HIV/AIDS STRATEGY AND WORKPLAN

Nepal Police
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HIV/AIDS
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March 2005

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Foreword

Nepal Police is committed to support His Majesty's Government HIV & AIDS Strategy and its actions to meet the commitment to the UN General Assembly Sessions on HIV/AIDS (June 2001) for strategic interventions in the uniformed services. In this context, Nepal Police is Proud to launch the Nepal Police 'HIV/AIDS Strategy and Workplan' as its primary initiative to protecting the Nepal Police, their families, vulnerable groups and ultimately the society at large from the impact of HIV and AIDS. I strongly believe that this document will set a precedent for an effective response to the epidemic within the Nepal Police.

Nepal Police possesses important assets including discipline, hierarchy, efficiency and youth that can be positively exploited in fight against HIV & AIDS. At the same time, Uniformed Services are often perceived as role models in their society.

To implement the strategy, Nepal police will strengthen our work with government and non-government partners and I am confident that the concerned stakeholders will support the Nepal Police in their endeavors.

Nepal Police highly appreciates everyone who has contributed to the development of the HIV/AIDS Strategy. Nepal Police would like to convey our special thanks to the Future Group, POLICY Project and United States Agency for International Development (USAID) for their support to develop the Nepal Police HIV/AIDS Strategy.

Shayam Bhakta Thapa
Inspector General of Police

Kumar Koirala

Deputy Inspector General of Police

March 17, 2005

Acknowledgement

Uniformed services are highly vulnerable group to sexually transmitted infections (STIs) mainly due to their work environment, mobility, age and other facilitating factors that expose them to higher risk of HIV infection.

Several policy environments support the devlopment of the Nepal Police HIV/AIDS strategy. These include global mandates for strategic interventions in the uniformed services, the National (Nepal) HIV/AIDS Strategy, (which indicated a need for interventions in the armed forces of Nepal), and the National Operational Plan which dedicated one component of its coverage targets to the uniformed services. Such recommendations clearly demonstrate a need for development of an HIV/AIDS strategy within the Nepal Police.

The overall objectives HIV/AIDS strategy for the Nepal Police are to halt the spread of the HIV/AIDS epidemic within the police force, their partners and families; to sensitize them towards the rights of vulnerable groups and their access to HIV/AIDS services, and to ensure that policing practices do not exacerbate the impact of the epidemic in Nepal through impeding HIV prevention initiatives. The strategy recognizes the importance of research, accurate surveillance systems and evaluation and monitoring of interventions. The strategy is guided by underlying principles including: rights-based approach, high-level leadership and commitment, reduction of stigma and discrimination and greater involvement of people living with HIV/AIDS, (GIPA).

The Nepal Police Force would like to acknowledge the support, commitment and collaboration of the Futures Group, POLICY Project and United States Agency for International Development (USAID) in developing the HIV & AIDS Strategy.

Our appreciation goes to Mr. Chris Ward, POLICY Vietnam for his technical guidance to finalise the document. We would like to extend gratitude to Mr. Bhojraj Pokharel and Sumi Devkota of the POLICY Project for their inspiring role in development of the strategy.

Our acknowledgement also goes to Dr. Nirmal Pandey, Consultant who provided technical guidance in the initial phase of the development of the strategy. We appreciate the valuable inputs and feedback provided by all the stakeholders who participated in the consultation meetings and provided their valuable feedbacks and comments.

Special thanks go to my seniors and member colleagues of the Nepal Police HIV and AIDS Advisory Team for their continuous support and help to bring this strategy to its final shape.

Kumar Koirala
DIGP Training Director &
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Contents

Abbreviations ix

Executive Summary xi

Chapter 1. Introduction 1

1.1 Background 1

1.2 Global Overview of HIV/AIDS 2

1.3 National HIV/AIDS Scenario 2

1.4 Uniformed Services and HIV/AIDS 4

1.5 Strategic Interventions in the Uniformed Services 5

1.6 Uniformed Services and Vulnerable Groups 6

1.7 Nepal Police 8

1.8 Rationale of the Strategy 9

1.9 Strategy Development Process 10

Chapter 2. Nepal Police and Vulnerable Groups: A Situation Analysis 13

2.1 Female Sex Workers (FSWs) 13

2.2 Injection Drug Users (IDUs) and Nepal Police 14

2.3 Men Who Have Sex with Men (MSM) and Nepal Police 14

2.4 People Living with HIV/AIDS (PLWHA) and Nepal Police 15

2.5 Policing Practices with Vulnerable Groups 15

Chapter 3. HIV/AIDS Strategy and Workplan of Nepal Police 17

3.1 Underlying Principles of HIV/AIDS Strategy of Nepal Police 17

3.2 Objectives of HIV/AIDS Strategy of Nepal Police 19

3.3 Workplan of the Strategy 24

Chapter 4. The Way Ahead 31

Annex 1. Organizational Structure of Nepal Police, His Majesty's Government 33
Annex 2. Selected List of Institutions/Persons Contacted for Comments, Meetings, and Focus Group Discussions 34

References and Linkages 35

Endnotes 37

Abbreviations

AIDS - Acquired Immune Deficiency Syndrome
AIGP - Additional Inspector General of Police
ANC - Antenatal Care
ARV - Antiretrovirals
BCC - Behavior Change Communication
BDS - Blue Diamond Society
BPH - Birendra Police Hospital
BSS - Behavior Surveillance Survey
CAC - Community Action Center-Nepal
CSM - Condom Social Marketing
DFID - Department for International Development
DIGP - Deputy Inspector General of Police
DOHS - Department of Health Services
DPKO - Department of Peacekeeping Operations
DSP - Deputy Superintendent of Police
FHI - Family Health International
FPAN - Family Planning Association of Nepal
FSWs - Female Sex Workers
FWLD - Forum for Women, Law, and Development
GFATM - Global Fund for AIDS, Tuberculosis, and Malaria
GIPA - Greater Involvement of People Living with HIV/ AIDS
GWP - General Welfare Pratisthan
HIV - Human Immunodeficiency Virus
HMIS - Health Management Information System
HMG/N - His Majesty's Government/Nepal
HRW - Human Rights Watch
IDU - Injection Drug User
IEC - Information, Education, and Communication
IGP - Inspector General of Police
ILO - International Labor Organization
INGO - International Nongovernmental Organization
IPC - Indian Penal Code

JICA	-	Japan International Cooperation Agency
LALS	-	Life Saving and Life Giving Society
MDGs	-	Millennium Development Goals
MOH	-	Ministry of Health
MOHA	-	Ministry of Home Affairs
MROS	-	Market Research Omnibus Surveillance
MSM	-	Men who have Sex with Men
MTCT	-	Mother-to-Child Transmission
NCASC	-	National Center for AIDS and STD Control
NDHS	-	National Demographic Health Survey
NGO	-	Nongovernmental Organization
OI	-	Opportunistic Infection
OVC	-	Orphans and Vulnerable Children
PEP	-	Post-exposure Prophylaxis
Ph.D.	-	Doctor of Philosophy
PHR	-	Populations at High-Risk
PLR	-	Populations at Low-Risk
PLWHA	-	People Living with HIV or AIDS
PMTCT	-	Prevention of Mother-to-Child Transmission
PSI	-	Population Services International
SAARC	-	South Asian Association for Regional Cooperation
SADC	-	Southern African Development Community
SC/U.S.	-	Save the Children, United States
SHR	-	Security and Humanitarian Response
SMD	-	Social Marketing and Distribution
SSP	-	Senior Superintendent of Police
SP	-	Superintendent of Police
STD	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infection
UMN	-	United Mission to Nepal
UN	-	United Nations
UNAIDS	-	Joint United Nations Program on HIV/AIDS
UNDP	-	United Nations Development Program
UNFPA	-	United Nations Population Fund
UNGASS	-	United Nation General Assembly Special Session
UNICEF	-	United Nation Children's Fund
UP	-	Universal Precaution
U.S. DOD	-	United States Department of Defense
VCT	-	Voluntary Counseling and Testing
WATCH	-	Women Acting Together for Community Health
WHO	-	World Health Organization
WICOM	-	Women's Inspiration Community

Executive Summary

Armed forces, police, and other uniformed services around the world face a serious risk of HIV and other sexually transmitted infections (STIs), due to the nature and characteristics of their profession. As a civil force, the Nepal Police work closely with the population in all areas of the country and subsequently are frequently exposed to groups with increased vulnerability to HIV/AIDS. Although the risk of contracting HIV through performing the normal duties of uniformed services employees is so low as to be almost non-existent, there are other factors that can contribute to the vulnerability of uniformed services personnel. These include being posted to workplaces that are far from one's family and local community, which can increase the likelihood of the employee engaging in behavior that places them at risk of HIV infection, such as unprotected sex with a sex worker. Dislocation from family and local community can increase HIV vulnerability for workers of many kinds-not just uniformed services personnel.

Surveillance studies have not been conducted in the Nepal Police, and as such, HIV/AIDS prevalence is not known. However, data indicate that an estimated 0.5 percent of the population in Nepal is HIV positive, and it is anticipated that prevalence in the Nepal Police could be much higher due to their increased vulnerability. Additionally, research on sex work in Nepal reveals that 38.3 percent of the clients of female sex workers (FSWs) come from the uniformed services; Family Health International/Nepal (FHI/Nepal) has found a very high risk of HIV among uniformed services, based on STI and treatment referrals.

Realizing the vulnerability of HIV/AIDS, various international bodies, including UNAIDS, have realized the need for strategic interventions for uniformed services. Among the uniformed services personnel, STI and HIV/AIDS prevalence rates are two to five times higher than in the general population and in times of conflict the difference can be much higher. Correspondingly, various countries have developed separate strategies to address HIV/AIDS issues in their uniformed services. The Nepal Police at present are in an extraordinary situation given the insurgency in the country and their role in the conflict.

There is an urgent need for an HIV/AIDS prevention, treatment, care, and support program in the Nepal Police. Simultaneously, there is a need for creating an enabling environment within the Nepal Police to support the rights of vulnerable groups to access HIV/AIDS services. In Nepal, as in many other countries, the HIV epidemic has resulted in increased blame, stigmatization, discrimination, and denial of vulnerable groups. For most vulnerable groups, the negative and unsympathetic behavior of the police is also a major barrier to accessing services for HIV/AIDS prevention and treatment. The promotion and protection of the human right of HIV/AIDS vulnerable groups such as FSWs, injection drug users (IDUs), men who have sex with men (MSM), and people living with HIV/AIDS (PLWHA) constitutes an essential component in preventing transmission of HIV, through reducing vulnerability to infection and the impact of HIV/AIDS.

Several policy environments support the development of the Nepal Police HIV/AIDS strategy. These include global mandates for strategic interventions in the uniformed services, the National (Nepal) HIV/AIDS Strategy, which indicated a need for interventions in the armed forces of Nepal, and the National Operational Plan, which dedicated one component of its coverage targets to the uniformed services. Such recommendations clearly demonstrate a need for development of an HIV/AIDS strategy within the Nepal Police.

The overall objectives of the HIV/AIDS strategy for the Nepal Police are to halt the spread of the HIV/AIDS epidemic within the police force, their partners and families; to sensitize them toward the rights of vulnerable groups and their access to HIV/AIDS services, and to ensure that policing practices do not exacerbate the impact of the epidemic in Nepal through impeding HIV prevention initiatives. In order to meet these objectives, this strategy has been developed. The strategy broadly focuses on prevention as the fundamental basis for an effective response within the Nepal Police. The strategy recognizes the importance of research, accurate surveillance systems, and evaluation and monitoring of interventions. The strategy is guided by underlying principles including a rights-based approach, high-level leadership and commitment, reduction of stigma and discrimination, and greater involvement of people living with HIV/AIDS (GIPA).

The Nepal Police HIV/AIDS Advisory Team guided the conceptual framework of the strategy. The steps taken to develop this strategy include a literature review, focus group discussions, consultation with relevant agencies, and review of strategic interventions implemented successfully by countries with high infection rates. Based on this analysis, strategic objectives for the Nepal Police have been identified and seven major priority areas have been identified. These include high-level leadership and commitment; prevention; treatment, care, and support services; interface with the vulnerable groups; surveillance system, monitoring and evaluation system; and institutional mechanism.

To meet the strategic objectives, specific strategies and a workplan have been developed for each priority area. Key interventions include behavioral change communication (BCC); information, education, and communication (IEC); universal precautions

and adopting various national protocols and guidelines within the police system; and enhancing the capacity of Nepal Police to address issues of support, care, and treatment. The strategy provides a framework for developing activities that optimize prevention and reduce the social impact of HIV/AIDS. The strategic objectives, activities and sub-activities included in the workplan are listed in a table in this report.

To implement this strategy the Nepal Police will utilize its existing capacity under the leadership of the Advisory Team. Nepal Police solicits the support of key stakeholders and strategic partners to enable the Nepal Police to execute this strategy and protect themselves, their families, vulnerable groups, and ultimately the society at large from the impact of HIV/AIDS.

one

CHAPTER

Introduction

1.1 Background

Uniformed service members are in general more vulnerable to HIV/AIDS than their civilian counterparts. This is due to their professional characteristics and age group (18-45 years). Often they are posted or deployed for extended periods away from home. Bereft of the comforts of home, coupled with rigorous service requirements, uniform service members live and work in tense situations. In such circumstances, they may visit sex workers frequently. Research on sex work in Nepal reveals that 38.3 percent of the clients of FSWs come from the army and police.[1] Family Health International/Nepal (FHI/Nepal) programs along the East-West Highway have also found a very high risk of HIV among uniformed services, based on STI and treatment referrals.

The other equally significant dimension of this issue is protecting the rights of the HIV/AIDS vulnerable groups (FSWs, IDUs, MSM, PLWHA). The promotion and protection of human rights constitutes an essential component in preventing transmission of HIV, through reducing vulnerability to infection and the impact of HIV/AIDS. In reality, the rights of the vulnerable groups in areas such as nondiscrimination, equal protection and equality before the law, privacy, freedom of movement, equal access to work, education, housing, health care, social security, and welfare are often violated because of their marginalized status. In many countries including Nepal, the HIV epidemic has resulted in increased blame and stigmatization of vulnerable groups. For most vulnerable groups in Nepal, the negative and unsympathetic behavior of the police is an immediate concern. Intimidating police behavior poses barriers to accessing services for HIV/AIDS prevention and treatment.

All these issues highlight the urgent need for an HIV/AIDS prevention, treatment, care, and support programs in the Nepal Police. Simultaneously, there is a need for creating an enabling environment in the Nepal Police to support prevention activities among vulnerable groups. The present work aims

to be a comprehensive HIV/AIDS strategy and workplan for Nepal Police. The strategy is the outcome of a series of consultation meetings within the Nepal Police as well as with a number of vulnerable groups and key stakeholders. Additionally, significant documents have been reviewed in depth.

1.2 Global Overview of HIV/AIDS

Within a brief span of time, HIV/AIDS has emerged as one of the most formidable challenges to humankind, posing a threat to public health, socioeconomic development and human rights. At the global level, the number of people living with HIV continues to grow-from 35 million in 2001 to 40 million in 2004 (UNAIDS). Approximately five million people (4.2-5.8 million) were newly infected with HIV in 2003 alone, and approximately 30 million people have died of AIDS-related illnesses worldwide, with approximately 3 million (2.5-3.5 million) deaths in 2004.[2]

The incidence of HIV/AIDS, which is now a pandemic, is especially high in sub-Saharan Africa, South and South East Asia, and Latin America and the Caribbean. Alarmed by the increasing rate of HIV incidence every year, many countries have devised national strategies and massive intervention programs. Most noteworthy is the commitment of the United States to provide US$15 billion over five years to 15 focus countries for which the President's Emergency Plan for AIDS Relief has been launched recently.[3]

Several international bodies have demonstrated expanded commitment to HIV/AIDS prevention. The UN Millennium Development Goals (MDGs) established in 2000, pledged to halt and reverse the spread of HIV/AIDS by 2015.[4] The UN Declaration of Commitment on HIV/AIDS, by UNGASS in June 2001[5] further established HIV/AIDS as one of the most crucial development issues in the world. All UN member countries have drawn up comprehensive plans to fulfill the commitment. WHO and its partners have declared the AIDS treatment gap a global emergency and have launched a drive to provide three million in developing countries with antiretroviral therapy by the end of 2005, popularly known as the "3 by 5" initiative. This is considered to be one of the most ambitious health projects ever conceived.[6] However, despite the wide-ranging interventions, responses and strategies, the pandemic is engulfing many women, men and children every year. A firm political commitment coupled with new initiatives is needed to mitigate the pandemic.

1.3 National HIV/AIDS Scenario

Nepal has already entered into a 'concentrated epidemic' stage of HIV/AIDS, as the seroprevalence rate is above 5 percent in the sub-population of vulnerable groups such as FSWs and IDUs. The national HIV prevalence rate is 0.5 percent in the age group of 15-49. This shows that Nepal is still a low prevalence country. The recent estimate at the end of 2004 is 60,000. However, the complacency of being a low prevalence country may be fraught with dangerous consequences. Already, many districts of Nepal are witnessing the new

cases of HIV every day. The tables below (Table 1.1, 1.2, 1.3) show the national estimates of behavioral and seroprevalence data, which indicate the high potential for a generalized epidemic in Nepal.

Although precise figures are not available, the following table presents the average estimates of numbers of adults living with HIV/AIDS (PLWHA) in Nepal.

Given the following data, it is apparent that in the absence of effective interventions, even a low to moderate growth scenario would make AIDS the leading cause of death in the 15-49 year-old population in the coming years. For Nepal, this would mean that around 100,000-200,000 young adults will become infected and that overall 10,000-15,000 annual AIDS cases and deaths may be expected (National HIV Strategy 2003). Exacerbating this situation is that there has been no significant change in social norms and values in relation to stigma, discrimination, and denial despite efforts at addressing stigma and

TABLE 1.1 | **National estimates of adult HIV cases**

Location	**Estimated number of PLWHA** (Average)
Kathmandu Valley	7,939
Highway Districts	28,488
Far-West Hills	13,963
Remaining Districts	9,893
Total	**60,283**

SOURCE: National estimates of Adult HIV infections-Nepal, 2003, NCASC, March 2004.

TABLE 1.2 | **National estimates of adult HIV cases by sub-populations**

	Kathmandu Valley	**Highway Districts**	**Far-West Hills**	**Remaining Districts**	**Total**	**% of Total Cases**
Populations of higher risk						
IDU	3,060	4,960	228	214	8,462	14
MSM	75	499	42	255	871	1
Sex workers	423	510	42	60	1,035	2
Clients of sex workers	2,647	7,458	393	293	10,791	18
Seasonal labor migrant	713	8,456	9,690	5,700	24,559	41
Sub-total						**76**
Population at lower-risk						
Urban female low risk population	613	991		137	1,741	3
Rural female low risk population	408	5,614		3,234	9,256	15
Sub-total						**18**
Partners of IDU			46		46	0
Female partners of MSM			13		13	0
Partners of clients of sex workers			118		118	0
Partners of migrants			3,391		3,391	6
Sub-total						**6**
Total	**7,939**	**28,488**	**13,963**	**9,893**	**60,283**	**100**

SOURCE: National estimates of Adult HIV infections-Nepal, 2003, NCASC, March 2004.

NOTE: Partner option was only used for the Far-West regions where no HIV data for ANC clients was available. In fact, ANC visits in this region are very low (less than a third according to the 2001 NDHS).

Percentages in the last column are rounded so less than 0.5% is shown as "0".

TABLE 1.3 | **Summary of indicators derived from the national estimates, 2003**

Indicators	Estimated number/ percentage
Number of Adults (15-49) PLWHA	60,283
Adult Prevalence (15-49)	0.52%
Number of Women (15-49) PLWHA	15,599
% of adults (15-49) who are women	25.88%
% of total populations (15-49f) who are IDUs	0.2%
% of men (15-49) who are MSM	2.0%
% of women (15-49) who are sex workers	0.4%
% of men (15-49) clients of female sex workers	8.9%
PLR to PHR ratio	0.32
HIV prevalence rate (%) in IDUs	38.4%
HIV prevalence rate (%) in MSM	0.8%
HIV prevalence rate (%) in sex workers	3%
HIV prevalence rate (%) in clients of sex workers	2.1%

SOURCE: National estimates of Adult HIV infections-Nepal, 2003, NCASC, March 2004.

discrimination and their determinants. An effective HIV/AIDS response requires adequately addressing the social and structural epidemics of poverty, conflict, war, gender inequality, stigma and discrimination, and human rights violations, which are fertile grounds for the spread of HIV/AIDS. If the present trend is not halted or, reversed, Nepal may enter into a "vicious cycle" of poverty, vulnerability, and HIV infections.

To address HIV/AIDS in Nepal, numerous initiatives have been undertaken at the national level. His Majesty's Government, (HMG) has established the National AIDS Council chaired by the Prime Minister. The Council is committed to leading multisectoral response and advocating for active participation to fight against HIV/AIDS. The National Center for AIDS and STD Control, (NCASC), under the Ministry of Health is dedicated to garner support from all stakeholders in fulfilling the commitments made in the National Strategy, as well as MDGs and UNGASS declarations.

Nepal's "Tenth Plan" has recognized HIV/AIDS as a crosscutting development issue and has designated it as the topmost priority program. The government has already developed a National Strategy (2002-2006)[7] with five major priority areas: prevention among youth and vulnerable populations, care and support including voluntary counseling and testing (VCT) and MTCT, second generation surveillance, capacity building, and monitoring and evaluation.

In order to implement the National Strategy, NCASC devised the National Operational Plan for HIV/AIDS Control with six components and seven sub-components for targeted prevention. Sub-Component 1500 defines program outputs and coverage targets for the uniformed services.

1.4 Uniformed Services and HIV/AIDS

HIV/AIDS is now a major global development and security issue. In many countries, AIDS has devastated the gains of development and created a serious threat to security as it affects military and police forces to a greater extent than the civilian population. In peacetime, STI rates among the armed forces are generally two to five times higher than in civilian populations; in times of conflict the difference can be much higher (UNAIDS Uniformed Services Website).

A study of Dutch sailors and marines deployed in Cambodia found that 45 percent reported having sexual contact with sex workers and other members of the population during their five-month tour.[8]

During 1989-1991, 10 percent of U.S. Naval personnel and marines contracted a new STI during trips to South America, West Africa, and the Mediterranean. Comparative studies of sexual behavior in France, the UK, and the United States showed that uniformed services personnel have a much higher risk of HIV infection than groups of the equivalent age and sex in the civilian population. In 1995 alone, the HIV prevalence rate in armed forces of Zimbabwe was three to five times higher than the level in the civilian population.[9] It is clear from these few examples, that all around the world, governments are developing policies and programs to reduce the risk of HIV infection for their uniformed services personnel.

TABLE 1.4 | **HIV/AIDS prevalence in the uniformed services of some selected countries**

Country	Sero-Prevalence Rate (%)	Year
Togo[10]	14	2002
Eritrea[11]	10	1999
Tanzania[11]	15-30	1999
Nigeria[11]	10-20	1999
Coted Ivorie[11]	10-20	1999
Republic of the Congo[11]	10-25	1999
Angola[11]	40-60	1999
Democratic Republic of the Congo[11]	40-60	1999
South Africa[12]	17	2000
Cameroon[13]	9.8	2000
Namibia[13]	33	2000
Thailand [14]	0.7	2001
Myanmar[15]	1.4	2000
Cambodia[16]	12-17	2003
India[17]	10 (in Mumbai Police)	2003
Brazil[18]	>1	2003
Chile[18]	>1	2003
Venezuela[18]	>1	2003

1.5 Strategic Interventions in the Uniformed Services

The urgency to address the rapidly increasing issue of HIV/AIDS was largely spearheaded by the highly infected countries such as those in sub-Saharan Africa. The UN Security Council Resolution 1308, regarding the deployment of UN peacekeepers, triggered the need for all forms of uniformed services in the world to have comprehensive HIV/AIDS policies, strategies, and programs in place. The UNGASS Declaration urging countries to have HIV/AIDS strategies for uniformed services in place by 2003 further supported development of uniformed services policies.

UNAIDS has initiated a worldwide strategic response to HIV/AIDS among uniformed services, following the UNGASS Declaration. In 2000, UNAIDS set up the UNAIDS office on AIDS, Security and Humanitarian Response (SHR) to coordinate United Nations efforts to combat the impact of HIV/AIDS among peacekeeping operations, national uniformed services, and in humanitarian crises by providing leadership and advocacy for an effective response based on key partnerships. UNAIDS has also been cooperating with the United Nations Department of Peacekeeping Operations (DPKO) for overseeing HIV/AIDS awareness and prevention activities within UN peacekeeping missions.[19]

UNAIDS has recently published a guide to HIV/AIDS/STI programming options for uniformed services.[20] Also, a complementary publication to this guide was also brought out by UNAIDS on peer education for uniformed services,[21] which provides comprehensive program activities pertaining to BCC, condom use and VCT. The

UNAIDS Guide will be a key resource for the development of HIV/AIDS programs for the Nepal Police.

Most countries in sub-Saharan Africa, Eastern Europe and Central Asia, Asia, and Latin America and Caribbean have developed national programs aimed at HIV prevention among uniformed services. In general, these programs form part of the overall national response to HIV/AIDS, as outlined in their national strategies. The Southern African Development Community, (SADC), recently adopted a Declaration on HIV/AIDS stating all its member countries agreed to develop national strategies to address the spread of HIV among national uniformed services, including the armed forces, and to consider ways of using personnel from these services to strengthen awareness and preventive initiatives.

Countries such as Thailand, Uganda, Brazil, Ghana, Botswana, Chile, Ukraine, and Cambodia have achieved remarkable progress in reducing the prevalence of HIV/AIDS among their uniformed services following comprehensive and expanded strategic interventions. They have instituted operation measures aimed at prevention in the armed forces, which include improved and expanded prevention education, condom education and distribution, expanded STI treatment, provision of VCT, and regular behavioral surveillance systems to identify and rectify risky behaviors.[22] The intervention programs in the Police Forces of Cambodia, Thailand, and Ghana are very comprehensive. In recent years, a distinct improvement in the behaviors of the police personnel in these countries has been observed.

1.6 Uniformed Services and Vulnerable Groups

The police forces, of all the uniformed services, have the most contact with people. Apart from maintaining law and order, the police have to deal with social issues. In carrying out their duties, they interact frequently with vulnerable groups with increased vulnerability to HIV/AIDS such as FSWs, IDUs, MSM, and prisoners.

These vulnerable groups have not only asserted their rights as other common citizens, but also have succeeded in being accepted legally and socially in many developed countries. In developing countries, however, these vulnerable groups still face discrimination and deprivation, often leading to marginalization and denial of their fundamental rights.

Uniformed services personnel, and particularly police officers, must understand the impact that policing practices can have on the effectiveness of HIV prevention initiatives, and in perpetuating HIV/AIDS-related stigma and discrimination. In both cases, the impact of the epidemic is worsened. Harassment and intimidation of people vulnerable to HIV infection such as sex workers, or men who have sex with men, can impede the effectiveness of HIV prevention programs by driving people underground, and making them more difficult to reach with HIV prevention messages. Stigma and discrimination also

discourage people from accessing HIV testing facilities, with the result that less people will know their HIV status, and therefore won't take action to avoid transmitting HIV to other people. Even where a person is aware of their HIV positive status, stigma and discrimination can discourage them from accessing information, treatment, care and support services. Personal opinions involving disapproval of commercial sex or of sex between men do not justify interference in HIV prevention programs that save lives.

In most societies, drug use is illegal, and different branches of governments may have conflicting policies depending on whether they are concerned with public health or law enforcement. For example, public health authorities in many countries either permit or implement needle and syringe programs for injection drug users, despite the fact that drug use is against the law. In the absence of effective communication and coordination between government agencies, police can be placed in a difficult situation where their duty to uphold the law may bring them into conflict with such government-run or funded programs.

For this reason, there needs to be cooperation between government agencies, and police officers need adequate training so they understand the importance of HIV prevention programs. In any society, the preservation of human life should be a priority for law enforcement officials, and this requires that HIV prevention programs be permitted to operate without interference from police or other uniformed services personnel. This strategy and workplan is one means by which a coordinated approach between public health and uniformed services personnel will be promoted.

In recent times, there have been many changes even in developing countries. The focus of development is more on a rights-based approach. The increasing awareness and the networking of NGOs and INGOs in organizing these groups has lent voice to the grievances of these vulnerable groups. The associations of PLWHAs and their movement with the need for reducing the incidence of HIV/AIDS and stigma and discrimination induced society to come to terms with the special vulnerability of these groups. A more rational and humanistic value also demands the proper understanding of the situation of these vulnerable groups.

As in many countries, FSWs in India are traditionally reviled by those in power and by the wider public. Many NGOs have come together in networking FSWs to negotiate condom use with their clients, in Tamil Nadu, Maharastra, Karnataka, Uttar Pradesh, and cities of Bangalore, New Delhi, and Mumbai with considerable success. The police have often harassed them and busted their (NGO) activities. Peer educators and outreach workers were physically and sexually exploited. Extortion and falsely implicating MSM under the Section 377 (case of sodomy) of the Indian Penal Code (IPC) were found in many centers. The case against this section is under consideration in Indian Supreme Court, which was mooted by the federation

of NGOs working together with FSWs for the safer sex campaign. Similarly, in July 2001 the harassment and arrest of four staff members from two organizations working against HIV/AIDS among MSM in Lucknow (State of Uttar Pradesh) drew international attention.[23]

The Human Rights Watch (HRW) found interference from state and local police in needle exchange programs in the state of California in the United States, as reported by various newspapers such as the Los Angeles Times in September 2003. The HRW report states that despite the legal approval of the needle exchange program, many IDUs were arrested or hassled even while following the needle-exchange protocols in seven Californian counties. "Needle exchange is an accepted form of health care, and the government is preventing people from getting it," states the report further.[24]

HRW has reported various cases of human rights violations of PLWHA, FSWs, MSM, and prisoners by the police forces in India, Kenya, Democratic Republic of the Congo, Russia, and the United States. It asserts that "without a focus on human rights, many investments in HIV/AIDS programs and policies are doomed to fail."[25]

1.7 Nepal Police

The Nepal Police are one of the uniformed services with a strong network around the country (see Annex 1 for the organizational structure of the Nepal Police) and a total strength of approximately 46,000 of which 4 percent are women. The Nepal Police is a civil police, and as such, its primary duty is to maintain law and order. However, in the last eight years, it has been carrying out its traditional duties as well as fighting an insurgency in the country.

1.7.1 Situation of HIV/AIDS in Nepal Police

No baseline survey has been conducted to find out the HIV prevalence rate among the Nepal Police. It is, therefore, very difficult to assess the extent of HIV/AIDS prevalence rate. A plausible estimate could be in line with the national average, which is 0.5 percent. It could be higher, as there are factors such as dislocation from family and community, which can make police personnel more vulnerable than the civilian population. The Nepal Police are therefore similar to other uniformed service personnel in respect to their increased HIV/AIDS vulnerability. And since, at present, the Nepal Police are involved in fighting the insurgency and often posted in remote areas under difficult situations, vulnerability to HIV/AIDS can be even greater. However, the actual number of HIV-positive police personnel could not be ascertained, and only one AIDS-related death has been reported, so far.

Nepal Police assume that HIV could affect a considerable number of police personnel. This assumption is based upon the indicator of Birendra Police Hospital (BPH), which found a 5 percent prevalence rate of STIs among those who visited the BPH for treatment in the last 10 years.

During focus group discussions with police personnel in Pokhara, on average, 25-35

percent of them visit FSWs, and 20 percent of them reported that they use condoms regularly during commercial sexual encounters. The percentage of uniformed forces visiting FSWs along the major highways is 38.3 (FHI). Moreover, easy access to condoms is not possible, particularly in the rural and remote areas or in the barracks. Some of the police personnel may indulge in MSM practices. Although drug abuse appears to be negligible, alcohol abuse is a common feature within the police force. Some Nepal Police personnel are also deployed to UN peacekeeping missions in the countries where HIV-prevalence is very high. Although they are tested before deployment and after demobilization with counseling, the risk is still high.

1.7.2 Response of Nepal Police to HIV/AIDS

Some initiatives have been taken within the Nepal Police to address HIV/AIDS issues; however, the systematic and expanded response is still to be made. Under the coordination of the Medical Superintendent of BPH, an HIV/AIDS Task Force has been formed, which is carrying out some programs related to prevention and awareness. The Task Force has identified 13 critical issues to be addressed by the Nepal Police focusing on awareness, research, capacity development, prevention, treatment, care, and support, and policy issues.

In March 2004, Nepal Police has established an HIV/AIDS Advisory team composed of representatives from various departments under the coordination of the Deputy Inspector General of Police (DIGP) Police Headquarter. It is a reflection of their firm commitment and recognition of the seriousness of the issue. This team has been mandated to coordinate the various internal and external HIV/AIDS programs and initiatives of the Nepal Police.

In the last few years, different NGOs and INGOs have conducted short training courses on HIV/AIDS to raise awareness among Nepal Police personnel. Some of the Nepal Police personnel have also been oriented and are working in collaboration with local NGOs on harm reduction programs in several parts of the country.

FHI/Nepal has provided technical assistance to initiate a number of activities including: BCC services in eight districts in Western and Far Western regions through Save the Children (SC)/U.S., Manushi and Nepal Red Cross, syndromic STI treatment in six districts of the Western and Far Western regions, and orientation services on HIV/AIDS and harassment issues. PSI/Nepal is working on condom social marketing and POLICY/Nepal is supporting activities to reduce stigma and discrimination. In addition to these initiatives, a few other NGOs such as WICOM, GWP, Manushi, FPAN, CAC, Help Group, and LALS, for example, are also conducting awareness-raising activities.

1.8 Rationale of the Strategy

The National HIV/AIDS Strategy (2002-2006) has included the response required in the Nepal Police Force and has also sought to

build collaborative relationships (p.39). The strategy proposes to "sensitize and train local police on intervention sites and motivate for direct collaboration with respective programs." The National Operation Plan for HIV/AIDS Control (2003-2007) has proposed awareness raising, treatment, care, support, and behavior change intervention/BCC programs to uniformed services of Nepal. Similarly, the UNGASS Declaration[26] has called upon all countries to have in place national strategies to address the spread of HIV among national uniformed services. Earlier in July 2000, the UN Security Council adopted resolution 1308 expressing concern over the potentially damaging impact of HIV/AIDS on the armed forces. It has targeted armed forces and peacekeepers for education, training and prevention efforts, and urged voluntary and confidential HIV/AIDS counseling and testing for all national uniformed forces, especially troops deployed internationally.[27]

Behavioral and seroprevalence data indicate a high potential for a generalized epidemic in Nepal (NCASC, 2003, p.3). The increased vulnerability to HIV/AIDS infection of uniformed services in general, and the Nepal Police in particular, is a compelling reason for the development of an HIV/AIDS strategy. HIV/AIDS impacts on readiness and compromises national and internal security through its devastation of police and other security forces.

The Tenth Plan of Nepal has also recognized HIV/AIDS as a crosscutting issue influencing national development. All these commitments resulted in the formulation of a National HIV/AIDS Strategy 2002-2006, which has solicited cooperation from government agencies, NGOs, and the private sector to combat HIV/AIDS. The present strategy represents the commitment of Nepal Police toward fulfilling this goal of the National Strategy.

1.9 Strategy Development Process

The conceptual framework of the strategy and workplan is led and guided by the Nepal Police HIV/AIDS Advisory team. The strategy development process was based on a review of strategic interventions in the prevention and care continuum suggested by various international institutions and implemented successfully in high-prevalence countries. Discussions and a series of meetings were held with key officials of the Nepal Police and the Nepal Police Task Force on HIV/AIDS. Field-level discussions were also held with young recruits and officers in several locations. Interactions with vulnerable groups, as well as NGOs and INGOs in Kathmandu, Biratnagar, and Pokhara provided further information on the sexual behavior of the police, their knowledge, attitude, and behavior toward HIV/AIDS. Additionally, input and feedback from high-level HMG Officials in the Ministry of Health, Ministry of Home Affairs, and NCASC was utilized in preparation of the strategy and a five-year workplan. The work heavily draws on the ideas and views expressed during the following meetings and discussions:

- Six interactive and focus group discussions held within various departments of the Nepal Police in Kathmandu.
- A detailed discussion with the Nepal Police HIV/AIDS Task Force held to incorporate their concerns and priorities.
- With a view to comprehend the spatial difference, a field visit to Biratnagar and Pokhara was made to interact with trainees, field police personnel, high-level police officials, and staff of community police centers.
- Focus group discussions with representatives of vulnerable groups, especially IDUs, FSWs, MSM, and PLWHA, were held to understand their perspectives.
- The consultative meetings with key officials from the Ministry of Health, Ministry of Home Affairs, and NCASC were held to understand the policy issues and to seek their perceptions.
- Meetings with international organizations such as UNAIDS, FHI/Nepal, POLICY/Nepal, and PSI/Nepal were held to share their experiences.
- Various NGOs working in HIV/AIDS in Nepal were consulted so they could share their views and experiences on different aspects of protecting the rights of vulnerable groups, protecting police from HIV/AIDS, and role of Nepal Police in this respect (see Annex 2 for a list of persons contacted).

two

CHAPTER

Nepal Police and Vulnerable Groups: A Situation Analysis

Vulnerable groups are defined as those whose lifestyles, social or professional context, and behavior make them most vulnerable to HIV/AIDS (National Strategy). The vulnerable groups such as FSWs, IDUs, MSM, and PLWHA are often deprived of their rights to be protected from STIs and HIV/AIDS. In Nepal, as in many other countries, the HIV epidemic has resulted in increased blame, stigmatization, discrimination, and denial. For most vulnerable groups, the negative and unsympathetic behavior of the police is a major barrier to accessing services for HIV/AIDS prevention and treatment, as revealed by them during the focus group discussions.

2.1 Female Sex Workers (FSWs)[28]

The exact size of the FSW population in Nepal is still unknown. The estimate made by FHI/Nepal in 2003 was a figure of between 16,650 and 34,300 based on certain assumptions including mapping district highways.

The Nepalese Constitution confers the freedom to practice any profession or carry on any occupation, industry or trade, except acts that may be contrary to public health or morality.[29] No law exists regarding voluntary sex work; therefore, voluntary sex work has not been criminalized. In one case, the Supreme Court of Nepal gave its verdict that prostitution is a type of profession and every person has the right to choose a profession.[30] Despite such provisions, there have been the cases of FSWs arbitrarily arrested by police personnel and treated badly, as expressed by the majority of FSWs during the focus group discussions. They further stated that being found to be carrying condoms very often becomes the basis for being treated badly by police personnel. This may further expose them to HIV and other STIs. It is already reported that about 38.3 of clients of FSWs are those from the uniformed services including police personnel, where regular condom use is less than 50 percent.[31]

The majority of the NGOs working with FSWs regarding condom promotion through peer education and outreach programs have mixed views about the relationship between

FSWs and police personnel. They do agree that some FSWs are indiscriminately treated, but in recent years, many changes have been noticed in the behaviors of police personnel. Program interventions on the issues of human rights, condom use, networking of FSWs peer educators, intensive training initiatives, and the involvement of police personnel in HIV prevention programs have brought about positive changes. Many NGOs and rights activists themselves are involved in raising awareness among the ranks of Nepal Police. The change, however, is not that comprehensive. The situation in cities is slowly changing, but in towns and other centers, ill treatment of FSWs is unabated. This is due to the lack of awareness about the virus, condoms, and rights issues and police personnel's own HIV vulnerability, including the unsafe sex with FSWs. Police action reflects societal norms. Hence, community attitudes toward FSWs is one of the factors promoting police personnel's indifference to FSWs' well-being and treatment.[32] A recent study has also revealed the stories of FSW treatment in relation to police personnel's behaviors, even in Kathmandu city.[33]

2.2 Injection Drug Users (IDUs) and Nepal Police[34]

The vulnerability of IDUs to HIV is potentially very high. The exact number of IDUs in Nepal is not known. The estimate made by FHI/Nepal in 2003 states a range of between 16,100 to 28,000 based on a mapping exercise.

Laws and regulations related to injection drug use are not clear and the 1995 Drug Control Master Plan of the Ministry of Home Affairs summarizes HMG policy, which is to create a national climate where the no medical use of drugs is nonexistent. The existing laws and regulations are silent about needle/syringe exchange programs.

During Focus Group Discussions with IDUs, they frequently complain about the arbitrary arrest by the Police and their abusive behavior while in custody. They have been subjected to prosecution on the grounds of carrying needles/syringes or for theft and crime occurring in their vicinity. IDUs have reported that they have been forced to confess to crimes they did not commit. The de-addicted persons and peer educators were also not spared, they further stated. Such treatment forces IDUs to use infected needles, which makes them vulnerable to HIV.

The various INGOs and their partner NGOs have varied perceptions of the role and behavior of police where IDUs are concerned. They have noticed positive change in police attitudes toward IDUs. They have further stated that harm reduction programs are supported by police in various parts of the country.

2.3 Men Who Have Sex with Men (MSM) and Nepal Police[35]

MSM also narrate their stories of abuse-verbal, physical and mental harassment committed by the police. MSM conducting

an outreach educational program also reported arrests for carrying condoms. At some times, it appears that such incidents of harassment are decreasing, while at other times they seem to be as prevalent now or more prevalent than they were in the past.

2.4 People Living with HIV/AIDS (PLWHA) and Nepal Police[36]

Generally, police look at PLWHA with equanimity. However, real problems can arise when PLWHA access outreach programs for condom promotion or harm reduction. Police behavior, according to PLWHA, is harsh while outreach workers are conducting such activities. PLWHA have not been involved in some of the interventions with Nepal Police, as stigma and discrimination are very much ingrained within the police rank and file, they further stated.

2.5 Policing Practices with Vulnerable Groups

Nepalese law prohibits any act creating a public nuisance or disturbance. Often this law is interpreted to include activities of SWs, MSM, or IDUs, and is used to support arrests and other actions against them. This demonstrates the way in which selective use of criminal law can be a tool for perpetuating stigma and discrimination against marginalized groups. When this happens to populations vulnerable to HIV infection, the impact of the epidemic on individuals, families, communities, and society as a whole is worsened.

In summary, the relationship between the Nepal Police and vulnerable groups can be characterized as antagonistic. Unfortunately, there are contradictions in the existing laws and practices relating to the rights of vulnerable groups, and these contradictions can make the work of Nepalese police more difficult. The law does not directly address SWs and MSM and often the law regarding public nuisances and disturbances is invoked to deal with public complaints. Rigid and prejudicial views, lack of rights-based education, the absence of definite policies regarding vulnerable groups, and the lack of clear legal provisions are major contributing factors to this situation.[37] The mutual mistrust between the vulnerable groups and the police, despite attempts from both sides to mitigate the tension, is a reflection of the inadequacy of a comprehensive national response to HIV/AIDS in Nepal. The Nepal Police cannot alone change this scenario.

Government policy, including the National HIV/AIDS strategy, has supported the rights of these vulnerable groups, but protocols related to these policy statements have not been implemented by the corresponding government agencies. The lack of coordination between government policies and the inconsistent attitude of various key people has created difficulties for the Nepal Police. Traditional societal norms and values are major contributing factors to this situation.

three

CHAPTER

HIV/AIDS Strategy and Workplan of Nepal Police

The aim of the HIV/AIDS strategy for the Nepal Police is to halt the spread of the HIV/AIDS epidemic within the police force, their partners, and families; to sensitize police toward the rights of vulnerable groups and their access to HIV/AIDS services; and to change policing practices so that members of the police force do not exacerbate the impact of the epidemic in Nepal by impeding HIV prevention initiatives. The strategy provides a framework for developing activities that optimize prevention and reduce the social impact of HIV/AIDS. The strategy broadly focuses on prevention as the fundamental basis for an effective response within the Nepal Police. It also highlights the need for care and support for those who are infected and affected by HIV/AIDS. The strategy recognizes the importance of research, accurate surveillance systems, and evaluation and monitoring of interventions. This document will set a precedent for an effective response to the epidemic within the Nepal Police. Additionally, the document reflects the commitment of the Nepal Police toward fulfilling the goals set by the National HIV/AIDS Strategy.

3.1 Underlying Principles of HIV/AIDS Strategy of Nepal Police

The HIV/AIDS strategy of Nepal Police is guided by underlying principles based on a comprehensive prevention to care continuum. These principles include the following:

- **High-level Leadership and Commitment** - In order to successfully implement the HIV/AIDS strategy, high-level leadership and commitment from Nepal Police are required.
- **Disciplined Structure -** Nepal Police is a disciplined, hierarchical, command structure. Any intervention within such structure will have a high response. It is, therefore, an opportunity for Nepal Police to implement the strategy successfully.
- **Adherence to UNGASS Declaration -** The United Nations in its General Assembly Special Session declared that [nations] should "have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed

forces and civil defense forces, and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities, including participation in emergency, humanitarian, disaster relief and rehabilitation assistance."[38] The following strategy is guided by this declaration.

- **Civil-Police Alliance -** A strong alliance with various agencies of HMG/Nepal and NGOs working in HIV/AIDS will ensure a strong collaborative focus and create successful implementation of the proposed strategy.
- **Greater Involvement of People Living with HIV /AIDS (GIPA) Principle -** In most of the prevention and care programs, the active involvement of PLWHA is solicited. Their meaningful participation will promote appropriate and effective interventions.
- **Gender Equality -** For any HIV/AIDS prevention program to be successful, the active participation of women is essential. In a society where women are marginalized, HIV/AIDS has also gained fertile grounds to spread. The proposed strategy incorporates the sensitivity of women and their vulnerability within and outside the police structure.
- **Involvement of Family Members -** HIV/AIDS in police personnel will always have direct or indirect impact on their family members, especially their spouses and any still to be born children. Conversely, spouses and the families could play a crucial role in changing the sexual behaviors of police personnel. The proposed strategy encompasses this issue.
- **Stigma and Discrimination -** Issues of stigmatization, discrimination, marginalization, and denial will be fully addressed in the strategy. Stigma and discrimination are the root causes of spreading HIV/AIDS. Such discrimination, particularly against vulnerable groups (FSWs, IDUs, MSM) has put them at very high risk. Ensuring the safety of vulnerable groups becomes possible only when stigmatization and discrimination are positively addressed.
- **Rights Approach -** Ensuring the rights of every individual to be protected from HIV/AIDS is the best measure to combat the epidemic. The proposed strategy embraces the issue of human rights both within Nepal Police and outside, particularly while dealing with vulnerable groups.
- **Prioritization -** All elements of the comprehensive HIV/AIDS strategy of Nepal Police cannot be put in place simultaneously. A prioritized approach in a phased manner will be the process of implementing the proposed strategies.
- **Monitoring and Evaluation -** Monitoring and evaluation of the implementation of the HIV/AIDS strategy are major components to ensure the desired outcomes. The proposed strategy includes a monitoring and evaluation mechanism.
- **Institutional and Implementing Mechanism -** No strategy can function

in a vacuum. It requires strong institutions and implementing mechanisms. The Nepal Police response to HIV/AIDS proposes that these important tools are firmly established within the structure of the strategy.

- Resource and External Cooperation - The proposed strategy requires external support in terms of financial resources and technical expertise.

3.2 Objectives of HIV/AIDS Strategy of Nepal Police

The overall objective of the HIV/AIDS strategy of the Nepal Police is to protect the force from the HIV/AIDS epidemic and to create a positive environment of Nepal Police for protecting the rights of the vulnerable to ensure easy access to HIV/AIDS services, to reduce their vulnerability to HIV infection, and to mitigate the consequences of HIV infection. Achieving this objective will require the development of policies and programs that incorporate education on public health and HIV/AIDS-related human rights issues, including respect for the human rights of people living with and vulnerable to HIV infection. Reducing stigma and discrimination and adopting a rights-based approach will enhance all aspects of the strategy and workplan.

The strategy focuses on these following areas:

1. Establishing and sustaining high-level leadership and commitment
2. Preventing HIV infection among the Nepal Police and their families
3. Providing treatment, care, and support services
4. Interfacing with vulnerable groups
5. Setting up a surveillance system
6. Developing an effective monitoring and evaluation system
7. Building effective institutional mechanisms

This strategy will be used as a framework for developing and integrating relevant elements into HIV/AIDS policies and programs. The recommended strategies will be adapted to the particular context and needs of the Nepal Police Service.

3.2.1 Establishing and sustaining high-level leadership and commitment

For policies and programs addressing HIV infection and impact mitigation to be effective, the support and leadership of the senior personnel of the Nepal Police Service is needed. Leadership at the political level and by senior police personnel can help to overcome the stigma and discrimination that is often associated with HIV/AIDS, and that can impede the effectiveness of HIV/AIDS policies and programs. Where stigma and discrimination remain unaddressed, members of the Nepal Police Service, like other people, may be resistant or uncooperative when it comes to participating in HIV/AIDS education, prevention, care, and other programs. Establishing commitment to HIV prevention and impact mitigation by the senior levels of the Nepal Police also requires cooperation between police and public health authorities, to ensure that these different branches of government are working

cooperatively. This strategy and workplan recognizes the importance of building and sustaining high-level leadership and support, and incorporates activities to achieve these objectives.

Overall Objective: To build and sustain high-level leadership and commitment to policies and programs addressing HIV vulnerability and impact mitigation in the Nepal Police Service

Activities:

1. Provide HIV/AIDS education including HIV prevention and impact mitigation to senior personnel of the Nepal Police Service
2. Provide education to senior personnel of the Nepal Police Service on the need to respect the human rights of people living with and affected by HIV/AIDS, in order to achieve more effective HIV/AIDS policies and programs
3. Provide information to senior personnel of the Nepal Police Service about effective HIV/AIDS policies and programs adopted in other countries
4. Establish a forum and conduct regular meetings (at least quarterly) between senior police and public health officials, to promote cooperation and collaboration between public health and police policies and practices concerning HIV/AIDS and vulnerable populations
5. Provide regular briefings to the Home Ministry and the Health Ministry on the outcomes of meetings between senior public health and police personnel, including any issues that require the involvement of the ministries

3.2.2 Prevention

The major focus of the HIV/AIDS strategy of the Nepal Police is to contain HIV/AIDS among police personnel and their families. Numerous factors have contributed to the increase of HIV/AIDS within the Nepal Police including lack of HIV/AIDS awareness, postings away from home, and indulging in unsafe sexual behavior.

Overall Objective: To prevent STI and HIV infection among the police personnel and their families

Activities:

1. Integrate HIV/AIDS education into the training program of Nepal Police
2. Initiate peer education
3. Adapt STI/HIV/AIDS IEC materials
4. Promote consistent and correct condom use
5. Provide sensitization programs for officials
6. Adopt the practice of universal precautions
7. Provide post-exposure prophylaxis (PEP) services
8. Promote blood safety

3.2.3 Treatment, care, and support

Gender inequality, poor knowledge of HIV status, limited testing facilities, transmission of HIV by police personnel to their spouses and sexual partners, and mother-to-child transmission (MTCT) are some of the factors fueling HIV infections among the Nepal Police.

Overall Objective: To ensure the development of appropriate treatment, care, and support services for Nepal Police and their families

Activities:

1. Develop VCT facilities in the Nepal Police
2. Develop trained counselors in the Nepal Police at various districts
3. Develop a civil police alliance and referral system
4. Adapt and train the staff to implement the national protocols and guidelines (e.g., opportunistic infections (OIs), antiretrovirals (ARV), and prevention of mother-to-child transmission (PMTCT)) in the Nepal Police health facilities
5. Create a treatment fund
6. Promote programs on home-based care for PLWHA (e.g., materials, support groups, etc.)
7. Develop a policy for orphans and vulnerable children (OVC)
8. Develop an HIV/AIDS workplace policy addressing HIV prevention, treatment, awareness raising, stigma and discrimination, and care and support for PLWHA

3.2.4 Interface with vulnerable groups

Often, there have been complaints from vulnerable groups about the behavior of the police that creates a barrier for them to access services to protect themselves from HIV/AIDS. Therefore, it is vital to create an environment in the Nepal Police that reduces stigma and discrimination against vulnerable groups so that they may practice appropriate HIV/AIDS prevention behavior.

Overall Objective: To ensure the creation of an enabling environment for supportive behavior while dealing with the vulnerable groups

Activities:

1. Involve representatives of vulnerable groups as resource persons/speakers in the various training and sensitization programs
2. Arrange field visits to organizations working with the vulnerable groups including interactions with them
3. Form a joint monitoring mechanism between the police, civil societies and vulnerable group to monitor the behavior of the Nepal Police
4. Attach trainees to agencies working with the vulnerable groups as a part of their training program
5. Establish a network of designated police liaison officers covering all policing districts, with responsibility for receiving and investigating complaints of human rights violations or other activities alleged to impede HIV prevention and health promotion activities
6. Ensure that police investigate all allegations of crimes or other human rights violations against people living with or vulnerable to HIV infection, and that legal proceedings are taken against perpetrators, whether the perpetrators are members of the police force or other citizens
7. Support condom social marketing (CSM) through establishment/outlets in high-risk areas

3.2.5 Surveillance system

An integrated surveillance and management system for reporting, monitoring, and evaluation is needed for accurate assessment and tracking of the HIV

epidemic among police personnel. In the UNAIDS/WHO guidelines for initiating surveillance systems, the recommendation for concentrated epidemics where HIV is over 5 percent in any subpopulation at higher risk of infection (such as IDUs, SWs or MSM) is that surveillance systems should monitor infection and behavior in those groups, paying particular attention to behavioral links between members of those groups and the general population. Groups linking subpopulations at higher risk of infection with the general population are called "bridging populations". The Nepal Police are a bridging population for most of the vulnerable groups. Additionally, the Nepal Police are a "definable and accessible population" in large enough numbers to allow identification of behavioral trends (FHI BSS handbook 1998). Availability of such surveillance data will assist in decision-making and planning for ongoing HIV/AIDS interventions. At the same time, it would be helpful to develop links with the Department of Health Services (DoHS) health management information system (HMIS) to generate data and information on the HIV/AIDS situation and to analyze them and intepret results for effective implementation of the HIV/AIDS program.

Overall Objective: Ensure an effective surveillance and information system for the Nepal Police

Activities:

1. Coordinate and cooperate with NCASC and other agencies involved in conducting national surveillance
2. Develop and conduct a Behavioral Surveillance Survey (BSS) for Nepal Police
3. Develop and conduct Seroprevalence Survey for Nepal Police
4. Develop mechanisms that protect confidentiality

3.2.6 Monitoring and evaluation

Monitoring and evaluation is the cornerstone of any intervention program for HIV/AIDS. The success of the Nepal Police HIV/AIDS strategy hinges upon the effective monitoring and evaluation of programs. Monitoring and evaluation will indicate how effective the strategies and programs have been and enable them to be adjusted where necessary and also will indicate where they should be continued, changed, or terminated.

Overall Objective: Ensure the establishment of a monitoring and evaluation frame for the Nepal Police HIV/AIDS program

Activities:

1. Develop monitoring and evaluation mechanisms for HIV/AIDS programs including the following indicators:
   - Number of uniformed service personnel and proportion of workforce reached by HIV IEC and BCC annually
   - Sentinel surveillance of HIV prevalence in uniformed services personnel
   - Sentinel surveillance of STI prevalence in uniformed services personnel
   - Surveillance of knowledge of HIV and STI prevention and treatment

- Surveillance of uniformed service personnel and their family members who have access to clinical services for HIV and STI prevention and treatment
- Behavioral surveillance in uniformed services personnel including:
  - Number of commercial sexual acts
  - Frequency of condom use during commercial sexual activity
  - Involvement in other acts which involve exposure to the risk of HIV transmission
- Conduct Market Research Omnibus Surveillance (MROS)
- Number of uniformed service personnel and proportion of workforce receiving IEC and BCC on the use of universal infection control precautions
- Number of uniformed service personnel and proportion of workforce with access to HIV and other blood-borne virus prevention equipment
- Number of complaints of human rights violations or other mistreatment by people living with HIV/AIDS and people vulnerable to HIV infection, including number of complaints found to be substantiated and any action taken in response to substantiated complaints

3.2.7 Institutional mechanisms

The firm commitment and leadership at the highest level are necessary for an effective and expanded response to HIV/AIDS. The existing HIV/AIDS Advisory Team at Nepal Police Headquarters and the Task Force at the hospital level reflect the commitment of the Nepal Police toward HIV/AIDS. The strategy proposes to redefine the role of existing advisory board to the role of a steering committee and further build its capacity to coordinate, provide technical assistance, monitor and supervise and mobilize appropriate resources for the HIV/AIDS program of the Nepal Police at the headquarters. The strategy also proposes to build supportive structures at various levels as per the need.

Overall Objective: Ensure the proper institutional mechanism is in place

Activities:

1. Develop program of activities to strengthen the Steering Committee
2. Implement capacity-building activities for the Steering Committee
3. Create sub-committees at the regional and district levels to monitor and report to the Steering Committee

3.3 Workplan of the Strategy

To implement this strategy, the five-year workplan is as follows:

	Sub Activities 1st Year	2nd & 3rd Year	4th & 5th Year	Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
STRATEGIC OBJECTIVE 1: Establish and sustain high-level leadership and commitment						
Key Activities: 1. Provide comprehensive training to senior police on HIV prevention, and HIV/AIDS-related public health and human rights issues	Training/ Sensitization Program developed	Training/ Sensitization Program conducted	Continue...	All senior police provided with introductory training by the end of 5th year	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
2. Hold regular meetings between senior police and public health officials to promote coordination and cooperation concerning HIV prevention and health promotion activities	System designed and implemented	Regular meetings held	Continue...	At least 4 meetings are held every year and better coordination & cooperation established between police and public health authorities resulting in more effective HIV prevention and health promotion programs	,,	,,
STRATEGIC OBJECTIVE 2: Prevent STI and HIV infection among the police personnel and their families						
Key Activities: 1. Integration of HIV/AIDS into the training program of Nepal Police	• Design and develop HIV/AIDS curriculum for basic training • Develop materials for sensitization sessions and refresher trainings • Conduct TOT • Adapt the materials • Production of the materials	• Implementation of the HIV/ AIDS curriculum • Sensitization sessions conducted	Implementation	**By end of Fifth Year:** • HIV/AIDS curriculum fully incorporated in all training courses • 5000 police reached	,,	,,

	Sub Activities 1st Year	2nd & 3rd Year	4th & 5th Year	Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
2. Peer Education System within Nepal Police	• Conceptualization of Peer Education System • Program designed and developed • Peer educator selection criteria developed & peer educators selected	• Training of the peer educators • Implementation of the peer education program	Implementation of the peer education program	**By end of Fifth Year:** • 50 core peer educators trained • 25,000 people reached	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
3. Adaptations of STI/HIV/ AIDS IEC material	• Develop IEC plan • Collect relevant IEC material	• Develop/adapt IEC materials • Pretest & finalization • Production	Implementation	**By end of Third Year:** 50,000 copies produced & disseminated	"	"
4. Promotion of consistent and correct condom use	Develop plan to assure the availability & accessibility of condoms in Police posts	Implementation of the plan	Continue...	**By end of Fifth Year:** Condom outlets in all police posts	"	"
5. Sensitization programs for the key officials (senior officials and decision makers) and serving officers	• Sensitization program designed • Materials developed	Conduct sensitization programs for key officials (senior officials and decision makers) and serving officers	Continue...	**By end of Fifth Year:** All personnel will have undergone sensitization training	"	"
6. Ensure the practice of universal precautions (UP) in all police health facilities	Adaptation of the UP guidelines	Training for police health care providers on the UP	Continue...	All health workers in police health facilities to have received basic training in UP by the end of 5th year	"	"
7. Provision of Post Exposure Phophyxis (PEP) services	• Adaptation of the guidelines for PEP	Training on PEP for the health care providers	Provision of PEP as required	All health officials in police health facilities understand and are aware of the availability of PEP	"	"
8. Ensure blood safety	Review current status	Equip police hospitals with quality blood screening facilities	Implement blood safety regime	Blood safety regime in place in all police hospitals	"	"

	Sub Activities			Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
	1st Year	2nd & 3rd Year	4th & 5th Year			
STRATEGIC OBJECTIVE 3: Ensure the development of appropriate treatment, care, and support services for Nepal Police and their families						
Key Activities: 1. Development of VCT facilities in the Nepal Police	Training of human resources	Set up VCT facilities within Birendra Police Hospital and inform all personnel of availability of services	Services operational	**By end of Fifth Year:** VCT Center established and operational in Birendra Police Hospital	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
2. Develop trained counselors in the Nepal Police	Develop plan for training of counselors	• Identify persons • Initiate training	Continue training	**By end of Fifth Year:** At least one counselor is available at each district	"	"
3. Develop civil police alliance and referral network to build linkages with government, NGOs, INGOs, PLWHA and other civilian institutions to ensure cooperation in all aspects of HIV/AIDS activities of Nepal Police	Develop the concept	Implementation	Implementation	Evaluation of civil police alliance for success in achieving aims identified in concept	"	"
4. Adapt and train the staff to implement the national protocols & guidelines (e.g. OI, ARV, PMTCT) in the Nepal police health facilities		• Adapt national protocols and guidelines on OI, ARV and PMTCT • Train staff on OI, ARV, and PMTCT management and provide information to staff on availability of services	Services implemented	Services evaluated	"	" National TB Centre/Thimi

	Sub Activities 1st Year	2nd & 3rd Year	4th & 5th Year	Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
5. Create a treatment fund		Concept developed	Implemented	**By end of Fifth Year:** Treatment fund established and operational	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
6. Promote programs on home-based care for PLWHA (e.g., materials, support groups, etc.)	Develop concept and implementation plan for establishing home based care and support groups	• Develop/adapt IEC materials on home base care • Establish support groups by & for infected and affected persons	Home-based care programs and support groups implemented	Home-based care programs and support groups evaluated against concept and implementation plan	"	"
7. Develop OVC (Orphan Vulnerable Children) due to HIV/AIDS policy			Develop OVC policies	**By end of Fifth Year:** OVC polices are formulated	"	"
8. Development of HIV/AIDS workplace policy		Initiate to develop HIV/AIDS work place policy	Workplace HIV/AIDS policy developed and adopted	HIV/AIDS workplace policy in place by the end of fifth year	"	"
STRATEGIC OBJECTIVE 4: Ensure the creation of an enabling environment for supportive behavior while dealing with the vulnerable groups						
Key Activities: 1. Involvement of the vulnerable groups as a resource person/ speakers in the various training and sensitization programs	• Identification of speakers from the various organization & liaison • Identify and train police liaison officers	• Include speakers in the regular training and sensitization programs • Police liaison officers establish relationships with vulnerable groups and assist with complaints	Police liaison officers continue to provide link with and services to vulnerable groups	**By end of Fifth Year:** Vulnerable groups are involved as speakers at the national level programs	"	"

	Sub Activities			Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
	1st Year	2nd & 3rd Year	4th & 5th Year			
2. Organization of field visits to organizations working with vulnerable groups including interactions with them	Program design	Conduct the visit	Conduct visits	Regular interaction with organizations is continued	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
3. Formation of a joint monitoring mechanism between the police, civil societies, and vulnerable groups to monitor the behavior of the Nepal Police	Concept development	Regular meetings held and reports submitted	Regular meetings held and reports submitted	At least one monitoring team working in all 5 regions	"	"
4. Attach trainees to agencies working with vulnerable groups as a part of their training program	Develop the concept	Attach trainees	Attach trainees	**By end of Fifth Year:** At least 25% of senior level trainees are attached in such programs	"	"
STRATEGIC OBJECTIVE 5: Ensure an effective surveillance and information system for the Nepal Police						
Key Activities: 1.Conduct baseline Behavioral Surveillance Survey (BSS), Seroprevalence Study, and Market Research Omnibus Survey (MROS) for Nepal Police	Baseline study conducted		Follow-up study conducted	Study report disseminated	"	"
2. HIV/AIDS Management Information System (MIS) developed		Internal system developed and linked with National HMIS	System operational	**By end of Fifth Year:** System linked with HMIS and police data reflected in national health report	"	"

	Sub Activities			Targets/ Indicator	Possible Partners	Possible Risk/ Assumptions
	1st Year	2nd & 3rd Year	4th & 5th Year			
STRATEGIC OBJECTIVE 6: Ensure the establishment of a monitoring and evaluation framework for the Nepal Police HIV/AIDS program						
Key Activities: 1. Develop monitoring and evaluation mechanism for HIV/Program	Core group formed	Monitoring and evaluation mechanism developed	Systems for collecting relevant information implemented	**By end of Fifth Year:** Monitoring and evaluation mechanism in place	AusAID, DFID, DoHS, FHI, GFATM, ILO, INGOs, JICA, NAP+N, NCASC, NGOs, POLICY, PSI, Red Cross, UMN, UNAIDS, UNFPA, UNICEF, USAID, WHO, World Bank	• HIV/AIDS falls within the priority of Nepal Police • Continued commitment from the highest leadership • Resources are available
STRATEGIC OBJECTIVE 7: Ensure the proper institutional mechanism is in place						
Key Activities: 1. Strengthen the Steering Committee	• Role defined • Set up a secretariat for the advisory team	Institutional support	Institutional support	**By end of Fifth Year:** A strong institutional mechanism is developed and in place	"	"
2. Implement capacity building activities for the Steering Committee	Concept developed	• Exposure visits/ training • Other capacity-building activities		Increased capacity of the Steering Committee demonstrated through independent assessment of level of capacity of Steering Committee members	"	"
3. Create sub-committees at the regional and district level to monitor and report to the Steering Committee	Concept developed and implemented	Reporting format and reporting timetable developed for provision of reports to Steering Committee. Reports submitted in designated format and according to established timetable to Steering Committee	Reports submitted in designated format and according to established timetable to Steering Committee	• Reports submitted in designated format and according to established timetable to Steering Committee • Functioning of subcommittees evaluated	"	"

four

CHAPTER

The Way Ahead

The HIV/AIDS pandemic is spreading surely and quickly, especially in developing countries. Nepal, too, cannot remain silent, as the epidemic is poised to move from a concentrated to a generalized epidemic. The epidemic continues to expand into the nation despite the expanded response in the recent years. The present unstable political situation exacerbated by the burgeoning insurgency has severely disrupted the development priorities of the nation. A more responsive National HIV/AIDS Strategy is in place, but effective implementation of the strategy is still required.

Nepal Police must be aware of the state of the epidemic and its potential to cause further harm to Nepal, and should forge ahead in making commitments and provide leadership for responding effectively to HIV/AIDS. In fact, uniformed services could become an example of effective workplace HIV/AIDS policy and program design and implementation and can also act as a change agent to mitigate the effects of the epidemic in the country. Nepal Police, therefore, will look forward to addressing the following issues:

- Scaling-up leadership and expanding civilian alliances and networking for more effective responses to HIV/AIDS.
- Adapting new ideas from research results throughout the world.
- Developing the capacity for more effective management and coordination of HIV/AIDS programs.
- Sharing the experiences of other police forces from the developing world in combating the epidemic so as to replicate successes in ongoing programs.
- Sharing the experiences of Nepal Police with other uniformed services in the country.
- Initiating a SAARC countries "police forces network" to share lessons learned and more effectively combat HIV/AIDS in the region.
- Reinforcing commitments to GIPA principles.
- Making a concerted effort to address stigma, discrimination, and denial in

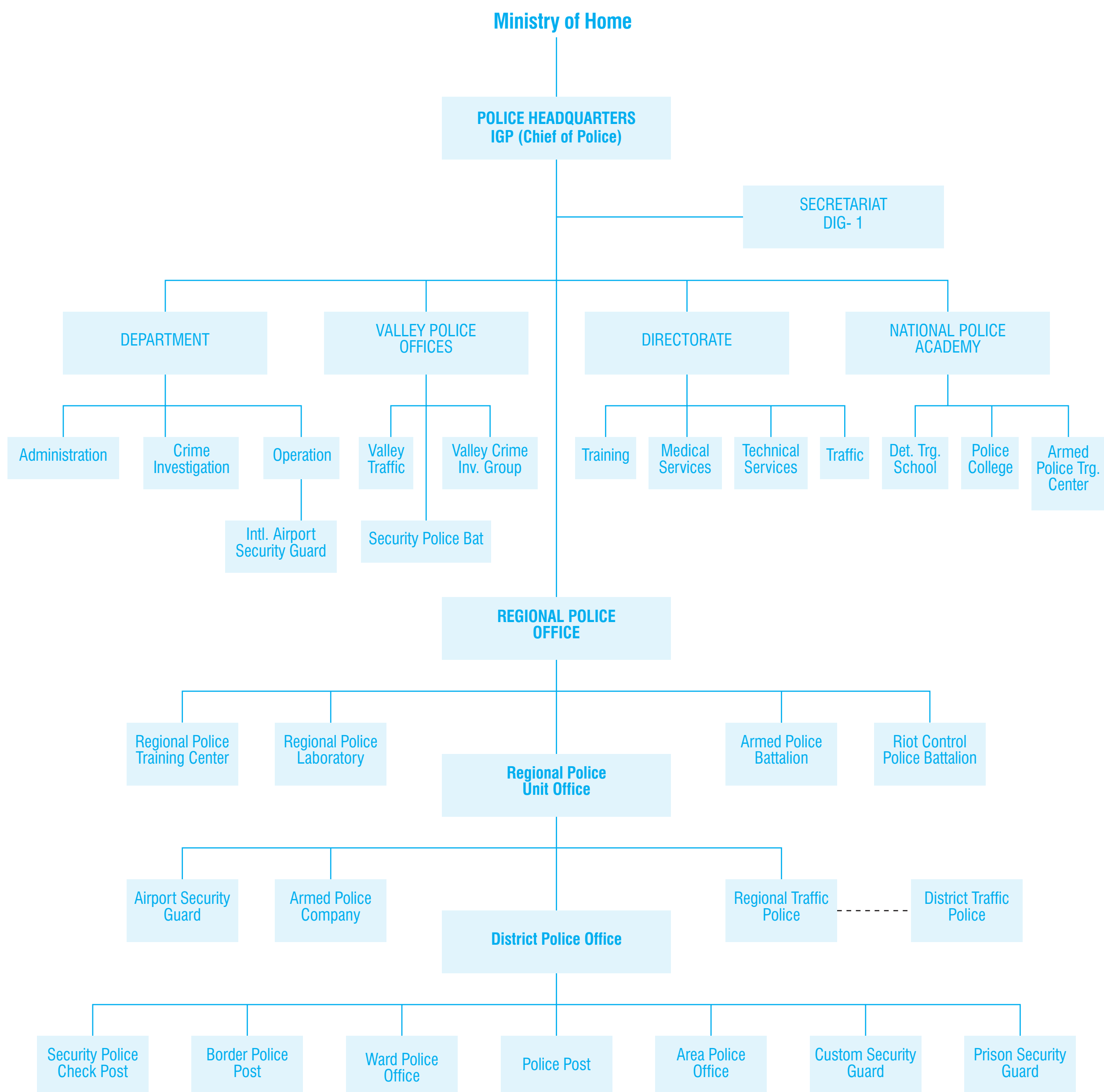
order to promote respect for the rights of PLWHA and vulnerable groups.
- Scaling-up treatment and care facilities for police personnel with HIV/AIDS.
- Focusing programs on young personnel in Nepal Police.
- Ensuring gender equity and empowerment in the Nepal Police.
- Further strengthening the partnerships with other branches of government and civil society including NGOs and INGOs.

Nepal Police have the potential to make effective interventions due to its well-structured and disciplined setting. They not only can make difference within their organization but also can help the people at large, who are threatened by the menace of HIV/AIDS.

The full implementation of the proposed strategy/workplan of Nepal Police depends upon the availability of both financial and human resources. While acknowledging the restrictions imposed by limited resources, Nepal Police must urgently begin the process of contributing a strong and effective response to HIV/AIDS for the good of Nepal Police personnel, their families, communities, and all the people of Nepal.

Annex 1

Organizational Structure of Nepal Police, His Majesty's Government



Annex 2

Selected List of Institutions/Persons Contacted for Comments, Meetings, and Focus Group Discussions

SN	Name	Designation and Organization	Location
1.	Mr. Amar Singh Shah	AIGP, Nepal Police	Kathmandu
2.	Ms. Asha Basnyat	Associate Director, Program and Technical Resources FHI/Nepal	Kathmandu
3.	Dr. B. D. Chataut	Director General, Department of Health Services	Kathmandu
4.	Mr. Bhoj Raj Pokharel	Country Director, POLICY Project/Nepal	Kathmandu
5.	Mr. Bigyan Raj Sharma	SP, Nepal Police	Kathmandu
6.	Mr. Bimal Chapagain	Freelance Consultant	Kathmandu
7.	Mr. Deepak Bajracharya	Deputy Country Representative PSI/Nepal	Kathmandu
8.	Mr. Deepak Koirala	Partnering and Capacity Building Team Leader, SC-US	Kathmandu
9.	Ms. Geeta Upreti	DSP, Nepal Police	Kathmandu
10.	Dr. Govinda Prasad Thapa	AIGP, Nepal Police	Kathmandu
11.	Health Team	USAID	Kathmandu
12.	Mr. Hemraj Bahadur Malla	SP, Nepal Police	Pokhara
13.	Ms. Ivana Lohar	Program Officer, POLICY Project/Nepal	Kathmandu
14.	Mr. Jagadish Lohani	Chief, Youth Vision	Kathmandu
15.	Mr. Jaya Singh Thapa	SSP, Nepal Police	Pokhara
16.	Dr. Kashi Ram Kunwar	DIGP, Nepal Police	Kathmandu
17.	Dr. Kokila Vaidya	Chief Technical Advisor PSI/Nepal	Kathmandu
18.	Mr. Kumar Koirala	DIGP, Nepal Police	Kathmandu
19.	Mr. Kumar Poudel	Joint Secretary, Ministry of Home Affairs	Kathmandu
20.	Dr. Laxmi Bilas Acharya	Technical Officer-Surveillance and Research FHI/Nepal	Kathmandu
21.	Dr. Laxmi Pathak	Former Director, NCASC, Ministry of Health	Kathmandu
22.	Mr. Mahesh Bhattarai	Chief, GWP	Kathmandu
23.	Dr. Megh Gurung	SP, Nepal Police	Kathmandu
24.	Dr. Michael Hahn	Country Director, UNAIDS/Nepal	Kathmandu
25.	Mr. Nava Raj Dhakal	SP, Nepal Police	Kathmandu
26.	Mr. Om Bikram Rana	AIGP, Nepal Police	Kathmandu
27.	Other Officers and Ranks	Nepal Police, Birendra Police Hospital	Kathmandu and Pokhara
28.	Mr. Rajeeb L. Satyal	Managing Director, SMD	Kathmandu
29.	Mr. Rajendra Bahadur Singh	AIGP, Nepal Police	Kathmandu
30.	Ms. Ranju Sigdel	Inspector, Nepal Police	Kathmandu
31.	Mr. Samir Chandra Kharel	Inspector, Nepal Police	Kathmandu
32.	Ms. Sapana Pradhan Malla	President, FWLD	Kathmandu
33.	Ms. Sharmila Shrestha	Chief, WATCH	Kathmandu
34.	Mr. Sher Bahadur Shah	DIGP, Nepal Police	Pokhara
35.	Mr. Steven Honeyman	Country Director, PSI/Nepal	
36.	Ms. Sumi Devkota	Senior Program Officer, POLICY Project/ Nepal	Kathmandu
37.	Mr. Sunil Pant	Chief, BDS	Kathmandu
38.	Ms. Tulsa Lata Amatya	Chief, CSC	Kathmandu
39.	________________	Prominent Representatives of PLWHA, FSWs, IDUs, and MSM	Kathmandu

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