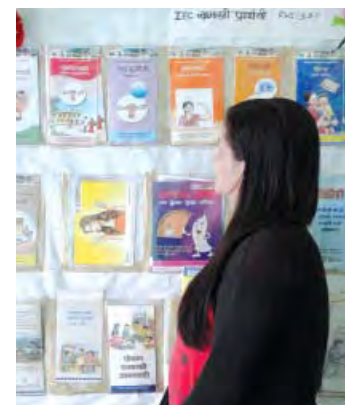


Integration of FP services into HIV prevention, treatment and care services*

The integration of FP/HIV that SSP rolled out increased access to FP methods among KPs and PLHIV intending to avoid unwanted pregnancy, or to ensure a safe and healthy pregnancy and birthing for those who wished to bear a child. The HIV clinic staff and outreach workers were trained to provide FP and HIV services. Job aids, equipment and FP commodities were setup at all its service sites as per the SOPs and national



guidelines. Outreach workers and community and home-based care (CHBC) staff provided FP education and referral using FP/HIV integrated SBC materials. FP counseling and methods (Condom, Pills, Injectable, Implant and IUD) including referral service for voluntary surgical contraception (VSC) were provided by trained staff at EHS sites and selected government sites for migrant population. FP/HIV integration contributed to the improvement of FP uptake. SSP collaborated with Nick Simons Institute, Nepal to develop an online CME package for health care providers on FP and HIV integration.



Integration of FP into HIV services to this scale is first of its kind in Nepal and has contributed to strengthen existing FP programs with increased utilization of FP counseling and FP methods among KPs and PLHIV.

Facilitated referral services for FP

SSP introduced and provided facilitated referral services for FP counseling and services to KPs, especially FSWs, spouse of migrants and PLHIV, in coordination with Family Planning Association of Nepal (FPAN) and Marie Stopes International (MSI). FP providers from FPAN and MSI-managed sites were oriented to provide KP-friendly services to initiate the facilitated referral service.*



Strengthening FP and HIV Integration at Public Health Facilities

SSP trained Female Community Health Volunteers (FCHVs) and mobilized them to disseminate integrated FP/HIV information to generate demand through the use of radio listeners group (RLG), street drama, festival campaigns and hoarding board placements in strategic locations to reach migrants and their spouses. Radio program "Sancho Bisancho" was also aired in local languages and RLG mobilized to help disseminate HIV and FP messages among spouse of the migrants.* This reinforced the husbands to get tested for HIV and practice healthy behavior. 1,211 service providers and program managers from 42 government hospitals and health facilities (ART/PMTCT Sites) were oriented on strengthening FP/HIV Integration. 60 FP providers from these hospitals were trained on Comprehensive Family Planning and Counseling (CoFP/C).

Note: * Details presented in infographics



FAMILY PLANNING (FP)



SERVICE UTILIZATION



People Received FP Counseling



People Received FP Commodity Including Condom



People Received FP Commodity Excluding Condom

Total 5,390
People Received
FP-Related Training
Female: **83%**



- FP/HIV Integration for FCHVs* & Health Workers
- HIV/STI Prevention and FP Promotion
- IUCD & Implant Insertion and Removal
- Comprehensive FP and Counseling
- FP Training for CHBC Workers
- DIC Operation for HIV/STI Prevention and FP Promotion
- Sensitization Training to provide KP Friendly Services

*FCHV - Female Community Health Volunteers

KPs Received
Facilitated
FP Referrals



Total : 1,045
FSWs : 77%

**Sensitization Training
to Provide KP Friendly Services**



106
People
were Trained



18
Sites
Managed by FPAN**
and MSI***
Sensitized to Initiate
Facilitated Referral



10
Districts
with FP
Facilitated
Referral
Services



**FPAN - Family Planning Association of Nepal
***MSI - Marie Stopes International

**SBC Materials for Demand Generation
of FP Services**



Board Games
on FP & HIV



Wheel Games
on FP & HIV



FP & HIV
Integrated Brochures

460 Episodes of
"Sancho Bisancho"^{aired}
2,253 Radio Listeners Group Sessions
held among over
5,000 Spouses of Migrants



**FCHVs Mobilization for Providing
FP/HIV Integrated Messages**



3,299 FCHVs and
1,048 Health Workers in 4 Districts
Received Training on FP/HIV Integration

Total 51,503 People Reached with
Messaging on Healthy Timing and Spacing of Pregnancy
(HTSP) and **36,878** with Dual Method Messaging



Community Discussion Fora called
"Saath-Saath Ko Chautari"
mobilized in 26 Project Districts.

**Peer Champion
Mobilization**



Monthly Chautari comprised of
15-20 Participants, provided a
platform for a "FP Peer Champions"
to share their experiences of using
the FP method.

Visits to SSP sites by Distinguished Guests



Project in Pictures

Major Events

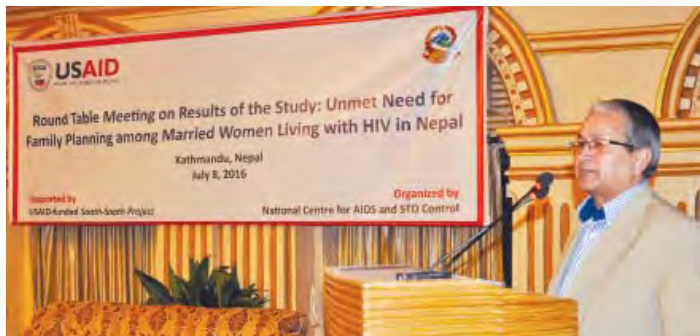


OUTCOME 3

Increased GoN capacity to plan, commission & make use of strategic information

Promoting the use of strategic information for evidence-based decision-making, planning and resource allocation

SSP has supported local and national capacity building to strengthen the use of Strategic Information (SI) for planning, resource allocation and coordination of HIV prevention to care, support and treatment programs. These activities have provided much needed impetus to the National HIV Program to strengthen the Government's M&E, surveillance and research capabilities. The support has been valuable to help understand the country's epidemic, the status of the response and to chart out future course of action.



Build in-country essential data collection and research capacity

To strengthen the country ownership of collection of essential SI, SSP contributed to technical and managerial capacity building efforts. NCASC received structured needs-based assistance in Integrated Biological and Behavioral Surveillance (IBBS) surveys, population size and HIV estimations, quality research designing and application. A training curriculum was developed specifically to standardize implementation of IBBS surveys. With SSP's support, studies like



Survival Analysis of PLHIV on ART (2015) and Unmet Need for Family Planning (2016) were conducted.* In addition, NCASC led round table meetings at the national level, where findings of such key studies and further analysis of IBBS data were shared to draft program implications and recommendations.

Support to conduct Second Generation HIV surveillance

Nepal has adopted the Second Generation Surveillance (SGS) system. Continuing from preceding USAID projects, SSP built the capacity of NCASC to conduct SGS activities and helped transition SGS system to NCASC leadership and ownership. Likewise, national



surveillance plans and guidelines were periodically revisited and discussions were initiated to update them. SSP regularly attended SI technical working group meetings and contributed to critical decisions.



Periodically update the National HIV Research Agenda

To identify vital research areas, SSP supported the development of National HIV Research Agenda (2013). In addition, SSP worked with Nepal Health Research Council (NHRC) to strengthen ethical review capacity and to enhance research capabilities, especially in the area of HIV research. This involved strengthening the capacity of Institutional Review Board (IRB) and Institutional Review Committee (IRC) members and providing need-based capacity building assistance to NHRC to assess, approve and commission health research in the country.



Monitoring and Evaluation

It is important to strengthen the rigor of analysis and use of SI. To achieve this, SSP implemented project level as well as national level M&E activities and support. This involved building the capacity of NCASC, District AIDS Coordination Committees, HIV focal persons, local NGO partners and other stakeholders. M&E and HIV-related latest knowledge were also shared with key Government staff. At the NGO level, SSP trained and orientated its partner NGOs, carried out routine monitoring to assure data quality and provided need-based support.*

Overtime, the Government, mainly NCASC, has shown admirable leadership for SI-related activities and capacity of local NGO partners have been strengthened in using SI (See Box). Thus, contributing to establishing a culture of data analysis and use of available information – ultimately promoting evidence-based decision making.

Key progress areas

- Improved understanding of Data Quality Assessment (DQA) concept.
- Better utilization of training manuals and curriculums.
- Increasing realization of the need for data analysis and use of available SI like web maps in routine activities.
- Increased awareness about data quality and use for program improvement.
- Recognition of GIS use nationally as one of the good practices.

Note: * Details presented in infographics

SUCCESSFUL
5
YEARS

Saath-Saath Project

OUTCOME 3
OCTOBER 2011 TO JUNE 2016

INCREASED GOVERNMENT OF NEPAL CAPACITY TO PLAN, COMMISSION & MAKE USE OF STRATEGIC INFORMATION



Government-led Studies

- Baseline FP survey among migrant couples, 2013
- Survival analysis of PLHIV on ART, 2015
- Unmet need for FP among married WLHIV*, 2016

*WLHIV - Women Living with HIV

Project specific Studies

- Sexual network study of FSWs, 2014
- Vulnerable youth mapping & behavioral study, 2014
- Effective ways of reaching highly mobile FSWs, 2015
- Effectiveness of SBC materials for behavior change among beneficiary groups, 2015

Support for Development of National Documents

- HIV & AIDS Research Repository (CD), 1992-2013
- National HIV Research Agenda, 2013
- Health Research Ethics Training Manual, 2015
- HIV & AIDS Research Training Manual for Beneficiaries, 2015

Workshops / Trainings

Total **312** People Attended **31%** Female

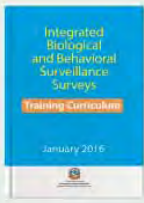
- Workshops for Nepal Health Research Council Ethical Review Board & Institutional Review Committee Members
- Scientific Paper Writing Workshop

SURVEILLANCE

HIV Infection & Size Estimation

Integrated Biological and Behavioral Surveillance (IBBS) Surveys- Round 2012, 2015 & 2016

Support to NCASC



Development of IBBS Surveys Training Curriculum, 2016

MONITORING & EVALUATION (M&E)

Project Level Activities & Support

- Geo enabled Data Management
- 9 Rounds of Data Quality Assessment (DQA)
- Development of Recording and Reporting Tools & Guidelines

405 People Trained **38%** Female

- Management Information System and Data Analysis
- M&E of National HIV Response
- Quality Improvement Project

National Level Activities and Support

- Development of National M&E Guideline, 2012
- Web Map for HIV Service Sites
- Integration of the HIV Component in Health Management Information System (HMIS)

370 GoN Staff Trained **18%** Female

- Data analysis & Use
- DQA
- HIV Response Monitoring
- HIV Related HMIS Recording and Reporting
- Geographic Information System

OUTCOME 4

Increased quality and use of HIV services

Assuring high quality and enhancing uptake of HIV-related services among KPs

Access to high quality HIV service is imperative to increasing the uptake of these services and thus contribute to epidemic control. Quality improvement requires an emphasis on the health delivery system and setting up a continuous support mechanism that helps the sites. SSP not only worked on the overall quality of its own clinics through standardization, training, supportive supervision and monitoring, but also supported NCASC for improvement of the government-led services.

Building national capacity to improve the quality of HIV-related services

SSP effectively contributed to enhancing capacities of the service providers from government and non-government health facilities through formal training on HIV service delivery, clinical placements, webinars, on-site support and by organizing technical updates in the Continuing Medical Education (CME) sessions (see box).*

National capacity building activities of SSP

1. Training:
 - 1.1. Clinical Management of HIV
 - 1.2. HIV Counseling
 - 1.3. STI Case Management
 - 1.4. Clinical placement at central hospital for middle level service providers
 - 1.5. UP/PEP and Health Care Waste Management
2. CME in major ART centers
3. On-site clinical mentoring of the ART service providers.



Initiating Warm Line service

To improve the quality of HIV service delivery, SSP initiated Warm Line service that provided support to the staff in the peripheral Antiretroviral Therapy (ART) centers to be guided for the difficult cases by the national experts.

Improving national supply chain security

Optimal adherence to ARV is the key to viral suppression. Hence, to ensure uninterrupted supply of ARV drugs in the country, SSP collaborated with NCASC and Logistic Management Division (LMD) of DoHS to strengthen HIV commodity supply chain security through National Logistic Task Force.



Strengthening the public HIV laboratory systems

Laboratory monitoring is essential to monitor the progress of ART. SSP is supporting National Public Health Laboratory (NPHL) for national roll-out of Early Infant Diagnosis (EID) of HIV services in Nepal; improvement of HIV diagnosis, Viral Load monitoring, CD4 counts and External Quality Assurance of HIV tests and accreditation of HIV laboratory.*



Managing medical waste

SSP implemented and advocated for the use of environment friendly non-burn technology for medical waste treatment at its service sites, as recommended by the Ministry of Health (MoH) Revised National Health Care Waste Management Guidelines, 2014.

Components of KP-friendly services:

- Case management of STI,
- HIV testing and counseling (HCT),
- Essential Package of Care (pre-ART) services and
- FP and GBV mitigation-related services from the selected districts.

Providing KP-friendly services

For special needs of KPs, SSP provided KP-friendly services through static and satellite clinics run by partner NGOs backed by regular monitoring and supportive supervision. SSP provided Post Exposure Prophylaxis (PEP) of HIV to the survivors of sexual assault from KPs through its EIHS. SSP also provided PEP to the health care workers in incidents of occupational exposure to HIV.*



Capacity Building of Partner NGOs

Capacities of partner NGOs were enhanced employing strategic tools and approaches which included participatory assessment including Technical and Organizational Capacity Assessment Tool (TOCAT) in 41 partner NGOs, continuous mentoring and coaching; training and exposure visits/intra-NGOs sharing. Capacity building efforts contributed in strengthening organizations' systems. Likewise, sustainability analysis and planning workshops were conducted in seven districts to support sustained HIV responses.



Note: * Details presented in infographics

SUPPORT TO NATIONAL HIV RESPONSE

NCASC

National Centre for AIDS and STD Control



- STI Guidelines
- National Consolidated Guidelines For Treating & Preventing HIV in Nepal
- Clinical Mentoring of ART Center
- Continuing Medical Education
- ART Center Initiation Support

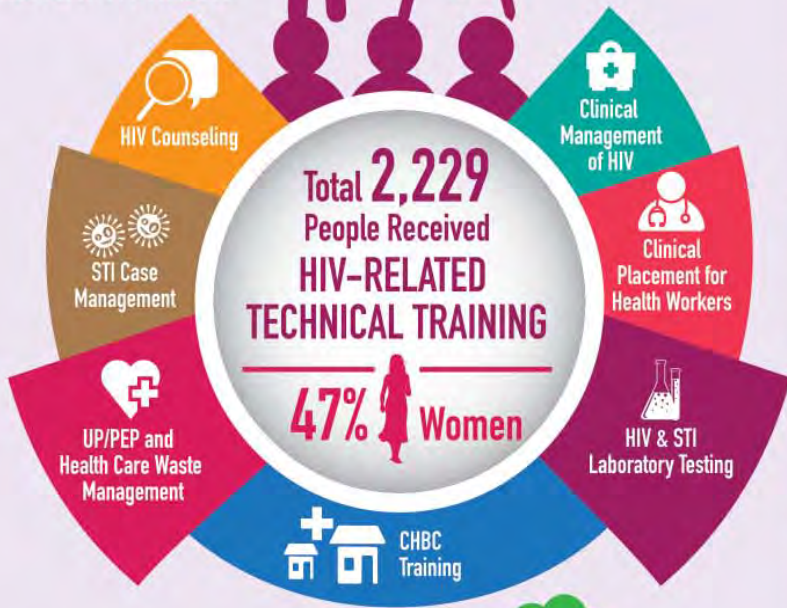
- EID Guidelines and Expansion of Services
- National Training on HIV and STI Laboratory Diagnosis (Manual)
- Accreditation of HIV Laboratory



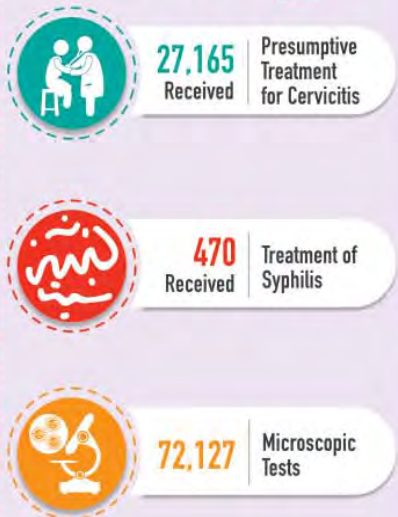
NPHL

National Public Health Laboratory

STRENGTHENING CAPACITIES OF GOVERNMENT & NON-GOVERNMENT HEALTH WORKERS



STI SERVICES TO FSWs



7,824 PLHIV Received Community Home-Based Care Services



49% Female



59
STI Service

60
HIV Testing

61
EPC*

37 CLINICS
Satellite

25
Static



56
CHBC Team

25
FSWs Program Districts

26
DISTRICTS for KPs

4**
Migrant Program Districts

*Essential Package of Care

**3 overlapping with FSW Districts

Saath-Saath Project's Noteworthy Achievements

SSP reaches a Landmark in HIV Prevention Efforts, Distributes 100 Million Condoms to the Key Populations

On March 2016, SSP reached a landmark in HIV prevention efforts by distributing 100 millionth condom (distributed so far by USAID-funded HIV program) to a group of beneficiaries amid a function titled "Celebrating the Distribution of 100 Million Condoms from USAID-funded HIV Projects in Nepal" to mark this achievement. Since 1993, the USAID-supported HIV programs managed by FHI 360 have been promoting and distributing condoms free-of-cost to the beneficiaries.



Director, NCASC, and Deputy Director, Education and Family Planning, USAID Nepal handing over the 100 Millionth Condom to the beneficiaries.

This number reached 100 million in March 2016. During the event, SSP took the opportunity to walk the participants down the memory lane of USAID's journey to hit this milestone, accompanied by photo slide-show of condom promotion and distribution activities, campaigns, jingles and TV public service announcements.

To mark this landmark achievement, and in deep appreciation for the continuous support to distribute the condoms free-of-cost to the KPs, USAID provided the Letter of Gratitude, to the Government of Nepal's LMD, Family Health Division (FHD), NCASC; and District Public Health Office (DPHOs) of the 33 districts where SSP is operating.

During the event, the Chief of Party (CoP), SSP, LMD, FHD, expressed gratitude to the Government for the collaboration to achieve the important milestone, acknowledged USAID for its more than 60 years of support to Nepal and thanked SSP partner NGOs and the National Networks of KPs for their contributions. Ms. Jannie Kwok, Deputy Director, Education and Family Planning, USAID Nepal acknowledged the Government of Nepal, partners and stakeholders for the invaluable support. Ms. Bijaya Dhakal, President, Jagriti Mahila Maha Sangh (JMMS); Dr. Tony Bondurant, Business Unit Director, Asia Pacific Regional Office, FHI 360; and Dr. Tarun Poudel, Director, NCASC also provided their remarks, congratulating and thanking the stakeholders for their contributions to achieve the milestone.

Over 500,000 KPs reached with HIV Prevention messages

SSP triumphantly reached 507,808 KPs in its five years of project implementation. This figure included FSWs (12.8%); Clients of FSWs (46.1%), Migrants (16.4%), Spouse of Migrants (22.7%), PLHIV (1.1%), and others (0.8%). These KPs were reached through the evidence-informed combination HIV prevention activities, which has resulted to minimize the risky behaviors, promote HIV testing, and reduce risk of transmission of HIV. Prevention efforts have helped to maintain HIV prevalence among FSWs (bridging population to transmit HIV to general population) at 2% and reduction in new infections. To reach the KPs with HIV prevention programs, SSP adopted approaches such as outreach through peer and community-based workers, linkages with quality services and products, community mobilization, coordination, networking and advocacy, and capacity building. Such targeted HIV prevention program tailored to the needs of KPs through mobilization of peers is an effective approach in increasing the coverage and in motivating KPs for positive behavior change and its maintenance. The project has been able to provide full continuum of HIV prevention to care services, contributed to Nepal's efforts to achieve the MDG 6 and envisioned to create an AIDS-free generation.



Over 100,000 KPs reached for VCT and STI case management

One of the major landmarks reached by SSP was to provide STI and HIV testing services to more than 100,000 people. In five years since its start in October 2011, more than 112,260 KPs received HIV testing services from the SSP-supported 62 EHS clinics in 26 districts. From these tests, 1,264 were diagnosed as HIV positive. The aggregate annual national HIV positive cases in 2015 was 1,610. Hence, SSP on an average has contributed between 15-20% of national annual HIV positive cases identified. These HIV tests were conducted through national HIV testing algorithm and the tests underwent quality control testing through

External Quality Assurance System (EQAS).

Likewise, more than 106,800 KPs were screened for STI, of which 40% received treatment. STI remains as one of the major causes of acute illness, morbidity with health, social and economic consequences for millions of men, women and children all over the world. Because of the rooted stigma and discrimination associated to STI, failure to diagnose and treat STI on time may result in serious complications and sequelae including infertility, fetal wastage, neonatal infections, ectopic pregnancy, cervical cancer and even death.

30 members of the National Network of KPs received Internship Opportunities

SSP provided opportunities to a total of 30 members (57 % female) of the National Networks of KPs through the SSP's annual three-month long structured track internship program over five year. These individuals, representing the marginalized and excluded groups received opportunities to gain firsthand experience in organizational skills and HIV programs. Furthermore, they received mentorship by technical experts in HIV and FP, placement in regional offices and partner NGOs and field visits to hone their knowledge and skills. SSP also provided opportunities to the interns to attend number of training and

workshops organized by the project. These prospective leaders of the marginalized communities, eventually provide network strengthening support for smooth and efficient operation to their respective networks. As an annual event, SSP also organized an intern gathering programs to learn about their experience of internship in SSP. Internship program is a key element of USAID-funded SSP's capacity building strategy. It aims to build local capacities by developing competitive skills by engaging them in practical learning opportunities and involving them in wide range of areas.

Strengthened Six Government service sites to independently provide KP-friendly services

SSP supported provision of KP services from the government sites in a joint manner and strengthened the government sites to gradually transfer the services. For the preparation of the transition, in close coordination with the DPHOs and NCASC, SSP identified six government health facilities in four SSP districts with highest migrant population: Bara, Kapilbastu, Nawalparasi and Palpa. In all these facilities, SSP through its NGO partners, co-located the satellite clinics, operating on a weekly or fortnightly basis.

These satellite clinics provided case management of STI, HTC and pre-ART services to PLHIV. At the same time SSP provided HIV-related capacity building training to the staff from these health facilities in

order to strengthen the capacities of the GoN health staff so that they continue providing HIV-related services independently. SSP coached the staff of the health facilities for doing correct and timely reporting to the DPHOs. Furthermore, need was identified to strengthen the health care waste management system in Nijgadhi PHCC, Pipara Hospital, Jagannathpur PHCC and Tahun PHCC. Following a joint needs assessment carried out with local management committee, DPHO, SSP oriented the health care workers on safe management of health care waste and established the system in these four facilities. Since June 2015, these facilities are now independently providing HIV services to the KPs.

Saath-Saath Project's Cutting-Edge Programs

National Level Scale Up to Expand Access to Early Infant Diagnosis (EID) to save lives of children with HIV

USAID-funded projects not only initiated the first ever (in 2009) EID services in Nepal but have also supported the NPHL, Government of Nepal to scale-up these services. SSP helped NPHL institutionalize the services and expand the services to nine HIV clinics. Out of these nine clinics, six are government-run sites and three, NGO-run. These clinics provide EID services to children between six weeks to 18 months of age. As part of the scale-up, SSP provided the following assistance to the NPHL:

- Preparation of National EID Guidelines 2012.
- Preparation of SOP for EID services.
- Capacity development to provide effective EID services.
- Revision in National Consolidated Guideline 2014 and recommendation to breast-feed for 24 months for HIV exposed babies.
- On-site orientation to service providers.
- Facilitation of sample collection and transportation.

Furthermore, with technical support from SSP, NPHL had revived its in-country testing from May 2016. Prior to this, SSP facilitated the transport of the blood samples collected from the government sites to FHI 360 Laboratory in Bangkok, Thailand.

As part of this national effort, the EID services provided by the SSP sites are outlined in the table below. Altogether, 7.9% of babies tested for EID were HIV DNA PCR positive. Among the total positives, 21 babies (8 girls and 13 boys) have been enrolled in and have continued on ART. The average age of babies tested for EID has decreased from 5.08 months in 2009 to 2.53 months in 2016.



Reach and Status of SSP's EID Services (October 2011 to June 2016)

Babies' parents received EID-related Counseling	PCR Sample taken	HIV DNA PCR Positive cases	On ART	Deaths	Lost to Follow-up
363	340	27	21	5	1

Leading the way in Public-Private-Partnership (PPP) to marshal resources and support for bridging the gaps for HIV Response

PPP is one of the important strategies of SSP to leverage resources and to collaboratively increase the quality and use of HIV services. Under this strategy, SSP provided technical assistance to the NCASC to:

- Form a coalition – launched National PPP Initiative (NPPPI) for HIV response, a first of its kind in the health sector, comprising over 50 public and private institutions.
- Develop "PPP Guidelines for HIV Response in Nepal", which is the first national document exclusively developed to guide the engagement of private sector for HIV response in Nepal.
- Mapping of global and national HIV-related PPP and Corporate Social Responsibility (CSR) initiatives.



Both the public and the private sectors, during several interactions had expressed the need to address the existing gaps of collaboration between the sectors. SSP led the way to marshal resources and support to bridge this gap through its PPP endeavors for following HIV-related activities.

- **SSP and the Himalayan Bank Limited (HBL)** raised HIV awareness among migrant workers. In addition, SSP and HBL jointly placed HIV prevention messages on the light-boards (provided free-of-cost by HBL

as part of its CSR) at Tribhuvan International Airport in January 2015.

- **SSP and Panchkanya Group** collaborated to sensitize factory workers in Rupandehi district about HIV & STI.
- **SSP Collaborated with Nepal CRS/Ghar Ghar Maa Swasthya (GGMS)** for condom social marketing and to raise awareness on HIV and STI prevention, among others.
- **Universal Access for Children Affected by AIDS in Nepal (UCAAN)** brought together more than 20 private companies and corporate houses of Nepal to support children affected by AIDS (CABA) in Nepal through monetary as well as in-kind support.
- **SSP coordinated and collaborated with Restaurant and Bar Association Nepal (REBAN), Massage Parlor Association, Hotel and Restaurant Workers' Association, GGMS and JMMS**, for the Safer and Healthy Workplace initiative.

Strengthened Organizational Capacities of 41 NGO partners using Technical and Organization Capacity Assessment Tool (TOCAT)

SSP adapted the TOCAT, an organizational assessment tool; to help capture a comprehensive and balanced snapshot of partner NGOs in order to create baseline information for planning and monitoring the organization's need-based development within an agreed timeframe. TOCAT looked into five functional areas and helped SSP NGO partners and contributed in strengthening the overall organizational capacities and systems of 41 NGO partners and helped them in identifying appropriate resources to tap in.

TOCAT process that involved active participation of board members, executive committee members and project staff, not only helped in revitalization and internalization of the need for organizational development among them but also imparted visible and sustained organizational changes. TOCAT, in addition to analyzing strengths and weaknesses, has also worked as catalysts to improve overall organizational

quality. It has contributed to enhanced organizational capacities, to compete for local fund raising, equipped the SSP NGO partners' policies and improved overall systems. Some examples include:

- Uplifting organization's goodwill and in-built organizational systems (updated policies, plans and strategies) leading to new resources at local and international levels.
- Delivering quality services by having trained and skilled human resource and setting up system of quality assurance.
- Enhancing the board member's competencies through active involvement in training, project activities and participatory monitoring process.
- Meeting program requirements through effective implementation. Due to which, the number of projects within the NGOs have increased (e.g. as many as four projects in NNSWA).

Sustainability Analysis Workshop

Strengthening local capacities and systems are SSP's key guiding principles to ensure sustainable HIV response at local level. In doing so, SSP supported respective District AIDS Coordination Committee (DACC) to conduct Sustainability Analysis (SA) Workshop in Chitwan, Dang, Kailali, Morang, Parsa, Rupandehi and Sunsari districts between December 2013 and April 2014. The workshop reviewed current activities, mapped available resources and areas of interventions within the district and prepared a plan of action along with indicators for measuring a sustainable response to HIV in the district.

DACC and DPHO led a follow-up workshop to review SA plan in the respective districts from February 2015 to March 2016 with support from SSP. These workshops reviewed the progress against the SA plan, revisited

the indicators dashboard, and formulated an annual action plan.

Following were the outcomes of the SA workshop:

- Active initiation of local government for sustainability of HIV response and resource generation and allocation.
- Formation and strengthening of Municipality AIDS Coordination Committees (MACCs) and Village AIDS Coordination Committees (VACCs).
- Increased leveraging for income-generating activities
- Ongoing advocacy efforts with District Development Committee (DDC) and Municipality to identify collaborative ways to ensure sustainability of HIV programs.

Sincere acknowledgements to the respected Directors of NCASC for their continuous support for the success of Saath-Saath Project



Dr. Ramesh Kumar Kharel



Dr. Krishna Kumar Rai



Dr. Bal Krishna Subedi



Dr. Naresh Pratap KC

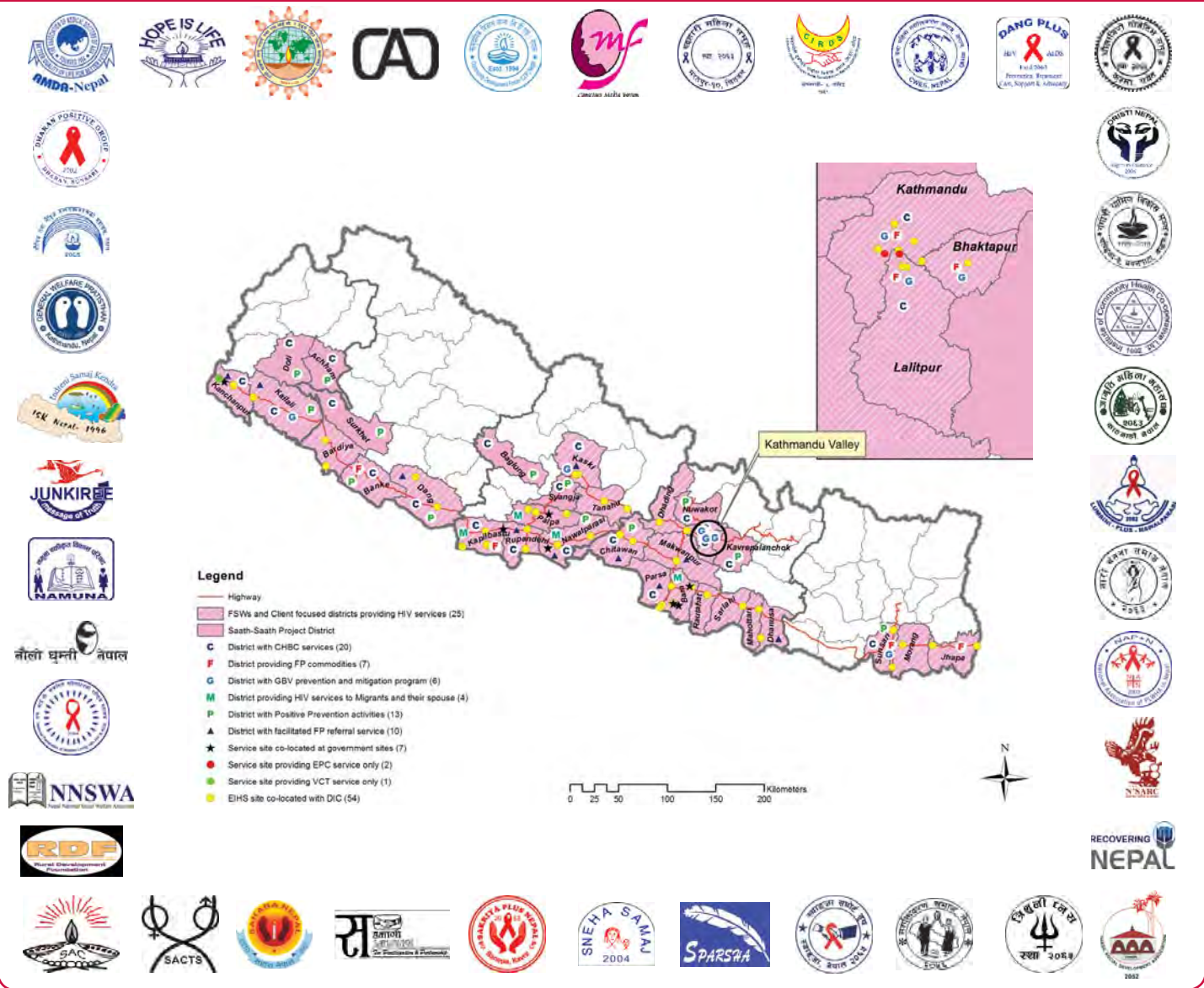


Dr. Dipendra Raman Singh



Dr. Tarun Poudel

SSP deeply appreciates the relentless contributions of its partner NGOs in successful completion of the Project



For Further Information, Contact

Neelima Shrestha
Senior Specialist - PPP, Branding and PR
Saath-Saath Project

FHI 360 Nepal
GPO Box 8803, Gopal Bhawan,
Anamika Galli, Baluwatar, Kathmandu, Nepal
Tel : 977.1.4437173
Fax : 977.1.4417475
Email: neelimashrestha@fhi360.org
nepal-info@fhi360.org