Message from USAID Nepal

USAID since the inception of its HIV/AIDS program in 1986, has been a major leader of the global AIDS response. The world has seen remarkable progress in the last three decades to control the devastating HIV epidemic. This has been greatly aided by successful evidence-based prevention activities witnessed around the world. Together with scaled-up and sustained access to Antiretroviral Treatment, combination prevention packages have the power to end AIDS within our lifetime.

Deborah L. Birx, M.D. Ambassador-at-Large and Coordinator of the United States Government activities to combat HIV/AIDS globally has said “Imagine a world where we have everything we need to reduce new HIV infections by 90 percent. Imagine the creation of an AIDS-free generation, the end of HIV as a public health threat.”

USAID considers itself a proud partner of the successful tailored HIV prevention efforts Nepal has implemented for more than two decades. Nepal’s success of curtailing the epidemic is largely a result of these activities implemented at scale. USAID-supported programs in Nepal have so far reach more than 1.5 million key populations over the past two decades, provided STI management services to more than 220,000 people and provided HIV testing services to nearly 200,000 people. In addition, close to 100 million condoms have been given out through these HIV programs.

This issue of Saath-Saath Bulletin with its focus on HIV prevention couples well with its last issue which was 90-90-90 targets. It is very essential that these successful prevention activities be continued in an efficient manner for Nepal to reach its 90-90-90 targets and to ensure that HIV is no longer a public health threat.

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Message from the Chief of Party

Welcome to the first issue of SSP Bulletin for 2073 B.S. We are all sincerely hoping that, this year, Nepal will be able to reverse the major setbacks of a tumultuous 2072.

We are devoting this issue for HIV prevention. While AIDS treatment takes up the bulk of the global attention, we cannot lose sight that it is through successful implementation of prevention activities that Nepal and the world has been able to slow or reverse the spread of HIV. Combination prevention including treatment prevention remains the best known strategy to move countries towards their 2030 goal of creating an AIDS-free generation.

In Nepal, interventions funded by USAID as part of the National HIV Programs have been targeted at those key populations with the highest HIV prevalence who also experience the highest new infections. This issue gives us an insight into how Saath-Saath Project (SSP) prevention strategies have been effectively reaching these selected populations to promote safer behaviors and to minimize their risks. Apart from using conventional methods, SSP has introduced several innovative and groundbreaking approaches including the use of technology to effectively reach the key affected populations.

As the global and national resources for HIV start to stagnate or go down, programs need to be better targeted and be more efficient. This is also true to prevention interventions as they can be highly resource intensive. SSP has remained committed to ensure that Nepal draws the maximum mileage from its activities. As the articles here highlight, SSP has been able to make very exciting and significant contributions to the National HIV Program.

Enjoy reading!

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KEY SAATH-SAATH PROJECT ACHIEVEMENTS

October 2015 to January 2016

Total 69,657 KAPs reached by Prevention Outreach

- 14,997 FSWs
- 10,711 Male Migrants
- 11,531 Spouses of Migrants - Female
- 29,293 Clients of FSWs
- 1,196 PLHIV-Male
- 1,415 PLHIV-Female
- 41,325 Total Male
- 28,331 Total Female

KAPs who received Clinical services

- 4,515 FSWs
- 6,831 Female
- Total 12,751 Clients Received Results at Voluntary Counseling & Testing (VCT) Centers through Post-Test Counseling

- Total 5,482 People Examined for Sexually Transmitted Infections (STI)

Total 6,431 PLHIV received Palliative Care Services

- Male 3,062
- Female 3,364
- Transgender People 5

Total 5,785 People Trained

2.8 Million Condoms Distributed
HIV epidemic can be halted and reversed through effective combination of HIV prevention approaches that are implemented at scale in a tailored manner for key affected populations (KAPs). Nepal's HIV response is deemed to be very successful to curtail the epidemic and prevention interventions have a very big part to play in this. USAID-supported programs have led the way in this regard and have evolved over the past two decades of experience among KAPs. SSP's HIV prevention strategies and programs have gained from this experience.

SSP uses “Framework for Positive Health Impact” to guide prevention activities. SSP’s prevention interventions aim to increase demand, accessibility and utilization of HIV services. These activities have three tiers that focus on 1) individual risk perception and self/solution efficacy; 2) peer and community support, and 3) relevant linkages. A combination of HIV prevention strategies and approaches including behavioral, biomedical and structural interventions are delivered close to KAPs by teams comprising of outreach educators (OEs) and community mobilizers (CM) supported by peer educators (PE). CMs and PEs are recruited from among the female KAPs, providing a close link between the program and the KAPs, ensuring meaningful involvement.

Outreach staff conduct one-on-one and group educational contacts with Strategic Behavior Change Communication (SBC) materials with messages for condom promotion/distribution and referral for HIV and Sexually Transmitted Infections (STI) services for KAPs to SSP-supported expanded integrated health service (EIHs) sites or other service sites with which prevention activities are closely linked. EIHs sites are colocated with drop-in centers (DIC), which is a waiting area and safe place for the KAPs to get access to edutainment activities.

These DICs and EIHs sites as well as all the outreach work across the project districts are marked with BISHWAS (trust) branding to provide quality and confidential services in a comfortable and secure environment. The branding helps the KAPs to link the different services as one comprehensive package. Planned group discussions among KAPs regularly conducted collect opinions and suggestions for quality improvement. SSP organizes community events and HIV-related stigma and discrimination training for community leaders and members, and health care service providers to create enabling environment for the KAPs. SSP uses micro planning process to prepare, implement, follow-up and monitor prevention program among Female Sex Workers (FSWs). Furthermore, FSWs who are not very easy to reach through community outreach and DIC are also reached through using short message services (SMS) in selected districts.

Behavioral interventions
• SBC promoting correct/consistent condom use, partner reduction and uptake of HIV/STI services.
• Provision of counseling for HIV testing & risk reduction.

Biomedical interventions
• Provision of condoms.
• Diagnosis/treatment for STI.
• Link HIV positive KAPs with pre-ART, prevention of mother to child transmission (PMTCT) and ART services.
• Post-exposure prophylaxis (PEP) for sexual assault cases.
• Universal precaution and health care waste management.

Structural interventions
• Stigma and discrimination reduction training for community leaders and members and health care service providers.
• Gender-based violence (GBV) prevention and mitigation services among female and transgender sex workers.
• Linkages to income generating and livelihood activities.
• Capacity strengthening and mobilization of national networks of KAPs and PLHIV.
• Safer and healthy workplace activities with owners and managers of dance, cabin and dohori restaurants and massage parlors.

Sabina (name changed), 21 originally hails from Baglung district. She shares, “back home, I have my parents and three siblings. My father worked as a migrant worker and my mother as a farmer to make the family’s ends meet. Our family is poor.” Her parents had managed to send her to school. She did well academically until she was in grade eight. Her life turned upside down when one of her relatives from Pokhara visited the family. She convinced them that Sabina could have a better life in the city and Sabina will be well taken care of. With dreams of a better life, Sabina bade farewell to her family. To her dismay, she found herself abandoned in the city.

Everything and everyone seemed like alien to her in this new city. “I cried for hours and hours feeling helpless and vulnerable. No one was there to console or support me. With great difficulty, I gathered myself and managed to find a job in a local guest house in Pokhara”, she recalls. She was getting on with her life until a regular visitor, Bhagawati, who she had befriended offered her a job in another restaurant. After working for a few days, the owner of the restaurant asked her to accompany Bhagawati. Sabina was oblivious about the reason and later realized that she was tricked to engaging in doing sex work. She was also unaware about safe behaviors that could protect her.

Within a week she met Sheela Pant, the Outreach Educator of CWES, the USAID-funded SSP’s partner NGO in Pokhara. Sheela explained to her about the importance of practicing safe behaviors and the risk of contracting STI and HIV. Sabina internalized the learnings. After a month she visited Naulo Ghumti, the USAID-funded SSP run clinic to get tested for STI and HIV. Her test results were negative. Sabina went on to add, “I had to continue as a sex worker. On one unfortunate day, I was detained following a police raid. No one came to my rescue, I once again felt abandoned. After a few days, I saw a person who I had met before and I requested him for help. I was finally out of detention. Though I made enough money I was unhappy with this profession due to its risks. I was always fearful about possible police raids but I did not have another choice.”

She continued visiting the clinic regularly and utilized the time to interact with the staff members. “Sabina expressed her desire to find another profession to live a better life”, shared Sheela. “We helped her to work in a cosmetic shop but she shared that the earnings were insufficient to support herself”, Sheela added. Now Sabina works as a construction worker on a daily wage basis and makes a living she is content with. “The earning is enough to support myself and I’m happy now, I do not want to go back to sex work. I am very thankful to the Sheela for keeping me safe through education and then bringing out about positive changes in me”, Sabina adds with a smile on her face.
Jagriti Mahila Maha Sangh (JMMS) Community-Based Organizations (CBOs) Mobilization

JMMS, a national network for FSWs was established initially as Jagriti Mahila Sangh (JMS) in 2006. It works on behalf of the FSWs and strengthens the capacity of the member CBOs. JMMS works through 27 CBOs and an NGO across the country.

As a national network partner, the USAID-funded SSP has been supporting the capacity building of the board and staff members of JMMS and have also supported their CBOs. Some activities that, JMMS and their CBOs have completed are:

- Training on reducing stigma and discrimination for the community,
- Supportive supervision of its CBOs,
- Training PEs,
- Training for FSWs on recognizing GBV and other GBV-related services,
- Mobilization of PE for FSWs-related HIV prevention in 19 districts,
- Mobilization of CBOs for GBV-related work carried out through one additional PE and community facilitator in each of the six districts.

The PEs mobilized are trained to work as PEs. The PEs working in the six GBV-related districts are trained on GBV recognition and mitigation. Specific tasks assigned to the PEs of JMMS CBOs are:

- Reach out to the new FSWs and new hotspots,
- Contribute to generating demand and increasing uptake of government and SSP services,
- Disseminate information to CBO members on HIV, STI and GBV,
- Facilitate meeting of CBOs and manage office of CBOs, and
- Attend quarterly meetings along with community information points (CIP) operators.

Merosathi: Mobile messaging for HIV prevention, care, support and treatment

As a sub-segment of eHealth, mobile health (mHealth) is increasingly finding its utility as technology’s answer to global health problems. USAID-funded SSP (2011-2016) has been using short message service (SMS) known as Merosathi (my friend) for HIV program. This was initiated by USAID-funded ASHA Project (2006-2011) in 2010. Merosathi provides HIV, STI and GBV prevention and sexual and reproductive health-related information to promote awareness and behavior change among FSWs. Those FSWs who are reached by the SMS in Kathmandu are also reached through periodic face-to-face offline edutainment sessions. The SMS program also reaches PLHIV in Banke district to send reminder to take antiretroviral (ARV) drugs regularly.

Merosathi enabled SSP to send HIV, STI, condom use related messages embedded with personal utility information such as beauty-related tips and best wishes on the specials days and events directly to FSWs through mobile phones. This has helped promote safer behaviors and encouraged them to visit the nearby service sites and get tested for HIV, STI and also access GBV-related services. The service also enabled FSWs to directly send in queries they have and receive information on their hand. Merosathi has helped PLHIV to maintain adherence to ARV drugs.

<table>
<thead>
<tr>
<th>Key Indicators</th>
<th>Initial Phase</th>
<th>Scale-up Phase</th>
<th>Increased Average Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of FSWs Visiting DIC</td>
<td>2.8</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>No. of FSWs Served STI Examination</td>
<td>2.9</td>
<td>1.0</td>
<td>1.4</td>
</tr>
<tr>
<td>FSWs received HIV Testing and Counseling Post-test result</td>
<td>2.3</td>
<td>1.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Condom Distribution</td>
<td>6.4</td>
<td>1.3</td>
<td>1.4</td>
</tr>
</tbody>
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* Ratio of six months before and after implementation of microplanning
**Micro-Planning Process**

- Guides to conduct outreach session in a systematic way and supports to manage prevention activities among Female Sex Workers (FSWs).

- Helps to improve and tailor the behavioral change communication messages, materials and methods based on the needs, priority, risks and vulnerability of FSWs.

**Situation Analysis**

**Rapid Community Assessment:**
- Conducted in identified hotspots through support of peer educators and community members to know the estimated numbers of FSWs.

**Operational and Coverage Map:**
- Estimated numbers are plotted in operational and coverage map.
- Prepare mobility maps of assigned sites.

**Planning**

- Done based upon good practices, issues and challenges identified during situation analysis phase.
- Prioritization on achievement of outreach clusters/sites and risk behavior of FSWs.
- Quarterly and Monthly Planning of district, cluster and site is done by PC, field supervisor, and outreach staff jointly.
- Outreach staff prepares daily plan and meets with FSWs.

**Monitoring**

- Updates visits information in mobility maps.
- Track and monitor behavior change among FSWs through the use of various tools.
- Daily Planning
- Daily Diary
- Coverage Register
- Target Group Profile

**Implementation and Follow up**

- Conducts risk assessment and delivers messages on HIV, STI and GBV prevention along with condom negotiation, alcohol reduction and importance of the HIV and STI testing.
- Use various educational strategic behavioral communication (SBC) materials to provide messages on HIV/STI/GBV prevention and condom promotion.
- Refer FSWs to Drop-in center/expanded integrated health services sites.
- O/S/Os towards visits information in Daily diary, Coverage register, and target group profile.
- Conduct follow-up visits.

**Supportive Supervision**

It is needed in all the steps.

In order to ensure that all the activities are implemented as per plan and to identify good practices, issues, challenges and ways forward, regular supportive supervision is conducted using supervision checklist.

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**USAID-funded HIV programs in Nepal introduced micro-planning processes in 5 districts during the ASHA Project (2006–2011).**

**Currently scaled up in 25 out of 75 districts of Nepal through the Saath-Saath Project (SSP) 2011-2016.**

**Lessons learned from the Avahan Astha Project in India and Expanded Program for Immunization of Ministry of Health and Population in Nepal were also used while piloting the process.**
On December 1, 2015 SSP supported and collaborated with the National Centre for AIDS and STD Control (NCASC), Ministry of Health (MoH) and 30 other international and national organizations and commemorated the World AIDS Day (WAD) 2015 across the country with the theme “Ending the AIDS Epidemic as part of the Sustainable Development Goals” and the tagline “On the Fast-Track to end AIDS”. The Honorable Minister, MoH graced the main event organized in the capital as the Chief Guest. The Secretary, the Director General, MoH; head of the bilateral organizations and external development partners were the distinguished guests of the event. Director of Health and Education, USAID Nepal, as a special guest, in her remarks, reemphasized about USAID’s nearly 25 years of relentless support to the Nepal’s HIV response, expressed solidarity to help achieve the 90-90-90 targets in Nepal and highlighted the SSP support to NCASC to launch the National Public-Private-Partnership Initiative (NPPPI) for HIV Response and to finalize the Strategies to Foster Public-Private-Partnership for HIV Response as an integral part of the commemoration of the WAD 2015.

Highlights of the commemoration included among others, unveiling of the National Guidelines on Case Management of Sexually Transmitted Infections and distribution of the factsheets with infographics of the key progress indicators for HIV response both prepared with support from SSP. The project activities and achievements were also showcased in the information stall.

Furthermore, the WAD 2015 was commemorated throughout the 33 SSP districts with various educational and informative activities. In Kailali district, a team member of SSP supported Community and Home-Based Care team was recognized by the District Public Health Office (DPHO) for her admirable services in HIV/AIDS.

16 Days of Activism Against GBV 2015 was commemorated from November 25 to December 10, 2015 in the six SSP districts (Bhaktapur, Kailali, Kaski, Kathmandu, Lalitpur and Sunsari) with GBV prevention and mitigation programs with the international slogan “From Peace in the Home to Peace in the World: Make Education Safe for All”. National Women Commission officially launched the campaign nationwide on November 25, 2015 by organizing a rally in Kathmandu, for which, SSP collaborated, participated and supported. Likewise, various activities were organized in collaboration with the local government and non-government stakeholders to raise awareness for eliminating all forms of violence against women. Activities included interactions between GBV survivors and police; orientations and interactions on different forms of GBV with local stakeholders, FSWs, school and college students; participation in GBV-related programs organized by other stakeholders in the district and district level rally. The stakeholders expressed solidarity and commitments to find sustainable solution to eliminate all forms of violence against women.

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SSP commemorated the International Day to End Violence against Sex Workers 2015 on December 17, 2015 in the six project districts with GBV prevention and mitigation services. The SSP NGO partners together with JMMS - network of FSWs and Federation of Sexual and Gender Minorities of Nepal (FSGMN) – network for Lesbian, Gay, Bisexual, Transgender and Intersex people (LGBTI) and their member CBOs commemorated the day with various awareness raising activities and interaction programs with female and transgender sex workers, psychosocial counselors and law enforcement officials; DIC creative activities and sharing meetings to raise awareness on violence against sex workers.

SSP commemorated the International Migrants Day on December 18, 2015 to sensitize migrant communities on HIV and STI prevention in its four migrant project districts (Bara, Kapilbastu, Nawalparasi and Palpa). Under the leadership of local government agencies, SSP partner NGOs and other stakeholders organized mass rally; interaction on safer migration; orientation to migrants on HIV and STI prevention in order to raise awareness on the rights, better health and well-being of migrant workers. The commemoration of the day underscored the need to adopt healthy lifestyles and safe behaviors while abroad and back home to protect themselves and their families from the potential health risks including HIV infection.
On November 27, 2015, NCASC, MoH, Government of Nepal with support from USAID-funded SSP, launched the National Public-Private-Partnership Initiative (NPPPI) for HIV Response. The NPPPI is the coalition of over 50 institutions including the Government bodies, international and national NGOs working in HIV programs, UN agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria-funded project; national networks of KAPs, associations and federations of private sector institutions and leading private companies. The initiative launch was formally marked by the Chief of Policy, Planning and International Cooperation Division (PPICD) and the Director of NCASC, MoH providing their signatures on the NPPPI banner amidst the meeting in presence of the distinguished members of the NPPPI. All the participants of the meeting followed suit by demonstrating their commitment and provided their respective signatures.

During the fourth International Conference on Family Planning 2016 held in Bali from January 25-28, 2016 with the theme of “Global Commitments, Local Actions”, USAID-funded SSP presented two posters namely, “Meeting the Family Planning needs of Female Sex Workers in a concentrated epidemic setting–Nepal” and “Knowledge, attitude and practice of family planning among male labor migrants and their spouses in four districts of Nepal: a cross-sectional survey”. The conference brought the Family Planning community together to share best practices, celebrate success, and chart a course forward. Deliberations from this conference will help shape and influence the role and contributions of family planning in attaining the new Sustainable Development Goals.

On January 29, 2016, SSP supported the NCASC to conduct a round table meeting to discuss the results of further analysis carried out on the findings of the recently concluded Integrated Bio-behavioral Surveillance (IBBS) Survey among FSWs in Kathmandu valley. Representatives from NCASC, UNAIDS, USAID, District Public Health Offices, HIV focal persons, beneficiary networks, research organizations and other non-governmental organization working in the field of HIV and AIDS participated in the meeting and drew implications and recommendations in four key areas: program, policy, further research/analysis and data information gap. NCASC had successfully conducted the fifth round of IBBS survey among FSWs in Kathmandu valley and SSP performed a detailed further analysis of the survey results to draw program implications and recommendations.
The First International Social and Behavior Change Communication (SBCC) Summit held in Addis Ababa, Ethiopia was hosted by Ministry of Health, USAID, and Health Communication, Capacity and Collaborative from February 8-10, 2016. The Summit’s theme was “Elevating the Science and Art of the Social and Behavior Change Communication”. At this global platform with participants from 52 countries, USAID-funded SSP presented paper on “Microplanning: an innovative process to empower and engage outreach staff for strategic behavior communication for HIV prevention in Nepal” in the technical panel themed “Building Blocks: From Micro to Macro”. Learnings from the Summit will be helpful to design and develop SBCC programs and to accelerate the SBCC activities in achieving the 90-90-90 targets by 2020 and ending AIDS epidemic by 2030 in Nepal.

In Nepal, certain KAPs, such as third gender, continue to face higher levels of violence and discrimination, discouraging them from adopting HIV prevention behaviors and accessing HIV and AIDS-related services. To mitigate such stigma and discrimination, SSP organized “GBV and HIV-related Stigma and Discrimination Reduction Training” in Kathmandu in January and February 2016. The training was attended by 95 individuals representing KAPs and aimed to increase the awareness among them on GBV, ways to prevent GBV and on available services for GBV prevention and mitigation. To compliment this training, SSP also conducted sensitization training for service providers at the National Women’s Commission, Nepal Bar Association, Women Police cell at Kathmandu and One-stop Crisis Management Center in Inaruwa Hospital and other GBV-related service providers in Sunsari District in January 2016.

**Visitors’ Log**

**Joint Monitoring Visits**

Dr. Dipendra Raman Singh, Director and Dr. Bhesh Raj Pokharel, Senior Integrated Medical Officer (SIMO), NCASC visited Morang district on December 22, 2015 to observe the SSP-supported EIHS sites.

**Director, NCASC:** Mr. Mukti Khanal, Chief of HMIS Section; Mr. Bir Rawal, SI Focal Person, NCASC and Dr. Binod Giri, DHO Banke district visited NSARC and Junkiree, Banke on February 4, 2016 and observed SSP-supported EIHS sites.

Dr. Yadu Chandra Ghimire, SIMO and SI Focal Person, NCASC visited Kailali and Kanchanpur districts from December 29, 2015 – January 1, 2016. The team observed SSP-supported DIC, EIHS sites, outreach activities and CHBC home visit. The team also observed the ART, PMTCT and HTC services in the government service sites.

NCASC and SSP conducted joint mentoring of ART centers in Baglung, Kaski and Tanahu districts from January 18 – 23, 2016. Dr. Bhesh Raj Pokhrel, SIMO, NCASC, observed the ART services and provided onsite coaching and mentoring support to the ART clinical team.

Ms. Leeli Shrestha, Focal Person, HIV unit from National Public Health Laboratory (NPHL) and SSP conducted joint monitoring visit to SSP-supported EIHS sites in Banke and Bardiya districts from February 25 – 26, 2016. The team also visited Mid-Western Regional Hospital to conduct on site support for HIV Drug Resistance Survey. On site support on collecting sample for HIV Drug Resistance Survey was provided at the site. Additionally, monitoring of HIV laboratory services along with on site support on Early Infant Diagnosis and HIV EQAS was also provided at Mid-Western Regional Hospital and Bardiya District Hospital.

On February 16, 2016, Mr. Shambhu Kafle, Senior Public Health Officer, NCASC observed the SSP-supported EIHS site including the recording and reporting in Makawanpur district.

**For Further Information, Contact**

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