

# Saath-Saath Bulletin

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USAID/Nepal has been a proud partner of the Government of Nepal in overseeing a very successful HIV response for more than 20 years. It is wonderful that Nepal has been cited by key global publications as one of the 26 countries that have been able to significantly reduce HIV incidence since early 2000.

Through Saath-Saath Project, USAID currently ensures that targeted, evidence-based programming for Female Sex Workers (FSWs) and their clients, among other key populations, is implemented to further reduce the HIV epidemic in Nepal. We must continue to reinforce these efforts in innovating approaches that help FSWs and their clients access timely and pertinent services in HIV prevention, treatment, care, and support.

In this year's Annual Letter, USAID Administrator Dr. Rajiv Shah has mentioned, "We can answer President Obama's historic call to end extreme poverty". We believe that all our development programs in Nepal, including Saath-Saath Project, can make a significant contribution towards making this dream a reality.

Daniel Sinclair  
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## Message from the Chief of Party

The National HIV Strategy 2011-2016 for Nepal identifies female sex workers (FSWs) as one of the key populations that the HIV response must focus on. USAID has been a pioneer in supporting FSW-related interventions, and through Saath-Saath Project (SSP), has ensured that the FSW program coverage is scaled enough to enable Nepal to continue to see decline in new HIV incidence.

Building on years of learning, SSP has been providing a comprehensive HIV intervention package that includes one-on-one and group interactions for positive behavior change, micro-planning to ensure need-based support for FSWs, web SMS to reach the unreached, 'edutainment' through drop-in-centers, and peer education provided by the community-based organizations (CBOs) of the FSW-led national network, Jagriti Mahila Maha Sangh (JMMS). SSP also provides, under one roof, management of sexually transmitted infections; HIV counseling and testing; and provision of HIV clinical care to those testing HIV positive. SSP is unique in that it provides similar services to the clients of sex workers.

This combination of tried and tested interventions with our proven track record has been very successful in keeping the HIV prevalence among FSWs under control, which is evidenced by the findings of many recent studies that have been done in Nepal.

We hope that you will find this issue of Saath-Saath Bulletin informative and would like to thank you all for the support and guidance we always get from you.

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## Success from the Field: When the Unthinkable Happens

*I thought that I was going to die. Now I feel as though I have a new life.*

"What do you want to be when you grow up?" Rina (name changed) was often asked this question when she was young. "I'm going to be a doctor," she would eagerly respond. Born and raised in Sindhupalchowk, Rina was always encouraged, especially by her father, to do well in school and find meaningful employment: "I have to work as a driver because I didn't get a good education, but you two must study well," he would tell her and her younger brother, who were good students and who would nod their heads in agreement. When Rina was in the tenth grade, the unthinkable happened: her father passed away in an accident. After his death, her mother worked at the homes of other people in the village so that she could send Rina and her brother to school.

It was difficult work and it didn't

pay much. She became ill and the responsibility for keeping the family's finances afloat transferred to Rina. "Without wanting to, I left my studies," she told us. "I had to begin working to support my family." When one of her father's friends heard about their condition, he coaxed Rina into heading to Kathmandu to find work. She was excited about the possibility of getting a good job and being able to send her brother to school. In this way, eight months after her father's passing, Rina left home for the city.

Her father's friend got her a job at a restaurant and for the first two months or so, all she had to do was take people's orders. But she soon came to realize that working as a waiter wasn't as easy as she had thought: customers would pinch and tease her, and she could do nothing but bottle

up her anger and put on a fake smile. Her earnings from the restaurant were also nowhere near enough for her to live in Kathmandu, let alone send money home. In her state of panic, she decided to do something she had never thought she would: engage in sex work. Rina would often have sexual relations with seven or eight people on a daily basis. She remembered her clients asking her to forgo protection: they would often say that they would pay her extra to have sex without a condom; in need of money, she would readily agree.

After nearly two years of working, one of Rina's friends advised her to get tested for HIV. "I went to STD/AIDS Counseling and Training Services (SACTS, a local NGO partner of SSP) to get tested," she told us with a look of dismay. "I was HIV positive." She hated herself for contracting

HIV—and she didn't know what to do next. It was only after speaking with the counselor at SACTS and getting their advice on coping with HIV that she began to feel more at ease with herself. The counselor also advised her to begin Anti-retroviral Therapy (ART), which she continues to this day. "I thought that I was going to die," she told us. "Now I feel as though I have a new life."

These days, Rina is a member of the SACTS support group (a support group for individuals with HIV) and she attends the meetings regularly. She no longer works as a sex worker; she sells vegetables at a local market in Kathmandu, which has allowed her to send money home as well. "I want to thank the counselors and staff at SACTS for my new life," she says. "I also make sure to remind my friends to use condoms and get regular health check-ups."

### Innovation: *Saath-Saath ko Chautari*

To promote the integration of Family Planning (FP) services into existing HIV services, SSP has conceptualized *Saath-Saath ko Chautari* (Saath-Saath's Community Forum), a discussion forum for women which centers on participants sharing their personal experiences about utilization of FP methods.

Each *Chautari* starts with a "peer champion" sharing her experiences with a particular FP method, including the reasons she chose it, its benefits, and the common myths that are associated with it. The floor then opens for others to chime in with comments and queries, which are moderated by Peer Educators. It is not uncommon during these interactions to hear attendees ask whether some FP methods cause infertility, whether pills that halt menstruation cause blood to collect in the uterus, or whether IUCDs or Copper-Ts cause cancer; in fact, these are oft-repeated concerns articulated during *Chautari* sessions. Getting such issues clarified is a large component of the initiative—as is helping participants identify HIV, STI and FP services in their areas. The fact that these sessions are moderated by peers increases participants' sense of ease, and they are able to share their concerns more freely.

Initiated in November 2013, *Chautari* is already operational in all project districts, and sees a monthly participation of 15-20 women. *Chautari* can take place anywhere: a Drop-in Center (DIC), a Community Information Point (CIP), or even a nearby hotel or restaurant where the participants feel comfortable and confidentiality can be maintained.

### Capacity Strengthening: *Sustainability Analysis*

**Background:** SSP extends capacity building support to local stakeholders for collectively planning a sustainable HIV response in their communities. Understanding that accelerated effort is required to strengthen the local system—specifically at the district level, which constitutes individuals, communities and institutions—SSP has incorporated four-day Sustainability Analysis Workshops in selected districts within its project's life span (October 2011-September 2016). These workshops are a joint initiative led by respective District AIDS Coordination Committees (DACCs), District Development Committees (DDCs), and Districts Public Health Offices (DPHOs), with active participation from local stakeholders.

**Process:** During the workshops, local teams review their current activities, map resources available, identify geographical and technical areas for interventions within the district, select indicators for guidance from USAID's Sustainability Analysis Framework (adapted by SSP for use in HIV programs), and prepare a plan of action for carrying out key activities that align with the indicators for measuring a sustainable HIV response. To date, workshops have been held in Chitwan, Dang, Morang, Parsa, Rupandehi, and Sunsari districts, with follow-up meetings held in the first three districts.

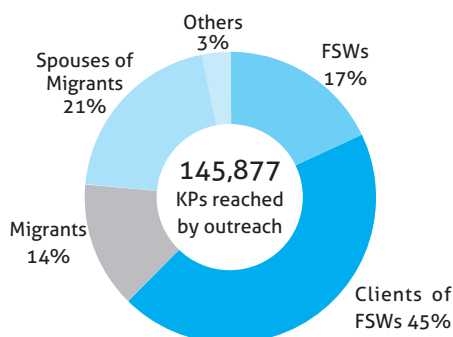


**Impact:** These workshops have allowed SSP partners, implementing NGO partners, and local stakeholders to expand upon existing relationships and collaborate to develop detailed action plans and strategic approaches for a focused and sustained district-level HIV response: in Chitwan, for instance, the HIV program has been institutionalized within the District Development Committee (DDC), and district AIDS plans are underway for the DACC and its partner organizations to conceptualize a targeted intervention for migrants; and in Dang and Morang districts, the DDC council has endorsed the Sustainability Analysis Plan for HIV and AIDS responses, with the DDC in Dang allocating financial resources for the HIV program.

**Way Forward:** Further opportunities for strengthening the HIV response at the district level are abundant, primarily in terms of collaborations that help reduce health costs, joint initiatives that seek to ensure an end to HIV-related stigma and discrimination, and innovative initiatives that target key populations, including migrants.

## Key SSP Achievements | August 2013 – May 2014

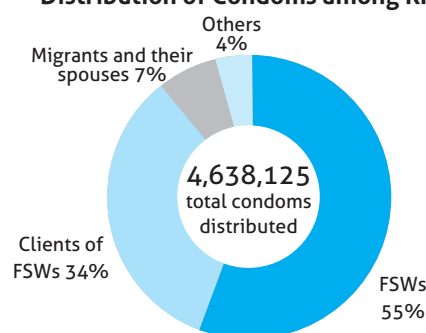
### Key Populations (KPs) Reached by HIV Prevention and FP Promotion Outreach



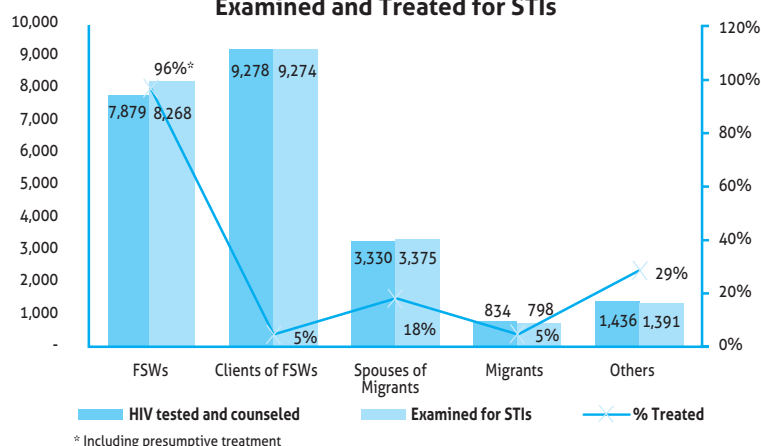
**Outreach Services:** SSP's outreach component encompasses a wide range of HIV prevention and family planning promotion activities, including risk assessment, education for risk reduction and prevention, and referral to clinical services.

**Condom Promotion:** Ensuring protection from HIV and prevention of HIV transmission is heavily dependent upon KPs' access to—and regular use of—condoms. SSP program staff members have continued to distribute condoms to KPs at higher risk.

### Distribution of Condoms among KPs



### People Counselored and Tested for HIV and Examined and Treated for STIs



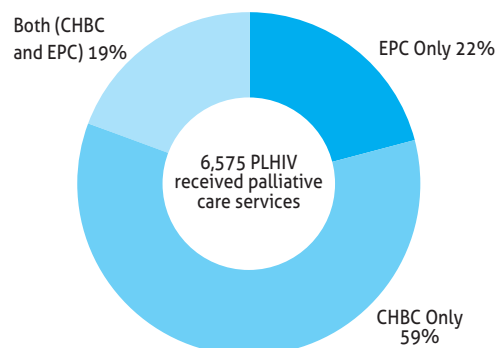
**Clinical Services:** SSP's Expanded Integrated Health Service (EIHS) sites provide STI examinations, HIV testing and counseling, opportunistic infection (OI) management, and linkages for continuum of care services. Over 20,000 people have received clinical services from SSP in 26 program districts.

Similarly, over 6,500 people living with HIV (PLHIV) have received palliative care through either Essential Package of Care (EPC), Community and Home Based Care (CHBC) services, or both from 33 working districts.

**Capacity Building:** SSP has also continued its efforts to provide capacity-building training to its beneficiaries, community members, NGOs, and government and program staff for successful implementation of FP/HIV services. During this period, we provided various types of training to over 9,000 individuals.

Types of Training	Number of People Trained
HIV Prevention	3,698
Institutional Capacity Building	850
Strategic Information	219
Medical Injection Safety	41
In-service Training for Health Workers	145
HIV Counseling and Testing	46
Family Planning	4,524
<b>Total</b>	<b>9,523</b>

### PLHIV Who Received EPC and CHBC Services



# Targeted Intervention for Female Sex Workers (FSWs) - SSP's Approach

*I often agreed to not use condoms while negotiating higher rates with clients, but after learning about HIV and STIs, I started using them consistently.*

*After I began supplementing condom-use with another family planning method, I began to feel more reassured.*

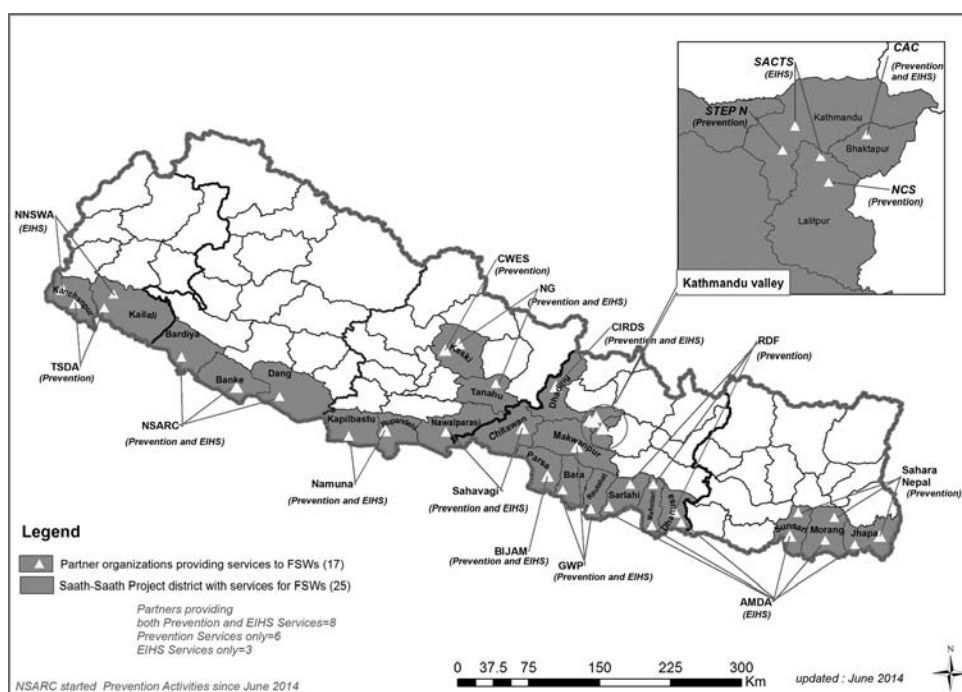
These are some of the representative voices of over 40,000 FSWs reached by SSP between October 2011 and May 2014. SSP, USAID's ongoing integrated family planning (FP) and HIV prevention, care and treatment project, has been reaching a large proportion of FSWs through 17 implementing partners in 25 districts across the East-West highway and Kathmandu and Pokhara valleys. SSP has focused on reaching all types of FSWs: establishment-based, street-based and house settlement-based. Within these typologies, special provisions are also made to effectively address the needs of FSWs who inject drugs, those who work in India as sex workers, who are HIV positive and those who are victims of gender-based violence. The program is unique in the sense that it also provides

comprehensive services to the clients of the female sex workers.

## Tailored Outreach

Through its very experienced NGO partners, SSP provides FP promotion and services integrated with HIV prevention care, support, and treatment services for FSWs. These comprehensive services include evidence-based, targeted, and tailored outreach education through one-on-one sessions and group interactions through the following:

- Community Mobilizers/Outreach Educators
- Peer Educators
- Drop-in centers (DIC) co-located with HIV clinics
- Community information points (CIPs)



Between October 2011 and May 2014, in **25** program districts:

**40,376** FSWs were reached through HIV prevention and FP promotion outreach, which is **92%** of the project target

Over **7.3 million** condoms were distributed to FSWs

**17,792** FSWs were screened for any STIs and **98%** of them received treatment (including presumptive treatment)

**17,405** FSWs received HIV test result after counseling

**Positive Behavior Change** is focused on correct and consistent condom use, partner reduction, and uptake of FP and clinical services. Giving confidentiality the utmost importance, care has also been taken to identify and refer suspected cases of severe forms of trafficking in person among FSWs. Additionally, a micro-planning process has been implemented to further strengthen the understanding—and address the risks and vulnerabilities—of FSWs.

In addition to condom use promotion (including negotiation skills and distribution) and referral to SSP-run FSW-focused clinics, these outreach contacts also make required referrals for FSWs for support/mitigation-related services such as alternative income generating opportunities for livelihoods and trafficking or gender-based violence-related services. FSWs who are not very easy to reach

through the existing HIV prevention and FP promotion activities are reached using mobile phone short message services (SMS) in selected districts.

## Expanded Integrated Health Service (EIHS) Sites

The EIHS sites, under one umbrella, provide FP counseling, services and referral; voluntary HIV counseling and testing (VCT); management of sexually transmitted infections (STIs); and essential package of care (EPC)/pre-antiretroviral therapy (pre-ART) services to people living with HIV (PLHIV). As most STIs remain asymptomatic in FSWs, STI management services are provided following enhanced syndromic approach with basic laboratory tests. Considering the high risk transmission of STIs and HIV in FSWs, monthly screening and

presumptive treatment of cervicitis are also offered. Some EIHS sites have linkages with community and home based care (CHBC) and positive prevention services among PLHIV.

## Enabling Environment

Efforts are also on in order to create an enabling environment for FSWs to access FP and HIV services, through HIV-related stigma and discrimination reduction training and safer and healthy workplace (SHWP) activities in selected districts. SSP also provides support to Jagriti Mahila Maha Sangh (JMMS), a national network of FSWs, for their institutional capacity and network strengthening at the national level and with their member community-based organizations (CBOs) at the district level.

## Identifying Clients of FSWs for Outreach Education

SSP works in the preventive, care and support, and curative facets of the HIV response. Its unique feature is the comprehensiveness of service package as well as district-wide coverage to ensure effectiveness of interventions. The FSW program is made more effective by not only reaching FSWs with these comprehensive services but also identifying and reaching the clients of FSWs with targeted interventions, including prevention education for behavior change and maintenance. Various approaches have to be conceptualized to identify and contact the different types of clients of FSWs, who include—but are not limited to—businessmen, service holders, officers, doctors, transport workers and drivers, uniformed personnel, industrial workers/wage laborers, students and tourists.

The outreach educators (OEs) and community

mobilizers (CMs) of 14 NGOs partners for HIV prevention among FSWs contact the clients of FSWs through information provided by previously-contacted FSWs and clients of FSWs, as well as through mobilization of peer educators (PEs) in already identified hotspots and outreach sites and/or in adjoining areas. As part of rapid community assessment, all possible areas where the clients of FSWs can be found are identified and mapped with the help of key informants like the staff of dance and cabin restaurants, members of youth clubs, bus and taxi stands and truck depots, local liquor shops and pharmacies, FSWs, rickshaw pullers and factory workers. Sometimes, planned group discussions are also conducted with stakeholders such as restaurant and guest house owners and members of local administration to gauge this information.

Once the clients are identified, the outreach workers slowly build rapport with them and establish a level of trust through a series of contacts. Gradually, they start a process of education in their local language (including dialects) and through the use of appropriate SBC materials. The NGOs also develop other effective customized approaches to enroll the clients in HIV prevention activities, services and training. The clients contacted help the NGOs learn about other clients who are also subsequently reached by the program. Due to this valuable role that the clients play, it is crucial to not alienate them and therefore, special care is taken by the outreach workers to ensure that the interactions are confidential. The NGO staff also ensure the information they are providing on HIV and STIs aligns with local socio-cultural contexts.

## Jagriti Mahila Maha Sangh (JMMS) Strengthens Capacity of Community Based Organizations (CBOs)

JMMS is a national network of FSWs in Nepal, which has been supporting to strengthen networking and build the capacity of its member organizations at the national and district levels. JMMS is one of the six national networks of beneficiaries currently working as partners of SSP. The partnership of SSP with JMMS is focused on addressing and ameliorating the pressing concerns of FSWs; SSP has lent support to JMMS to strengthen the capacity of 25 of its member CBOs and one NGO to work effectively to this end.

In particular, SSP has been supporting the institutional capacity-building of JMMS CBOs and assisting JMMS's facilitation of various need-based trainings on critical areas such as advocacy and leadership, public speaking, documentation and report writing, and sexual and reproductive health for members of its board and CBOs. SSP also supports 24 JMMS CBOs during their monthly meetings, in

which discussions take place on issues ranging from finding new FSWs and hotspots to discussing potential collaborations with other SSP partners and district-level stakeholders.



As of May 2014, 163 CBO members and JMMS board members have taken part in such capacity building training, and 440 FSWs have participated in stigma and discrimination training, as have many local community members. In addition, the peer educators (PEs) who are mobilized by JMMS work closely in coordination with the CBOs to further strengthen capacity, disseminate updated information on HIV, STIs, and family planning (FP), and provide support during CBO meetings. At the district level, JMMS also works in tandem

with other NGO partners of SSP to identify new FSWs and hotspots, to create a favorable environment to reach and engage with the target group, and to distribute condoms and refer FSWs to clinics.

## Micro-planning in FSW Program

Micro-planning in SSP's FSW Program entails Outreach Educators (OEs) and Community Mobilizers (CMs) collecting detailed information on a number of FSWs in their respective clusters in order to better target their FP/HIV interventions. This includes socio-demographic and behavioral information on FSWs, and details on whether FSWs have received STI, VCT and FP education and services. USAID-funded ASHA Project piloted the micro-planning process in 2010 among five Implementing Agencies (IAs) working with FSWs in five districts: Jhapa, Kaski, Kathmandu, Lalitpur and Parsa. A consultation meeting was organized between implementers to assess the effectiveness of the pilot micro-planning process and agreements were reached on how best to improve it. Based on this knowledge, microplanning was initiated under SSP in five

more districts in 2012: Banke, Bhaktapur, Dhanusha, Kailali, and Kapilvastu. Additional districts (Chitwan, Dhading, Makwanpur, and Tanahu) joined the list in February 2013. Under SSP, there are now 14 prevention NGO partners implementing micro planning in 25 districts after the roll out in February 2014.

The micro-planning process has five distinct components: a) situation analysis, b) planning, c) implementation and follow-up, d) monitoring and, e) supportive supervision. Micro-planning implementation helps strengthen quality of services delivered, which is demonstrated by the increase in number of STI examinations. It also helps in identifying the risks and vulnerabilities as well as types of beneficiaries the program is dealing with and, in turn, drives our behavior

change strategies. For example, we can identify through situation analysis whether an FSW is street-based, home-based, or institution-based. A sexual network study done by SSP indicates that street-based FSWs are more prone to violence and drug abuse, so our strategic behavior change communication (SBC) materials can be driven to address empowerment and overlapping risk management/avoidance.

According to micro-planning data from 14 districts, among the new FSWs reached between August 2013 and May 2014, 59% were reached within the first six months of sex work. Similarly, 143 FSWs who had returned after working as a sex worker in India and 48 FSWs who also inject drugs were reached.

## 31<sup>st</sup> International AIDS Candlelight Memorial Day



SSP NGO partners celebrated the 31st International AIDS Candlelight Memorial Day in collaboration with the District AIDS Coordination Committee (DACC) and other organizations committed to work towards an AIDS-free generation in Nepal. Events across the project districts varied, with some groups opting to distribute fruits and nutritious beverages to those undergoing treatment, others demonstrating their camaraderie through rallies, speeches, and media conferences, and still others engaging the community through activities such as quizzes, street dramas, and donations.

"This is an opportunity for us to pray for the souls who have passed and to wish for the well-being of those who are fighting," said Kathmandu District Public Health Office Chief Mr. Sri Krishna Bhatta. "We must keep our efforts going strong," he added. The collective effort required for effective HIV response is certainly immense – but so is the commitment that is already there, which must continue to be reinforced and re-examined, in part through memorials like these.

## 13<sup>th</sup> International Migrants Day Promotes Safe Migration

The well-being of labor migrants cannot be excluded from the national policies and programs. Ensuring their access to—and espousal of—protection methods and family planning methods is one of the keys to their continued health. On the occasion of the 13th International Migrants Day, SSP NGO partners organized various activities to sensitize migrant communities on safe sexual behavior in its four migrant-focused project districts (Bara, Kapilbastu, Nawalparasi and Palpa). Under the leadership of local government agencies, they involved community members in street dramas and interactive sessions on the benefits of the dual method; coordinated information and

pre-departure sessions for those leaving for India; and facilitated discussions on ending the pervasive stigma and discrimination that is directed towards those living with HIV.

In addition to sustained community engagement, one of the major highlights of this initiative was participation by senior government officials such as the Local Development Officer and Chief District Officer, who reinforced the importance of the day and underscored the need for migrants to adopt healthy and safe behaviors while abroad so as to protect themselves and their family from potential risks such as HIV and STIs.



## Engaging Women for Progress: 104<sup>th</sup> International Women's Day



The 104th International Women's Day asked the world to recognize that equality for women is progress for all—that societal growth is heavily reliant upon women's active engagement in the socio-civic sphere. In the past year, SSP has engaged the tremendous capacity of women who have supported the implementation of the project's diverse activities and shown remarkable leadership in steering their organizations towards stellar performances. SSP NGO partners celebrated this year's International Women's Day by participating in

mass rally programs, discussing ways to make strides in women's presence and participation in decision-making, and reflecting on how their institutional practices can be evolved to further strengthen the roles and capacity of the women working therein.

Under SSP, 80% of total local NGO partner staff implementing HIV prevention and FP promotion are women; 55% of Expanded Integrated Health Service (EIHS) staff are women; 56% of the team members for Community and Home Based Care (CHBC) are women; and 29% of Project Coordinators, 43% of Admin/Finance staff and 46% of Management Information System (MIS) staff are women. Among these local partners, 42% of the organizations are led by women and 52% of executive board members are women. Additionally, all 364 peer educators are women and 98% of the radio listeners group (RLG) facilitators are also women.

## Distribution of First Aid Kits as Part of Safer and Healthy Workplace (SHWP) Initiative

A safer and healthy workplace (SHWP) is a place where employees, managers and owners collaborate to protect and promote health, safety and well-being. Child and Women Empowerment Society (CWES), a local partner of SSP's in Kaski, has undertaken an SHWP initiative to improve the work environment of FSWs in five hotels.

Taking cue from the successful implementation of SHWP initiative in Kathmandu, CWES provided orientation to hotel staff and owners in Pokhara city. CWES staff have identified a focal person at each hotel and jointly discussed key action points to improve the workplace environment. CWES has also been coordinating with organizations such as the Red Cross Society, the Rotaract Club and the Rotary Club to distribute first aid kits to hotels and restaurants. In December, CWES received seven first aid boxes from Rotaract and Rotary clubs of Pokhara Fishtail, and they have jointly urged the hotels and restaurants to maintain the first aid kits with at least the minimum essential supplies.

SSP is currently conducting an assessment of the initiative at the workplaces where the SHWP orientations took place, which will provide an overview of the impact of the initiative on beneficiaries as well as identify possibilities for amendments and scale-up.

## HIV and Family Planning Services Co-located at Government Health Facilities



In order to integrate Expanded Integrated Health Service (EIHS) sites into country platforms by 2016, SSP has expanded its support to initiate EIHS satellite sites that provide HIV and family planning-related services targeted to migrants and spouses of

migrants in four districts (Palpa, Kapilvastu, Nawalparasi and Bara). In 2005, a satellite site in Kanchanpur was established through the support of the VCT counselor in Mahakali Zonal Hospital (MZH), which is still fully operational. Through the years, this experience has been further scaled up: to date, five government health facilities, namely Tahun Primary Health Care Center (PHCC), Jagannathpur PHCC, Kalaiya Hospital, Pipra Hospital, and Ganjibhawanipur PHCC, have successfully integrated EIHS services. Formal memoranda of understanding have been signed between local NGOs and local government authorities at Tahun PHCC, Jagannathpur PHCC, Pipra Hospital, and Ganjibhawanipur PHCC.

The satellite EIHS sites were conceptualized jointly by SSP in consultation with National Centre for AIDS and STD Control (NCASC) and with other key stakeholders. The sites are managed by SSP's local NGO partners and run on a fortnightly basis, except for Kalaiya Hospital, which runs weekly. Satellite clinics are excellent examples of the kind of collaborative effort that exists between the Government of Nepal (GoN) and SSP. Currently, GoN co-located EIHS sites follow the existing government reporting and logistics management systems, and services are provisioned jointly. SSP has continued to lend support in building the capacity of staff at the co-located sites through regular training, supportive visits and spot coaching sessions.

### EIHS Sites Co-located with GoN Health Facilities (as of June 2014)

	Tahun PHCC, Palpa	Kalaiya District Hospital, Bara	Jagannathpur PHCC, Nawalparasi	Pipra Hospital, Kapilvastu	Ghanjibhawanipur PHCC, Bara	Mahakali Zonal Hospital, Kanchanpur
Clinic initiation	January 10, 2013	March 7, 2013	October 30, 2013	February 12, 2014	March 21, 2014	October 2005
SSP Partner NGO	ISK	GWP	Sahavagi	Namuna	GWP	NNSWA
Services covered	VCT, STI, EPC*, FP	VCT, STI, EPC, FP	VCT, STI, EPC, FP	VCT, STI, EPC, FP	VCT, STI, EPC, FP	VCT
Clinic frequency	Fortnightly	Weekly	Fortnightly	Fortnightly	Fortnightly	Daily

\* Essential package of care provided to those testing HIV positive

## National Workshop on Strengthening Ethical Review Board (ERB) and Institutional Review Committee (IRC) Systems and Practices

On February 25 and 26, 2014, Nepal Health Research Council (NHRC), with support from SSP, conducted a two-day national workshop on strengthening the Ethical Review Board (ERB) and Institutional Review Committee (IRC) Systems and Practices. The objective of the workshop was to strengthen the capacity of ERB and IRC to plan and carry out high-quality ethical reviews to protect human subjects involved in research. There were around 40 representatives from the NHRC, ERB, IRCs and SSP.

This two-day workshop was led by Janet Robinson, Director of Research for Asia Pacific Region, FHI 360. It covered the basics of research ethics, NHRC reporting requirements and procedures, protocol review, continuing review, expedited review, documentation and informed consent. The workshop comprised extremely lively discussions and a high level of interaction from participants, and further clarified the benefits of more capacity-building, particularly of the IRCs.



## Sexual Network Study among Female Sex Workers

SSP commissioned and completed the Sexual Network Study among FSWs in Kathmandu, Jhapa and Kailali districts. The main objective of the study was to explore the sexual and injecting behaviors of FSWs and to describe the range of sexual relationships and networks in which FSWs operate. The study found that FSWs working in hostel/hotel environments may be more vulnerable to HIV and STIs

as they have a greater number of partners and cases of higher frequency of sex work. An increasing trend of soliciting clients through bhattis in Kathmandu was also found. The FSWs' network size ranged from a minimum of one to a maximum of twenty FSWs. FSWs used condoms consistently with their regular sex partners but did not always use protection while having sex with their husbands, boyfriends and lovers.

## Vulnerable Youth Mapping Study

SSP commissioned and completed the Vulnerable Youth Mapping Study among youth in Kathmandu Metropolitan, Pokhara Sub-Metropolitan, and Dharan Municipality with the objective of mapping youths (living away from home/family) who may be at risk of HIV and identifying behaviors that put these college-going youth at greater risk. Substance abuse and premarital sex was reported to be higher

among male youth than among female youth. Almost all youth were aware of STIs, HIV and AIDS, but comprehensive knowledge regarding HIV transmission among both male and female youths was low. Risky sexual behaviors were common among male youth; a substantial proportion of male youth had had sexual intercourse with FSWs, had multiple sex partners and did not use condoms consistently.

# Visitor Log



## FP and HIV Monitoring Team USAID/Washington January 6-17, 2014

The FP and HIV Monitoring team from USAID/Washington observed SSP activities and services under FP/HIV integration in Bara, Kathmandu, Kavre, and Nawalparasi districts. They also met with SSP staff and officials at the National Centre for AIDS and STD Control (NCASC) and the Family Health Division (FHD) at the Ministry of Health and Population (MoHP) in Kathmandu.



## Dr. Albert J. Siemens Chief Executive Officer FHI 360 February 19-22, 2014

Dr. Albert J. Siemens observed ongoing program activities implemented by FHI 360 in Nepal and met with key stakeholders at USAID/Nepal and Government of Nepal. He also visited program sites managed under USAID's FP/HIV integrated SSP and USAID's Ghar Ghar Maa Swasthya (GGMS).



## Office of Health and Family Planning USAID/Nepal April 27, 2014

A five-member USAID team visited SSP's Expanded Integrated Health Service (EIHS) site and Drop in Centre (DIC) in Nepalgunj. While there, the visitors took a tour of the site, interacted with the clinic team, and discussed achievements. They were happy to find improvement in family planning service uptake from the clinic, and were appreciative of the medical waste management system that the site had in place.

## Susan Adamchak Family Planning and HIV Expert FHI 360 January 27-31, 2014

Susan Adamchak, one of FHI 360's key FP/HIV experts, with particular strengths in M&E and operations research, visited SSP to provide technical guidance and insight into the FP/HIV integration efforts currently underway.

## Dr. Janet Robinson Global Director of Laboratory Sciences FHI 360 June 8-14, 2014

Dr. Janet Robinson visited SSP to provide technical assistance to the National Public Health Laboratory (NPHL) in conducting a pre-assessment to facilitate the accreditation of its HIV Laboratory. Dr. Robinson also extended technical assistance to the Technical and Research Units at SSP and met with officials from USAID/Nepal for debriefing.

## Health Journalists May 27-28, 2014

Three health journalists toured the SSP site in Tansen, Palpa, managed by SSP NGO partner Indreni Samaj Kendra (ISK). They interacted with program staff and beneficiaries, and received information on ISK's implementation of SSP HIV and FP activities targeted towards Male Labor Migrants (MLMs) and their spouses.

Editorial team: Shrid Dhungel and Supriya Sharma

**Subject: Saath-Saath Bulletin July 2014**

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