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Strengthening the HIV & AIDS Policy Environment in Nepal

POLICY Project/Nepal final report

March 2006

DISCLAIMER
The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>BDS</td>
<td>Blue Diamond Society</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<tr>
<td>DACC</td>
<td>District AIDS Coordination Committee</td>
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<td>DDC</td>
<td>District Development Committee</td>
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<td>DIG</td>
<td>Deputy Inspector General</td>
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<tr>
<td>FSW</td>
<td>Female Sex Workers</td>
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<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living with HIV or AIDS</td>
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<td>GWP</td>
<td>General Welfare Pratishan</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HMG</td>
<td>His Majesty’s Government</td>
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<td>ICAAP</td>
<td>International Conference on AIDS in Asia and the Pacific</td>
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<td>IDU</td>
<td>Injection Drug Users</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NANGAAN</td>
<td>National NGO’s Network Group Against AIDS – Nepal</td>
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<td>NAP+N</td>
<td>National Association of People Living with HIV &amp; AIDS</td>
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<tr>
<td>NASC</td>
<td>National Administration Staff College</td>
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<tr>
<td>NCASC</td>
<td>National Centre for AIDS and STD Control</td>
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<tr>
<td>NGO</td>
<td>Nongovernmental Organization</td>
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<tr>
<td>ODC</td>
<td>Organizational Development Center</td>
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<tr>
<td>PLHA</td>
<td>Person Living with HIV or AIDS</td>
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<tr>
<td>RN</td>
<td>Recovering Nepal</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNFPA</td>
<td>United Nations Populations Fund</td>
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<tr>
<td>USAID</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>WATCH</td>
<td>Women Acting Together for a Change</td>
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The POLICY Project/Nepal would like to extend its sincere gratitude to His Majesty’s Government of Nepal for giving us the opportunity to be involved in the creation of a more supportive policy environment for HIV & AIDS. Our thanks go to the National Center for AIDS and STD Control for the support and encouragement extended by the directors and the staff of the center.

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The POLICY Project would like to thank all our implementing partners without whom our work would not have been possible. Our gratitude goes to the participants of the interviews conducted for the report, for giving us valuable time and sharing the information on our project.

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The contribution of the POLICY Project/Nepal staff in these three years cannot go unnoticed. Without their commitment, dedication, and devotion to the project this report would never have existed.

And finally, the POLICY Project would like to thank all those who have stood by us—government agencies, nongovernmental organizations, people living with HIV or AIDS, vulnerable groups, women’s and youth groups, faith-based organizations, businesses, the media, and other individuals—and worked with us in strengthening the HIV & AIDS policy environment in Nepal. This report reflects your achievements and dedication.

Bhojraj Pokharel
Country Director
Executive summary

The first case of HIV & AIDS was reported in Nepal in 1988. UNAIDS now estimates that 62,000 people between the ages of 15 and 49 in Nepal are HIV positive (UNAIDS, 2005). HIV is now a ‘concentrated epidemic’ with a prevalence rate of over 5 percent within certain vulnerable groups such as injection drug users. (National HIV & AIDS Strategy Report, July 2002). However, recent studies indicate that sero-prevalence among some of the most-at-risk populations is in a decreasing trend.

The government of Nepal has made national and international commitments to make HIV & AIDS a priority issue. These commitments are reflected through the National HIV & AIDS Strategy, which is implemented by the National Center for AIDS and STD Control (NCASC). However, conflict and numerous other social, economic and political problems have overshadowed Nepal’s commitment to HIV & AIDS mitigation.

In order to support the government’s commitments, national and international organizations have been working to contain the HIV & AIDS epidemic in Nepal. Their response has made a positive impact; sero-prevalence among some of the most-at-risk populations has even come down. Yet, the number of people with HIV & AIDS in Nepal is still growing and pervasive stigma and discrimination towards the people living with HIV or AIDS (PLHA) and most-at-risk groups is a continuing challenge for an effective response.

The POLICY Project, as one of the United States Agency for International Development’s (USAID) implementing partners, supported NCASC to implement the National HIV & AIDS Strategy from 2003 to 2006. One of the POLICY Project’s most important strategies was to mobilize political commitment. In collaboration with NCASC, the project worked with policymakers and program managers—from central to local levels—to create enabling policies to slow the spread of HIV and reduce stigma and discrimination. The POLICY Project created the foundation for a multisectoral commitment to addressing the HIV epidemic through its work with the Nepal Police and the Nepal Administrative Staff College (NASC). The national training programs associated with these two organizations raised awareness about HIV & AIDS and prepared future policymakers to implement effective responses to HIV & AIDS. The POLICY Project built commitment at the local level—addressing the need for decentralized planning as recommended in the National HIV & AIDS Strategy, by creating a guide for local governments to use to respond to HIV. The POLICY Project facilitated an application of this tool, enabling local officials and stakeholders in the Bhaktapur District to complete and implement a district AIDS plan. To understand the gap between Nepal’s international commitments and national implementation, the POLICY Project supported a review of laws and policies related to HIV & AIDS, which led to the development of amendment proposals to existing laws and a draft HIV & AIDS bill.

The POLICY Project also worked to build and strengthen the leadership and advocacy capacities of vulnerable groups—such as sex workers, men who have sex with men (MSM), injection drug users (IDUs), and PLHAs—and enable their meaningful participation in policy dialogue and advocacy. Stigma and discrimination has limited the ability of these groups to fight for their rights as outlined in related national and international declarations. The POLICY Project supported individuals to form groups and build networks and organizations through which they can confront stigma and discrimination and become advocates for HIV & AIDS policies, programs, and their implementation. These networks and groups, for example, Recovering Nepal and SNEH/A Samaj, now have the capacity to influence and shape HIV & AIDS policies. Vulnerable groups and PLHAs are now champions for their own cause—interacting
with policymakers, the media, and public and private sectors—and have become partners in the national response to HIV & AIDS.

The POLICY Project supported NCASC to develop **resources and data for improved planning.** The POLICY Project introduced NCASC to the Goals Model for strategic planning and resource allocation and helped the center create a website and database for partners working on HIV. The POLICY Project also provided technical assistance to vulnerable groups to collect relevant data—such as documentation on violence against sex workers—that will help policymakers draft evidence-based policies and plans.

Some of the POLICY Project’s work had to be discontinued as priorities changed with changing government administrations and political leadership. Yet, many of the project’s approaches laid the groundwork for an enabling policy environment for HIV & AIDS-related programming and initiatives in Nepal. Containing the HIV epidemic still remains a challenge—more vulnerable groups have to be reached, high-level commitment has to be ensured, and sustaining the programs already initiated is imperative for Nepal to continue to mount a successful response to the HIV epidemic.
Background

The first case of HIV & AIDS in Nepal was reported in 1988. According to the Ministry of Health and Population, by 2003, 0.5 percent of the population was reported to be HIV positive. It is estimated that 62,000 people in Nepal are already HIV positive (UNAIDS, 2005), and Nepal is classified as a country with a concentrated epidemic with HIV prevalence of 5 percent or more in certain vulnerable groups. (National HIV & AIDS Strategy Report, 2002). However, recent studies indicate that zero-prevalence among some of the most-at-risk populations seems to be decreasing.

HIV is one of the government’s top priorities as signaled in the Tenth National Plan that identifies HIV & AIDS as a crosscutting issue affecting national development. The government is also committed to the Millennium Declaration and the Millennium Development Goals to halt and reverse the spread of the virus by the year 2015. Nepal’s commitment to fighting HIV & AIDS was solidified by the formation of the National AIDS Council, headed by the Prime Minister. The National Center for AIDS and STD Control (NCASC) is charged with implementing and monitoring the National Policy on HIV & AIDS and the National HIV & AIDS Strategy.

However, the nine-year insurgency and the other pressing development issues have overshadowed the government’s commitment to HIV & AIDS. In the 14 years since the Kingdom of Nepal became a democracy, more than a dozen government administrations have come and gone. This political instability has led to a lack of continuity, consistency, and commitment in leadership, which has posed major obstacles in achieving an enabling policy environment for HIV prevention and control and in meeting the commitments made.

Nepal’s sociocultural environment has also made HIV & AIDS mitigation difficult. Sex outside of marriage, drug use, and homosexuality are all considered taboo subjects. With HIV linked to these behaviors, there is a state of denial of HIV and high-risk behavior. Sex workers, injection drug users (IDUs), men who have sex with men (MSM), and other vulnerable groups practice high-risk behaviors clandestinely. Stigma prevents these most-at-risk groups from seeking HIV testing, services, or treatment. More than 90 percent of the estimated 62,000 people living with HIV do not know their HIV status.

It was in this context that the POLICY Project in Nepal was launched. In March 2002, at the invitation of USAID, POLICY Project headquarters conducted a rapid HIV policy assessment in Nepal. The assessment, “Walking the Talk,” identified many gaps in policies and their implementation, such as a need to strengthen the multisectoral policy response to HIV & AIDS—which is the main thrust of the National HIV & AIDS Strategy 2002-2006—and the need to address issues related to stigma and discrimination and how these affect the implementation of policies, guidelines, and plans. Since March 2003, the POLICY Project /Nepal has tried to bridge these gaps.

POLICY Project /Washington put together a dynamic team of seasoned professionals resulting in a highly successful country program. The director being a former secretary of the government and the deputy director being a close ally of the vulnerable groups were important to the success of the program. The POLICY Project partners have emphasized that some of the intangibles that made the POLICY Project so successful include: flexibility of the POLICY Project staff to adapt to the changing needs of their partners; an open, sensitive leadership team which encourages growth; personalized attention and treatment of partners as equals; and influential leadership with links to government and vulnerable groups. In the three years of its work, the POLICY Project made significant inroads in the policy environment but there is still a long way to go.
POLICY Project’s approach

The POLICY Project worked with various national partners, including governmental and nongovernmental groups to create an enabling policy environment for HIV and AIDS related programming and initiatives. Specifically, the POLICY Project collaborated with the NCASC to increase ownership of the National HIV & AIDS Strategy and National Operational Plan for HIV & AIDS Control 2003-2007 within the private and public sectors and at the district level. This work provides a foundation on which to strengthen the multisectoral policy response to HIV & AIDS. A crucial determinant of the factors that affect transmission is the pervasive presence of stigma and discrimination that is manifested through the behavior of society and those affected by HIV & AIDS. Where there is stigma and discrimination, it is difficult to control the HIV & AIDS epidemic. The POLICY Project worked to reduce vulnerability to HIV & AIDS while supporting the implementation of the greater involvement of people living with HIV or AIDS (GIPA) principle.

To achieve its main strategic objective, the project strove to:

- Broaden and strengthen political and popular support to meet the program needs of infected and affected communities through effective advocacy;
- Improve HIV plans and planning and finance mechanisms;
- Ensure that policies and programs use data and research on the affect of HIV-related stigma and discrimination; and
- Enhance local capacity to meet the policy demands of the HIV & AIDS epidemic in Nepal.

This framework contributed to USAID/Nepal’s goal to create an improved and enabling policy environment for HIV & AIDS under the integrating theme of better governance for equitable growth. The POLICY Project’s activities contributed to the achievement of USAID’s strategic objective of reduced fertility and protected health of Nepalese families, through increased use of HIV/STI prevention and care services for the most-at-risk groups. The POLICY Project’s interventions were intended to focus on the following thematic areas.

Mobilizing political commitment at the national and local levels

We all have the same agenda: curb the rate of HIV transmission in Nepal and provide care and support for HIV positive people. HMG is working towards this agenda through its work with USAID and POLICY Project.

Dr. Shyam Sunder Mishra,
Director, NCASC

The POLICY Project worked with central and local government agencies and nongovernmental organizations (NGOs) to mobilize commitment for improving and sustaining policy, program, and operational approaches to HIV & AIDS. The POLICY Project supported implementation of the national strategy through NCASC and other stakeholders. However, the political crisis in the country and gaps in operational policies to achieve the government’s commitments have led to an ineffectual response to HIV & AIDS on the part of the government. To support the national strategy and to understand the gaps in policy, the project supported an assessment of laws and policies followed by proposals to amend existing laws and a draft HIV & AIDS bill. With the aim of furthering the government’s commitment to decentralization, the POLICY Project prepared a guide for the districts to respond to HIV & AIDS. Moreover, the POLICY Project engaged leaders from government and nongovernmental sectors to ensure their sustained commitment. The POLICY Project was also an active participant of various working groups and committees like the Global Fund’s local coordinating body, the Country Coordinating Mechanism (CCM), where ongoing dialogue and discussions with government and nongovernmental counterparts are possible.
Fostering sustained high-level commitment for issues relating to HIV & AIDS will remain a struggle until there is a stable government and parliament in place.

**Building and strengthening the leadership and advocacy skills of PLHAs and vulnerable groups**

The POLICY Project built the HIV-related skills and capacity of groups and individuals representing many sectors to identify and support policy champions who can advocate for change. An important vision of the national strategy is to expand the number of partners involved in the national response; a key component of the national action plan is to address stigma and discrimination against vulnerable groups. Two of the project’s major contributions were building the leadership and advocacy skills of vulnerable groups so that they can confront stigma and discrimination and supporting them to become policy champions so they can meaningfully participate in national policy dialogue and advocacy. The POLICY Project also raised awareness about human rights and the international instruments protective of human rights. In addition, the POLICY Project built effective partnerships, support groups, and/or networks to create a unified voice in advocating for prevention and support activities. Through this approach, the POLICY Project not only empowered vulnerable groups, but also harnessed political commitment to include these groups in policy dialogue. With the involvement of vulnerable groups and PLHAs, the POLICY Project developed advocacy toolkits for effective and meaningful involvement of these groups in advocacy and policy processes. The process of creating these tools was in and of itself a capacity-building exercise for the groups. The POLICY Project’s approach successfully provided opportunities to these new actors to engage in national HIV policy dialogue and participate in designing national programs.

The project’s work with vulnerable groups and PLHAs did have limitations; since the majority of people infected with the virus do not know their status, and many who do are not comfortable disclosing their status, the POLICY Project was only able to work with a small subset of PLHAs. In addition, the project’s work with some vulnerable groups and PLHAs invited criticism. Critics claimed that the POLICY Project built advocacy skills of individuals who are not as diplomatic or sensitive to differing opinions as they should be in interactions with stakeholders and who have limited knowledge of accountability and responsibilities of HIV & AIDS prevention organizations.

**Multisectoral engagement and innovative partnerships**

HIV is more than a health issue alone; it is a development challenge that has an impact on all sectors and groups in society. The POLICY Project excelled at bringing government, civil society, and private sector groups together to respond to the epidemic. This coordination, a goal in Nepal’s National HIV & AIDS Strategy, is particularly crucial for reducing stigma and discrimination, harnessing resources to complement government efforts, and addressing the various factors that increase vulnerability.

I keep emphasizing on the commitment from the government because a lot of things need to be authorized from the government (higher authorities)… there are issues of signatories, permission… and we need someone in the government who can give this go ahead. This is the one part that I lack.

POLICY Project has been working with the community in a coordinated way… with IDUs, uniformed services, PLHAs… and POLICY Project has to be given credit for its success. This also shows NCASC’s success.

Dr. Shyam Sundar Mishra, Director, NCASC
If we are talking about HIV, until and unless there is support and coordination with all stakeholders, we cannot really perform our activities. To achieve our goal, we need a multisectoral approach...

Dr. Shyam Sundar Mishra, Director, NCASC

The POLICY Project collaborated with the Nepal Administrative Staff College (NASC) to integrate HIV & AIDS into all their trainings, spanning all ministries and sectors. By initiating a training program for all government employees and employees of public enterprises, the POLICY Project fostered a truly multisectoral response to the epidemic. The POLICY Project also brought in new partners for addressing HIV & AIDS by working with the Nepal Police and media.

Resources and data for improved planning

Use of data and sound planning help guarantee the emergence of well-informed policies and strategies. The POLICY Project supported NCASC to collect information, to compile data, and to design the NCASC website. The POLICY Project also created a database to serve as a central repository for information on NCASC’s partners working on HIV & AIDS. POLICY Project/Nepal participated in several centrally-funded research activities to assess political commitment and coverage of AIDS services. As an entity, NCASC’s capacity to implement the HIV & AIDS Strategy was limited. Recognizing this limitation, the POLICY Project collaborated with the Organisation Development Center (ODC) and strove to build the institutional capacity of NCASC. The POLICY Project worked with local partners to create evidence-based reports and tools to assist those implementing efforts to fight against the HIV & AIDS epidemic within Nepal. The POLICY Project also introduced the Goals Model to NCASC, a model intended to support strategic planning at the national level by linking program goals and funding.

These initiatives were implemented to create sustainable programs and systems for data and resource management; however, frequent changes in leadership within NCASC have made this goal difficult. NCASC is not currently using the database, software, and models. In addition, the program with ODC had to be dropped prematurely as priorities changed with frequent leadership changes within the NCASC.
Key successes and achievements

Putting it all together: Creating an enabling environment for HIV & AIDS within the Nepal Police

With this strategy and workplan, curriculum, and trainers, we have been able to internalize this issue and we have been able to develop ownership of this HIV & AIDS prevention program within the Nepal Police.

Deputy Inspector General (DIG) Kumar Koirala
Coordinator, HIV & AIDS Steering Committee, Nepal Police

Prior to 2004, the battle against HIV was not a priority for the Nepal Police Force, but the vulnerability of uniformed services could not be ignored. Studies show that 38 percent of sex workers’ clients are from the uniformed services, including the police and armed forces (New ERA and FHI, 2002). Ill treatment of sex workers is widespread, including arbitrary arrests, violence, and forced sex. Other vulnerable groups, such as IDUs and MSM, also report harassment by police, including arrests for carrying condoms. The police recognize this antagonistic relationship and struggle with their mandate to keep order and maintain public safety within an environment of contradictory and confusing laws, policies, and practices among agencies dealing with HIV & AIDS. Although prevalence among the police force is unknown, the leadership assumes that HIV could affect a considerable number of its personnel, based on a 5 percent STI prevalence rate among officers visiting the Birendra Police Hospital.

When the POLICY Project originally approached the police, there was very little understanding about the need to address HIV & AIDS within the uniformed services. Other organizations had worked with Nepal Police on HIV & AIDS, but the programs were conducted in an ad hoc manner. After extensive policy dialogue, advocacy with high-level police officials, and sensitization to HIV & AIDS issues, the POLICY Project facilitated the formation of an HIV & AIDS Steering Committee, comprising a multidisciplinary group of senior police, NCASC staff, and POLICY Project staff. The Steering Committee’s mandate was to coordinate and integrate the police’s HIV & AIDS prevention and awareness programs in line with the National Operational Plan for HIV & AIDS Control 2003-2007.

Through the leadership and commitment of the Steering Committee, Nepal Police became the first branch of the uniformed services to endorse a five-year HIV & AIDS Strategy and Workplan in March 2005. The HIV & AIDS Strategy and Workplan provides a framework for the police to protect themselves and their families from HIV and to create a supportive environment for groups most-at-risk for HIV transmission. The strategy and workplan provide a systematic and organized approach to this work.

A key component of the strategy highlights the need to educate and provide information to all personnel of the police service. Accordingly, with the POLICY Project’s technical assistance,
During the training activities, we interact with vulnerable groups and we talk about stigma and discrimination. We talk about the behavior of the local police, and we conduct face-to-face interactions... I think this is a positive step forward... I will not say the behavior (of the police) has been changed totally, but it is in the process of changing... we cannot change the behavior of 47,000 police officers overnight. But it's a very good start I would say.

Deputy Inspector General Kumar Koirala

the Steering Committee designed four curricula: for senior officers, mid-level officers, entry-level officers, and peacekeepers, plus sensitization materials for senior officials. The materials provide police with basic sexually transmitted disease (STD) and HIV & AIDS information related to risk factors and prevention measures, voluntary counseling and testing (VCT), care and support, human rights, and stigma and discrimination. These documents were prepared using a highly participatory approach involving police officers from various levels—which has led to widespread ownership of the program and has aided in its institutionalization.

To implement the curricula, the POLICY Project trained a core group of 13 police master trainers who, in turn, trained 130 police officers in several regions. Now, with 143 trained personnel, 13 of whom are women, the Nepal Police has started to use these curricula extensively. The curricula have been incorporated into the general orientation for newcomers joining the force. For the 47,000 in-service officials, awareness-raising programs have been developed and its implementation has been initiated. Importantly, the curricula include an interactive session with vulnerable groups. For the trainees, these interactions have brought to life the reality of those affected and infected by HIV & AIDS.

This training will have tremendous long-term impact. Including this training as a component of all pre-service training will ensure a cadre of police officers who are knowledgeable and sensitized to HIV & AIDS issues. As approximately 3,000 to 5,000 new recruits go through this training annually, they will not only keep themselves and their families safe, they will also be able to use their knowledge on HIV & AIDS to create a safer environment for the most-at-risk groups throughout the country.

Within a short period of time, some positive changes have already started to occur. The dialogue between police and vulnerable groups has resulted in an improved attitude of police personnel toward these groups. Female sex workers (FSWs), MSMs, and IDUs report that they now feel much safer and more comfortable during interactions with the police.

The efforts of the Nepal Police are extending beyond the communities they serve. Other branches of the uniformed services have expressed interest in replicating the training program. After hearing DIG Koirala’s presentation at the 2005 International Congress on AIDS in Asia and the Pacific (ICAAP), a UNFPA/Bangladesh delegation visited Nepal to learn more. UNFPA was so impressed with the program, it invited the DIG to Bangladesh to help design an HIV program for the uniformed services within the Ministry of Home Affairs there.

The POLICY Project’s work with the police highlights how—when taken together—policy dialogue and formulation, planning, meaningful participation of vulnerable groups, and capacity building can create an enabling policy environment for HIV prevention and control. However, the project’s work has only reached a small fraction of the 47,000 police force. Sustained effort is needed to continue the program, along with the support of capable and consistent leadership. Until the majority of police are trained and HIV knowledge and understanding is fully internalized within the force, combating unsafe practices and stigma and discrimination within Nepal Police will remain a challenge.
In their Own Words: From Denial to Acceptance

"In one of our first trainings, our department had invited all the vulnerable groups—sex workers, MSMs, IDUs—to the Police Training Center. None of them agreed to come for the training. They were scared of us. We had to change our training site to the site of the National Health Training Center," says Inspector Samir Kharel, based in the police headquarters in Kathmandu. Inspector Kharel has seen a huge difference in the attitude of these vulnerable groups toward the police. But it was the change in his own attitudes and those of his fellow police officials that had the greatest impact on Inspector Kharel.

Eleven years ago, when he joined the police force, Kharel never imagined that he would be training fellow officers on HIV & AIDS as well as stigma and discrimination within the police force. Kharel admits to being scared of HIV. When he was trained as a trainer two years ago with the help of the POLICY Project, his first encounter with HIV-positive people occurred at Navakiran Plus, an organization for positive people, and it left a lasting impression. "We talked, we laughed... I shook hands with everyone and had tea and biscuits. Later, when I was told that everyone that we met in the organization was HIV positive, I washed my hands with soap and rubbed them on a rock to get rid of possible virus."

After learning more about HIV and meeting more people living with the virus, Inspector Kharel has overcome his fears. Now, it is Kharel who addresses HIV & AIDS within the police force. He, along with the other trainers, visit many police training centers scattered around the country to talk about HIV & AIDS and, on stigma and discrimination. "In most of the districts, it is the police officials who are the smartest and the best dressed. So when we started talking about HIV, they would not admit to their vulnerability to HIV. When we would talk about personal behavior, they would say that we are teaching them dirty things. But during the breaks, they discreetly ask questions."

In a short span of two years, he has seen increased sensitivity toward vulnerable groups. While training the police, Inspector Kharel still invites vulnerable groups to share their stories. "Now, they are very comfortable with us. Wherever we have the trainings, they come and share their problems. This exchange has been very good both for us and for them."

Positively involved: Forming and strengthening SNEHA Samaj

The women at SNEHA Samaj feel the unity amongst them and work towards supporting those who are ill... and now we have formed a community through which we can support each other.

Chhiring Doka Sherpa, President, SNEHA Samaj

Gender inequalities and discrimination are prominent in Nepal, a major reason women living with HIV & AIDS do not disclose their HIV status. The fear of being ostracized by family and society makes them unable to discuss their problems freely. The double stigma of being a woman and HIV positive has made it difficult for these women to access services, especially care and treatment.
Low literacy compounds the problem, making HIV-positive women dependent on others, even to access information to lead a healthy and positive life.

The POLICY Project recognized the need to build the leadership capacity of positive women so that they would be able to advocate on key issues related to women and children living with HIV & AIDS. This work led to the formation of a support group for women and children infected and affected by HIV & AIDS. The group, based in Kathmandu, chose the name SNEHA Samaj, meaning “love and affection.” It is the first organization of its kind, allowing women both infected and affected by HIV & AIDS to come together to identify and speak out on their needs.

With sustained training and capacity building, SNEHA Samaj is now an officially registered NGO composed of and for infected and affected women. This registration was the first step to help the group access resources and gain the recognition necessary to run programs. SNEHA Samaj extended its support to women infected and affected by HIV and has started a crisis center. Through various fundraising activities, SNEHA has been able to provide treatment and other services to needy women and children infected with HIV & AIDS. Providing these services has been an important avenue to increasing its membership. SNEHA has now reached about 60 HIV-positive women. The group has also extended its support nationally by facilitating the formation of support groups outside the capital. The POLICY Project supported monthly meetings and capacity-building efforts with these nascent groups.

With the skills and capacity to contribute at the policy level, SNEHA has brought the voices of women infected and affected by HIV to national and international forums. The President of SNEHA Samaj made a presentation on HIV-positive women in Nepal and her organization at the ICAAP conference in July 2005. She also attended the International AIDS Conference in Bangkok and was presented the Ralph U. Stone Memorial Award for women leaders in HIV at the end of CEDPA’s Women and Leadership Training in Washington, D.C. SNEHA Samaj members are now active participants in the policy process and are members of various forums like the Global Fund to Fight AIDS, Tuberculosis and Malaria’s CCM.

Sustaining SNEHA Samaj’s efforts is not without challenges. There are only a few positive women leaders and grooming the next generation remains a big challenge. With the recognition that SNEHA Samaj has received, group members are asked to represent infected and affected women in various forums; however, with a limited number of capable women who can represent the organization, members are often over-stretched. Limited resources have also meant that thousands of other women remain unaware of the services SNEHA offers. Reaching out to more positive women around the country remains a challenge.

Women infected and affected by HIV, even within these groups, require sustained support for educational opportunities and literacy classes to help build the confidence and skills needed to become effective advocates and leaders. Competing demands for childrearing and household upkeep, coupled with economic hardship, leave women with little time to participate in support groups or other HIV social services.
In their own words: *Building a Community of Compassion*

When 26-year-old Chhiring tested positive with HIV, she was convinced she would die the next day. Without any support from her family, Chhiring found herself in a shelter run by nuns, where she met other women living with HIV. “A lot of women were thrown out of their homes and we thought we had to do something.”

With encouragement and support from POLICY Project, Chhiring and her friends formed a support group, SNEHA Samaj. Chhiring has not even completed high school, but she was the only educated woman in the group. “I have never been a leader in class; I have become a leader amongst HIV-positive women in Nepal.”

Running an organization for HIV-positive women is not easy. The stigma associated with HIV, and especially women with HIV, means that many women would not want to associate themselves with the organization. It was also difficult to find office space. Only a landlord with an HIV-positive family member consented to rent space to a group of HIV-positive women.

But the problems have not fazed Chhiring and the members of SNEHA. With advocacy and leadership training, the women are now empowered with a strong sense of identity and an understanding of their rights. “Most of the women here are from outside Kathmandu valley and they used to be scared of talking in front of men. Now, if they feel that they have been discriminated [against] by doctors in the hospitals, they raise their voices and talk to the doctors … We were a small bud and POLICY Project has helped us bloom into the flower that we are today.”

SNEHA members have not only defended their rights but have built their capacity as a functioning NGO. Using the proposal-writing skills gained through the POLICY Project, SNEHA obtained a grant from a local organization and established an onsite tailoring shop. Seven women are employed in the shop, and the profits from product sales provide resources for HIV treatment and care of SNEHA members.

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**Finding a common voice: The formation and strengthening of Nepal’s first IDU HIV & AIDS network: Recovering Nepal**

With the help of the POLICY Project, we came together, we got a single platform and we started to share our common problems and that was a big achievement for us ... And we started working together. Earlier what we used to do was blame each other.

*Bishnu Sharma, Vice Chairperson, Recovering Nepal*

Recovering Nepal (RN) with its slogan “No Decisions About Us Without Us!”, has become a unifying voice of recovering IDUs in Nepal. The IDU community, which has the highest percentage of HIV infections among vulnerable groups, was the least consulted in decisions regarding HIV & AIDS policies and programs. POLICY Project, with funds from headquarters, worked with local community organizations and support groups to identify, bring together, and nurture a network of recovering IDU leaders. Now RN, an officially registered NGO, has proven that affected groups can mobilize and become involved in policy dialogue at all levels.
In only 18 months, RN provided recovering IDUs with information and public speaking skills through use of a leadership curriculum designed by and for IDUs. After a series of consultation meetings throughout the country, RN now has national membership and seven regional advisory groups. RN has initiated IDU-led information and dialogue sessions with local stakeholders on links between HIV, IDUs, and stigma and discrimination. Through these advocacy activities, network members have sensitized students, community leaders, journalists, teachers, and police officers. Activities have resulted in increased media coverage through radio, newspapers, and television. RN also produces a bi-monthly advocacy newsletter, which describes advocacy issues and the activities of IDUs and the network.

In addition to mobilizing peer constituencies, RN has been an active member in national policy dialogue. Their feedback has influenced proposed amendments on existing laws, the draft HIV & AIDS bill, the national substitution therapy guidelines, and donor policies on eligibility for proposals. RN members have participated and presented in various international conferences and have successfully mobilized resources from other donors to continue the network’s work. RN’s Executive Director participated in the 16th International Conference on the Reduction of Drug-related Harm in Belfast and was nominated to be a coordinating committee member for the next annual conference in Vancouver, Canada, in May 2006. Another member participated in the International AIDS Conference in Bangkok and gave a presentation on the organization.

RN successfully planned and coordinated a two-day “National Conference on Drug Abuse and Drug-Led HIV” in November 2005 with more than 400 participants, including drug users, service providers, and policymakers. The conference provided an opportunity to create a unified platform for HIV services and programs for drug users and provided a forum to create a comprehensive donor approach to HIV prevention and control for the IDU community. The Ministry of Home Affairs supported the conference, marking the first time the IDU community received such support; the Home Minister also participated in the conference. The conference closed with a “Kathmandu Declaration, 2005,” which commits to a nondiscriminatory attitude toward all drug users and PLHAs, respect for human rights; and provision of equal opportunities for citizens, especially in relation to care, support, and treatment.

RN is struggling to reach out to women drug users. Few women currently participate in the group because women constitute such a small percentage of all IDUs in Nepal and they are hard to reach. The combination of being a woman and a drug user leads to double stigma and only a few women IDUs want to associate themselves with an organization where they can be easily identified. Moreover, since RN support groups are dominated by men, when women do participate, they rarely share their issues openly. RN is considering designing programs specially geared toward women. Bridging this gender gap is one of the many challenges facing RN.
In their own words: *A Long Walk to Freedom: A Woman IDU's Search for a New Life*

“I can file a case against him (my son’s father) because I am now empowered... my baby has a mother who knows about human rights so why shouldn’t I preserve his human rights?”

Ekta Mahat, 24 years old, wants her son to have his father’s name. Citizenship is granted only through patriarchal lineage in Nepal, and Ekta wants to ensure that her son is not deprived of this right to citizenship. Until recently, Ekta would never have considered fighting a legal battle for her child. Ekta was fighting for her own life. Ekta had been a drug user ever since she was a teenager. While she was pregnant, Ekta tried to kill herself by overdosing. With help from organizations working in HIV prevention, Ekta was able to stop using drugs for the first time four years ago.

In early 2003, Ekta was chosen as the coordinator for the POLICY Project’s program working with IDUs. “At the first I didn’t know how to write mail... but now I can write a proposal. They taught me everything. I learned every professional thing from the POLICY Project.” This was the program that evolved into Recovering Nepal.

Ekta had to give up her role as a coordinator of Recovering Nepal when she relapsed. But now that she is clean, she is back in Recovering Nepal, working with her peers on HIV prevention issues. The advocacy and leadership skills she received from the POLICY Project have encouraged Ekta to improve her own life and the life of her child. She is also eager to improve the lives of other female drug users. “We females have a lot of walls around us,” Ekta notes, referring to the high level of stigma and discrimination that women drug users face. Being the only woman in an all men’s group, Ekta had found it difficult to share some of her concerns. “Women drug users don’t want to go to an HIV & AIDS conference, they don’t want to be participants in an interaction about drugs because they don’t want to be exposed.” Ekta has been holding meetings with groups of women drug users at her own house. With her new found leadership skills, Ekta hopes to create an environment where women drug users are free to express their concerns without being intimidated by men and society at large.

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**Targeting public sector employees: Institutionalizing HIV & AIDS into training programs of the Nepal Administrative Staff College**

When the POLICY Project conducted a rapid assessment of ministry responses to HIV & AIDS in 2003, the findings identified an urgent need to raise awareness among government officials of issues relating to the epidemic. The assessment revealed that most ministry officials perceive HIV solely as a health issue. This level of misinformation, as well as stigma and discrimination by policymakers, present challenges to mainstreaming HIV & AIDS initiative into different sectors.

The NASC is an autonomous national public sector management development institution that provides training to all His Majesty's Government (HMG) and public sector employees. NASC conducts more than 50 pre- and in-service training programs reaching approximately 1,500 junior and senior government officials, across all sectors, annually. NASC provides short- and long-term training programs tailored to the position and seniority of staff. The POLICY Project targeted NASC as a strategic entry point to reach all public sector employees with HIV & AIDS information and awareness.

Initially, including HIV in our work was difficult. Even our senior colleagues were against it and believed HIV to be only a health issue. We had to convince the governing council - a council with high-level body headed by the Minister for General Administration. Only after they were convinced HIV became institutionalized here.

Dr. Madan Manandhar, NASC
Through consultations with the NCASC, the POLICY Project, and vulnerable groups, NASC designed three sets of curricula that have been integrated into the regular training programs of the Staff College. The first curriculum is for HMG officers participating in long courses; the second is for HMG officers taking short courses, and the final curriculum is for non-gazetted staff. The curricula provide basic information on HIV & AIDS and risk behaviors and an overview of the global and national epidemic: stigma, discrimination, and the rights of infected and affected groups; and the roles and responsibilities of civil servants in the prevention and control of HIV & AIDS. Importantly, the curricula establish HIV & AIDS as a development issue. The inclusion of these curricula into NASC training sessions will enable government employees to protect themselves and their families and to be more receptive and sensitive to issues relating to HIV & AIDS.

The collaborative process between the POLICY Project and NASC resulted in NASC taking ownership of the program. By securing the governing council’s approval for the curricula, having resources allocated for the program, and building a core group of trainers, NASC has now ensured the sustainability of the program. This program is a positive step in fostering HIV & AIDS champions throughout the government.

While the training program is an important first step in raising civil servant awareness to HIV & AIDS issues, securing high-level commitment for a multisectoral response to HIV & AIDS is a vital step to effectively fighting the epidemic. Each ministry has established focal persons for HIV yet they are rarely consulted on relevant activities. A section officer from the Ministry of Local Development trained by NASC noted that the training was a good first step, but that it was not enough to make real policy change. He noted, “The trainings have made us aware and we will take this awareness to our family and friends, but it is not enough. There has to be more of a commitment from the higher-level officials.”

Building local commitment to HIV & AIDS: A guide for district-level planning

The National Policy on AIDS and STI Control, 1995 states that HIV & AIDS/STI prevention activities should be conducted within a multisectoral program, with decentralized implementation at the village, district, and regional levels. The 1999 Local Self-Governance Act empowered local bodies to establish plans and mobilize resources. The National HIV & AIDS Strategy 2002-2006 emphasizes the importance of adequate and effective responses from local institutions, such as the District Development Committees (DDCs) and the District AIDS Coordination Committees (DACCs), in reducing the effect of HIV & AIDS. To ensure decentralization, the National Policy on AIDS and STI Control 1995 mandates DACCs in all of Nepal’s 75 districts to coordinate the HIV & AIDS response at the district level. Although a majority of the districts have formed DACCs, their effectiveness is limited.

The POLICY Project addressed the need to broaden and strengthen local government commitment to build an enabling environment for effective HIV & AIDS policies and programs at the district level by producing Developing Competency for HIV & AIDS: A Training Guide for Local Government and Organizations in Response to HIV & AIDS. This guide aims to support local institutions, specifically DDCs and DACCs, to respond to HIV & AIDS by preparing knowledgeable and skilled human resources at the local level, building their capacity to mainstream HIV & AIDS into all sectors of development, integrating HIV & AIDS into district plans, and enhancing coordination among all the stakeholders for the plans’ implementation. To facilitate the process, the POLICY
Project has trained a core group of 32 trainers to support the districts to respond to HIV & AIDS. Other development partners have also started using this guide. Sensitization programs for DDC chairpersons and local development officers of 17 priority districts have been conducted resulting in a commitment to integrate HIV in district plans.

The POLICY Project approached the Bhaktapur district to pre-test the planning guide. The POLICY Project worked with Bhaktapur officials to devise the performance-based “Bhaktapur District HIV & AIDS Plan.” The POLICY Project also assisted the Bhaktapur DACC to build its institutional capacity by supporting regular coordination meetings and computer training and by establishing the district AIDS information system. Including HIV & AIDS in the district plans and assisting DACCs to become fully functional coordinating bodies will require sustained advocacy and sensitization among local government leaders to build the necessary support and commitment for these plans.

In their own words: Coordinating HIV & AIDS at the District Level: The Bhaktapur Experience

We are the coordinating authority for HIV in the local government [and] the fight against HIV and decreasing the infection rate should be our focal point.

Bhakti Prasad Upreti, Local Development Officer, Bhaktapur District

When the POLICY Project approached Bhaktapur DDC in 2004 to test Developing Competency for HIV & AIDS: A Training Guide for Local Government and Organizations in Response to HIV & AIDS, Bhaktapur’s DACC had not been functional. HIV & AIDS programs were implemented by NGOs, but there was no coordination of these activities. There was little government involvement in these activities and even less of a vision to tackle the growing HIV & AIDS problem in the district.

The Bhaktapur DDC saw the project’s approach as an opportunity to revive the DACC and collaborated with POLICY Project to prepare the first District AIDS Plan using the planning guide. The Bhaktapur DDC approved the five-year “Bhaktapur District AIDS Plan” on April 2, 2005. The plan identifies challenges, priority actions, and a strategic direction for preventing and controlling HIV & AIDS by the end of 2015. It also identifies actions needed for implementation, including the resources needed to implement the plan. Simultaneously, the Bhaktapur DDC established a secretariat with a full-time program officer to help the DACC to coordinate the implementation of the plan and allocated 80,000 Nepalese rupees to support the secretariat.

"Through DACC, we have brought together factory workers, army people, and other uniformed services and given them information about HIV & AIDS," says Surendra Pratap Shah, chairperson of the Bhaktapur DDC. Having a district AIDS plan has given the Bhaktapur DDC a sense of ownership and now they are looking into ways to implement the plan in the communities. The plan has also given way to a multisectoral response within the district. The district has approached other sectors, from agriculture to education, to integrate the AIDS plan into their sectoral plans. "Now we are making efforts to record all those organizations working on HIV in our district. We are encouraging them to be transparent. We work with them and go for field visits. With a good coordination and involvement of the DACC, we can decrease the rate of HIV transmission," says Shankar Basnet, program officer of the Bhaktapur DACC. "Our goal is to mainstream HIV & AIDS in the district ... we have managed to sensitize people. Now, we've been appealing to all organizations working on HIV to work within the District AIDS Plan," says Basnet. The district has disseminated the plan to all other districts in Nepal to motivate their DACCs to formulate their own AIDS plan. With an adequate plan, infrastructure, and resources, Bhaktapur serves as an example of how DACCs can streamline HIV and build multisectoral support for fighting HIV & AIDS.
Establishing a legal foundation for the protection of human rights: HIV & AIDS
Legislative Reform

Building the capacities of vulnerable groups is not enough if we cannot create access to justice—not only for them to claim their rights but to access justice when their rights are violated.

Sapana Malla, President, Forum for Women, Law and Development

Nepal is a signatory to numerous international conventions—the most recent being the 2001 United Nations General Assembly Special Session on HIV & AIDS (UNGASS) Declaration of Commitment on HIV & AIDS—reflecting the country’s commitment to the guidelines and principles of multisectoral engagement, civil society involvement, stigma reduction, the prevention to care continuum, and human rights-based approaches to people living with HIV. However, the gap between these commitments and existing laws, policies, and executive orders of the country had never been examined. The POLICY Project collaborated with NCASC and the Forum for Women, Law and Development (FWLD), a leading human rights NGO, to map existing laws, policies, and executive orders in accordance with the International Guidelines on HIV & AIDS and Human Rights. Findings were published in the report HIV & AIDS and Human Rights: A Legislative Audit.

The audit examined policies related to public health, criminal law, employment, equality of vulnerable populations, regulation of healthcare professionals and ethical research, anti-discrimination, privacy and confidentiality, sexual offenses, prison/correction law, treatment, therapeutic goods, and testing. The audit showed the Nepalese legal system scoring only 40 out of 100 points, which indicated an urgent need for law reform.

To fulfill Nepal’s international commitments, the POLICY Project collaborated with FWLD to propose several amendments to existing laws. However, with HIV being a relatively new issue, even amending the existing laws would not fulfill the commitments. Therefore, the POLICY Project supported FWLD to draft a bill on HIV & AIDS, with attention to human rights. Both the draft bill and the amendment proposals were prepared through a highly participatory process involving all stakeholders. Vulnerable groups and PLHAs helped shape the documents. Sapana Malla, noted, “The audit tool, which was used for the study, was the first of its kind, which has brought evidence that intervention is required at the policy level. The project occurred at a critical time when government wanted to draft the policy but there was little realization that when you develop HIV & AIDS law...human rights is also a critical component.”

HIV & AIDS needed a new law and entering into such a critical area where so many conflicting rights come in, and bringing conceptual clarity into it has empowered us and built the capacity of our own organization.

Sapana Malla, FWLD

After the draft bill, we had interactions with people in the communities about the bill through our network, and now, NGOs in the districts are following the approaches prescribed by the bill.

Hari P. Awasti, National NGO’s Network Group against AIDS, Nepal (NANGAAN)

The final draft of the “HIV & AIDS (prevention, control, and treatment) Bill, 2061” was submitted to the NCASC. This draft bill aims to make timely legal provisions for strengthening the status of public health by preventing, controlling, and treating HIV & AIDS; minimizing the personal, social, economic, and other impacts of HIV & AIDS; and establishing an institutional mechanism to lead the national program and to protect and promote the rights of individuals infected and affected by HIV & AIDS. Enactment of the bill would reflect the highest level of commitment to protecting the rights of PLHAs and other most-at-risk populations.

FWLD noted that its own capacity has been increased from working with the POLICY Project and applying the legislative audit methodology. FWLD has been approached by several ministries and other donors to initiate similar research and hopes to apply the methodology in other areas, such as laws and policies related to women’s rights.
The draft bill and amendment proposals are still awaiting parliamentary endorsement. As Parliament was dissolved in 2002, the endorsement of these drafts and proposals has been a major concern of all stakeholders working on HIV & AIDS in Nepal. For the vulnerable groups and PLHAs, the initial enthusiasm in drafting the policies has been replaced with a growing sense of frustration.

Speaking up: Giving a voice to female sex workers

Let everyone be respected and let everyone change for the better, after all, we too are humans.

A Sex Worker from Kathmandu

Female sex workers are one of the most-at-risk groups for HIV infection. Poverty, lack of education, and unemployment force many women to become sex workers. Recent conflict in the country has aggravated the situation. The stigma associated with sex work makes women practice secretly, which increases their vulnerability to HIV. Without an understanding of their rights, sex workers are harassed not only by their clients and society at large but also by their own families and law enforcement officials. To compound the problem, the stigma associated with their profession and poverty limits their ability and willingness to access healthcare in local facilities.

The POLICY Project recognized the importance of increasing the knowledge of sex workers about HIV & AIDS and the types of prevention and treatment services available to them. To bring attention to barriers, the project supported a National Consultation Workshop of sex workers with participants from across the nation to enable sex workers to play a more active role in programs, policy, advocacy, and service delivery processes. During this consultation, sex workers identified problems and possible interventions to overcome those problems and drafted an action plan. Two major concerns were the lack of advocacy skills to inform policymakers of sex workers concerns and a mechanism for sex workers to express their needs to leaders and the lack of support groups. In response, the POLICY Project conducted a training-of-trainers course for sex workers, who subsequently replicated the training all over the country. In partnership with local NGOs, the POLICY Project helped create support groups to hold monthly meetings. In addition, to address their need for alternative income, the POLICY Project initiated a process to link sex workers with other income-generating activities, including a savings and credit program that provides access to emergency funds as well as an opportunity to acquire skills for other occupations.

As a part of the POLICY Project’s goal to create a multisectoral response to HIV and to help sensitize policymakers to issues of vulnerable groups, the POLICY Project involved policymakers; government officials from different ministries, including senior government officials; and police officials in the advocacy training programs. These interactions have given the policymakers an increased understanding of the relationships between HIV, sex work, and stigma and discrimination. As a result of the POLICY Project.

1 Neither USAID nor the POLICY Project supports the legalization of prostitution. They are, however, committed to supporting effective strategies to prevent the spread of HIV and other STIs and mitigate their impacts. The sex industry is often one of the primary mechanisms through which HIV spreads in a country. POLICY recognizes that respecting the dignity and rights of sex workers is essential for developing effective HIV/AIDS prevention and care programs. The use of the terms “sex work” and “sex worker” in this report does not imply support for prostitution as a legal form of employment; rather they are used to reduce the stigma and discrimination faced by sex workers, who may be vulnerable to exploitation and lack access to health-related and other types of information and services.
The interactions between the police and the vulnerable groups have been very helpful. Now, these law enforcement officials look at the problems of vulnerable groups in a new light. They also understand the law and can talk in legal terms. This is an institutional change that POLICY Project has brought.

Mahesh Bhattari
General Welfare Pratishthan

Law enforcement officials have been trained but the magnitude of the training is not enough. More police have to be trained and the impact of POLICY Project’s work has to be made sustainable so that there is a large-scale impact.

Sharmila Shrestha, WATCH

With renewed sense of self, the sex workers who received advocacy training have formed eight support groups for their peers in eight districts and centrally coordinated by a committee in Kathmandu. The support groups have united the sex workers and given them a common voice to break the barriers constructed by stigma and discrimination and have helped them to advocate for better access to HIV & AIDS services.

POLICY Project also assisted the support groups with documenting cases of violence against them. This process strengthened the sex workers capacity to document human rights abuses. These documents seek to help policymakers formulate supportive policies that would help mitigate the spread of HIV & AIDS and help sex workers access HIV & AIDS-related services.

Stigma and discrimination are so ingrained that much more advocacy work is needed. Despite the work with the Nepal Police, sex workers still complain of police harassment. Challenges also exist in reaching out to more sex workers across the country. Services, such as legal aid; trainings in alternative income-generating activities; and literacy classes are some programs that could be integrated into sex worker programs.

Breaking the silence: Increasing participation of MSM in policy dialogue

Homosexuality continues to be a taboo subject in Nepal. Because of existing social and legal barriers, male-to-male sexual relationships remain underground and invisible. Homosexual and transgender men continue to experience stigma, be victimized by members of the same sex, and even abused by law enforcement authorities. According to Blue Diamond Society (BDS), the only organization that works with MSM in Nepal, many homosexual men conceal their sexual orientation and practice homosexual behavior clandestinely. Limited knowledge of safer sex practices and unprotected sex increase MSM’s vulnerability to HIV. Additionally, pressures from society have led many MSM to enter into heterosexual marriages, which places their wives at risk of infection.

The level of misunderstanding of the MSM and transgender populations penetrates all layers of society, making it extremely difficult for MSM to participate meaningfully in policy dialogue. The POLICY Project worked with the BDS to increase MSM involvement in policymaking to, thereby, increase the effectiveness of HIV & AIDS prevention, support, and care for MSM. The POLICY Project’s collaboration with BDS was multifaceted. The project provided training to build the leadership and advocacy skills of MSM. In addition, it sensitized law enforcement authorities on MSM issues and supported operational policy reform to improve policies related to MSM. To
build an understanding of how addressing stigma and discrimination has an affect on implementing HIV & AIDS programs, the POLICY Project also supported BDS to produce a 15-minute film on the issue. The participation of BDS, in addition to other vulnerable groups, was instrumental in drafting the HIV & AIDS bill and the amendment proposals.

The silence surrounding MSM is pervasive, and securing their rights is an uphill battle. This silence, coupled with the stigma and discrimination surrounding MSM, has to be broken to implement effective HIV & AIDS programs for this group.

From tokenism to meaningful involvement: Strengthening the National Association of People Living with HIV & AIDS in Nepal (NAP+N)

When NAP+N was formed as a national network of people living with HIV & AIDS in Nepal in 2003, there were obvious challenges to overcome. Existing stigma and discrimination made it difficult for PLHA to work in the community and with policymakers. Urgent issues—such as access to health services—required attention, but without political support, there was little NAP+N could do.

The POLICY Project started working with NAP+N when it was first formed. Following the principles of Greater Involvement of People living with HIV or AIDS (GIPA), POLICY Project supported the nascent organization by sponsoring monthly meetings supplemented by talks on opportunistic infections. The forum provided NGOs with opportunities to meet and familiarize themselves with the needs and issues of PLHAs. It also provided a space for PLHAs to come together where they can disclose their status without the fear of being stigmatized or discriminated against. The POLICY Project partnered with NAP+N to build its capacity and understand advocacy and policy change. NAP+N has grown rapidly and now has 25 organizations within its network. Members have participated in many policy consultations, such as those held on drafting the HIV & AIDS bill and amendment proposals. Participation in national policy dialogue is a significant result for NAP+N. As NAP+N’s president notes, “Maybe it’s easier to say that we need to have meaningful involvement...but it’s really difficult when cultural boundaries limit us in terms of doing that work. People may principally agree, but it’s really difficult in implementation.”

The partnership has also enabled NAP+N to confront stigma and discrimination in the country. The POLICY Project collaborated with journalists and NAP+N to develop a tool to enable PLHAs to monitor both the print and electronic media and to examine the frequency, sensitivity, and professionalism of the reports. With training and the use of this tool, NAP+N and a few PLHAs outside Kathmandu have already started monitoring local media.

An ongoing hurdle remains in reaching out to positive people and groups from around the country. The majority of positive people with access to services and programs for meaningful involvement are from Kathmandu Valley. The concerns of positive people living outside the
capital will not be represented as long as the capacity of PLHAs living outside the valley are not built and they are not brought into mainstream policy dialogue.

**Media matters: Helping the media report accurately and responsibly on HIV & AIDS**

The role of media in fighting HIV & AIDS cannot be understated. Media thwart the fight against HIV by perpetuating stigma or spreading inaccurate messages about the virus. However, in Nepal, the media has also played a significant role in raising awareness about HIV.

To understand and analyze the role Nepal's media has played in increasing awareness about HIV, the POLICY Project, in collaboration with NCASC and Sancharika Samuh, a local NGO working in the area of media, conducted a study and produced the report *Analysis of HIV & AIDS Reporting in Nepal*. The study revealed that the coverage of HIV & AIDS issues does not stem from investigative and analytical report. Media coverage on HIV & AIDS focuses primarily on public campaigns organized to mark national and international events. The study also pointed out that the media is not consistent in its reporting and coverage. The report highlighted the need to improve and encourage investigative, analytical, and sensitive reporting on HIV & AIDS.

Based on the report's recommendations, the POLICY Project worked with a team of journalists and PLHAs to develop a *Handbook for media for Reporting on HIV & AIDS*. The handbook primarily targets media professionals (journalists, reporters, and editors) and strive to improve the quality, consistency, and professionalism of HIV & AIDS coverage and to increase its reach. Besides providing basic information on HIV & AIDS, the handbook addresses issues of confidentiality, informed consent, source verification, and the use of appropriate language. The book also serves as a resource for information on organizations working in HIV & AIDS. Based on recommendations, the POLICY Project partnered with Nepal Press Institute (NPI) and provided sensitivity training to journalists across the country to improve the accuracy and sensitivity of reporting on HIV & AIDS.

The lack of corporate policies on HIV & AIDS among media houses is a barrier to keeping a focus on accurate reporting. Establishing workplace policies for media houses would focus needed attention to this public health matter. In addition, awareness needs to be raised in the large PLHA community and with media persons about the availability of the existing handbook and media monitoring tool. Further, disseminating the message to media personnel throughout the country remains a challenge.
Conclusion

Through three years of work, the POLICY Project/Nepal has made a lasting impact on the HIV & AIDS policy environment in Nepal. The draft HIV & AIDS bill and the amendment proposals to existing laws have laid the groundwork for an enabling policy environment. By building the advocacy and leadership skills of PLHAs and vulnerable groups, the POLICY Project has succeeded in bringing new actors into the policymaking process. These groups are now actively engaging in national policy dialogue in an effort to protect their rights and promote increased attention to HIV & AIDS. By institutionalizing training programs within the Nepal Police and NASC, knowledge and awareness of HIV & AIDS prevention, care, and treatment services will increase. These training programs will reach thousands of public sector employees and create awareness and sensitivity to HIV & AIDS for future generations of policymakers. Lastly, by developing and introducing training curricula, a local planning guide, handbook for media reporting, and media monitoring tool, the POLICY Project has provided sustainable approaches to HIV & AIDS policy work that can be used by other sectors, both nationally and internationally.

The POLICY Project learned that harnessing sectoral commitment for HIV & AIDS can lead to substantial results, even in the absence of high-level political commitment. The project has also learned that being sensitive and flexible with vulnerable groups is important for engaging them and gaining their trust. Their participation can be meaningful and extremely valuable in furthering national goals and priorities and in helping to create an enabling policy environment. Meaningful participation can only be achieved if the partners, whether they are FSWs, MSM, or PLHA are treated with respect and as true partners in the fight against HIV & AIDS. In addition, choosing the right stakeholders, partners, and networks of vulnerable groups with influential leadership can be a strategic step in mitigating the epidemic. Finally, perhaps one of the most important factors contributing to the POLICY Project’s success was hiring staff with strong ties to the government and vulnerable groups.

POLICY Project strongly felt that it has been able to achieve commendable results within these three years work in Nepal. Future challenges include fighting stigma and discrimination and sustaining efforts to broaden and strengthen political and popular support from all sectors to ensure that HIV & AIDS remains a priority. Only through overcoming these challenges can Nepal achieve its commitment to halt and reduce the spread of the virus by 2015.
Our partners

Association of Medical Doctors Asia (AMDA)
Bhaktapur District AIDS Coordination Committee
Blue Diamond Society (BDS)
Community Action Center (CAC)/Nepal
Forum for Women, Law and Development (FWLD)
General Welfare Pratishthan (GWP)
Kirat Yakthung Chumlung Punarjeevan Kendra
Local Development Training Academy (LDTA)
National Association of People Living with HIV & AIDS in Nepal (NAP+N)
National Center for AIDS and STD Control (NCASC)
National NGOs’ network group against AIDS – Nepal (NANGAAN)
Naulo Ghumti
Nepal Administrative Staff College (NASC)
Nava Kiran Plus
Nepal Police
Nepal Press Institute (NPI)
Nepal Youth Rehabilitation Center
Organisation Development Center (ODC)
Recovering Nepal (RN)
Richmond Fellowship Nepal
SNEHA Samaj
Sancharika Samuha
Samjhauta Nepal
Serene Foundation Drug Treatment and Rehabilitation Center
Trinetra
Women Acting Together for Change (WATCH)
Youth Power Nepal
Participants interviewed

Anonymous
Asha Basnyat
Badri Nath Koirala
Bhakti Prasad Upreti
Bijay Pande
Bishnu Sharma
Chhiring Doka Sherpa
Devendra Subedi
Ekta Mahat
Hari Awasti
Kumar Koirala
Madan Manandhar
Mahesh Bhattari
Navaraj Dhakal
Rajiv Kafle
Rishi Ojha
Samir Kharel
Sapana Malla
Shankar Basnet
Sharmila Shrestha
Shibu Giri
Dr. Shyam Sundar Mishra
Steven Honeyman
Sundararajan Srinivasana Gopalan
Sunil Babu Pant
Surendra Pratap Shah
Sex Worker from Kathmandu
Country Director, Family Health International/Nepal
Section Officer, Ministry of Local Development
Local Development Officer, Bhaktapur District
Executive Director, Recovering Nepal
Vice Chairperson, Recovering Nepal
President, SNEHA Samaj
Superintendent of Police, Nepal Police
Member, Recovering Nepal
President National NGOs’ network group against AIDS - Nepal (NANGAAN)
Deputy Inspector General, Nepal Police
Director, Consulting Services Department, Nepal Administrative Staff College
Director, General Welfare Pratisthan
Senior Superintendent of Police, Nepal Police
President, National Association of People Living with HIV & AIDS in Nepal (NAP+N)
President, Youth Power Nepal
Inspector, Nepal Police
President, Forum for Women, Law and Development
Program Officer, Bhaktapur District AIDS Coordination Committee
Executive Secretary, Women Acting Together for Change (WATCH)
Executive Editor, HIV Post
Director, National Center for AIDS and STD Control (NCASC)
Country Director, Population Services International/Nepal
World Bank/Nepal
Director, Blue Diamond Society
Chairperson, Bhakapur District Development Committee
Appendix: Tools at a glance

Guidelines and Monitoring Tools

Research and Assessments
- "Walking the Talk": Nepal-A Rapid HIV & AIDS Policy Assessment, April 2002
- HIV & AIDS and Human Rights: A Legislative Audit, FWLD, NCASC and POLICY Project, 2004 (In English and Nepali)
- The Heart of the Matter: Findings from a study on the greater involvement of people living with HIV & AIDS in Nepal, NCASC and POLICY Project, 2004
- The Level of Effort in the National Response to HIV & AIDS. The AIDS Program Effort Index, 2003 and 2005 (part of a global study)
- Commitment for Action: Assessing Leadership for Confronting the HIV & AIDS Epidemic Across Asia: Focus on Nepal, 2005
- Global Survey to Measure Coverage of Key HIV & AIDS Services, 2003, 2005 (part of a global study)

Training Materials
- Training and sensitization materials for Nepal Police
  1. HIV & AIDS curriculum for senior officers, Nepal Police, 2005
  2. HIV & AIDS curriculum for midlevel officers, Nepal Police, 2005 (In Nepali)
  3. HIV & AIDS curriculum for entry level officers, Nepal Police, 2005 (In Nepali)
  4. HIV & AIDS curriculum for UN peacekeepers from Nepal Police, Nepal Police, 2005
  5. HIV & AIDS sensitization materials for senior officers, Nepal Police, 2005
- HIV & AIDS curricula for trainings at NASC, NASC, 2005

Policy Documents
- Proposed HIV & AIDS (Prevention, Control, and Treatment) Bill (English and Nepali), FWLD, 2005
- Proposed amendments on existing laws from an HIV & AIDS and human rights perspective, FWLD, 2005

Other
- Database software for partners information for NCASC
- NCASC website (www.ncasc.gov.np)
- In Search of Identity - a 15-minute video on the homosexual population in Nepal, BDS, 2005
- Assessment on linking “sex worker’s support groups to micro-finance” 2006
- Advocacy materials: HIV/AIDS Bill and Amendment Proposal, FWLD, 2005