

THE LINK - NEPAL

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Message from USAID

In the 2003 State of the Union address, Former President George W. Bush outlined the U.S. Government's renewed commitment to addressing the AIDS crisis by announcing the creation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest and most diverse HIV and AIDS prevention, care, and treatment initiative in the world. Today, we are still honoring that commitment. Right here in Nepal, the USAID-supported LINKAGES Project is helping to ensure that key populations and people living with HIV can access

prevention, care, support, and treatment services. We believe, that by working hand in hand with the Government of Nepal and other partners, Nepal can continue its march towards the 90-90-90 targets and help the world achieve the goal of an AIDS-free generation.

Daniel Verschneider

Deputy Director, Health Office
USAID Nepal

Message from LINKAGES Nepal Project

We are delighted to bring to you the second issue of The LINK-Nepal, the LINKAGES Nepal Project's newsletter. This issue of The LINK-Nepal focuses on LINKAGES Nepal Project's approaches and interventions for female sex workers (FSWs) and LINKAGES Nepal achievements to date. FSWs are considered as one of the key populations (KPs) at higher risk of HIV infection by National HIV Strategic Plan 2016-2021; therefore, it is crucial to implement HIV prevention, care, support, and treatment services among FSWs to end AIDS as a public health threat by 2030.

Noting the 107th International Women's Day on March 8, this issue also recognizes the contribution of women leaders from national networks of KPs and people living with HIV (PLHIV).

We hope you enjoy the newsletter and we request your feedback for improvement. Thank you very much for taking your valuable time to read the newsletter.

Bhagawan Shrestha

Project Director

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LINKAGES Nepal Project's Approaches and Interventions for Female Sex Workers

Background: Nepal's National HIV Strategic Plan 2016–2021 identifies FSWs as one of the KPs at high risk of HIV transmission. Building on USAID Nepal's more than two decades of experience and learning, LINKAGES Nepal works with FSWs to address the HIV epidemic. With continued and collaborative effort, HIV prevalence among FSWs has decreased from 2.3% in 2009 to 0.8% in 2016 in 22 Terai highway districts and from 1.2% in 2011 to 0.3% in 2016 in Pokhara. Prevalence has held stable at around 2% in Kathmandu between 2011 and 2015.

LINKAGES Nepal focuses on the continuum of HIV services for FSWs. LINKAGES Nepal implementing partner agencies (IAs) and KPs themselves are mobilized to identify, reach, test, treat, and retain FSWs in the continuum of care to assist the government in reaching its ambitious target of 90-90-90. Toward this effort, LINKAGES Nepal is implementing a microplanning process to collect and analyze the sociodemographic, behavioral, and risk profile of FSWs in order to plan, implement, and monitor HIV services. LINKAGES Nepal's approaches are summarized below.

Identify: Rapid community assessment (RCA) helps to identify FSWs in LINKAGES Nepal project districts, map hotspot areas, and estimate the size of FSW populations. The data are then plotted on a map to target efforts to reach FSWs. The figures are also shared at the national and district levels and used to estimate the size of KP groups nationally. LINKAGES Nepal regularly assesses the local populations to identify and reach new hot spots and FSWs. (Read more about RCA in the article on page 6.)

Reach: Community-based supporters (CBSs) from LINKAGES Nepal IAs, with support from select peers called peer mobilizers (PMs), reach FSWs with HIV and sexually transmitted infection (STI) prevention, care, and support services. CBSs also refer FSWs for HIV testing and STI check-up services. Innovative approaches such as web-based short message service (SMS) reminders and interactive voice response (IVR) recordings are used to reach FSWs. Other approaches include an incentive-based scheme, through which PMs or FSWs selected as "seeds" receive incentives when people they have referred get tested for HIV. Community information points (CIPs) are another location through which the project reaches FSWs.

Test: HIV testing is conducted at mobile and static clinics run by

LINKAGES Nepal IAs following national guidelines and the project's standard operating procedures. Static clinics also perform STI check-ups, including syphilis screening, and provide treatment services. To bring the services closer to the communities, the project holds mobile clinics in strategic locations based on the concentration of FSWs. CBSs accompany FSWs who are diagnosed HIV-positive from mobile and static clinics to the government antiretroviral therapy (ART) sites for treatment.

Treat: FSWs who are diagnosed HIV-positive at LINKAGES Nepal clinics, both static and mobile, are linked to government-run ART sites. Additionally, LINKAGES Nepal also provides referrals to the government health facilities for tuberculosis diagnosis and treatment, and other specialized care. LINKAGES Nepal CBSs play a vital role in linking HIV-positive FSWs to these services. People diagnosed HIV-positive who cannot be immediately linked to ART services are provided with pre-ART services at the LINKAGES Nepal-supported static clinic. KPs diagnosed with STIs receive treatment from LINKAGES Nepal-run clinics. Because FSWs are at high risk of cervicitis, presumptive treatment for cervicitis is also provided for FSWs from LINKAGES Nepal-supported static clinics.

Retain: CBSs from LINKAGES Nepal IAs regularly follow-up with HIV-positive FSWs in the communities. CBSs help form adherence clubs for those who are recently enrolled on ART and support groups for those who have been on ART for a while. Other approaches include having an FSW who is living with HIV speak to and motivate others, and holding treatment literacy sessions that improve FSWs' understanding of adherence and retention.

Enabling Environment: To create an enabling environment for provision of FSW-friendly and -sensitive services, LINKAGES Nepal trains a broad range of stakeholders (including community leaders and health care providers) on reducing stigma and discrimination. LINKAGES Nepal works with *Jagriti Mahila Maha Sangh* (JMMS) — the national network of FSWs — at the national level and through its community-based organizations (CBOs) at the district level to increase access to FSW-friendly and -sensitive services. CBSs provide basic information on gender-based violence (GBV) prevention and make referrals to appropriate service providers. LINKAGES Nepal-supported clinics also provide post-exposure prophylaxis (PEP) to staff in cases of occupational exposure and to beneficiaries in cases of sexual assault.

Interventions for Female Sex Workers

Community Outreach Programs: LINKAGES-supported CBSs and PMs (n=176 and 316, respectively), most of whom belong to KPs, were mobilized to conduct evidence-based, targeted, and tailored one-on-one and group outreach sessions, at which they provide strategic behavioral communications (SBC) materials. Mobilizing members from KP communities provides a close link between the program and KPs, which ensures meaningful involvement of KPs. Promotion and distribution of free condoms, education on their correct and consistent use, and discussion of negotiation skills are integral to HIV prevention education. With support from PMs, CBSs identify and reach new and previously-contacted FSWs and provide education for risk reduction (partner reduction, correct and consistent condom use), HIV testing, and STI check-ups based on need and assessed risk. They conduct follow-up visits and continue to provide risk-reduction education for HIV-negative KPs, and positive prevention education along with referral and linkages to HIV care and treatment for KPs who are living with HIV. CBSs also provide support to HIV-positive FSWs for adherence and retention in ART services.

In addition, 58 CIPs are being operated in strategic locations to provide basic information on HIV and STI risk reduction, referral to

HIV testing and counseling (HTC) at static and mobile clinics, and distribution of SBC materials and condoms to FSWs. As part of KP mobilization, FSWs manage these CIPs with support from CBSs.

Performance-based incentive scheme and social networking scheme: Since January 2017, LINKAGES Nepal implemented performance-based incentives for PMs to strengthen identify, reach, test, treat, and retain strategies. The performance-based incentives and social networking schemes help enhance involvement of and support for PMs and KPs in identifying and reaching new KPs and referring them for HTC services. Monetary incentives are provided to the PMs and KPs selected as seeds for encouraging the KPs to get tested for HIV.

Use of technology: LINKAGES Nepal is using integrated web-based SMS and IVR technology to provide real-time information on HIV and STI prevention and sexual and reproductive health. The project uses these technologies to disseminate messages to KPs on a regular basis. These services are also beneficial for disseminating information on positive health behaviors to KPs who are difficult to reach. Web-based SMS is also used to send reminders about taking antiretroviral (ARV) drugs as prescribed.

LINKAGES NEPAL PROJECT ACHIEVEMENTS Jan-Mar 2017

Q2



Across the Continuum of HIV Services for Key Populations



FSW_s

**CLIENTS
OF FSW_s**

MSM

MSW

**TG
PEOPLE**

OTHERS

TOTAL

**HIV PREVENTION
INTERVENTIONS**



22,685

38,953

4,228

720

640

0

67,226

**HIV TESTING AND
COUNSELING (HTC)
SERVICES**



9,831

7,610

2,262

478

449

509

21,139

**HIV-POSITIVE
PEOPLE
ENROLLED IN CARE**



57

67

13

1

14

93

245

**HIV-POSITIVE
PEOPLE RECEIVING
CARE AND SUPPORT
IN COMMUNITY**



47

28

7

2

14

27

125

**SCREENED FOR
SEXUALLY
TRANSMITTED
INFECTIONS (STIs)**



3,431

2,837

438

70

66

276

7,118

**NO. OF PEOPLE RECEIVED
STIGMA AND
DISCRIMINATION REDUCTION
TRAINING**

**228
MALE**

**312
FEMALE**

**30
TG
PEOPLE**



Ms. Sunita Adhikari, 55, is the president of JMMS, the national network of FSWs in Nepal. JMMS is a partner agency of LINKAGES Nepal project and works in 14 project districts through its CBOs. Ms. Adhikari has contributed immensely to improving the lives of vulnerable women. She was instrumental in establishing *Kriyashil Mahila Sangh*, an organization

for FSWs in Kathmandu, and is currently its treasurer. She has helped empower FSWs to negotiate for condom use, provided them training on preventing and mitigating GBV, built their capacity in advocacy and leadership, trained FSWs on documenting and reporting GBV, and helped educate FSWs on their sexual and reproductive health.

Currently she is engaged in representing the FSW community at national forums and alerting policymakers on issues and challenges FSWs face, so that they can address them. She has also helped to ensure that FSW-related issues are addressed in the National HIV Strategic Plan 2016–2021.

She has been working for FSWs for almost 17 years and has represented JMMS in meetings and workshops in India and Cambodia. She has been instrumental in giving affiliation to FSWs in CBOs, increasing the membership, and doing evidence-based advocacy on FSW issues at the national level.

“Many women in Nepal practice sex work for a living so that they can fulfill their basic needs but the environment is not supportive to practice safe behaviors,” she says. According to her, FSWs are at high risk of HIV and lack stigma-free health services, employment opportunities, social support, and access to treatment. She explains that FSWs also face harassment from law enforcement authorities and violence from the clients, and often use alcohol to cope with stress.

Her message for other aspiring women leaders: Leadership is about being confident and being decisive. Making decisions is not always easy, but with experience it becomes easier and sometimes you just have to go with your intuition.

Success Story: Renewed Zeal to Live

I met Sharmila in November 2016. Her husband is a truck driver and they do not have children. She told me she was unwell. She confided in me, maybe because of her health or because I made her feel comfortable. She shared that before falling ill she was actively involved in sex work, she did not use condoms, and during her illness she had two to three regular clients. I was concerned. It was clear that she and her clients were at high risk of HIV and STI transmission.

When she shared that she was consulting a traditional healer, I told her about my work and advised her to get tested for HIV at our organization — General Welfare Pratisthan (GWP), a LINKAGES Nepal-supported NGO. As soon as she heard about the clinic, she frowned and said *“Why do I have to visit a clinic, when my death is approaching? The traditional healer will be able to help me. I have had enough medications from the doctor and I cannot spend more money.”* I asked her to re-think her decision and left with a promise to visit again.

When I went back in two days, her health had deteriorated. She shared that the traditional healer was not able to help her. I once again asked her to visit our clinic and emphasized that it is free. This time she agreed. With help from her friends, I took her to the LINKAGES Nepal-supported static clinic in Rani Durbar, Hetauda. She was diagnosed HIV-positive. She was shocked. She thought that there was no treatment for HIV and that she would soon die.

We counseled her and enrolled her in pre-ART services. We oriented her on caring for herself as a person living with HIV

and on leading a healthy life with a positive outlook. We also counseled her on positive prevention and accompanied her to the ART center in Hetauda Hospital. Her CD4 count was 155 so she was immediately enrolled in ART service.

She is now regularly taking her ARV medication and says, *“My health has improved a lot since I started ART. My appetite has improved and my weight has increased from 32kg to 40kg. I have no side effects from the medicine. I always use condoms and have no other sexual partner besides my husband.”* She also convinced her husband to get tested for HIV. He too was diagnosed HIV-positive and is now enrolled in pre-ART service in Hetauda Hospital. She has promised to enroll him in ART service soon. Her husband is aware about her positive status.

Thanking GWP she says, *“LINKAGES Nepal-supported GWP has changed my life. It has renewed my zeal to live.”* She shared the contact details of her clients and promised to refer them to the clinic. *“I now want to focus on living a healthy life and give up my profession as a sex worker,”* she added. I follow-up with her to remind her to take her medicines regularly and to visit the ART center. She is following a healthy diet and leads a positive life. We have linked her with the CBO of National Association of People Living with HIV&AIDS Nepal (NAP+N)’s local chapter for additional support.

By:
Sangita Lama, Community-based supporter
GWP, Makawanpur district
LINKAGES Nepal Project



Ms. Indra Pariyar, 34, is the treasurer of NAP+N. NAP+N is implementing HIV care and support services in Nepal through its CBOs in 14 districts under the LINKAGES Nepal project. LINKAGES Nepal also supports NAP+N's five regional offices in their operation of project activities. Ms. Pariyar has been associated with NAP+N and its CBOs since 2003. As treasurer, she ensures

compliance with USAID requirements and financial management policies. She has completed her schooling and has worked extensively to advocate for various issues faced by PLHIV, such as stigma and discrimination and lack of designated human resources in hospitals to provide services for PLHIV.

She is also very involved in issues faced by women living with HIV (WLHIV), such as being blamed by in-laws for HIV after their son's death and being barred from property rights. She explains that her in-laws kicked her out of the house when she was diagnosed HIV-positive after her husband's death. Fortunately, her parents took her back, and when she used to go hospital for counseling, the doctor helped form a group of five PLHIV to inspire them to disclose their status.

"That is when I realized that it is important to be bold," she said. "Hence, I became #boldforchange and disclosed my HIV-positive

status and began to raise issues faced by HIV-positive women like me. Disclosing my HIV-positive status, I believe, was one of the major contributions that I made for other HIV-positive women. It encouraged many other women to disclose their status, which in turn have increased their access to ART and other required services. I have helped PLHIV receive job opportunities and supported other HIV-positive women for treatment."

Another issue of concern to Ms. Pariyar is cervical cancer, which is now increasing in HIV-positive women. *"HIV-positive women should disclose their status without fear in the community; this is of utmost importance. Disclosure is essential to accessing ART services and other important services,"* she says.

She received awards and recognition from government and nongovernment sectors at the district level for her contributions related to HIV. Being a woman leader, she feels happy to contribute toward improving lives of HIV-positive women but feels that there is much more to do and wants to advocate for empowerment of HIV-positive women.

Her message for other aspiring women leaders: *Please try to see things from the perspective of HIV-positive women so that you can advocate for them, especially for their ability to access treatment and care services.*



Ms. Nirmala Poudel, 37, is the president of Lumbini Plus – a CBO of National Federation of Women Living with HIV & AIDS (NFWLHA) in Nawalparasi district. NFWLHA is implementing HIV care and support services among WLHIV in Nepal through its CBOs in 10 districts under LINKAGES Nepal. Ms. Poudel, as a CBO focal person, is responsible for implementing the project activities under

LINKAGES Nepal.

After disclosing her HIV-positive status in 2003, Ms. Poudel established an institution to support other HIV-positive women in Chitwan district. Ever since, she has been actively advocating for the treatment, skills development, and human rights of PLHIV and reducing stigma and discrimination against them. Her initiatives in collaboration with other PLHIV have helped to identify new HIV-positive cases (especially women), coordinate for treatment of HIV-positive women and children, reduce stigma and discrimination, and to create a supportive environment at home and in the community for PLHIV to live life with dignity. Several government and nongovernmental organizations have recognized her positive contributions and relentless effort. *"My aim in life is to increase access to treatment and to help create a cordial family environment for PLHIV by advocating to reduce stigma and discrimination against them,"* she says. She and her organization are supporting more than 500 PLHIV in Nawalparasi district.

"I was pregnant when diagnosed HIV-positive. Being denied services from a health facility during delivery made me realize the degree of stigma and discrimination that prevailed in the society as even the health care workers who were well aware about HIV refused to provide services. I delivered my baby at home after enduring labor pain for four consecutive days," she explained. *"That is when I decided to transform my pain into courage and stepped forward to raise awareness about HIV in society. In the early days, I was blamed and accused for promoting HIV. Nevertheless, I moved forward with a firm determination to bring about change and today the society has honored my effort."*

Ms. Poudel explains that some of the challenges faced by WLHIV include being compelled to do household chores and work on the farm even when unwell due to lack of family support, lack of access to proper treatment due to financial constraints, husbands who pose restrictions that interfere with taking ARV medicines, being blamed even when HIV is transmitted through the husband, lack of timely treatment of STIs, and being forced to have unprotected sex and unintended pregnancies.

"To transform these challenges into opportunities, it is imperative to enhance HIV-positive women's capacities. To #beboldforchange, not just a one-off capacity-building training but a series of activities to help analyze problems and engage in finding solutions will give them the courage to face problems and help bring about the necessary changes. Women should seek support from family members not by protesting but by making them understand. Lack of awareness is the crux of the problem. Hence, making society understand the issues will help reduce stigma and discrimination," she says.

She feels humbled that people from other organizations respect her and her work. She explains that some HIV-positive women tell her that she has encouraged them to move forward in life with a positive attitude. This, she feels, is an acknowledgement of the fact that her small efforts have made a big difference in their lives and lives of other PLHIV. *"As a single woman, I have my family challenges – the sole responsibility of my son's upbringing and education – but I get a deep sense of satisfaction from serving other women."*

Her message for other aspiring women leaders: *"All work starts with a small step. We women have to take proper leadership of our household and should move forward by learning skills to manage our family, speak convincingly with others, and solve problems effectively. We can master these skills by practicing consistently. Thus, HIV-positive women should not think that they are weak and ignorant, it will hamper their self-confidence. We should continue to move forward collaborating with others until we achieve our goals."*

LINKAGES Nepal Project's Rapid Community Assessment among Female Sex Workers

LINKAGES Nepal carries out RCAs on an annual basis among FSWs, men who have sex with men (MSM), male sex workers (MSWs), and transgender people. RCA is implemented in collaboration with JMMS and its CBOs for FSWs and with the Federation of Sexual and Gender Minorities Nepal (FSGMN) for MSM, MSWs, and transgender people. The assessment identifies hot spots/cruising sites and their size in the program areas. These estimates are used to prioritize districts for program interventions and to set program targets. Findings from RCAs conducted by LINKAGES Nepal were also used for triangulation for national size estimation. The size of FSW populations is further disaggregated by their typology, i.e., street-based (SB), establishment-based (EB), and home-based (HB). The findings help in planning, implementing, and tracking HIV prevention, care, support, and treatment services.

The average estimated number of FSWs was 38,420 (13,914 SB FSWs, 13,188 EB FSWs and 11,318 HB FSWs) spread over 704 hot spots. Kathmandu district had the largest number of estimated FSWs (9,368) spread over 128 hot spots while Makawanpur district had the smallest number of FSWs (650) spread over 28 hot spots. Based on these numbers, the average number of FSWs frequenting each spot was 54.6. Kathmandu district had the largest number of SB FSWs (3,737) and EB FSWs (5,155). However, the number of HB FSWs was estimated to be the largest in Rupandehi district (1,228) followed by Kailali district (1,223) and Kapilbastu district (1,211). Of the total estimated number of FSWs, 36% were SB FSWs, 34% were EB FSWs, and 30% were HB FSWs.

5th National Health Day

On February 26, 2017, LINKAGES Nepal participated in a rally organized by the District Public Health Office (DPHO) Kaski district to commemorate the 5th National Health Day organized with the theme "Healthy Citizen, Healthy Country, Progress and Prosperity."

International Condom Day

On February 14, 2017, LINKAGES Nepal participated in the International Condom Day 2017 organized by 'We' for Change, with support from AIDS Healthcare Foundation (AHF) Nepal and in coordination with National Centre for AIDS and STD Control (NCASC) in Kathmandu. The Secretary of the Ministry of Health and national HIV stakeholders participated in the program.

Zero Discrimination Day



On March 1, 2017, LINKAGES Nepal network IAs FSGMN, JMMS, and NFWLHA participated in an interaction program conducted to mark Zero Discrimination Day. The interaction was organized with National Forum of Parliamentarians on Population and Development and UN Gender Theme Group Right to Health Women's Group (RTHWG), with support from Save the Children /Global Fund, UNAIDS, and UNDP. The program disseminated information about the issues of violence and discrimination faced by PLHIV and KPs in the health care settings.

107th International Women's Day



International Women's Day

**Women in the Changing World of Work:
Planet 50 - 50 by 2030**

On March 8, 2017, LINKAGES Nepal IAs in Kathmandu and Lalitpur districts participated in the national rally organized by the National Women Commission to commemorate the 107th International Women's Day to show solidarity for the cause. The national theme was 'Women in the Changing World of Work: Planet 50-50 by 2030.' The IAs in Kaski district also commemorated the day.

Training on HIV-related Stigma and Discrimination Reduction in a Health Care Setting at ART Sites

In January 2017, LINKAGES Nepal conducted training on HIV-related stigma and discrimination reduction in health care setting for 21 health care providers from 19 ART sites from 16 project districts. The trained participants, in coordination with LINKAGES Nepal IAs, rolled-out a sensitization training to health care providers in 12 ART sites in 12 LINKAGES Nepal project districts to reduce HIV-related stigma and discrimination among PLHIV and KPs.



Technical Assistance to Finalize National Mapping and Size Estimation of Key Populations

In February 2017, LINKAGES Nepal provided technical assistance to NCASC to finalize the results, factsheets, and presentation of National Mapping and Size Estimation of Key Populations 2016. The results were disseminated at the national level amongst key government and nongovernmental stakeholders, representative from beneficiary groups, and the media. This is the second study conducted by NCASC in 44 districts with support from various national and international HIV stakeholders

including LINKAGES Nepal/FHI 360 and Save the Children International/the Global Fund. The estimated size of the KPs are FSWs: 43,829 to 54,197; people who inject drugs (PWID): 27,226 to 34,375 (male: 24,550 to 30,449; female: 2,676 to 3,926); MSM and transgender people: 87,826 to 111,852 (transgender people: 18,701 to 24,185; MSW: 15,941 to 20,625 and other MSM: 53,184 to 67,064). These estimates will be useful in prioritizing districts for program interventions and for setting targets.

Training of Trainers on Treatment Literacy

In January and February 2017, LINKAGES Nepal conducted two training of trainers (ToT) on treatment literacy using the *HIV Treatment Literacy Training Manual* of NCASC. A total of 43 PLHIV from Federation of Sexual and Gender Minorities in Nepal (FSGMN) and CBOs of NAP+N and NFWLHA participated in the training. The participants rolled out treatment literacy sessions for other PLHIV in 15 project districts.



Continuing Medical Education in the Government ART Sites

In March 2017, LINKAGES Nepal organized continuing medical education (CME) sessions on revised *National HIV Testing and Treatment Guidelines 2017* in two government ART sites in Sukraraj Tropical and Infectious Disease Hospital and Mechi Zonal Hospital, respectively. The revised guidelines have been implemented nationally

since March 2017. The CME sessions updated the hospital staff, including ART service providers, on changes in the guidelines. The major changes in the guidelines include implementation of test-and-treat approach irrespective of CD4 count and a change in HIV testing algorithm to three testing strategies from two testing strategies.

Coordination to Share Public-Private Partnership Guidelines for HIV Response in Nepal

In March 2017, LINKAGES Nepal provided coordination support to NCASC and UNAIDS to organize a meeting on *Public-Private Partnership (PPP) Guidelines for HIV Response in Nepal*. The meeting was attended by task team members from 17 organizations. They discussed and decided on further steps to implement PPP guidelines for national HIV response.



Technical Assistance to Finalize 2016 National HIV Estimates and Projections

In March 2017, LINKAGES Nepal participated in a workshop on HIV estimates and projections organized by UNAIDS and WHO in collaboration with the Global Fund and the U.S. Government partners in Bangkok, Thailand. LINKAGES Nepal, along with HIV stakeholders, provided technical input and supported NCASC to produce and finalize 2016 National HIV Estimates and Projections. The estimates were

finalized through a national data validation meeting and will contribute to the 2017 Global AIDS Monitoring (GAM) report on the HIV epidemic. As per the 2016 estimates, total PLHIV: 32,853; adult (15-49 years) HIV prevalence: 0.17%; HIV prevalence (15-24 years): 0.03%; new infections: 942; AIDS deaths: 1,749 and mothers needing elimination of vertical transmission services: 288.

Visitors Log

USAID Visit

Ms. Ivana Lohar, Team Leader-Family Planning, Social Marketing and HIV and Ms. Nirupama Rai, Development Program Assistant from USAID Nepal, visited and observed LINKAGES Nepal Project activities in Makawanpur district in January, and in Lalitpur district in March. They observed outreach sessions and interacted with the prevention team and the beneficiaries.



LINKAGES Project Director's Visit to Nepal

LINKAGES Project Director, Ms. Hally Mahler visited LINKAGES Nepal in February 2017. She visited the FHI 360 Nepal country office, interacted with the LINKAGES Nepal staff, observed project activities and interacted with IAs' staff and beneficiaries in Kathmandu and Lalitpur districts. Furthermore, she also interacted with representatives of

national network partners FSGMN, JMMS, NAP+N, and NFWLHA to understand the needs and gaps of PLHIV and KPs. She met with the director, NCASC; visited ART site at Shukraraj Tropical and Infectious Disease Hospital in Kathmandu district; and participated in the debriefing with USAID Nepal.



Monitoring visit by District Public Health Office, District AIDS Coordination Committee and District Development Committee Personnel

Personnel from local government authorities —DPHO, District AIDS Coordination Committee (DACC) and District Development Committee (DDC) —visited the project in Dang, Kailali, Kaski, Kathmandu, Makawanpur, Nawalparasi

and Rupandehi districts. The team was briefed about LINKAGES Nepal project activities. This was followed by observation of outreach activities, clinical services at static and mobile sites, and interaction with beneficiaries.



Associate Director, Technical, Global Health, Population and Nutrition's Visit

Mr. Matt Avery, Associate Director, Technical, Global Health, Population and Nutrition (GHPN), LINKAGES Project, FHI 360 Asia Pacific Regional Office (APRO) visited Nepal in March 2017 and provided technical assistance for the LINKAGES Nepal's overall SBC activities. He also provided orientation on enhanced peer mobilization (EPM) approach and presented on the health communication on continuum of prevention, care and treatment (CoPCT) to the national HIV stakeholders.

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