NEPAL

Progress Assessment

Global Fund Breaking Down Initiatives

August 2023

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DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress 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.

Acknowledgements

The progress assessment of Breaking Down Barriers was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health.

The Nepal assessment report was researched and written by Nina Sun, founder of Article XII Consulting, Karyn Kaplan, independent health and human rights consultant, and Sanjeev Neupane, independent consultant for the case study. It benefited from inputs by Richard Elliott and Pooja Kunwar Chhetri. Hiba Chaudhry, research associate, Article XII, provided editorial support.

The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and the many others who provided reports, insight and myriad contributions, and who demonstrated their dedication to their programs and beneficiaries.

1. Executive Summary

Since 2017, Nepal has received funding from the Global Fund to remove rights-related barriers to health services, participating as part of the *Breaking Down Barriers* cohort. *Breaking Down Barriers* provides funding for “comprehensive” programs to remove rights-related barriers, based upon scaling up a set of internationally-recognized human rights programs. Countries are also supported to create enabling environments to advance comprehensive responses.

This assessment examines progress since the mid-term assessment (MTA) published in July 2021, through June 2023. The assessment was conducted 27 months into the NFM3 grant (March 2021 – July 2024), with approximately 13 months remaining. It finds that Nepal has made modest progress since the MTA in scaling up programs to remove human rights-related barriers to HIV services. On the positive side, there are strong community-led organizations in Nepal that have proven and successful track records for human rights advocacy and programming, such as Blue Diamond Society (for LGBTQ communities) and Recovering Nepal (for people who use drugs). There are also small pilot programs, such as the peer paralegal work supported by the Global Fund NFM3 grant, that show promising results for removing rights-related barriers by addressing the underlying structural determinants of health.

Nevertheless, significant challenges remain as Nepal continues on the road to building a comprehensive response to removing rights-related barriers. Despite the existence of some strong community-led groups, there are some community groups – such as sex workers and migrants, for example – that are in need of organizational strengthening related to human rights work and advocacy. Gender equality and elevating the voices of women and girls, particularly in leadership roles, continue to be priority issues. Moreover, while there are activities ongoing in all Global Fund-recognized human rights program areas, most of the activities remain stand-alone and ad hoc in nature. They also lack meaningful monitoring and evaluation frameworks that assess outcome and impact-level indicators. Part of this struggle in scale-up and programming is related to the limited amount of funds received for human rights programming in Nepal (approximately US$2.4 million over two Global Fund grant cycles). The Government of Nepal had pledged to match this funding from domestic resources in each cycle, but that financial commitment did not materialize in the first cycle and has not yet fully materialized in the second. In addition, there are significant coordination issues across human rights activities supported by various funders. Though there was a national human rights working group established in NFM2, this group is no longer operational. This leaves a coordination gap in understanding how different programs can work together to remove rights-related barriers to HIV services.

Scorecard for Programs to Remove Human Rights-related Barriers in Nepal

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are operating at scale (national level), covering over 90% of the target populations. Please see key below for full scale.

Key

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)
**** – not a program area in the assessment periods**

Scorecard for Programs to Remove Rights-related Barriers to HIV

Since mid-term, scores for programs to remove human rights-related barriers to HIV have made incremental advancements. There were slight improvements in some program areas, such as eliminating stigma and discrimination and ensuring non-discriminatory provision of health care. The biggest increases in programming were in the areas of working with law enforcement and reducing HIV-related gender discrimination. While there is still a significant way to go in achieving comprehensiveness in these areas, there were nevertheless promising developments, such as the adoption of harm reduction training for police by the National Police Academy of Nepal, as well as increased attention to gender discrimination and violence for women and girls in all their diversity.

HIV Program Area	Baseline	Mid-term	Progress Assessment
Eliminate stigma and discrimination in all settings	1.0	2.7	3.0
Ensure non-discriminatory provision of health care	1.0	1.4	1.6
Ensure rights-based law enforcement practices	1.0	1.0	1.6
Legal literacy (“know your rights”)	1.0	2.2	2.2
Improve access to justice	1.0	1.0	2.0
Monitoring and reforming laws and policies	1.0	3.4	3.5

Reduce HIV-related gender discrimination	1.0	1.0	1.6
Support community mobilisation and human rights advocacy	**	**	2.0
Average Score	**1.0**	**1.81**	**2.21**

#: Note that the average scores only consider the first seven programs to ensure consistency.

2. Overview

Since 2017, the Global Fund has provided more than US$85 million in matching funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, a continuing objective of the Global Fund's Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have "comprehensive" programs to remove rights-related barriers. "Comprehensive" programs are those 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 (i.e., a sustained, mutually-reinforcing, broadly protective package at scale).

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV and TB Services

For HIV:

- Eliminating HIV-related stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy ("know your rights")
- Increasing access to justice
- Improving laws, regulations and polices relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

For TB:

- Eliminating stigma and discrimination

- Reducing TB-related gender discrimination, harmful gender norms and violence
- Legal literacy (“know your rights”)
- Increasing access to justice
- Ensuring people-centered and rights-based TB services at health facilities
- Ensuring people-centered and rights-based law enforcement practices
- Community mobilization and advocacy, including community-led monitoring
- Addressing the needs of people in prisons and other closed settings

Breaking Down Barriers’ Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence that human rights-related barriers to health services[1] 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 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.

Breaking Down Barriers: Nepal

Since 2017, Nepal has received *Breaking Down Barriers* support, receiving US$1.3 million in human rights matching funds (“catalytic funding”) for the 2017-2019 cycle (NFM2) and US$1.1 million for the 2020-2022 grant cycle (NFM3). For both the NFM2 and NFM3 grants, the government of Nepal committed to matching these amounts from its domestic resources for the human rights catalytic funding. However, the funds were not matched in NFM2. In NFM3, while the government has provided some matching funds for human rights,[2] the remainder of the funds have yet to fully materialize.

For the upcoming Grant Cycle 7 (GC7), Nepal will have access to US$550,000 in matching funds for programs to remove rights-related barriers and will be required to match this level of funding from within its GC7 HIV allocation. Furthermore, it must (a) determine the baseline scores for the KPI E1 indicator (which measures the percentage of countries receiving human rights matching funds that demonstrate increases in the scale of programs to reduce human rights-related barriers); (b) review and update its multi-year

[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] According to the Global Fund Performance letter dated 05 October 2022, the government allocated only US$ 183,133 for the fiscal year 2021-2022 in its redbook for human rights matching funds.

plan to remove rights-related barriers to HIV services; and (c) ensure that its Funding Request considers the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers and aims to ensure full implementation of all human rights “program essentials”.[3]

Building on the earlier *baseline assessment* (in 2017-18) and the *mid-term assessment* (2021), the purpose of this *progress* assessment was to understand the progress of programs to remove rights-related barriers in Nepal, as well as to assess the impact of the human rights interventions on uptake, access and retention of HIV and TB services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation. While this progress assessment report does address some broad-brush human rights issues related to TB, it is primarily focused on assessing the activities in reducing human rights-related barriers to HIV services in Nepal.

Methods

The assessments took a differentiated approach to evaluate progress in the 20 *Breaking Down Barriers* countries – this approach categorized countries in two tiers: those that receive a focused assessment and others that received an in-depth assessment. While the methods used are the same for both focused and in-depth assessments – i.e., they all included document review, key informant interviews and case study analysis, focused assessments included a smaller number of interviews and survey requirements than in-depth evaluations.

Nepal was a focused assessment country. It began with a desk review of relevant documents from the Global Fund and other key stakeholders. Interviews were conducted remotely, as well as during a 10-day country visit from 29 May – 08 June 2023. During the visit, the research team interviewed key implementers, government agencies and beneficiaries of programs to address human rights-related barriers to HIV (and TB) services. They also visited several program sites in Kathmandu and Biratnagar. Subsequently, the assessment team facilitated additional key stakeholder and beneficiary interviews through June and July 2023. The scores from this assessment will be considered in assessing future progress related to the Global Fund Key Performance Indicator E1 for GC7.

Limitations

During the progress assessment, the team sought a diverse set of inputs and feedback from various stakeholders in Nepal. This included both in-person and remote interviews and site visits. One of the challenges, however, was lack of written documentation for

[3] Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. See section on “program essentials” below.

many of the activities assessed. While some programs had limited documentation of plans and activities implemented, others did not have any type of rigorous documentation system – this lack of routine documentation made it more difficult to review progress in some program areas. Furthermore, despite numerous requests for documentation (where it existed), the assessment team never received access to comprehensive, written materials on the status and progress of various human rights activities. The assessment team sought to compensate for this limitation by repeatedly following up with key informants, as well as triangulating information from various sources, such as corresponding key informant interviews.

3. Background and Country Context

3.1 Overview of HIV Epidemic

As of 2022, there are an estimated 30,000 people living with HIV in Nepal, the majority of which are adults aged 15 and over. The prevalence is low in the general population, with a prevalence rate of 0.1. There were less than 500 new infections. In terms of the HIV testing and treatment cascade, 92% of people living with HIV know their status, 78% are on anti-retroviral treatment, of which 75% are virally suppressed. Despite having an overall low prevalence of HIV in the general population, key populations shoulder a significant burden. For example, HIV prevalence among people who inject drugs is 2.7%.[4] Prevalence among migrants is also high, with some studies finding it to be above 20%.[5] In addition to people who use drugs and migrants, the Nepal National Strategic Plan identifies the following groups as high risk for HIV: sex workers and men who have sex with men.[6]

3.2 Overview of TB Epidemic

Nepal's National Strategic Plan (2021-2026) for tuberculosis indicates that the TB burden (prevalence and incidence), as well as TB mortality, is higher than previously estimated. These results stem from the 2017-2018 National TB Prevalence survey.[7] The latest figures from the World Health Organization align closely with the findings of the national survey, showing that, in 2021, total TB incidence is around 69,000 or 229 per 100,000. The estimate rate of HIV/TB co-infection is 1.8/100,000. The incidence of multi-drug resistance TB is 9.5/100,000. In terms of TB-related mortality, HIV-negative mortality is around

[4] "Nepal." UNAIDS, June 26, 2023. https://www.unaids.org/en/regionscountries/countries/nepal
[5] Yadav SN. Risk of HIV among the seasonal Labour Migrants of Nepal. Online J Public Health Inform. 2018 May 30;10(1):e167. doi: 10.5210/ojphi.v10i1.8960. PMCID: PMC6088021.
[6] Government of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control, National HIV Strategic Plan, 2021-2026.
[7] Government of Nepal, Ministry of Health and Population, National Tuberculosis Control Center, National Strategic Plan to End Tuberculosis 2021/22-2025/26.

17,000 persons and HIV-positive mortality is 220.[8] Regarding case notification, the number of new and relapse TB cases was 28,252 in 2021.[9]

Effects of the COVID-19 Pandemic on HIV and TB Responses

In Nepal, from January 2020 to August 2023, there were approximately one million confirmed cases of COVID-19, with 12,031 deaths.[10] As of June 20, 2023, there were over 62 million vaccines doses administered.[11] Starting in March 2020, there was a first national lockdown that lasted for approximately four months. This included closing schools and prohibiting gatherings of more than 25 people, as well as ban on domestic and international travel. A second lockdown focused on specific areas, including the Kathmandu Valley, occurred in April 2021, lasting until September 2021.[12]

The lockdown and COVID-19-related measures impacted the continuum of care for both HIV and TB, including access to health care clinics for testing and treatment. In this context, UNAIDS and USAID have documented the importance of adapting and continuing HIV services despite additional challenges posed by measures to prevent the spread of SARS-CoV-2 – for example, both organizations supported service providers and community-led organizations to deliver ART to the homes of people living with HIV.[13] The National Association of People living with HIV/AIDS in Nepal (NAP+N) reported delivering ART to over 2300 people across 59 districts. They also provided urgent nutritional support to key populations and people living with HIV, as well as personal protective equipment to 14 ART centers across Nepal.[14]

The COVID-19 pandemic created significant obstacles for the country's TB response. According to an assessment in the seven provinces of Nepal, since the nationwide lockdown for TB, detection of new cases has significantly dropped by 50%. The loss of transportation services, which reduced patients' access to medical institutions, has been blamed for this decline. The lockdown also prevented infected persons from receiving their usual medicine, which contributed to the rise in TB cases with multidrug resistance in a country where there is already a high prevalence of MDR-

[8] "TB Profile: Nepal." n.d. Worldhealthorg.shinyapps.io, https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22NP%22
[9] "TB Profile: Nepal." n.d. Worldhealthorg.shinyapps.io, https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22NP%22
[10] "Nepal: WHO Coronavirus Disease Dashboard," accessed 21 August 2023, https://covid19.who.int/region/searo/country/np
[11] "Nepal: WHO Coronavirus Disease Dashboard," accessed 21 August 2023, https://covid19.who.int/region/searo/country/np
[12] Pandey BD, Ngwe Tun MM, Pandey K, Dumre SP, Nwe KM, Shah Y, Culleton R, Takamatsu Y, Costello A, Morita K. How an Outbreak of COVID-19 Circulated Widely in Nepal: A Chronological Analysis of the National Response to an Unprecedented Pandemic. Life (Basel). 2022 Jul 20;12(7):1087. doi: 10.3390/life12071087. PMID: 35888175; PMCID: PMC9321054.
[13] PEPFAR: Transforming the Global HIV/AIDS Response in Nepal: Nepal: Stories." U.S. Agency for International Development, April 28, 2023. https://www.usaid.gov/nepal/stories/pepfar-transforming-global-hiv-response. *See also* Holding the line: Communities as first responders to covid-19, UNAIDS. Accessed September 8, 2023. https://www.unaids.org/sites/default/files/media_asset/holding-the-line-communities-first-responders_en.pdf
[14] Holding the line: Communities as first responders to covid-19, UNAIDS. Accessed September 8, 2023. https://www.unaids.org/sites/default/files/media_asset/holding-the-line-communities-first-responders_en.pdf

TB.[15] For both HIV and TB, however, there were some good practices that emerged out of the need to adapt to COVID-19-related measures – the most notable being an increase in multi-month dispensing of medicines for HIV and dispensing of up to one month of medicine for TB, as well as greater access to takeaway doses of opioid substitution therapy.

In response to COVID-19, the Global Fund provided significant funding through its COVID-19 Response Mechanism (C19RM). Nepal applied for a total of US$ 24 million in C19RM funding. Out of the total amount, a small proportion of the funding went to responding to human rights and gender-related barriers to services. Most of the activities went to addressing gender-based violence (approximately $176,000) while the remainder went to piloting LGBTQ-friendly care centers, addressing the needs of young key populations and providing psychosocial support services (around $161,400).

Legal and Policy Environments

On HIV, Nepal's national response is guided by its National HIV Strategic Plan (NHSP) 2021-2026. The NHSP is grounded in human rights and promotes a people-centered approach, with an aim to enhance the "social enablers" of an effective response. Importantly, it recognizes that human rights and gender challenges continue to be significant barriers in the HIV response and commits Nepal to addressing human rights and gender as priorities in the response.[16] Regarding TB, Nepal's response is led by the National Strategic Plan to End Tuberculosis (2021/22-2025/26) (TB NSP). The TB NSP contains no specific content on human rights or equity. However, it does acknowledge the important of working with communities, including strengthening community involvement, and the opportunity to establish patient-centered care within the TB response.[17]

Beyond the national strategic plans, as noted in the mid-term assessment, Nepal continues to have several supportive laws and policies that create an enabling legal and policy environment, including the 2015 Constitution (which enshrines the right to basic health services and protection against discrimination on health grounds). Other protective measures include the country's Civil Code, which protects persons against discrimination and the Public Health Service Act, which requires non-discrimination by health care

[15] Poudel, A. (2022). *Around 60 percent tuberculosis cases go undiagnosed.* The Kathmandu Post. https://kathmandupost.com/health/2022/03/24/around-60-percent-tuberculosis-cases-go-undiagnosed
[16] Government of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control, National HIV Strategic Plan, 2021-2026.
[17] Government of Nepal, Ministry of Health and Population, National Tuberculosis Control Center, National Strategic Plan to End Tuberculosis 2021/22-2025/26.

workers.[18] However, implementation of existing good laws and policies remains a challenge.

Notably, there are also harmful laws and policies, as well as gaps in laws, that undermine effective HIV responses. Drug use and possession remains criminalized, though there are harm reduction services available in the country. Regarding sex work, there is a lack of clarity whether sex work itself is criminalized. However, there are laws that criminalize various aspects related to sex work (such as "providing a premise used for the purposes of sex work") that result in de facto criminalization. Furthermore, while same-sex sexual relations have been decriminalized, there remain significant levels of stigma and discrimination, including for transgender individuals (for more information on laws and gender issues, please see respective sections below).

3.3 Overview of Global Fund Catalytic Funding in NFM3

In NFM3, Nepal received US $1.1 million in human rights catalytic funds. The grant runs from March 2021 – July 2024 and is managed and run by the Principal Recipient, Save the Children International (SCI), along with two sub-recipients, Recovering Nepal and the National Federation of Women living with HIV/AIDS (for more information, please see section on "Implementation Arrangements" below). The progress assessment was conducted 27 months into the NFM3 grant, with approximately 13 months left on the grant. As of June 2023, in the second year of the grant, activities were being implemented in 35 districts. This is an increase in districts covered since the first year of the grant, during which the human rights activities were operational in 22 districts, but fewer than the 55 districts initially planned for the second year (out of a total of 77 districts). The curtailed expansion in districts reflects the limited availability of funds for human rights work – according to the PR, this was also due to the government of Nepal's failure to provide the full funding match.

4. Evaluating the Theory of Change: Effects of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment

According to the *Breaking Down Barriers'* theory of change, if countries address human rights-related barriers to HIV and TB, such interventions will reduce the barriers, thus supporting key and vulnerable populations to access health services. During this progress assessment, the research team was able to identify a case study about how human rights

[18] Elliott, R., Sun, N., Mabilat, J. Nepal Mid-term Assessment, Global Fund Breaking Down Barriers Initiative July 2021).

programs reduced barriers, thereby supporting improvements in the social determinants of health.

4.1 Legal Literacy: Building a Cadre of Key Population Peer Paralegals for Community-based Access to Justice

Legal literacy is an integral part of Nepal's plan to implement a comprehensive response to address human rights-related barriers to HIV. As part of Nepal's NFM3 efforts to improve access to justice and legal literacy for people living with HIV and key populations, the Principal Recipient (PR), Save the Children International (SCI), and one Sub-Recipient (SR), National Federation of Women Living with and Affected by HIV/AIDS (NFWLHA), held paralegal training workshops for people living with HIV and key population community representatives to provide essential knowledge and skills-building toward the creation of a cadre of peer paralegals.

This section highlights the experiences and insights shared by six respondents of paralegal trainings who participated in the training organized by Save the Children and NFWLHA under the catalytic funding program supported by Global Fund in Nepal.

Content and Feedback on the Paralegal Trainings

Between December 2021 and May 2023, NFWLHA, along with SCI, held three paralegal training workshops (including a "refresher" session for a new cohort) with participants from various community-based organizations. In terms of selecting participants, SCI and NFWLHA had basic requirements that the participants had to fulfill so that their role as a peer paralegal could be effective. These criteria included: that individuals had, at minimum, a high school degree or equivalent diploma in any subject, basic knowledge about issues facing people living with HIV and key populations, as well as a commitment to advancing human rights.

The paralegal trainings covered a wide range of legal topics and their application in the context of HIV and healthcare settings. The respondents emphasized the importance of understanding the needs and challenges faced by healthcare professionals working with key populations, such as people living with HIV, female sex workers, people who use drugs and LGBTIQ+ individuals. The training provided valuable insights into gender-based violence and systemic bottlenecks to obtaining redress. Respondents acknowledged that the training was a crucial tool in promoting human rights-based and compassionate care for key populations and ensuring healthcare professionals were well-versed in the relevant legal frameworks [for more information on the content of paralegal trainings, see "Ensuring Access to Justice," below].

All the participants who attended the training shared that, through the training, they gained a comprehensive understanding of the current legal practice and legal barriers in their community and identified potential avenues for justice. Some of the participants shared

that the training provided a transformative experience, equipping them with a deeper understanding of violence, discrimination provisions in the law, and human rights. The support received through the program was greatly appreciated, making a positive difference in their lives.

Kabita,[19] one of the peer paralegals from the Blue Diamond Society (BDS), shared that the training helped her to acquire the necessary knowledge and skills to support her community effectively. As a peer paralegal, Kabita became an advocate for legal literacy, empowering individuals with the necessary tools to address conflicts, navigate legal procedures, and understand legal language.

"Before receiving training, I had no idea how to write a First Information Report (FIR) [i.e. Jaheri Darkhasta] to the police. However, after the training, I gained the necessary skills and was able to write an FIR. In fact, I even assisted a colleague of mine in writing an FIR. I'm really grateful for the training as it equipped me with the knowledge to handle such situations effectively." - Kabita, a peer paralegal

Application of Paralegal Training

Most of the respondents interviewed shared that after completing the training, they began utilizing their knowledge to educate their community on the rights and how to seek justice. They have been assisting individuals in need, providing support in documenting cases, taking legal action, and advocating for justice. Some of the respondents even shared cases where their efforts resulted in significant outcomes, such as the successful resolution of a case where a community member was a victim of assault. Some of the respondents also shared that, after the training, they have been able to utilize their newly acquired skills to draft proposals and develop small legal programs to benefit their community.

One of the peer paralegals affiliated with Jagriti Mahila Mahasangh (a national network of female sex workers) shared that after the training she has helped safeguard the rights of a sex worker who faced police brutality, providing her with administrative support. The positive impact of her work has not gone unnoticed, as she has engaged with the National Human Rights Commission mainly in receiving support and consultation on some of the specific cases and collaborated with them on addressing discriminatory issues faced by representatives of her community:

"I was able to help our colleague file a complaint against the police who unjustly beat her. The training enlightened us about government lawyers who can represent us in court without any fees. I always used to think that hiring lawyers required hefty sums. Working closely with government lawyers, I witnessed their expertise in court, advocating for justice

[19] Name changed for the purposes of the case study

without financial burdens. This training empowered me to support others and broaden my understanding of accessible legal assistance." - Samjhana, a peer paralegal

Following the training, Rita[20] and her friends have been conducting a legal awareness program in different areas to raise awareness and educate communities, particularly in remote areas, about their rights and the legal implications surrounding HIV healthcare. She shared that they had engaged with the Ministry of Development, coordinated with committees under the Ministry of Youth in Bagmati Province, and secured small funds from local government bodies to organize awareness events.

"With the legal awareness gained during the training, I was able to help a woman living with HIV who had been subjected to violence by her alcoholic husband. Initially, when she shared the problem to the representatives of the rural municipality, they dismissed it as a family matter. When she approached us, we supported her in filing a complaint with the police. As a result, her husband was taken into custody. Meeting her months later, she shared a heartening transformation—her husband had become a changed man, no longer resorting to violence against her and the children. This experience showcases the positive impact legal empowerment can have on individuals and families." – Rita, a peer paralegal

Benefits of the Program

When asked about their perspective on the effectiveness of such programs, all the respondents expressed their belief that peer paralegal programs are beneficial. They highlighted the importance of keeping the training updated with current legal trends and establishing stronger linkages with local administrations. Some of the respondents emphasized the significance of the training in combating stigma and discrimination in society. They highlighted how lawyers often charge exorbitant fees, making legal support inaccessible for many. Through the training, the respondents were able to discover the availability of free legal assistance, enabling their community to seek help without financial burden. This knowledge has empowered them to navigate the legal system and assert their rights more effectively. One of the respondents emphasized the need for opportunities that enable marginalized voices to be heard, thereby creating a more inclusive and caring society.

Removing Human Rights Barriers

Most of the respondents highlighted the importance of engaging with multiple stakeholders to remove human rights barriers effectively. They emphasized the need for lobbying with political parties, intellectuals, and information advocacy through various platforms, particularly media involvement. Continuous awareness campaigns were deemed crucial, as they play a significant role in creating momentum for positive change. The respondents

[20] Name changed for the purposes of the case study

acknowledged the challenges posed by the COVID-19 pandemic but expressed a desire to maintain open dialogue and address emerging issues to foster progress.

Some of the respondents highlighted the importance of conducting legal educational campaigns in remote areas, engaging in strategic collaborations and facilitating knowledge exchange. They expressed gratitude for the opportunity to express their views and underscored the significance of ongoing efforts to empower healthcare professionals and promote human rights in the context of health.

All the respondents shared that their experience as a peer paralegal in the current program has shown the immense impact that paralegal training can have on empowering members of the key population. Their commitment to educating and supporting individuals has resulted in tangible outcomes, reinforcing the value of such programs. Through sustained efforts and collaborative endeavors, it is possible to create a more just and equitable society where human rights are protected and respected for all.

4.2 National Ownership and Enabling Environments to Remove Human Rights-related Barriers

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan. In Nepal, at mid-term, the elements of a supportive environment for rights-based HIV and TB responses existed. However, the country has rarely used the national human rights plan since its development.

National Strategic Plan for a Comprehensive Response to Human Rights-related Barriers to HIV and TB Services in Nepal

As noted in the MTA in 2021 Nepal developed the “Five-Year Implementation Plan for a Comprehensive Response to Human Rights-related Barriers to HIV and TB Services in Nepal (2019-2024).” The Plan was approved by the CCM but was not formally endorsed by the government. It was primarily used to guide the submission for the previous Global Fund catalytic fund process and has been dormant/not used since 2019. The working group that developed the Five-Year Plan disbanded when it was completed, and there has been no other group formed and/or tasked to oversee implementation of the plan. The MTA had recommended that some mechanism for better ongoing oversight of the Plan’s implementation be developed by the CCM and the Principal Recipient, with support from the Global Fund, but this has not happened.

Recommendations

- The Five-Year Plan should receive a rapid review and update ahead of the development of the GC7 funding request. To determine the best-placed entities to lead this update, the Global Fund should liaise with country partners. [21]
- In addition to the rapid review, after submission of the GC7 funding request, the Global Fund should support a consultant to conduct a full review and update of the Five-Year Plan, covering 2025-2030. The substance of this plan should be connected with the new National Strategic Plans for HIV and TB. It should also include a strong M&E oversight mechanism. This next iteration of the Five-Year Plan should not only be approved by the CCM, but should also be formally endorsed by the government. (PE)
- There should be a coordination mechanism for the current Five-Year Plan that meets on a monthly, bimonthly (i.e., every other month), or quarterly basis. (PE)

Domestic Challenges: Budgetary Constraints and Political Instability

While the Progress Assessment team was in Nepal, the government announced a significant cut to the health budget for 2023-2024 by approximately 30%+/10 billion Nepali rupees.[22] This is against a background where, according to key informants, the government budget for NCASC had not changed for the preceding 2-3 years.

Nepal has also gone through a protracted period of high turnover in government positions due to political instability. This includes turnover in politically appointed positions in government, meaning that there are consistent and considerable leadership changes in key positions, including at director levels within the Ministry of Health and Population (MoHP). This results in significant costs in time and personnel, as commitments from one administration are often null and void under new leadership.[23]

Recommendations

- While expectations regarding domestic resourcing from the federal level of programs to reduce human rights-related barriers should continue, they are, at best, aspirational given the current country context. Pragmatically, the following recommendations should be considered to move towards sustainability:
    - The Global Fund and other bilateral donors, including funding from the US government, should continue to prioritize the development of a social contracting mechanism within the Nepali government, specifically through the MoHP. (PE)

[21] Note that the consultants assessing technical assistance needs and priorities under the Human Rights Strategic Initiative have been discussing options for such monitoring and oversight with some implementers under the current NFM3 grant.
[22] The Progress Assessment team confirmed this information with the Global Fund Nepal Country Team.
[23] Human Resource for Health in Nepal: Analysis of Policies and Practices. The British Nepal Medical Trust. https://bnmtnepal.org.np/wp-content/uploads/2019/11/Human-Resources-for-Health-HRH-in-Nepal-Analysis-of-policy-and-practices-2011.pdf. Accessed online July 14, 2023.

- In addition to the expectations of funding from the central government, the Global Fund should also provide financial support for advocacy activities that explicitly focus on work with provincial and municipal governments to allocate domestic resources to programs to remove rights-related barriers to HIV services. Provincial and municipal governments operate autonomously from the federal level, and thus could provide additional domestic funding for human rights programming.

Funding Landscape for Programs to Remove Rights-related Barriers to Access

In Nepal, the Global Fund is the primary funder for programs to remove rights-related to access HIV services. The US government, primarily through USAID, does support some related projects. For example, USAID, along with the Global Fund, co-funds the community-led monitoring (CLM) project, managed by UNAIDS. The AIDS Healthcare Foundation (AHF) also funds some work related to budget advocacy, particularly at sub-national levels. Given the budgetary constraints of the Nepali government, ensuring financial sustainability for programs to remove rights-related barriers remains a significant challenge.

5. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality

This section examines progress towards a comprehensive response to programs to remove rights-related barriers for HIV. It also includes some analysis of rights-based work related to TB. It starts with an overview of Global Fund-support human rights investments, and then presents in-depth analyses by program areas for HIV and then a brief overview of human rights considerations for TB. It moves onto a discussion of Nepal's progress in achieving the human rights-related program essentials for HIV. Finally, this section concludes with some overall observations about programs to remove rights-related barriers to HIV.

Implementation Arrangements

The PR for both NFM2 and NFM3 was and is Save the Children International (SCI), which works with two SRs. The structure of the catalytic matching funds drastically changed from NFM2 to NFM3. In NFM2, there were seven sub-recipients (SRs) for the human rights catalytic funds, each of whom implemented a similar set of activities, with each SR representing a different key population: people living with HIV, people who use drugs, LGBTQ+ people, migrants, sex workers, women and girls living with or affected by HIV and people living with or affected by TB. In NFM3, there are only two SRs for the catalytic funds: Recovering Nepal (RN), an advocacy organization for people who use drugs, and

the National Federation of Women Living with HIV and AIDS (NFWLHA). Each of these SRs is a lead on programs in some specific program areas (see below), with the responsibility to work with various key populations, not just the population(s) with whom it may have the pre-existing and closest connection. Moreover, major activities, such as the work with gender-based violence-focused One-stop Crisis Management Centers (OCMCs) in NFM2, were completely dropped in NFM3.

Another element to note for the country context is the division of labor for provision of HIV services between the Global Fund and PEPFAR. The Global Fund splits the workload with PEPFAR, with the Global Fund supporting programming for people who use drugs, migrants, people living with HIV and prisoners. PEPFAR thus supports the programs for men who have sex with men, transgender individuals and sex workers. However, this division mainly refers to the provision of HIV services and not necessarily programs to remove rights-related barriers to these services.

In NFM3, there are three program areas on which the SRs and PR focus: (1) reduction of stigma and discrimination; (2) legal advocacy and law reform, including work with law enforcement; and (3) mobilizing and empowering patient and community groups. The NFWLHA is responsible for program areas (1) and (3) – stigma and discrimination reduction and community mobilization; while the second SR, Recovering Nepal, a federation of 86 organizations across the country, is responsible for program area (2) – legal advocacy and law reform. Despite this division of labor between the PEPFAR and the Global Fund on key populations-focused programming, in general, activities to remove rights-related barriers cut across key populations. For example, NFWLHA operates in 35 districts in seven provinces, working through implementing partners from sex worker networks, the National Network of People Living with HIV/AIDS in Nepal (NAP+N) and Blue Diamond Society. (BDS), which works with the LGBTQ community. Recovering Nepal is operational in all seven provinces and provides financial support to provincial-level “task teams” for key populations. These task teams are comprised of representatives from JMMS, Federation of Sexual and Gender Minorities Nepal (FMJMN), NAP+N, and RN. Originally called provincial-level “survival groups” for law reform and advocacy, they have been renamed “Policy Advocacy Task Force” and meet bimonthly, to discuss the issues facing their populations and decide on necessary actions. In addition to the two SRs, SCI also implements some human rights activities, such as training healthcare workers on medical ethics and human rights and conducting community paralegal training workshops. A budget breakdown of human rights activities by intervention is shown in table below.

While the original NFM3 Funding Request proposed programmatic coverage in 55 districts (similar to the coverage from the NFM2 grant), in practice, because of resource constraints, the implementers operate in 25-35 districts. Feedback received from the NFM3 SRs indicated that while the “work-for-all” approach – i.e., that each SR is responsible for activities in its program area that engage various key populations --

seemed like a good idea at the outset, this approach of only having two key population SRs represent the interests of other key populations is not functioning well and is negatively affecting program impact.

Budget for Programs to Reduce Human Rights-related Barriers (2020)

Module	Intervention	Total	%
Reducing human rights-related barriers to HIV/TB services	Community mobilization and advocacy (HIV/TB)	265,034	0.95%
Reducing human rights-related barriers to HIV/TB services	HIV and HIV/TB-related legal services	23,743	0.08%
Reducing human rights-related barriers to HIV/TB services	Human rights and medical ethics related to HIV and HIV/TB for health care providers	89,387	0.32%
Reducing human rights-related barriers to HIV/TB services	Improving laws, regulations and polices relating to HIV and HIV/TB	87,183	0.31%
Reducing human rights-related barriers to HIV/TB services	Legal Literacy (“Know Your Rights")	60,223	0.21%
Reducing human rights-related barriers to HIV/TB services	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	39,136	0.14%
Reducing human rights-related barriers to HIV/TB services	Sensitization of law-makers and law-enforcement agents	39,023	0.14%
Reducing human rights-related barriers to HIV/TB services	Stigma and discrimination reduction (HIV/TB)	496,271	1.77%

One key logistical challenge that arose during the country visit was the lack of adequate budget to fully operationalize the activities in the human rights Matching Funds. For example, key informants noted that the authorized amount of transportation costs for a training or workshop did not accurately reflect the true cost of getting to those meetings.

To prevent these issues from happening in the future, for GC7, it is critical to develop a detailed budget that accurately reflects the actual costs of various activities.

Recommendations

- In GC7 funding request preparations (such as country dialogues) and during grant-making, respective community groups should lead on the issues that are most relevant to their communities. National-level leadership should convene a key populations-inclusive meeting with the relevant community groups to democratically decide a more acceptable implementation structure and budget allocation plan. Both the Global Fund and USAID should be at the table so that all key population groups are covered (as Global Fund supports programming for people who use drugs, migrants, prisoners and people living with HIV and USAID supports programming for sex workers and LGBTQ communities).
- The Matching Fund component of the budget should adequately reflect the true costs of implementing human rights activities conducted by PRs and SRs through an inclusive consultation process with implementers across the grant cycle.

6. Program Areas to Remove Rights-related Barriers to Access

This section provides in-depth analyses of each program area for HIV, followed by a broad overview of TB-related human rights work in Nepal.

Program Areas for HIV

Overall, in Nepal, there has been modest progress since mid-term for the human rights catalytic funds to scale up to a comprehensive response. There were slight improvements in some program areas, such as eliminating stigma and discrimination and ensuring non-discriminatory provision of health care. However, most of the program areas seem focused on implementing specific, *ad hoc* activities, instead of coordinating and linking activities to build towards a strategic vision of removing rights-related barriers. While there are still significant ways to go in achieving comprehensiveness in these areas, there were nevertheless promising developments, such as the adoption of harm reduction training for police by the National Police Academy of Nepal, as well as increased attention to gender discrimination and violence for women and girls in all their diversity.

(a) HIV: Eliminating stigma and discrimination in all settings

HIV program area	Score[24]		
	Baseline	Mid-Term	Progress

[24] See **Annex 1** for the interpretation of the scores.

Eliminate stigma and discrimination in all settings	1.0	2.7	3.0

Nepal is one of 35 countries that have formally joined the Global Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination (the Global Partnership), thereby "committing to take action on HIV-related stigma and discrimination across six settings in the next five years."[25] The three priority settings for the Global Partnership in Nepal are: household, health care and justice. While signing onto the Partnership demonstrates the government's commitment to reduce HIV-related stigma and discrimination, key informants noted that, aside from anti-stigma and discrimination activities that were already planned to go forward, there are no specific activities being undertaken to further the aims of the Partnership.

The social and behavioral change communication activities from NFM2 are continuing in NFM3. These include social and mass media campaigns, commemoration days to raise awareness of HIV-related issues, encompassing stigma and discrimination, as well as the continued use of the "Saath Sangai Samaan" campaign (to raise awareness about HIV and address HIV-related stigma) and the mobile app, "Haatai ma Swastha".

Another key achievement in the program area for reducing stigma and discrimination is the completion of the second People Living with HIV Stigma Index 2.0, which was conducted in Nepal in 2022. This nationally-representative study (n=927) builds upon the work of the previous Stigma Index in 2011. In 2022, there were marked reductions in the various levels of stigma and discrimination as compared with the results in 2011. For example, there was a significant decrease in people living with HIV experiencing external stigma and discrimination (from 49.7% in 2011 to 9.5% in 2022). The most common experiences of stigma and discrimination were from community and family members; the most common manifestation was verbal harassment. While there was a dramatic reduction in internalized stigma (32%, down from 87% in 2011), the rate of internal stigma is still high. When disaggregated by sex and age, the Stigma Index 2.0 found that women reported feeling internalized stigma twice as much as men (43% vs. 22%). The study also found higher rates of internalized stigma among young people below 25 years (38%).[26] Importantly, the Stigma Index 2.0 also looked at key population-related stigma, finding that stigma and discrimination is high among individuals who are transgender (30%), MSM (22%), and who are sex workers (20%). The Stigma Index includes a series of recommendations to address the key challenges identified by the study.

[25] "The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination." UNAIDS. Accessed September 7, 2023. https://www.unaids.org/en/topic/global-partnership-discrimination#:~:text=Stigma%20and%20Discrimination-,The%20Global%20Partnership%20for%20Action%20to%20Eliminate%20all%20Forms%20of,Board%20(PCB%20NGO%20Delegation)

[26] "The People Living with HIV Stigma Index 2.0 Nepal." PLHIV Network (2022). and "The People Living with HIV Stigma Index Nepal 2011." FPAN (2011).

One of the big steps forward since the MTA is that the National Human Rights Commission (NHRC) has become more active on HIV and human rights-related issues. The NHRC, a constitutional body established in 2000, has a mandate to encourage Nepal – and in particular government actors – to respect, protect and fulfill Nepal's human rights obligations. The NHRC recently initiated a study focused on two provinces to map the vulnerabilities of people living with HIV. This study has been coordinated with NCASC and SCI. The research is still ongoing.

With the support of USAID and PEPFAR, FHI 360 is implementing the Meeting Targets and Maintaining Epidemic Control (EpiC) project, which runs from 2019-2024. The project is mostly focused on HIV prevention and testing services, with 21 NGOs operating in 37 districts of Nepal. EpiC works mostly with key populations such as sex workers and their clients, as well as men who have sex with men (MSM) and transgender populations. However, according to FHI 360, stigma and discrimination work is embedded in all of the training that they provide to field staff. This includes training on HIV-related self-stigma. Moreover, while the EpiC project doesn't lead advocacy campaigns or standalone stigma and discrimination reduction activities, they do participate in anti-stigma and discrimination campaigns launched by others, as well as address specific instances of stigma and discrimination that arise within their health facilities. On this last point, the EpiC project also collects feedback from the community about the services within their facilities. Importantly, the EpiC project has advocacy officers who sit in all the network organizations with which EpiC works. These advocacy officers work on issues of immediate relevance to the key population networks. For example, NAP+N, one of EpiC's network partners, has an advocacy officer who engages with various policy stakeholders, representing NAP+N's views and policy positions.

Recommendations

- Ensure the broad dissemination of the results of the HIV Stigma Index (2022), targeting relevant government ministries including the Ministries of Health and Population, Home Affairs, Labor, and others – the best placed entities to lead on this dissemination could be NAP+N and the NHRC. Funding should be obtained, from both domestic and international sources, to implement key recommendations from the study. If resources allow, support further analyses of the Stigma Index findings to better understand some of the key findings and issues raised in the original report. (PE)
- UNAIDS should support a relevant entity to move forward with coordination of the Global Partnership in-country – the coordinator could be a civil society organization such as NAP+N or the NHRC. (PE)
- The GC7 PR should ensure that the use of mass and social media for anti-stigma and discrimination messaging should include a basic M&E tracking system to understand the scope and scale of coverage, as well as gathering some data regarding plausible impact on behavior. (PE)

- The Global Fund should coordinate with PEPFAR/USAID to ensure alignment of stigma and discrimination reduction trainings to ensure that the trainings comprehensively cover relevant S&D-related topics of concern for PLHIV and key populations.
- All staff working on programs supported by the Global Fund HIV grant should undergo HIV-related stigma and discrimination training, which includes understanding issues like internalized HIV-related stigma and how to provide referrals to redress mechanisms such as peer paralegals and the NHRC.

(b) HIV: Ensuring non-discriminatory treatment in health care settings

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure non-discriminatory provision of health care	1.0	1.4	1.6

In terms of trainings to ensure non-discriminatory treatment in health care settings, both SCI and NCASC noted in key informant interviews that they were engaging in such activities. Under the previous NFM2 grant, SCI developed a training manual on medical ethics and human rights, which covers the following topics:

1. Basic information on HIV;
2. Basic information related to gender, sexuality and HIV;
3. Stigma and discrimination;
4. Human rights;
5. Confidentiality and the human rights of people living with HIV and key populations;
6. Medical ethics and professional ethics; and
7. Basic principles of working with key populations and people living with HIV.

The information received by the Progress Assessment team indicates that these trainings are indeed happening, but on a limited basis. There were two trainings for medical ethics and human rights that occurred in November 2021 – the trainees were a mix of government staff, as well as staff from HIV-focused civil society organizations. In total, 46 individuals were trained in 2021. Despite low numbers of people trained, participants of the trainings expressed their gratitude for having undergone the course. According to interviews with key informants from the 2021 trainings, they found the content of the training to be useful, particularly the human rights-related session. They gained a better understanding of how to protect the human rights of key and vulnerable populations, as well as the potential consequences of human rights violations. They expressed surprise at realizing that some of their past behaviors might have inadvertently violated human rights, indicating a shift in their awareness and perspective:

"After attending the Medical Ethics and Human Rights training, my perspective has completely shifted. I now understand the importance of respecting the basic human rights of key populations and people living with HIV. It has made me more cautious and mindful in my interactions, ensuring that I do not unintentionally violate their rights by asking intrusive personal questions." – ART counsellor

The majority of the respondents stated that the training increased their awareness and consciousness of human rights issues among these populations. They now feel equipped to provide information and support to key populations, including guidance on legal action in case of human rights violations.

"After completing the Medical Ethics and Human Rights training, I now feel better equipped and more confident in my ability to support key populations and PLHIV beyond just providing basic health services. If any member of the key population approaches me with human rights violation issues during the course of providing HIV services, I am confident in my capability to refer them to appropriate legal counseling services and provide them with essential preliminary information about legal assistance. This training has truly empowered me to address their human rights concerns while delivering healthcare services." – Public health officer

In terms of improvements to the trainings, respondents noted that it might be useful to separate the medical ethics from the human rights sections to make it into two distinct training curricula. They also propose including representatives from key populations, particularly people living with HIV, who can share their lived experiences and lessons learned in dealing with human rights violations. This firsthand perspective could enhance the training's impact and relevance. Additionally, the respondents also suggested increasing the overall duration of the training to allow for a more comprehensive exploration of the topics covered. They note that the content felt too condensed in the one-day event and believe that extended discussions and additional topics would enhance the training's effectiveness.

Both SCI and NCASC indicated that the government was also engaging in medical ethics and human rights trainings for health care workers. SCI also notes that other trainings have been occurring, but the assessment team did not receive further information on the scope, scale and frequency of these trainings.

Looking at the decentralized structure of the Nepali health system, and the fact that several respondents flagged the issue of domestic resource advocacy at province and local levels, there may be opportunities to advocate for resources within provincial and local level budgets to roll-out and institutionalize stigma and discrimination reduction work for health care providers. The current human rights catalytic funding focuses on activities supported by the central government – while this is a strong aspiration and should be continued, given the funding challenges with the health budget at national level, exploring opportunities to integrate health care worker sensitization more systematically into

provincial and local levels would be important. Several respondents highlighted the importance of engagement at these levels – and it is a significant activity for the national network of HIV-responding organizations (NANGAN). It may also be particularly important for addressing the HIV-related (and TB-related) needs of migrants in those provinces that see a high prevalence of migration to and from India.

According to the Stigma Index 2.0, reported denial of health services due to HIV status has decreased, from 7.3% in 2011 to 4% in 2022. However, stigma and discrimination in health care contexts are still significant concerns – about one in five respondents experienced stigma and discrimination in health care settings, reporting that workers either avoided physical contact or took extra precautions (e.g., double gloving) when providing services. Moreover, respondents reported that health care workers gossiped about them due to their HIV status (8%) and disclosed their HIV status without permission (5%). A smaller percentage reported experiencing physical abuse from health care providers (3%). In addition, multiple key informants, including NAP+N and NFWLHA, raised the issue of access to vertical transmission services for women living with HIV, as well as other sexual and reproductive health-related issues, noting that women living with HIV had trouble finding clinics and hospitals that were willing to support their deliveries.[27]

Women who use drugs are a sub-population who face specific barriers in accessing health services. They are inhibited by stigma from seeking drug-related services and healthcare and are also less likely to report or seek assistance as victims of gender-based violence (GBV) and intimate-partner violence (IPV). Many women interviewed for a 2023 study by Mainline reported harmful injecting practices due to stigma and fear of criminalization. They do not seek care due to fear of being "recognized, stigmatized, and harassed."[28]

Migrants and access to health care, and in particular, HIV treatment, was another theme that came up across multiple key informant interviews. According to the National Center for AIDS and STD Control (NCASC), the cross-border referral system is not well developed. South Asian Association for Regional Cooperation (SAARC) and WHO South-East Asia Regional summits have included discussions about cross-border issues, but that has not led to any specific gains in resolving the situation. According to the NCASC, Nepal is also trying to have bilateral talks with India – for GC7, it would be important to address migrants and health care, and in particular, HIV treatment, to ensure that migrants living with HIV are able to continue their treatment while working in India.

Recommendations

1. The SCI-developed training on medical ethics and human rights should be revised to take into consideration the feedback from participants from the pilot trainings, including augmenting the content on both human rights and medical ethics to be

[27] Ekraj Bhandari, "People Living with HIV are Discriminated in Health Facility", NAYA YUGBODH NATIONAL DAILY (19 March 2023).
[28] Rigoni, R (2023). Out of sight. Women who inject drugs and access to harm reduction in Nepal. Amsterdam: Mainline

more comprehensive, as well as participation of key populations and people living with HIV. (PE)

2. In GC7, implementers should continue to prioritize trainings, and importantly, institutionalization of anti-stigma and discrimination trainings for healthcare workers. Technical and financial support should be provided to the government to both roll out and institutionalize these trainings for pre- and in-service trainings for health care providers. Such trainings should include key populations as resource persons, as well as robust M&E mechanisms to track progress (including not only *output*-level indicators but also *outcome*-level indicators). (PE)
3. GC7 should look at the possibility of including funding for both stigma and discrimination trainings at provincial and local levels, as well as supporting budget advocacy at provincial and local levels to institutionalize these trainings. (PE)
4. Funding should be provided to community-led organizations to investigate allegations of discrimination against women living with HIV in access to reproductive and maternal health services (and discrimination against people living with HIV more generally), with an eye towards documentation of allegations, as well as redress for specific incidents of discrimination. This work should be done in conjunction with the NHRC and the NCASC to prevent further repetition of discriminatory treatment in health care.
5. GC7 should include activities (with support from WHO) to promote engagement between Nepal and India – such as meetings between the Nepal CCM and relevant government authorities in India. Such events should feed into prioritizing advocacy for the development of a Memorandum of Understanding between Nepal and India on access to HIV services, including HIV treatment, for Nepali migrants who work in India.
6. The Global Fund should ensure funding is directed toward gender-sensitive spaces and services that address the immediate harms of stigma (such as women-only harm reduction centers and gender-based violence crisis centers for trans and cisgender women living with HIV) that promote the rights of cis- and transgender women and children and should provide and link to health, social, economic and other essential services.

(c) HIV-related legal literacy ("know your rights")

HIV program area	Score		
	Baseline	**Mid-Term**	**Progress**
Legal Literacy ("know your rights")	1.0	2.2	2.2

Most of the activities outlined in the NFM3 approved budget related to legal literacy focus on engagement in specific public awareness events such as Human Rights Day and Anti-Stigma and Discrimination Day, as well as printing of rights-related Information, Education and Communication (IEC) materials. These thematic days are utilized at the district or province level as an opportunity to raise awareness and build relationships with relevant

government authorities. For example, on World Drug Day, RN organized events in all provinces, working closely with the district administration office (DAO), district police office, and other stakeholders. RN used this opportunity to highlight the need for the reformation of the Narcotic Drug Control Act 1976 to keep up with the national and international standards.[29] In addition, RN regularly uses media for literacy and advocacy among its communities and advocacy targets. For example, in April 2022, RN published online an article deploring the lack of MoHP progress in presenting the bill in parliament. RN used media to give context to the HIV bill, and pressure the MoHP to take a leading role in holding consultations for the bill's finalization and passage through parliament. Media advocacy is an important component of policy advocacy for RN, when used to promote legal literacy, provide sensitization to issues, disseminate information, and advocate to authorities.

Aside from disseminating rights-focused information through media, there are some other legal literacy activities that are ongoing. For example, as part of their work, NFWLHA collects information on human rights violations through its 35 community-based organization partners that help implement human rights catalytic funding. They train the members to collect information in both a paper and online format. Part of this work also includes providing some information on the rights of people living with HIV. Trainings of peer paralegals also includes a significant amount of "know your rights" information (see "Access to Justice" section below).

Recommendations

1. Integrate provision of key population-tailored, gender-specific and -sensitive legal literacy information into existing trainings, such as those for outreach workers and peer educators across GC7 programming to maximize dissemination of "know your rights" information. (PE)

(d) Ensuring HIV-related access to justice

HIV program area	Score		
	Baseline	Mid-Term	Progress
Improving access to justice	1.0	1.0	2.0

Out of all the program areas in NFM3 of the human rights Matching Funds, this program area received the least funding. Despite constrained resources, however, it seems to be producing some promising results.

[29] See Recovering Nepal June 2022 Program Report (on file with PA team).

The catalytic funds support training of peer paralegals – however, the number of peer paralegals who have been trained so far is limited. Key informants estimate around 45-50 people in total have been trained as peer paralegals under NFM3. SCI has conducted two rounds of peer paralegal trainings – the first round was in December 2021, where staff members from implementing organizations received a comprehensive five-day training, with a follow up three-day refresher training in 2022. Paralegals also receive template forms for specific filings and forms to support claims. A second comprehensive training was completed from 27-29 May 2023 for a new cohort of 24 participants. To guide these trainings, SCI developed a paralegal training toolkit – this toolkit covers the following topics:

2. Fundamental rights of people living with HIV;
3. Birth registration and citizenship rights;
4. Women's property rights;
5. Victim protection rights;
6. Understanding advocacy and practices;
7. The role of paralegal in advocacy; and
8. Drafting various legal applications.

According to key informant interviews, the peer paralegal program has resulted in providing support to community members obtain redress for human rights violations – multiple peer paralegals report using their acquired skills to help others address issues like police abuse and gender-based violence [see case study above].

Key informants have, however, noted challenges of the peer paralegal program. In terms of the training itself, some respondents expressed appreciation for the session but felt that its duration was too short. Peer paralegals can come from backgrounds with limited formal education, thus, some respondents noted that they would have appreciated further opportunities to enhance their knowledge and skills. Greater focus on ensuring confidentiality arose as an important issue, as disclosing personal histories can be challenging. Some participants identified the lack of coordination with lawyers as an area for improvement. They specifically mentioned the need for dedicated pro bono lawyers who can advocate for their community without exploiting their vulnerabilities. They also emphasized the importance of networking among community paralegals to ensure continuous support and effective advocacy. Additionally, they also stressed the need for supporting a new generation of paralegals with a focus on equity and inclusivity for all key populations-related issues. They suggested that periodic orientations on legal literacy should be provided to key populations, ensuring wider dissemination of knowledge and support. Another concern around the paralegal program is the lack of adequate compensation for paralegals – while paralegals are given transportation and communication costs, they are not provided any type of stipend or salary for their time. All the peer paralegals work on a voluntary basis.

In addition to paralegal support to access justice, under the human rights catalytic funds, Recovering Nepal has funds to hire one lawyer, part-time, to support cases. In the first year, RN hired one lawyer, based in Kathmandu, for five days per month. It was noted that though this was fine for cases that needed legal support in Kathmandu, it was more challenging when there were issues reported from other areas of the country. In the second year of the grant, RN is instead using these funds to hire lawyers *ad hoc*, depending on where there is geographic need for legal support (e.g., where the claims arise).

This legal aid program, however, is not without its challenges. According to the PR, there is limited budget to support legal cases – in NFM3, the grant only allows for about 20 people to be supported within a year (approximately 10,000 NPR/person). There are also other challenges with having such limited support from a lawyer or ad hoc lawyers – first, the cases exceed capacity. The demand in cases exceeds the capacity of one part-time lawyer. Also, some community members reported difficulty in accessing legal services, even when a lawyer was available. This was mostly due to the fact that community members may need legal support above and beyond claims related to HIV and human rights. For example, community members may have legal claims related to property or inheritance – though these claims may require legal support, the funds for the human rights catalytic funding were not used as these claims were deemed by the implementers as outside the scope of support for this grant. In light of these challenges, RN noted that the lawyer was generally more helpful at the organizational level, advising key populations networks about their general work.

Aside from peer paralegals and working with lawyers, RN, SCI and other implementing partners have a good relationship with the National Human Rights Commission as another means to access justice. Under NFM3, the NHRC has developed a good working relationship with the catalytic fund implementers and has increased their attention to HIV and human rights-related issues. For example, the NHRC works with RN to train key populations about the role and responsibility of the NHRC and how it can support community members from key populations. According to RN, there are regular meetings between the NHRC and affected communities. Regular meetings include community requests for inquiries and investigation into key population-related rights violations. In Bagmati province, for example, the provincial HRC director committed to involving key populations in its regular programming and include key population leaders in its human rights defenders program. RN and their partners' advances through effective relationship-building and local-level advocacy are essential for improved access to justice.

Recommendations

a) SCI should revise the paralegal training by taking into account the feedback from former participants on the strengths and weaknesses of the current paralegal trainings. They should also facilitate routine paralegal roundtables so paralegals can

come together to discuss and share experiences in supporting their respective communities. (PE)

b) In addition to including support for a legal officer to serve communities in GC7, the GC7 PR should explore partnerships or memoranda of understanding with legal aid institutions such as the bar association, the NHRC and law schools to develop sustainable pathways for legal redress.
c) The GC7 PR and relevant SRs should strengthen referral linkages with existing legal aid and redress mechanisms, such as domestic violence services and the NHRC, for claims not directly related to HIV and human rights.
d) The Global Fund and PR should support the strengthening of the legal services components of harm reduction efforts for people who use drugs (and other key population services) as part of a comprehensive approach to access to justice.
e) The PR and relevant SRs should develop a routine M&E system for paralegals, not only to assess paralegal trainings (e.g., changes in knowledge from the trainings, quality of the information provided, etc.) but also to assess how paralegal apply this information at routine intervals – for example, surveys or feedback every 6 months about case load and case resolution. (PE)
f) The Global Fund should develop guidelines for PRs, SRs and other implementers to standardize provision of adequate financial support for to better compensate peer paralegals, peer educators and pro bono lawyers to provide access to justice services for community members. This not only entails covering costs associated with travel and transportation for cases, but also sufficient stipends, and, ideally, salaries. Long term peer paralegals and peer educators should be provided opportunities for career growth, such as educational stipends. This should be tailored for the Nepali context, but also should be used in other country contexts where peer paralegals and access to justice programming operates. (PE)

(e) HIV: Rights-based law enforcement practices

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure rights-based law enforcement practices	1.0	1.0	1.6

In the human rights catalytic funds in NFM3, there was very little funding dedicated to working with law enforcement. However, despite this limitation, there appear to be small-scale activities to engage the police. RN supports trainings with law enforcement through engagement with law enforcement at the national level; during the key informant interview, RN noted that it has a good working relationship with police. They noted that the police have a curriculum on harm reduction, HIV and hepatitis that includes participation of people who use drugs to share their experience and perspectives. The national police use their own budget to conduct the yearly training and invite RN staff as a resource person.

This information is reinforced by the national police – every year, the National Police Academy in Nepal conducts 2-3 trainings on harm reduction. These trainings tend to be focused on educating the officers who work on narcotics control, who are senior officers. The topics covered by this training include an overview of narcotic drugs and psychotropic substances, the role of police in drug control, drug trafficking, international drug conventions, as well as rehabilitation and harm reduction programming in Nepal. The national training also includes visits to opioid substitution therapy (OST) and rehabilitation centers. The training also covers cooperation with other stakeholders, including the Ministry of Health and Population, as well as rehabilitation and treatment centers. Separately from the narcotics control and investigation training, there is another training on human rights standards. While this training is not health or HIV-focused, it does provide a broad overview of human rights issues. Furthermore, it has a session discussing human rights and the Nepali police, highlighting the current trend of human rights violations by the police, as well as custodial management. The training also covers the rights of specific groups such as women, children, "differently-abled" persons and transgender individuals. While it is laudable that the Nepali police have incorporated harm reduction as a core part of their curriculum on narcotics, there should be a more explicit focus on addressing drug use as a health issue, rather than mostly a criminal issue. Furthermore, there could be more overlap between the narcotics training and the human rights curricula. Finally, scaling up these trainings would be incredibly important so that they not only remain at the national level, but are easily accessible for recruits at the regional and district levels.

Other implementers are also engaging with law enforcement through their work. For instance, USAID-supported service providers are raising awareness among local law enforcement about HIV issues, (e.g., raids detaining female sex workers and confiscating their medication without understanding why they were taking such medications, etc.). Acknowledging that police can also be perpetrators of human rights violations, USAID supports post-violence care services and community stigma reduction interventions that address abusive behavior by law enforcement. These activities seem to be *ad hoc* and small-scale, reactive to the needs of the communities being served, rather than systematically and proactively implemented throughout the country.

The theme of sex work and engagement with police is another key issue that arose in key informant interviews. Though there appears to be some continued lack of clarity on whether selling sexual services is criminalized *per se* in Nepal, sex workers are, nonetheless, de facto criminalized through the implementation of laws related to public nuisance or public order offences. Elements of sex work, such as solicitation and providing a premise for sex work, however, are explicitly criminalized.[30] Because of this environment, Jagriti Mahila Mahasangh (JMMS), the National Federation of Sex Workers, noted that their members continue to face police raids and arrests. To address this, they have been interacting with police personnel talk to them about HIV, STIs and the

[30] Nepal | Global Network of Sex Work Projects. Accessed September 8, 2023. https://www.nswp.org/country/nepal

intersection with sex work, as well as the need for JMMS to engage in outreach to female sex workers. In areas where JMMS member organizations can have these interactions, the police will often call the local CBOs when a sex worker is arrested, and will often promptly release them. However, one of the specific challenges that JMMS faces with this approach is high turnover of policing staff, such that relationships developed with some officers locally are then lost and efforts must begin again.

Recommendations

1. The Ministry of Home Affairs should strengthen the rights-related elements of drug policy in their narcotics training and institutionalize these health and human rights trainings into pre- and in-service trainings for law enforcement across Nepal – including at regional and district levels.
2. Similar to the PWUD community and their engagement with the police, upcoming funding on human rights should include activities that support the sex work community to build similar relationships with law enforcement, with the aim of developing sex worker-friendly policing practices that can be integrated into routine pre- and in-service training. Though the Global Fund does not directly support sex worker programming, there should be coordination between the Global Fund and PEPFAR-supported programs to facilitate these activities.

(f) Improving laws, regulations and policies related to HIV

HIV program area	Score		
	Baseline	Mid-Term	Progress
Monitoring and reforming laws and policies	1.0	3.4	3.5

Under the NFM3 structure, Recovering Nepal leads on the component focused on legal advocacy and law reform. Given the “work for all” approach, RN advocates for law reform related to all key populations, not just people who use drugs. RN has strong experience in legal advocacy and the organization reports good progress in terms of law reform, supported by their strong relationships with relevant government officials.

Regarding drug law and policy within Nepal, RN reports that there has been solid progress in terms of pushing forward proposals for reforms to drug policy and to Nepal’s drug law. For example, RN participated in the drafting of a milestone "Narcotics Drug Prevention and Control National Master Plan,” which includes harm reduction programming, such as expansion of OST and needle and syringe program (NSP) sites, and a central quality-monitoring component. According to RN, the Plan aligns the MOHA strategy with the health sector response on HIV prevention and control.[31] Other advocacy goals related to drug policy include pushing for the government to approve the use of buprenorphine within

[31] See Recovering Nepal February Program Report (on file with PA team).

rehabilitation centers and shifting the management of such centers from the Ministry of Home Affairs to the Ministry of Health and Population.[32]

Another key issue of law reform in Nepal is the passage of the HIV bill, which has been sitting with the government for over a decade. RN has written to the Ministry of Health to restart forward movement of this bill. RN considers among its major achievements with catalytic funding, its success in initiating action by government entities, such as NCASC and MOHP, to coordinate with the Ministry of Law to submit a concept note to parliament toward the passing of this bill.[33] Given that the bill is old and outdated, it requires both inter-ministerial consultation, as well as consultations with key populations to update various provisions. Part of the challenge is that the government does not have funds to conduct these consultations – according to RN, if there were funding available to support this process, it could significantly advance the review and approval process for the HIV bill, once ready. The NAP+N has plans to organize a meeting with the parliament with support from AIDS Healthcare Foundation that will cover various issues, including the HIV bill.

Various implementers raised a key issue related to law reform: citizenship. Obtaining citizenship in Nepal has significant implications on access to health care, education and employment.[34] In late May 2023, the President signed the Citizenship Amendment Bill. This new law allows children to receive citizenship by descent through either the mother or father if either parent is a Nepali national. Despite this change, the law is still discriminatory based on sex. Prior to the passage of the law, citizenship by descent could only be passed through the father, not the mother. While the amendment now allows for mothers to pass along citizenship, they must file a self-declaration that the father cannot be identified – a claim which, if it is found false, subjects the mother to possible imprisonment. There is no analogous requirement or penalty for fathers who seek to pass along citizenship to their children. Furthermore, foreign women who marry Nepali men may obtain citizenship as long as they renounce their citizenship from their country of origin. Foreign men who marry Nepali women, however, can only receive citizenship by naturalization.[35][36]

The structure of Nepal's citizenship laws has profound impacts across various communities of people living with HIV and key populations. For example, NAP+N's main advocacy agenda focuses on citizenship for people living with HIV – NAP+N members across the country are collecting stories in support of this work. Citizenship is particularly

[32] See Recovering Nepal June 2022 Program Report (on file with PA team).
[33] See Recovering Nepal September Program Report (on file with PA team).
[34] Batha, Emma. "Feature- Nepal Citizenship Law Lifeline to 'hundreds of Thousands' in Limbo." Reuters, July 5, 2023. https://www.reuters.com/article/nepal-citizenship-law/feature-nepal-citizenship-law-lifeline-to-hundreds-of-thousands-in-limbo-idUSL8N38Q3OY
[35] Karki, Shristi. "Nepal's Citizenship Amendment Bill Explained." Nepali Times, June 9, 2023. https://www.nepalitimes.com/here-now/nepal-s-citizenship-amendment-bill-explained
[36] There has been a lot of controversy around the passage of the Citizenship Amendment, including an interim order from the Nepal Supreme Court to block the law's implementation. However, that order seems to be lifted now. Web, Statesman. "Nepal Citizenship Act Implemented Following Supreme Court Ruling." The Statesman, June 29, 2023. https://www.thestatesman.com/world/nepal-citizenship-act-implemented-following-supreme-court-ruling-1503195170.html

an issue for children living with, and affected by, AIDS (CABA). As mentioned above, until recently, Nepal's law only allowed for the transference of citizenship through the father, not the mother. This can be an obstacle for children who are raised by their mothers. Moreover, children without citizenship are excluded from national health insurance and other forms of social protection. NAP+N is working on this issue with NFWLHA and RN. JMMS also brought this up as one of their core concerns and specifically flagged that their members were not receiving the citizenship documents needed to access critical services, including access to education for the children of female sex workers. YKP Lead Nepal, a network of young people living with HIV and young key populations, also identified citizenship as an important human rights issue that prevents some CABA from enrolling in health insurance and educational institutions.

Advocacy in recent years has shed light on the CABA situation in Nepal. A 2021 report by Youth Lead, NAP+N and YKP Lead Nepal – *A Situation Assessment of Children Infected and Affected by AIDS (CABA) in Nepal* - outlined CABA's experiences, including their health status and care seeking behavior, educational status, nutritional status, psychosocial issues and experiences of stigma and discrimination. In the family and community, 7% of children reported being excluded from social gatherings and activities, 6% experienced stigma and discrimination from neighbors, 5% from friends and family members, and 3% from the general public.[37] The study also assessed the impact of the cash transfer program for children living with HIV. This program, which is supported by the Global Fund, provides 1000 Nepali rupees (NPR) per month for children living with HIV in 66 districts. The CABA study noted that the program has contributed to improving the standard of living for children living with HIV. The stipend is most commonly used to cover expenses for education, food and medical treatment (including travel expenses to obtain ART).[38] However, the amount of the stipend is far from adequate. The study makes several key recommendations, including increasing the amount of the stipend, ownership of local government of the stipends for sustainability, creating non-discriminatory and stigma-free environments in educational and other local institutions, and engaging in a needs assessment to support CABA to become self-reliant once they turn 18.[39] According to UNAIDS, there is now a proposal to increase the CABA stipend to 2000 NPRs, which is double the current amount available (1000 NPR).

While there has been some good progress on law reform advocacy, there are two specific challenges identified that cut across all themes. The first is the high turnover of government leadership. Political instability means that the leadership across various ministries and departments changes frequently – key informants have cited several changes in the leadership of the MoHP within the last two years. As a results, program

[37] Adhikari, R; Gurung, G; Karmacharya, S; Didiya, R; Kunwar, P; and Adhikari, P. A situation Assessment of Children Infected and Affected by AIDS (CABA) in Nepal. Youth LEAD, YKP Nepal, NAP+N. Kathmandu, Nepal, 2021
[38] Adhikari, R; Gurung, G; Karmacharya, S; Didiya, R; Kunwar, P; and Adhikari, P. A situation Assessment of Children Infected and Affected by AIDS (CABA) in Nepal. Youth LEAD, YKP Nepal, NAP+N. Kathmandu, Nepal, 2021
[39] Adhikari, R; Gurung, G; Karmacharya, S; Didiya, R; Kunwar, P; and Adhikari, P. A situation Assessment of Children Infected and Affected by AIDS (CABA) in Nepal. Youth LEAD, YKP Nepal, NAP+N. Kathmandu, Nepal, 2021

implementers report difficulty maintaining buy-in from key government institutions. The second challenge focuses on the structure of the catalytic funds in NFM3. Having only two community-led organizations receiving money and working on behalf of all community-led organizations has been difficult – both for the organizations receiving the funds and the other organizations who are advocating for their communities. The development of a coordinated set of strategies for advocacy, where each community-led organization takes the lead on their key issue, could be a better way forward.

Recommendations

1. In GC7, implementers should sustain and, if possible, strengthen their advocacy for needed reforms to the national drug control policy and the national drug control law – including building support for reforms to decriminalize the use and possession of currently prohibited substances for personal use. This would create a more enabling environment for HIV prevention and treatment efforts among people who use drugs, one of the key populations for which the Global Fund is funding such services. The Global Fund should therefore provide financial support for this advocacy by civil society. (PE)
2. Implementers should continue to advocate for the passage of a revised HIV bill. The Global Fund should provide financial support for the necessary consultations to advance review, revision and eventual passage of the HIV bill. (PE)
3. GC7 should include the dissemination and popularization of the new citizenship law to ensure that children and others without citizenship are able to obtain their documents and access essential services, such as health insurance. This type of information should be integrated into already existing legal literacy and legal services work, as well as work on documenting human rights violations. (PE)
4. GC7 should, as a priority, take into account the findings of the CABA study and follow up on key recommendations, including providing financial support for a needs assessment to support the capacity development of CABA graduates, as well as support for advocacy for the government (at national, provincial and local levels) to take ownership and responsibility for continuation of the CABA program. (PE)
5. GC7 should support the development of community-led organizations, such as those for sex workers and for young people, on longer-term advocacy strategies for repealing or reforming laws/policies that undermine human rights and create barriers to services. (PE)
6. GC7 should include a concerted effort to develop some sort of common advocacy agenda among civil society organizations to allow for a coordinated, shared set of strategies to pursue that agenda.

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

HIV program area	Score		
	Baseline	Mid-Term	Progress

Reducing HIV-related gender discrimination	1.0	1.0	1.6

Nepal is a heavily patriarchal society; gender inequality is deeply entrenched and undermines the HIV response. Unfortunately, this program area is also one of the least-funded within the human rights catalytic funds under NFM3.

The status of women in Nepal ranks low on global indices such as gender development (143 of 191 countries) and gender inequality (96 among 153 countries).[40] An estimated one in five women (aged 15-49) have experienced physical violence in their lifetime in Nepal, and one in four married women have experienced spousal, physical, sexual, or emotional violence.[41] UNAIDS reports that women who experience violence are 50% more likely to become infected with HIV than women who do not experience violence.[42]

Disclosure of violence and knowledge of services available to gender-based violence (GBV) survivors, however, is low in Nepal: of women who have experienced some form of violence in their lifetime, 61% never told anyone about it. Of those women who experienced violence, only 25% were aware of services available to GBV survivors.[43]

For women who use drugs, the prevalence of gender-based violence can be two to five times higher than that of women in the general population. Technical assistance provider, Mainline, in its 2023 study, found that many women who inject drugs were unwilling to attend harm reduction services with male clients. Of an estimated 8,732 women who use drugs in Nepal, only 1,300 women across five sites are served with women-only, women-friendly services.

There are, however, positive examples of programs effectively responding to the needs of women in all their diversity. For example, Recovering Nepal supports RN Women, the "official women's wing and gender diversity hub" of RN, is a "national network setup to protect Women who use Drugs in Nepal from violence, discrimination, abuse, marginalization and neglect."[44] RN Women works through community organizations in five districts. While 1300 women access essential services at RN Women's five women-run drop-in center/needle and syringe programs, this program is tenuous: it faces potential closure due to an 11-month funding gap, when ViiV Healthcare support ends in August 2023.[45] In addition to RN Women, NFWLHA is another example of a strong women-led organization advocating for the rights of women living with HIV.

[40] Rigoni, R (2023). Out of sight. Women who inject drugs and access to harm reduction in Nepal. Amsterdam: Mainline.
[41] Recovering Nepal (2022). "Documentation of Gender-Based Violence (GBV) Perpetrated Against Women Who Use Drugs (WWUD) and Spouses of People Who Inject Drugs (SPWID) During Covid-19 Pandemic."
[42] APCOM, "Area - Policy and Legal Reforms: Assessing the Public Policy Barriers Affecting Women who Inject Drugs, Migrant Women, and Spouses of Male Migrants in Accessing HIV Services in Nepal" (draft report, 2023).
[43] Rigoni, R (2023). Out of sight. Women who inject drugs and access to harm reduction in Nepal. Amsterdam: Mainline.
[44] "About Us." RN Women - About us. Accessed September 7, 2023. https://rnwomen.com/about
[45] Technical Assistance provider, Mainline observed in its 2023 study, that even if current activities would be supported in GC7, a gap of at least 11 months (September 2023 to July 2024) would still occur." Rigoni, R (2023). Out of sight. Women who inject drugs and access to harm reduction in Nepal. Amsterdam: Mainline.

In terms of gender-responsive service delivery, Blue Diamond Society has been – and continues to be – a leader in advancing LGBTQ+ rights. One example of this is their work with the EpiC project, which advocated for antiretroviral therapy dispensing sites dedicated to MSM and transgender populations. The three sites providing these services are in Kathmandu, Lalitpur and Bhaktapur.

Despite the strong work of BDS, there are still significant issues that remain for gender diverse individuals in Nepal. For example, during Nepal's Covid-19 crisis, the Federation of Sexual and Gender Minorities (FSGMN), a network of lesbian, gay, bisexual, transgender and Intersex (LGBTI) organizations in Nepal, documented that a minimum of 56 transgender lives were lost.[46] FSGMN noted that these suicides were attributed to a wide range of crises, including COVID-19-related lockdown restrictions for extended periods that forced individuals to stay inside with families who did not understand issues related to sexual orientation and gender identity. Other causes of the mental health crises included financial and food shortages and violence related to forced marriage.

In response to the trend and the unique needs of the trans and other HIV-positive people, BDS, a member of FSGMN, established "Respect Homes" as safe spaces for temporary respite, using the funding that Nepal received from the Global Fund's C19 Response Mechanism. BDS opened Respect Homes in nine districts. The Homes allow individuals to access safe accommodation and meals, as well as legal and counselling support.[47] According to FSGMN, Respect Homes also welcome people living with HIV who feel unable to disclose their status to their families, and for people who live too far from viral load services. Whether victims of violence or other forms of stigma and discrimination, people who utilize temporary shelter provided by the Respect Homes are also linked to mental and physical health support, including HIV testing and treatment. These spaces are lifelines for the LGBT and HIV communities; they are usually co-located or very nearby to an existing community-based clinic or drop-in-center. In GC7, FSGMN hopes its member organizations can expand the number of Respect Homes to 15, from the current nine.

In addition to the work of the Respect Homes, there are several service providers addressing gender-based violence. For example, EpiC engages in training on GBV as part of their trainings for all of their staff. Government-supported OCMCs also focus on responding to gender-based and intimate partner violence.

Importantly, there is currently an ongoing project to complete the UNAIDS gender assessment report. At the time of the country visit, the Progress Assessment team was told this project was still ongoing – and it remains so in July 2023.

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[46] Federation of Sexual and Gender Minorities-Nepal (FSGM)." Federation of Sexual and Gender Minorities Nepal FSGMN. Accessed September 7, 2023. https://fsgmn.org/#:~:text=Previous%20Next-,Introduction,53%20offices%20in%2032%20districts
[47] Matahari Global Solutions, 'Mapping Access Gaps in COVID-19: Results from 14 Countries and Territories' (August 2022). Page 40. https://itpcglobal.org/wp-content/uploads/2022/08/Mapping-Access-Gaps-in-COVID-19.pdf

While there are some examples of gender responsive organizations and programs, many still fall short of being gender transformative. Few programs actively challenge traditional gender roles and stereotypes. Rather, services mainly focus on addressing and mitigating the impact of harmful gender norms and gender-based violence. In addition, some key informants noted that there still isn't enough meaningful engagement of women and girls in programming and policy making, especially at higher-levels.

On a positive note, the government of Nepal, working with the support of UNDP, has been mainstreaming Gender Equality and Social Inclusion (GESI) policy goals throughout government policies and in government ministries. UNDP supports three portfolio areas: sustainable economic growth, governance and resilience.[48] This type of work includes pushing for greater representation and participation of women and excluded groups (e.g., Dalits, people with disabilities) in leadership and decision-making, as well as supporting policies such as the Sexual Harassment at Workplace Prevention Act (2017).[49] In 2021, Nepal also approved its National Gender Equality Policy, which commits the government to removing "discriminatory barriers to the development of women, children and adolescent girls, end[ing] gender-based violence, adopt[ing] gender-responsive governance and achiev[ing] economic empowerment for women."[50] Though mainstreaming the GESI policy, as well as supporting the dissemination and implementation of the country's National Gender Equality Policy 2077 are critical. However, despite strong first steps in the adoption of the GESI and National Gender Equality Policy, as of the progress assessment, the commitments of these various policies have yet to be meaningfully translated into programmatic implementation.

Recommendations

1. The Global Fund with ViiV Healthcare, PR SCI, RN/RN Women and other key stakeholders, should urgently convene to address the potential closure and cessation of essential harm reduction services for women and their children and work to find funds to address the potential gap between NFM3 and GC7 funds. (PE)
2. The findings of the Mainline report, *Out of Sight: Women who Inject Drugs and Access to Harm Reduction Services in Nepal*, should be widely disseminated and relevant entities should take onboard its recommendations for GC7.
3. 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. (PE)

[48] "Gender Equality and Social Inclusion: United Nations Development Programme." UNDP. Accessed September 7, 2023. https://www.undp.org/nepal/gender-equality-and-social-inclusion
[49] PLGSP Gender Equality and Social Inclusion (GESI) Strategy 2021-2023.
[50] "New Gender Equality Policy to End Discrimination." The Himalayan Times, March 11, 2021. https://thehimalayantimes.com/nepal/new-gender-equality-policy-to-end-discrimination

4. To support access to HIV and other health services for the LGBTQ communities, Respect Homes should be expanded to at least 15 districts in GC7.

(h) Supporting HIV-related community mobilization and human rights advocacy

HIV program area	Score		
	Baseline	Mid-Term	Progress
Support community mobilization and human rights advocacy	*	*	2.0

UNAIDS, USAID and the Global Fund are supporting community-led monitoring (CLM) in 14 districts across the seven provinces of Nepal. There are three sub-recipients for this project: NAP+N, NFWLHA and SPARSHA. The CLM project monitors clients' HIV/AIDS-related service experiences within health facilities, looking at issues of access, quality of care and stigma and discrimination. The results of the first year of CLM focus significantly on the experience of respondents in accessing HIV prevention, as well as testing and counseling services. The only indicator focused on HIV-related stigma and discrimination asked whether respondents had experienced any kind of stigma and discrimination due to sexuality, gender, occupation, behavior or HIV status in accessing HIV testing and counseling sites. On this indicator, 75% (out of 679 respondents) noted that they experienced no stigma, while 14% responded that they were neutral and 11% reporting that they experienced stigma. There were also some relevant key observations and recommendations from the CLM focus group discussions and key informant interviews that touch upon human rights, including:

5. Access to, and the cost of, transportation are major barriers to clients in accessing services;
6. Individuals without citizenship or birth certificates cannot receive free treatment;
7. HIV treatment is often provided in the same room as treatment for other health conditions, such as leprosy and TB, so it's difficult to maintain confidentiality; and
8. LGBTQ individuals who experience violence do not know where to report these violations.[51]

The report, however, did not specify any overarching recommendations or how the information would be used to improve the quality of services, which includes addressing the needs of those who were not satisfied with services, particularly to reach the 95-95-95 goals. The semi-annual progress report covering six months between October 2022 – March 2023 revealed additional key barriers to services, including a high user fee for viral

[51] Report: Findings from Implementation of Community-Led Monitoring for Improved Access to HIV/AIDS and Other related Services in Selected Districts of Nepal (Dec 2022).

load testing, and geography.[52] It also indicates next steps, which include "devising the advocacy strategy and plans to take targeted actions and influence the decisions of the authorities and policy makers to mitigate the identified barriers in HIV services across the cascade."[53] Data collection by the 89 trained participants supporting CLM activity will continue to be collected across the 14 districts. These findings are shared at a central level with the National CLM Task Team (comprising NCASC, USAID Nepal, SCI and UNAIDS Nepal) and at the district level.

While the CLM project is yielding promising results, it could also be expanded to include indicators on HIV and human rights related issues – starting, for example, by asking more broadly about experiences of stigma and discrimination (not only in accessing services but also in other areas of the Global Partnership – e.g., justice, household, etc.) and about privacy and confidentiality in access to all services, not just prevention. It could also be expanded to ask about other human rights violations including violence (both gender-based and intimate partner violence) and issues around citizenship, and accessibility of SRHR services for women living with HIV and other KP women. The CLM system could also be better linked to peer paralegals and pro bono lawyers, especially to follow up on cases of violence and citizenship.

As for other key non-Global Fund implementers, FHI 360 supports capacity building for civil society organizations, including those related to governance, financial capacity, technical capacity, human resources, and complying with legal administrative requirements. There are also some elements of this capacity building that looks at the ability for successful program implementation metrics – however, despite some activities that are reactive to advocacy on human rights issues that may arise, there's no proactive capacity building related to advocacy or human rights.

Recommendations

- The Global Fund, in collaboration with PEPFAR, should continue to support CLM efforts in GC7. This should be an opportunity for the Global Fund to discuss with USAID to expand the scope of the CLM initiative to a) cover issues of stigma and discrimination for all settings of the Global Partnership; b) ask about privacy and confidentiality in access to all services; and c) ask about broader human rights issues including experiences of violence and challenges relating to citizenship and services access. (PE)
- Local resources should be mobilized for improvements in HIV service delivery based on CLM findings, and CLM activities should be institutionalized through government ownership through NCASC, through integration with national HIV programming and social contracting mechanisms.

[52] Semi-Annual Progress Report for Activities Under USAID-UNAIDS Grant Agreement. "Community-Led Monitoring (CLM) for improved access to HIV and related services in Nepal (1 October 2022 – 31 March 2023)."
[53] Semi-Annual Progress Report for Activities Under USAID-UNAIDS Grant Agreement. "Community-Led Monitoring (CLM) for improved access to HIV and related services in Nepal (1 October 2022 – 31 March 2023)."

- The PR and SRs supporting catalytic funds, working with the SRs on CLM, should ensure linkages between peer paralegals supported through CF and relevant reports/violations captured by the CLM system.
- The Global Fund should engage with dialogue with US government to assess whether the capacity building initiative could be expanded to include advocacy for health and human rights issues, drawing on the strength of some Nepali NGOs such as Blue Diamond Society and NAP+N.

7. Reducing Human Rights-related Barriers to TB

TB is a significant public health issue in Nepal but despite the prevalence of TB in Nepal, human rights activities related to TB remain small scale and ad hoc in nature. In NFM3, there were limited funds that went to the National TB Control Center (NTCC) to engage in some activities related to human rights and TB. These included raising awareness through radio messages, jingles and TB spots to discuss TB and what rights a person has if they have it. These messages were also disseminated through social media. There is, however, no monitoring and evaluation system to track the frequency or response to these awareness-raising messages.

One of the most significant TB and human rights-related developments is the completion of the “Impact Assessment of Law, Human rights, Gender, Key and Vulnerable Populations-related Barriers in Nepal’s TB response (2022)” While the assessment was completed in 2022, validation meetings were still ongoing in June 2023. Based the draft received by the Progress Assessment team, key findings from the study include:

1. While TB health facilities were generally accessible to respondents, service providers did not provide sufficient counseling to patients and it could be difficult, depending on the facility, to maintain privacy and confidentiality.
2. Respondents reported that they experience stigma and discrimination based on TB status, including self-stigma. Women with TB face particular challenges as they hesitate to disclose their status – as many of them have household and child care obligations, such disclosure might create problems within their families.
3. Some respondents reported that service providers engaged in inappropriate behaviors – however, the report did not go into detail what these behaviors were.

In addition to various findings, the study makes many recommendations on how to address the CRG barriers identified in the project.

Moreover, the NTCC, along with TB-related civil society organizations like Japan-Nepal Health and Tuberculosis Research Association (JANTRA), are conducting TB screenings and treatment in prisons. This program is supported by the Global Fund and works in nine of the major prisons in Nepal. While it’s good practice to see ongoing TB programming in

closed settings, implementers indicated that this program did not include any specific human rights-related elements. Looking towards GC7, it would be strategic to build upon this work by integrating elements of “know your rights”/legal literacy into the activities, as well as stigma and discrimination reduction activities, as TB is still stigmatized. Building connections with pro bono lawyers or paralegals to support people in closed settings to access justice would also be essential.

Key informants noted that there were no specific resources under the NFM3 human rights catalytic funding for TB work. However, it was noted that in NFM2, there were some useful activities, including the support of patient support groups – informants noted that these support groups were helpful for the patients to stay on treatment and also to learn about their rights. Financing for such groups should be brought back in GC7 through integration into the overall TB grant.

Recommendations

1. NTCC should include a M&E system to track the frequency and impact of TB awareness-raising messages.
2. NTCC, working with the Global Fund, other bilateral donors, as well as civil society organizations, should follow up on recommendations outlined in the CRG TB assessment, including a costed action plan, prioritizing implementation of the ones with the most evidence of impact.
3. NTCC should conduct a TB Stigma Assessment to understand the full scope and scale of TB-related stigma (including in various settings such as health care and employment) and provide domestic funds, or work in partnership with bilateral donors, to mobilize resources to follow up on the assessment recommendations.
4. NTCC should integrate TB-related stigma and discrimination reduction trainings into trainings of TB health care providers, as well as integration into HIV trainings, given the co-infection of HIV/TB.
5. NTCC and TB-focused civil society organizations should integrate TB-related stigma and discrimination and legal literacy information into trainings for TB and HIV community health workers.
6. NTCC and TB-focused civil society organizations should mainstream TB-related legal literacy information into TB screening and treatment programs in prisons. They should also consider providing funding to support the development of peer paralegals in closed settings to support people in closed settings to realize their rights.
7. NTCC should work with the Global Fund and other bilateral funders to mobilize resources to support the creation and implementation of patient support groups, especially for people with drug resistant and multi-drug resistant TB – such funding, for example, could cover community-based patient advocacy organization strengthening, linkages to legal aid and stigma and discrimination complaint resolution mechanisms to promote access to justice and human rights.

8. Implementation Status of Rights-related Program Essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Date Tables to support their funding requests, to provide an update on their country's status towards achieving program essentials. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.[54]

Implementation Status of Rights-based HIV Program Essentials

The table below present the progress assessment team's summary analyses of Nepal's progress on the human rights-related program essentials for HIV.

[54] "Technical Brief: Removing Human Rights-related Barriers to HIV Services," The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

Human rights	Are all elements of a supportive environment[55] for effective operationalization of the program essentials in place?	Implementation Status
19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Some programs[56]
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Some programs[57]
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Small-scale programs/activities[58]
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Some support[59]

Though Nepal has some promising activities to reduce rights-related barriers to HIV, the country is still far from fully implementing these HIV program essentials. In terms of policies, in theory, Nepal has a recent assessment of human rights, a Five-Year Plan to

[55] 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation
[56] Response options include: No or few programs integrate such interventions; Some programs; Many or all programs
[57] Response options include: No or one-off activities/programs; Small-scale activities/programs in health care and at last one other setting; Activities/programs in health care and at least two other settings at sub-national level (less than 50% national coverage); Activities/programs in health care and three or more other settings at national level (more than 90% national coverage)
[58] Response options include: No or one-off legal literacy and access to justice activities/programs; Small-scale activities/programs; Activities/programs at sub-national level (less than 50% national coverage); Activities/programs at national level (more than 90% national coverage)
[59] Response options include: No support; Some support; Comprehensive support (including to community-led efforts)

address rights-related barriers and formerly had a working group to develop the Five-Year Plan. However, as noted above, key informants noted that no one referred to or used the Five-Year Plan. Furthermore, there has not been an entity tasked with overseeing or monitoring the plan, as the group that developed it disbanded once the plan was completed.

Regarding programming, there are some HIV prevention and treatment programs for key populations that integrate rights-related elements into their services, but this is still rare and the human rights activities that do exist tend to be stand-alone. There are small-scale stigma and discrimination reduction activities, like SCI-led trainings for health care workers, but these seem to operate in an ad hoc manner and are infrequent. Moreover, though the country joined the Global Partnership to eliminate HIV-related stigma and discrimination, the assessment has been unable to document any specific activities to further the political commitment to the Partnership. On legal literacy and access to justice, while peer paralegal programs seem promising, they are small-scale, as is support provided by pro bono lawyers. Finally, there is some support for community efforts to reform harmful laws and practices. Some civil society organizations, like BDS and RN, are extremely strong in their legal advocacy work. However, this capacity is inconsistent across key populations (for example, sex worker-led advocacy tends to need more support).

Regarding funding, as noted above, the Global Fund is the main funder activities to remove rights-related barriers in Nepal. USAID does provide support for specific projects, but is generally less engaged on specific HIV and human rights-related projects that focus on access to justice and improving the legal environment.

To fully implement the HIV-related human rights program essentials, more funding will be required for integration of rights-related activities into prevention and treatment programs, stigma and discrimination reduction activities, legal literacy and access to justice programs and community-led advocacy, from the Global Fund and other donors, such as USAID. Programmatically, it would be strategic to integrate such activities more consistently into prevention and treatment programs. This also includes finding opportunities to institutionalize activities, for example, in pre- and in-service trainings for health care workers within the MoHP. Moreover, continued support for community-led organizations remains critical, especially in a highly stigmatized environment for key populations and in a highly patriarchal environment. Aligned with this, the following recommendations are prioritized for support from the program areas above and the cross-cutting themes section below:

Eliminate HIV-related stigma and discrimination in all settings	
1.	Ensure the broad dissemination of the results of the HIV Stigma Index (2022), targeting relevant government ministries including the Ministries of Health and

Population, Home Affairs, Labor, and others – the best placed entities to lead on this dissemination could be NAP+N and the NHRC. Funding should be obtained, from both domestic and international sources, to implement key recommendations from the study. If resources allow, support further analyses of the Stigma Index findings to better understand some of the key findings and issues raised in the original report.

2. UNAIDS should support a relevant entity to move forward with coordination of the Global Partnership in-country – the coordinator could be a civil society organization such as NAP+N or the NHRC.
3. The GC7 PR should ensure that the use of mass and social media for anti-stigma and discrimination messaging should include a basic M&E tracking system to understand the scope and scale of coverage, as well as gathering some data regarding plausible impact on behavior.

Ensure non-discriminatory provision of health care

4. The SCI developed training on medical ethics and human rights should be revised to take into consideration the feedback from participants from the pilot trainings, including augmenting the content on both human rights and medical ethics to be more comprehensive, as well as participation of key populations and people living with HIV. (PE)
5. In GC7, implementers should continue to prioritize trainings, and importantly, institutionalization of anti-stigma and discrimination trainings for healthcare workers. Technical and financial support should be provided to the government to both roll out and institutionalize these trainings for pre- and in-service trainings for health care providers. Such trainings should include key populations as resource persons, as well as robust M&E mechanisms to track progress (including not only *output*-level indicators but also *outcome*-level indicators).
6. GC7 should look at the possibility of including funding for both stigma and discrimination trainings at provincial and local levels, as well as supporting budget advocacy at provincial and local levels to institutionalize these trainings.

HIV-related legal literacy

7. Integrate provision of key population-tailored, gender-specific and -sensitive legal literacy information into existing trainings, such as those for outreach workers and peer educators across GC7 programming to maximize dissemination of “know your rights” information.

Improve access to justice

g) SCI should revise the paralegal training by taking into account the feedback from former participants on the strengths and weaknesses of the current paralegal trainings. They should also facilitate routine paralegal roundtables so paralegals can come together to discuss and share experiences in supporting their respective communities.

h) The PR and relevant SRs should develop a routine M&E system for paralegals, not only to assess paralegal trainings (e.g., changes in knowledge from the trainings, quality of the information provided, etc.) but also to assess how paralegal apply this information at routine intervals – for example, surveys or feedback every 6 months about case load and case resolution.

i) The Global Fund should develop guidelines for PRs, SRs and other implementers to standardize provision of adequate financial support for to better compensate peer paralegals, peer educators and pro bono lawyers to provide access to justice services for community members. This not only entails covering costs associated with travel and transportation for cases, but also sufficient stipends, and, ideally, salaries. Long term peer paralegals and peer educators should be provided opportunities for career growth, such as educational stipends. This should be tailored for the Nepali context, but also should be used in other country contexts where peer paralegals and access to justice programming operates.

Monitor and reform HIV-related laws and policies

1. In GC7, implementers should sustain and, if possible, strengthen their advocacy for needed reforms to the national drug control policy and the national drug control law – including building support for reforms to decriminalize the use and possession of currently prohibited substances for personal use. This would create a more enabling environment for HIV prevention and treatment efforts among people who use drugs, one of the key populations for which the Global Fund is funding such services. The Global Fund should therefore provide financial support for this advocacy by civil society.
2. Implementers should continue to advocate for the passage of a revised HIV bill. The Global Fund should provide financial support for the necessary consultations to advance review, revision and eventual passage of the HIV bill.
3. GC7 should include the dissemination and popularization of the new citizenship law to ensure that children and others without citizenship are able to obtain their documents and access essential services, such as health insurance. This type of information should be integrated into already existing legal literacy and legal services work, as well as work on documenting human rights violations.
4. GC7 should, as a priority, take into account the findings of the CABA study and follow up on key recommendations, including providing financial support for a needs assessment to support the capacity development of CABA graduates, as well as support for advocacy for the government (at national, provincial and local levels) to take ownership and responsibility for continuation of the CABA program.
5. GC7 should support the development of community-led organizations, such as those for sex workers and for young people, on longer-term advocacy strategies for repealing or reforming laws/policies that undermine human rights and create barriers to services.

Reduce HIV-related gender discrimination
1. The Global Fund with ViiV Healthcare, PR SCI, RN/RN Women and other key stakeholders, should urgently convene to address the potential closure and cessation of essential harm reduction services for women and their children and work to find funds to address the potential gap between NFM3 and GC7 funds. 2. 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.
Support community mobilization and engagement
• The Global Fund, in collaboration with PEPFAR, should continue to support CLM efforts in GC7. This should be an opportunity for the Global Fund to discuss with USAID to expand the scope of the CLM initiative to a) cover issues of stigma and discrimination for all settings of the Global Partnership; b) ask about privacy and confidentiality in access to all services; and c) ask about broader human rights issues including experiences of violence and challenges relating to citizenship and services access. •
Cross-Cutting HIV Recommendations
N/A

8.1 Cross-Cutting Observations

Overall, though the programs to remove rights-related barriers to HIV services in Nepal are small-scale, there are some positive developments, mainly regarding the promising results of specific programs, such as the peer paralegal work, as well as the strong capacity of some community-led organizations, such as BDS and RN. However, there were some cross-cutting observations across various programs that the progress assessment team found in its work.

First, there were few programs and/or activities with robust monitoring and evaluation (M&E) frameworks. While most activities did track progress at the output level (e.g., numbers of participants, numbers reached, etc.), they did not measure reduction in rights-related barriers to impact (either directly or indirectly) on access to HIV and other health services. Building this type of M&E system is essential to understand if the human rights activities are reducing barriers and influencing access to services. If needed, implementers should be encouraged to access technical assistance on M&E issues through the Global Fund's Human Rights Strategic Initiative.

Sustainability is another theme that arose from the analyses of programs to remove rights-related barriers. Given that the Global Fund is the main funder of programs to remove rights-related barriers, there are concerns that many of the human rights programs, such as those that improve access to justice or reduce stigma and discrimination in health care contexts, may cease operations if funding continues to decrease. In light of these concerns, in addition to support the recommendations presented in the “Domestic Challenges” section above, it would be strategic for the Global Fund to have a conversation with other funders to understand how to best prioritize the funding and structure the programs to ensure that some of the rights-related activities still continue. This could, for instance, include discussions on which program areas to prioritize and how to best design those interventions based on existing evidence-base and good practice.

Finally, as the country moves to develop its application for GC7, Nepal should think about the longer-term vision of removing rights-related barriers to HIV. By 2026, the country will have received almost a decade of funding for human rights-focused programming to remove barriers to HIV services. It would be strategic to ask what are the greatest lessons learned of implementing such programs and how could those lessons be institutionalized and further scaled-up for future programming. This requires not focusing on the development of specific activities per se, but on thinking about what are the key human rights barriers that need continued focus and prioritization, thinking through components related to sustainability and increasing coverage – both in terms of geographic scale and of key populations.

Recommendation to HIV Programs

1. Activities under the catalytic funds still lack a meaningful monitoring and evaluation (M&E) system, particularly at outcome and impact levels – PRs and SRs should build such robust M&E systems in GC7.
2. Sustainability – in the short term, government financial support for human rights activities is aspirational, especially in light of current budgetary and financial struggles (see “Domestic Challenges” section above). Thus, there is a need to think about other ways to achieve sustainability – as a first step, the Global Fund should convene a funders roundtable to discuss how best to continue support to programs to remove rights-related barriers to HIV.
3. GC7 should have a stronger focus on building a long-term vision of removing human rights-related barriers to HIV in Nepal, emphasizing institutionalization of good policies and practices.

9. Recommendations

Enabling environment and cross-cutting recommendations	
National Strategic Plan for a Comprehensive Response to Human Rights-related Barriers to HIV and TB Services in Nepal	• The Five-Year Plan should receive a rapid review and update ahead of the development of the GC7 funding request. To determine the best-placed entities to lead this update, the Global Fund should liaise with country partners. [60] • In addition to the rapid review, after submission of the GC7 funding request, the Global Fund should support a consultant to conduct a full review and update of the Five-Year Plan, covering 2025-2030. The substance of this plan should be connected with the new National Strategic Plans for HIV and TB. It should also include a strong M&E oversight mechanism. This next iteration of the Five-Year Plan should not only be approved by the CCM, but should also be formally endorsed by the government. (PE) • There should be a coordination mechanism for the current Five-Year Plan that meets on a monthly, bimonthly (i.e., every other month), or quarterly basis. (PE)
Domestic Challenges: Budgetary Constraints and Political Instability	• While expectations regarding domestic resourcing from the federal level of programs to reduce human rights-related barriers should continue, they are, at best, aspirational given the current country context. Pragmatically, the following recommendations should be considered to move towards sustainability:

[60] Note that the consultants assessing technical assistance needs and priorities under the Human Rights Strategic Initiative have been discussing options for such monitoring and oversight with some implementers under the current NFM3 grant.

	◦ The Global Fund and other bilateral donors, including funding from the US government, should continue to prioritize the development of a social contracting mechanism within the Nepali government, specifically through the MoHP. (PE) ◦ In addition to the expectations of funding from the central government, the Global Fund should also provide financial support for advocacy activities that explicitly focus on work with provincial and municipal governments to allocate domestic resources to programs to remove rights-related barriers to HIV services. Provincial and municipal governments operate autonomously from the federal level, and thus could provide additional domestic funding for human rights programming.
Implementation arrangements	• In GC7 funding request preparations (such as country dialogues) and during grant-making, respective community groups should lead on the issues that are most relevant to their communities. National-level leadership should convene a key populations-inclusive meeting with the relevant community groups to democratically decide a more acceptable implementation structure and budget allocation plan. Both the Global Fund and USAID should be at the table so that all key population groups are covered (as Global Fund supports programming for people who use drugs, migrants, prisoners and people living with HIV

	and USAID supports programming for sex workers and LGBTQ communities). • The Matching Fund component of the budget should adequately reflect the true costs of implementing human rights activities conducted by PRs and SRs through an inclusive consultation process with implementers across the grant cycle.
Cross-cutting HIV program recommendations	4. Activities under the catalytic funds still lack a meaningful monitoring and evaluation (M&E) system, particularly at outcome and impact levels – PRs and SRs should build such robust M&E systems in GC7. 5. Sustainability – in the short term, government financial support for human rights activities is aspirational, especially in light of current budgetary and financial struggles (see "Domestic Challenges" section above). Thus, there is a need to think about other ways to achieve sustainability – as a first step, the Global Fund should convene a funders roundtable to discuss how best to continue support to programs to remove rights-related barriers to HIV. 6. GC7 should have a stronger focus on building a long-term vision of removing human rights-related barriers to HIV in Nepal, emphasizing institutionalization of good policies and practices.
HIV Program Areas	
Eliminate stigma and discrimination in all settings	• Ensure the broad dissemination of the results of the HIV Stigma Index (2022), targeting relevant government ministries including the Ministries of Health and Population, Home Affairs, Labor, and others –

	the best placed entities to lead on this dissemination could be NAP+N and the NHRC. Funding should be obtained, from both domestic and international sources, to implement key recommendations from the study. If resources allow, support further analyses of the Stigma Index findings to better understand some of the key findings and issues raised in the original report. (PE) • UNAIDS should support a relevant entity to move forward with coordination of the Global Partnership in-country – the coordinator could be a civil society organization such as NAP+N or the NHRC. (PE) • The GC7 PR should ensure that the use of mass and social media for anti-stigma and discrimination messaging should include a basic M&E tracking system to understand the scope and scale of coverage, as well as gathering some data regarding plausible impact on behavior. (PE) • The Global Fund should coordinate with PEPFAR/USAID to ensure alignment of stigma and discrimination reduction trainings to ensure that the trainings comprehensively cover relevant S&D-related topics of concern for PLHIV and key populations. • All staff working on programs supported by the Global Fund HIV grant should undergo HIV-related stigma and discrimination training, which includes understanding issues like internalized HIV-related stigma and how to provide referrals to redress mechanisms such as peer paralegals and the NHRC.

Ensuring non-discriminatory provision of health care	7. The SCI-developed training on medical ethics and human rights should be revised to take into consideration the feedback from participants from the pilot trainings, including augmenting the content on both human rights and medical ethics to be more comprehensive, as well as participation of key populations and people living with HIV. (PE) 8. In GC7, implementers should continue to prioritize trainings, and importantly, institutionalization of anti-stigma and discrimination trainings for healthcare workers. Technical and financial support should be provided to the government to both roll out and institutionalize these trainings for pre- and in-service trainings for health care providers. Such trainings should include key populations as resource persons, as well as robust M&E mechanisms to track progress (including not only *output*-level indicators but also *outcome*-level indicators). (PE) 9. GC7 should look at the possibility of including funding for both stigma and discrimination trainings at provincial and local levels, as well as supporting budget advocacy at provincial and local levels to institutionalize these trainings. (PE) 10. Funding should be provided to community-led organizations to investigate allegations of discrimination against women living with HIV in access to reproductive and maternal health services (and discrimination against people living with HIV more generally), with an eye towards documentation of allegations, as well as redress for specific incidents of discrimination. This work should be done in

	conjunction with the NHRC and the NCASC to prevent further repetition of discriminatory treatment in health care. 11. GC7 should include activities (with support from WHO) to promote engagement between Nepal and India – such as meetings between the Nepal CCM and relevant government authorities in India. Such events should feed into prioritizing advocacy for the development of a Memorandum of Understanding between Nepal and India on access to HIV services, including HIV treatment, for Nepali migrants who work in India. 12. The Global Fund should ensure funding is directed toward gender-sensitive spaces and services that address the immediate harms of stigma (such as women-only harm reduction centers and gender-based violence crisis centers for trans and cisgender women living with HIV) that promote the rights of cis- and transgender women and children and should provide and link to health, social, economic and other essential services.
Legal literacy ("know your rights")	13. Integrate provision of key population-tailored, gender-specific and -sensitive legal literacy information into existing trainings, such as those for outreach workers and peer educators across GC7 programming to maximize dissemination of "know your rights" information. (PE)
Increasing access to justice	j) SCI should revise the paralegal training by taking into account the feedback from former participants on the strengths and weaknesses of the current paralegal trainings. They should also facilitate routine paralegal

	roundtables so paralegals can come together to discuss and share experiences in supporting their respective communities. (PE) k) In addition to including support for a legal officer to serve communities in GC7, the GC7 PR should explore partnerships or memoranda of understanding with legal aid institutions such as the bar association, the NHRC and law schools to develop sustainable pathways for legal redress. l) The GC7 PR and relevant SRs should strengthen referral linkages with existing legal aid and redress mechanisms, such as domestic violence services and the NHRC, for claims not directly related to HIV and human rights. m) The Global Fund and PR should support the strengthening of the legal services components of harm reduction efforts for people who use drugs (and other key population services) as part of a comprehensive approach to access to justice. n) The PR and relevant SRs should develop a routine M&E system for paralegals, not only to assess paralegal trainings (e.g., changes in knowledge from the trainings, quality of the information provided, etc.) but also to assess how paralegal apply this information at routine intervals – for example, surveys or feedback every 6 months about case load and case resolution. (PE) o) The Global Fund should develop guidelines for PRs, SRs and other implementers to standardize provision of adequate financial support for to better compensate peer paralegals, peer educators and pro bono lawyers to provide access to justice services for community members. This not only entails covering costs associated with

	travel and transportation for cases, but also sufficient stipends, and, ideally, salaries. Long term peer paralegals and peer educators should be provided opportunities for career growth, such as educational stipends. This should be tailored for the Nepali context, but also should be used in other country contexts where peer paralegals and access to justice programming operates. (PE)
Ensuring rights-based law enforcement practices	14. The Ministry of Home Affairs should strengthen the rights-related elements of drug policy in their narcotics training and institutionalize these health and human rights trainings into pre- and in-service trainings for law enforcement across Nepal – including at regional and district levels. 15. Similar to the PWUD community and their engagement with the police, upcoming funding on human rights should include activities that support the sex work community to build similar relationships with law enforcement, with the aim of developing sex worker-friendly policing practices that can be integrated into routine pre- and in-service training. Though the Global Fund does not directly support sex worker programming, there should be coordination between the Global Fund and PEPFAR-supported programs to facilitate these activities.
Improving laws, regulations and polices relating to HIV and HIV/TB	16. In GC7, implementers should sustain and, if possible, strengthen their advocacy for needed reforms to the national drug control policy and the national drug control law – including building support for reforms to decriminalize the use and possession of currently prohibited

	substances for personal use. This would create a more enabling environment for HIV prevention and treatment efforts among people who use drugs, one of the key populations for which the Global Fund is funding such services. The Global Fund should therefore provide financial support for this advocacy by civil society. (PE) 17. Implementers should continue to advocate for the passage of a revised HIV bill. The Global Fund should provide financial support for the necessary consultations to advance review, revision and eventual passage of the HIV bill. (PE) 18. GC7 should include the dissemination and popularization of the new citizenship law to ensure that children and others without citizenship are able to obtain their documents and access essential services, such as health insurance. This type of information should be integrated into already existing legal literacy and legal services work, as well as work on documenting human rights violations. (PE) 19. GC7 should, as a priority, take into account the findings of the CABA study and follow up on key recommendations, including providing financial support for a needs assessment to support the capacity development of CABA graduates, as well as support for advocacy for the government (at national, provincial and local levels) to take ownership and responsibility for continuation of the CABA program. (PE) 20. GC7 should support the development of community-led organizations, such as those for sex workers and for young people, on

	longer-term advocacy strategies for repealing or reforming laws/policies that undermine human rights and create barriers to services. (PE) 21. GC7 should include a concerted effort to develop some sort of common advocacy agenda among civil society organizations to allow for a coordinated, shared set of strategies to pursue that agenda.
Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity	22. The Global Fund with ViiV Healthcare, PR SCI, RN/RN Women and other key stakeholders, should urgently convene to address the potential closure and cessation of essential harm reduction services for women and their children and work to find funds to address the potential gap between NFM3 and GC7 funds. (PE) 23. The findings of the Mainline report, *Out of Sight: Women who Inject Drugs and Access to Harm Reduction Services in Nepal*, should be widely disseminated and relevant entities should take onboard its recommendations for GC7. 24. 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. (PE) 25. To support access to HIV and other health services for the LGBTQ communities, Respect Homes

	should be expanded to at least 15 districts in GC7.
Community mobilization and advocacy for human rights	• The Global Fund, in collaboration with PEPFAR, should continue to support CLM efforts in GC7. This should be an opportunity for the Global Fund to discuss with USAID to expand the scope of the CLM initiative to a) cover issues of stigma and discrimination for all settings of the Global Partnership; b) ask about privacy and confidentiality in access to all services; and c) ask about broader human rights issues including experiences of violence and challenges relating to citizenship and services access. (PE) • Local resources should be mobilized for improvements in HIV service delivery based on CLM findings, and CLM activities should be institutionalized through government ownership through NCASC, through integration with national HIV programming and social contracting mechanisms. • The PR and SRs supporting catalytic funds, working with the SRs on CLM, should ensure linkages between peer paralegals supported through CF and relevant reports/violations captured by the CLM system. • The Global Fund should engage with dialogue with US government to assess whether the capacity building initiative could be expanded to include advocacy for health and human rights issues, drawing on the strength of some Nepali NGOs such as Blue Diamond Society and NAP+N.
Reducing human rights-related barriers to TB	

	26. NTCC should include a M&E system to track the frequency and impact of TB awareness-raising messages. 27. NTCC, working with the Global Fund, other bilateral donors, as well as civil society organizations, should follow up on recommendations outlined in the CRG TB assessment, including a costed action plan, prioritizing implementation of the ones with the most evidence of impact. 28. NTCC should conduct a TB Stigma Assessment to understand the full scope and scale of TB-related stigma (including in various settings such as health care and employment) and provide domestic funds, or work in partnership with bilateral donors, to mobilize resources to follow up on the assessment recommendations. 29. NTCC should integrate TB-related stigma and discrimination reduction trainings into trainings of TB health care providers, as well as integration into HIV trainings, given the co-infection of HIV/TB. 30. NTCC and TB-focused civil society organizations should integrate TB-related stigma and discrimination and legal literacy information into trainings for TB and HIV community health workers. 31. NTCC and TB-focused civil society organizations should mainstream TB-related legal literacy information into TB screening and treatment programs in prisons. They should also consider providing funding to support the development of peer paralegals in closed settings to support people in closed settings to realize their rights. 32. NTCC should work with the Global Fund and other bilateral funders to

	mobilize resources to support the creation and implementation of patient support groups, especially for people with drug resistant and multi-drug resistant TB – such funding, for example, could cover community-based patient advocacy organization strengthening, linkages to legal aid and stigma and discrimination complaint resolution mechanisms to promote access to justice and human rights.

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition[61]
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.

[61] The definition of the term “comprehensive” has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
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: 1. Human rights programs at scale for all populations; and 2. Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)
+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 2: Key Informants, Site Visits, Beneficiary Interviews and Validation Meeting Participants

	Organization	Names, Titles
1.	National Federation of Women Living with HIV (NFWLHA)	Sara Thapa Magar: President Jyoti Pariyar: Program Manger Milan Khadka: Youth Program Officer Anita Shrestha: Program Coordinator Pooja Ghale: District Focal Person
2.	National NGOs Network Group Against AIDS Nepal (NANGAN)	Kopila Dangol: Consultant Dal Badhur G.C: Board Member Dr. Ramya Raj Dhungana: Board Member Mahesh Datt Pandey: Network Coordinator Ramesh Prasad Pandey: Vice President
3.	YKP Lead Nepal (YKP)	Rojal Maharjan: President Rajeshwari Prajapati: Board Member Ripu Hamal: Program Officer Rishi Maya Poudel: Finance Officer
4.	National Association of People Living with HIV and AIDS (NAP+N)	Suresh P. Dhungana: Program Manager Prakash Yogi: Senior National Field Coordinator Ishwor Shakya: Board Member Hira Mani Situla: Board Member Robin Lama: Board Member Uddhab Satyal: Finance Coordinator Yashoda Timalsina: Advocacy Officer Shibu Giri: National Coordinator Khagendra Khadka: President
5.	National Migrant Network on HIV/AIDS and SRHR (NMNHAS)	Shyam Sundar Baskota: Admin Finance Officer Bishnu Ghimire: Advisor Bal Krishan Gaire: General Secretary
6.	FHI 360	Anuradha Sharma: SBCC Specialist Rajesh khanal: Project Director Bhav Nath Jha: Team Leader Druga Prasad Bhandari: Deputy Project Director

7.	National Centre for AIDS & STD Control (NCASC)	Sanjay Kumar Thakur: Director Keder Raj Paudel: Manager
8.	National Human Rights Commission (NHRC)	Buddha Sahani: Deputy Director Poonam Thapaliya: Program Officer Kiran K. Barma: Human Rights Officer Navaraj Sapkota: Secretary
9.	The Joint United National Program on HIV/AIDS (UNAIDS)	Komal Badal: Focal Person
10.	Blue Diamond Society (BDS) sister organization	Dev Narayan Chaudhary: LGBT Program Coordinator
11.	Women's Org. provincial network of, ally of HWS/BDS	Ms. Yosha Guragain: Human Rights Defender
12.	Sex Worker group – sister organization of JMMS	Bimala Malla: Board Member
13.	Pariwartanshil Samaj – BDS CBO serving LGBT/SW	Muskan Shrestha: Project Coordinator Sanjay Sharma: Interpreter, founder of Human Welfare Society, now at BDS and on CCM
14.	Jagariti Mahila Maha Sangh (JMMS)	Anita Subba: Program Manager Bimala Mall Thakuri: President Punam Thakuri: Finance Ranjan K.C: Operation Head Rita Timalsina: Program Officer Uma Budhathoki: Advocacy Officer Bhawana Rai: Project Assistant Ava Chhetri: Coordinator Aakriti Shahi: Admin Officer
15.	National Tuberculosis Control Center (NTCC)	Rajendra Basnet: Program Officer Global Fund TB
16.	Country Coordinating Mechanism (CCM)	Bhim Prasad Sapkota: Senior Public Health Administrator (MOHP) Ujjwal Karmacharya: Executive Member Sangita Mishra: Executive Member Deepak Karki: Executive Member Yashoda Aryal: Executive Member

		Roshan Poudel: Executive Member Parkash Ghimire: Executive Member
17.	United States Agency for International Development (USAID)	Teklu Weldegebrea: Senior HIV Advisor Health Office
18.	Recovery Nepal/Recovery Nepal Women	Bishnu Fueal Sharma: CEO Sabir Ojha: Focal Person Muna Shrestha: Board of RN women
19.	Nepal Anti-Tuberculosis Association (NATA)	Sanjay Shrestha: Program Manager
20.	Japan Nepal Health and TB Research Association (JANTRA)	Sharan Gopali: Executive Director
21.	Independent lawyer	Rupa Narayan Shrestha

Beneficiary Interviews

For this Progress Assessment (PA), the research team interviewed 11 respondents in total: six respondents were trained as paralegals under the Human Rights Catalytic Funds for NFM3 and five were trained on human rights and medical ethics. The results of the key informant interviews with beneficiaries are integrated throughout the report, where relevant.

Participants in stakeholder validation meetings (HIV and TB) – 7th September 2023 (Breaking Down Barriers Progress Assessment) Nepal

1.Nina Sun, PA Researcher
2.Karyn Kaplan, PA Researcher
3.Pooja Kunwar Chhetri, PA – National Consultant
4.Stefan Stojanovik, Senior Fund Portfolio Manager, Nepal, Global Fund
5.Komal Badal (UNAIDS): Focal Point
6.Jyoti Pariyar, (NFWLHA): Program Manager
7.Ripu Hamal (YKP lead Nepal): Program Officer
8.Shyam Sundar (National Migrate Network): Admin Officer
9.Rajan Bhattrai (SCI): Director
10.Rajan KC (JMMS): Program Head
11.Sabir Ojha (Recovering Nepal): Focal Person
12.Bishnu Fueal Sharma (Recovering Nepal): CEO
13.Sanjana Adhikari (NFWLHA): Program Coordinator
14.Sanjay Shrestha (NTCC): Program Manager
15.Shodashi Rayamajhi (SCI): Program Manager

Annex 3: Documents Reviewed

Nepal:

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33. The Global Fund (2023). *2023-2025 Allocation Letter*
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