

THE LINK - NEPAL

Volume 5 | October–December 2017

Special Issue on
Gender-Based Violence

Situation of Gender-Based Violence and HIV among Key Populations

The concept of gender has evolved over the years, and it is influenced by a society's gender norms that shape beliefs about the roles of men, women, and people who identify themselves as other gender (referred to as "transgender people" in this newsletter). Rigid gender norms, existing gender inequalities, and harmful sociocultural practices increase key populations' (KPs) experience of gender-based violence (GBV) and HIV risk while limiting their access to and use of health services. KPs in Nepal include gay men, other men who have sex with men (MSM), people who inject drugs (PWID), sex workers (SWs), and transgender people. It is evident that KPs face a disproportionate burden of HIV and GBV in all countries. Globally, transgender women are 49 times more likely to be living with HIV than other adults of reproductive age, SWs are 10 times, MSM are 24 times, and PWID are 28 times **more likely to be living with HIV than the general population**.

A gender analysis conducted by LINKAGES Kenya revealed findings on existing harmful gender norms and beliefs regarding KPs and how these exacerbate KPs' experience of GBV and HIV risk in their daily lives. For example, perpetrators of GBV against MSM often consider MSM to be feminine and assert that they can "cure" them with GBV and make them masculine. Likewise, transgender people experience GBV for their nonconforming gender identity, and female sex workers (FSWs) and drug users for their behavior, often regarded as immoral and not fitting with societal expectations.

GBV against KPs is a very common phenomenon **worldwide**. Evidence shows that 69 percent of MSM and 89 percent of transgender women in Thailand experienced different forms of violence; 60 percent of FSWs in Cameroon and 50 percent of FSWs in India experienced physical/sexual violence; and 43 percent of women who inject drugs in Ukraine experienced physical violence in their lifetime. Further, a **Global Gay Men's Health and Rights Survey** reported that 69 percent of respondents knew someone who had been physically assaulted because he was gay or had sex with men. According to **Integrated Biological and Behavioral Surveillance (IBBS)** survey in Nepal, as many as 75 percent of FSWs faced



emotional violence, 46 percent physical violence, and 67 percent sexual violence, mostly by clients, regular partners/ husband, and police. **One in five (21%)** MSM, male sex workers (MSWs), and transgender people experienced emotional violence because of their sexual orientation and gender identity, **11 percent** were physically attacked, **16 percent** were forced to have sex, and **22 percent** were blackmailed. In addition, 72 percent of transgender sex workers out of 587 screened for GBV reported experiencing at least one form of GBV in the past 12 months at USAID-funded **Saath-Saath Project**-supported clinical sites.

In this context, integrating GBV prevention and mitigation services into currently existing services for HIV prevention, treatment, care, and support services is important to increase awareness of, access to, and use of GBV services. HIV programs are a critical entry point for addressing GBV against KPs for several reasons. Linking GBV and HIV prevention efforts is both a necessary and a potentially powerful strategy for eliminating the structural drivers of each and achieving lasting results in the HIV response. Integrating GBV screening and referral into HIV services will help KPs to obtain the assistance they need for GBV and tackling GBV will also provide a more stable platform for improving their access to effective HIV services.

Contents

• Situation of Gender-Based Violence and HIV among Key Populations	1	• Gender Disaggregated Data	4
• LINKAGES Nepal Activities Against Stigma, Discrimination, and Gender-Based Violence among Key Populations	2	• Voices of National Key Population and Women Living with HIV Networks	5
• 16 Days of Activism Against Gender-Based Violence Campaign	2	• Success Story	5-6
• LINKAGES Nepal Achievements (October 2017 to December 2017)	3	• Important Activities and Events from October 2017 to December 2017	6-7
		• Visitors Log	8

LINKAGES Nepal Activities Against Stigma, Discrimination, and Gender-Based Violence among Key Populations

KPs are at a high risk of stigma, discrimination, and GBV, which are perpetrated against KP groups by different sectors of the society, including in the health care setting. [The U.S. President's Emergency Plan for AIDS Relief \(PEPFAR\) Blueprint: Creating an AIDS-free Generation](#) highlights the importance of ending stigma and discrimination against people living with HIV (PLHIV) and KPs and improving their access to and use of comprehensive HIV-related services. The Government of Nepal has shown great commitment to engage and to work with and for KPs and PLHIV. [The current National HIV Strategic Plan 2016-2021](#) stresses KP service packages with activities to address GBV. LINKAGES Nepal conducts screening for GBV using a simple checklist at static clinics and refers suspected GBV cases to organizations supporting GBV survivors. These static clinics provide post-exposure prophylaxis (PEP) for sexual assault cases. Likewise, outreach staff also conduct screening for suspected cases of GBV among KPs and provide GBV prevention messages.

LINKAGES Nepal also works with partner nongovernmental organizations (NGOs) and national networks of KPs and PLHIV to implement activities to reduce stigma and discrimination in the community and in health care facilities that serve KPs and are managed by NGOs and government. The networks and their member community-based organizations (CBOs)

support advocacy at the national and district levels and consultation to identify and share the structural barriers such as stigma and discrimination, gender, GBV, and service quality-related issues and challenges, and then to identify recommendations to address these barriers. Gender and GBV-related content is included in stigma and discrimination reduction training conducted by the partner NGOs. Sexual orientation and gender identity are also part of outreach sessions, HIV counseling sessions, and stigma and discrimination reduction training among MSM, MSWs, and transgender people.

Achievements

During November and December 2017, 914 FSWs, 249 MSM/MSWs, and 128 transgender people reported any form of GBV they suffered in the past year to prevention outreach staff. A total of 6,086 KP individuals were screened for GBV in LINKAGES Nepal clinics, including 4,886 FSWs, 734 MSM, 264 MSWs, and 202 transgender people. Of these, 21 FSWs and five transgender people were suspected victims of GBV and were referred to services for GBV survivors. During this period, two FSWs were provided PEP (nonoccupational) for sexual assault.

16 Days of Activism Against Gender-Based Violence Campaign

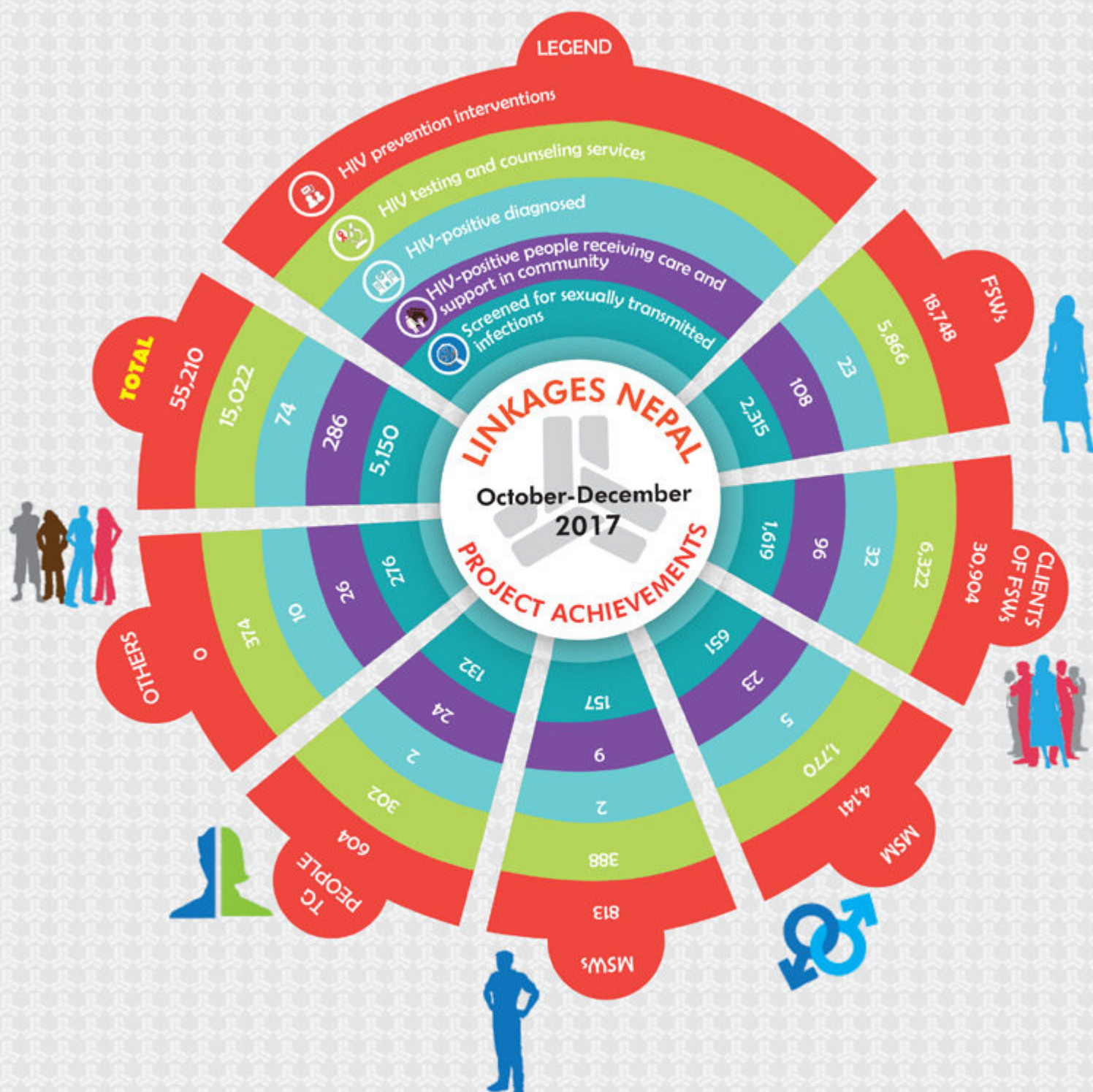
From November 25, the International Day for the Elimination of Violence against Women, to December 10, Human Rights Day, the 16 Days of Activism against GBV Campaign is commemorated worldwide every year, to challenge and bring attention to the urgent need to eliminate violence against women, girls, and minorities. During the 16 days, the campaign is also an opportunity to examine the root causes of GBV and shed light on those who experience such violence but who are not traditionally recognized. With the theme **"Together We Can End GBV in Education!"** for 2017, under the overarching theme, **"Leave No One Behind: End Violence against Women and Girls,"** LINKAGES Nepal and its implementing partner agencies participated in various events and activities to mark this campaign.

LINKAGES Nepal's implementing partner agency in the Kailali and Kanchanpur districts coordinated and advocated with anti-trafficking in person (TIP) organizations such as Maiti Nepal, Kingdom Investment (KI) Nepal, and Women's Rehabilitation Center Nepal and other district stakeholders to generate opportunities for vocational training, income-generation, livelihood opportunities, and other support for KPs who are facing GBV. During the campaign, NAMUNA Integrated Development Council coordinated and participated in a program among school students on "Role of Men to End Gender Based Violence" and an essay writing competition, organized by KI Nepal in close coordination with Devdhamunicipality office, Rupandehi district. CBOs of Jagriti Mahila Maha Sangh (JMMS), a national network of FSWs, in Kaski district, participated in the rally organized by the Women and Children Office of the Ministry of Women, Children, and Social Welfare. Furthermore, CBOs in Bhaktapur, Kathmandu, Lalitpur, Morang, and Sunsari districts participated in the activities carried out at districts to mark the 16 Days of

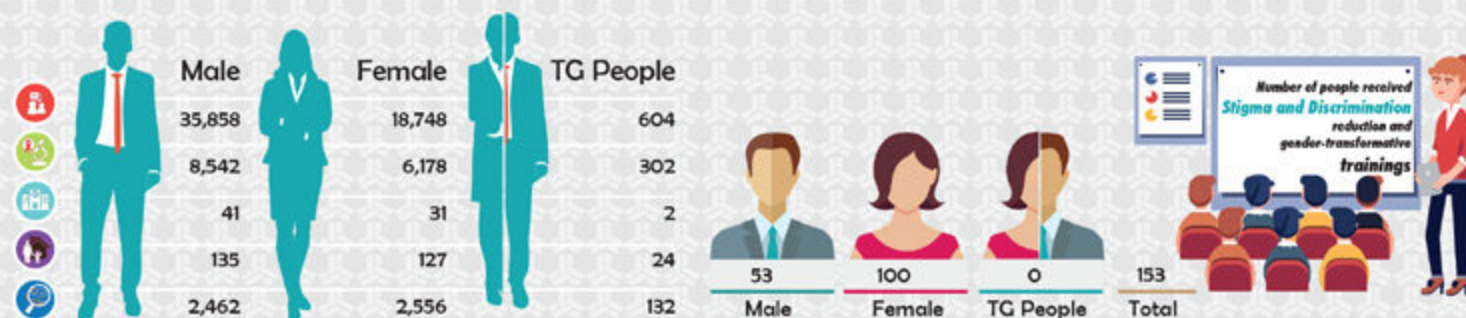
Activism. The Federation of Sexual and Gender Minorities Nepal (FSGMN), a national network of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, presented the context of LGBTI people and importance of celebrating 16 Days of Activism against GBV during an event organized by Youth Action Nepal. The theme of the event was **"Working together in ensuring health and human rights of women, girls and people with different sexual orientation and gender identities."** Board members and staff of FSGMN also attended an event organized by the Ministry of Women, Children, and Social Welfare during the closure of the campaign on December 10.



During the campaign, LINKAGES Nepal and implementing partner agency staff participated in global LINKAGES' "99 Voices" social media campaign, demonstrating how LINKAGES staff and partners are working to end GBV against KPs worldwide.



ACHIEVEMENTS BY GENDER, OCTOBER 2017 TO DECEMBER 2017



Condoms Distributed



Total
1.2 Million



Male
618,738



Female
598,731



TG People
28,765

Lubricants Distributed



Total
162,350



Male
135,279



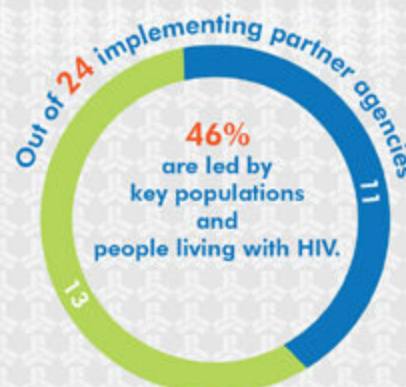
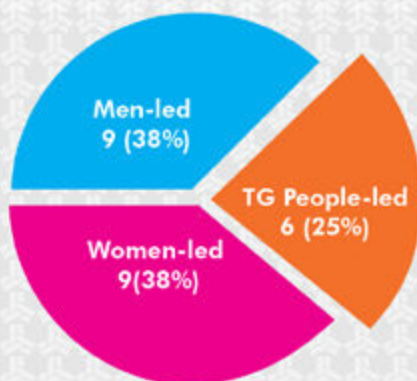
Female
0



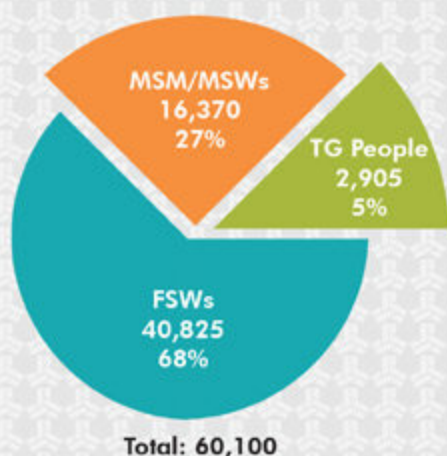
TG People
27,071

LEADERSHIP IN IMPLEMENTING PARTNER AGENCIES

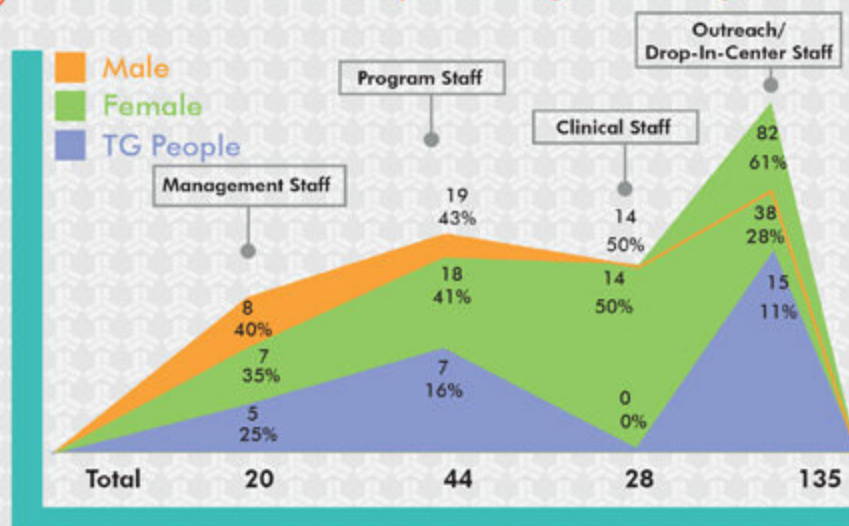
Leadership by Gender



Key Population Size Estimation, 2017*



Number of Staff at Implementing Partner Agencies



Voices of National Key Population and Women Living with HIV Networks

LINKAGES Nepal supports and mobilizes national network of KPs, PLHIV, and their CBOs—JMMS, FSGMN, and National Federation of Women with HIV and AIDS (NFWLHA)—in preventing and mitigating GBV among KPs and PLHIV, as well as for gender equality and social inclusion.

It is well-known that FSWs are at increased risk of GBV and HIV. Due to patriarchy, sociocultural beliefs, and gender norms, FSWs are doubly marginalized in Nepal, for being women and having a profession that is not considered socio-culturally acceptable. Because of this, and due to perceived fear and stigma, FSWs often feel reluctant to access health services, including HIV services. People need to understand that FSWs are human beings, should be treated as such,

and should not be looked down upon. It is important to address GBV against FSWs to control the HIV epidemic. GBV prevention and response should be an integral part of HIV interventions. We can prevent and address GBV against FSWs through advocacy with policy-makers, media sensitization, awareness- and capacity-building for FSWs in terms of recognizing and reporting of any forms of GBV, and improved access to GBV services.

Sujana Timilsina, Project Coordinator, JMMS

Many people who belong to sexual and gender minorities, including transgender people, are not aware of various forms of GBV that they face every day. Various social barriers, stereotypes, heteronormative gender norms put homosexuals, transgender people, and other MSM at increased risk of GBV and HIV infection. Homosexuality and non binary gender identity is recognized and respected by the government of Nepal through the constitution and various other acts and policies. However, legal recognition is yet to be accepted and acknowledged at societal and family levels. People of diverse sexual orientation and gender identities, such as LGBTI people are still frowned upon and are often discriminated against and stigmatized. Because of harmful gender norms and sociocultural beliefs, many LGBTI people

in Nepal hide their true selves and live a double life. They often accept bullying, harassment, GBV, and discrimination as part of life. GBV not only deprives them of enjoying basic human rights, but also elevates the risk of HIV transmission and psychosocial disorders. Therefore, it is necessary to challenge current gender norms and enrich the understanding of society and that of sexual and gender minorities regarding sex, gender, and sexuality. It is necessary to understand how these norms deleteriously affect life and the wellbeing of LGBTI people. LGBTI people also need to report and seek services for any kind of GBV they face. To mitigate GBV against LGBTI people, all stakeholders and the government should integrate and include LGBTI-related issues in their account and implement meticulously.

Simran Sherchan, National Program Coordinator, FSGMN

PLHIV are at increased risk of GBV of various forms—such as physical, sexual, social, and emotional—because of their HIV status. Despite immense effort at the national and community levels, HIV is still highly stigmatized at the local level. Women living with HIV (WLHIV) in general are at elevated risk of being discriminated against and facing GBV, often fueled by illiteracy, poverty, low awareness of their rights, and rigid patriarchal norms. It is necessary to prevent and mitigate

GBV against WLHIV in Nepal. It can be done by educating and empowering them so that they are aware of their rights and report and redress any forms of GBV they face in life. Providing awareness on GBV, promoting gender equality and social inclusion in the society, and providing employment opportunities for WLHIV will help them to enroll in and adhere to treatment and live a life of quality.

Ranjana Sharma, President, NFWLHA

Success Story

Preventing and Responding to Gender-Based Violence to Reduce HIV Risk Among Key Populations

As per the KPs' [national size estimation](#), there are around 2,685 transgender people in Kailali district. Jagat Chaudhary (name changed) is one of those many transgender women living in a rural village of Tikapur, Kailali district, who faced constant bullying and psychological violence from her neighbors at her workplace and on the street. She recalls, "Due to my feminine expression and gestures, my neighbors at my workplace and street used to bully me and make disgraceful comments every day, even though I never disclosed myself as a transgender woman. I work as a tailor. And the people working at a nearby hotel used to bully me, saying 'chakka, hijara' (derogatory terms used in Nepal) and other shameful words. This has resulted in my low self-esteem and hampered my mental wellness. I never

felt safe, because I used to feel very scared and intimidated at that time. Just to avoid such remarks, I started walking long routes that would take me double the time to reach my workplace. Slowly, I started ignoring their comments, because there was nothing I could say or do. It was only when I met Birendra Chaudhary, community-based supporter (CBS) of Sudur Paschim Samaj (SPS)—a LINKAGES Nepal implementing partner agency—that things changed. He told me that this is a form of psychological violence and it is against the law to bully anyone for their gender identity. He and his colleagues from SPS assisted me to deal with my neighbors and people from my workplace. They visited my workplace and conducted a discussion session targeting my neighbors. During the session, they oriented my neighbors on diverse gender identity and

mentioned that it is a criminal offence to discriminate or bully a transgender woman. It was an eye-opening session for them. They were happy to learn about the real-life issues of transgender people. Since then, they have stopped bullying me. Now I am relieved that I don't have to deal with such appalling situations."

This is a happy-ending story for Jagat. But many key population members, especially transgender women, are still vulnerable to multiple forms of GBV, because of their nonconforming gender identity. According to [IBBS survey](#), HIV prevalence among MSM/transgender women in Far-West Terai region including Kailali district is 5.3 percent, and more than one in five (22%) MSM/transgender women screened reported experiencing psychological violence in the previous year. Since the implementation of GBV screening under the LINKAGES Nepal Project in December 2017, SPS has screened 36 transgender women for GBV during outreach and 10 transgender women have reported experiencing such psychological violence in a month.

"Psychological violence is very common among transgender people in Kailali district. Almost every transgender person in Kailali district has had an experience of one or multiple forms of GBV in their life. However, the self-realization of GBV among them is very low. Being bullied, called names, and mocked for their non-confirming gender identity is very frequent. Many transgender people still feel indifferent toward such derogatory comments because it happens to them every day. Many of them still hide their true self and their gender identity because of fear of discrimination and stigma. Therefore, under the LINKAGES Nepal Project, SPS has started orienting transgender people on various forms of GBV and has started conducting GBV screening during outreach



sessions. It is important our transgender realize GBV is that they should to prevent and mitigate says Raju Lama, program

very that friends wrong and seek support GBV of any form", coordinator, SPS, Kailali.

LINKAGES Nepal's implementing partner agency, SPS, is a KP-led organization providing HIV prevention services to MSM, MSWs, and transgender people in Kailali district in the Far-West Region of Nepal. SPS has been providing health and human rights-related services to sexual and gender minorities, including transgender people, for the past 10 years in the district.

Important Activities and Events from October 2017 to December 2017

World AIDS Day 2017

On December 1, LINKAGES Nepal commemorated the 30th World AIDS Day in coordination with the [National Centre for AIDS and STD Control \(NCASC\)](#) and District AIDS Coordination Committee/District Public Health Office at the district level in all project districts. This year's theme was "Right to Health" and the slogan was **"My Health, My Right"** मेरो स्वास्थ्य, मेरो अधिकार" which concentrated on gearing up actions to end AIDS through addressing the rights of KP individuals and PLHIV to attain the highest standard of health. LINKAGES Nepal provided technical and financial support to organize events at the national and district levels. During the national event, the Treatment Literacy Training Manual developed with the technical support from LINKAGES Nepal was unveiled.



National Condom Day 2017

In October 2017, LINKAGES Nepal in all project districts commemorated 23rd National Condom Day with slogan **"Universal Access to Condoms for Dual Protection"** in coordination with national KP networks and stakeholders. Activities conducted included a rally with banner, slogans, and placards; a quiz program among the public to raise awareness about HIV and STIs; radio talk program; mobile clinics; distribution of strategic behavioral communication materials, condoms, and demonstration of using condoms; and message dissemination through mike, stall, and info-desk.



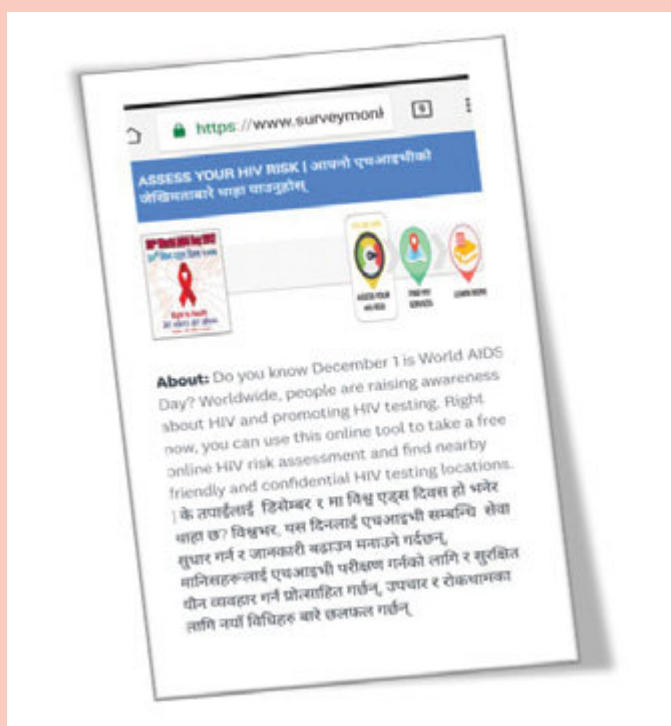
Data Quality Assessment

In November and December 2017, LINKAGES Nepal conducted data quality assessments of 24 implementing partner agencies for third and fourth quarter of fiscal year 2017. The goals of the assessments were to review routine data recording and reporting; to assess the quality of data recorded and reported for validity, reliability, system integrity, and accuracy using the standard data quality assessment tools; and to provide recommendations to improve systems for better quality data.



Key Population-led and Technology Facilitated Outreach and Engagement (Outreach 3.0)

LINKAGES Nepal initiated KP-led and technology facilitated outreach and engagement (Outreach 3.0) with an online risk assessment tool from December 7 to 31, 2017 for World AIDS Day 2017. The online risk assessment tool was posted and linked KP individuals for HIV and/or STI services on the basis of their self-reported risk. Risk behaviors of KPs were categorized into four categories: high, medium, low, and no risk. The tool was promoted through national KP networks, their CBOs, and gay-specific dating sites (Grindr), social media (Facebook, Instagram) and popular social media influencers. A total of 161,614 profiles were reached, of which 10,147 people (6%) clicked the assessment and 497 (5%) completed the assessment. Of these, 169 were KPs.



Rapid Community Assessment

In October 2017, LINKAGES Nepal completed a rapid community assessment (RCA) in 16 districts for estimating the size of KPs and mapping hot spots and cruising sites in the project districts. The RCA was conducted in collaboration with JIMMS CBOs in districts where the project is serving FSWs, and with FSGMN in districts where the project is serving MSM, MSWs, and transgender people. The information obtained from the RCA will be used in program planning and in mobilizing resources. The number of KPs estimated from the RCA will also be used to construct a **continuum of prevention, care, and treatment cascade of each program district**.

RCA Findings

FSWs

- The average estimated number of FSWs in 16 Project districts was 40,825, spread over 801 hotspots.
- Kathmandu district had the largest number of estimated FSWs (10,398) spread over 87 hotspots, while Makawanpur district had the smallest number of FSWs (1,032) spread over 25 hotspots.
- Based on these numbers, the average number of FSWs frequenting each spot was calculated to be 51.
- By typology, FSWs were categorized into street-based, home-based, and establishment-based. In total, 13,921 home-based FSWs (34%), 13,716 street-based FSWs (34%), and 13,188 establishment-based FSWs (32%) were estimated in the 16 districts.

MSM, MSWs, and Transgender People

- The average estimated number of MSM, MSWs, and transgender people in five LINKAGES Nepal districts was 19,275, spread over 168 hotspots.
- Of the total estimation, a large percentage were MSM (64%), followed by MSWs (21%), transgender people (9%), and transgender SWs (6%).
- Kailali district had the largest number of estimated MSM, MSWs, and transgender people (4,938) spread over 62 hotspots, while Kaski district had the smallest number of MSM, MSWs, and transgender people, (2,690) spread over 19 hotspots.
- Based on these numbers, the average number of MSM, MSWs, and transgender people frequenting each spot was calculated to be 115, which shows that the hotspots are large, with many sites, and there are fairly high numbers of MSM, MSWs, and transgender people at each one.
- In total, 12,288 MSM, 4,082 MSWs, 1,823 transgender people, and 1,082 transgender SWs were estimated in the 5 districts.

Annual Review and Planning Meeting

In December 2017, LINKAGES Nepal organized an annual review and planning meeting with the project staff and implementing partner agencies to explain upcoming key activities, changes, and new initiatives in fiscal year 2018 and 2019 and to review the previous year's achievements, reasons of gaps/successes, issues, and challenges and to identify way forward.



Visitors Log

Mr. Michael C. Gonzales, deputy chief of mission, US Embassy in Nepal, visited LINKAGES Nepal Project site Nepalgunj, Banke district, along with Mr. Nathan Park, Program and Project Development Office director, USAID, Ms. Carrie Rasmussen, director of Health Office, USAID, and Mr. Debendra Adhikari, nutrition specialist, USAID, in October 2017. During the visit, the DCM observed LINKAGES Nepal's clinical service site managed by the Nepal STD & AIDS Research Center under the LINKAGES Nepal Project in Banke district. During the visit, LINKAGES Nepal highlighted overall project activities and services in Banke district.



Ms. Aleta Williams, director of Business Development, FHI 360 visited LINKAGES Nepal clinical partner (STD/AIDS Counseling and Training Services) and prevention partners (Nari Chetana Samaj and Parichaya Samaj) in Lalitpur district in October 2017, interacted with project staff, and observed clinical set-up and process. Implementing partner agencies presented on project activities and cascade results of Lalitpur district.



The LINKAGES Nepal Project facilitated a cross-learning visit of four delegates from Pakistan (representatives from Global Fund, Country Coordinating Mechanism, Human Rights Commission and Save the Children) to Parichaya Samaj, Lalitpur district in November 2017. The objective of their visit was to learn good practices and innovative approaches/interventions that Parichaya Samaj is implementing under LINKAGES Nepal for MSM, MSWs, and transgender people in Lalitpur district. The Parichaya Samaj team presented on major programs and services, micro planning process, tools and forms/ formats, outreach and referral process, use of MSM/trans-friendly social and behavior change materials during outreach, service modality (static and mobile clinic), service utilization, follow-up, and referral.



The health officials from the District Health Office of Kapilbastu, Kaski, and Nawalparasi districts and HIV focal person of Western Regional Health Directorate, Kaski district observed clinical service along with recording and reporting forms and formats used by implementing partner agencies for both government and LINKAGES Nepal from October to December 2017. The HIV focal person also observed and commended the waste management system, the confidential record keeping system of all KPs, and other services provided.



LINKAGES Nepal and NCASC conducted joint monitoring of an HIV logistics management system at Bharatpur Hospital and LINKAGES Nepal clinic in November 2017. During the monitoring, the team observed the storage of HIV commodities, and recording and reporting of commodities and then provided recommendations.

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This document was made possible by the generous support of the American people through USAID and PEPFAR. The contents of this document do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES is a five-year cooperative agreement (AID-OAA-A-14-00045) led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

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