5. Slowing the spread of HIV/AIDS

According to recent estimates by the National Centre for AIDS and STD Control (NCASC) and Family Health International, over 70,000 people in Nepal are living with the virus. Nepal has the characteristics of a concentrated epidemic. Migrant labourers, commercial sex workers and their clients, injecting drug users (IDUs), and men who have sex with men (MSM) have been identified as the major at-risk groups. Preliminary data by NCASC in 2007 showed that 41% of all HIV cases in Nepal were among seasonal labour migrants, 21% among wives or partners of HIV positive men, and 16% among clients of sex workers.

This situation has been aggravated by low agricultural productivity and lack of employment opportunities, which have forced many economically active adults to migrate to India and abroad in search of employment, thus also increasing their vulnerability and that of their spouses or partners to sexually transmitted infections, including HIV/AIDS.

In such a context, HIV/AIDS has the potential to become a national crisis in Nepal. According to the Nepal MDG Progress Report 2005, "unless programmes are implemented on a war footing, a generalised epidemic with high mortality in the most economically productive groups will begin."

UNDP's response

In 2007, UNDP continued to partner with the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the Department for International Development (DFID) to support the Government in the implementation of the National HIV/AIDS Strategy 2006-2011 and the National Action Plan 2006-2008, which are the guiding frameworks for our support.

Implementation of a comprehensive programme

UNDP-supported programmes in the form of comprehensive packages, which include information dissemination and awareness raising through outreach and public drop-in centres, voluntary counselling and testing, distribution of free condoms, treatment of sexually transmitted infections, and referral services for HIV/AIDS treatment, have covered all the three high risk groups i.e., migrant labourers, IDUs, and MSM.

In 2007, these packages, implemented through various NGOs and CBOs across Nepal, were able to reach 414,274 migrants and their families, 39,029 MSM, and 1,674 IDUs through harm reduction and 1,944 through detoxification and or/rehabilitation.

Support to civil society initiatives

55% of the US $7.3m total expenditure in 2007 was channelled through 59 NGOs and 61 CBOs in 44 districts, primarily providing them with grants and trainings to conduct community home based care services, and to provide referral services for anti retroviral treatment, CD4 (immunity) count and management of opportunistic infections. The major part of the GFATM grant portion was invested in the procurement of anti retroviral drugs, test kits, condoms and drugs for sexually transmitted infections and opportunistic infections.

In 2007:

- 41 counsellors of the 29 NGOs implementing the voluntary counselling and testing services for HIV received counselling and refresher training; and lab technicians of these centres were trained in logistics management and testing regiments.
- As a result, 56,902 migrants and families members were counselled, out of which 20,780 completed the counselling and testing for HIV. Similarly, 2,234 IDUs (out of which

Table 10: UNDP support to HIV/AIDS in 2007

Project	Expenditure (Funding partner)	Focus
Support to the National Programme on HIV/AIDS	US$ 7,347,000 (DFID, GFATM)	Support to civil society organisations to prevent the spread of HIV/AIDS and to care for and treat people living with HIV/AIDS.

Box 16: Community Capacity Enhancement Programme

The *Community Capacity Enhancement (CCE)* Programme, a part of UNDP's global work on HIV/AIDS, was initiated in Parsa, Kapilvastu and Ilam districts in 2007. The programme, funded by the UNDP Regional Centre in Colombo, was launched with the belief that if the stigma and discrimination against HIV/AIDS is to be reduced and the perspective of the community towards the disease is to be changed, it is necessary to go to the communities and discuss the issue with their members.

Using a number of powerful tools such as community conversation, mapping, historical timelines and story telling, the people in the communities learnt to recognise that they have the power to prevent the spread of HIV in their communities and that it is important to provide care and support to those affected. The community people have been giving continuity to this programme by holding regular interactions amongst themselves.

117 were women) and 1,995 MSMs completed voluntary counselling and testing. Crisis care was provided to 1,713 PLWHAs (out of which 456 were women) (Box 16).

Creation of livelihood opportunities for women with HIV/AIDS

Women living with HIV/AIDS are particularly stigmatised and vulnerable and this is compounded if they become widowed. In many cases, positive widowed women are even thrown out of the house with or without their children, deprived of their land and normal livelihood, thus left homeless and resourceless. Finding new sources of income and social support becomes critical therefore to allow these women regain their dignity and a means to support to themselves.

As a response, in 2007, UNDP initiated preparatory work for the creation of livelihood opportunities for women living with HIV/AIDS.

Twenty-five infected women from the Far Western Region, most of them widows with no family support, were included in the training on entrepreneurship provided by the *Micro-Enterprise Development Programme*.

Box 17: Improving the world of women with HIV/AIDS

Neat rooms with beds for a total of thirteen, a small kitchen, cosy dining room and a secluded, spacious garden to give privacy to the crisis patients- this has become the world of Purnima (a pseudonym).

Recalling her trauma of being infected by her husband and undergoing a series of humiliations from her husband's family and society, Purnima had to take shelter in a rehabilitation home in Kathmandu. "When my husband and I started falling sick frequently, we discovered that both of us were HIV positive but the family members suspected me instead of their son. As I was no longer wanted in the family, I left home in search of support; my husband did not even bother to find me."

Purnima was lucky to find other women in a rehabilitation centre who had the same desire - to live. Together they formed a small group to support positive women. This support group was finally able to register as an NGO in May 2004.

The NGO has received grant from UNDP's *Management Support to National HIV/AIDS Programme*, DfID and Family Health International/USAID. With this support, the NGO has provided and facilitated counselling, medical checkups, and emergency crisis services (transportation, check ups, referrals, shelter for 21 days) to 280 women.

Besides Kathmandu, the NGO has branches in Makawanpur, Pokhara, Chitwan, Accham and Butwal and a network to bring in HIV positive women from remote areas who often lose their chances of survival either because of ignorance or because they want to remain hidden for fear of stigma and discrimination. Purnima confirms that most of the cases she has received are women who got the virus due to trafficking or through their husbands.

For further expansion of her work, Purnima feels that the positive women should be provided with some kind of skills training for income generation or even computer training.

"Learn to demand for your rights rather than asking for participation only", says Purnima. Her clarion call to all the HIV positive women is - "do not succumb to social prejudice against HIV/AIDS. You can be an agent of social change if you have a strong will power to live and save other people's lives."

Purnima's vision is clear and she rides on her hope that the world for HIV positive women can be made better with increased understanding, care and support from society.

Vision for 2008 and beyond

Despite the national emphasis on peace building, recovery and reconstruction, people will still migrate in search of better employment and livelihood opportunities, exposing themselves to the risks of HIV infection. In such a context, UNDP will,

- In close coordination with UNAIDS and the UN Theme Group on HIV/AIDS, further strengthen the national capacity to respond to HIV/AIDS, especially of the HIV/AIDS Board, a semi autonomous entity recently formed by the Government of Nepal to manage HIV/AIDS activities.
- Continue to support the implementation of comprehensive package for high risk groups as per the national action plan 2006-2008.
- Support civil society organisations to increase facilities for counselling and testing in various parts of the country.
- Work to enhance livelihood opportunities for PLWHAs (especially women and other vulnerable groups) through our various grassroots initiatives. ■