

NEPAL

Mid-term Assessment

Global Fund Breaking Down
Barriers Initiative

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DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Nepal is a program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Côte d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends in 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Nepal. It seeks to: (a) assess Nepal's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services¹ increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.² This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Nepal to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Nepal was a program assessment. It was conducted primarily between January and June 2021.

¹ The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

² **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a supportive environment to address human rights-related barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services have been achieved (see Table 1).

Table 1: Key milestones

Milestone	Results	Date
Matching funds	Nepal applied in September 2017 for USD 1.3 million in matching funds for programs to remove human rights-related barriers (matched by an important USD 1.3 million commitment from the government). The Global Fund approved matching funding in this amount but ring-fenced these funds until completion of the baseline assessment, and then development of a five-year plan and a detailed budget, through a comprehensive, inclusive, multi-stakeholder process, to inform prioritised strategic activities for reducing human rights-related barriers. These were submitted in April 2019, followed by the selection of sub-recipients and the development and approval of their activity budgets by the Principal Recipient and Global Fund. Final approval from the Global Fund came in October 2019, with activities funded under the matching funds starting in November 2019.	October 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted.	June 2017
	Report finalized and presented to country.	June 2018
Multi-stakeholder meeting	The Global Fund, National Centre for AIDS and STDs Control (NCASC) and Save the Children (principal recipient) jointly organized a multi-stakeholder meeting in Kathmandu. There were more than 100 attendees representing government, civil society, technical partners and funders at the two-day event.	June 2018
Working group on human rights, HIV and TB	As a follow-up to the multi-stakeholder meeting, a working group on human rights was formed, led by NCASC, that led the development of the multi-year national plan to reduce human rights-related barriers to HIV and TB services, and accompanying budget, for submission to the Global Fund.	June 2018
National plan to reduce human rights-related barriers	A Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal was developed and finalized (with Global Fund approval), covering key program areas for HIV and TB.	January 2019

Scale-up of Programs: Achievements and Gaps

A major achievement was the development and adoption of a comprehensive, national multi-stakeholder five-year plan to reduce human rights-related barriers to HIV and TB services; this will assist in addressing these issues in a comprehensive fashion rather than funding one-off activities. The COVID-19 pandemic, and months of lockdowns that unavoidably impeded certain activities, added extra challenges to the implementation of this plan. Nonetheless, during a compressed 18-month period in the funding cycle (2018-2021), implementers succeeded in enhancing at least several activities aimed at addressing human rights- and gender-related barriers to HIV and TB services. There has been a significant increase in public awareness activities to challenge stigma and discrimination, the completion of an updated legal/policy environment assessment, the development of a new multi-purpose training toolkit on HIV and TB that includes human rights and gender components, and increased activity by several NGOs representing key and vulnerable populations to engage with decisionmakers (particularly at provincial or local level). Important gaps remain, including in relation to strengthening the capacity of civil society organizations – including those led by and representing women – to engage in activities, including advocacy with decision-makers and service providers. Overall, Nepal has seen modest progress from the baseline situation in moving toward more comprehensive programs to reduce human rights- and gender-related barriers to HIV and TB services. In the case of HIV programs, the score has improved from 1 at baseline to 1.8 at the mid-term of the BDB Initiative. For TB, there has been a shift from no programs at baseline to address such barriers to an overall score of 0.4, as some activities have been initiated.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	1.0	2.7	0.0	1.0
Training for health care providers on human rights and medical ethics	1.0	1.4	0.0	0.0
Sensitization law-makers and law enforcement agents	1.0	1.0	0.0	0.0
Legal literacy (“know your rights”)	1.0	2.2	0.0	1.0
Legal services	1.0	1.0	0.0	0.0
Monitoring and reforming laws, regulations and policies relating	1.0	3.4	0.0	1.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.0	1.0	0.0	0.0
Ensuring confidentiality and privacy			0.0	*
Mobilizing and empowering patient and community groups			0.0	1.0
Programs in prisons and other closed settings			0.0	0.0
Average score	1.0	1.8	0.0	0.4

0 – no programs present
 1 – one-off activities
 2 – small scale
 3 – operating at subnational level
 4 – operating at national level (>50% of geographic coverage)
 5 – at scale at national level (>90% geographic coverage + >90% population coverage)
 * – Unknown / Unable to assess

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming³ and sustainability, within the constraints of the time and information available. The assessment allowed for some preliminary observations regarding the integration and institutionalization of programs to address both HIV and TB-related human rights concerns; it also highlighted that sustainability is challenged by the frequent changes in leadership of the national HIV and TB programs, and the very limited number of donors supporting any work to reduce human rights- and gender-related barriers to HIV and TB services. Nepal was also affected significantly by the COVID-19 pandemic in 2020 and 2021, and the expenditures required to respond may continue to constrain the government's finances.

Program quality

There is little data yet available to assess the quality of programs being implemented to reduce human rights- and gender-related barriers, and systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, it can be observed that there is a need to institutionalize attention to human rights generally (such as the welcome references to human rights issues in the draft of Nepal's new HIV strategic plan) and in relation to specific activities, such as ongoing training for health care worker and law enforcement, if they are to be sustainable. In addition, more robust evaluation of the quality and impact of activities to reduce such barriers is advisable as they are implemented, pursuant to the five-year plan; this requires adequate funding support.

Decentralization

The frequent turnover in senior administration of government entities responsible for coordinating the national responses to HIV and TB has affected leadership on HIV and other health issues. In addition, Nepal is undergoing a process of decentralization of authority (including funding authority) from the central government to provincial and district-level governments, which complicates the implementation of an effective response to HIV. It has also compromised follow-through on the initial commitments by the Government of Nepal to match Global Fund catalytic funding for reducing human rights- and gender-related barriers to services, and a lack of clarity about actual expenditures on such programs. There is a need for greater accountability on this front, as well as supporting civil society to engage with multiple levels of government in the decentralized model.

³ Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See <https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/>

Donor landscape

Most of the funding for the HIV response in Nepal still comes from external donors, and specifically the Global Fund and USAID/PEPFAR. The commitment by the Government of Nepal to assume responsibility for fully financing ARV treatment is an important step. So, too, was the central government's 2017 commitment of USD 1.3 million from domestic funding to fully match Global Fund catalytic funding to address human rights- and gender-related barriers to HIV and TB services. Such a commitment from domestic financing remains an exception and is welcome. Unfortunately, as noted, it is uncertain, at least in part as a result of decentralisation, that these funds have actually been spent. In 2020, the government has committed again to USD 1.1 million from domestic funds to match catalytic funding on reducing human rights-related barriers; it will be important to ensure accountability, by all levels of government, for following through on this commitment.

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, keeping in mind the limited amount of time for implementation of programs under the Global Fund catalytic fund, further complicated by the COVID-19 pandemic, the assessment documented emerging evidence of impact of programming to reduce human rights-related barriers. These programs have resulted in greater, and more coordinated, civil society engagement in certain activities to address human rights (e.g., efforts to raise public awareness and challenge stigma and discrimination, some community mobilization and engagement with decision-makers) and have generated some important research and tools that can support the implementation of further activities contemplated in the five-year plan. More broadly, the process of developing a national five-year plan to reduce human rights-related barriers and securing catalytic funding from the Global Fund to take some aspects of that plan forward, have led to greater mainstreaming of human rights into the national HIV and TB response. More specifically, community advocacy contributed to policy change now allowing take-away doses of opioid substitution therapy (OST) for people who use drugs (which change has also been made in the case of TB treatment), and official agreement has been secured from the leadership of the Nepal Police to collaborate with community organizations of people who use drugs in training police regarding harm reduction and OST services.

Conclusion

The Breaking Down Barriers initiative has produced a five-year plan, developed through an inclusive, multi-stakeholder process, to implement a range of activities aimed at reducing human rights-related barriers to both HIV and TB services. That process has also strengthened attention to human rights in Nepal's new HIV strategic plan and has begun to bring the attention of various stakeholders to human rights issues related to TB. The five-year plan has guided the application of the Global Fund's catalytic funding in the (latter half of) the 2018-2021 funding cycle, and appears to inform the priorities of the proposed activities in the 2022-2024 grant. Between the "catalytic funding" from the Global Fund and the matching funds committed (but not fully delivered) by the Government of Nepal, the stated goal is to implement, to varying degrees, programs to reduce human rights-related barriers in 60 districts (of 77) across the country, with seven implementers reaching seven key populations (people living with HIV; people living with TB; migrants and their partners; people who use drugs; trans women; gay, bisexual and other men who have sex with men; and prisoners).^{*} The number of districts to be reached varied by implementer, focus population and activity, as is to be expected, and some districts were included within the scope of work of only one implementer.

The funds originally committed by the Government of Nepal did not materialize fully, which inevitably limited anticipated scale-up; it should be a priority to ensure greater clarity about actual expenditures, by both the central and provincial governments in the decentralised governance structure being implemented in Nepal, regarding programs to address human rights-related barriers to HIV and TB services. However, with just support from the Global Fund's catalytic funding, as of the mid-term assessment, it appeared that activities had been or were being carried out in these target districts, while certain activities (e.g., some media activities to raise awareness about HIV and reduce stigma and discrimination) had reached all districts, at least to some extent. Implementers undertook a wide array of information, education and communications activities. An important new resource for training different audiences on HIV, TB, key populations and related human rights and gender concerns has been developed, which should contribute to advancement of work in other program areas. Indeed, a number of implementers have engaged local service providers responding to gender-based violence in orientations aimed at ensuring access to such services are sensitive to the varying needs of different key populations, and initial steps have been taken toward expanded training of police officers regarding harm reduction and the rights of people who use drugs.

There is a continued need to strengthen civil society organizations' capacity for engaging in human rights education efforts vis-à-vis various target audiences, advocacy for needed reforms to laws, policies and practices, and in the monitoring and evaluation of the quality and impact of programs to reduce human rights-related barriers to HIV and TB services. There is an ongoing need to strengthen organizations and networks of women living with HIV and from key populations, not only to directly address HIV- and TB-related vulnerability and needs of women, but also to undertake education and advocacy challenging persistent and pervasive gender inequalities (including harmful social norms and practices) and to ensure the meaningful implementation of existing laws and policies intended to protect and promote their equality and autonomy.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment

- The Government of Nepal should repeal a number of harmful laws, and take proactive measures to abolish various practices, that undermine gender equality and violate the human rights of key populations affected by HIV and/or TB, and thereby impede their access to HIV and TB services, including in relation to people who use drugs, sex workers, prisoners, LGBTQ persons and people living with HIV. (Specific reforms needed to particular laws and policies are detailed in the full report.)
- The central and provincial governments should commit explicitly to taking measures to protect and promote human rights and gender equality as a necessary part of more effectively responding to HIV and TB, and should each commit funds to support programs that reduce gender- and human rights-related barriers to HIV and TB services.

Programmatic Scale-up

- The Global Fund and the central and provincial governments should promote, including with dedicated resources, the institutionalization of training for health care workers and law enforcement, both before and during service.
- : The Global Fund and other donors, should provide support to civil society organizations for their meaningful participation in the training of health care workers, law enforcement and other actors; ongoing monitoring and evaluation of service delivery; and sustained advocacy to eliminate harmful laws, policies and practices that undermine the access of certain key populations to health services, including for HIV and TB. This should include some specific support for organizations representing women from vulnerable and key populations.

Programmatic Quality and Sustainability

- The central and provincial governments of Nepal need to collectively commit to fully matching catalytic funding from the Global Fund for programs to reduce human rights- and gender-related barriers, and should ensure transparency and accountability through a mechanism for routine, public reporting of expenditures on such programs. The Global Fund should insist on this as a condition of future grants.
- The Global Fund and other donors should support more robust efforts to monitor and evaluate the quality and impact of programs to reduce human rights- and gender-related barriers to HIV and TB services, recognizing the diversity of activities in the five-year plan and the challenges of appropriately measuring and evaluating impact.
- With resources from the Global Fund, the Country Coordinating Mechanism and Principal Recipient in convening a discussion of the findings and recommendations of the mid-term assessment and determine a path forward, including for better ongoing oversight of implementation of the five-year plan that was developed through the multi-stakeholder process.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Nepal, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Nepal from January to June 2021 to: (a) assess Nepal’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative’s Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services⁴ increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,[†] and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).[‡]

⁴ The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

Text Box 1: Program Areas to Remove Human Rights-related Barriers

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative’s theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

Starting in January 2021, the Global Fund supported a program mid-term assessment examining Nepal’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Nepal, as a program assessment, included 13 key informant interviews with 19 participants. (Repeated attempts were made to secure interviews with an additional five key informants, including representatives of the national AIDS and TB programs, and of organizations working with migrants and with prisoners, but these efforts were unsuccessful.) Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs. The Nepal mid-term program assessment was conducted between January and May 2021 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants, including, in addition to the Principal Recipient of Global Fund grants and the Country Coordinating Mechanism, various sub-recipient implementers (including those representing and working with key and vulnerable populations), the national HIV and TB control programs, and technical partners and other donors. Given the COVID-19 pandemic, travel to meet in-person with various stakeholders was not possible; all interviews were conducted remotely. Given the number of actors operating in the fields of HIV and TB, and the limited number of remote interviews possible, this assessment could not comprehensively map programs and activities to remove human rights-related barriers to HIV and TB services throughout the country. It should also be noted that Nepal continues to undergo a process of decentralization, devolving more authority to provincial, district and local municipal governments. This means that engaging these other levels of government is expected to become increasingly necessary over time to ensure the delivery of services and the creation of enabling, human rights-respecting local environments for access to services, as well as to ensure accountability for follow-through on government commitments, initially made by the central government, to commit domestic funds for programs to reduce human rights-related barriers to services. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders, the team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a basis for further development of programs seeking to remove human rights-related barriers to TB and HIV services.

At the time of the mid-term assessment in the first months of 2021, it was evident that the COVID-19 epidemic, and related public health measures including lockdowns, had significantly affected the implementation in 2020 of some programs to remove human rights-related barriers to services. The mid-term assessment attempted to document some of this effect and how implementers had adapted their activities in light of these challenges.

Table 2: Nepal Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents, initial group meeting with country stakeholders	Richard Elliott, Nina Sun, Julie Mabilat	September – December 2020
Key informant interviews conducted remotely	Richard Elliott, Nina Sun	January – March 2021
Follow-up with relevant key informants	Richard Elliott, Nina Sun	January – June 2021
Presentation of key report findings to Global Fund	Richard Elliott, Nina Sun	July 2021
Finalization of report and submission to Global Fund	Richard Elliott, Nina Sun	December 2021

Part I. Background and Country Context

Epidemiologic Context

As of 2020, approximately 30,300 people were living with HIV in Nepal (96% of them age 15 or older). The overall HIV prevalence in the country is low at 0.13% (among those aged 15-49), with an estimated 754 new infections in 2020. However, the epidemic is significantly concentrated among key and vulnerable populations, including sex workers, people who use drugs, men who have sex with men and transgender persons, with prisoners and labour migrants (and their partners) identified as additional populations at risk. With respect to the HIV testing and treatment cascade, as of 2020, an estimated 83% of people living with HIV were aware of their status, approximately 83% of adults and children diagnosed with HIV were receiving anti-retroviral therapy (ART), and 31% of all those on ART had achieved viral suppression. Overall, of the total number of estimated people living with HIV in Nepal in 2020, 69% were on ART and 21% were virally suppressed.[§]

In 2020, Nepal completed its first National Tuberculosis (TB) Prevalence Survey, covering the period 2018-2019. According to the survey, the number of new cases in 2018 was 69,000, which was 1.6 times higher than previous estimates. The survey also identified an estimated 117,000 people with TB in the country. There has been a 3% annual reduction in new cases over the last decade, which is better than the global annual rate of decline (between 1.5-2%). The epidemic affects more men than women, as well as older people. ** As for TB-related mortality, deaths from TB among persons who are HIV-negative outnumber those related to HIV/TB co-infection. Overall, TB-related mortality rate has been on a downward trend since 2000, although an estimated 17,000 die each year from TB.^{††} There was a very high (89%) success rate for treatment of new (identified) cases in 2019, but inadequate treatment coverage for people with MDR-TB is a serious concern.^{‡‡} High levels of stigma and discrimination are likely deterrents to people with TB seeking care in the public health system;^{§§} poverty is the overarching structural barrier to accessing quality health care.^{***}

Male labour migrants and their female spouses are considered key populations;^{†††} although there is low prevalence overall among migrants, given the very large number of migrants, they account for an estimated 22% of new HIV infections.^{‡‡‡} Prisoners represent another key population in Nepal,^{§§§} but at the time of the baseline assessment, there were no estimates of HIV or TB prevalence among prisoners (estimated at some 22,000 people)^{****}, even as key informants expressed concerns about prison conditions that could increase risk of acquiring HIV and also TB, including serious overcrowding and wholly inadequate health care.^{††††}

Legal and Policy Context

During the assessment period, Nepal's HIV response was guided by the NCASC's *National HIV Strategic Plan, 2016-2021* (also referred to as "Nepal HIVision 2020"). This plan, which aimed to

achieve the country's version of the 90/90/90 targets,⁵ noted that it is guided by the principles of advancing human rights and gender justice. It included a commitment to “enhance critical social enablers” of an effective HIV response.†††† The *National Health Sector Strategy 2015-2020* established HIV-related services as an element of the basic health service package.§§§§ With respect to TB, Nepal's *National Strategic Plan for Tuberculosis Prevention, Care and Control 2016-2021* (TB NSP) said relatively little about human rights. However, it did include a strategic objective on community systems strengthening as a set of interventions to “help in creating a patient friendly ambience in the health facilities, advocacy for TB patients regarding their rights which will, in turn, contribute to the diagnosis and management of TB cases,”***** and noted the need for stigma reduction efforts alongside community-based DOTS services. The development of new national strategic plans in relation to both HIV and TB was underway at the time of the mid-term assessment (and a draft of the former was reviewed). The (draft) new NSP for HIV includes a strong recognition of the need to address human rights and gender issues so as to create an ‘enabling environment’ for an effective HIV response, and includes addressing human right and gender as one of six strategic priorities.††††† In addition, Nepal submitted its new funding requests to the Global Fund for the 2021-2024 period. Both the HIV and TB components, which cross-reference each other, incorporate several activities aimed at reducing gender- and human rights-related barriers in the TB response, referencing the five-year plan – and the TB component also specifically contemplates the development of a comprehensive plan to address such barriers, alongside a number of specific activities already identified as forming part of that plan.†††††

With respect to the broader legal and policy environment, Nepal has **several supportive laws and policies**, including the national Constitution ratified in 2015. The Constitution includes a right to basic health services free of charge (Article 35), which includes HIV testing and first-line ARVs.§§§§§ It also provides legal protection against discrimination on various grounds including “condition of health,” and, if correctly interpreted, sexual orientation and gender identity as well (see Article 18), making it the first constitution in Asia to do.***** The Constitution also contains express provisions on discrimination against women, including in health care, and expressly recognizes the right of every woman to reproductive health. Nepalese law also has specific legislation on safe motherhood and reproductive health rights. which includes provisions protecting sexual minorities and transgender people from discrimination in sexual and reproductive health services. However, although abortion is legally available upon request up to the 12th week of pregnancy, many barriers to access persist, such than an estimated 60% of abortions in Nepal are unsafe abortion and this remains one of the leading causes of maternal death.†††††

The *Country Civil Code* also speaks to the protection of persons against discrimination, including gender and sexual minorities and persons with disabilities, among others,††††† and the *Public Health Service Act* also mandates non-discrimination by health workers (including on such bases as gender, occupation, sexual and gender identity, health condition, etc.), while

⁵ Identify, recommend and test 90% of key populations; treat 90% of people diagnosed with HIV (and retain 90% of people diagnosed with HIV on antiretroviral therapy); and 90% of those on ARV are virally suppressed.
http://www.ncasc.gov.np/index1.php?option=YnvuhyOVnuqVPWQ4vf7Jrmfb6GgaBOWesXQtjB7REWs&id=Axm9dNQ_6nSiR4anqQYz_O44pWgaciVzRwfd0M-JM7A

national policy on HIV and STDs includes a directive to end discrimination based on HIV and STDs. §§§§§§ Furthermore, the national HIV/STD policy, as well as the *Public Health Service Act* and codes of conduct and various rules governing health practitioners, speak expressly to the obligation to respect the right to privacy by protecting the confidentiality of patients' medical information. *****

The National Human Rights Commission is a constitutional body established in 2000 with the **responsibility to receive and investigate complaints of human rights infringements** (and the power to order compensation or other measures to protect rights); it also has the mandate to promote human rights in various ways, including providing input in the development of law and policy. †††††† Concerns have been raised, however, as to its effectiveness, and that its independence and integrity may be at risk in light of recent government actions, †††††† and although the baseline assessment reported that the Collective Rights Division of the NHRC identified HIV/AIDS as a priority issue, §§§§§§ to date it has not issued any decisions in relation to the rights of persons living with HIV or TB. ***** Meanwhile the National Women's Commission, a parallel constitutional body, has been defunct for years. †††††† The Supreme Court has, however, issued a handful of decisions related to human rights protection in relation to HIV or TB. ††††††

However, as noted during the baseline assessment and by key informants during the mid-term assessment, there is still **inadequate implementation of good laws and practices**, accompanied by continued **harmful laws, policies and practices** that require reform. For example, while the provisions of the Constitution and other laws should be understood as prohibiting discrimination based on HIV status, this still occurs and there is no specific law related to HIV or TB in Nepal that makes this explicit this protection and its applicability in particular settings (e.g., health care, employment). §§§§§§ Certain laws have also been identified as containing provisions that can be used to discriminate against people living with HIV or TB (e.g., in areas such as prisons, immigration) – and concerns about overreach under the new *Infectious Disease Act 2020*, adopted in response to COVID-19, have also been flagged (e.g., the prospect that these new provisions could be interpreted as authorizing compulsory or mandatory HIV testing). ***** For young people, certain legal provisions restrict reaching out to young people under the age of 18 with appropriate HIV prevention services (e.g., young people who inject drugs). †††††† In addition, “children affected by AIDS”, a legal review has flagged that though there are legal provisions regarding the provision of health care, nutrition and other care for children, there is a lack of implementation, particularly regarding the minimal nutrition and education allowance for “children affected by AIDS”. †††††† In addition, though the Constitution guarantees free legal aid to those who are indigent, the cut-off is set very low; most who cannot afford to pay for legal services are ineligible. §§§§§§

Same-sex sexual activity has previously been decriminalized, and public interest litigation led to the recognition of gender identity. ***** There is no specific law prohibiting sex work *per se*, but numerous offences criminalize activities related to sex work (e.g., “publicizing” prostitution, or providing any premises for purposes of prostitution), amounting to *de facto* criminalization, †††††† and sex workers are harassed, extorted and charged by police under

public order laws dealing with disturbing the peace or obscenity, including raids on parks and premises where sex work is suspected, as well as subjected to police violence and abuse when detained.+++++

Drug consumption and possession remain criminalized, as does just being “addicted;” roughly one in five people in prison are there for drug-related offences. While the law allows for the diversion of people who use drugs from the criminal justice system in the case of at least some drug offences (e.g., in relation to small quantities of substances), there is no definition as what quantities are exempt from prosecution§§§§§§§§§§ and it is reported this rarely happens.***** (A bill to reform the national drug control law was introduced in 2015 but has not proceeded.+++++) Meanwhile, government drug control policy has for many years stated a commitment to preventing HIV and other STBBIs among people who use drugs, including the expansion of harm reduction programs such as needle and syringe programs and OST (including more recently expansion of OST in prisons), and there are supposed to be targeted programs for women who use drugs and for prisons (including the expansion of OST).+++++ There are even operational guidelines for OST. however, access to, and coverage of, opioid substitution treatment and sterile injection equipment for people who use drugs remain very low,§§§§§§§§§§ with a lack of political commitment to its scale-up identified as a major challenge.***** Meanwhile, police “refer” people to privately-operated “treatment and rehabilitation” centres.+++++ While the government has adopted operational guidelines for such “rehabilitation” centers, +++++ there are appears to be little oversight; concerns persist about human rights abuses in these centres.§§§§§§§§§§ Police conduct toward people who use drugs, and toward gay men, transgender people and sex workers, remains an identified barrier to access to services.*****

People living with HIV also face criminalization: early in 2018, the Parliament enacted a new, and confusingly worded, provision that criminalizes even non-intentional transmission of HIV (or other infectious disease) with up to three years’ imprisonment (or even five years if the act is deemed ‘reckless’).+++++

Other Key Considerations for the HIV and TB Responses

Stigmatizing attitudes, gender-based violence and other challenges in accessing HIV services

Despite protective legal provisions, stigmatizing attitudes toward people living with HIV and key populations remain widespread,+++++ and discrimination and other human rights violations in health care services have been identified as concerns (e.g., delay in providing treatment, discriminatory higher fees, coercive sterilization and termination of pregnancy of women based on HIV-positive status, breaches of confidentiality, discrimination in private detox and ‘rehabilitation’ centres).§§§§§§§§§§ People who use drugs have identified barriers to services that include OST and NSP sites being located within the mental health division of a hospital; few or no separate services for women who use drugs; and the inability to secure ‘take-home’ doses for OST.***** (This last barrier has recently changed, in at least some settings; in response

to COVID-related restriction on movement and services, take-home doses have since been allowed.)

Despite robust legislative provisions, including in the Constitution, regarding the rights of women, gender inequality, including harmful and stigmatizing stereotypes, beliefs and practices as well as gender-based violence, remains a significant concern and barrier to services, for women and girls, transgender people and gay, bisexual and other men who have sex with men. As of 2016, approximately 10% of women between the ages of 15 and 49 reported experiencing physical and/or sexual violence by an intimate partner within the previous 12 months, and nearly half of Nepali women have experienced violence in their lifetime. Overall, Nepal ranks 115th out of 162 countries on the most recent Gender Inequality Index.

Despite national policy including HIV-related services as essential basic services, access to both HIV testing and treatment remains an area with some challenges. Of the total number of people estimated to be living with HIV, roughly 83% are thought to know their status; of those who are diagnosed, roughly 83% are receiving ART. This means that overall about 69% of those living with HIV are on ART. Poverty and distance limit access to health services: even though HIV treatment is free of charge, many lack the time or money to travel to reach health facilities (particularly outside Kathmandu) and to pay fees for lab services, accommodation that may be required overnight, etc.

Migrants' inadequate access to health care

There is a substantial number of (mostly male) labour migrants, predominantly to regions of neighbouring India with a high HIV burden, but the ongoing lack of an agreement with the Indian government means they are often unable to access basic health care services. Meanwhile, frequent migration home translates into a higher risk for their spouses, but it was noted during the baseline assessment that there are few services for male migrants' spouses, including for those facing gender-based violence. During the application for Global Fund funding for the 2018-2021 cycle, the central government committed to assuming responsibility for financing HIV interventions among migrants (although this has not materialized, at least in part because of decentralisation and accompanying financing limitations). A new national standard service package for HIV services released in July 2020 includes a package of services for migrants and their spouses. (It is worth noting that Nepal has not ratified the UN's *International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families*.) Access to testing (and hence subsequent treatment when necessary) remains a major challenge particularly for this population: according to Nepal's most recent funding request to the Global Fund, fewer than 25% of (male) migrants and 33% of their wives in areas surveyed through integrated bio-behaviour surveillance (IBBS) studies had been tested for HIV and knew their status.

Lack of access to HIV and other health services in prisons

Nepal's Constitution (Article 35) declares that every citizen shall have equal access to health services, the national HIV strategy (2016-2021) recognized in principle that prisoners have health rights, and the national Prison Regulation (of 2020) requires prison authorities to provide

health care, but there is no specific requirement to provide HIV prevention measures (e.g., condoms, sterile injection equipment, OST) in prisons. At the time of the baseline assessment performed as part of the BDB initiative, there was little data available regarding prisoners' access to health care and there was no defined package of HIV prevention, treatment and care services for prisoners. A separate assessment report in 2018 found major barriers to ART access for prisoners, and for proper clinical monitoring in keeping with national HIV treatment guidelines. It noted that many prisoners end up paying for their own health services out of pocket, if they can; and in any event, the vast majority of the 74 institutions in the country did not have a medical doctor on staff. Nor was there any manual or protocol for the delivery of health care in prisons to guide prison health staff or management. A more recent legal review has noted the absence of any provisions specifically protecting the privacy of prisoners' personal information (including health information) in statute, regulation or other legal instruments.

The funding request for the 2018-2021 cycle indicated that HIV interventions would be implemented by the government, using domestic resources, informed by the above-noted assessment of HIV risk and vulnerability in prison settings (completed in May 2018). However, few prisons at the provincial level have contracted NGOs to deliver programs in prisons; during the most recent funding cycle, Global Fund monies have been supporting a sub-recipient to implement HIV services in a limited number (13) of the most crowded prisons.⁶ A new national standard service package for HIV services was released in July 2020 that now at least includes reference to prisoners, but the services mentioned are far from comprehensive and not equivalent to those available outside prisons – and in fact key HIV prevention services such as condoms, sterile injection equipment and OST remain prohibited. Meanwhile, human rights advocates report little progress on addressing overcrowding or inadequate access to health care, with both the National Human Rights Commission and even the Office of the Attorney General emphasizing the urgent need for action on prison conditions, a concern only heightened by the COVID-19 pandemic.

COVID-19

As reported to and by the CCM Oversight Committee, there is no question that the COVID-19 pandemic and nation-wide lockdown in response had a substantial effect impeding the delivery of health services (e.g., HIV testing, OST and ART access, viral load testing, TB diagnoses and active case finding) because of restrictions on movement and service providers and recipients and disruption of supply chains; it also delayed some planned activities, including prison programs. On a more positive note, concern about the interruption of OST by the lockdowns prompted a change to allow takeaway doses, a positive development. Meanwhile, a number of community organizations undertook proactive measures to try to get ARVs and other supports to people living with HIV whose ability to travel to health facilities was restricted.

⁶ Information received after the mid-term assessment was completed but during final editing of this report indicate that 92 people living with HIV in prisons in 15 districts were receiving HIV treatment through local ART centres: Nepal Health Society, "HIV Program in Prison: Total Number of PLHIV and TB District-wise (as of 16th December 2021)", on file.

COVID-19 and the responses to it also had a significant impact on the implementation of some of the activities included in the human rights matching grant, keeping in mind as well that the activities only got underway in November 2019; soon thereafter, the first COVID-related lockdown lasted from March to July 2020. Activities that were originally anticipated as taking place in person either did not proceed or, in some instances of certain activities aimed at reducing stigma and discrimination, were replaced with the production and dissemination of educational materials for broadcast via radio, TV and online. A second lockdown was announced at the end of April 2021 and continued, albeit with some restrictions loosening, as of June 2021 as this draft report was being finalized. COVID-19 and related restrictions have impeded some of the anticipated monitoring and evaluation efforts regarding activities undertaken, including with the Global Fund catalytic funds between 2019-2021, to reduce human rights- and gender-related barriers to services.

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Nepal through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a five-year plan to remove human rights-related barriers. The goal of such steps is to contribute to building an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

Table 2: Key milestones

Milestone	Results	Date
Matching funds	Nepal applied in September 2017 for USD 1.3 million in matching funds for programs to remove human rights-related barriers (matched by an important USD 1.3 million commitment from the government). The Global Fund approved matching funding in this amount but ring-fenced these funds until completion of the baseline assessment, and then development of a five-year plan and a detailed budget, through a comprehensive, inclusive, multi-stakeholder process, to inform prioritised strategic activities for reducing human rights-related barriers. These were submitted in April 2019, followed by the selection of sub-recipients and the development and approval of their activity budgets by the Principal Recipient and Global Fund. Final approval from the Global Fund came in October 2019, with activities funded under the matching funds starting in November 2019.	October 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted.	June 2017
	Report finalized and presented to country.	June 2018
Multi-stakeholder meeting	The Global Fund, National Centre for AIDS and STDs Control (NCASC) and Save the Children (principal	June 2018

	recipient) jointly organized a multi-stakeholder meeting in Kathmandu. There were more than 100 attendees representing government, civil society, technical partners and funders at the two-day event.	
Working group on human rights, HIV and TB	As a follow-up to the multi-stakeholder meeting, a working group on human rights was formed, led by NCASC, that led the development of the multi-year national plan to reduce human rights-related barriers to HIV and TB services, and accompanying budget, for submission to the Global Fund.	June 2018
National plan to reduce human rights-related barriers	A Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal was developed and finalized (with Global Fund approval), covering key program areas for HIV and TB.	January 2019

Baseline Assessment (2017-2018)

In 2017-2018, a baseline assessment was conducted to identify the key human rights-related barriers to HIV and TB services in Nepal; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The assessment began with an inception meeting of various country stakeholders to outline the purpose and processes of the project. The assessment involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations, and financial data collection via interviews, surveys and secondary data analysis. The baseline assessment's findings were integrated into the *Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal* (see below).

Matching Funds (2017)

In 2017, Nepal applied for, and received, USD 1.3 million in matching funding for programs to remove human rights-related barriers to HIV and TB services. The funding envelope was approved but the baseline assessment was still underway; it was agreed that that detailed workplan and budget for this grant would follow, based on the results of the baseline assessment and the five-year national plan then still to be completed and developed (see below). These were submitted in April 2019, final approval from the Global Fund came in October 2019, and disbursement of funds began in November 2019. This is the first time there is substantial, dedicated Global Fund funding for programs to address human rights-related barriers. Rather than committing the matching portion of the government's support from the Global Fund's general allocation to Nepal, the Nepalese government committed to fund USD 1.3 million separately from domestic resources, bringing the total amount to USD 2.6 million. Notably, out of the 20 countries in the *Breaking Down Barriers initiative*, Nepal is the first and only one in which the government committed domestic resources, as opposed to funds within its main Global Fund grant, to programs to remove human rights-related barriers to access. However, concerns have arisen that this government funding would not likely materialize in full.

Multi-Stakeholder Meeting (2018)

The Global Fund, the National Centre on AIDS and STDs Control (NCASC) and Save the Children (principal recipient) jointly organized a multi-stakeholder meeting from 27-28 June 2018 in Kathmandu. There were 107 participants from 64 different organizations. Key stakeholders included representatives of the government, including the National Tuberculosis Control Centre, civil society organizations such as National Association of People Living with HIV/AIDS in Nepal (NAP+N), FHI, technical partners including UNAIDS, WHO, UNICEF, UNODC, UNDP, UNFPA, as well as current or past funders of certain activities (most not related to human rights). CCM members were also present. It was agreed among participants at the multi-stakeholder meeting that a working group, lead by NCASC, would be formed to finalize the five-year plan.

Technical Working Group on Human Rights (2018-2019)

NCASC lead the formation of a working group to finalize the *Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal*. The working group consisted of 18 members from government (NCASC, Nepal Health Research Council), civil society representing programmatic implementers (Save the Children, FHI 360) and communities (Dristi Nepal, Blue Diamond Society, JMMS, Recovering Nepal, National Migrant Network, PLWD-HIV, National NGOs Network against AIDS, Nepal Prison Health Society), as well as technical partners and donors (UNAIDS, UNDP, WHO, USAID).

Five-year Implementation Plan (2019)

The *Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal*, as well as its corresponding workplan and budget, were finalized in late 2018 and approved by the Global Fund in January 2019. It organizes activities according to the seven program areas for HIV, and has some TB-specific activities, such as supporting TB patient groups to assert their rights and improving women’s capacity to understand and seek TB services. Furthermore, it includes a budget line for review/evaluation of the responses to the human rights barriers to HIV and TB related services in Nepal. The implementation of the five-year plan began in earnest in November 2019 with a “kick-off” meeting to start the implementation of the Global Fund human rights catalytic funding, which, as planned, tracks the activities identified in the five-year plan closely.†††††††††††††††††††† The working group involved in the drafting the five-year plan was intended to be temporary, with oversight of implementation of the plan then falling to the CCM. The CCM has created an Oversight Committee to monitor progress on implementation of the grant and spending on grant funds at the macro level, which is reflected in the Progress Update and Disbursement Request (PUDR) submitted to the Global Fund (but it is the Principal Recipient’s responsibility to monitor and evaluate the *details* of implementation of the activities supported by the grant). However, there does not appear to be any body with the clear responsibility for overseeing and supporting implementation of the five-year plan as a whole.

Recommendations

- The Global Fund should request the CCM, in conjunction with the Principal Recipient of funds that are the main source of support for programs in the five-year plan to reduce human rights-related barriers, to develop a mechanism that is responsible for overseeing and supporting the implementation of the five-year plan. This mechanism should include representatives from civil society and government (both central and provincial levels). It should include representatives of key and vulnerable populations, and there should be specific attention paid to ensure that young people and women within those key populations are included.
- The central and provincial governments should commit explicitly to taking measures to protect and promote human rights and gender equality as a necessary part of more effectively responding to HIV and TB, and should each commit funds to support programs that reduce gender- and human rights-related barriers to HIV and TB services.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

Programs to Remove Human Rights-related Barriers to HIV Services

Since the 2018 baseline assessment, Nepal has scaled up programs in some of the seven key program areas to remove human rights-related barriers to HIV services, in particular in the program areas of stigma and discrimination reduction, monitoring and advocacy for law and policy reform, and, to a lesser extent, legal literacy (‘know your rights’). A deliberate sequencing of events has meant that the five-year plan to reduce such barriers significantly informed the Global Fund catalytic funding grant for these programs over the 2018-2021 grant cycle. However, grant funds only began flowing in November 2019, followed within months by the COVID-19 pandemic, which has meant that in several other program areas, it is still too early to see significant progress; the implementation of the five-year plan will, it is hoped, continue to be supported by the new Global Fund grant (for the 2021-2024 funding cycle). There continues to be strong engagement by civil society, including organizations representing and working with key and vulnerable populations. Many such organizations were involved in the development of the five-year plan, and seven sub-recipients under the Global Fund catalytic fund for 2019-2021 are implementing, along with the Principal Recipient, many of the activities set out in the five-year plan. Important activities have been implemented by several sub-recipients to integrate knowledge and awareness of HIV, key populations’ needs and related human rights considerations into the work of service providers responding to gender-based violence (the One-Stop Crisis Management Centres). Gaps remain with respect to vulnerable populations such as prisoners and migrants; there is no mention of people with disabilities. Meanwhile, despite efforts, proposed legislative reforms to better protect the rights of people living with HIV have stalled, and punitive and counter-productive laws on drug use/possession and sex work continue to impede access to HIV and other services. As at baseline, activities still need to be taken to scale country-wide; many programs to reduce human rights-related barriers to HIV services are still only offered in some of Nepal’s 77 districts. Finally, there is certainly a need for attention and resources to spent on developing a more robust approach to monitoring and evaluating the impact of human rights programs.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	1.0	2.7

Stigma and discrimination have been repeatedly identified as major barriers to the scale-up of health services for key populations and persons living with HIV. At baseline, it was noted that USAID had supported most activities aimed at reducing HIV-related stigma and discrimination, including trainings with health care workers and police, but that as this funding was declining, other sources (such as matching funds from the Global Fund) would be required to sustain and expand such efforts, and that there is a need to update existing curricula to be more comprehensive (e.g., to address stigma against key populations, gender-based violence).#####

In 2018, the baseline assessment recorded previous activities to reduce HIV-related stigma and discrimination, by several community organizations and some government entities, having previously been implemented. However, virtually all of them (with one exception) had been carried out quite a few years previously and were not ongoing. These included (1) stigma-reduction trainings with many different audiences having reached more than 100,000 people in roughly half (at the most) of Nepal’s districts, (2) mass media campaigns, (3) support groups for people living with HIV and other key populations, (4) advocacy and public awareness-raising activities, and (5) previous implementation of the HIV Stigma Index, for the first time, in 2011. The baseline assessment recommended, and the five-year implementation plan incorporates, enhancing these activities, plus establishing a national system for monitoring stigma, discrimination and other rights violations, which did not exist and was identified as a priority by key stakeholders. It should be noted that the main allocation grant from the Global Fund includes some (quite small) funding allocations to address stigma, discrimination and violence against people who inject drugs and for men who have sex with men; however, the bulk of any funds for initiatives to reduce stigma and discrimination against these and other key populations is found in the human rights catalytic grant approved in 2019.

Since the baseline assessment, and in keeping with the five-year plan, there has been considerable progress, particularly in light of the late start to activities and the impact of COVID. This program area received the largest portion of the funding out of the human rights catalytic funding from the Global Fund. (It should also be noted that Nepal is a country that has joined the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, requiring action in multiple settings such as those covered by other program areas below.)

Curriculum: The baseline assessment and the 5-year plan called for updating the NCASC stigma-reduction curriculum (last updated in 2010) and institutionalizing such material in the professional training of various duty-bearers such as health care workers and law enforcement (i.e., Program Areas 2 and 3), as well continuing in-service trainings of these personnel and trainings for community leaders. The NTCC & NCSASC have jointly produced an updated tool kit (not yet published) regarding stigma and discrimination; it now includes information regarding TB, human rights and national laws, gender and gender-based violence (including sexual

violence). The resource is intended for use in educating health care workers, police, prison staff and other service providers (e.g., NGOs), and to be used by people living with HIV and community organizations in supporting anti-stigma efforts, but this work still lies ahead.

Mass media campaigns: In keeping with the baseline recommendations and 5-year plan, there has been considerable activity in the form of mass media campaigns, both audio and visual, to reduce stigma and discrimination based on HIV and TB status and against key populations, and to raise awareness of laws and policies protecting rights.⁷ (See Table 3)

Table 3 – Mass media communications

Description of Activities	Organizations	Location
Programs broadcast online, developed with support of the Global Fund’s catalytic funding, include: episodes of “Pawankali Online” (with a high-profile TV/online celebrity character in Nepal) that address stigma related to HIV and TB and against migrants and LGBTQ people; and radio jingles with information regarding HIV among migrants developed in the Deuda format (a genre of folk song and dance)	Save the Children (STC)	Pawankali Online: via YouTube, these particular 15–20-minute episodes have together received nearly 171,000 views since first broadcast in June–August 2020; they have also been broadcast via the Community Information Network (CIN), the largest community radio satellite network in South Asia. Radio jingles: broadcast in 9 districts over a period of three months.
Radio ‘jingles’ as public service announcements (PSAs) addressing HIV-related stigma and discrimination, including in relation to LGBT people, in multiple languages.	Blue Diamond Society (BDS)	21 local radio stations covering 25 districts
RN developed a radio jingle in Nepali tackling HIV-related stigma and discrimination; short movie/radio drama (“It’s OK”)	Recovering Nepal (RN)	Jingle: 20 local radio stations (40 broadcast spots daily all over Nepal) Short movie: 2 radio stations, YouTube
PSA addressing HIV-related stigma and discrimination, and stigma against sex workers; short video on HIV, health and	Jagriti Mahila Maha Sangh (JMMS)	4 times a week (timeframe unspecified) among 300 radio stations in the

⁷ Note that a number of activities reported as “know your rights” activities (Program Area 4) appear to be more appropriately characterized as initiatives (including via mass media or other public awareness raising methods) to reduce stigma and discrimination by reaching the general public with information about HIV and human rights, including of key populations, as opposed to being targeted specifically to PLHIV or members of key populations to educate them specifically about their rights and how to defend them. Those activities have, therefore, been included here in Program Area 1 for this mid-term assessment report.

human rights female sex workers that aired on a leading national TV channel.+++++		Community Information Network, reaching all 77 districts
PSA addressing stigma and discrimination against PLHIV in 3 languages; street dramas, a radio drama, video PSAs and community education sessions.+++++	National Association of People Living with HIV/AIDS in Nepal (NAP+N)	PSA aired daily on 10 local radio stations across all 7 provinces for a year Radio drama aired in 39 districts
Short (45 second) radio jingle and a 9-min radio drama to address stigma and discrimination, including related to access to health care for women living with HIV \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	National Federal of Women Living with HIV/AIDS (NFWLHA)	PSA: aired (in Nepali) via radio with a total of 566 spots; reached approximately 60 districts. Radio drama: Broadcast 33 times across 59 districts in Jan – Feb 2021.
PSA in 3 languages focussed on HIV prevention and safer migration aimed at reaching male labour migrants and their spouses*****	Nagarjun Development Community (NDC)	Aired on radio across all 77 districts

Advocacy and public awareness raising: Several sub-recipients under the catalytic funding grant also undertook additional public activities to raise awareness of HIV and appreciation of human rights. (See Table 4)

Table 4 – Public awareness activities

Description of Activities	Organizations	Location
Public events (e.g., rallies, information stalls, candlelight events and press events), in conjunction with days such as World AIDS Day, to raise awareness and educate the public about HIV and human rights; a street drama; and information, education and communication (IEC) materials.+++++	BDS	30 public events Brief street drama conducted in 30 districts (combination of in-person and online) 35,000 IEC materials
Public events marking specific days to raise awareness of HIV and human rights; a street drama (broadcast on YouTube); distribution of 1700 posters and 8000 brochures in English and Nepali (including to police stations) on issues such as HIV stigma, women’s rights, human rights of PWUD, OST and punitive drug policy.+++++	RN	3 public events 1700 posters and 8000 brochures (English, Nepali)
Public events and flyers to mark WAD and IWD) to raise awareness about HIV and human rights.	NAP+N NFWLHA	NAP+N: 2 public events; 11,600 flyers (Nepali) \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ NFWLHA: 2 public events; 20,000 brochures (in

		Nepali) on the needs and rights of WLHIV, human rights and OCMC, distributed in approximately 50 districts
Public events (to mark WAD and National Condom Day), and IEC materials	NDC	3 public events; 20,000 flyers and 10,000 brochures (Nepali, Maithali) distributed in 40 districts.

With respect to other activities, NAP+N convened 120 **support group meetings** for PLHIV across the 58 districts in which it worked; overall the number of such gatherings for key populations has been considerably lower than anticipated, in light of COVID-19. As for generating data about HIV-related stigma, the five-year plan calls for the **HIV Stigma Index**, last conducted in 2011, to be repeated twice during the five-year period. The COVID pandemic has led to some delays, but as of late 2020, preparation had begun for conducting the Stigma Index again. In addition, Save the Children has developed an **app for mobile phones** to popularize information about HIV and TB, including information about human rights and monitoring stigma and discrimination experienced in health services, and launched a **social media campaign** (#SaathSangaiSamman) on Human Rights Day in December 2020.

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should financially support continued efforts by civil society organizations, including those representing or working with key and vulnerable populations, to challenge HIV stigma and stigma against these populations through the use of various mass media and social media, and through public events and the distribution of materials raising awareness about human rights. They should accompany this with vocal public support for an end to stigmatizing attitudes, and to discriminatory practices and other human rights infringements.
- In addition, such support should specifically include funds for government entities and civil society organizations to undertake the necessary data collection and develop a common methodology for estimating the reach of these activities, as this data appears to be lacking but would be helpful for a more informed evaluation. Similarly, funding should be provided for at least some pilot efforts to evaluate the impact of such stigma reduction efforts in terms of changed knowledge, attitudes and behaviour on the part of target audiences – which data can then be complemented by the experiences reported by people living with HIV and key populations, including through tools such as the HIV Stigma Index.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	1.0	1.4

At baseline, it was noted that there was but one then-current project – the USAID/FHI360 LINKAGES project, ending in 2018 – that was aimed at training health care workers, in just 16

- Recovering Nepal had planned a major in-person event for HCWs to do education about human rights, but this was cancelled because of COVID; instead, RN Women did visits and informal conversations to health care facilities. #####

Recommendations

- Using the new toolkit as a resource, the Council for Technical Education and Vocational Training (CTEVT) and educational institutions training health care workers should work with the NCASC, NTCC and civil society organizations to incorporate training on human rights and medical ethics, including in relation to HIV, TB and key and vulnerable populations, into their pre-service curriculum. The central and provincial governments, and donors such as the Global Fund, should support such initiatives with the necessary funds (including funding civil society organizations to be partners in this implementation and the subsequent evaluation of such training).
- The new toolkit should also be used by health facilities, in collaboration with civil society organizations, to institutionalize routine (e.g., annual) in-service trainings for all staff on HIV, TB, key and vulnerable populations, and related human rights issues. Heads of such facilities should show leadership in implementing such trainings as part of promoting a safe, welcoming, non-discriminatory and accessible environment for all. In addition, as stated in the five-year plan, there should also be a targeted initiative to train a number of “master trainers” who will then deliver training to a wider array of health workers in each of the country’s 77 districts over the course of the five years. The central and provincial governments, and donors such as the Global Fund, should support such initiatives with the necessary funds, including funding civil society organizations to be partners in this implementation.
- Health facility administrators, the central and provincial governments, and donors such as the Global Fund, should support routine assessments of the knowledge, attitudes and practices of health care workers toward people living with HIV and/or TB and key and vulnerable populations, to evaluate the impact of such pre-service and in-service trainings and identify future needs and priorities. This can and should include community-led monitoring at the facility level (e.g., by peer educators, conducting exit surveys among service users, etc.).

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.0	1.0

Although the Government of Nepal had published an *HIV/AIDS Curriculum for Senior-Level Police* in 2005 that promoted human rights and discouraged targeting of sex workers for harassment, a 2012 review by UNAIDS reported that it was unknown how this resource had been used in practice, with sex workers continuing to report ongoing abuse; it was also noted as noting the need to reach junior-level police as well. ##### At the time of the 2018 baseline assessment, key informants from all key populations reported police harassment and abuse as a major, ongoing problem, including arresting sex workers and peer educators for carrying condoms and arresting people who use drugs rather than referring them to harm reduction services.

Relatively little training had been done in recent years; one notable exception was a small-scale but ongoing activity by Blue Diamond Society to conduct training and sensitization sessions with police in and around Kathmandu (with Global Fund support) that had reached over 1000

people.***** The need for ongoing activities to educate law enforcement, as well as other actors in the legal system, about HIV, TB and key populations, and to change their behaviours toward key populations, continues to be identified – including through not only in-service trainings but institutionalizing such training in the curriculum before they enter service. The Nepali Police curriculum does include some information on HIV but it is outdated and inadequate, including in relation to human rights and gender issues (e.g., stigma/discrimination, gender-based violence) and applicable legal provisions aimed at protecting rights of women, girls and key and vulnerable populations.

At the time of the mid-term assessment, there had been limited progress in implementing activities, as set out in the five-year plan and reflected in the 2019-2021 catalytic funding grant from the Global Fund, to sensitize police, prison staff, and judges. The goal was to have an updated legal environment assessment completed to inform the content of the trainings with law enforcement, to be rolled out over the course of the five-year; this assessment was a bit delayed (into 2020) and then COVID-related lockdowns further delayed implementation.+++++ These sensitization activities with these other actors in the legal system are still needed. An additional activity contemplated in the 2019-2021 catalytic grant was the development of new Prison Health Guidelines, but these have also been delayed by the COVID-19 pandemic; these, too, should form part of the training for prison staff and administrators once available.

In the meantime, catalytic funding sub-recipient Recovering Nepal has put in place an agreement with the leadership of the Nepal Police, under which RN provided an expert resource person who did some “training of trainers” sessions on harm reduction, OST and human rights with some police officers; they are then to do further peer-to-peer trainings with other officers. RN held such a training in each of the 7 provinces, reaching an estimated total of 275 police officers who work directly in the drug control program. Data about further dissemination of the training via these officers is not available, but Recovering Nepal has observed that the Nepal Police is now more receptive to further disseminating such trainings, providing additional resources can be found to support it.+++++

Recommendations

- Drawing upon the new NCASC/NTCC toolkit on stigma and discrimination and the updated legal environment assessment, the Nepal Police (and Armed Police force involved in border security) should work with the NCASC/NTCC, the Ministries of Education and Home Affairs (who should provide funding), the administrators of the National Police Academy and regional police training centres, and civil society organizations, including those representing and working with key and vulnerable populations, to update the Nepal Police curriculum to address HIV, TB and related human rights concerns, including sexual and other gender-based violence, so that it can be used to promote responsible, human rights-respecting police practices.
- The National Police Academy and regional police training centres should institutionalize this material into their pre-service training for all police officers, in collaboration with the NCASC/NTCC and civil society organizations of key and vulnerable populations. The Nepal Police should institutionalize regular in-service trainings for police. The Government of Nepal (Ministry of Home Affairs) should

fund both the pre-service and in-service training, as ensuring human rights in policing is a state responsibility.

- The Nepal Police, in consultation with civil society organizations representing key populations, should develop and publicize (including as part of police trainings) a clear protocol for all police forces aimed at reducing harassment and abuse of all key populations, and addressing particular practices that have been reported – e.g. possession of condoms being used by police as evidence of sex work (which is criminalized); harassment of peer educators and outreach workers (including for carrying condoms); arbitrary detention; extortion; physical and sexual assault.
- The central government should fund the Nepal Police and civil society organizations to undertake routine assessments of the knowledge, attitudes and practices of police toward people living with HIV and/or TB and key and vulnerable populations, to evaluate the impact of such pre-service and in-service trainings, and the police conduct protocol described above, and to identify future needs and priorities for training or other guidance and standards to protect human rights.
- The Department of Prison Management (DOPM) within the Ministry of Home Affairs, and the Global Fund, should support the completion as soon as possible of the new Prison Health Guidelines, which should reflect and comply with human rights standards (e.g., the principle of equivalence of health care between prison and community). These should then form part of the regular in-service training that should follow for prison staff and administrators.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	1.0	2.2

The baseline assessment found little information about any meaningful legal literacy initiatives. However, other sources indicate there have been at least a few such activities, at least sporadically, in recent years. For example, the *Nepal Key Population Assessment Report* (June 2018), reported that some participants in a focus group discussion with GBMSM and transgender women were disappointed that group “know your rights” sessions had been discontinued, and there was consensus that all members of the community need such information and support. By the time of the mid-term assessment, however, there had been some important initiatives implemented, guided by the five-year plan and supported with funds from the Global Fund catalytic grant (2019-2021), which were all the more noteworthy given the disruption caused by the COVID-19 pandemic (see Table 5).

Table 5 – Legal literacy activities

Description of Activities	Organizations	Location
Orientation programs for people who use drugs regarding access to OCMC; and a 3-day training session on organizational development and advocacy for organizations led by women who use drugs (Aug 2020, supported by regional Global Fund grant).	Recovering Nepal	1 session in each of 8 districts
Orientation programs for female sex workers regarding access to OCMC.	JMMS	1 program in each of 5 districts
Events on legal literacy (“know your rights”) as well as treatment literacy for key	NAP+N	5 events on legal & treatment literacy; 2

laws, policies and practices are needed to fully protect and realize human rights of PLHIV and key and vulnerable populations, including so that they have greater, effective access to HIV (and TB) services.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	1.0	1.0

As noted in the 2018 baseline assessment, the PLHIV Stigma Index was last carried out in Nepal in 2011. At that time, more than half of respondents reported experiencing at least one form of stigma, and PLHIV who inject drugs and female sex workers had the highest reported levels of experiencing stigma. Of respondents who reported experiencing what they identified as human rights violations, only 15% attempted to seek legal redress. (As of late 2020, preparation had begun for conducting the Stigma Index again.) The baseline assessment found that a number of civil society organizations have provided legal support to PLHIV and members of key and vulnerable who experience infringements of their human rights, but it is *ad hoc* and there was no data available regarding number of people supported, type of legal support needed or provided, or the outcomes. The limited legal services available are focussed in Kathmandu. The baseline assessment recommended: (1) training and supporting peer paralegals connected with community organizations; (2) establishing a toll-free help-line for legal services; (3) identifying lawyers prepared to provide *pro bono* services; (4) facilitating better connection of people in need to existing legal aid lawyers; and (5), as well as establishing a rapid response system or units, accessible via hotline, when key populations need urgent legal support (e.g., in cases of abuse and mistreatment, including by police). Another 2018 assessment regarding HIV services for key populations also recommended that the principal recipient of the Global Fund grant develop a legal services policy in aid of ensuring access to legal services for members of key populations who are harassed by the police.

At the time of the mid-term assessment, there did not appear to be any change in the situation. With the updated legal environment assessment now available, the five-year plan calls for this to be used in the short-term to begin training some legal aid lawyers regarding human rights related to HIV, TB and key and vulnerable populations (see also Program Area 3), with a view to improving legal services for these populations. The five-year plan also calls for small grants to key population organizations to ensure rapid access to legal or paralegal services. It is unclear whether this initiative will move forward; it was not included in the 2019-2021 catalytic funding grant from the Global Fund.

Recommendations

- The government has an obligation to ensure the protection of rights; the Global Fund has a commitment to the same as an important element of maximizing the effectiveness of the response to HIV (and TB). In keeping with the baseline assessment’s recommendations in 2018, the central and provincial governments, and donors such as the Global Fund, should fund some key programs to ensure access to legal services needed to protect and realize rights. These include: (i) the training and ongoing retention of peer paralegals (i.e., community legal workers) attached to civil society

organizations representing and working with key and vulnerable populations, to provide basic human rights education and legal information, and support in defending rights and addressing legal challenges faced by PLHIV and key and vulnerable populations, including in relation to such actors as law enforcement, in health care settings (including OCMCs) and in navigating government systems; (ii) a national toll-free legal help line housed within a central organization; and (iii) capacity within community-based organizations representing or working with key populations to respond rapidly to situations where urgent human rights support, including legal support, is required.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	1.0	3.4

The baseline assessment identified no current or recent programs in this area. However, there have certainly been such monitoring and advocacy initiatives by civil society organizations in Nepal for years – and the need is not in doubt. The *PLHIV Stigma Index 2011* identified the absence of legislation specifically protecting the rights of PLHIV in Nepal, and recommended the adoption of a comprehensive law, developed with the involvement of PLHIV at every step. As noted in the baseline assessment, a 2015 legal environment assessment by the NCSAC found that: “Advocacy conducted at national, regional and local levels have been eye openers for local leaders, government authorities, law enforcement, and political leaders. Nepal has a commendable history where legal and justice systems have played constructive roles in responding to HIV, by respecting, protecting and fulfilling human rights, in the absence of appropriate law and acts.” There is also a history of civil society advocacy for human rights, including by (at least some) key population organizations, such as the extensive advocacy by BDS, including strategic litigation, to secure greater respect and protection for the rights of LGBT people. Some such initiatives have recently been supported by other funders: e.g., BDS has been a partner in the CS:MAP project funded by USAID/FHI360 between 2016-2021 that aimed to strengthen civil society organizations and media to defend human rights, engage in public oversight of government decision-making and influence law and public policy at various levels).

Furthermore, a number of observations can be drawn from the 2015 legal environment assessment, the baseline assessment in 2018, the recently updated legal environment assessments and this mid-term assessment in 2021 (from both document review and in several key informant interviews).

- First, multiple harmful laws remain on the books (e.g., in relation to sex work and drug use or possession, prisons) that contribute to human rights violations and hinder access to HIV-related services for key populations; there are also laws that inadequately protect human rights (e.g., access to health care for prisoners).
- Second, there are legal provisions that create human rights risk in the absence of appropriate human rights oversight. One example noted in the baseline assessment, and reiterated in more detail recently by Harm Reduction International and many domestic organizations in Nepal, is the concern about abuses against people who use drugs in

active human rights advocacy and engaging policymakers at local level, with a view to better protection of human rights and greater, non-discriminatory access to health services:

- Recovering Nepal participated in a TV program advocating for human rights that aired in 2 provinces through local TV stations.[†]
- BDS engaged policymakers at the provincial level in 3 provinces, as well as convening 66 stakeholder meetings in 17 districts between civil society organizations, ART centres and local government agencies.[‡] The purpose of these meetings was to increase decision-makers' understanding of the issues of sexual and gender minorities, to identify areas for collaboration with these government agencies, and advocate for local-level laws, policies and programs that support the health and human rights of LGBT people.
- NAP+N engaged local elected bodies with an education session on HIV and human rights in 7 provinces, and also convened 2 virtual stakeholder meetings between civil society organizations, ART centres and local government agencies.[§]
- NFWLHA engaged provincial level parliamentarians in Gandaki Province regarding the development of laws and policies related to HIV, TB and rights, via a TV talk show discussion aired via major TV outlet.^{**} It also convened 60 stakeholder meetings with mayors, health workers, and members of civil society including activists, in 15 districts.^{††}
- NDC convened 1 event with decision-makers at the provincial level, but also 27 events across 7 provinces bringing together key community stakeholders.^{‡‡}

Recommendations

- The central government should finalize, with appropriate consultation with people living with HIV and key populations, the draft HIV Bill, ensuring that it reflects international human rights standards and best practice guidance about a human rights-based approach to HIV, and should support it through the legislative process to adoption. This law should include clear and strong protections against discrimination for people living with HIV (and people living with TB) and key populations. This should include protection against discrimination by public and private actors in all settings, including addressing those specifically identified in the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, to which Nepal has committed.
- The central government should consult with people who use drugs in drafting, introducing, and enacting reforms that decriminalize at least the use and simple possession of drugs, as well as the status of “being addicted” to a substance.
- The central government should consult with sex workers in drafting, introducing and enacting legislative reforms that decriminalize sex workers, their clients, and third parties, and that recognize sex work as work.
- The government should consult with people living with HIV, and scientific and legal experts, to reform the overly broad provisions in the Penal Code criminalizing even non-intentional HIV transmission, and should reflect international best practice recommendations that any use of the criminal law in this area should be limited to cases of actual, intentional transmission.
- The Global Fund and other donors should dedicate (or continue to dedicate) funding and technical assistance to support organizations of PLHIV and key populations to advocate in support of

legislative reforms to remove laws that contribute to stigma, discrimination and other human rights violations, and to enact legislative reforms to protect rights. To this end, there should be support for civil society organizations working on human rights (including women’s rights) to develop a common vision and joint advocacy plan for targeted, strategic advocacy for needed legal and policy reforms, as well as support for ongoing coordination of advocacy efforts in line with this plan.

- In consultation with groups of people who use drugs, examine the quality of services being provided in private centres providing treatment for people with drug dependence, and draft and legislate binding standards for care that are evidence-based and in keeping with human rights standards (including non-discrimination, accessibility, and suitability for diverse populations, including women, LGBT people and young people).
- The Prison Department and Ministry of Population and Health, with the input of representatives of key populations (including current and former prisoners), medical experts and human rights experts, should (i) commit adequate funds to health care staffing throughout the prison system, (ii) implement a guaranteed confidential system of health records for all those incarcerated, (iii) develop a legally binding protocol and a health manual for the delivery of health care, including HIV- and TB-related care, to prisoners that is equivalent to the care available outside prisons and is available free of charge, (iv) develop a plan to ensure that HIV prevention goods and services available outside prison are made available inside prisons, and (v) put in place mechanisms to ensure accountability for funds spent and activities implemented.
- The central government, and the governments of the provinces most implicated in labour migration between Nepal and India, with the input of civil society organizations working with migrants and their families, should pursue a memorandum of understanding with their governmental counterparts in India to ensure access to health services for Nepalese migrants in India. UN partners (e.g., World Health Organization) have a key role to play in supporting such cross-border collaboration to protect and promote health in both countries.
- In light of the ongoing process of decentralization, the Global Fund and other donors should support civil society organizations, including those representing key and vulnerable populations, to continue engaging with decisionmakers and other stakeholders at the local level (i.e., provincial and district level), to ensure greater awareness of human rights and proactive measures locally to reduce barriers and ensure access to HIV services.
- The central government should fund greater capacity within the National Human Rights Commission, and specifically a point person with the authority and responsibility to support the implementation of a comprehensive response to remove human rights-related barriers to HIV (and TB) services. This could include supporting legal reform processes, the development and implementation of a national system for monitoring and redressing human rights violations, and routine assessments of knowledge, attitudes and practices of health care workers and law enforcement so as to gauge the impact of sensitization efforts.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	1.0	1.0

While a previous gender assessment of the HIV and TB responses in Nepal has noted that “numerous NGOs and women’s groups” were working at the community level to eliminate gender-based violence and violence against women,^{SS} at the time of the baseline assessment in

2018, only one previous initiative specifically aimed at protecting and promoting the rights of women related to HIV was noted: the “Positive Protection” toolkit launched with and for women leaders from key populations, followed by training on Positive Protection to empower Women affected by HIV to protect their rights in health care settings. Under the guidance and monitoring support at the national level of the Right to Health Women’s Group (RTHWG), formed about a decade ago, several ‘Right to Health’ action-groups were actively engaged in documenting rights violations against women (including those living with HIV and from key populations), as well as in joint advocacy at the district level.**

Some key informants noted the concern that there appeared to still be inadequate representation and engagement of women in decision-making processes and in implementation of programs to address human rights- and gender-related barriers, which needed to be addressed.†† OCMCs are another important initiative in addressing HIV among women: they are intended to provide comprehensive health and treatment services, legal aid services, and counseling services to support and protect survivors of gender-based violence. It was noted that these staff will need sensitization in relation to HIV, key populations and their rights. Given the prevalence of GBV in Nepal, and also heightened stigma against some groups based on intersecting factors (e.g., women who use drugs), it is important to ensure this set of service providers is accessible to women living with HIV and to key and vulnerable populations (including women who use drugs, sex workers, trans women, and GBMSM).

The five-year plan contemplates focused activities for sensitizing OCMC service providers regarding the needs of women living with HIV (and/or TB) and women belonging to key and vulnerable populations – and that such efforts will require women’s groups or networks to be resourced to do this. However, during the mid-term assessment it was noted that the RTHWG has gone largely dormant until the Global Fund catalytic funding (2019-2021) had allowed it to revive, such that it had been meeting bi-monthly (consisting of 10 different organizations), with a focus on the sensitization of OCMC service providers. ††† Stronger capacity among women’s organizations and women-led networks for influencing the design and implementation of services, and for advocating for human rights, will be key for reducing persistent gender-related discrimination, harmful gender norms and violence against women and girls. Beyond addressing the immediate HIV-related health needs of women belonging to key populations, such as sex workers and women who use drugs, there is an identified need for programs and services that address other, broader factors that also have an impact on women’s vulnerability to HIV and experience of living with HIV (e.g., poverty and the need for better livelihoods, gender-based violence, family supports, etc.).

Recommendations

- Given the importance of the system of OCMCs for those who experience gender-based violence, and the government’s apparent commitment to supporting this service, the government, Global Fund and other donors should support continued efforts, including by civil society organizations, to ensure that such services are accessible, without discrimination and with full respect for human rights, to all – including women living with HIV, women who use drugs, LGBT people and sex workers – through continued human rights education efforts for centre workers (see Program Area 2) and community

members (see Program Area 4), local-level engagement activities (Program Area 4) and community-based monitoring of services (e.g., through mobile app developed – see Program Area 1).

- It is also important for central and provincial governments, and donors such as the Global Fund, to ensure that OCMCs and other relevant services providers are supported to provide the full range of sexual and reproductive health services, including safe abortion, into which HIV services are integrated.
- The central and provincial governments, and donors such as the Global Fund, should support networks of women living with HIV or from key or vulnerable populations to engage with actors such as health services providers, law enforcement and policymakers to protect and promote the human rights of all women. This should support the capacity of women's networks and organizations to participate actively and effectively in such advocacy and training with these audiences, and in decision-making bodies and processes.
- central and provincial governments, and donors such as the Global Fund, should fund the development and implementation of community and school-level campaigns and dialogues to promote gender equality, shift harmful gender norms and reduce gender-based violence.
- To effectively address HIV among women, the central and provincial governments, and donors such as the Global Fund, should support efforts, by health services providers and by community-based organizations, to ensure that women have easy access not only to HIV-related services but to other services and supports addressing other factors that shape their risk of HIV infection and the impact of living with HIV (e.g., income support programs, education, housing, protection against discrimination and violence, etc.).

Programs to Remove Human Rights-related Barriers to TB Services

The baseline assessment identified several human rights-related barriers to TB services, including: stigma and discrimination based on TB status alone (and in particular a diagnosis with MDR-TB) and/or against key population status, from various quarters, including in health care settings (where the lack of universal precautions contributes to fear of infection and encourages stigmatizing and discriminatory practices by health care workers); the absence of any laws specifically protecting people living with TB; a lack of information about the TB situation in prisons, but evidence of a range of human rights violations in prisons (including overcrowding, lack of hygienic conditions and of health care facilities in prisons, fear of discrimination, disregard by prison staff of prisoners' healthcare needs, lack of providers willing to provide health services to prisoners particularly those living with TB and/or HIV). While TB medication is free, poverty and geophysical barriers also mean people living in certain regions, further from health centres, lack access to TB services; this highlights the need to ensure access to quality care in a greater number of health settings, which requires training of health workers. Age also appeared to a barrier to access, likely related to mobility and cost of transport to seek diagnosis and treatment. In relation to gender, men seem to face a higher risk of becoming ill with TB for various reasons, but women face greater stigma, delayed diagnoses and limited access to treatment – including because of the greater burden of household work and cultural beliefs about health, including about whose health is a priority and who makes health-related decisions in the household.^{§§§} Poor living conditions and poor nutrition are human rights deficits that increase TB risk. Poverty and inadequate livelihoods for many labour migrants require them to continue working (including outside Nepal, such as in some northern Indian border states) and make it difficult to adhere an extensive TB treatment schedule (including if services are not easily available to them in their destination country).

The baseline assessment identified no past or current programming in Nepal designed to remove human rights-related barriers to TB services. As a result of the Breaking Down Barriers initiative, the five-year plan incorporates such programs for the first time and the catalytic funding grant from the Global Fund for the period 2019-2021 includes funding to support certain activities, although these remain very limited.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	0.0	1.0

As noted above, an updated curriculum on stigma and discrimination has been completed jointly (but not yet published) by the NCASC and the NTCC, now including information on TB as well as on human rights issues. As set out in the five-year plan, this activity in the first year was preliminary to then using this new tool more widely for a variety of other activities aimed at reducing stigma and discrimination, including efforts targeting specific populations such as health care workers and police (see Program Areas 2 and 3) and potentially for 'know your rights' activities with key and vulnerable populations (see Program Area 4). These activities are still to come.

As for other activities to reduce stigma and discrimination related to TB, under the Global Fund catalytic grant, one sub-recipient, the National Anti-TB Association (NATA) has undertaken some mass media activities and other public awareness-raising activities. Given COVID-19 restrictions, in lieu of the planned street dramas, NATA produced 3 video statements and a video drama that aired for 36 days on Nepal Television; it also radio broadcast 3040 spots of a PSA, across 38 districts, in 5 different languages; and also produced a series of short messages scrolling extensively on TV (every day, 24 hours a day, for a year) on issues such as TB, rights and gender.**** NATA also held public events to mark both World and National TB Days, which include a mobile SMS campaign (reaching an estimated 20,000 people), displays of information on big-screen TVs in several high-traffic public spaces, video statements airing on TV for 10 days, and the distribution of 16,800 posters, 13,000 brochures and 13,000 pamphlets on TB, gender and human rights issues, in 3 languages and across 38 districts.†††

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should continue to support activities aimed at reducing stigma and discrimination against people living with TB; this should include funding for the follow-on activities in the five-year plan that make use of the new curriculum that now includes substantive content on TB and on human rights.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.0	0.0

The five-year plan anticipates training of health care workers using the updated curriculum recently completed (in 2020). These activities have yet to be implemented.

The baseline assessment noted that fear of infection with TB is a driver of discriminatory practices on the part of health care workers. Such fear is compounded by working conditions that contribute to the risk of infection (e.g., inadequate ventilation or personal protective equipment). These violations of health care workers’ human right to safe working conditions will therefore need to be addressed alongside training of workers specifically regarding basic information about TB prevention and control and about human rights and medical ethics. This should be done in collaboration with organized representatives of health workers and with health facilities’ management.

Recommendations

- In keeping with the five-year plan, the central and provincial governments, and donors such as the Global Fund, should support the roll-out of training on human rights and medical ethics in relation to the rights of persons living with TB, as part of pre-service and routine in-service trainings for health care workers. Trainings on TB and HIV should be integrated where this is practical.
- The central and provincial governments, and donors such as the Global Fund, should support unions or other organizations representing health care workers to educate workers about their human right to a safe workplace, their employers’ obligation to take steps to ensure this, what steps are required specifically in relation to TB infection control in health care settings, and to support workers and

administrators in implementing policy changes and programmatic measures to realize this right – and thereby contribute to the reduction of stigma and discrimination against people living with TB.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	0.0

No activities have yet been implemented in this program area. (See also the program area specific to TB in prisons below.)

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should fund the implementation of the activities in the five-year plan to sensitize police, prison staff, judges and other legal system actors regarding TB and the human rights of people living with TB and of key and vulnerable populations. Trainings on TB and HIV should be integrated where this is practical.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	0.0	1.0

At baseline, no activities were identified in this program. At the time of the mid-term assessment, NATA had completed some activities. It conducted an orientation program for people living with TB regarding access to OCMCs in each of 4 districts. It also conducted 48 monitoring and supervision visits, and conducted a rapid patient assessment survey with patients from 7 districts (which was also an opportunity to distribute ‘know your rights’ information).^{###}

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should continue to support efforts to develop and disseminate accessible ‘know your rights’ information, in multiple languages and in various formats (written, audio, video), for people living with and at heightened risk of TB. In particular, organizations working with migrants and prisoners, and women’s organizations and those providing services to women, should be supported to disseminate this information to these populations at greater risk.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	0.0	0.0

There have been no activities implemented in this program area.

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should support the activities in the five-year plan to develop community-level legal support services and train legal aid lawyers on human rights (e.g., supporting people living with TB who experience discrimination based on their status in various settings such as workplace, services or accommodation). Such trainings should be integrated with training on HIV where this is practical.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	0.0	1.0

There have been few activities yet in this program area. However, NATA reports having engaged provincial-level parliamentarians regarding the development of law and policy regarding human rights and TB in one province. It also convened a meeting of 35 participants from 13 districts, to discuss human rights- and gender-related barriers to TB services.

It is also worth noting that the report of the national TB prevalence survey released in 2020 recommends “mandatory case notification” (with a view to improving access to care and contact tracing) and also recommends to “address [the] TB problem among migrants by conducting appropriate screening and care where necessary.”^{§§§§} The protection of public health, including by connecting people to testing and treatment, is a legitimate and urgent goal, but calls for mandatory interventions raise concerns about potential overreach and resulting human rights violations; these concerns must be considered carefully in any legal or policy development.

Recommendations

- Any level of government that may mandate TB testing and some disclosure of such personal health information in the legitimate pursuit of protection of public health must also ensure that any such intervention is strictly limited, so as to infringe human rights (e.g., to bodily integrity and autonomy, to privacy) no more than is absolutely necessary for purposes of connecting people to care and undertaking effective contact tracing. Any such interventions must also be accompanied by adequate investment in necessary health services and social support, as well as by strong legislative protections against discrimination and investment of resources in measures to ensure that protections are made real (e.g., educating health care workers and others, “know your rights” and community mobilization efforts among people living with TB and in geographic and social communities particularly affected by TB, access to legal support services for those who face discrimination).

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	0.0	0.0

There have been no specific activities to address TB-related discrimination against women or to address gender-related barriers to TB services more broadly. Gendered cultural norms and socio-economic factors – including gender differences as to who works outside the home and in

what occupations and conditions and income inequality – contribute to risks of TB infection, and barriers to access to TB care, in differing ways for men and women. This needs to be considered in developing and delivering TB services. Gender discrimination against women impedes an effective TB response and requires specific strategies. At the same time, given that TB prevalence is substantially higher among men in Nepal, there is a need for interventions that address the contributing factors – be it, for example, facing greater risks as migrant workers and/or the nature of their workplaces, risks associated with patterns of substance use (higher among men), or cultural norms or economic pressures leading men to avoid or delay seeking health services.

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should support the implementation of the activity contemplated in the five-year plan, ensuring that OCMC providers develop a greater awareness of the gender-related factors, including gender norms and socio-economic status based on gender, that put some women at heightened risk of TB and of the rights of persons living with TB, and that women at heightened risk of TB are aware of the services of OCMCs.
- The National Tuberculosis Control Centre, in collaboration with civil society organizations and with support from central and provincial governments and donors, should assess what underlying, gender-related barriers to TB testing and treatment are impeding access for men and women to these services, and then develop some strategies specifically to address those.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	0.0	*

There have been no activities in this program area. The five-year plan does not include any proposed activities in this area. Nonetheless, educating health care workers, police officers and prison staff, and legal aid lawyers, as well as people living with TB themselves, about human rights (and medical ethics in the case of health care workers) should obviously include sensitization regarding the right to privacy and the obligation to maintain personal health information confidential.

Recommendations

- All stakeholders involved in training of various personnel and in implementing ‘know your rights’ activities should incorporate information regarding confidentiality and privacy. Note that TB and HIV trainings should be integrated where this makes sense and is practical.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	0.0	0.0

Since the 2018 baseline assessment reported no such activities, NATA, as a sub-recipient under the Global Fund catalytic grant (2019-2021), has begun to implement some activities

contemplated in the five-year plan. It supported the formation of patient advocacy groups, which have met every trimester, in each of 5 districts. NATA also convened 26 stakeholder meetings with DOTS centre staff, civil society and local leaders, including district level health authorities.

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should support the continued implementation of the activities contemplated in the five-year plan.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	0.7	1.0

At baseline, there were no activities identified in this program area. Since then, some additional information, analyses and tools have been developed that can and should be used to scale up the response to TB in prisons, including in relation to the human rights of prisoners. These include an assessment of TB (and HIV) risk and vulnerability in Nepal’s prison (2018), an updated curriculum on stigma and discrimination that is to be used in educating prison staff about TB and human rights (2020), an updated legal environment assessment that flags the absence of clear legal rules to protect the privacy of personal health information of prisoners (2020). These provide important touchstones for policy and programmatic measures to better protect and realize the human rights of people in prisons so as to reduce risk of acquiring TB and to ensure access to TB services in prisons for those with TB.

Recommendations

- The central and provincial governments, and donors such as the Global Fund, should support the implementation of the activities set out in the five-year plan, including the training of prison staff and administrators on TB and on human rights, as well as the preparation of some sort of manual or protocol with Prison Health Guidelines, which should be incorporated into this training once they are ready. These activities should be done by prison authorities in collaboration with the NTCC and with civil society organizations representing the interests of prisoners (and prisoner groups and advocates themselves where these exist) and of people living with TB.
- The Ministry of Health (including the NCASC and NTCC) should conduct regular monitoring to ensure that the applicable standards for health care services in prisons are, in fact, being delivered. The government and donors such as the Global Fund should also fund an independent civil society organization, with guaranteed access to the prisons and prison records, to undertake such monitoring.
- As with health care settings, the central and provincial governments, and donors such as the Global Fund, should also support efforts to ensure that law enforcement and prison officers are equipped not only with accurate knowledge about TB but also appropriate protective personal equipment, particularly when working in conditions where TB risk is elevated (e.g. congregate settings such as prisons, which in Nepal are rendered even more unsafe for those imprisoned and those working in them by serious, chronic overcrowding).
- As Nepal’s prisons are seriously overcrowded, contributing further to the risk of TB transmission (and other casually communicable diseases such COVID-19), the Government of Nepal should proactively examine legislative and policy reforms that would bring domestic law better into accord with international human rights standards and reduce incarceration (e.g., decriminalizing simple drug possession, reviewing approaches to sentencing use of custodial penalties, etc.).

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of **quality**, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or links with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Challenges regarding programmatic quality

First, in the 2018 baseline assessment, it was noted that the efforts to address the human rights-related barriers affecting both HIV and TB service should be integrated; this continues to be supported by key informants during the mid-term assessment. Second, there continues to be a clear need to institutionalize efforts to reduce stigma and discrimination among health care workers and law enforcement. Now that the updated curriculum has been updated, it is essential that, as contemplated in the five-year plan, various stakeholders play their part in embedding this into the pre-service and routine in-service trainings of health care workers and police. This will require ongoing financial commitment, which should come from both government (central and provincial) and the Global Fund. Finally, the exercise of the mid-term assessment has confirmed the need for more robust monitoring and evaluation as the five-year plan activities are implemented, including those implemented with Global Fund support but also any activities which may be funded by government out its matching funds commitment. This should entail evaluation of the quality of programs implemented; it should also include some assessment of the impact of those programs, to the extent possible within the constraints of the time period and funds available and considering the nature of the programs being evaluated. This is an area where further support may be required in the years ahead.

Impacts of decentralization

The frequent turnover in the senior leadership of the NCASC and NTCC, the government entities responsible for coordinating the national response to HIV and TB has affected leadership on HIV and other health issues. This is also happening against the backdrop of ongoing decentralization of authority (including funding authority) from the central government to provincial and district-level governments. As noted in Nepal's (draft) new National Strategic Plan on HIV, this presents both challenges and opportunities: under 2018 legislation, provincial and local governments have the power to allocate their resources to the HIV response, and

“federalization has severely impact the capacity of the central government to effectively administer health programs, as both budget and oversight has devolved to the provincial level.”^{*****} This new reality certainly requires engaging and sensitizing a broader range of government actors to ensure necessary activities go forward.

The central government’s welcome commitment to mobilize USD 1.3 million from domestic funds to match the Global Fund’s catalytic grant, during the 2018-2021 funding cycle, has been compromised through this process: through a decentralization process, funds for health services were devolved to provincial levels, and it has proven difficult to confirm any details of whether provincial authorities have upheld the commitments made at the central level. At the time of the baseline assessment, several key informants identified the problem of a lack of accountability at multiple levels of government in the HIV response.^{††††} A lack of clarity about both commitments and actual expenditures remains. As of late 2019, when the Global Fund catalytic grant was finalized and project activities began, it appeared that only USD 291,000 had been spent. In late September 2020, information received by the Global Fund was that the Government of Nepal had allocated approximately USD 609,000 for programs to reduce human rights-related barriers.^{‡‡‡‡} Other documentation obtained during the course of the mid-term assessment (between Dec 2020 and June 2021) showed some details of government commitments to specific programs to reduced human rights-related barriers totalling approximately USD 456,000 over the relevant three fiscal years.^{§§§§} Data obtained in early July 2021 by the Global Fund suggested an actual expenditure on programs to reduce human rights-related barriers, in relation to HIV and TB, in the FY 2019/20 and FY 2020/21 that was dramatically lower than this , but the accuracy of the data is dubious.^{*****} It was simply not possible, during the mid-term assessment, to get Also, some reports indicated that the government’s USD 1.3 million is meant to be used only for activities overseen by the government and not by civil society (unless civil society is contracted by the government for a given activity – but those ‘social contracting’ processes have proven cumbersome (and this is something to be improved upon in the next funding cycle, as the 2021-2024 funding request has noted). While the Nepal government has again made a significant commitment of USD 1.1 million in this new funding cycle for programs to reduce human rights- and gender-related barriers to HIV and TB services, it will be important to ensure that both central and provincial governments follow through on commitments. This requires more routine reporting of actual government expenditures.

During the mid-term assessment, there were mixed views from key informants about whether decentralization had complicated the task of implementing activities and reducing human rights-related barriers to services. But the decentralization process means it becomes all the more important to engage decision-makers at provincial and local levels to ensure adequate service for HIV and TB services, and to remove barriers to access to those services, including human rights-related barriers, where those are within the purview of those decision-makers (as opposed to, e.g., changes to national legislation and policy that must occur at the national government level). Both of these dynamics underscore the importance of strong support, including from the Global Fund and other donors, for civil society organizations and networks, including those representing or working with key and vulnerable populations, to not only

implement various human rights programs themselves, but to also have an ongoing capacity for community-based monitoring and advocacy for necessary actions by decision-makers at these various levels, as well as for transparency and accountability by governments at various levels including in relation to funding commitments for HIV and TB services.

Donor landscape

As identified in the *National HIV Strategic Plan 2016-2021* and noted during the baseline assessment, the vast majority of funding for the HIV response – 90% at the time of the adoption of the NSP – was coming from external donors. It is, therefore, significant that the Government of Nepal has assumed responsibility for the costs of providing ARVs, to supporting outreach to prisoners and migrants as key populations, and that in 2018, the Government of Nepal committed to providing USD 1.3M in domestic funding to match the Global Fund’s catalytic funding for programs to reduced human rights-related barriers – and is committing USD 1.1 million in matching funds in the 2021-2024 grant cycle. However, as noted above, there remains a lack of data available to confirm that these matching funds have in fact fully materialized and have been disbursed to support such programs.

Aside from the Global Fund, PEPFAR is the only other international donor funding aspects of the HIV response in Nepal to any significant degree. Through its LINKAGES program implemented by FHI360, PEPFAR had been funding some programs working with GBMSM, transgender women and sex workers (in 19 districts). The focus of such funding is on services, but it has also been supporting some work to reduce stigma and discrimination (e.g., some training for health care workers), as well as evidence-based community monitoring of services and advocacy by these key populations (primarily at local and provincial levels) to improve access to services. Over the years, FHI360 has helped support the establishment of almost all the national networks of PLHIV and key populations. The LINKAGES project ended in 2020, but has been succeeded by the expanded EPIC project now supporting activities in 37 districts with the same key populations; some of the activities included in the five-year plan to reduce human rights-related barriers to HIV services are reflected in EPIC activities.⁺⁺⁺⁺⁺ Also worth noting is the USAID-funded Civil Society: Mutual Accountability Project (CS:MAP), a USD 16 million project running from April 2016 to March 2021. This project covered 58 municipalities in 38 districts in 5 provinces. Following the adoption of Nepal’s new Constitution in 2015, CS:MAP supported civil society and media organizations to engage in advocacy and monitoring to ensure participatory mechanisms in decision-making and accountability for public services and resource use at the local level, and to advocate for laws and policies that protect and promote the rights to freedom of expression and association, health and education.⁺⁺⁺⁺ Some sub-recipients of funds from the Global Fund catalytic funding (e.g., Blue Diamond Society) were also partners in CS:MAP-supported activities aimed at strengthening civil society and human rights more generally, which is of benefit to those key populations.

At the time of the baseline assessment, researchers were able to gather some data from funders regarding the program areas to which they were directing funds, but not specific details of the funded activities or their reach; and no existing TB-related programs were identified at that time.^{§§§§§} It remains the case that the Global Fund is the primary supporter of programs to

reduce human rights-related barriers to HIV and TB services. As the mid-term assessment was being completed, copies of the new National Strategic Plans (NSP) for HIV and TB were obtained in draft. The draft new HIV NSP incorporates the activities and objectives set out in the five-year plan to reduce human rights- and gender-related barriers to HIV and TB services, which may signal a greater likelihood of sustainability and ultimately the effectiveness of Nepal's response to HIV. The draft new NSP on TB, however, does not incorporate any significant discussion or action items related to human rights- and gender-related barriers to TB services.

Recommendations

- The Government of Nepal and all stakeholders involved should ensure that the new National Strategic Plans on both HIV and TB include explicit reference to, and discussion of, human rights-related barriers to HIV and TB services. Those NSPs should also explicitly incorporate specific objections, activities and targets for reducing and eliminating those barriers, informed by the five-year implementation plan developed through the Breaking Down Barriers initiative (which does include some targets and indicators).
- In the 2021-2024 grant cycle, the Global Fund should continue to support the implementation of programs to reduce human rights-related barriers to HIV and TB services, in keeping with the five-year plan developed by country stakeholders as part of the Breaking Down Barriers initiative (which plan in effect spans the period 2020 – 2024, aligning with two Global Fund grant cycles). This funding should include supporting community-based monitoring of services and engagement with decision-makers at different levels of government to ensure and improve access to services, including by removing human rights-related barriers.
- Given that the Global Fund's commitment of this catalytic funding was contingent upon the government matching these funds, the Global Fund should formally request the central and provincial governments to provide an updated account of how the USD 1.3 million commitment for the period 2018-2021 has been distributed across program areas and levels of government, and an update on funds disbursed to date.
- In the 2021-2024 grant cycle, the Global Fund should support the development and implementation of a more robust approach to monitoring and evaluating the impact of programs to reduce human rights-related barriers to services (at least in relation to Global Fund-supported programs, but ideally potentially applicable to programs supported government funding). This could prioritize a few select program areas set out in the five-year plan, and the goal should be to have, by the end of the five-year plan, some evidence to assess progress and impact and to inform future plans to address continued human rights-related barriers to HIV and TB services.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs have resulted in greater, and more coordinated, civil society engagement in certain activities to address human rights (e.g., efforts to raise public awareness and challenge stigma and discrimination, some community mobilization and engagement with decision-makers) and have generated some important research and tools that can support the implementation of further activities contemplated in the five-year plan. More broadly, the process of developing a national five-year plan to reduce human rights-related barriers and securing catalytic funding from the Global Fund to take some aspects of that plan forward, have led to greater mainstreaming of human rights into the national HIV and TB response.

In the case of Nepal, the effective implementation period of activities under the catalytic funding was just under 18 months, a very short period of time in which to be able to achieve measurable impact. In addition, during most of this period, the country and implementers faced the additional challenges of the COVID-19 pandemic and two periods of lockdown. As is to be expected, this had a significant impact on many planned activities to reduce human rights-related barriers, and so it is premature to anticipate extensive evidence of impact at this point.

Change in polucy: take-away OST doses

As recently as its Global AIDS Monitoring report for 2019, the NCASC was reporting that: “Low coverage in needle syringe distribution program and OST program highlight the need for scaling up of needle and syringe distribution program and the OST program across the country. Different methodology and approach should be adopted which are more cost effective to make it more ‘client-centered’ in order to improve demand. New innovations in OST program such as take away dose so that client does not have to visit daily to the OST sites should be designed and implemented to increase the coverage of the program in the whole country.”***** In 2020, with the impact of the COVID-19 pandemic, and related lockdowns restricting mobility, this change was finally secured. Note that a similar shift in approach for TB treatment was also initiated as a result of the COVID-19 pandemic.††††††

Sensitization of law enforcement regarding harm reduction

Recovering Nepal successfully negotiated an agreement with Nepal Police headquarters, pursuant to which RN provided an expert resource person to conduct a “training of trainers” session on harm reduction and OST services; the follow-on activity was for such trainers to then conduct further training of their police officer peers. Seven such primary training sessions were held, one in each province, reaching approximately 175 police officers who work directly in the Nepal Police’s Drug Control Program. Data is not yet available about the number of police

officers reached through follow-on, secondary trainings. However, advocates observe that it is important that the Nepal Police has opened up to the idea of further disseminating such information via training sessions. One identified challenge is that such trainings are not accounted for already in the police budget; additional resources are likely needed for this to move forward.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

Key Recommendations

Creating a Supportive Environment

- The Government of Nepal should repeal a number of harmful laws, and take proactive measures to abolish various practices, that undermine gender equality and violate the human rights of key populations affected by HIV and/or TB, and thereby impede their access to HIV and TB services, including in relation to people who use drugs, sex workers, prisoners, LGBTQ persons and people living with HIV. (Specific reforms needed to particular laws and policies are detailed in the full report.)
- The central and provincial governments should commit explicitly to taking measures to protect and promote human rights and gender equality as a necessary part of more effectively responding to HIV and TB, and should each commit funds to support programs that reduce gender- and human rights-related barriers to HIV and TB services.

Programmatic Scale-up

- The Global Fund and the central and provincial governments should promote, including with dedicated resources, the institutionalization of training for health care workers and law enforcement, both before and during service.
- The Global Fund and other donors, should provide support to civil society organizations for their meaningful participation in the training of health care workers, law enforcement and other actors; ongoing monitoring and evaluation of service delivery; and sustained advocacy to eliminate harmful laws, policies and practices that undermine the access of certain key populations to health services, including for HIV and TB. This should include some specific support for organizations representing women from vulnerable and key populations.

Programmatic Quality and Sustainability

- The central and provincial governments of Nepal need to collectively commit to fully matching catalytic funding from the Global Fund for programs to reduce human rights- and gender-related barriers, and should ensure transparency and accountability through a mechanism for routine, public reporting of expenditures on such programs. The Global Fund should insist on this as a condition of future grants.
- The Global Fund and other donors should support more robust efforts to monitor and evaluate the quality and impact of programs to reduce human rights- and gender-related barriers to HIV and TB services, recognizing the diversity of activities in the five-year plan and the challenges of appropriately measuring and evaluating impact.
- With resources from the Global Fund, the Country Coordinating Mechanism and Principal Recipient in convening a discussion of the findings and recommendations of the mid-term assessment and determine a path forward, including for better ongoing oversight of implementation of the five-year plan that was developed through the multi-stakeholder process.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none">• The Global Fund should request the CCM, in conjunction with the Principal Recipient of funds that are the main source of support for programs in the five-year plan to reduce human rights-related barriers, to develop a mechanism that is responsible for overseeing and supporting the implementation of the five-year plan. This mechanism should include representatives from civil society and government (both central and provincial levels). It should include representatives of key and vulnerable populations, and there should be specific attention paid to ensure that young people and women within those key populations are included.
Programmatic quality and sustainability	<ul style="list-style-type: none">• The Government of Nepal and all stakeholders involved should ensure that the new National Strategic Plans on both HIV and TB include explicit reference to, and discussion of, human rights-related barriers to HIV and TB services. Those NSPs should also explicitly incorporate specific objections, activities and targets for reducing and eliminating those barriers, informed by the five-year implementation plan developed through the Breaking Down Barriers initiative (which does include some targets and indicators).• In the 2021-2024 grant cycle, the Global Fund should continue to support the implementation of programs to reduce human rights-related barriers to HIV and TB services, in keeping with the five-year plan developed by country stakeholders as part of the Breaking Down Barriers initiative (which plan in effect spans the period 2020 – 2024, aligning with two Global Fund grant cycles). This funding should include supporting community-based monitoring of services and engagement with decision-makers at different levels of government to ensure and improve access to services, including by removing human rights-related barriers.• Given that the Global Fund’s commitment of this catalytic funding was contingent upon the government matching these funds, the Global Fund should formally request the central and provincial governments to provide an updated account of how the USD 1.3 million commitment for the period 2018-2021 has been distributed across program areas and levels of government, and an update on funds disbursed to date.• In the 2021-2024 grant cycle, the Global Fund should support the development and implementation of a more robust approach to monitoring and evaluating the impact of programs to reduce human rights-related barriers to services (at least in relation to Global Fund-supported programs, but ideally potentially applicable to programs supported government funding). This could prioritize a few select program areas set out in the five-year plan, and the goal should be to have, by the end of the five-year plan, some evidence to assess progress and impact and to inform future plans to address continued human rights-related barriers to HIV and TB services.

HIV-related recommendations by program area

Stigma and discrimination reduction

- The central and provincial governments, and donors such as the Global Fund, should financially support continued efforts by civil society organizations, including those representing or working with key and vulnerable populations, to challenge HIV stigma and stigma against these populations through the use of various mass media and social media, and through public events and the distribution of materials raising awareness about human rights. They should accompany this with vocal public support for an end to stigmatizing attitudes, and to discriminatory practices and other human rights infringements.
- In addition, such support should specifically include funds for government entities and civil society organizations to undertake the necessary data collection and develop a common methodology for estimating the reach of these activities, as this data appears to be lacking but would be helpful for a more informed evaluation. Similarly, funding should be provided for at least some pilot efforts to evaluate the impact of such stigma reduction efforts in terms of changed knowledge, attitudes and behaviour on the part of target audiences – which data can then be complemented by the experiences reported by people living with HIV and key populations, including through tools such as the HIV Stigma Index.

Training of health care workers on human rights and ethics

- Using the new toolkit as a resource, the Council for Technical Education and Vocational Training (CTEVT) and educational institutions training health care workers should work with the NCASC, NTCC and civil society organizations to incorporate training on human rights and medical ethics, including in relation to HIV, TB and key and vulnerable populations, into their pre-service curriculum. The central and provincial governments, and donors such as the Global Fund, should support such initiatives with the necessary funds (including funding civil society organizations to be partners in this implementation and the subsequent evaluation of such training).
- The new toolkit should also be used by health facilities, in collaboration with civil society organizations, to institutionalize routine (e.g., annual) in-service trainings for all staff on HIV, TB, key and vulnerable populations, and related human rights issues. Heads of such facilities should show leadership in implementing such trainings as part of promoting a safe, welcoming, non-discriminatory and accessible environment for all. In addition, as stated in the five-year plan, there should also be a targeted initiative to train a number of “master trainers” who will then deliver training to a wider array of health workers in each of the country’s 77 districts over the course of the five years. The central and provincial governments, and donors such as the Global Fund, should support such initiatives with the necessary funds, including funding civil society organizations to be partners in this implementation.
- Health facility administrators, the central and provincial governments, and donors such as the Global Fund, should support routine assessments of the knowledge, attitudes and practices of health care workers toward people living with HIV and/or TB and key and vulnerable populations, to evaluate the impact of such pre-service and in-service trainings and identify future needs and priorities. This can and should include community-led monitoring at the facility level (e.g., by peer educators, conducting exit surveys among service users, etc.).

Sensitization of lawmakers and law enforcement agents

- Drawing upon the new NCASC/NTCC toolkit on stigma and discrimination and the updated legal environment assessment, the Nepal Police (and Armed Police force involved in border security) should work with the NCASC/NTCC, the Ministries of Education and Home Affairs (who should provide funding), the administrators of the National Police Academy and regional police training centres, and civil society organizations, including those representing and working with key and vulnerable populations, to update the Nepal Police curriculum to address HIV, TB and related human rights concerns, including sexual and other gender-based violence, so that it can be used to promote responsible, human rights-respecting police practices.
- The National Police Academy and regional police training centres should institutionalize this material into their pre-service training for all police officers, in collaboration with the NCASC/NTCC and civil society organizations of key and vulnerable populations. The Nepal Police should institutionalize regular in-service trainings for police. The Government of Nepal (Ministry of Home Affairs) should fund both the pre-service and in-service training, as ensuring human rights in policing is a state responsibility.
- The Nepal Police, in consultation with civil society organizations representing key populations, should develop and publicize (including as part of police trainings) a clear protocol for all police forces aimed at reducing harassment and abuse of all key populations, and addressing particular practices that have been reported – e.g. possession of condoms being used by police as evidence of sex work (which is criminalized); harassment of peer educators and outreach workers (including for carrying condoms); arbitrary detention; extortion; physical and sexual assault.
- The central government should fund the Nepal Police and civil society organizations to undertake routine assessments of the knowledge, attitudes and practices of police toward people living with HIV and/or TB and key and vulnerable populations, to evaluate the impact of such pre-service and in-service trainings, and the police conduct protocol described above, and to identify future needs and priorities for training or other guidance and standards to protect human rights.
- The Department of Prison Management (DOPM) within the Ministry of Home Affairs, and the Global Fund, should support the completion as soon as possible of the new Prison Health Guidelines, which should reflect and comply with human rights standards (e.g., the principle of equivalence of health care between prison and community). These should form part of regular in-service training for prison staff and administrators.

Legal literacy

- Funders, whether governmental or donors such as the Global Fund, should fund civil society organizations to document and write up (in a manner that protects individuals' identities) case studies of PLHIV and key and vulnerable populations experiencing stigma, discrimination, violence and other human rights infringements – and what steps were or can be taken to seek redress or protection in those cases – for the purposes of education, community mobilization and advocacy with decision-makers. These more detailed case studies would complement the data gathered via the HIV Stigma Index and the national monitoring system that should be developed (see Program Area 1).
- Civil society organizations should be funded by the government and/or the Global Fund to produce short, plain-language material, in written and video

formats and in multiple languages, to explain to PLHIV and key and vulnerable populations what their rights are by law (to the extent the law protects them, including access to health services without discrimination), what supports might be available should they need to seek protection of their rights or redress for a violation, and what changes to laws, policies and practices are needed to fully protect and realize human rights of PLHIV and key and vulnerable populations, including so that they have greater, effective access to HIV (and TB) services.

Legal services

- The government has an obligation to ensure the protection of rights; the Global Fund has a commitment to the same as an important element of maximizing the effectiveness of the response to HIV (and TB). In keeping with the baseline assessment’s recommendations in 2018, the central and provincial governments, and donors such as the Global Fund, should fund some key programs to ensure access to legal services needed to protect and realize rights. These include: (i) the training and ongoing retention of peer paralegals (i.e., community legal workers) attached to civil society organizations representing and working with key and vulnerable populations, to provide basic human rights education and legal information, and support in defending rights and addressing legal challenges faced by PLHIV and key and vulnerable populations, including in relation to such actors as law enforcement, in health care settings (including OCMCs) and in navigating government systems; (ii) a national toll-free legal help line housed within a central organization; and (iii) capacity within community-based organizations representing or working with key populations to respond rapidly to situations where urgent human rights support, including legal support, is required.

Monitoring and reforming laws, regulations and policies related to HIV

- The central government should finalize, with appropriate consultation with people living with HIV and key populations, the draft HIV Bill, ensuring that it reflects international human rights standards and best practice guidance about a human rights-based approach to HIV, and should support it through the legislative process to adoption. This law should include clear and strong protections against discrimination for people living with HIV (and people living with TB) and key populations. This should include protection against discrimination by public and private actors in all settings, including addressing those specifically identified in the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, to which Nepal has committed.
- The central government should consult with people who use drugs in drafting, introducing, and enacting reforms that decriminalize at least the use and simple possession of drugs, as well as the status of “being addicted” to a substance.
- The central government should consult with sex workers in drafting, introducing and enacting legislative reforms that decriminalize sex workers, their clients, and third parties, and that recognize sex work as work.
- The government should consult with people living with HIV, and scientific and legal experts, to reform the overly broad provisions in the Penal Code criminalizing even non-intentional HIV transmission, and should reflect international best practice recommendations that any use of the criminal law in this area should be limited to cases of actual, intentional transmission.

- The Global Fund and other donors should dedicate (or continue to dedicate) funding and technical assistance to support organizations of PLHIV and key populations to advocate in support of legislative reforms to remove laws that contribute to stigma, discrimination and other human rights violations, and to enact legislative reforms to protect rights. To this end, there should be support for civil society organizations working on human rights (including women's rights) to develop a common vision and joint advocacy plan for targeted, strategic advocacy for needed legal and policy reforms, as well as support for ongoing coordination of advocacy efforts in line with this plan.
- In consultation with groups of people who use drugs, examine the quality of services being provided in private centres providing treatment for people with drug dependence, and draft and legislate binding standards for care that are evidence-based and in keeping with human rights standards (including non-discrimination, accessibility, and suitability for diverse populations, including women, LGBT people and young people).
- The Prison Department and Ministry of Population and Health, with the input of representatives of key populations (including current and former prisoners), medical experts and human rights experts, should (i) commit adequate funds to health care staffing throughout the prison system, (ii) implement a guaranteed confidential system of health records for all those incarcerated, (iii) develop a legally binding protocol and a health manual for the delivery of health care, including HIV- and TB-related care, to prisoners that is equivalent to the care available outside prisons and is available free of charge, (iv) develop a plan to ensure that HIV prevention goods and services available outside prison are made available inside prisons, and (v) put in place mechanisms to ensure accountability for funds spent and activities implemented.
- The central government, and the governments of the provinces most implicated in labour migration between Nepal and India, with the input of civil society organizations working with migrants and their families, should pursue a memorandum of understanding with their governmental counterparts in India to ensure access to health services for Nepalese migrants in India. UN partners (e.g., World Health Organization) have a key role to play in supporting such cross-border collaboration to protect and promote health in both countries.
- In light of the ongoing process of decentralization, the Global Fund and other donors should support civil society organizations, including those representing key and vulnerable populations, to continue engaging with decisionmakers and other stakeholders at the local level (i.e., provincial and district level), to ensure greater awareness of human rights and proactive measures locally to reduce barriers and ensure access to HIV services.
- The central government should fund greater capacity within the National Human Rights Commission, and specifically a point person with the authority and responsibility to support the implementation of a comprehensive response to remove human rights-related barriers to HIV (and TB) services. This could include supporting legal reform processes, the development and implementation of a national system for monitoring and redressing human rights violations, and routine assessments of knowledge, attitudes and practices of health care workers and law enforcement so as to gauge the impact of sensitization efforts.

Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

- Given the importance of the system of OCMCs for those who experience gender-based violence, and the government's apparent commitment to supporting this service, the government, Global Fund and other donors should support continued efforts, including by civil society organizations, to ensure that such services are accessible, without discrimination and with full respect for human rights, to all – including women living with HIV, women who use drugs, LGBT people and sex workers – through continued human rights education efforts for centre workers (see Program Area 2) and community members (see Program Area 4), local-level engagement activities (Program Area 4) and community-based monitoring of services (e.g., through mobile app developed – see Program Area 1).
- It is also important for central and provincial governments, and donors such as the Global Fund, to ensure that OCMCs and other relevant services providers are supported to provide the full range of sexual and reproductive health services, including safe abortion, into which HIV services are integrated.
- The central and provincial governments, and donors such as the Global Fund, should support networks of women living with HIV or from key or vulnerable populations to engage with actors such as health services providers, law enforcement and policymakers to protect and promote the human rights of all women. This should support the capacity of women's networks and organizations to participate actively and effectively in such advocacy and training with these audiences, and in decision-making bodies and processes.
- The central and provincial governments, and donors such as the Global Fund, should fund the development and implementation of community and school-level campaigns and dialogues to promote gender equality, shift harmful gender norms and reduce gender-based violence.
- To effectively address HIV among women, the central and provincial governments, and donors such as the Global Fund, should support efforts, by health services providers and by community-based organizations, to ensure that women have easy access not only to HIV-related services but to other services and supports addressing other factors that shape their risk of HIV infection and the impact of living with HIV (e.g., income support programs, education, housing, protection against discrimination and violence, etc.).

TB-related recommendations by program area

Reducing stigma and discrimination	<ul style="list-style-type: none"> The central and provincial governments, and donors such as the Global Fund, should continue to support activities aimed at reducing stigma and discrimination against people living with TB; this should include funding for the follow-on activities in the five-year plan that make use of the new curriculum that now includes substantive content on TB and on human rights.
Training of health workers on human rights and ethics	<ul style="list-style-type: none"> In keeping with the five-year plan, the central and provincial governments, and donors such as the Global Fund, should support the roll-out of training on human rights and medical ethics in relation to the rights of persons living with TB, as part of pre-service and routine in-service trainings for health care workers. Trainings on TB and HIV should be integrated where this is practical. The central and provincial governments, and donors such as the Global Fund, should support unions or other organizations representing health care workers to educate workers about their human right to a safe workplace, their employers' obligation to take steps to ensure this, what steps are required specifically in relation to TB infection control in health care settings, and to support workers and administrators in implementing policy changes and programmatic measures to realize this right – and thereby contribute to the reduction of stigma and discrimination against people living with TB.
Sensitization of lawmakers and law enforcement agents;	<ul style="list-style-type: none"> The central and provincial governments, and donors such as the Global Fund, should fund the implementation of the activities in the five-year plan to sensitize police, prison staff, judges and other legal system actors regarding TB and the human rights of people living with TB and of key and vulnerable populations. Trainings on TB and HIV should be integrated where this is practical.
Legal Literacy	<ul style="list-style-type: none"> The central and provincial governments, and donors such as the Global Fund, should continue to support efforts to develop and disseminate accessible 'know your rights' information, in multiple languages and in various formats (written, audio, video), for people living with and at heightened risk of TB. In particular, organizations working with migrants and prisoners, and women's organizations and those providing services to women, should be supported to disseminate this information to these populations at greater risk.
Legal services	<ul style="list-style-type: none"> The central and provincial governments, and donors such as the Global Fund, should support the activities in the five-year plan to develop community-level legal support services and train legal aid lawyers on human rights (e.g., supporting people living with TB who experience discrimination based on their status in various settings such as workplace, services or accommodation). Such trainings should be integrated with training on HIV where this is practical.
Monitoring and reforming policies, regulations and laws that impede TB services	<ul style="list-style-type: none"> Any level of government that may mandate TB testing and some disclosure of such personal health information in the legitimate pursuit of protection of public health must also ensure that any such intervention is strictly limited, so as to infringe human rights (e.g., to bodily integrity and autonomy, to privacy) no more than is absolutely necessary for purposes of connecting people to care and undertaking effective contact tracing. Any such interventions must also be accompanied by adequate investment in necessary health services

	<p>and social support, as well as by strong legislative protections against discrimination and investment of resources in measures to ensure that protections are made real (e.g., educating health care workers and others, “know your rights” and community mobilization efforts among people living with TB and in geographic and social communities particularly affected by TB, access to legal support services for those who face discrimination).</p>
Reducing gender-related barriers to TB	<ul style="list-style-type: none"> • The central and provincial governments, and donors such as the Global Fund, should support the implementation of the activity contemplated in the five-year plan, ensuring that OCMC providers develop a greater awareness of the gender-related factors, including gender norms and socio-economic status based on gender, that put some women at heightened risk of TB and of the rights of persons living with TB, and that women at heightened risk of TB are aware of the services of OCMCs. • The National Tuberculosis Control Centre, in collaboration with civil society organizations and with support from central and provincial governments and donors, should assess what underlying, gender-related barriers to TB testing and treatment are impeding access for men and women to these services, and then develop some strategies specifically to address those.
Ensuring privacy and confidentiality	<ul style="list-style-type: none"> • All stakeholders involved in training of various personnel and in implementing ‘know your rights’ activities should incorporate information regarding confidentiality and privacy. Note that TB and HIV trainings should be integrated where this makes sense and is practical.
Mobilizing and empowering patient groups	<ul style="list-style-type: none"> • The central and provincial governments, and donors such as the Global Fund, should support the continued implementation of the activities contemplated in the five-year plan.
Programs in prisons and other closed settings	<ul style="list-style-type: none"> • The central and provincial governments, and donors such as the Global Fund, should support the implementation of the activities set out in the five-year plan, including the training of prison staff and administrators on TB and on human rights, as well as the preparation of some sort of manual or protocol with Prison Health Guidelines, which should be incorporated into this training once they are ready. These activities should be done by prison authorities in collaboration with the NTCC and with civil society organizations representing the interests of prisoners (and prisoner groups and advocates themselves where these exist) and of people living with TB. • The Ministry of Health (including the NCASC and NTCC) should conduct regular monitoring to ensure that the applicable standards for health care services in prisons are, in fact, being delivered. The government and donors such as the Global Fund should also fund an independent civil society organization, with guaranteed access to the prisons and prison records, to undertake such monitoring. • As with health care settings, the central and provincial governments, and donors such as the Global Fund, should also support efforts to ensure that law enforcement and prison officers are equipped not only with accurate knowledge about TB but also appropriate protective personal equipment, particularly when working in conditions where TB risk is elevated (e.g. congregate settings such as prisons, which in

Nepal are rendered even more unsafe for those imprisoned and those working in them by serious, chronic overcrowding).

- As Nepal's prisons are seriously overcrowded, contributing further to the risk of TB transmission (and other casually communicable diseases such COVID-19), the Government of Nepal should proactively examine legislative and policy reforms that would bring domestic law better into accord with international human rights standards and reduce incarceration (e.g., decriminalizing simple drug possession, reviewing approaches to sentencing use of custodial penalties, etc.).

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”*****

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Nepal is a program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Nepal was a program assessment, which originally would have included one week of in-country key informant interviews. However, as a result of the COVID-19 pandemic, the Nepal assessment team conducted key informant interviews remotely. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	Questions
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in December 2020 and completed in June 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Nepal Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents, initial group meeting with country stakeholders	Richard Elliott, Nina Sun, Julie Mabilat	September – December 2020
Key informant interviews conducted remotely	Richard Elliott, Nina Sun	January – March 2021
Follow-up with relevant key informants	Richard Elliott, Nina Sun	January – June 2021
Presentation of key report findings to Global Fund	Richard Elliott, Nina Sun	July 2021
Finalization of report and submission to Global Fund	Richard Elliott, Nina Sun	December 2021

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
*	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Mr. Rajan Bhattarai, Interim Chief of Party – Global Fund, Save the Children
2. Ms. Shodashi Rayamahji, Program Manager, Human Rights & Gender-Global Fund, Save the Children
3. Mr. Sandesh Neupane, Coordinator & Focal Point, Nepal Country Coordinating Mechanism
4. Ms. Rupa Shiwakoti, Oversight Officer, Nepal Country Coordinating Mechanism
5. Mr. Sabhir Ojha, Program Manager, National Association of People Living with HIV/AIDS in Nepal
6. Ms. Radha Gale, Project Advocacy Officer, National Association of People Living with HIV/AIDS in Nepal
7. Mr. Bhim Taimang, Project Officer, National Federation of Women Living with HIV/AIDS
8. Ms. Sara Magar, National Program Coordinator, National Federation of Women Living with HIV/AIDS
9. Ms. Chhoygen Lama, Program Officer, Jagriti Mahila Maha Sangh
10. Mr. Sanjay Sharma, Program Director & Focal Point – Global Fund Catalytic Funding project, Blue Diamond Society
11. Ms. Parina Subba, Executive Director, Dristi Nepal
12. Mr. Anjay Kumar KC, Technical Advisor/ M&E (Focal Point – Global Fund Catalytic Grant activities), Recovering Nepal (and President, Coalition of Drug Users of Nepal)
13. Mr. Bishnu Sharma, Chief Executive Officer, Recovering Nepal
14. Mr. Tikendra Bhatt, Program Officer – Global Fund Catalytic Grant activities, Nepal Anti-TB Association
15. Mr. Sanjay Shrestha, Program Manager, Nepal Anti-TB Association
16. Ms. Ivana Lohar, Project Director, FHI 360
17. Ms. Joanne Csete, Consultant (development of Five-year Implementation Plan)
18. Ms. Nicole Delaney, Senior Fund Portfolio Manager (Nepal), Global Fund to Fight AIDS, Tuberculosis and Malaria
19. Ms. Tetyana Nima, Program Officer, Global Fund to Fight AIDS, Tuberculosis and Malaria

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

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