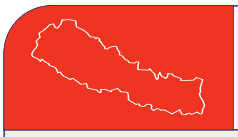
REPORT CARD
HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



NEPAL

COUNTRY CONTEXT:

Size of population:	**28,901,790**[1]
Life expectancy at birth:	**61 years**[2]
Population living below the national poverty line (1990-2004):	**24.1%**[3]
Percentage of population under 15 years:	**38.3%**[4]
Youth literacy female rate as percentage of male rate (ages 15-24)[i]**:**	**No data available**
Mean age at first marriage for women (ages 15-49):	**17.9 years**[5]
Mean age at first marriage for men (ages 15-49):	**21.5 years**[6]
Median age at first sex among females (ages 25-49)[ii]**:**	**16.9 years**[7]
Median age at first sex among males (ages 15-49)[iii]**:**	**No data available**
Total health expenditure per capita per year (2004):	**$71**[8]
Nurses density per 1,000 population (2004):	**No data available**
Contraceptive prevalence rate for women 15-49 (1996-2004)[iv]**:**	**43%**[9]
Fertility rate (estimate 2000-2005):	**3.7 births per woman**[10]
Maternal mortality rate per 100,000 live births (2000):	**No data available**
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%**[11]
Religions:	**Hindu 80.6% | Buddhist 10.7% | Muslim 4.2% | Kirant 3.6% other 0.9%**[12]
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%**[13]

AIDS CONTEXT:

HIV prevalence rate (ages 15-49):	**0.5 [0.3 – 1.3]%**[14]
Number of women 15 and up living with HIV:	**16,000 [7,500 – 40,000]**[15]
HIV prevalence rate in young females (ages 15-24):	**No data available**
HIV prevalence in young males (ages 15-24):	**No data available**
HIV prevalence in vulnerable groups: Sex Workers 17.0% [16] **| Truckers 1.5 %**[17]	
Number of deaths due to AIDS (2006):	**5,100 [2,800 – 8,400]**[18]
Estimated number of orphans (ages 0-17) due to due to all causes (2005):	**970,000**[19]

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Girls and young women continue to be particularly vulnerable to HIV/AIDS in Nepal. Recent ongoing political instability and civil unrest have further exacerbated this. As a result, there has been a significant increase in the numbers of mobile populations. This is particularly true for young men who do not wish to become involved in the civil unrest. There has also been a rise in the numbers of young female sex workers[20]. Indeed, sex workers constitute the biggest vulnerable group to HIV infection. For instance, up to 50 % of sex workers who have recently worked in Mumbai are living with HIV[21]. Mobile populations, injecting drug users (IDUs) and men who have sex with men (MSM) are also officially categorised as the other key vulnerable groups. The government response is far from mainstreamed or prioritised and there is currently no national coordinating body. This has resulted in the response being largely led by civil society groups via external donor funding. There is a National HIV/AIDS Strategy, although this was developed in 2002 and has yet to be updated. Stigma and discrimination, particularly that experienced by young women and girls, presents the biggest barrier to effective HIV prevention, treatment, care and support initiatives. Currently, there is a distinct lack of policies and programmes directed at reducing such attitudes around stigma and discrimination.

Despite such constraints, there are signs of progress being made. Under the directives of the National HIV/AIDS Strategy, voluntary counselling and testing (VCT) services are being improved and increased, with vulnerable populations the priority target groups[22]. Although there is not yet a national AIDS Law, the National Centre for AIDS and STI Control (NCASC) commissioned a study of the legal environment regarding HIV and AIDS[23]. The National HIV/AIDS Strategy has good policies although many of its targets have yet to be realised due to a lack of sufficient infrastructure and coordination with other national policies. Such positive developments need to be built upon through both increased funding and mainstreaming of policies, in order to genuinely work towards scaling up access to comprehensive HIV information and services.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN NEPAL.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Nepal. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Nepal. It contains an analysis of five key components that influence HIV prevention, namely:

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

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Nepal.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Nepal to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Nepal' (available on request from IPPF).

IPPF International Planned Parenthood Federation
UNFPA
The Global Coalition on Women and AIDS

1» PREVENTION COMPONENT 1
LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- The **minimum legal age for marriage** in Nepal is 20 without parental consent, and **18 with parental consent**.[24]
- **Young women over 16 can access abortions** in Nepal within the first trimester of pregnancy on request and up to the second trimester in cases of rape, incest, foetal impairment and to preserve the mental or physical health of the woman or save her life.[25] Parental consent must be sought if the girl is 16 or under.[26]
- **HIV testing is not mandatory** for any groups in Nepal.[27]
- **Sex work is not legal** in Nepal.[28]
- Nepal does not have an AIDS Law, however the **National Centre for AIDS and STI Control** (NCASC) **commissioned a study of the legal environment** of the country in order to identify gaps in legislation in terms of international human rights standards and the HIV epidemic.[29] The Draft National Plan states that there is an HIV Law to be enacted.[30]
- 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.**[31]
- **Harm reduction programmes for injecting drug users (IDUs) are legal in Nepal** and the National HIV/AIDS Strategy commits to developing and gradually implementing appropriate support services such as counselling, primary health care, harm reduction based education and legal support for IDUs.[32]
- As there is **no AIDS Law**, there is no specific legislation about stigma, discrimination and protection of people living with HIV (PLHIV). However, the constitution guarantees that **all citizens should enjoy equal rights and opportunities**.[33] The Nepal National HIV/AIDS Strategy also commits to ensuring that all people infected and affected by HIV/AIDS are fully accepted and integrated into normal social and work activities.[34]
- Out of a possible maximum score of 100, the **Nepalese legal system** scored 40. In the 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 with and affected by HIV/AIDS. The study concludes that to achieve the necessary reforms, **strategic interventions are required from all stakeholders**.[35]
- **Bill** 2063 **was passed** to amend certain Acts to **ensure gender equality**, including legislating that **marital rape is illegal** and constitutes grounds for divorce. It also expands the legislation on sexual harassment from just physical harassment to verbal and written gestures as well as any other form of harassment.[36]

QUOTES AND ISSUES:

- "Sex work will never end, so the idea is to **cut down the sex worker's vulnerability by liberalising relevant laws**. Overall, balanced awareness and education must prevail while bringing about new laws." (Interview - HIV Programme Manager, National Family Planning Association)
- *"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."* (Interview - HIV Project Officer, UN Agency)
- "There are **no laws addressing the needs of in-school and out-of-school youth**. How is the country protecting them?" (Interview – Advocacy and Social Mobilisation Officer, UN Agency)
- *"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."* (Interview – Director, National Centre for AIDS and STI Control)
- "Societal attitude and different priorities prevent many laws from being enforced. By-laws relating to **condoms** should be introduced so that **special marketing** can make them **more available and free**." (Interview – Director, local NGO)
- *"Girls still get married at a young age and are even **sold by parents**. Sex work should either be legalized or the government must provide alternatives. The **abortion law will not make much difference to HIV prevention**. But no matter what the law is, society must be willing for attitudinal change."* (Interview – President, NGO for female PLHIV)
- "The **age of marriage might also protect some girls from getting HIV for a few years**, but overall it does not make much difference. The abortion law does not help in HIV prevention." (Focus group discussion with girls and young women [ages 20-24 years] rural area)
- *"**Abortion laws** allowing girls to make their own decisions have been passed but we **cannot say how this impacts upon HIV prevention.**"* (Focus group discussion with girls and young women [ages 15-19 years] urban area)

2» PREVENTION COMPONENT 2
POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

KEY POINTS:

- The Nepal National HIV/AIDS Strategy 2002 covers the **full continuum of HIV services** from **prevention to care. Care and support** for people infected and affected by HIV/AIDS is considered an important part of effective **prevention**.[37]
- The National HIV/AIDS Strategy does not have any specific references to the sexual and reproductive health and HIV prevention service needs of girls and young women. However, it does provide **HIV prevention** services for certain **at-risk groups of young women and girls such as:**
  - **Trafficked women.**
  - **Pregnant women.**
  - **Female headed households**.[38]
- The new National HIV/AIDS strategy (2006 -2011) identifies the following groups as **vulnerable**:
  - **Sex workers and their clients.**
  - **Injecting drug users (IDUs).**
  - **Mobile populations,**
  - **Men who have sex with men (MSM)**
  - **Prisoners.**[39]

  The Strategy specifically **targets 4 out of 5 of these groups for services**.[40]
- The **right to confidentiality** is recognised in the strategy, in particular, in terms of the rights of people living with HIV (PLHIV) and the **accessibility of information and services**.[41]
- A **'health lifestyles' education curriculum** is identified in the National Strategy as the means of addressing HIV/AIDS throughout the school system. USAID is improving adolescents' knowledge of HIV through **revising the national curriculum**.[42] The strategy aims to **build the capacity of teachers** and provide basic **information on reproductive health and HIV/AIDS**.[43]
- There is a strategy for the **prevention of mother to child transmission (PMTCT)** which includes developing information, education and communication materials for use during antenatal care and ensuring that all HIV positive pregnant women can access antiretrovirals.[44]
- The National Strategy prioritises **developing a protocol on voluntary counseling and testing (VCT)** in line with World Health Organisation recommended criteria.[45]
- The National Strategy recognises that Nepal is a resource-poor country and that **provision of antiretrovirals is difficult** in this setting. However it is also stated that every effort must be put into **building up a system of effective medical care** for those who are living with HIV. Targets for universal access have been set in the National HIV/AIDS Strategy (2006-2011).[46]
- The National Strategy includes a component on **research into behaviour, vulnerability and HIV/AIDS** and other sexually transmitted infections (STIs).[47]
- The new policy on **youth reproductive health guidelines** exists for service providers, but implementation is far more difficult.[48]
- **Data is disaggregated** by age and gender.[49]

QUOTES AND ISSUES:

- "Policies ensuring that teachers **teach openly about the subject** [HIV] are necessary. **More female teachers** must be incorporated." (Interview - HIV Programme Manager, National Family Planning Association)
- *"There are currently about **96 VCT sites** but these are mostly **stand alone and not comprehensive**. There should be **policies to ensure they are integrated**. Policies to have PMTCT services everywhere are a must."* (Interview - HIV Project Officer, UN Agency)
- "**VCT services have no gender sensitive policies**. The focus is on the overall HIV positive population, and there is **nothing specifically addressing women's needs**." (Interview – Advocacy and Social Mobilisation Officer, UN Agency)
- *"The **education system** provides some information on reproductive health, but there is **not that much on HIV and sex**."* (Interview – Director, National Centre for AIDS and STI Control)
- "**VCT services come with a negative legacy** and women accessing services are looked down upon. There is a **need for policy to address this to enable easier access**." (Interview – Director, local NGO)
- *"During festivals, stalls are put up giving **information on reproductive health services**, but when we enquire we are not given information. **Our voices are not heard**."* (Focus group discussion with girls and young women [ages 15-19 years] urban area)
- "While I was studying in 12th grade **the teacher said, 'you all know more'** [about issues around sex and HIV] **and ended it at that**." (Focus group discussion with boys and young men [ages 19-24 years])
- *"The government must provide programmes that **eradicate the fear about AIDS and raise awareness that one can save oneself**. Laws to **punish those who discriminate against people living with HIV** must also be introduced."* (Focus group discussion with girls and young women [ages 20-24 years] rural area)

3» PREVENTION COMPONENT 3
AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

KEY POINTS:

- The Contraceptive Retail Sales Company is a private social marketing firm which operates a **hotline for young people about HIV/AIDS and sexual health**. Most queries come from unmarried adolescents and youth.[50]
- Young people have not been addressed as a specific target population for the promotion or use of condoms. **About two-thirds of young people in Nepal have actual knowledge of condoms**, with significant variations of levels of knowledge between young people of different sexes, marital status, age, education level, region of residence and exposure to mass media.[51]
- Population Services International (PSI) Nepal, trained 560 private health providers in **quality family planning service provision** and there are **208 qualified franchises** operating in Nepal.[52]
- As of August 2007, there are **96 VCT sites** in the country.[53]
- From October 2007, Tribhuvan University Teaching Hospital (TUTH), has launched a **Methadone Maintenance Therapy programme**, in coordination with the Ministry of Home Affairs, Ministry of Health and Population, Ministry of Education and Sports, and through the technical and financial support from the UN Office on Drugs and Crime (UNODC).[54]
- PRAYAS[55], a youth group made up of people living with HIV (PLHIV) and former drug users have done **PLHIV workshops and Non-governmental Organisation (NGO) and Community Based Organisation (CBO) sensitization workshops on treatment literacy and preparedness**. They have focused 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 injecting drug users (IDUs)**. The training was in collaboration with a number of positive support groups.[56]
- There are currently **11 prevention of mother to child transmission (PMTCT) sites** in the country and with support from the Global Fund, Nepal is **likely to increase** this number.[57]
- The Ministry of Health operates a **pilot Adolescent Friendly Clinic** with plans to establish more. These clinics will be designed to **serve primarily as counselling and referral sites**.[58] There are also 75 youth friendly service centres run by NGOs in the country.[59]
- A survey by UNICEF and UNAIDS showed that most youth were **interested in learning more about sex and sexual health**. They wanted more information about sexually transmitted infections (STIs) and HIV/AIDS and safe sex. **Radio and television were considered the best sources of information on HIV/AIDS**. Youth clubs were also mentioned as good places to learn about sex and HIV/ AIDS.[60]
- There is **little support available to help those caring for people living with HIV/AIDS** within families and communities.[61] This is being addressed in the new National HIV/AIDS Strategy by **introducing support and training for those involved with community and home-based care**.[62]
- Antiretroviral drugs are now available from **16 ARV sites** all over the country and there are **1,296 people receiving antiretroviral therapy (ART) free of charge** from these sites.[63]

QUOTES AND ISSUES:

- "**In-school girls have easier access to information** compared to those out of school and a **girl's unmarried status is a barrier**. It is **easier for sex workers** with whom a lot of work has been ongoing." (Interview - HIV Programme Manager, National Family Planning Association)
- *"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**."* (Interview - HIV Project Officer, UN Agency)
- "Youth friendly services for informed choice must be promoted. **Mixed programmes such as campaigns, information centres and mobile camps are necessary**." (Interview – Advocacy and Social Mobilisation Officer, UN Agency)
- *"There are no specific prevention services for girls and young women. Since the **major focus is on the high risk groups such as sex workers, injecting drug users (IDUs) and men who have sex with men (MSM)**, they are given special attention."* (Interview – Director, National Centre for AIDS and STI Control)
- "There is **not much difference for the services for the married and unmarried**. For the out-of-school youth, some NGOs are addressing them in catchments. Sex workers are perhaps the biggest group being addressed through information and VCT. There is **hardly anything for orphans and migrants**." (Interview – Director, local NGO)
- *"**Boys have more access** to information on sexual and reproductive health. The boys listen but keep it to themselves, without sharing it. **If a father were to share his knowledge on HIV/AIDS, he would prevent it among his daughters and sons**."* (Interview – Director, local NGO)
- "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." (Focus group discussion with girls and young women [ages 15-19 years] urban area)
- *"**If I go and talk about SRH issues in my community not a single bone of mine will be left unbroken**. Boys need to become conscious for their own safety as well for supporting girls."* (Focus group discussion with boys and young men [ages 19-24 years])
- "Currently the focus of services is only on some particular groups. **Focus should be for all, from top to bottom.**" (Focus group discussion with girls and young women [ages 20-24 years] rural area)

4» PREVENTION COMPONENT 4
ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Nepal, including:
  - **Judgemental attitudes** of families, community members and health workers.
  - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
  - **Lack of information** about available services.
  - **Distance** to services and **costs** of transport, particularly in rural areas.
  - Lack of **privacy and confidentiality** is a significant barrier to access.
  - Traditional norms of **gender inequality**.

  Many of these barriers particularly affect girls and young women living in rural areas.[64]
- In terms of policy, **family planning services are now accessible** for unmarried women and men whereas previously they were only targeted at married women. However, effectively programming this in terms of **implementation is more complicated**.[65]
- Nepal **increased availability of voluntary counselling and testing (VCT) services by targeting** vulnerable groups (sex workers, clients, injecting drug users, labour migrants, uniformed services and their respective partners). **VCT** is now being **expanded to focus on young people and the general population**.[66] **HIV testing** was charged at 300 rupees (approximately US$4.50).[67] The new Strategy states that VCT should be offered in a wider variety of health-care settings so as to increase access.[68]
- **Stigma and discrimination** continue to hinder progress and the **fear of ostracism from family and society** means many Nepalese do not access available services. Those who do go for HIV testing do not reveal their status as they fear the consequences of doing so.[69]
- Access to **sexually transmitted infection (STI) services** is still very **poor**, especially for women in **rural areas**.[70] The new Strategy addresses this by creating 300 more STI centres to be within primary health care settings and district hospitals.[71]
- A conservative estimate indicates that there are **approximately 30,000 sex workers in Nepal**. Due to their highly marginalised status in society, **they have little access to accurate information** about reproductive health and STIs. Cultural, economic and social **constraints limit their access to legal protection and to medical services**.[72]
- Over a period of 12 months amongst sexually active men, **57.8% of single males and 17.8% of married males reported using a condom in their most recent sexual intercourse**, while 54.9% and 9.6%, respectively, reported regular condom use.[73]
- **Condoms** contributed to only 4.8% of the total contraceptive prevalence rate[74]. At present other methods of contraception are emphasized, **which leave women vulnerable to infection**.[75] The new Strategy ensures both male and female condoms will become more widely available.[76]
- **Universal access to anti-retroviral therapy (ART)** and certain other AIDS-related medical interventions are not yet possible. However, the new National HIV/AIDS Strategy has **prioritised building up a system of effective medical care**, providing a basis for future treatment options.[77] There are an **increasing number of ART sites**, with at least one in each zone.[78]
- **Training and guidelines for health workers** regarding counselling, care and treatment of those infected and affected by HIV/AIDS **have been lacking.**[79] However, under the new Strategy a code of conduct for all health workers is to be developed.[80]
- **Youth friendly services are virtually non-existent** and information for young people comes mainly from peers and family members. The National Strategy is seeking to address this by **increasing the availability and accessibility** of **youth-friendly** and **gender-sensitive services** with an **emphasis on information about reproductive health and sexuality.**[81]
- As well as recognising the existence of **different vulnerable groups**, the new Strategy plans on **increasing access to specific services for these groups.**[82]

QUOTES AND ISSUES:

- "**Integrated services would help overcome the problems people have with stigma and discrimination**." (Interview - HIV Programme Manager, National Family Planning Association)
- *"My friend became pregnant and went to the local health personnel. **Overnight the entire community knew of it!**"* (Interview - HIV Project Officer, UN Agency)
- "There is not much difference for married and unmarried women. But for **those who are in school it is easier to understand and to go out and obtain information** as they are less controlled by parents and employers." (Interview – Advocacy and Social Mobilisation Officer, UN Agency)
- *"A common problem encountered is that even **when antiretrovirals are provided, lack of funds for transportation and stay during the treatment** have become major problems."* (Interview – Director, National Centre for AIDS and STI Control)
- "Our experience is of working with circus returnees and their **empowerment through micro-credit programmes**, we included information on sexually transmitted infections (STIs) and condom use, which proved that the **empowering of marginalised girls is effective**." (Interview – Director, local NGO)
- *"**Some children use condoms as balloons while the needy are unable to access them**."* (Focus group discussion with girls and young women [ages 15-19 years] urban area)
- "**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." (Focus group discussion with boys and young men [ages 19-24 years])
- *"**It's better not to know, than to seek services and find out you have HIV**."* (Focus group discussion with girls and young women [ages 20-24 years] rural area)

5» PREVENTION COMPONENT 5
PARTICIPATION AND RIGHTS (HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC)

KEY POINTS:

- The **state of Nepal has signed** the **Convention on the Rights of the Child** (CRC) in 1990 and the **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) in 1991.[83]
- Nepal has **not yet signed the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages** (CCM).[84]
- Although the **HIV/AIDS Policy**, National Strategic Plan and National Operational Plan were developed using **a participatory approach**, some feel that people living with HIV **(PLHIV) and Non-governmental Organisations** (NGOs) had **limited involvement** in these processes.[85]
- UNAIDS and the World Bank are currently working with the government to try and resolve the issue of a **lack of a coordinating body for the National AIDS response** as there have been reports that the **National AIDS Council is inactive**, and the National AIDS Coordination Committee is not effective.[86] However, this appears to have improved recently. For example, the National AIDS Council held a meeting in November 2007 under the chairmanship of the Prime Minister of Nepal. Also, the **government has formed the National HIV/AIDS and Sexually Transmitted Diseases (STD) Control Development Board** (August 2007), a semi-autonomous entity for ensuring national level co-ordination on HIV related issues.[87]
- Sneha Samaj is **a support group for women and children living with HIV/AIDS**. The organisation runs a small income-generation project which funds **treatment and care for women and children**. With help from the US President's Emergency Plan for AIDS Relief (PEPFAR) and USAID, Sneha Samaj aims to advocate for women and children affected by the epidemic.[88]
- There is a **network for women living with HIV called ABHIYAN**. It is formed of women, injecting drug users, students and sex workers. They provide information education and communication (IEC) materials, treatment literacy trainings, have worked with stakeholders on improving health care for positive women and children and also **run a hotline that includes information about treatment**.[89]
- There is **representation from the National Association of People living with HIV, Nepal** (NAP+N) on the National AIDS Council. There is also one female representative from NAP+N in the Global Fund Country Coordinating Mechanism.[90]
- Women's groups are becoming more active and widespread. For instance, Mahila Jagriti Sangh and **Society for Women Awareness** (SWAN) are two women's groups **advocating for the rights and needs of girls and women**.[91]

QUOTES AND ISSUES:

- "Even **I don't know much about my rights** without which I can't advocate." (Interview – President, NGO for female PLHIV)
- *"The Global Fund Country Coordinating Mechanism (CCM) states that **PLHIVs will be represented**, but this is more of a **token of commitment 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."* (Interview – Director, local NGO)
- "The Family Planning Association of Nepal, Red Cross and Youth Initiative are **bringing together mixed groups of youth to discuss their issues**. But there is a strong **need to focus on how information is being imparted** as they expressed a lack of appropriate methodologies." (Focus group discussion with young men and boys, [ages 19-24] urban area)
- *"We are members of the SMART Club which organised **mixed youth gatherings** once a month in Kathmandu but there are **no such clubs in the rural areas**."* (Focus group discussion with young women and girls, [ages 19-24] urban area)
- "**I was a member of the Global Fund 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."(Interview – President, NGO for female PLHIV)
- *"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**."* (Interview - HIV Programme Manager, National Family Planning Association)
- "A **number of women's PLHIV 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 HIV positive women. **Women have just begun to participate** and are still not empowered enough to make themselves heard." (Interview - HIV Project Officer, UN Agency)

REFERENCES

[i] The percentage of people ages 15-24 who can, both read and write a short, simple statement related to their everyday life
[ii] The age by which one half of young people ages 15-24 have had penetrative sex (median age)
[iii] The age by which one half of young people ages 15-24 have had penetrative sex (median age)
[iv] Up to 50% in sex workers who have recently returned from Mumbai
[v] The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional
[v] That is prevention for, and with, people living with HIV (PLHIV)
[1] CIA The World Factbook – Nepal (Website, date accessed on 24/04/2007)
[2] UNAIDS Country Situation Analysis– Nepal (Website, date accessed on 24/04/2007)
[3] Human Development Report 2006 – Nepal (Website, date accessed on 24/04/2007)
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RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Nepal. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Ensure that all **laws and conventions** that have been ratified, particularly those related to HIV prevention and safe-guarding women, are **fully respected and enforced** so that the reality equals the rhetoric.
2. Develop and implement an **AIDS Law** that **guarantees the rights and needs** of those living with and affected by HIV, ensuring a strong focus on stigma and discrimination.
3. **Decriminalise both harm reduction programmes and sex work** so that policies and programmes can more effectively **address the needs** of these vulnerable groups.

POLICY PROVISION

4. Review and strengthen Nepal's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
5. Ensure that issues relating to HIV and AIDS, particularly those that affect girls and young women, are **mainstreamed into all relevant government policies** to guarantee that policies reinforce each other and provide a **strong framework for progress**.
6. Strenthen the **National AIDS coordinating body** to ensure its effective functioning and capacity to take responsibility for the government's national response. It is vital that it **liaises with all stakeholders**, including Non-governmental Organisations, to create and implement all HIV-related strategies.

AVAILABILITY OF SERVICES

7. Continue to **expand availability to all sexual and reproductive health and HIV services**, particularly those targeting youth, taking advantage of the opportunities of **integrating services where possible**.
8. Ensure **integration of all HIV prevention, treatment, care and support** services into all health services **at the health clinic level** so that services and effective referrals are more widely available.
9. Increase and improve the provision of **care and support services available to people living with HIV (PLHIV)**, particularly those promoting **positive prevention**[v].
10. Make available comprehensive **Information Education and Communication** (IEC) materials at **border crossings**, particularly for **trafficked returnees and migrant workers**, who are considered a high risk group.

ACCESSIBILITY OF SERVICES

11. Ensure **comprehensive training of health care workers** on issues relating to stigma, discrimination, privacy and confidentiality so as to foster an inclusive environment that will not deter or prevent people, particularly young women and girls in rural areas, from accessing services.
12. Continue to ensure that not only are **male condoms widely available**, but also **female condoms** at an **accessible price**, so as to provide women with greater control and freedom regarding their sexual health.
13. **Increase the availability of HIV prevention services in rural areas** so that they are genuinely accessible for people living in more remote areas. Where appropriate, an effective way of achieving this could be through the provision of integrated services which may also help to reduce the associated **stigma and discrimination**.
14. Ensure to **build on the positive progress** made at addressing key **vulnerable populations**, and begin targeting services and information at the general population, particularly **young women in rural areas**, where they currently have little choice regarding which clinic they attend.

PARTICIPATION AND RIGHTS

15. **Work more with boys and men, along with girls and women**, to improve their shared understanding and behaviour around sexual health and HIV prevention issues so as to reduce the transmission of HIV and sexually transmitted infections (STIs) to their regular and casual partners.
16. Ensure that **youth and people living with HIV (PLHIV), especially girls and young women, are involved in policy processes** by genuinely enabling equal involvement and participation. This can act as a **modality of reducing stigma and discrimination**.
17. Provide girls and young women with a greater **range of platforms** to document their experiences and opinion, thereby **increasing their leadership and communication skills** as well as increasing awareness in the general population.

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