Saath-Saath Bulletin

Volume 8 | July 2015



Gender-based violence (GBV) takes on many forms and can occur throughout the life cycle. Female infanticide, child sexual abuse, sex trafficking and forced labor, sexual coercion and abuse, neglect, domestic violence, elder abuse, and harmful traditional practices such as early and forced marriage, dowry, *Chaupadi, Jhuma* and *Kamlari*. USAID is committed to developing and implementing effective measures for preventing and responding to GBV in local contexts. Some measures include solidifying links between health care providers and other ministries to bolster the prevention of and treatment for survivors of GBV, counter trafficking, reducing stigma and increasing service use among women, children and sexual minorities who are most at risk of GBV.

Congratulations to USAID-funded Saath-Saath Project (SSP) for putting GBV on the radar in this newsletter. SSP's initiative on GBV prevention and mitigation services for Female Sex Workers (FSWs) and Transgender Sex Workers (TG SWs) aligns well with the US Strategy to Prevent and Respond to GBV Globally, 2012. SSP's works to decrease the susceptibility of vulnerable populations to GBV by improving access to evidence-based integrated GBV reduction interventions and quality health services for GBV survivors including referral services.

Eliminating GBV is a long-standing goal of the U.S. Government. Secretary of State Hillary Clinton rightly said *"It is time for all of us to assume our responsibility to go beyond condemning this behavior, to taking concrete steps to end it, to make it sociably unacceptable, to recognize it is not cultural; it is criminal."*

Manju Thapa Tuladhar, PhD
Gender Equality and Social Inclusion (GESI) Adviser
USAID/Nepal

Message from the Chief of Party

We are back with a new issue of the Saath-Saath Bulletin just before year four of the project comes to a successful end.

Gender-based violence is considered to be a major structural determinant of HIV. Such violence faced by sex workers (both male and female), men who have sex with men (MSM) and transgender people makes them more vulnerable and exacerbates the already unequal position they have in the society. This also prevents them from accessing other HIV services that they would have otherwise accessed. In countries with traditional gender-based inequalities, these problems are even more prevalent.

Keeping this in mind, SSP has introduced GBV related services in selected districts for sex workers (female and TG sex workers) in a comprehensive integrated manner enriching the range of services that are available for the key affected populations.

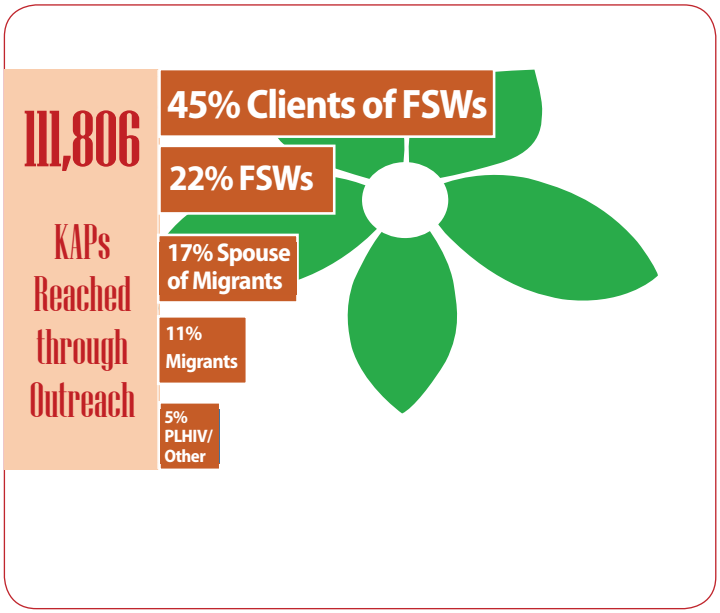
This bulletin highlights the strategy adopted by the project and the success experienced so far from rolling these new activities out. We are very thankful to USAID for supporting this important cause in Nepal. Our thanks also goes to the Government of Nepal (GoN) for allowing us to introduce these activities. We want to specially acknowledge the vibrant civil society groups who have not only brought the problem to the fore helping all to understand the magnitude of the problem but have also become active partners of SSP to roll these services out.

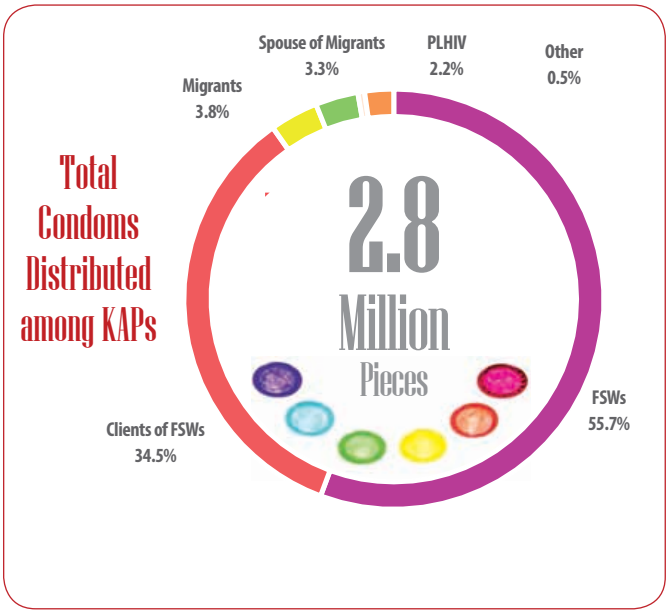
I hope you will enjoy reading this issue. Along with GBV related write up, we are also sharing other program updates so that you can see the progress we have made since our last Bulletin.

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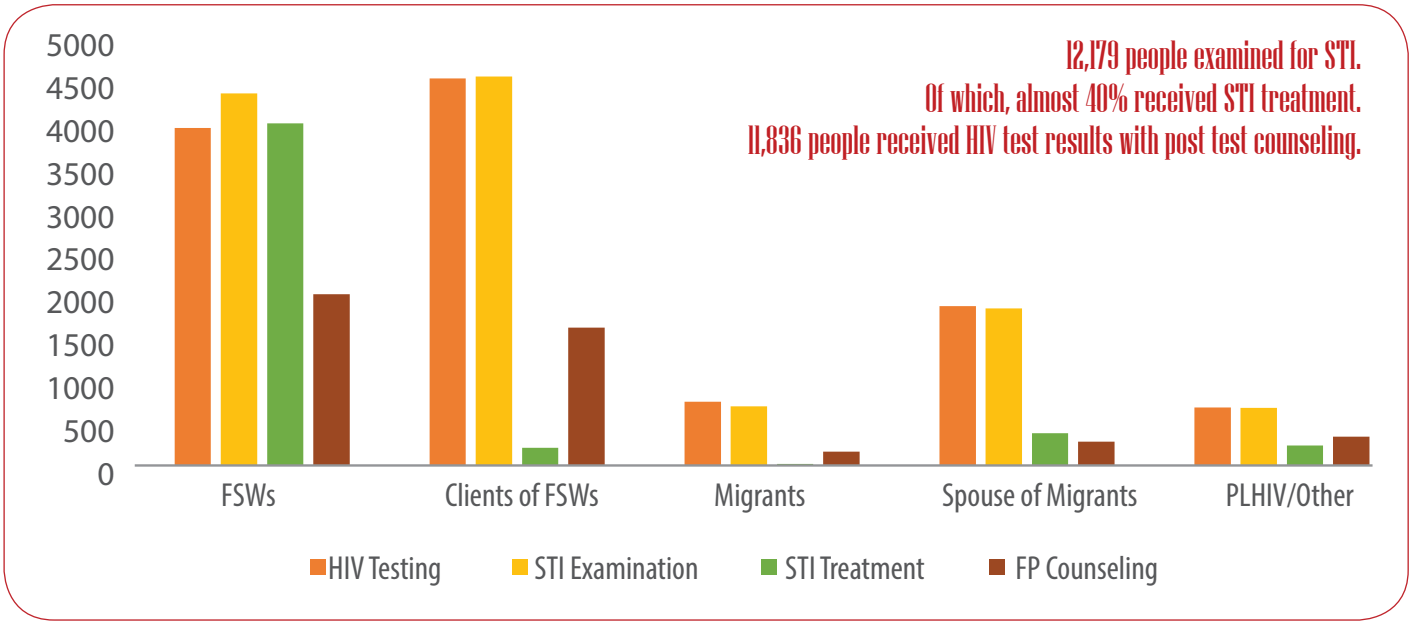
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Key SSP Achievements from February 2015 - May 2015

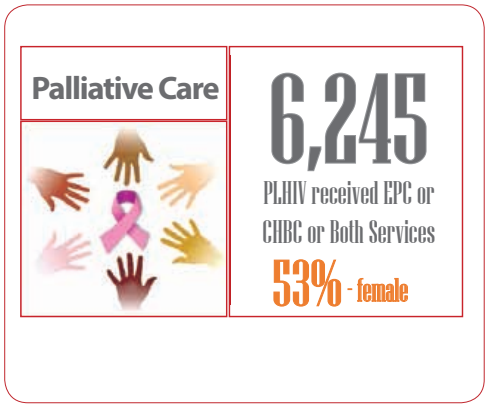




KAPs receiving clinical services (February - May 2015)



PLHIV receiving care and support services



Capacity Building

Saath-Saath Project's Strategies to reach FSWs and TG SWs with GBV prevention and mitigation services

USAID-funded Saath-Saath Project (SSP)'s GBV prevention and mitigation activities aim to decrease the susceptibility of Female Sex Workers (FSWs) and Transgender Sex Workers (TG SWs) to HIV through integrated comprehensive and multi-disciplinary GBV reduction efforts in Bhaktapur, Kailali, Kaski, Kathmandu, Lalitpur and Sunsari districts. These activities are focused on:

Enhancing awareness of violence prevention strategies and legal resources: GBV prevention education and referral for FSWs and TG SWs are provided through one-on-one and group outreach and peer education sessions integrated with SSP's ongoing HIV and STI prevention education. SSP provides training to the national networks of FSWs – *Jagriti Mahila Maha Sangh* (JMMS) and lesbian, gay, bi-sexual and transgender (LGBT) – Federation of Sexual and Gender Minorities in Nepal (FSGMN), and their community-based organizations (CBOs) covering topics such as GBV recognition and prevention strategies; GBV cases documentation; leadership development, evidence-based advocacy and sexual and reproductive health rights. Using a cascade approach, JMMS, FSGMN and their CBOs, then provide training to the FSWs and TG SWs so that their capacities to recognize and prevent GBV are enhanced. Through these training sessions, use of medical, legal and other services and resources are also promoted. To help raise awareness among general public, SSP also supports the commemoration of international and national days and events related to GBV.

Improving access to evidence-based clinical interventions and quality health services for GBV survivors: All female and TG clients attending the SSP-supported Expanded Integrated Health Service (EIHS) sites for HIV and STI services are screened for suspected GBV cases. Psychosocial counseling, treatment of injuries, Post-Exposure Prophylaxis (PEP) along with services for HIV and STIs are provided to the GBV survivors. Referral services are offered to those requiring any additional support. Sensitization training and regular coordination and networking meetings are organized to ensure FSWs and TG SWs friendly and sensitive services in the referral sites including One Stop Crisis Management Center (OCMC) at Paropakar Maternity and Women's Hospital, Thapathali. SSP also reaches GBV survivors through support group meetings. The health care service providers are linked with professional psychosocial counselors for any guidance and support required to deal with more complex cases of GBV.

Strengthening GoN's policy and law enforcement environment for combating GBV against FSWs and TG SWs: Collaboration with Nepal Police is underway to improve the capacity of law enforcement authority to combat GBV through sensitization on HIV, HIV-related stigma and discrimination and consequences of GBV. Likewise, sensitization orientation for authorities in the National Women's Commission, district women police cells and Nepal Bar Association to emphasize the unique needs of the FSWs and TG SWs. Exposure visits for key law enforcement officials and policy makers are also being planned for the success of GBV related programs.

Impact of the mega-earthquake on beneficiaries and SSP's support

The mega-earthquake of April 25 and May 12 and over 300 hundred aftershocks that claimed over 8,000 lives have affected normal life of people of Nepal. SSP districts and project's beneficiaries are no exception to this. Seven SSP districts – Bhaktapur, Dhading, Kathmandu, Kavre, Lalitpur, Makwanpur and Nuwakot are also amongst the 14 districts that were severely affected by the mega-earthquake.

SSP program activities were halted for the first three days after the mega-quake. The staff of SSP NGO partners made efforts to reach the FSWs and people living with HIV (PLHIV) to provided moral support. Psychosocial counseling session were provided to the health workers and outreach staff of SSP NGO partners through trained counselors to enable them to respond to the needs of beneficiaries in the post-disaster scenario. Outreach staff then made efforts to regularly meet beneficiaries at their temporary shelter (tents) and continued to distribute condoms and emphasize on the importance of practicing safe behaviors. Due to the beneficiaries' fear and reluctance, service sites experienced lower clinic utilization.



Likewise, the Community and Home-based Care (CHBC) teams ensured the well-being of the PLHIV and checked the availability of antiretroviral (ARV) drugs through home visits where possible and through telephone contacts in other cases. SSP, through local NGO partners and with permission from local government and District Disaster Response Coordination Committee, distributed relief materials to 180 households of PLHIV in Nuwakot and Kavre districts.

SSP also coordinated with National Centre for AIDS and STD Control (NCASC) to keep track of uninterrupted supply of ARVs, test kits and drugs for opportunistic infections to the peripheral health facilities in the affected districts.



Gender-Based Violence - Global Picture

"Violence against women and girls are socially sanctioned. They are not publicly recognized and are not adequately addressed by institution that should respond to them." **Dr Claudia García-Moreno (Co-coordinator, Lancet Series on Violence against Women and Girls 2014).**

GBV, a manifestation of unequal power relations, occurs across all nations and socioeconomic levels, but is more common when women and sexual minorities lack education, economic and decision-making power and are less recognized for the contributions they make to the society.

According to WHO, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence (2013). Some national violence studies show that up to 70% of women have experienced physical and/or sexual violence in their lifetime from an intimate partner. It is estimated that of all women killed in 2012, almost half were killed by intimate partners or family members. GBV globally is also the leading cause of death of women between the ages of 19 and 44, which is more than death caused by war, cancer, or car accidents. The Lancet Series on Violence against Women and Girls 2014 states that in girls aged 15–19 years worldwide while self-harm is the leading cause of death, intimate partner violence is the leading risk factor for mortality. Studies have shown that intimate partner violence and exploitation can increase risk of HIV for adolescent girls and young women.

Violence against sex workers, Men who have Sex with Men (MSM) and TG people, although prevalent, aren't always openly reported. They are also not provided the legal protection required for them. According to UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health 2015, TG people in particular "often face stigma and ill treatment, including refusal of care, harassment, verbal abuse and violence."

Response required to reduce GBV is quite complex. Apart from addressing it through judicial process, countries need to look at the root causes of GBV and address them. The health sector needs to take a more holistic approach for prevention and response by providing required support and by dealing with the consequences of violence while also focusing on how to prevent subsequent violence. Violence is a structural driver of the AIDS epidemic. Programs around the world have shown successful models of using GBV prevention as a strategy to slow down the spread of HIV. UNAIDS–Lancet Commission on Defeating AIDS—Advancing Global Health 2015 lists GBV reduction interventions as very important structural interventions for Young women at risk (15–24 years), sex workers (male and female) and MSM.

"It is possible to prevent violence. We need to work with both men and women. We need the government and leaders to speak out against violence (show leadership). We need money to go behind progressive laws and policies. We have to prevent violence by strengthening the role of the health sector and by paying greater attention to increasing investment in data collection to magnitude and to know more what works." **Prof Charlotte Watts (Co-coordinator, Lancet Series on Violence against Women and Girls 2014).**



Different forms of GBV

GBV in Nepal

GBV is disturbingly, a growing trend in Nepal. According to the Nepal Demographic Health Survey (NDHS), 2011, 22% women of age 15-49 have experienced physical violence since age 15; 4.6% of married women of reproductive age reported experiencing sexual violence; 77% women who experienced any type of physical or sexual violence have never sought help, including 64% who have never told anyone about the violence.

Results on key violence indicators from IBBS survey among FSWs and MSW/TG SW

Indicators related to violence reported by FSWs	Kathmandu (2011)	Pokhara (2011)	Terai (2009)	Terai (2012)	Kathmandu MSW (2009)	Kathmandu MSW/TG SW (2012)
	% (N=593)	% (N=345)	% (N=600)	% (N=610)	% (N=135)	% (N=135)
Was forced to have sex in past year	22	21	24	20.5	32.6	20.7
Was physically assaulted in past year	18	20	13	-	25.9	28.9
Clients refusing to pay for sexual service	25	10	26	46.6	-	-
Clients performed acts that FSWs disliked in past year	29	31	26	16.6	-	-

"Gender-based violence at its core is an abuse of power and a violation of basic human rights. Therefore, effective GBV prevention and response - no matter whether the survivors are women, children, or key populations – requires the tackling and dismantling of underlying inequitable gender and social norms which not only give rise to all forms of GBV but also stigma. Unless and until all of our program deal with this root cause, even our best efforts will amount to little more than triage." **Maryce G Ramsey, Senior Gender Advisor, FHI 360 Washington, D.C.**

Success Story from the Field: A Survivor, Against All Odds

During my field visit to Lalitpur district, I was sharing information about Saath-Saath Project's GBV prevention and mitigation services to a group of beneficiaries in *Sallaghari Chaur* (an open field). We were surprised when a differently-abled girl, probably in her teens instantly shared with the group that she had also faced GBV. Curious, we asked her more about the violence she had experienced. She became reluctant – her non-verbal clues clearly showed she had doubts and distrust to share more. I waited for a right moment to talk to her.

I came to know that she was 16 and her name was Priya (name changed). As our conversation progressed, she told me how she skipped school and played hide-and-seek with boys and girls who came to graze cattle. She had been allured and sometimes threatened into sexual relation by a particular boy. One fateful day, she was forced to accompany him to his house. *"When we reached there, there were three other men, I was very afraid and tried to run away but was sexually assaulted by those men",* Priya recalled with a dreaded expression. Later, her family found her lying unconscious near a pond. Terribly traumatized, she feared to share about the incident with anyone. She revealed to me that this incident pushed her to sex work. She says she found solace in the meagre earnings from the profession.

Priya is a GBV survivor so I further provided her information on different forms of GBV and encouraged her to visit SACTS, our HIV clinic. I also counseled her for the possible HIV/STI risks and encouraged her to practice safe behaviors. Initially, she was hesitant about visiting the clinic. She requested that I speak to her father. I explained to her father about the possible HIV/STI risks. I realized he had already come to know about Priya's profession and the fateful incident. When Priya's father himself brought her to the clinic, I felt a sense of achievement.

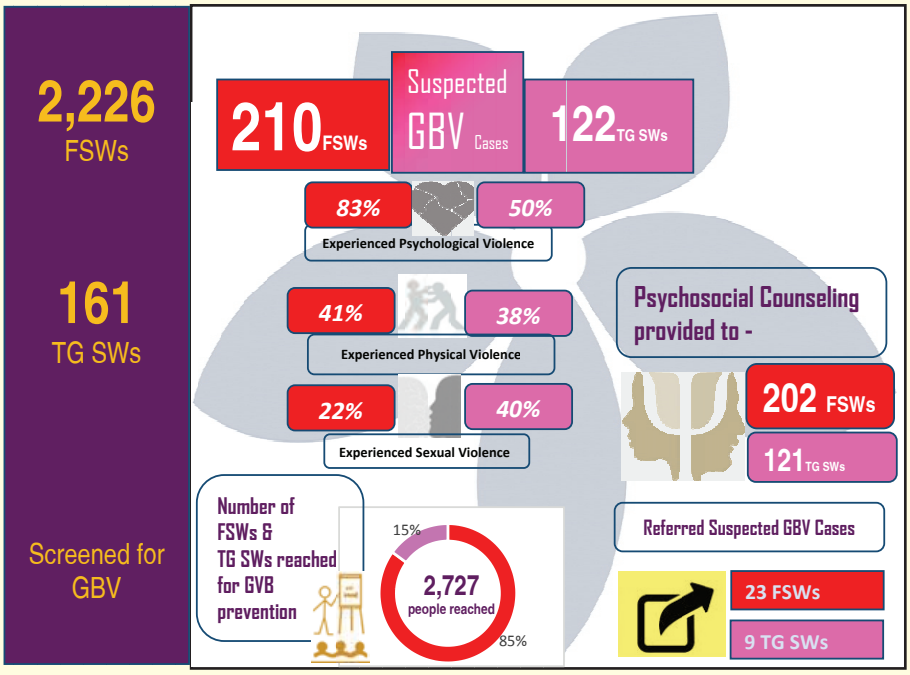
Tej Kumari Kunwar, Community Mobilizer,
Nari Chetana Samaj (NCS)



At SACTS, they received assurance about confidentiality. Priya received psychosocial counseling. Her HIV and STI tests were good. They requested to help find her skills development training. Priya's father has also submitted a request letter for this and NCS is approaching various organizations including the Government-owned Nepal *Mahila Apanga Sangh* and Women Development Center to find a shelter home and/or skill development opportunities.

Summary of SSP's Key GBV Achievements

December 2014 – May 2015



Training conducted for GBV prevention and mitigation service

Training	No. of Participants
Training on GBV Prevention Education and Referral for Outreach Staff.	94
Basic Training on Psychosocial Counseling and Treatment of GBV Cases.	24
Training of Trainers (ToT) on GBV Prevention and Mitigation including documentation of GBV case study for Board members and staff of FSGMN and JMMS.	23
ToT on Leadership Skills Development, Evidence-Based Advocacy, Sexual and Reproductive Health Rights including Legal Literacy and Life Skills.	20
Sensitization Training on KAP sensitive and friendly services to OCMC and GBV related service providers.	54

International Day against Homophobia and Transphobia 2015 – May 17, 2015

For the first time in Nepal, SSP marked the International Day against Homophobia and Transphobia (IDAHOT) 2015 on May 17, 2015 in Kailali, Kaski, Kathmandu and Sunsari districts. The program was jointly supported by SSP's national network partners – FSGMN, JMMS and their CBOs, the SSP partner NGOs and other local government and non-governmental stakeholders. Over 200 individuals including representatives of lesbian, gay, bisexual, transgender and intersex (LGBTI) community, TG SWs, FSWs, Clients of FSWs, and community members participated in various events that aimed to raise awareness about homophobia and transphobia. Sanitation program; interactions, orientation sessions which included dissemination of Information, Education and Communication (IEC) materials on the meaning of homophobia, transphobia, LGBTI and IDAHOT and quiz contest were organized. In Kathmandu, a candle light vigil was also organized for the people of the LGBTI community who had experienced violence and abuse due to their identity. A moment of silence was observed in memory of the people who lost their lives in the mega-earthquake of April 25, 2015.



32nd International AIDS Candle Light Memorial Day– May 17, 2015

USAID-funded SSP, marked the 32nd International AIDS Candle Light Memorial Day 2015 on May 17, 2015 in its project districts. SSP's national network partners – FSGMN, JMMS (in Kathmandu), partner NGOs and other local government and non-governmental stakeholders jointly marked the program. Candle light memorial was organized in the various SSP districts in memory of the people who lost their lives due to AIDS. In addition, this year, the participants mourned for the departed souls due to the April 25th earthquake. Other programs organized to mark this day included interaction and radio programs on HIV prevention, care and treatment, school supplies (stationary) support to the children living with HIV and blood donation to support the victims of earthquake. More than 1,000 people participated in these programs.



105th International Women's Day – March 8, 2015

USAID-funded SSP commemorated the 105th International Women's Day in its six districts including Kathmandu where SSP is implementing GBV related activities. As part of the commemoration, the March 2015 issue (previous issue) of this newsletter, Saath-Saath Bulletin was dedicated to the women leaders of the national networks of Key Affected Populations (KAPs) in recognition of their remarkable achievements and the contributions to national HIV response.

On March 8, 2015, SSP along with its partner organizations participated in the national rally organized by the Ministry of Women, Children and Social Welfare; National Women Commission (NWC); Nepal Police and NGOs under the international and national theme "Empowering Women, Empowering Humanity – Picture it!" and "लैङ्गिक मैत्री संविधान: महिला हिंसाको निदान" respectively. The rally saw participation of around 1,000 people representing individuals and NGOs supporting and working for women's empowerment. At the district level, SSP partner organizations participated in various programs organized by the local government authorities and stakeholders to show solidarity for the cause.







Initiation of Post Exposure Prophylaxis (PEP) for FSWs facing Sexual Assault

SSP has initiated the provision of PEP for FSWs facing sexual assault to minimize HIV risks posed to them by this act of violence. This service is now available for FSWs. SSP is providing PEP from its clinic in six GBV districts (Bhaktapur, Kailali, Kaski, Kathmandu, Lalitpur and Sunsari) from March 2015. The initiation is in line with the Government of Nepal's National ART Guidelines 2012 and National Consolidated Guidelines for Treating and Preventing HIV in Nepal, 2014 that recommends to provide PEP in case of sexual assault. The PEP is implemented following the approval of implementation protocol on PEP in National HIV Technical Working Group (NTWG). Till date, PEP was available only to HIV clinic health workers in case of any occupational accident such as needle stick injuries.

Support to the Government of Nepal to develop a national pool of trainers and decentralize HIV related laboratory training

SSP supported the Ministry of Health and Population (MoHP)'s National Public Health Laboratory (NPHL), the regulating Government body for the health laboratory related activities in Nepal, to conduct a Master Training of Trainers (MToT) for laboratory training from March 18-24, 2015. Altogether 22 individuals from the government-owned national and regional laboratories and zonal hospitals participated in the MToT. They, thus, became part of the national pool of qualified trainers who will provide further training to other laboratory staff who will provide diagnosis of HIV and Sexually Transmitted Infection (STI) services. So far, the national pool of trainers have trained 89 laboratory staff from Chitwan, Dhangadi, Kaski and Nepalgunj districts using respective regional health laboratories, sub-regional hospitals and zonal hospital laboratory facilities. This support from SSP to NPHL has further contributed towards the decentralizing of HIV related laboratory training. These training events traditionally were conducted only in Kathmandu.

SSP shares Experience on Family Planning (FP) and HIV Integration at the 10th SAFOG-12th NESOG Joint International Conference

The 10th South Asian Federation of Obstetrics and Gynecology (SAFOG)-12th Nepal Society of Obstetrics and Gynecology (NESOG) Joint International Conference was held in Kathmandu in April 2015 with the theme of *"Looking beyond Millennium Development Goal (MDG) 4 and MDG 5 in South Asia"*. During the conference, SSP presented a paper on "Increasing access to FP and HIV services for Key Affected Populations (KAPs): an Experience from Nepal". USAID's efforts in providing FP/HIV services using the HIV program platform was highlighted through this presentation. Ideas about integration, taking FP initiatives to scale, reaching marginalized populations and contributing to the national CPR were included in the presentation. A large number of Obstetricians, Gynecologist and public health professionals from the South Asia Region had attended the conference. The deliberations from this scientific gathering will further help develop a road map to progress for better maternal, neonatal and child health outcomes in the region.



Sharing experience of using Balanced Counseling Strategy Plus to provide FP/HIV Integrated Services at the National Level

SSP facilitated a session on Balanced Counseling Strategy (BCS) in the National FP related training curriculum review workshop organized by the National Health Training Centre (NHTC) from March 29 to April 2, 2015 in Kathmandu. In addition, SSP shared information about USAID's efforts to strengthen FP/HIV integrated services in Nepal and how the SSP adapted the strategy for FP/HIV Integration settings and facilitated the process to have BCS plus strategy approved by the national level Technical Advisory Group for use in Nepal. This practical, interactive and client-friendly counseling strategy using visual memory aids was appreciated by the participants in the workshop. The team will further work on having this strategy incorporated into the Comprehensive FP and Counseling training curriculum.

Review of Sustainability Plan of District AIDS Coordination Committee (DACC), Chitwan and Morang

In coordination with the District Public Health Office (DPHO) and DACC, SSP organized Sustainability Plan Review Workshop in Chitwan and in Morang districts to review the major achievements, lessons learned and challenges of implementing the Sustainability Plan for HIV and AIDS response of the respective districts they had developed through support from SSP. Altogether over 60 participants in each district representing various local government bodies, NGOs/Civil society organizations, private sectors, and media participated in the workshop. Increasing number of trained Health workers and Female Community Health Volunteers (FCHV) for HIV/AIDS, increasing engagement of DACC in raising community awareness and advocacy for HIV/AIDS response, strengthening Village AIDS Coordination Committee (VACC), adoption of sustainability analysis plan at local level were some of the key notable achievements.



Sharing key findings of Survival Analysis Study

In collaboration with the NCASC, SSP has recently completed an important study entitled Survival Analysis of PLHIV on Antiretroviral Therapy (ART) in Nepal. Meetings were held to share the key findings of the study with NCASC and with the representatives of national networks of KAPs and PLHIV. As part of the National HIV Research Agenda, this study was conducted in five ART Centers. The findings and recommendations of the study will inform the policy makers, planners, program managers and implementers regarding the improvement areas in the National ART program. Following the sharing, the national network partners suggested that results of the study will be helpful for carrying out evidence-based advocacy for them. They also suggested to carry out similar future studies among children living with HIV.

SSP supports the initiation of a new Satellite EIHS clinic co-located with the Government health facility in Bara district

USAID-funded SSP supported the initiation of a new satellite EIHS clinic co-located with Nijgadh Primary Health Care Center (Government health facility) in Bara district from June 2015. The collaborative initiation of NCASC and DPHO, supported by SSP aims to increase the service uptake of KAPs especially migrant workers and spouse of migrant workers. The service uptake have been quite encouraging as large numbers of migrants have tested themselves for HIV. This initiation helps to establish demonstration site to support transition of EIHS components to country platforms.



Visitors' Log

USAID Team

USAID Team – Elaine Siew Gray, Nutrition Advisor, USAID Washington; Jannie Kwok, Deputy Director for Education and Family Planning and Netra Prasad Bhatta, AID Development Program Specialist-RH/FP, USAID Nepal visited SSP's HIV clinic (also known as EIHS clinic) co-located with Drop-in-Center (DIC) in Kaski district. They also visited Tanahu district and interacted with beneficiaries. These visits were carried out between March 16 – 18, 2015.

Similarly, Ivana Lohar, Team Leader, HIV, Family Planning and Logistics; Gajendra Rai, FP Policy Compliance Monitoring and Quality Assurance Assistant and Pratibha, Intern visited Banke district on March 16, 2015 to observe EIHS sites and CHBC programs. They also visited the Pipara Community Hospital (Government Site) to observe the co-located satellite EIHS site and the FP/HIV integration activities in Kapilbastu district on March 18, 2015.

On June 16, 2015 USAID Nepal's AID Development Program Specialist-RH/FP and FP Policy Compliance Monitoring and Quality Assurance Assistant visited static site of SACTS in Kathmandu to learn about the SACTS's FP and Early Infant Diagnosis (EID) services and support to NPHL. Likewise, Team Leader, HIV, Family Planning and Logistics; FP Policy Compliance Monitoring and Quality Assurance Assistant and Deepana Shanthan, Intern observed SSP's activities in Doti, Kailali and Kanchanpur from June 30 – July 2, 2015.





Team from University of New Mexico, USA

A team of ten students and three faculty members led by Dr. David Wachter, Associate Professor, Department of Emergency Medicine, University of New Mexico, USA visited the SSP office on April 13, 2015. SSP's team facilitated learnings about Nepal's Health Systems and National HIV Response and shared important updated information on the HIV Epidemic in Nepal; ART Services in Nepal; GBV and how SSP is contributing to the national HIV response.



For Further Information Contact

Neelima Shrestha
Specialist - PPP, Branding and PR
Saath-Saath Project

FHI 360 Nepal
GPO Box 8803, Gopal Bhawan,
Anamika Galli, Baluwatar, Kathmandu, Nepal
Tel: 977.1.4437173
Fax: 977.1.4417475
Email: neelimashrestha@fhi360.org
Nepal-info@fhi360.org