
National Strategic Plan to Reduce Human Rights- Related Barriers to HIV and TB Services:

Nepal
2019-2024

MARCH 2019

Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal

The strategic objectives of the Global Fund to Fight AIDS, TB and malaria for 2017-2022 include supporting countries that apply for grants to develop and scale up programs to remove human rights-related barriers to health services. In fulfillment of this objective, the Global Fund has undertaken a special initiative, “Breaking Down Barriers” in which 20 countries, including Nepal, have received catalytic funding to reduce human rights and gender-related barriers to services for HIV and TB. In all of these countries, rapid baseline assessments of these barriers have been conducted, which in most countries informed the development of a catalytic funding proposal. The next step for countries in the Breaking Down Barriers initiative is to convene a multi-stakeholder meeting to refine and endorse priority activities for a five-year comprehensive response to reduce these barriers.

A comprehensive response to reduce human rights and gender-related barriers to HIV and TB services should comprise a set of activities that:

- are internationally recognized as effective in reducing human rights-related barriers to HIV and TB;
- serve and are accessible to the majority of the estimated numbers of key and vulnerable populations affected by such barriers, aiming towards equitable universal coverage;
- are compatible with national strategic plans for HIV and TB; and
- are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce barriers to services (a sustained, mutually-reinforcing, broadly protective set of scaled-up programmes).

In Nepal, the Global Fund commissioned a rapid baseline assessment of these barriers in Nepal, which was completed in late 2017. Catalytic funding in the amount of \$1.3 million – to be matched by Nepal government resources -- was approved by the Global Fund in 2017. In June 2018, a multi-stakeholder meeting including representatives of government, civil society and multilateral partners was convened to discuss both the activities in the catalytic funding proposal and those that emerged from the baseline assessment to determine priority activities for a five-year comprehensive response to human rights barriers to HIV and TB services. The multi-stakeholder meeting succeeded in identifying key activities for the comprehensive response. It also established a Working Group to develop a five-year implementation plan to guide the scaling up of the activities in the comprehensive response.

The tables below present the five-year plan to implement a comprehensive response aimed at reducing human rights and gender-related barriers to HIV and TB programmes in Nepal. As agreed at the stakeholder meeting, the plan is organized around the seven categories of programmes identified by UNAIDS, based on long experience, as effective in addressing human rights barriers to HIV services. These seven categories of programs are: stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization of law-makers and law enforcement agents; reducing discrimination against women in the context the 3 diseases; legal literacy (“know your rights”); legal services; and monitoring and reforming laws, regulations and policies related to HIV. With respect to TB, most of these same categories of programmes are pertinent, and the five-year plan below suggests integration of HIV and TB activities where appropriate, as in training of health workers and supporting peer educators in prisons. However, some activities are focused exclusively on TB – supporting TB patient groups to

assert their rights and improving women's capacity to understand and seek TB services. In addition to the categories identified by UNAIDS, the activities of the five-year plan also include review/evaluation of the responses to the human rights barriers to HIV and TB related services in Nepal.

The HIV activities outlined in the five-year plan below are compatible with and support the goals of the Nepal National HIV Strategic Plan, 2016-2021, which aims to address HIV-related stigma and discrimination and other human rights-related barriers in seeking to improve access to testing and treatment services for key populations and to ensure sustained support in the treatment cascade for all people living with HIV. The Nepal National Strategic Plan for Tuberculosis Prevention, Care and Control for 2016-2021 recognizes the challenge of TB-related stigma in achieving improved case identification and support of patients in completing TB treatment. These elements are reflected in the five-year plan presented below.

The five-year plan attempts to address human rights-related barriers faced by all key populations affected or by vulnerable to HIV -with especial focus on women and young among key populations. These include all people living with HIV, sex workers (male, female, and transgender), people who inject drugs (male, female and transgender), men who have sex with men, transgender people, prisoners and migrants. People affected by TB are also a key population for this plan.

The five-year plan outlined in the tables below include the estimated costs of the noted activities for five years, the period of the plan.

Table 1: Reduction of stigma and discrimination related to TB and HIV

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Reduction of stigma and discrimination related to TB and HIV							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated cost (USD)	5-yr Comment
Update content of existing widely used stigma-reduction curriculum to include information on HIV, TB, non-discrimination, gender violence, including attention to all key populations - focusing on women and young people among key population	Curriculum will be used nationally for health workers, police, NGO service providers, prison staff	National for all relevant uses.	--Delivery of revised curriculum.	For completion in Year 1; for use in all subsequent years	--Curriculum reflects updated science, knowledge on human rights issues related to TB and HIV, with attention to gender-related concerns.	13,864	--Ensure both HIV and TB expertise in implementers in all parts of the program area.
Mass media campaigns to reduce stigma and discrimination based on HIV and TB status, with attention to needs of key populations focusing on women and young people among them .	Through FM stations throughout the country.	1-minute PSA broadcast per day for 3 years.	--Number of stations participating --Changes in KAP of listeners in selected broadcast zones from rapid "before and after" survey	Years 1-3	---More respectful attitudes in society toward people living with and vulnerable to HIV; less discrimination over time	159,369	

Run regular support groups of HIV key populations and TB-affected populations,-with attention to women and young among KP- to foster resilience through community mobilization, participation in governance, and addressing stigma and self-stigma.	30 districts for FSW	1 group per district per key population; bimonthly meetings for 5 years;	--Number of meetings held --Attendance at meetings --Items accomplished as per minutes of meetings	Maintain current program 17 FSW districts till Year 3, scaling up to 23 in Year 4, and; 30 districts by Year 5. (cutoff point -districts with at least 100 FSW)	Key populations resilient and empowered to engage with health service providers and others in the community	427,428	--Ensure this activity does not duplicate other support to KP groups
	35 districts for PWID (men, female and TG),			Maintain current program 26 PWID districts till Year 3, scale up to 30 in Year 4, and; 35 by the year 5, (cutoff point- districts with at least 100 PWID);			
	40 districts for MSW/MSM/TG			Maintain current program 23 MSW/TG/MSM districts till Year 3, scale up to 35 in Year 4, and; 40 by the year 5, (cutoff point- districts with at least 120 MSM/TG/MSW)			
	77 districts for PLHIV			Maintain current 60 districts with CHBC till Year 3, scale up to 68 in Year 4; and 77 by the Year 5			
	40 districts for women living with HIV,			Maintain 30 districts till Year 3, scale up to 35 in Year 4; and 40 by the Year 5			
	48 districts for TB patients			Maintain 40 districts till Year 3 and scaling up to 44 in Year 4 and 48 by the Year 5 (high and medium TB risk districts)			
	7 provinces for people living with HIV, and TB Patients	I group per province for 2 meetings per year with provincial government officials in coordination with CSOs		For the period of five years (Year 1 to Year 5)	PLHIV and TB patients resilient and empowered to engage with health service providers.		
Develop and implement online or mobile phone-based monitoring system of stigma	270 health facilities across program districts addressing TB and HIV key populations		--Number of monitoring reports submitted per unit time	Building to reach 270 health facilities by end of year 3	--Improved quality of TB services and HIV services for key populations.	198,517	Builds on existing experience with SMS ² . This activity also contributes to evaluating training

and discrimination experienced in health services and ensure follow-up by health authorities or service providers.			--% of monitoring reports resulting in action by health authority --Degree to which key population experience in health facilities is reflected in annual DOHS and human rights reports		--HIV key populations and TB patients empowered as agents of change with respect to service provision. --HIV KP and TB patient experiences inform national data and decision-making		of health workers on HIV and TB human rights issues (see below).
Use of Social Media for addressing Stigma and Discrimination among HCW and Service Beneficiaries; and use of social media for online assessment among HCW			---Digital platform for social media established. ----Number of users / visitors ----Number of HCW who used social media for online assessment	Digital Platform established in the Y1 and remains functional for the rest of five years.	----Interactive communication on stigma and discrimination among users ---	96,392	
Institutionalize in teacher education a module of training on facts of HIV, TB and STI prevention and care and human rights issues related to HIV and TB	30 master trainers chosen from all 7 provinces.	Ministry of Education to institutionalize this training eventually to all secondary school teachers in government schools.	--MOE to ensure that this module is taught --Rapid “before and after” KAP assessment for master teachers	30 trained as master trainers in year 1; followed by refresher training in subsequent years	--Teachers can convey importance of respect for people living with HIV and TB and can model this respect in their behavior	66,014	MOE to be encouraged to ensure that even culturally sensitive material is adequately taught.
Using revised curriculum noted above, pre-service training for doctors, nurses, paramedics on HIV- and TB-related human rights issues at universities and training institutions.	Nationwide	30 master trainers identified by medical and nursing councils to cover all relevant institutions.	--Number of health professionals trained --Rapid KAP assessment before and after training	To be sustained in curriculum	--Health professionals are prepared to provide non-stigmatising, respectful TB and HIV services	66,368	Implementers should include entities with specific expertise on TB as well as HIV.

Conduct HIV Stigma Index survey, including questions related to stigma faced by PLHIV women and young people	2011 Stigma Index conducted in 7 provinces; ideally to be repeated with similar sample		--Nature and degree of change compared to 2011 survey; nature and degree of change between the two new surveys.	Year 1 and Year 5	--Improved public awareness of HIV-related stigma issues --Baseline and comparison data on changes in stigma to inform programming	107,651	Year 5 administration of Stigma Index will contribute to evaluation of full body of anti-stigma work.
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Table 2: Training for health care workers on human rights and medical ethics related to HIV and TB

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Training for health care workers on human rights and medical ethics related to HIV and TB							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Using revised curriculum noted above, in-service training of master trainers on HIV- and TB-related human rights issues for health facility staff.	77 districts across the country	30 master trainers will be dispatched to give 1-day training to 60 health workers in each of 77 districts including all palikas	--Rapid “before and after” KAP assessments on new curriculum. --KP monitoring activity noted above (SMS ²) also contributes to evaluation for this activity.	30 trained as master trainers in year 1; along with 2 batches of training for HCW in 77 districts every year from years 1-5	--Reduction of stigma and discrimination in health services for key populations	805,473	--Needs to be complementary to any health care worker training planned under regional harm reduction grant. --Implementers of this element must include entity(s) with TB expertise.

Table 3: Sensitization of law enforcement agents

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Sensitization of law enforcement agents							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
In-service training for police on responsible policing in the context of HIV and TB, including updating training of police in human rights cells	Nationwide	Training of 30 master trainers on updated curriculum noted above followed by refresher training. (Assumes police service will enable master trainers to scale up training nationwide.)	--Rapid “before and after” KAP assessments. (see also follow-up activity below.)	Master training in year 1 and 1-day refresher training in each subsequent year over 5 years.	--Reduction of abusive or harmful police practices experienced by people living with HIV and TB and key populations.	73,647	--Needs to be complementary to any police training covered by regional harm reduction grant. --Prison officials in separate item below.)
Discussion/advocacy with high-level police and Ministry of Home Affairs with participation of key populations to inform them and seek support for new curriculum	1 session in each of 7 provinces	30 persons including key authorities	--Number of high-level decision-makers in attendance	1 session in year 1	--High-level encouragement of use of new curriculum	34,573	Should include women key population groups and young people to voice their experiences of police practices.

Table 4: Legal literacy (“know your rights”)

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Legal literacy (“know your rights” focusing on rights to health)							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Update “positive prevention materials” to ensure legal literacy content appropriate for all HIV key populations and people affected by TB	To be used by populations as noted in for the following key populations	Nationwide	--Updated materials produced	Year 1	--User-friendly materials available for a wide range of “know your rights” activities.	1,022,082	Specific expertise on TB and provisions of pending TB Act are needed in addition to HIV expertise.
“Know your rights” campaign days organized by key population groups	30 districts for FSW	I campaign day per year with 100 persons from each KP per district plus invited community leaders at each event	--Number of events held --Number of participants at each event --Involvement of community leaders in events	Maintain current FSW 17 districts till Year 3 Year and scaling up to 23 in Year 4 and 30 districts by Year 5, cutoff point -districts with at least 100 FSW	--HIV key populations and persons affected by TB better able to claim rights --Community leaders better aware of key population rights and needs -- Migrants affected by persons by TB and or HIV better aware in HIV and TB related health service in India		Young people in key populations and among TB patients and former patients should be included.
	40 districts for migrants			40 districts for migrants for the period of five years			
	35 districts for PWID (men, female and TG),			Maintain current program 26 PWID districts till Year 3 and scale up to 30 in Year 4 and 35 by the year 5, cutoff point-districts with at least 100 PWID);			
	40 districts for MSW/MSM/TG			Maintain 23 MSW/TG/MSM districts till Year 3 and scale up to 35 in Year 4 and 40 by the year 5, cutoff point-districts with at least 120 MSM/TG/MSW			

	77 districts for PLHIV			Maintain 60 districts till Year 3 and scale up to 68 in Year 4; and 77 by the Year 5)			
	40 districts for women living with HIV,			Maintain 30 districts till groups till Year 3 and scale up to 68 in Year 4; and 77 by the Year 5)			
	48 districts for TB patients (in coordination with CSOs and palikas)			Maintain 40 districts till Year 3 and scaling up to 44 in Year 4 and 48 by the Year 5, cut off point high medium districts			
	40 districts for migrants	4 times a year		Maintain 40 districts over 5 years			

Table 5: HIV-related legal services

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: HIV-related legal services							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Small grants for key population groups having sustainable strategies for ensuring rapid access to specialized legal or paralegal services for their member (also emphasizing gender justice)	Depends on location of groups having or proposing sustainable strategies.	Key population networks with sustainable strategies judged on a case-by-case basis	--% of members with legal needs who gain access to legal or paralegal services	Over the period of five years.	--Key population networks provide sustained access to legal services for members	75,000	
Training legal aid professionals in HIV-related human rights issues (ensuring at least 33% of trainees are women lawyer)	Legal aid lawyers in all provinces.	Legal aid lawyers identified through Office of the Attorney General, Bar Associations, Ministry of Law and Justice	--Number of legal aid lawyers trained. --Key population perceptions of changes in legal aid services	Training in Year 1, Year 3, and Year 5 to account for turnover	--Improved legal services for HIV key populations.	16,178	

Table 6: Monitor and reform laws, regulations, policies related to HIV and TB

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Monitor and reform laws, regulations, policies related to HIV and TB							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Advocacy for supportive laws and policies (e.g. TB Act, drug law and policy- (including provincial law) including legal grounding of harm reduction and rights of women who use drugs, amendment of Legal Aid Act) and monitoring implementation	Depends on location of HIV key population networks and TB-focused groups with advocacy capacity.	Advocacy proposals to be judged on case-by-case basis	--Number of sessions, contacts, events with policy-makers or lawmakers - Number of actions taken against hu	Over the period of five years	---- Improved enabling and legal environment	250,000	--Ensure does not duplicate advocacy funded under regional harm reduction grant.
Support appropriate official in National Human Rights Council to conduct coordination meeting with key stakeholders including KP, HCW, MoH, MoHA on HIV and TB-related human rights issues,	Kathmandu	a quarterly meeting at NHRC	--Number of meeting held, --Number of cases reported --Number or % of cases resulting in actions taken	Over the period of five years	----Stigma and discrimination, and gender violence and violation of human rights (as related to HIV and TB) reported in NHRC reports and DoHS . ---Increased in actions taken against human rights violations	9,432	
Coordination meeting for PLHIV and TB patients or former patients who are migrant workers from India and Nepal on health service access		Migrant workers living with HIV and TB identified through migrant worker networks / CSOs	--Number of persons attending meetings --Post-meeting evaluation by participants	2 meetings per year for the first 3 years	--Better access to TB and HIV medicines and services on both sides of the border for migrant workers	35,250	

Table 7: Reduce discrimination against women and gender-based violence in the context of HIV and TB

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Reduce discrimination against women and gender-based violence in the context of HIV and TB							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Raising service providers' (OCMC) awareness of GBV-related needs of women and girls who use drugs, transgender women, FSW, women and young people living with and affected by TB and raising these women's awareness of available services	Through existing women's groups and women's key population networks	Women's groups or networks to organize quarterly meetings with OCMC	--Rapid KAP assessment of OCMC staff "before and after" --Rapid assessment of women's group members' experience of services	Support for interaction meetings 30 women's groups and their networks with respective OCMCs till Year 3, and scaling up to 40 groups for Year 4; and 50 by the Year 5.	--Improved GBV-related services for women in HIV- and TB-affected populations	446,201	

Table 8: Mobilizing, empowering patient and community groups for TB services

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Mobilizing, empowering patient and community groups for TB services							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Mobilization of patient advocacy group for addressing human rights challenges faced by people with TB	48 high and medium districts in coordination with CSOs	Patient groups in each district to organize patient advocacy group meetings at district hospital	-Number of groups mobilized -Number of group meetings held --Number and nature of activities that follow meetings	3 meetings per year for 5 years (maintain 40 till Year 3 and scaling up to 44 in Year 4 and 48 districts by the Year 5))	--Improved seeking of and utilization of TB services	38,988	
Raise awareness of TB and TB services among mothers' groups	48 high-and medium burden districts for TB with support Palikas in coordination of CSOs	Groups in each district to organize meeting of key leaders of mothers' groups/FCHVs	--Number of groups trained --Rapid KAP assessment among those trained	2-3 meetings per year for 5 years (maintain 40 till Year 3, extend up to 44 in year 4 and 48 districts in Year 5)	--Improved TB health-seeking behavior and utilization of TB services by women	259,920	

Table 9: Improve access to rights-based HIV and TB services in prisons

5-year implementation plan for comprehensive response to address human rights-related barriers to HIV and TB services							
Program Area: Improve access to rights-based HIV and TB services in prisons							
Intervention	Location	Coverage	Indicators	Timeline	Expected results	Estimated 5-yr cost (USD)	Comment
Using revised curriculum noted above, training on HIV- and TB-related human rights issues in the prison context, especially TB-related and HIV-related stigma, for prison staff and prison hospital staff	32 prisons by the end of five years,	All staff members identified collaboration of Ministry of Home Affairs.	--Rapid KAP assessment before and after training	1-day training in a year, (maintain 21 prisons till Year 3 and Scaling up 28 in Year 4 and 32 prisons by Year 5)	--Stigma and discrimination reduced in prison health services	123,010	Implementers should include entities with specific expertise on TB as well as HIV.
Preparation of and Training on the Prison Health Guidelines as they relate to prevention, treatment and care of HIVTB and Malaria and reduction of human rights barrier to HIV, TB and Malaria related services in the prison settings	Nation Wide implementation,		-- Prison Health Guideline Produced --Number of Prison implemented Prison Health Guideline. --Reporting to Ministry of Health according to Prison Health Guideline - Number of Health Staff of Prison trained on the Guideline -Rapid “before and after” KAP assessment before and after training	Preparation of the Guideline by Year 1; Implementation of Guideline across the nation by the Year 3. - 3 events of Training on Guideline in Year 2, one event each in Year 4 and Year 5.	--Improved access and uptake of TB, HIV and Malaria related services in prison. --Improved health outcomes among prison inmates	50,355	.

Table 10: Summary Budget for Five Years

Summary Budget of Five Years					
Total Programmatic Budget HIV and TB Combined	Year 1	Year 2	Year 3	Year 4	Year 5
Stigma and discrimination reduction for key populations	362,566	181,943	181,943	168,540	240,610
Training for health care workers (HCW) on human rights and medical ethics related to HIV	172,469	143,512	152,911	165,039	171,542
Sensitization of law-makers and law enforcement agents	37,174	11,823	21,222	13,597	24,405
Legal literacy (“know your-related HIV rights”)	191,903	189,903	189,903	221,736	228,636
Legal services	20,393	15,000	20,393	15,000	20,393
Monitoring and reforming laws, regulations and policies relating to HIV	76,150	76,150	68,350	62,016	62,016
Reducing discrimination against women in the context of HIV	73,633	73,633	73,633	100,134	125,168
Improve access to rights-based HIV and TB services in prisons	41,829	35,748	19,570	35,723	40,495
Mobilizing and empowering patient and community groups	55,200	55,200	55,200	69,828	63,480
Review/Evaluation of the Responses to Human Rights Barriers to TB and HIV services	-	-	25,148	-	28,920
Total Programmatic Budget	1,031,318	782,913	808,272	851,613	1,005,665

	HIV and TB separate Budget	Year 1	Year 2	Year 3	Year 4	Year5	Total
HIV	Stigma and discrimination reduction for key populations	254,194	126,085	126,085	121,824	192,238	820,427
TB	Stigma and discrimination reduction for key populations	108,372	55,858	55,858	46,716	48,372	315,176
HIV	Training for health care workers (HCW) on human rights and medical ethics related to HIV	103,482	86,107	91,746	99,023	101,203	481,561
TB	Training of health care providers on human rights and medical ethics related to TB	68,988	57,405	61,164	66,016	70,339	323,911
HIV	Sensitization of law-makers and law enforcement agents	22,305	7,094	12,733	8,158	14,643	64,932
TB	Sensitization of law-makers and law enforcement agents	14,870	4,729	8,489	5,439	9,762	43,288
HIV	Legal literacy ("know your-related HIV rights")	123,462	122,262	122,262	143,028	149,008	660,023
TB	Legal Literacy Knowing your TB-related rights	68,441	67,641	67,641	78,708	79,628	362,059
HIV	Legal services	20,393	15,000	20,393	15,000	20,393	91,178
HIV	Monitoring and reforming laws, regulations and policies relating to HIV	51,430	51,430	43,630	37,188	37,188	220,866
TB	Monitoring and reforming laws, regulations and policies relating to TB	24,720	24,720	24,720	24,828	24,828	123,816
HIV	Reducing discrimination against women in the context of HIV	73,633	73,633	73,633	100,134	125,168	446,201

HIV	Improve access to rights-based HIV and TB services in prisons	25,098	21,449	11,742	21,240	24,297	103,825
TB	Improve access to rights-based HIV and TB services in prisons	16,732	14,299	7,828	14,483	16,198	69,540
TB	Mobilizing and empowering patient and community groups	55,200	55,200	55,200	69,828	63,480	298,908
HIV	Review/Evaluation of the Responses to Human Rights Barriers to TB and HIV services	-	-	15,089	-	17,352	
TB	Review/Evaluation of the Responses to Human Rights Barriers to TB and HIV services	-	-	10,059	-	11,568	
	Total budget (Programmatic)	1,031,318	782,913	808,272	851,613	1,005,665	4,479,780