

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN Nepal

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Nepal** produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Program on AIDS (UNAIDS) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women in Nepal. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy and programmatic **recommendations** to improve and increase action on this issue in Nepal.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Nepal. This involved:

Two **focus group discussions** with a total of 19 girls and young women aged 15-24 years. The participants included girls and young women who are: living with HIV; in/out-of/school; involved in sex work; living in urban and suburban areas; and working as peer activists.

Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: a country representative of an international NGO; a nurse at a national NGO focusing on sexual and reproductive health; a counsellor at an NGO/government voluntary counselling and testing centre; a programme officer of a United Nations agency; and a Technical Adviser of an international donor agency.

Additional **fact-finding** to address gaps in the desk research.



A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**



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Focus group discussion: 20-24 year olds: Girls and women from rural areas; HIV positive; married; unmarried; have children; HIV negative.

Focus group discussion: 19-24 year olds: Boys and Young Men from Urban and Rural Areas

One-to-one interview: Programme Manager of HIV/AIDS Section Family Planning Association of Nepal (FPAN)

One-to-one interview: HIV AIDS Project Officer (Female) of a UN Agency

One-to-one interview: Advocacy and Social Mobilisation Officer (female) of a UN Agency

One-to-one interview: President/Founder Member (Female) of an HIV Positive Women's Care and Support NGO

One-to-one interview: Executive Director (Male) of a Non Governmental Organisation

One-to-one interview: Director (Male) of the National Centre for AIDS and STI Control (NCASC)

Abbreviations

ARVs	Antiretrovirals
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
IEC	Information, communication and education
IPPF	International Planned Parenthood Federation
MTCT	Mother-to-Child Transmission
PLHA	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counseling and Testing
WHO	World Health Organisation

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PART 1: DESK RESEARCH

COUNTRY PROFILE

- **Size of population:** 28,901,790 (July 2007 est.) The World Factbook – Nepal <https://www.cia.gov/library/publications/the-world-factbook/geos/np.html> (date accessed 24/04/07))
- **% of population under 15 (0 – 14 years):** 39.5% (2004) Human Development Report 2006 – Nepal, http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_NPL.html (date accessed 24/04/07))
- **Population below income poverty line of \$1 per day:** 24.1% (1990 – 2004) Human Development Report 2006 – Nepal, http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_NPL.html (Date accessed 24/04/07))
- **Health expenditure per capita (2004):** \$71 (2003 <http://www.who.int/countries/npl/en/> (Date accessed 24/04/07))
- **Contraceptive prevalence rate (%of married women ages 15 – 49):** 43% (1996-2004) Human Development Report 2006 – Nepal, http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_NPL.html (Date accessed 24/04/07))
- **Fertility rates:** 3.7 births per woman (2000-2005), Human Development Report 2006 – Nepal, http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_NPL.html (Date accessed 24/04/07))
- **Maternal mortality rate:** *per 100,000 live births reported (1990-2004)* Human Development Report 2006 – Nepal http://hdr.undp.org/hdr2006/statistics/countries/data_sheets/cty_ds_NPL.html (Date accessed 24/04/07))
- **Ethnic groups:** Chhettri 15.5%, Brahman-Hill 12.5%, Magar 7%, Tharu 6.6%, Tamang 5.5%, Newar 5.4%, Muslim 4.2%, Kami 3.9%, Yadav 3.9%, other 32.7%, unspecified 2.8%, (2001 Census) CIA The World Factbook – Nepal, <https://www.cia.gov/cia/publications/factbook/geos/np.html> (Date accessed 24/04/07))
- **Religions:** Hindu 80.6%, Buddhist 10.7%, Muslim 4.2%, Kirant 3.6%, other 0.9% (2001 census) (CIA (2007) The World Factbook – Nepal, <https://www.cia.gov/cia/publications/factbook/geos/np.html> (Date accessed 24/04/07))
- **Languages:** Nepali 47.8%, Maithali 12.1%, Bhojpuri 7.4%, Tharu (Dagaura/Rana) 5.8%, Tamang 5.1%, Newar 3.6%, Magar 3.3%, Awadhi 2.4%, other 10%, unspecified 2.5% (2001 census) (CIA (2007) The World Factbook – Nepal, <https://www.cia.gov/cia/publications/factbook/geos/np.html> (Date accessed 24/04/07))
- **AIDS deaths (adults and children) in 2006:** 5100 [2800 – 8400] (UNAIDS Country Situation Analysis – Nepal, http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp (Date accessed 24/04/07))
- **Adult (15-49) HIV prevalence rate (end of 2006):** 0.5 [0.3 – 1.3]% (UNAIDS Country Situation Analysis – Nepal http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp (Date accessed 24/04/07))
- **Number of women aged 15 and up living with HIV (end of 2006):** 16 000 [7500 – 40 000] (UNAIDS Country Situation Analysis– Nepal)

http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp (Date accessed 24/04/07))

- **Number of children (0-15) living with HIV (ages 0-14 years, 2006):** n/a
- **Estimated number of orphans (0-17 years):** 970,000 (UNICEF Nepal Statistics http://www.unicef.org/infobycountry/nepal_statistics.html (Date accessed 24/04/07))
- **Mean age at marriage among for women (15 – 49)** 17.9
UNFPA, Adolescent Reproductive Health Indicators, Population, Health and Socio-Economic Indicators/Policy Developments (Website <http://www.unfpa.org/profile/nepal.cfm>, Date Accessed 17/07/2007)
- **Mean age at marriage among for men (15 – 49)** 21.5
UNFPA, Adolescent Reproductive Health Indicators, Population, Health and Socio-Economic Indicators/Policy Developments (Website <http://www.unfpa.org/profile/nepal.cfm>, Date Accessed 17/07/2007)
- **Median age at first sex among females (age 25 – 49) :** 16.9
UNFPA, Adolescent Reproductive Health Indicators, Population, Health and Socio-Economic Indicators/Policy Developments (Website <http://www.unfpa.org/profile/nepal.cfm>, Date Accessed 17/07/2007)
- **Median age at first sex among males (25 – 49)** Data not available
- **HIV prevalence rate in females** Data not available
- **HIV prevalence rate in males** Data not available
- **HIV prevalence in Injecting Drug Users** 50 % (2000)
UNAIDS, HIV And AIDS Estimates And Data, 2005 and 2003
- **HIV prevalence rate in sex workers** 17.0% (UNAIDS, Epidemiological on HIV/AIDS and Sexually Transmitted Infections http://data.unaids.org/Publications/Fact-Sheets01/nepal_EN.pdf (Website, date accessed on 24/09/2007)
- **HIV prevalence rate in sex workers** 3.5% (non street based) (2000)
- **Estimated number of AIDS orphans** Data not available

PREVENTION COMPONENT 1: LEGAL PROVISION (national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

The minimum legal age for marriage in Nepal 20 without parental consent and 18 with parental consent for both men and women (amended 2002 March)

Family Health International - Assessment of Youth Reproductive Health/HIV Programs in Nepal September 2004 – (Website <http://www.fhi.org/NR/rdonlyres/egkufbkmk55g2mzx4t4rmpqna6bn364ti3vuo4mfvby32cze7lqydutrjobjmpdzjao5vgoip3xm3k/NepalFinalReport.pdf> Date accessed 9/7/2007)

2. What is the minimum legal age for having an HIV test without parental and partner consent?

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

Two different responses:

The minimum legal age for accessing SRH services without parental and partner consent is 16 years. No legal age has been specified.

(Information provided by in-country consultant, October 2007)

4. What is the minimum legal age for accessing abortions without parental and partner consent?

Grounds on which abortion is permitted:

Reason	12 months	18 months	Any time during pregnancy
To save the life of the woman	Yes	Yes	Yes
To preserve physical health	Yes	Yes	Yes
To preserve mental health	Yes	Yes	Yes
Rape or incest	Yes	Yes	No
Foetal impairment	Yes	Yes	Yes
Economic or social reasons	Yes	?	No
Available on request	Yes	No	No

Abortion is punishable by law if practice for sex selection or performed without a woman's consent

Family Health International - Assessment of Youth Reproductive Health/HIV Programs in Nepal September 2004 – (Website <http://www.fhi.org/NR/rdonlyres/egkufbkmk55g2mzx4t4rmpqna6bn364ti3vuo4mfvby32cze7lqydutrjobjbmpdzjao5vgoip3xm3k/NepalFinalReport.pdf> Date accessed 9/7/2007)

The Safe Abortion Service Procedure, 2060 of the Government of Nepal states that a young woman who has not completed her 16th birthday requires the consent from a guardian or close relative (husband, mother, father, mother-in-law, father-in-law, cousins who are of age such as brothers, sisters, son, daughter, niece, nephew, uncle, aunt) for accessing abortion.

(Safe Abortion Service Procedure, 2060. Women's Abortion Right: Facilitators Book for Effective Implementation of Law. Forum for Women, Development and Law (FWLD). PFFA-International)

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

Objective

To establish a non-discriminatory, accessible, voluntary, confidential HIV testing system with pre- and post-test counselling.

Strategies

• *Develop a policy and quality framework for government and private institutions, including NGOs, in relation to HIV testing and counselling procedures by:*

- *developing a national protocol on HIV testing and counselling including a reference (confirmation) system according to the current WHO-recommended criteria;*

- *developing counselling criteria including training, supervision and monitoring; and*

- *establishing quality assurance and control mechanisms for HIV testing and counselling.*

• *Ensure that no HIV testing contravenes with either the constitution or the law.*

• *Design and gradually implement VCT services based on prioritised needs focusing on sex workers, clients, injecting drug users, labour migrants, uniformed services and their respective partners.*

• *Expand VCT services based on the prioritised needs of other groups starting with young people*

• *Provide public information about the importance of voluntary counselling and testing and the right to confidentiality.*

(Nepal's National HIV/AIDS Strategy, Final Draft

<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 24/04/07))

6. Is there any legislation that specifically addresses gender-based violence?

Most SWs experience increased vulnerability to HIV/AIDS due to a low level of education, which restricts access to information and health care services. They have little control over the risk in sexual encounters because the client often determines whether or not to use a condom. Moreover violence against SW is common.

(Nepal's National HIV/AIDS Strategy, Final Draft

<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 24/04/07))

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

An HIV/AIDS audit of the legal system of Nepal, carried out in 2004 by the Forum for Women, Law and Development (FWLD), found that Nepal has poor public health legislation, but good regulation of health-care professionals and research.

(Nepal: Legal System HIV/AIDS audit conducted, [Pradhan-Malla S](#), [Shrestha P](#), [Ward C](#) (2005)

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15991380&dopt=Abstract (date accessed on 24/04/07))

While Nepal does not have a specific law regarding HIV/AIDS, the Constitution guarantees equal opportunities and rights to all citizens and should apply to those affected by HIV/AIDS. The NCASC commissioned legal experts to analyze the country's existing laws that are relevant in the context of HIV/AIDS and to determine if any steps need to be taken to bring the laws in accord with international human rights guidelines.

(Commitment to Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia, Focus on Nepal, January 2005, Policy Project and USAID,

<http://www.policyproject.com/pubs/politicalcommitment/ACF1B0.pdf> (date accessed on 25/06/07))

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and

young women, from stigma and discrimination at home and in the workplace?

The adverse impacts of stigma and discrimination are being increasingly recognized as key barriers to combating the epidemic. Commitment to reducing stigma is therefore a central guideline and principle in all-international agreements.

Stigma against and misconceptions about people living with HIV/AIDS currently inhibits access to what limited services are available. The specific needs of groups vulnerable to HIV/STI have not been addressed sufficiently by health and support services, in part because the users of these services have not been involved in their design

The plan makes reducing the stigma surrounding people living with HIV/AIDS a key priority for action.

Objective: To ensure that all people infected and affected by HIV/AIDS are fully accepted and integrated into normal social and work activities

(Nepal's National HIV/AIDS Strategy, Final Draft
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 15/05/07))

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

"The research team identified all the cabin restaurants in the valley area (175 restaurants), in addition to which they identified all the cabin restaurants, 40 massage parlours, and 64 other business places (such as tea stalls, bhatti pasales, lodges, etc.) where sex workers were active. Street based sex workers were found in 27 different locations, and totalled approximately 350 individuals. A total of approximately 2000 sex workers was identified through the mapping and interviews. If we allow for undercounting of the street based sex workers, and perhaps considerable numbers of more "hidden" sex workers in lodges and private homes, we can raise the estimated total numbers to perhaps 3000. This is a much smaller estimate than has been suggested by some NGOs and others, but our estimates are further substantiated by a separate mapping /census study by researchers from New Era. Their estimates are somewhat higher than ours, principally because they include many of the female workers in carpet and garment factories, which we did not include in our definitions of " sex worker.

The cabin restaurants are a new phenomenon in the Kathmandu area, as most of them have sprung up during the past two to three years (1999 to 2001). More than 900 women are employed in the cabin restaurants, which are found in various places scattered about the valley, with particular concentrations along the link roads of the New Baneshwor- Bhattisputali-Gaushal- Chahabel area. The waitresses in the cabin restaurants are paid very low wages (Rs. 1500 to 1800 per month), so the great majority of them resort to sex work to earn extra income. These establishments generally have three to six waitresses, and the research indicated that almost all of them solicit clients for the paid sex.

Although social and political pressures have forced cabin restaurants to close down in certain localities, others have been opened in new, safer areas. The women working in restaurants (cabin restaurants and dance restaurants) make up slightly more than half of the total numbers of sex workers in the valley area. The cabin restaurants women generally meet their clients after working hours, or on their day off. They charge much more than the street based sex workers for their services, and payments of 1000 rupees and more are not uncommon. The restaurant-based and other establishment based sex workers commonly persuade their clients to take them to places outside the valley such as Nagarkot, Pokhara, Chitwan and Dhulikhel.

In addition to mapping and counting of numbers of sex workers, the research team also collected free lists on several topics from the sex workers; observed their modes of interaction with clients in the cabin restaurants, and also carried out in-depth interviews with a number of sex worker informants. The free lists included types of clients, types of "usual problems", and other topics. There are major

differences between the street based and the establishment based work situations.

In general the women working in the restaurants, massage parlours, and other "inside" occupations usually have greater opportunities to be choosy concerning their clients, and they are able to charge higher prices for their services. The street-based sex workers face higher risks of physical abuse, and several spoke of being beaten up, raped, or otherwise physically attacked by clients and other men. The street based informants rated the risks of STI symptoms (white discharge, genital ulcers, and painful intercourse) as more serious than did the cabin-based informants, although all the informants rates the risks of AIDS as very "very serious". In general, the street based sex workers have much lower weekly incomes, and are more vulnerable to serious financial hardship than their counterparts in establishment situations. The street-based informants reported much higher numbers of clients per week (average of 12 per week compared to the average of 5 clients per week reported by the cabin-based).

Condom use with most recent clients was reported to be around 90 percent among both street-based and cabin-based respondents. They reported that many clients bring condoms with them, and the sex workers also carry condoms. However, both types of sex workers rated "clients refuse to sue condom" as a serious problem. As is common in almost all parts of the world, condom use with husbands, boyfriends, and other "most regular" partners is much less frequent. Unprotected sex also occurs with some insistent non-condom users (some military personnel, goondas, and others), in situations of group sex, and also when one or both partners have taken alcohol and/ or drugs. Thus risky sexual practices are still common, despite high awareness of AIDS and widespread positive attitudes towards condom use.

The data suggest that greater efforts must be expended to strengthen condom use, including encouraging safer sex with husbands and other regular partners. Since their general awareness of health risks is high, it appears that the focus needs to be on strengthening negotiating skills, avoidance of more risky types of clients, and also outreach to the spouses/ boyfriends of the sex workers. The in-depth interviews suggested that symptoms of STIs are prevalent, particularly among the street based sex workers, hazards, particularly from physical beatings, gang sex, and exposure to unhealthy surroundings. Intervention work should include efforts to improve knowledge and skills in general "occupational health", including better self-defence and avoidance of dangerous anti-social street people. Special interventions should also be directed to improvement in the behaviours of the police, to reduce the incidence of harassment and extortion of money from sex workers."

A Situation Assessment of Sex Workers in the Kathmandu Valley, A Focused Ethnographic Study,
<http://www.fhi.org/NR/rdonlyres/ebx6drhswvanigoy326g6r5nh5cs4q7fisjvo5kjcjmfh4jyu4c55427rdlcp3b4xjmvghcxyo/SASexWorkers.pdf> (date accessed on 19/06/07)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

Nepal's National HIV/AIDS Strategy aims to:

- Build capacity for the establishment and rapid expansion of harm reduction programmes including those for needle and syringe exchange and drug substitution therapy.*
- Expand peer-education training and programming using IDUs as the primary facilitators/peer-educators.*
- Develop and gradually implement appropriate support services for IDUs (counselling, primary health care, harm reduction based education, legal support).*

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 19/06/07)

Discussion questions:

- **Which areas of SRH and HIV/AIDS responses are legislated for?**
- **What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?**

“Out of a possible maximum score of 100, the Nepalese legal system scored 40. In absence of any specific laws to address the HIV epidemic, the score implies the need for law reform so that the legal system makes a more positive contribution to controlling the further spread of HIV and to protecting the rights of people infected and affected with HIV/AIDS. To achieve the necessary reforms, strategic interventions are required from all stakeholders.”

(HIV AIDS and Human Rights: A Legislative Audit, National Centre for AIDS and STD Control/Policy Project Nepal/Forum for Women Law and Development, http://www.policyproject.com/pubs/countryreports/NEP_LegAudit.pdf (date accessed on 25/06/07))

- **Is action taken if laws are broken (e.g. if a girl is married below the legal age)?**
- **Is there any specific legislation for marginalised and vulnerable groups¹? If yes, is the legislation supportive or punitive? And what difference does it make to people’s behaviours and risk of HIV infection?**
- **To what extent are ‘qualitative’ issues – such as confidentiality around HIV testing – covered by legislation?**
- **How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?**
- **Overall, how is relevant legislation applied in practice? What are the ‘real life’ experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?**
- **How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

¹

Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

**PREVENTION COMPONENT 2: POLICY PROVISION
(national policies, protocols, guidelines, etc)**

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

"The strategy emphasises prevention as the mainstay for an effective response. It also highlights the need for care and support for people infected and affected by HIV/AIDS. This is not only important in its own right, but it is also an important contribution to effective prevention. Considering the dynamic nature of the HIV/AIDS epidemic, the strategy acknowledges the importance of accurately tracking the epidemic and monitoring the effectiveness of interventions.

Nepal's "National HIV/AIDS Strategy 2002-2006" has been designed to guide the expanded response to the HIV/AIDS epidemic in Nepal. An expanded response requires the commitment of all sectors, not just health, both within and outside government, and the coordinated support of external development partners. This strategy will promote and facilitate the coordination of their involvement."

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

Not specifically but it does within other more specific issues. For example strategies include:

Develop a coordinated approach to research on factors leading to economic migration and trafficking of women, mobility patterns and vulnerability both at the sites of departure and in respective host locations.

Advocate for programmes addressing the economic needs of women especially female-headed households.

Increased bilateral cooperation (especially with India) as regards programmes focusing on Nepali migrants, including trafficked women.

PMTCT should be available for pregnant women known to be HIV positive at a few selected facilities in the country. At a later stage PMTCT will be gradually expanded.

Develop a standard protocol for anti-retroviral treatment for pregnant women known to be HIV positive and ensure that there are sufficient resources to implement PMTCT free of cost in selected facilities.

Ensure that women accessing antenatal care receive adequate information about HIV/AIDS and have access to other HIV prevention services.

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

“Although a number of groups and communities in Nepal have to be considered as “vulnerable”, the groups identified as a possible nucleus for a generalized epidemic (because of their size, HIV sero-prevalence and multiple interfaces to the general population) are SWs and their clients; injecting drug users; mobile populations – especially labour migrants to India; men who have sex with men; and prisoners because of their extreme conditions.

Sex Workers

Increase awareness among decision-makers of the risks confronting SWs and clients and the factors impacting on efforts to reduce these risks.

Advocacy focusing on policy makers and communities with regards to the needs of harm reduction through behaviour change for SWs and their clients.

Enhance collaborative relations with the police, local authorities/communities to support prevention interventions among SWs and their clients.

Design and implement appropriate STI services for SWs and their clients with active participation of the target group, including:

- 1) syndromic management of vaginal discharge and genital ulcers;*
- 2) counselling and condom promotion.*

Scaling up of behaviour change communication, including IEC materials for SWs and clients on safe practices and occupational safety.

Promotion of “100%” condom use.

Condom (including female condom) social marketing programmes linked with high-risk areas.

Development and gradual implementation of VCT capacity in prioritised locations.

Strengthen the self-organizational capacity of SWs through capacity building, leadership training, legal support and networking.

Capacity building of NGOs and SW-organizations to develop and implement interventions, which address environment, risk behaviours and service needs of SW and clients.

Peer education programmes for sex workers including negotiating skills and self-protection.

Educate pimps and madams about the importance of the using condoms in commercial sex and support an informal “no condom, no service, no refund” policy.

Sustain and expand behavioural surveillance systems (including clients of SWs).

Develop and maintain a database of interventions with SWs and clients including relevant activities and research reports.

Conduct qualitative research about SWs and their clients' behaviour determinants.

IDUs

The main thrust of the strategy is therefore to establish an environment conducive to a rapid scaling-up of harm reduction interventions and to build the capacity needed to do so. The harm

reduction approach gives drug users options to reduce their risk at various levels and focuses on supportive rather than punitive strategies. The strategy recognizes that while stopping drug use is often the ideal goal, several intermediate goals such as safer injection techniques and drug treatment (including drug substitution therapy) have to be implemented in order to stop HIV transmission among IDUs.

Improve the understanding of authorities and communities about the behaviour of IDUs, their vulnerability to STIs and HIV infection and the importance of harm reduction interventions.

Create an understanding about the principles and philosophy of harm reduction among relevant authorities including parliament and law enforcement.

Increase collaboration between NGOs active in harm reduction and respective authorities both at local and at national level.

Ensure that the legal and policy framework is conducive for implementation and scaling up of harm reduction activities including needle and syringe exchange.

Build capacity for the establishment and rapid expansion of harm reduction programmes including those for needle and syringe exchange and drug substitution therapy.

Expand peer-education training and programming using IDUs as the primary facilitators/peer-educators.

Develop and gradually implement appropriate support services for IDUs (counselling, primary health care, harm reduction based education, legal support).

Develop guidelines, policies, and capacity for the rehabilitation of injecting drug users.

Develop and gradually implement counseling and VCT capacity and services in prioritized locations.

Establishment of an informal referral system for HIV infected pregnant female partners of IDUs to access PMTCT in prioritized locations.

Sustain and expand behavioural surveillance systems of IDUs.

Conduct qualitative research about the behaviour determinants of IDUs.

Develop and maintain a database of interventions with IDUs including relevant activities and research reports.

Promote school-based awareness raising activities

Include information about drugs in life skills curricula.

Develop appropriate IEC materials

Mobile Populations

Develop a coordinated approach to research on factors leading to economic migration and trafficking of women, mobility patterns and vulnerability both at the sites of departure and in respective host locations.

Use of BSS, and sero-prevalence studies to prioritise intervention sites both as regards departure location and destination.

Increase the knowledge about socio-economic coping mechanisms of remaining families and related vulnerability to HIV/AIDS/STI.

Position HIV/AIDS/STI among mobile populations and their families as a development issue.

Establish pre-departure and post-arrival information and counselling services as regards HIV/AIDS/STI and mobility at prioritised locations.

Use peer-education to address knowledge and group norms as regards behavioural risk factors of labour migration and trafficking.

Increase communication between labour migrants and their families.

Build capacity of local authorities, NGOs and communities to identify and to address needs of mobile populations and their families.

Integrate interventions targeting the specific needs of mobile populations and their families as regards HIV/AIDS/STI into district development plans.

Advocate for programmes addressing the economic needs of women especially female-headed households.

Conduct seminars and workshops with employers and trade unions in Nepal on HIV/AIDS/STIs at the workplace and related vulnerability.

Advocate for programmes to increase the legal protection, capacity and skills of labour migrants.

Develop and disseminate IEC materials regarding mobility and HIV/AIDS/STI vulnerability.

Increased bilateral cooperation (especially with India) as regards programmes focusing on Nepali migrants, including trafficked women.

Regular bilateral meetings between Nepal and India as regards HIV/AIDS and mobility.

Regional consultations with govt., external development partners and INGOs/NGOs about the needs of Nepali migrants and an appropriate response.

MSM

Research (qualitative and quantitative) cum intervention with full participation of the target group.

Increase the awareness among decision-makers of the existence of MSM and the risks that they face.

Reduce public discrimination against MSM through awareness-raising activities.

Review and amend, if necessary, the legal and policy framework.

Capacity building for and an increase in the number of activities aimed at preventing HIV/AIDS/STI among MSM by:

- Establishing pilot projects in key locations

- Supporting peer education activities

- Supporting the establishment of networks among MSM

• Increase the availability and accessibility of IEC materials on safer sex practices and sexual

health among MSM.

- Build capacity to design and implement counselling services for MSM at prioritised locations.

Prisoners

Advocacy about vulnerability of prisoners to HIV/AIDS/STIs focusing on decision makers and prison staff.

Ensure an appropriate policy framework as regards HIV/AIDS/STIs in prisons including care and support mechanisms for people living with HIV/AIDS.

Educate prison staff about HIV/AIDS and STI.

- Ensure that prisoners living with HIV/AIDS have access to quality care and support.
- Establish counselling services to prisoners through NGOs as part of the correctional system.
- Develop and distribute appropriate education materials in prisons.
- Implement peer education activities on HIV/AIDS/STI among prisoners.
- Allow possession and distribution of condoms in prisons.”

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

“Voluntary confidential counseling and HIV testing is a key entry point for care and support services as well as helping individual decision-making. Nepal will adopt a phased approach, as defined by the following key strategies, in order to reach the objective. In a first phase, VCT services will be implemented focusing on selected groups (sex workers, clients, injecting drug users, labour migrants, uniformed services and their respective partners). At a later stage it will be expanded to focus on young people and the general population.

Objective

To establish a non-discriminatory, accessible, voluntary, confidential HIV testing system with pre- and post-test counseling.”

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

15. Does the national policy on VCT address the needs of girls and young women?

16. Does the national protocol for antenatal care include an optional HIV test?

One of the strategies regarding PMTCT is:

“Ensure that women accessing antenatal care receive adequate information about HIV/AIDS and have access to other HIV prevention services.”

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

“Based on the current epidemiological situation, a nationwide system for PMTCT is not feasible in the medium term. Nevertheless as sero-prevalence among certain subgroups is dramatically increasing, in a first phase, PMTCT should be available for pregnant women known to be HIV positive at a few selected facilities in the country. At a later stage PMTCT will be gradually expanded. Ensure that women accessing antenatal care receive adequate information about HIV/AIDS and have access to other HIV prevention services.”

Nepal's National HIV/AIDS Strategy Final Draft, July 2002,
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 20/06/07)

18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

A National Strategy has been developed which has currently reached the Ministry of Health and Population for approval. But some issues such as employment have not been addressed.

(Information provided by in-country consultant, October 2007)

19. Is HIV prevention within the official national curriculum for both girls and boys?

The National Strategy aims to:

“Objective

To enhance young people's knowledge about HIV/AIDS and methods of prevention.

Strategies

- *Development of an age-appropriate 'healthy life styles' curriculum, including basic information about HIV/AIDS and sex education.*
- *Include basic information on HIV/AIDS and reproductive health in the teacher's training and strengthen the capacity of teachers to deliver this information in an effective way.*
- *Involve NGOs in teacher training particularly in relation to young people's health, development and protection.*
- *Strengthen coordination and cooperation between key stakeholders in educational settings under the leadership of the Ministry of Education.*
- *Incorporate HIV/AIDS/STI into the curriculum of Non-Formal Education and educational/training activities of employers and trade-unions.”*

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

To prevent transmission, USAID is improving adolescents' knowledge of HIV through the revised national curriculum and nationally broadcast radio program for youth. Principal Implementers: Family Health International/IMPACT, UNICEF, the Futures Group International, and Populations Services International (PSI).

(USAID Nepal Datasheet, Health and Family Planning,
http://www.usaid.gov/policy/budget/cbj2007/ane/pdf/np_367-002.pdf (date accessed on 25/06/07))

“Although Nepal’s secondary school education curriculum includes sex education in classes 9 and 10, within which HIV/AIDS is taught, these classes tend to be highly biomedical in focus, teaching methods remain didactic and the time allocated to the subject remains limited, if it is covered at all. Furthermore, teachers have no opportunity for the training, and lack of skills as well as instructional resources to deliver a comprehensive HIV/AIDS education.”

(Barriers and opportunities for improved school based HIV/AIDS Education in Nepal, Simkhada P, Karki KB, <http://gateway.nlm.nih.gov/MeetingAbstracts/102250197.html> (date accessed on 25/06/07))

The National Safe Motherhood Plan (2002 – 2017) proposes to ‘Advocate in Ministry of Education to incorporate the issues of minimum age of marriage, status of women and SM issues (danger /emergency signs and health care during pregnancy) in the secondary education and non formal, adult literacy classes.’

Family Health Division, Department of Health Services, Kingdom of Nepal, The National Safe Motherhood Plan (2002 – 2017) (Website http://www.dhs.gov.np/CPanel/Publication/Files/nsmp_2002-2017%5B1%5D.pdf Date accessed 11.7.2007)

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Yes.

(UNAIDS Country Situation Analysis, Nepal http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp (Date accessed 20/06/07))

However data on family planning services is limited to married women.

Family Health International - Assessment of Youth Reproductive Health/HIV Programs in Nepal September 2004 – (Website <http://www.fhi.org/NR/rdonlyres/egkufbkmk55g2mzx4t4rmpqna6bn364ti3vuo4mfvby32cze7lgydutrjojbmpdziao5vgoip3xm3k/NepalFinalReport.pdf> Date accessed 9/7/2007)

**PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES²
(number of programmes, scale, range, etc)**

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

“Contraceptive Retail Sales Company is a private social marketing firm which operates a hotline with most queries coming from unmarried adolescents and youth. The users are generally unmarried youth.”

Family Health Division, Department of Health Services, His Majesty’s Government of

² (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counseling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

Nepal – National Safe Motherhood Plan (2002 – 2017) (Website http://www.dhs.gov.np/CPanel/Publication/Files/nsmp_2002-2017%5B1%5D.pdf, date accessed 11.7.2007)

22. How many SRH clinics or outlets are there in the country?

“PSI/Nepal trained 560 private health providers in franchise management and quality family planning service provision. A total of 208 SQH franchised outlets are now operating in Nepal.”

PSI Nepal, http://www.psi.org/where_we_work/nepal.html#rep (date accessed on 03/07/07)

23. At how many service points is VCT available, including for young women and girls?

“As of December 2005, 9 Government VCT centres are available however VCT does not take place in all these places as staff have said they will not test clients because they are not being paid for this additional work.”

(National Strategy states that VCT will be available in all 75 states of Nepal)

24. Are male and female condoms available in the country?

“Young people have not been the specific target population for the promotion or use of condoms in Nepal. From the perspectives of reducing the spread of sexually transmitted infections (STIs), including HIV/AIDS, or preventing unwanted pregnancy, it is important to assess the levels of knowledge and use of condom among the young people. About two-thirds of the young people of Nepal have actual knowledge of condoms, with significant variations by the respondent's sex, marital status, age, educational level, ecological region of residence and exposure to mass media. For all the subgroups, radio and friends are the main sources of information about condoms, with neighbours as an important additional source for married females. The two most commonly known condom-supply sources are hospitals or health clinics and pharmacies. The vast majority of respondents agree that the condom prevents pregnancy and STIs. Among ever sexually active males and females, 25.2% and 10.4% reported ever and currently using condom, respectively. Among sexually active in the last 12 months, 57.8% of single males and 17.8% of married males reported using condom in their most recent sexual intercourse, while 54.9% and 9.6%, respectively, reported regular condom use. In these two male groups, condom use in the most recent sex and on a regular basis was significantly higher for singles and those living in the Hill ecological region and those with more than primary education, net of other background factors. Conclusions: Knowledge of condoms is high especially among male young people. Use is higher among males than females and among single males than married males. Condom is becoming important in the sexual and reproductive behavior of young people in Nepal.”

Do young people in Nepal know about and use condoms, Thapa S, Shrestha B, <http://gateway.nlm.nih.gov/MeetingAbstracts/102282670.html> (date accessed on 03/07/07)

“PSI/Nepal has established a public-private partnership with a national fast moving consumer goods (FMCG) distribution company to sell Number One condoms through non-traditional outlets across the country in order to provide greater access and availability of HIV prevention products for target groups”

PSI Nepal, http://www.psi.org/where_we_work/nepal.html#rep (date accessed on 03/07/07)

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

“60 % who participated in counselling sessions agreed to be tested at 2 of the sites but in the Maternity Hospital in Kathmandu, only 219 women out of 882 who participated in counseling sessions agreed to be tested in the month of August. The low number can be explained by the fact that women had to pay 300 rupees (approx. U.S.\$4.50) for the test. The consultants were advised

that the board of directors of the Maternity Hospital agreed to reduce the cost to 100 rupees (approx. U.S.\$1.40). This hospital has been reminded that the tests should be free. Only 30 % of women attend ANC in Nepal.”

Allain, Linda; Malyuta, Ruslan and Eric Takang - Deliver – USAID - Nepal: Support For Hiv/Aids Commodity Security, December 2005 (Website, Date Accessed 27/6/2007) <http://www.synergyaids.com/documents/NEPAL-SUPPORT-HIV-AIDS-CS1.pdf>

26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

There were 3 service points available in December of 2005, supported by UNICEF and WHO. These offered VCT, drugs for the mother and child and drugs for PEP, however none had started dispensing drugs yet.

(Dec of 2005) *UNICEF plans to support three new sites in 2006 and three additional sites in 2007.*

27. At how many service points are harm reduction services for injecting drug users available?

“Building the capacity for the establishment and rapid expansion of harm reduction programmes including those for needle and syringe exchange and drug substitution therapy was written in to the National Strategy for 2002 – 2006”

(Nepal’s National HIV/AIDS Strategy, Final Draft
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 15/05/07))

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

“PRAYAS, an energetic youth group made up of PLHIV and ex drug users, they will do 7 PLHIV workshops and 5 NGO/CBO sensitization workshops on treatments literacy and preparedness focusing on the Mid and Far Western districts of Nepal where few HIV/AIDS services are available due to Maoist conflicts. These areas have vulnerable populations including migrants, sex workers and IDUs. The trainings will be in collaboration with a number of Positive Support Groups.”

HIV Collaborative Fund (Website
http://www.hivcollaborativefund.org/fileadmin/HIVCDocs/2006SouthAsiaFinalGrantSummaries_043007.doc Date Accessed 17/7/2007)

29. At how many service points are ARVs available to people living with HIV/AIDS?

“In December of 2005 there were only 2 public service points. This was to be expanded to 5 with the arrival of new drugs received through the Global Fund.”

Allain, Linda; Malyuta, Ruslan and Eric Takang - Deliver – USAID - Nepal: Support For Hiv/Aids Commodity Security, December 2005 (Website, Date Accessed 27/6/2007)
<http://www.synergyaids.com/documents/NEPAL-SUPPORT-HIV-AIDS-CS1.pdf>

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

Discussion questions:

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond ‘ABC’ strategies? Do programmes cover social issues (e.g. early marriage)?**

“The MOH also operates a pilot Adolescent Friendly Clinic with WHO funding. There is presently one in Kathmandu and there are plans to open four more outside the capital. These clinics will be designed to serve primarily as counseling and referral sites.”

Allain, Linda; Malyuta, Ruslan and Eric Takang - Deliver – USAID - Nepal: Support For Hiv/Aids Commodity Security, December 2005 (Website, Date Accessed 27/6/2007)

<http://www.synergyaids.com/documents/NEPAL-SUPPORT-HIV-AIDS-CS1.pdf>

- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
- **To what extent are HIV prevention services available through ‘non-traditional’ outlets (e.g. religious organisations, youth clubs)?**
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social ‘norms’ for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?**
 - **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
 - **Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
 - **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES
(location, user-friendliness, affordability, etc)**

Key questions:

- 31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?**

“Unmet need for family planning services among young married women was 36 % in ages 15 – 19 and 33 % in women from 20 - 24

Family Planning services are now accessible (in policy) to unmarried women and men with the new policy on youth reproductive health - guidelines exist for the service providers but implementation is difficult."

Family Health International - Assessment of Youth Reproductive Health/HIV Programs in Nepal September 2004 – (Website
<http://www.fhi.org/NR/rdonlyres/egkufbkmk55g2mzx4t4rmpqna6bn364ti3vuo4mfvby32cz e7lqydutrjojbmpdziao5vgoip3xm3k/NepalFinalReport.pdf> Date accessed 9/7/2007)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

Yes, government HIV prevention and SRH services are equally open. There is no obstacle in this aspect. However, equity is not prevalent.

(Information provided by in-country consultant, October 2007)

33. Are VCT services free for girls and young women?

"Nepal will adopt a phased approach, as defined by the following key strategies, in order to reach the objective. In a first phase, VCT services will be implemented focusing on selected groups (sex workers, clients, injecting drug users, labour migrants, uniformed services and their respective partners). At a later stage it will be expanded to focus on young people and the general population."

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

34. Are approximately equal numbers of females and males accessing VCT services?

"While the expansion and use of VCT services is a key component of a country's prevention and care efforts, many respondents noted that, because of fear of ostracism from family and society, many Nepalese do not take advantage of available services. Those who do submit to HIV testing do not reveal their status as they fear the consequences of doing so."

(Commitment to Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia, Focus on Nepal, January 2005, Policy Project and USAID,
<http://www.policyproject.com/pubs/politicalcommitment/ACF1B0.pdf> (date accessed on 25/06/07))

35. Are STI treatment and counseling services free for all girls and young women?

"Access to STD services is still very poor, especially for women. In addition, the use of condoms for effective infection prevention is not yet commonly known or accepted."

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

36. Are condoms free for girls and young women within government SRH services?

"Condoms contributed to only 1.1% of the total contraceptive prevalence rate. At present other methods of contraception are emphasized, which leave women vulnerable to infection and force them to negotiate condom use for infection prevention."

UNDP, *You and AIDS, the HIV/AIDS Portal for Asia Pacific*,
<http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Nepal/index.asp>

(date accessed on 03/07/2007)

37. Are ARVs free for all girls and young women living with HIV/AIDS?

"In a resource poor setting like Nepal, immediate universal access to anti-retroviral therapy and certain other AIDS-related medical interventions is not possible. However, every effort must be put into building up a system of effective medical care, providing a basis for future treatment options."

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

"Training and guidelines for health workers regarding counselling, care and treatment of those infected and affected by HIV/AIDS have been lacking. Similarly little support is available to help those caring for people living with HIV/AIDS within families and communities."

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

"Youth friendly services in Nepal are virtually non-existent. Information for young people comes mainly from peers and family members. In order to reduce the vulnerability of young people services including information must be tailored to their needs."

The National Strategy aims to:

"Objective

To increase the accessibility and availability of youth-friendly and gender-sensitive services with an emphasis on information about reproductive health and sexuality.

Strategies

- *Strengthen the capacity of young people to become equal partners in the design and implementation of services for young people.*
- *Strengthen the capacity of government and non-government organisations to provide services for young people in ways sensitive to their needs, particularly in the areas of counselling, reproductive health and STI treatment.*
- *Establish information centres including internet resources where young people can confidentially access additional information on HIV/AIDS (including referral services), sexually transmitted diseases, sexuality and related issues."*

Nepal's National HIV/AIDS Strategy, Final Draft, 19 July 2002,
<http://www.abcon aids.org/ABC/asp/DispDoc.asp?DocID=289> (date accessed on 03/07/07)

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

A survey by UNICEF and UNAIDS showed that 'most teenagers said they were interested in learning more about sex and sexual health. They wanted more information about STD/HIV/AIDS and safe sex. Radio and television were the best sources of information on HIV/AIDS. Clubs too were good places to learn about sex and HIV/ AIDS.

UNAIDS/UNICEF A survey of teenagers in Nepal for life skills development and

HIV/AIDS prevention, April 2001, (Website http://www.un.org.np/reports/UNICEF/2001/A_SurveyofTeenagers_in_Nepal_for_lifeSkillsDevelopment_a.pdf, Date accessed 11.7.2007)

Discussion questions:

Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? Affordable? Reachable by public transport? in appropriate languages? Non-stigmatising? open at convenient times?

What are the cultural norms around prioritizing females and males for health care?

To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people's sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?

Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

"More difficult in implementation for unmarried youth and women and girls to access SRH despite policy rhetoric."

Family Health International - Assessment of Youth Reproductive Health/HIV Programs in Nepal September 2004 (Website <http://www.fhi.org/NR/rdonlyres/egkufbkmk55g2mzx4t4rmpqna6bn364ti3vuo4mfvby32cze7lqydutrjoibmpdziao5vgoip3xm3k/NepalFinalReport.pdf> Date accessed 9/7/2007)

PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

Yes, on 14 October 1990

(Office of the United Nations High Commissioner for Human Rights - *status of ratifications of the principal International Human Rights Treaties As of 09 June 2004* <http://www.unhchr.ch/pdf/report.pdf> (Date accessed 20/06/07))

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

CEDAW – Yes, on 22 May 1991.

(Office of the United Nations High Commissioner for Human Rights – *Status of Ratification of the Principal International Human Rights Treaties (As of 09 June 2004)* <http://www.unhchr.ch/pdf/report.pdf> (Date accessed 20/06/07))

CCM – No, not yet

(United Nations Treaty Collection [As of 5 February 2002] 3. *Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages* New York, 10 December 1962 [http://www.unhchr.ch/html/menu3/b/treaty3 .htm](http://www.unhchr.ch/html/menu3/b/treaty3.htm) (Date accessed 20/06/07))

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

National AIDS Council has been in deadlock due to political instabilities
UNAIDS, Nepal Country Profile, (Website http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp, Date accessed 17/7/2007)

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

Nepal has adopted a national HIV/AIDS policy, national strategic plan, and national operational plan. While some felt that the government used a participatory approach to develop these policies and plans, others suggested that PLHA and NGO involvement was limited.

(Commitment to Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia, Focus on Nepal, January 2005, Policy Project and USAID, <http://www.policyproject.com/pubs/politicalcommitment/ACF1B0.pdf> (date accessed on 25/06/07))

National AIDS Council has been in deadlock due to political instabilities
UNAIDS, Nepal Country Profile, (Website http://www.unaids.org/en/Regions_Countries/Countries/nepal.asp, Date accessed 17/7/2007)

45. Was the current National AIDS Plan developed through a participatory process, including

input from girls and young women?

“Objective: To ensure that all people infected and affected by HIV/AIDS are fully accepted and integrated into normal social and work activities.

Strategy: Ensure the full involvement of people living with HIV/AIDS in the decision-making process at all levels of policy and programme development, implementation and monitoring.”

(Nepal's National HIV/AIDS Strategy, Final Draft
<http://hivinsite.ucsf.edu/pdf/countries/nepal2.pdf> (date accessed on 15/05/07))

National AIDS Council has been in deadlock due to political instabilities
UNAIDS, Nepal Country Profile, (Website
<http://www.unaids.org/en/Regions/Countries/Countries/nepal.asp>, Date accessed 17/7/2007)

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

“A group of 15 Nepalese women founded Sneha Samaj, the first support group for women and children living with and affected by HIV/AIDS in Nepal. Sneha Samaj means “community for love and affection”

PEPFAR, Stories of Hope – Nepal (Website
<http://www.pepfar.gov/pepfar/press/85069.htm> Date Accessed 17/7/2007)

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

“Vulnerable groups (e.g., MSM and sex workers) and those already affected by the disease have begun to organize themselves into advocacy, support, and peer education groups.”

(Commitment to Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia, Focus on Nepal, January 2005, Policy Project and USAID,
<http://www.policyproject.com/pubs/politicalcommitment/ACF1B0.pdf> (date accessed on 25/06/07))

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

The National Association of PLHA in Nepal (NAP+N) is one of the oldest networks for people living with HIV/AIDS. Its membership includes both individuals as well as organisations. Membership within the organization is open to young people, young girls and women, MSMs, disabled and other categories as well. However, the number of girls and young women is limited.

(Information provided by in-country consultant, October 2007)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

“ABHIYAN (Endeavour) The first women's PLHIV group in Nepal, they are formed of women injecting drug users from diverse backgrounds: housewives, students and sex workers. They will provide treatment literacy trainings in three regions, sensitize 100 stakeholders through four events for improving health services for positive women and children, run a hotline that includes information about treatment, and develop IEC materials.”

HIV Collaborative Fund (Website
http://www.hivcollaborativefund.org/fileadmin/HIVCDocs/2006SouthAsiaFinalGrantSummaries_043007.doc Date Accessed 17/7/2007)

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

Yes, there are girls and young women who are not afraid to divulge their infected status. Recently a programme on HIV/AIDS and Violence against women was undertaken by SAMANATA-Institute for Social and supported by Action AID entitled "Initiation a Discourse on HIV/AIDS and Violence Against Women" which involved a number of HIV positive women who openly discussed their status.

(Information provided by in-country consultant, October 2007)

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**
- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**
- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?**
- **Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?**
- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**

"Groups in the NGO and civil society sector have mainly focused on prevention and awareness raising activities. Some groups are addressing stigma and discrimination, but few seem to be working in the areas of care, support, and treatment access."

(Commitment to Action: Assessing Leadership for Confronting the HIV/AIDS Epidemic Across Asia, Focus on Nepal, January 2005, Policy Project and USAID, <http://www.policyproject.com/pubs/politicalcommitment/ACF1B0.pdf> (date accessed on 25/06/07))

- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the 'real life'**

experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

**PART 2:
IN-COUNTRY RESEARCH**

Focus Group Discussion: Girls and Young Women in Urban Areas

Number of Participants: 9

Participant Age: 15-19 years

Participant Profile: Girls and women who are in-school/college; out-of school/college; urban areas of Kathmandu; suburbs of Kathmandu; HIV untested.

Venue: Kathmandu

Prevention Component 1: Availability of Services

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condom? treatment for a sexually transmitted infection (STI)? an HIV test?

The knowledge level of young girls and women on HIV prevention services is limited. Despite urban areas having various sources of information, the ability and willingness to access these is inadequate. *“Even if I know also I would not find it easy to access services”*. Accessing information from educated parents is difficult also. Participants with nursing background identified Family Planning Centres and the hospitals for testing purposes and availing of condoms. Overall, media is a primary source of information. Youth focused radio programmes and sexual and reproductive health related question and answer section in newspapers and magazines are very interesting and useful. But there is a tendency to *‘hurriedly turn over the pages if parents turn up’*. A few participants from the suburbs of the capital city of Kathmandu, indicated the accessibility of services as being difficult. *“In my locality no one even wants to talk about these issues openly.” “It is useful if we are in some youth group or programme from which we can have access to information.”*

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

In comparison to the girls, the participants opined HIV prevention services were more easily available to boys, particularly the educated groups. However, the issue is whether the boys with knowledge are actually using the services. The girls perceived that even boys have fears regarding how to access these services and their use. Although some may use condoms and by doing so work towards HIV prevention amongst girls and young women, however focus is more on preventing pregnancy rather than HIV. The participants said among the boys there is a general trend to believe, *‘It won’t happen to me’*.

What sort of HIV prevention services would you like more in your community? How would that make a difference to your life?

Services should help promote environment for open talks and ensure that sharing information on sexual and reproductive health is an integral part of life. Related programmes, such as the television will be very effective in helping girls and young women protect themselves. VCTs are good but these must be expanded effectively, in particular to target the migrant workers. But focus should primarily be on *‘prevention before cure’*. One participant from a nursing background stated, *‘As a health person I am very susceptible so there should be easy availability of services for me to get tested’*.

Prevention Component: Accessibility of Services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Some women don’t want to go to gynecologists due to fear of getting checked up by male doctors, while others fear the services are too expensive. Sharing an experience during a 9th grade project work on HIV/AIDS, the participant and her colleagues had been unwilling to

obtain information on contraceptives and condoms from the medical shops. When they finally did go the women shopkeepers had been very unfriendly, more so compared to the male shopkeepers.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

Girls and young women do not show interest in finding out information due to shame, fear of negative perception from others, unhealthy or closed social environment that prevent open discussion and lack of easy availability of information. The situation becomes worse when, as some participants from the suburban areas indicated, accessibility and distance become major hurdles to service availability. But at times free services are misused due to a lack of value in what is obtained freely. *“Some children use condoms as balloons while the needy are unable to avail it”*.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

Sex is synonymous with marriage, so accessing HIV services is therefore much harder for the unmarried. Pre-marital sex is still regarded as against the law, leading to social punishment and ostracisation by elders and in some cases from one's own peers as well. Unlike the educated who can obtain some information from schools for the out-of school students there is no opportunity. *“The HIV positive women will probably want to hide their condition to avoid shame and stigma.”*

Prevention Component: Participation and Rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Some participants were members of the SMART Club which organized mixed youth gathering every once a month in Kathmandu. Group discussions revolved around HIV/AIDS, sexual and reproductive health and training which one participant claimed, *“gives me a personal spark for individual change”*. But the suburban and Village Development Committee areas had no such programmes.

Participants expressed the need for programmes which were entertaining, educational and interactive. Programmes should be conducted but these need to be carried out interestingly to catch the interests of the youth.

What would encourage you to get more involved in HIV prevention in your community?

More knowledge about HIV/AIDS, its impacts and consequences will encourage us to become more informed and empowered. Openness among the youth, the need to clarify the belief that *“I won't get it”*, and identifying entertaining, educational and interactive programmes which promote initiation from youth and adolescents were also highlighted.

Prevention Component: Legal Provision

What do you know about laws in Nepal that might affect girls and young women might protect themselves from HIV? For example, do you about any laws that allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

There are laws allowing girls to get married at 20 years, but in practice there is not enforcement. Abortion laws allowing girls to make their own decisions have been passed but

we cannot say how HIV prevention can be affected by this law. Overall, laws might be there, but they have no meaning if they are not practiced.

Prevention Component: Policy Provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health in school?

Reproductive health classes are very interesting with reproductive processes, contraceptives and their use, care during pregnancy, basic reproductive health and HIV/AIDS being some issues discussed during these classes. But the teachers are unable to teach properly and unable to ascertain whether students comprehend what is being taught. Participants identified the need to educate sexual and reproductive health issues from 6th and 7th grades onwards for the *"the more we neglect it, the more it becomes difficult to talk about."*

What could the government of Nepal do to fight fear about AIDS in your community?

Although the government has laws, however, services have been more of a token. The government must decentralize the services for more effectiveness.

"During festivals stalls are put up for information for reproductive health services, but when we enquire we are not given information". "Our voices are not heard".

Summary

What are 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Nepal to protect themselves from HIV?

Empowerment of girls through education, employment and women based campaigns involving both boys and girls. *"Boys must also be made aware"*. The concept of sexuality must be clarified from a very young age through campaigns for bringing about change in knowledge, attitude and practice. Awareness and workshops with social and community leaders, mothers and fathers must be regularly followed up and feedback collected.

Focus Group Discussion: Boys and Young Men from Urban and Rural Areas

Number of Participants: 12

Participant Age: 19-24 years

Participant Profile: Girls and women who are in-school/college; out-of school/college; urban areas of Kathmandu; rural areas; HIV untested.

Venue: Kathmandu

Prevention Component 1: Availability of Services

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condom? treatment for a sexually transmitted infection (STI) an HIV test?

The difference between Kathmandu and the rural areas in terms of accessing services is that in the former there is information, while in the latter it is very limited. Girls may have information but not about boys' reproductive health organs. Participants from rural areas studying in Kathmandu, stated that in their villages the Health Posts had condoms for free distribution, but were being misutilised by children. VCTs were very limited and out of reach of many village dwellers. Youth mostly accessed information from radio programmes such as '*Saathi Sanga Manaka Kura*' (Sharing Feelings with a Friend). The number of women going to access services is limited, and testing is a far-off issue. Girls and women need to know more about how to protect themselves for which school based awareness programmes are essential. Among men also it is not very open. *"A friend of mine had come back from the hospital. When asked he showed us the medicine for syphilis, upon which all the friends started teasing him. If boys get teased like this would a girl or woman even reveal it?"*

"My aunt is an educated woman, but she will walk out of the family room when condom advertisements come on the TV!"

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Talking about sexual and reproductive health, especially in rural areas, is still very difficult. Now due to the media in some places, particularly urban areas it is more open but usually men to women discussion is limited.

"If I go and talk about SRH in my community not a single bone of mine will be left unbroken."

"Talking will be easier in groups, so need to go through the medium of groups".

"Boys need to become conscious for their own safety as well for supporting girls".

What sort of HIV prevention services would you like more in your community? How would that make a difference to your life?

Currently school curriculum is limited to discussing diseases and the need to protect oneself, which only works up our curiosities. Misconceptions being passed from teacher to students need to be eradicated. We *"need more school based programmes which are strategically initiated from the lower grades onwards"*. Entertainment focused programmes and others that bring together mixed groups of youth for information sharing is very effective. Radio programmes such as the ones by the Equal Access programme through drama, counseling, life skills, HIV and youth sexual and reproductive health problems discussion are most informative. The risk is higher at college level also where there is dearth of information, but where there is high number of IDUs.

Prevention Component: Accessibility of Services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

In Kathmandu there is good accessibility but the motivation to avail them is absent. There is also a negative perception that contraceptives which come into the country from developed countries are date expired and therefore are not used properly. But if they are there for free it will be taken, though at times misutilised.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

HIV is strongly linked to sex and drug use and there is a constant fear of ‘*what will the others say if I go for these services*’ due to which youth constantly hesitate. In Kathmandu prevention services are easy and closeby, at village level health services are centred round the Health Post, and there is no confidentiality. In addition while coming to the centres is expensive, on the other hand health workers are not supportive and even tend to harass you.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

Those who go to school have access to information, unlike the out of school, but even they are unable to go openly for services. When they do go it is in hiding. The need is to change the attitude and thinking towards HIV and make people realize that anyone can become a victim. It is easier for the married to access services, as the unmarried will be looked upon negatively. It is difficult for the HIV positive to live in the society and access service without discrimination. In fact, many don't know even know they should get tested or where they should do so.

Prevention Component: Participation and Rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Family Planning Association of Nepal, Red Cross and Youth Initiative are bringing together mixed group of youth to discuss their issues. But there is strong need to focus on how information is being imparted as they expressed a lack of appropriate methodology.

“Male teachers hesitate to talk openly, especially if there are girls there and vice versa. Teachers need to be given training.”

What would encourage you to get more involved in HIV prevention in your community?

It could be incentive in the form recognition or cash, and this would depend on individual interest. There is a strong need to localize and contextualize the overall HIV issue. Emotionalisation is very essential for which the HIV positive could be very effective. A platform for group formation working towards HIV prevention will increase our involvement.

What do you know about laws in Nepal that might affect girls and young women might protect themselves from HIV? For example, do you about any laws that allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

Abortion has been legalized and it does help in HIV prevention. There is also need for appropriate and strong legal action for perpetrators of violence against women. Underage marriage is still taking place despite the laws allowing marriage at 20 years for girls,

which means that law is not properly enforced. Circumstances are worsened by misconceptions such as those in parts of Terai where they believe intercourse with virgins will cure HIV.

Prevention Component: Policy Provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health in school?

Some participants said they came to learn more during 10th grade. But there was a general perception that health education is only superficial. Only one participant who had taken the subject Optional Health said he had received detailed information about sexual and reproductive health. The teachers are not comfortable about teaching the subjects, many preferring the students to study them on their own. *“While I was studying in 12th grade the teacher said, you all know more and ended it at that”.*

What could the government of Nepal do to fight fear about AIDS in your community?

The government must increase awareness. There is also need for a Health Post in each and every ward, for which appropriate medicines as well as a number of gender balanced health staff are essential. Currently they are there in paper only, and furthermore having an Auxillary Nurse Midwife is not sufficient if they have no capacity to discuss. The government must take initiatives to help the community change perspectives for the better towards HIV/AIDS.

Summary of Discussion

What are 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Nepal to protect themselves from HIV?

Government should fulfill the commitments they have made through all the Treaties and Conventions. Political leaders must be involved as our national trends indicate that more than teachers it is the political leaders who are attentively listened to. They can play an important role in bringing about changes to help girls and young women protect themselves.

**One-to-one interview: Director (Male) of the
National Centre for AIDS and STI Control (NCASC)**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

It is not possible to say in particular. Overall among the FSWs HIV is decreasing. Currently, the major focus is on the migrant labourers as the number of widows and orphans is increasing.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

Risk behaviour within the HIV dynamics is not related to age. Similarly, marriage makes no difference. But the fact that sex is illegal increases the risk and vulnerability. As regards abortion since HIV is not integrated with other reproductive health issues it is not possible to say whether it makes a difference or not.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Law says there should be no discrimination against PLWHAs, however, whether it is boys or girls who are HIV positive or living in rehabilitations centres they are all discriminated against. As for the married and unmarried it is the environment and laws which affect it. In fact in the current scenario it is the married who are more at risk.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There is need for rights based laws for the PLWHA with HIV/AIDS taken as a chronic disease. Currently more than 100 HIV positive groups are coming forward, but it is the women, widows and children who are facing maximum discrimination. Laws enabling girls and women to access maximum information and services should be introduced.

Prevention Component 2: Policy Provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling or testing – make HIV prevention for girls and young people in Nepal better or worse?

There are policies for PMTCT and VCTs which are all providing services for men and women and improving their lives.

Do girls and young women – and also boys and young men – receive any type of official sex education?

The education system provides some information on reproductive health, but there is not that much on HIV and sex.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

More than protocols and policies, within the reproductive health a holistic approach for adolescent health and HIV/AIDS are essential. All forms of discriminations should be abolished. This includes a need for society's attitudinal change as well.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

There are no specific HIV prevention services for girls or women. Similarly, no female condoms are available. But STI information can be obtained from health centres and through a number of private organizations. These however require expansion. Currently there are 100 VCTs in 35 districts, 14 ARV sites and 8 PMTCT sites, with plans for expansion all three service types.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

There are no specific prevention services for specific types of girls and women. Since the major focus is on the high risk groups such as FSWs, IDUs and MSMs, they are given special attention.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

“Information has to be taken in the form of a campaign”. The Department of Health Services indicates a large percent of population possess knowledge, but even now correct information has not reached. It has now become a chronic disease but society has not been able to change its views. If we are to look at HIV prevention among girls and boys then it is necessary to link up with youth programmes.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Expansion of services, in terms of preventive, information promotion and support services are essential.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

Poverty is the main barrier. Although services are available they are not in all places. Even if a girl knows there is a VCT in her own district she won't go because of lack of money, education and stigma. A common problem being encountered is that even when ARV is provided, lack of funds for transportation and stay during the treatment have become major problems. The problem has become so high that recently in Dailekh district of the Far Western Development Region a delegation came to the Village Development Committee (VDC) personnel demanding the entire VDC population be tested. Thus even social barriers are being overcome.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

There is no difference at all.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

It is essential to inform and train the boys and young men for a more productive role. Till now we don't know and have not addressed the issue in depth. The risk gaps are playing a role.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

It is important to give girls and young women correct information through schools and free clinics.

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

I don't have much information.

To what extent is the national response to AIDS 'rights based'? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

The policy recognizes that the national response to AIDS must be rights based. However, there are discriminations even from health workers. For instance even after the testing service providers may inform of the result verbally, but will not give the result.

To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level?

Within the policy strategy there is participation of the PLWHAs, even at district level also. Even girls are raising their voices and making decisions. They are also participating in the development of the National AIDS Plan as well as the Country Coordinating Mechanism.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

There needs to be more girls and women focused programmes on sexual and reproductive health rights and HIV/AIDS.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Girls and young women focused integrated programmes are necessary. Similarly, girls and young women must be taken as partners, including the HIV positive women. Giving ownership of the programmes to the women will bring about improvements and there is need to make them speak more of their issues openly.

**One-to-one interview: Executive Director (Male) of a
Non Governmental Organisation**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

Currently the environment is more enabling and those with information have better access to services. In terms of young girls and women, going into an organized sector such as schools and workplaces has become much easier. But still it is the NGOs who are having to do this work.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

Despite wanting to treat daughters and sons equally the legal and social environments are not there. Sex trade, trafficking to brothels and circuses are critically related problems where the rights of girls are not addressed. Despite the law most are getting married before 20 years. Those involved in sex work are not getting an enabling environment.

How does legislation affect types of girls and young women and their vulnerability to HIV?

Laws pertaining to sexual and reproductive rights of girls and young are weak, or are in paper only. Unless efforts are made to enforce them their lack of knowledge, employment, questioning ability and power will continue to make them vulnerable, irrespective of which type of girls they are.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Societal attitude and priority prevent many laws from being enforced. By-laws relating to condom should be introduced so special marketing can make them more available and free. By-laws to make organised sectors take initiative to provide information on HIV, referrals, service places, awareness raising, leaves for the HIV positives during their illness cycle should be introduced.

Prevention Component 2: Policy Provision

What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling or testing - make HIV prevention for girls and young people in Nepal better or worse?

Lack of HIV prevention policies within the organized sector make the situation worse for girls and young women. There are no policies to stop harassment of FSWs at the hands of security forces. Similarly, "*VCTs come with a negative legacy*" and women accessing services are looked down upon. There is need for policy to make it a sugar-coated capsule.

Do girls and young women – and also boys and young men – receive any type of official sex education?

More information is imparted to students about sexual and reproductive health in urban areas, but in rural areas teachers are still happy when NGOs come to take classes. Basic information about sexual and reproductive organs and HIV/AIDS are present in the curriculum but there is no mechanism to make the teachers teach in depth.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Policies for mass information campaign is necessary to save the younger generation. Similarly, in rural areas teachers lack proper information about HIV. Policies to ensure they gain proper knowledge can help them transfer it correctly as well.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

Specific programmes targeting FSWs have been ongoing for a while and change is visible. But overall, programmes have not been specifically targeting girls and young women alone. A handful of organizations are providing STI, VCTs and PMTCT services but in limited sites. Even then various barriers limit girls and young women's access to these services.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

There is not much difference in the services for the married and unmarried. For the out-of-school some NGOs are addressing them in catchments. FSWs are perhaps the biggest group being addressed through information and VCT. Hardly anything is there for orphans and migrants.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Urban boys and young men have good knowledge of HIV, condoms and STI. In rural areas there is limited knowledge. But urban boys and young men are reluctant to use condom seeing it as a hurdle to sexual pleasure. This increases girls and young women's vulnerability.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Information should be scaled up. There should be enabling environment for dignified access of VCT, STI and other services. Organisations must create an environment which will reduce pressure on those trying to access it.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

Limited information and lack of enabling environment are a major problem. Fear of information being leaked out by service providers as well as NGOs which come with a set image promotes stigmatization. There is also a gap between services seekers and providers. Even among the staff there is discriminatory attitude.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

It is more difficult for the unmarried who cannot socially justify it and the out-of-school as they have limited access to information. But among the HIV positive they are able to gain strengths from their groups and can thus access information more easily.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

Ultimately it is the boys' role and if they use condom they can help in the prevention. But generally boys do not have a positive and dignified attitude of looking at girls. As such they

are neither respectful, nor responsible. *“Within HIV the main actors are boys but they still don’t feel they are at risk.”*

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

“Our experience of working with circus returnees and their empowerment through micro-credit programmes, wherein we included information on STI and condom, proved that empowering of marginalized girls is effective.”

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

The government is unaware of how many Conventions and Treaties they have signed and committed to. If some NGOs hold them accountable they will work towards the commitment, otherwise there is no effort.

To what extent is the national response to AIDS ‘rights based’? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

Rights-based approach is a new issue for us. We are still not clear about which issues should focus on rights. If providing information on STI and condoms are a right then who should be held accountable. The National AIDS Policy is addressing it but does not state who is accountable.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

The Country Coordinating Mechanism states the HIV positive will be represented, but it is more of a token only. Female representation is even less. Those who have come up are mostly limited to IDUs. There is no conducive environment to bring them forth.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

There is an increasing rate of HIV positive among the migrants’ wives. There is need to organize them into groups, which is currently slowly coming out. *“In Janakpur where we are running a VCT among migrant population, 1 out of 6 are identified HIV positive everyday.”*

Summary

In summary, what are the 3-4 key actions - for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Marginalised girls who are victims must be given socio-economic power and organized into groups for mobilization. To bring into practice safe behaviour it is more practical if work is implemented with friends, brothers, parents and same circle group members. Then it can be prevented more effectively.

Focus Group Discussion: Girls and Young Women in Rural Areas

Number of Participants: 12

Participant Age: 20-24 years

Participant Profile: Girls and women from rural areas; HIV positive; married; unmarried; have children; HIV negative.

Place: Bhairawa, Rupandehi district

Prevention Component 1: Availability of Services

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condom? treatment for a sexually transmitted infection (STI)? an HIV test?

Information on HIV/AIDS, STIs and use of condom is provided by organizations such as the Red Cross. Information usually flows through women's groups. But the scale of information goes down when one goes more into remote villages. Schools also provide information. But most women will avoid access to services due to shame. The married may go but they too need to be very confident.

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

"They have knowledge but are careless." But even boys are shy to access services. Unmarried boys still can't go and obtain condoms. This is due to society's negative perception. An INGO has been trying to work in mixed groups of youth to help open up.

What sort of HIV prevention services would you like more in your community? How would that make a difference to your life?

Street dramas will be very effective in helping to remove discrimination, stigma and shame. Training for the educated is important as it is they more than the illiterate who initiate discrimination. Currently focus is only on some particular groups. But this should be for all, from top to bottom. *"When I began to go around the village raising awareness, people looked down on me. They refused to drink water I touched because of my HIV positive status"*. When social mobilisers go around raising awareness on HIV, people automatically tend to think they have HIV.

Prevention Component: Accessibility of Services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Health Post personnel are very unfriendly and keep questioning you. Women between 20-24 years will usually not go for such services. Fear of society, family and friends is strong among girls and young women and there is a feeling among women that, *"It's better not to know than to seek services and find out you have HIV."*

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

Fear of being teased, distance to the service point and unfriendly service providers are some major barriers. Society's negative perception that HIV is contracted through an illicit act is another hurdle.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

It is more difficult for the unmarried and the out-of-school. The latter have no information on where and what to look for. But at times because the illiterate have no information they are unafraid to seek services.

Prevention Component: Participation and Rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Some participants mentioned initiatives to bring together mixed groups of youth which helped them discuss more easily on the topic. Others said they had no programmes at all, except for training given in schools by NGOs.

What would encourage you to get more involved in HIV prevention in your community?

“If we go and talk about HIV community members will say we’re talking dirty and trying to act very smart.” But if we were to be initially trained by outside NGOs that would start the initial awareness programmes it would be very encouraging.

Prevention Component: Legal Provision

What do you know about laws in Nepal that might affect girls and young women might protect themselves from HIV? For example, do you about any laws that allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

There are laws against polygamy and child marriage. The age of marriage might also protect some girls from getting HIV for a few years, but overall it does not make much difference. Abortion law does not help in HIV prevention.

Prevention Component: Policy Provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health in school?

Teachers feel odd to talk about sexual and reproductive health issues. While some teach only the basic, others tell students to read on their own.

What could the government of Nepal do to fight fear about AIDS in your community?

The government must bring programmes to eradicate the fear about AIDS and raise awareness that one can save oneself. Laws to punish those who discriminate against the PLWHA must also be introduced. There is need to clarify that AIDS is not a communicable diseases.

Summary

What are 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Nepal to protect themselves from HIV?

Pornographic movies and magazines must be disallowed as they have negative impacts. Female condoms must be promoted among the women. For migrant workers there should be laws to conduct HIV testing before and upon return from India or other third countries. Compulsory HIV testing before getting married should be introduced. Punishment for those who discriminate should also be introduced.

Focus Group Discussion: Boys and Young Men from Urban and Rural Areas

Number of Participants: 12

Participant Age: 19-24 years

Participant Profile: Boys and men who are in-school/college; out-of school/college; urban areas of Kathmandu; rural areas; HIV untested.

Venue: Kathmandu

Prevention Component 1: Availability of Services

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condom? treatment for a sexually transmitted infection (STI) an HIV test?

The difference between Kathmandu and the rural areas in terms of accessing services is that in the former there is information, while in the latter it is very limited. Girls may have information but not about boys' reproductive health organs. Participants from rural areas studying in Kathmandu, stated that in their villages the Health Posts had condoms for free distribution, but were being misutilised by children. VCTs were very limited and out of reach of many village dwellers. Youth mostly accessed information from radio programmes such as *'Saathi Sanga Manaka Kura'* (Sharing Feelings with a Friend). The number of women going to access services is limited, and testing is a far-off issue. Girls and women need to know more about how to protect themselves for which school based awareness programmes are essential. Among men also it is not very open. *"A friend of mine had come back from the hospital. When asked he showed us the medicine for syphilis, upon which all the friends started teasing him. If boys get teased like this would a girl or woman even reveal it?"*

"My aunt is an educated woman, but she will walk out of the family room when condom advertisements come on the TV!"

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Talking about sexual and reproductive health, especially in rural areas, is still very difficult. Now due to the media in some places, particularly urban areas it is more open but usually men to women discussion is limited.

"If I go and talk about SRH in my community not a single bone of mine will be left unbroken."

"Talking will be easier in groups, so need to go through the medium of groups".

"Boys need to become conscious for their own safety as well for supporting girls".

What sort of HIV prevention services would you like more in your community? How would that make a difference to your life?

Currently school curriculum is limited to discussing diseases and the need to protect oneself, which only works up our curiosities. Misconceptions being passed from teacher to students need to be eradicated. We *"need more school based programmes which are strategically initiated from the lower grades onwards"*. Entertainment focused programmes and others that bring together mixed groups of youth for information sharing is very effective. Radio programmes such as the ones by the Equal Access programme through drama, counseling, life skills, HIV and youth sexual and reproductive health problems discussion are most informative. The risk is higher at college level also where there is dearth of information, but where there is high number of IDUs.

Prevention Component: Accessibility of Services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

In Kathmandu there is good accessibility but the motivation to avail them is absent. There is also a negative perception that contraceptives which come into the country from developed countries are date expired and therefore are not used properly. But if they are there for free it will be taken, though at times misutilised.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

HIV is strongly linked to sex and drug use and there is a constant fear of ‘*what will the others say if I go for these services*’ due to which youth constantly hesitate. In Kathmandu prevention services are easy and closeby, at village level health services are centred round the Health Post, and there is no confidentiality. In addition while coming to the centres is expensive, on the other hand health workers are not supportive and even tend to harass you.

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? Out of school? HIV positive?

Those who go to school have access to information, unlike the out of school, but even they are unable to go openly for services. When they do go it is in hiding. The need is to change the attitude and thinking towards HIV and make people realize that anyone can become a victim. It is easier for the married to access services, as the unmarried will be looked upon negatively. It is difficult for the HIV positive to live in the society and access service without discrimination. In fact, many don’t know even know they should get tested or where they should do so.

Prevention Component: Participation and Rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Family Planning Association of Nepal, Red Cross and Youth Initiative are bringing together mixed group of youth to discuss their issues. But there is strong need to focus on how information is being imparted as they expressed a lack of appropriate methodology.

“Male teachers hesitate to talk openly, especially if there are girls there and vice versa. Teachers need to be given training.”

What would encourage you to get more involved in HIV prevention in your community?

It could be incentive in the form recognition or cash, and this would depend on individual interest. There is a strong need to localize and contextualize the overall HIV issue. Emotionalisation is very essential for which the HIV positive could be very effective. A platform for group formation working towards HIV prevention will increase our involvement.

What do you know about laws in Nepal that might affect girls and young women might protect themselves from HIV? For example, do you about any laws that allow girls to get married at a young age? Do not allow girls or young women to have abortions? Prevent girls from using services unless they have the consent of their parents?

Abortion has been legalized and it does help in HIV prevention. There is also need for appropriate and strong legal action for perpetrators of violence against women. Underage marriage is still taking place despite the laws allowing marriage at 20 years for girls,

which means that law is not properly enforced. Circumstances are worsened by misconceptions such as those in parts of Terai where they believe intercourse with virgins will cure HIV.

Prevention Component: Policy Provision

What type of education have you received about issues such as relationships, sex and AIDS? For example what have you been taught about your sexual and reproductive health in school?

Some participants said they came to learn more during 10th grade. But there was a general perception that health education is only superficial. Only one participant who had taken the subject Optional Health said he had received detailed information about sexual and reproductive health. The teachers are not comfortable about teaching the subjects, many preferring the students to study them on their own. *“While I was studying in 12th grade the teacher said, you all know more and ended it at that”.*

What could the government of Nepal do to fight fear about AIDS in your community?

The government must increase awareness. There is also need for a Health Post in each and every ward, for which appropriate medicines as well as a number of gender balanced health staff are essential. Currently they are there in paper only, and furthermore having an Auxillary Nurse Midwife is not sufficient if they have no capacity to discuss. The government must take initiatives to help the community change perspectives for the better towards HIV/AIDS.

Summary of Discussion

What are 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Nepal to protect themselves from HIV?

Government should fulfill the commitments they have made through all the Treaties and Conventions. Political leaders must be involved as our national trends indicate that more than teachers it is the political leaders who are attentively listened to. They can play an important role in bringing about changes to help girls and young women protect themselves.

**One-to-one interview: Programme Manager of HIV/AIDS Section
Family Planning Association of Nepal (FPAN)**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

Access wise the overall picture is not very encouraging. Most women and girls from rural areas are unaware or are at high risk. Peer educators are mostly men due to their educated status. Although it is easier to work with Female Sex Workers (FSWs), with whom work has been ongoing, currently women are mainly at risk through drugs and through the husbands. Relevant women networks to support them are limited.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

Parental consent is required for marriage under 20 years, but the law has no impact on HIV prevention as it is not strictly enforced. FSWs have no sexual and reproductive health rights and face harassment from police. If youth and adolescents come for counseling service organizations such as the FPAN encourage it and this need is highlighted within the Adolescent Reproductive Health Strategy as well.

How does legislation affect types of girls and young women and their vulnerability to HIV?

Girls and young women are not protected from HIV/AIDS simply by increasing legal age of marriage as the risk is increasing through husbands, particularly among migrant workers. Sex work is illegal but interventions have increased FSW condom use.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Sex work will never end, so the idea is to cut down the FSWs' vulnerability by liberalizing relevant laws. Overall, balanced awareness and education must prevail while bringing about new laws.

Prevention Component 2: Policy Provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling or testing – make HIV prevention for girls and young people in Nepal better or worse?

Women go through HIV testing during the antenatal care in some places thus providing an opportunity for PMTCT. But not all clinics are providing this service. Although the Strategic Plan focuses on VCT and the needs of PLWHA, however, sexual and reproductive health rights, particularly of the HIV positive people and girls and young women need to be addressed. Gender integration is also necessary.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Yes, in the higher grades, but the teachers' ability and knowledge level to impart appropriate information is doubtful. With teachers being mostly male, girls have even less environment to question and clarify pertinent queries.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The VCT Guideline is currently undergoing a review and there is need to stress more on reproductive rights. The school curriculum incorporates sexual and reproductive health issues but teaching is focused more on hormonal changes. Policies ensuring that teachers teach openly about the subject is necessary. More female teachers must be incorporated.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

VCTs run by NGOs do not have integrated reproductive health package. Even within the government STI and VCT are two separate departments. FPAN is non-discriminatory with regards to provision of services for women, and distribution of contraceptives is free, though STI services are charged. But female condoms are expensive and not easily available. Access to ARV is male dominated and female members are less empowered. Only the sex workers speak openly.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

There are no specific prevention services for particular types of girls and women. The in-school girls have easier access to information as compared to the non-school going. But a girl's unmarried status becomes a barrier. It is easier for FSWs with whom a lot of work has been ongoing. The HIV positive within the networks have information and women are quite aware, but are prone to violence and discrimination from family and friends.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Men are more mobile and open to talking about sexual and reproductive health in contrast to girls and women. They have easier access to services and information from health centres. But men tend to hide their HIV positive status putting women at high risk.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Interactions with girls and young women should be increased by using them as peer educators and through Youth Information Centres. HIV component must be integrated in all other programmes.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

The cost of the services, transportation and their ability and expense of reaching the sites all inter-relate to become barriers. At district level health service points open infrequently, and not all have VCT sites. Male laboratory technicians and counselors and unfriendly service providers are hurdles they prefer to avoid. *"HIV is associated with sexual behaviour which is not tolerated."*

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are: Married or unmarried? In school or out of school? HIV positive?

HIV is linked to sexual behaviour and since this is an issue not openly discussed it is therefore difficult for everyone - married, unmarried, in school, out of school, and the marginalized

such as FSWs, HIV positive - to access services. *“Integrated services would help overcome this problem.”*

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

Youth Information Centres would be very effective. *“Urban boys and girls do interact and this would be a good medium of disseminating information.”*

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

The out-of-school and unmarried girls must be addressed as they're more vulnerable. But targeting parents and communities would prove effective in promoting HIV services.

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

The number of women involved networks are minimal, even among the youth groups and there are implementation gaps.

To what extent is the national response to AIDS ‘rights based’?

“The National AIDS Policy is about prevention and awareness and fails to address service providers. Revision from an integrated and rights-based perspective is essential.”

To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level?

“Very little, and women PLWHA network are also limited. They’re invited as PLWHA members but their voices are lost within the groups.”

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

Education should be the medium through which their involvement must be promoted.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Concerted effort must be made from all sides to remove community level stigma. Monitoring and reporting of VCTs must be initiated by the government to prevent double counting as well as ensuring that larger chunks are not missed out. The National Centre for AIDS and STI Control and the Public Health laboratory must be integrated and not separate entities.

**One-to-one interview: HIV AIDS Project Officer (Female)
of the UNFPA**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

The current response is inadequate as the programmes are either taking a generic approach or focused on the 'at risk'. No focus among girls and young women, so HIV among this group is on the rise.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

There are no specific rules and regulations for HIV prevention for girls and young women. The legal age for marriage is 18 years with consent and 20 years without consent, but there is no strict enforcement. The same is the case for marital rape, rape and trafficking cases where punishment is not enforced. FSWs are still harassed and there is stigma attached to them. In paper there exists sound policies, but these are not implemented. Many people are still unaware about abortion laws. As for the sexual and reproductive health services there are no restrictions in using them but the prejudiced attitude of the service providers and parents hamper seeking of services.

How does legislation affect types of girls and young women and their vulnerability to HIV?

Laws relating to age of marriage is not strictly enforced so all girls, in school, out-of-school, rural or urban are all affected. Lack of knowledge and enforcement about marital rape, rape and trafficking, abortion increases their vulnerability. No discrimination is allowed for PLWHAs, but it exists subtly among service providers. The situation is worse for women and exists even at family level and there is no law to protect them.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Existing conducive laws must be enforced. FSWs still face harassment, so there is need to protect their rights. Laws for 100% condom use must be introduced, while others such as punishment for marital rape should be stringently enforced.

Prevention Component 2: Policy Provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling or testing – make HIV prevention for girls and young people in Nepal better or worse?

There are currently about 60 VCTs but as these are mostly stand alone and not comprehensive, there should be policies to ensure they are integrated. Policies to have PMTCTs everywhere is a must. At present there are only in a handful of sites. Similarly, 100% condom use should be introduced among the most at risk population.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Information about sexual and reproductive health exists in the curriculum to some extent, but there is room for improvement. Teachers are not teaching properly. At a national level there

are no comprehensive sexual and reproductive health and HIV programmes. There is need for government, non government and international non government sectors to realize the need for integrated programmes.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government must ensure that punishment for rape, harassment and girls traffickers are stringently enforced. Necessary policies to promote conducive environment for ensuring safety and rights to access to information and services should be provided.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

Services in districts must be integrated with the Primary Health Centres and Health Posts to reach a larger population. But women have limited access. STI services are available on a limited basis and there is government health provision, however, fear of stigma compels those limited women to go out of town. Even for VCTs, ARTs and PMTCT services, there are limited sites.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

Some organizations are providing information services for the unmarried and the out-of-school. Focus for the FSWs has been more on prevention, VCT and condom promotion. Among the orphans hardly any work has taken place. Comparatively IDUs and HIV positive have greater access to information than others. Amongst the refugees and migrants the number is small.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Information which boys and young men receive are limited to in-school boys or IDUs and men. For others there exists limited information services and this spills over to young girls and the women who are at higher risk.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Access to comprehensive information and services for young girls and women, and young boys and men in a youth friendly manner is essential. Pilot projects indicate girls and women do come if appropriate attitude, environment and type of staff required are well addressed.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

“My friend became pregnant and went to the local health personnel. Overnight the entire community knew of it!” Lack of privacy and attitude of staff are linked to fear of non-confidentiality. Girls and young women prefer to go to medical shops rather than unfriendly health service centres. Socio-cultural norms are another barrier.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

It is definitely more difficult for the unmarried and the out-of school. Society will look at the unmarried negatively, while lack of information and ignorance of where to go and how to obtain services prevent the out-of-school.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

Boy and young men need to internalize that safe sex is good for them and women. They have more sources of information and they must learn to share information with girls.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

There is urgent need to make services youth friendly. Laws and policies should be conducive for making the services available to girls and young women, and necessary steps should be taken to enforce these laws and policies. *“We must target the out-of-school which is a large population”.*

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

The application is very weak. Very few know what it is. Majority of women do not know of CEDAW. *“Nepal is good in paper but not in implementation.”*

To what extent is the national response to AIDS ‘rights based’? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

“The general trend is to say it is rights-based, but personally I disagree.” The National AIDS Policy was drafted a while back and has not become rights based over the years. Sexual and reproductive health issues are not addressed in the National AIDS Policy.

To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level?

A number of women’s PLWHA groups have been formed but they are not strong as yet. At the national level there is HIV positive representation in decision making, but not of the HIV positive women. Women have just begun to participate and are still not empowered enough to make themselves heard.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

Their capacities must be built not only for prevention, but for strategically taking ahead their issues. By organizing and building upon their capacities, we must involve them in our own programmes from conceptualization, policy development to service centres.

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Comprehensive information must be appropriately imparted in schools. Information about services must be for the out-of-school and the women and wives. Services must become girls and young women friendly. Discriminatory attitude of service providers and community members should be removed. Promotion of proper condom use must be ensured.

**One-to-one interview: Advocacy and Social Mobilisation Officer (female)
of the UNAIDS**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

The situation is not getting worse, but there are many challenges to have legal provisions based on gender needs. Leaders in this field feel they are already addressing it. Even in the National Strategy the need to address girls and women's needs have only been mentioned in a few places. Currently new HIV Bills are being drafted and consultative meetings taking place.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

The laws are basically 'gender silent'. A 2004 Legislative Review on HIV/AIDS had no gender mention at all. Focus is only on general people and usually men. Sex work is not legal so there is no basis to fight for their right, despite a court order stating that sex work is like any other profession. The National Strategy does not address abortion at all. Focus is mostly on addressing those with HIV and prevention.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Although law is applicable to all, but in case of enforcement it is not there. *"When there are no legal laws addressing the in-school and out-of-school how is the country protecting them?"* Even the Police Women Cells are few in number. With regards to migrant workers, men are being focused upon. But it is the women and children who are being affected.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government needs to review specific areas of gender based needs. Trafficking laws must be strongly enforced. Girls' education should be enforced and compulsory. New laws must address equity rather than equality. Whether sex, caste, occupation, education, urban or rural – law should be non-discriminatory. Harassment of FSWs should have non-discriminatory laws.

Prevention Component 2: Policy Provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling or testing – make HIV prevention for girls and young people in Nepal better or worse?

Existing policies and protocols have enabled the PMTCT to be enforced but it is not gender sensitive. The PMTCT aims at helping the child but does not state clearly about women. VCTs also have no gender sensitive policies. Focus is on the overall HIV positive population, and there is nothing addressing women's needs.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

The Ministry of Education is leading the initiative. They have included it in the policy and not only is it youth focused, but it has also been mainstreamed within various other sectors such

as agriculture, masonry, etc. While some sectors are implementing it, for others it is in paper only. Teachers are being trained and this has become a regular component of teacher training.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There is no clear policy for the At Risk Population for whom there is strong need for increased information and service. Existing policies are not gender sensitive and are unable to separate the needs of the HIV positive girls and women. The IDU policy must also be looked into for gaps. Needs of FSWs and MSMs must be addressed.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

Services such as STIs are nationwide, and although the girls and young women are entitled to equal services it is not equitable. Despite non-discrimination in service provision, access facility for girls and women is limited. VCTs are insufficient but plans for expansion are included in the National Plan. Female patients cannot access STI drug services due to social factors.

What type and scale of prevention services are available for particular types of girls and young women?

Prevention services generally include information, VCT, PMTCT, family planning, and STI services and cover all types of girls and women. Since most programmes are for the Most at Risk Population such as FSWs, cabin restaurant workers, IDUs and HIV positive policy support also exists. Separate ones for women are not available.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Services are mostly focused on young boys and men. Peer education, mass education and slogans are used for increasing their information. Drug related information are targeting boys although the messages do not discriminate.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

There is need to target girls and young women through sports and other medium. Youth friendly services for informed choice must be promoted. Mixed programmes such as campaigns, information centres and mobile camps are necessary.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

Location becomes a barrier as they are not youth friendly, and are less accessible when run during school time. Fear of being recognized compels many to go for services in non-recognisable places. Gap between parents and youth, and lack of trust building environment are other hurdles.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

There is not much difference for the married and the unmarried. But for those who are in school it is easier to understand, go out and obtain information as they are less controlled by the parents and employers. For the HIV positive health workers have not all been transformed There is still fear amongst health workers.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

Boys and young men should come out as leaders and bring out the suppressed. If the men come out and become involved it will support the girls.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

The initial strategy is to address girls and young women beyond the most at risk population, particularly in rural areas. More gender sensitive strategies, particularly in general population is required.

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

It is necessary to include the UNGASS Special Session on HIV positive which has built on CEDAW and CRC. Since the Nepal government has ratified it we've been able to include policies guided by UNGASS.

To what extent is the national response to AIDS 'rights based'? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

The national response in terms of services, information, treatment, dignity are all for rights protection. Within the National AIDS Policy involves PLWHAs, though HIV positive men still ask why it is necessary to bring women. The legal system is not strong to protect the girls and women's rights.

To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level?

HIV positive women are members in the Country Coordinating Mechanism. However, they are unable to express themselves in a focused manner.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

There is need to build their capacity in identifying their issues, and focus on developing their language and expression skills to enhance their capacity. Human rights violations are ongoing for women who have identified themselves as HIV positive, which should all be overcome.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Gender sensitive policy and programme and resource allocation needs to be equitable. Need to look into how service providers can reach out to community members, specially girls and women. Possibilities of livelihood support is essential as poor economic conditions are compelling many into sex work. Some FSWs say, *"If society doesn't take responsibility for us why should I? I won't use a condom also."*

**One-to-one interview: President/Founder Member (Female) of a
HIV Positive Women's Care and Support NGO**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

The situation is better than several years before, but programmes are still not women focused. Focus on care and support is limited and consequently women and children suffer the most. Some men have begun to highlight the need to address women's issues, but their number is inadequate. Building of girls and women's capacity and leadership for HIV prevention is required.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

If laws remain unenforced they are useless. Girls still get married at a young age and are even sold by parents. Sex work should either be legalized or government must provide alternatives. Abortion law will not make much difference to HIV prevention. But no matter what the law society must be willing for attitudinal change.

How does legislation affect types of girls and young women and their vulnerability to HIV?

Laws are for all, but irrespective of the number of laws introduced girls and women are discriminated against. FSWs are not recognized by law and still face social stigma. There are some good laws for the HIV positive, but they are not stringently imposed. The need is also to go beyond law and address behaviour change.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There should be legislations to ensure that within the school and college curriculum sexual and reproductive health and HIV/AIDS information are well addressed. This must be inclusive of steps to ascertain that teachers are teaching comprehensively. This will open talks on sex and can begin the change process.

Prevention Component 2: Policy Provision

What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling or testing - make HIV prevention for girls and young people in Nepal better or worse?

Although there are no such policies which are against HIV prevention however, many gaps exist. VCTs can be found in many places, but there is nothing for a client beyond testing. "We need to have comprehensive package for care and support along with VCT and ARV. These cannot remain disjointed. And, what good is ARV around a place where the people do not have enough to even eat?"

Do girls and young women – and also boys and young men – receive any type of official sex education?

Basic reproductive and HIV information are provided, but even this is not transferred properly by teachers. Even more is the need to talk about stigma and discrimination which is very limited. This would help them more in knowing about women's rights also. "Even I don't know much about my rights without which I can't advocate."

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should be more comprehensive about VCT and link it with income generation and care and support. Reduction in stigma and discrimination could come about then.

Prevention Component 3: Availability of Services and testing

What type and scale of HIV prevention services are available for girls and young women in Nepal?

Female condoms are not freely available. VCTs are there though not sufficiently, and since most technical persons therein are male, they are not women-friendly. Information should also be provided via the television, which should include continued programmes on reproductive health, sex and STI to address.

What type and scale of prevention services are available for particular types of girls and young women?

Unmarried girls and young women are looked down upon if they go buy condoms. NGOs/INGOs have been giving more focus to the high risk groups such as the FSWs, with the rest being left out. "We decided to open our organization when we came across many village women ignorant about VCT, PMTCT and ARV and in search of support."

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Boys have more access to information on sexual and reproductive health. The boys listen but keep it within themselves, without sharing it. "If a father were to share his knowledge on HIV/AIDS, he would prevent it among his daughters and sons."

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Information dissemination through the television and FM radio must be a consistent endeavor. Mass dissemination in HIV prevention should not be a "World AIDS Day" event alone.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

While transportation expenses to access services are a major barrier, biased and unfriendly behaviour of service providers can be a deterrent also. An old woman was recently told, "At your age is this the thing to do and catch the disease?" Many girls from higher economic strata avoid larger hospitals such as Teku Hospital and Teaching Hospital for fear of being recognized.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

The widows, unmarried and the separated find it more difficult. Their status will go down if the family and community members come to know they have tried to access such services. Children whose parent/s is HIV positive or are themselves infected, suffer both within and outside the home.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

"If men would share their knowledge on HIV/AIDS with girls and women, many of whom are inside the household with little or no access to services, it would help immensely." They can be a major catalyst in HIV prevention.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

HIV/AIDS should not be looked at negatively. These days more girls and young women are interested to find out about HIV/AIDS and STI and such information should be provided continuously and consistently.

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

I don't have much knowledge about CEDAW and CRC, though I have heard of the former. But most of the rights are all in paper, not in practice. Pressure to ensure these rights are essential.

To what extent is the national response to AIDS 'rights based'? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

The government has not been providing separate budget for women in the HIV sector. Policies are made and HIV infected persons are invited, but rarely do women get an opportunity to make their own or the HIV infected children's rights and voices heard.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

"I was a member of the CCM a couple of years ago, but in name only. I had no knowledge of its activities and since the discussion also took place in English I could neither understand nor contribute meaningfully." I hear the situation has not changed now also.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

An HIV positive girls and women's registered network could play a facilitative role in ensuring that as a group their voices are listened to. This could be a medium to provide training on women's rights, leadership, care and support and advocacy about needs and gaps of women in relation to HIV/AIDS.

Summary

In summary, what are the 3-4 key actions - for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

We have to provide information at the school and college level. Laws to help prevent stigma and discrimination will help women to feel that the government is looking after their needs. For instance constant change of leadership such as that of the NCASC Director leads to a hurdle.

Policy level decision makers should stay within their positions for a longer time period.

**One-to-one interview: Executive Director (Male) of a
Non Governmental Organisation**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

Currently the environment is more enabling and those with information have better access to services. In terms of young girls and women, going into an organized sector such as schools and workplaces has become much easier. But still it is the NGOs who are having to do this work.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

Despite wanting to treat daughters and sons equally the legal and social environments are not there. Sex trade, trafficking to brothels and circuses are critically related problems where the rights of girls are not addressed. Despite the law most are getting married before 20 years. Those involved in sex work are not getting an enabling environment.

How does legislation affect types of girls and young women and their vulnerability to HIV?

Laws pertaining to sexual and reproductive rights of girls and young are weak, or are in paper only. Unless efforts are made to enforce them their lack of knowledge, employment, questioning ability and power will continue to make them vulnerable, irrespective of which type of girls they are.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Societal attitude and priority prevent many laws from being enforced. By-laws relating to condom should be introduced so special marketing can make them more available and free. By-laws to make organised sectors take initiative to provide information on HIV, referrals, service places, awareness raising, leaves for the HIV positives during their illness cycle should be introduced.

Prevention Component 2: Policy Provision

What type of government policies or protocols - for example in relation to antenatal care, condoms or voluntary counseling or testing - make HIV prevention for girls and young people in Nepal better or worse?

Lack of HIV prevention policies within the organized sector make the situation worse for girls and young women. There are no policies to stop harassment of FSWs at the hands of security forces. Similarly, "*VCTs come with a negative legacy*" and women accessing services are looked down upon. There is need for policy to make it a sugar-coated capsule.

Do girls and young women – and also boys and young men – receive any type of official sex education?

More information is imparted to students about sexual and reproductive health in urban areas, but in rural areas teachers are still happy when NGOs come to take classes. Basic information about sexual and reproductive organs and HIV/AIDS are present in the curriculum but there is no mechanism to make the teachers teach in depth.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Policies for mass information campaign is necessary to save the younger generation. Similarly, in rural areas teachers lack proper information about HIV. Policies to ensure they gain proper knowledge can help them transfer it correctly as well.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

Specific programmes targeting FSWs have been ongoing for a while and change is visible. But overall, programmes have not been specifically targeting girls and young women alone. A handful of organizations are providing STI, VCTs and PMTCT services but in limited sites. Even then various barriers limit girls and young women's access to these services.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

There is not much difference in the services for the married and unmarried. For the out-of-school some NGOs are addressing them in catchments. FSWs are perhaps the biggest group being addressed through information and VCT. Hardly anything is there for orphans and migrants.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Urban boys and young men have good knowledge of HIV, condoms and STI. In rural areas there is limited knowledge. But urban boys and young men are reluctant to use condom seeing it as a hurdle to sexual pleasure. This increases girls and young women's vulnerability.

Overall, what type of services most urgently needs to be increased to improve HIV prevention for girls and young women?

Information should be scaled up. There should be enabling environment for dignified access of VCT, STI and other services. Organisations must create an environment which will reduce pressure on those trying to access it.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

Limited information and lack of enabling environment are a major problem. Fear of information being leaked out by service providers as well as NGOs which come with a set image promotes stigmatization. There is also a gap between services seekers and providers. Even among the staff there is discriminatory attitude.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

It is more difficult for the unmarried who cannot socially justify it and the out-of-school as they have limited access to information. But among the HIV positive they are able to gain strengths from their groups and can thus access information more easily.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

Ultimately it is the boys' role and if they use condom they can help in the prevention. But generally boys do not have a positive and dignified attitude of looking at girls. As such they

are neither respectful, nor responsible. *“Within HIV the main actors are boys but they still don’t feel they are at risk.”*

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

“Our experience of working with circus returnees and their empowerment through micro-credit programmes, wherein we included information on STI and condom, proved that empowering of marginalized girls is effective.”

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

The government is unaware of how many Conventions and Treaties they have signed and committed to. If some NGOs hold them accountable they will work towards the commitment, otherwise there is no effort.

To what extent is the national response to AIDS ‘rights based’? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

Rights-based approach is a new issue for us. We are still not clear about which issues should focus on rights. If providing information on STI and condoms are a right then who should be held accountable. The National AIDS Policy is addressing it but does not state who is accountable.

To what extent are girls and young women – including those that are living with HIV - involved in decision-making about AIDS at the national level?

The Country Coordinating Mechanism states the HIV positive will be represented, but it is more of a token only. Female representation is even less. Those who have come up are mostly limited to IDUs. There is no conducive environment to bring them forth.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

There is an increasing rate of HIV positive among the migrants’ wives. There is need to organize them into groups, which is currently slowly coming out. *“In Janakpur where we are running a VCT among migrant population, 1 out of 6 are identified HIV positive everyday.”*

Summary

In summary, what are the 3-4 key actions - for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Marginalised girls who are victims must be given socio-economic power and organized into groups for mobilization. To bring into practice safe behaviour it is more practical if work is implemented with friends, brothers, parents and same circle group members. Then it can be prevented more effectively.

**One-to-one interview: Director (Male) of the
National Centre for AIDS and STI Control (NCASC)**

General

What is your impression about the general situation of HIV prevention for girls and young women in Nepal? Are things getting better or worse... and why?

It is not possible to say in particular. Overall among the FSWs HIV is decreasing. Currently, the major focus is on the migrant labourers as the number of widows and orphans is increasing.

Prevention Component 1: Legal Provision

In your opinion what laws in Nepal are making HIV prevention for girls and young women better or worse?

Risk behaviour within the HIV dynamics is not related to age. Similarly, marriage makes no difference. But the fact that sex is illegal increases the risk and vulnerability. As regards abortion since HIV is not integrated with other reproductive health issues it is not possible to say whether it makes a difference or not.

How does legislation affect different types of girls and young women and their vulnerability to HIV?

Law says there should be no discrimination against PLWHAs, however, whether it is boys or girls who are HIV positive or living in rehabilitations centres they are all discriminated against. As for the married and unmarried it is the environment and laws which affect it. In fact in the current scenario it is the married who are more at risk.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

There is need for rights based laws for the PLWHA with HIV/AIDS taken as a chronic disease. Currently more than 100 HIV positive groups are coming forward, but it is the women, widows and children who are facing maximum discrimination. Laws enabling girls and women to access maximum information and services should be introduced.

Prevention Component 2: Policy Provision

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling or testing – make HIV prevention for girls and young people in Nepal better or worse?

There are policies for PMTCT and VCTs which are all providing services for men and women and improving their lives.

Do girls and young women – and also boys and young men – receive any type of official sex education?

The education system provides some information on reproductive health, but there is not that much on HIV and sex.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

More than protocols and policies, within the reproductive health a holistic approach for adolescent health and HIV/AIDS are essential. All forms of discriminations should be abolished. This includes a need for society's attitudinal change as well.

Prevention Component 3: Availability of Services

What type and scale of HIV prevention services are available for girls and young women in Nepal?

There are no specific HIV prevention services for girls or women. Similarly, no female condoms are available. But STI information can be obtained from health centres and through a number of private organizations. These however require expansion. Currently there are 100 VCTs in 35 districts, 14 ARV sites and 8 PMTCT sites, with plans for expansion all three service types.

What type and scale of prevention services are available for particular types of girls and young women? For example what services are there for those who are: Unmarried? Out of school? Involved in sex work? Orphaned? Injecting drug users? Migrants? Refugees? HIV positive?

There are no specific prevention services for specific types of girls and women. Since the major focus is on the high risk groups such as FSWs, IDUs and MSMs, they are given special attention.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

“Information has to be taken in the form of a campaign”. The Department of Health Services indicates a large percent of population possess knowledge, but even now correct information has not reached. It has now become a chronic disease but society has not been able to change its views. If we are to look at HIV prevention among girls and boys then it is necessary to link up with youth programmes.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Expansion of services, in terms of preventive, information promotion and support services are essential.

Prevention Component 4: Accessibility of Services

What are the main barriers to girls and young women using HIV prevention services in Nepal?

Poverty is the main barrier. Although services are available they are not in all places. Even if a girl knows there is a VCT in her own district she won't go because of lack of money, education and stigma. A common problem being encountered is that even when ARV is provided, lack of funds for transportation and stay during the treatment have become major problems. The problem has become so high that recently in Dailekh district of the Far Western Development Region a delegation came to the Village Development Committee (VDC) personnel demanding the entire VDC population be tested. Thus even social barriers are being overcome.

Are HIV prevention services easier or harder for particular types of girls and young women to access?

There is no difference at all.

What role do boys and young men have in making HIV prevention services easier and better for girls and young men?

It is essential to inform and train the boys and young men for a more productive role. Till now we don't know and have not addressed the issue in depth. The risk gaps are playing a role.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

It is important to give girls and young women correct information through schools and free clinics.

Prevention Component 5: Participation and Rights

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against women) applied in Nepal?

I don't have much information.

To what extent is the national response to AIDS 'rights based'? For example, does the National AIDS policy recognize and address the sexual and reproductive health rights of women living with HIV?

The policy recognizes that the national response to AIDS must be rights based. However, there are discriminations even from health workers. For instance even after the testing service providers may inform of the result verbally, but will not give the result.

To what extent are girls and young women – including those that are living with HIV – involved in decision-making about AIDS at the national level?

Within the policy strategy there is participation of the PLWHAs, even at district level also. Even girls are raising their voices and making decisions. They are also participating in the development of the National AIDS Plan as well as the Country Coordinating Mechanism.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision making about AIDS?

There needs to be more girls and women focused programmes on sexual and reproductive health rights and HIV/AIDS.

Summary

In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women?

Girls and young women focused integrated programmes are necessary. Similarly, girls and young women must be taken as partners, including the HIV positive women. Giving ownership of the programmes to the women will bring about improvements and there is need to make them speak more of their issues openly.

