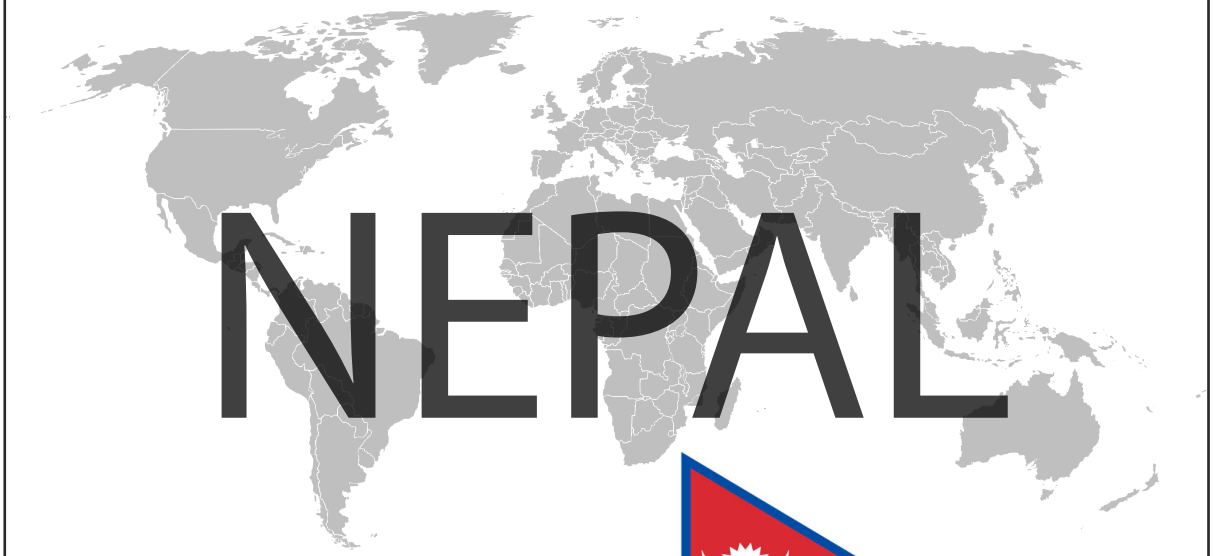
2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS
Declaration of Commitment on HIV/AIDS



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Preface[1]

In just two years, the world will evaluate ten years of work toward "Universal Access by 2010" to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world's population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,[2] and there are 5.4 million young people living with HIV.[3] Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders "age out" and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.[4]

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country–level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.[5] The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves from HIV infection. **However, as of 2007, only 40% of young men**

Notably, the DoC recognizes young people's higher risk to HIV infection and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (…) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (…)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
  - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
  - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
  - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
  - Strengthening reproductive and sexual health programs; and
  - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

[1] Adapted from GYCA and Global Youth Partners, "Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS." UNFPA, 2005. http://www.youthaidscoalition.org/resources.html
[2] UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp
[3] UNAIDS (2007) AIDS Epidemic Update
[4] UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

and 36% of young women had accurate HIV knowledge on transmission and prevention.[6]

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

Methodology

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.[7] GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV (YPLHIV) in their countries through focus group discussions, in-depth interviews and workshops.

Young people were asked to make recommendations for strategies to ensure that their country would meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

A guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.[8] A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,"[9] were suggested to guide their research. Data collection and analysis focused on four main areas:

1) Political Commitment
2) Financial Commitment
3) Access to Information Services
4) Youth Participation

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

[6] UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.
[7] The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.
[8] The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."
[9] UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

Table of Contents

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About the Global Youth Coalition on HIV/AIDS (GYCA

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective

agents of change in their communities. For more information please visit http://www.youthaidscoalition.org or write to info@youthaidscoalition.org.

I. INTRODUCTION

HIV & AIDS in Nepal

Given the limitations of Nepal's current health systems to conduct adequate surveillance, the actual number of HIV cases in Nepal is uncertain. As of the end of 2007, WHO/UNAIDS estimated that 70,256 people out of a total population of 25.2 million people were living with HIV, indicating a prevalence of about 0.55 % in the adult population in Nepal, though only 10,546 cases have been reported. 43.87% of all people living with HIV are ages 15-29 years, with a high rate of new infections.[10]

Nepal's HIV epidemic, primarily driven by injecting drug use and sexual transmission, is characterized as highly concentrated among certain key populations. The HIV prevalence among injection drug users (IDUs) is around 34.7%.[11] Half of the country's 50,000 injecting drug users are 16 to 25 years old, and the incidence of HIV among people who inject drugs has increased from 2% in 1995 to nearly 50% in 1998.[12]

Population mobility and migration due to internal conflict within Nepal is a major factor contributing to increasing incidence of infection[13], especially in its interaction with sex work. Young female sex workers are particularly vulnerable to infection on Nepal. An estimated 22-38% of young Nepalese women trafficked to India and who returned to Nepal were found to be HIV positive.[14] The National Center for AIDS and STD Control (NCASC) indicated a 6.61% rate of infection among female sex workers in 2008.[15] A study in Pokhara and Jhapa district (Nepal) on female sex workers revealed that 59% and 31% of the sex workers were adolescents aged between 10-19 years respectively.[16]

In Kathmandu, studies reveal high risk behaviors by young MSM. One study in Kathmandu Valley had a sample size made up largely of young men who have sex with men (MSM) and male sex workers (MSW). 59% of the MSW and 61% of the MSM were between 16-24 years old, and amongst the MSW there was a 4.8% HIV prevalence, and amongst MSM 3.6% prevalence.[17] Consistent condom use was low and multiple partnerships were common. A high proportion of MSM reported selling and buying sex, with a substantial proportion of these men also reported having sex with females.[18] There is a good chance that the virus will begin to spread from these key populations to the wider community.

With 45.9% of HIV positive people self-reporting as clients of sex workers, the rates of transmission to spouses and concurrent sexual partners will continue to rise without adequate prevention interventions for and with both sex workers and clients. Today. 21.5% of those living with HIV are housewives, many of whom are under 24 years old.

About this Report

This report was compiled through the research and analysis of several sources:

- Literature review of policies, budgets and government documents.

[10] UNAIDS/WHO Epidemiological Fact Sheet (2008), http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_NP.pdf
[11] IBBS (2007) IDU Kathmandu
[12] SEARO/WHO (2007). Young people and HIV/AIDS. www.searo.who.int/LinkFiles/Initiatives_1-intro.pdf
[13] HIV and Conflict Assessment, 2006
[14] Silverman JG (2007) in JAMA. "HIV Prevalence and Predictors of Infection in Sex-trafficked Nepalese Girls and Women."
[15] NCASC Monthly data sheet 13 March 2008 (www.ncasc.gov.np)
[16] referenced in SEARO/WHO (2007).
[17] SEARO/WHO (2007).
[18] SEARO/WHO (2007).

- Research through an internet-based questionnaire, data analysis and processing using surveymonkey.com.
- Direct/indirect interviews with responsible authorities of government & NGOs.
- Group discussion with youth.
- Our team has not been able to obtain in depth knowledge, data collection and research from NCASC who has been unresponsive to queries for information.

Key Findings and Recommendations:

- The National HIV/AIDS Strategy of Nepal for 2006 -2011 has emphasized prevention of new infections among young people as one of its top five priorities. This indicates a key commitment of the part of the government in supporting youth advocacy on HIV and AIDS issues.
- Despite Nepal's UNGASS commitments, only 27.6% females and 43.6% males between 15-24 have comprehensive knowledge on HIV and reject major misconceptions about HIV transmission.[19]
- In the 4,000 government health facilities, health care providers are not trained in sexual and reproductive health needs and services of young people. Youth-friendly health services are generally only offered by NGOs.[20]
- Out of school youth lack education on HIV prevention.
- There is an urgent need to incorporate preventative life-skills-based and peer education starting into primary schools.
- There is a need for an effective coordination mechanism between government sectors, NGOs, INGOs and private sector regarding HIV policies and programmes.
- It is necessary to scale up efforts of young people in response to HIV/AIDS by empowering youth to take the lead in prevention, treatment and advocacy work, and by investing in their efforts with funding and mentorship.
- Strategic responses to HIV must be accompanied by political commitment and support.

A meeting for the Junior/Youth Red Cross HIV/AIDS Prevention Programme. (Source: Nepal Red Cross Society, 2004)

II. Political Commitment

Civil unrest and political instability have deeply affected the political response to HIV. The NCASC has been acting as the focal point for the national response to HIV and AIDS. However, with the current inactivity of the National AIDS Council and the inefficiency of the National AIDS Coordination Committee, previously planned initiatives have been hindered. HIV programmes at the district level are also not effectively coordinated and implemented due to lack of resources. [21]

[19] 2008 UNGASS Country Progress Report Nepal 2008 http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf

[20] From presentation at UNAIDS/UNFPA Briefing b**y Dr.** Senendra Raj Upreti on May 21, 2008. Ministry of Health and Population, Nepal.

[21] Department of Health Services (2007) "Annual Report, Department of Health Services, 2062/63 (2005/6)."

However, there is a strong political commitment to surveillance. The NCASC publishes monthly cumulative data on the HIV ad AIDS situation in Nepal, reported separately for males and females. The surveillance system tracks the trends of its epidemic in 5 population groups and in 4 distinct epidemic regions/zones, corresponding to differences in the nature of the epidemic and to transmission dynamics. There are clear indications as to who composes the most at-risk populations, including demographics by age and sex.[22]

National responses have received strong support from External Development Partners (EDPs), particularly UN Agencies, USAID, DFID and The Global Fund. The Ministry of Education's life skills based education programme, which uses formal curricula and peer education, has expanded in the past two years with support from UNICEF in over 20 districts.[23] The government's formation of Nepal Leadership Forums on HIV/AIDS, which include youth, women and the media is a note-worthy initiative undertaken to develop and enhance HIV policies. A brief analysis of key policies:

National Health Policy (1991)[24]

The National Health Policy (1991) placed "Prevention and Control of AIDS" as a major programme under preventive health services. Reproductive health was given high importance as the policy called for prioritizing of programmes that directly helped to reduce infant and child mortality.

2nd Long Term Health Plan [25]

The Second Long-Term Health Plan (SLTHP) for FY 2054-74 (1997-2017) mentions that the government is facing several challenges in fulfilling healthcare-related needs of the people. The spread of HIV/AIDS is viewed as a growing concern. It also acknowledges that huge resources and external assistance have been channeled for controlling the spread of the disease and its management. However, progress as of yet is far from satisfactory. Strategies are mainly focused on reproductive health and maternal and child healthcare (MCH).

10th Five Year Plan (2002-2007)

The 10th Five Year Plan has kept preventative programmes on HIV and sexually transmitted infections as the first priority. It acknowledges the high burden of diseases and the minimal availability of resources for the programme. It also recognizes that it is a programme that is targeted to the poor, the oppressed and those devoid of opportunities, and that it contributes to poverty eradication. The main objectives deal with increasing access to health services, especially of reproductive health and family planning services, with extensive consideration of maternal health service. [26]

National HIV/AIDS strategy (2006-2011)

Unlike the National HIV/AIDS Strategy (2002-2006), which kept "prevention of new infection among young people" as one of the top 5 priorities, the new strategy (2006-2011) does not have a specific strategy for youth. It does not even include young people as part of the "most at risk populations" (MARP). While it has specific strategies for orphans, children, internally displaced people, injecting drug users, MSM, sex workers and people living with HIV (PLHIV), it fails to provide a specific strategy for young people, which form a major proportion of most population sub-groups included in the MARP. Even strategy 6.2, "ensuring the rights of the infected, affected and vulnerable groups", [27] does not mention anything about youth.

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[22] Interview with Manoj Bhatta, 2008, NCASC.
[23] UNGASS Country Progress Report, 2008.
[24] Department of Health Services. (2007) "Annual Report, Department of Health Services, 2062/63 (2005/6)." 2007.
[25] Department of Health Services. (2007)
[26] National Planning Commission, Government of Nepal. "An Assessment of the Implementation of the Tenth Plan/ PRSP." 2005/06.
[27] Ministry of Health and Population, National Center for AIDS and STD Control. (2007) "National HIV/AIDS Strategy (2006-2011), Nepal."

The National Strategy expects "committed government leaders and champions (sports, youth and media) to follow the national and international obligations" but does not mention anything about how this commitment could be developed with and among youth. However, under actions to be taken, it addresses young people and adolescents' access to services, expansion of life skill interventions for developing safer sexual behavioral practices and promotion of the use of condoms and lubricants. It also acknowledges that voluntary counseling and testing VCT services should be integrated into youth friendly services.

Interim strategy note 2007 (World Bank)
This note targets weak institutional arrangements, fragile data gathering and estimation of HIV/AIDS rates and poor intersectoral involvement as the reasons why implementation of HIV and AIDS related programmes and activities have been slow, despite of the presence of a national framework and considerable commitment from external development partners. It does not mention anything specifically about youth and HIV and AIDS.

Interim Plan 2007 (Government of Nepal)
Major programs in the youth chapter of this interim plan include the cessation of drug abuse and HIV prevention, along with the establishment of rehabilitation centers for those infected and the scaling up of treatment programmes. An estimated Rs. 1.65 crores[28] ($USD 243,183) is required for the implementation of the programme. However, the government has not considered implementing needle exchange programmes as one of their prevention strategies, despite copious evidence of their success at driving down HIV infections among IDUs.

Recommendations

Strategies must target the particular vulnerabilities of young people to HIV.

- Strengthen the sentinel surveillance system both at community and the national levels.
- Implement policies and strategies through inter and intra-sectoral coordination.
- Strengthen HIV and AIDS programmes at the district level.
- Include YPLHIV in policy formation as major stakeholders.

III. Financial Commitment:

While the primary funders for HIV programmes are external development partners, allocations for national budgetary funds for programming have increased. The government's direct contribution has also increased but still it is less than 1% of total HIV spending.[29] The national HIV strategy clearly includes the development of ministries with a separate budget for HIV and AIDS activities, as well as the development of workplace HIV and AIDS programmes among 20% of private sectors enterprises.[30]

International donor and government allocations combined, USD $9,089,000 million was spent on HIV and AIDS in Nepal with preliminary data showing the largest proportion of expenditures dedicated to prevention 69% and 13% on treatment, care and support.[31]

According to the NACP, of the prevention funding, 4% was designated to 'Youth in school' and 2% designated to 'Youth out of school.' However, no sound data is available on how much funding is invested for youth for different purpose such as treatment, care and support.[32]

[28] Government of Nepal. (2007) "Interim Plan." 2007
[29] National HIV/AIDS Strategy 2006-20011
[30] National HIV/AIDS Strategy 2006-20011
[31] See 2008 UNGASS Country Progress report
[32] 2008 UNGASS Country Progress Report

Government investment in HIV programmes is channeled through the Ministry of Health, as well as a limited fund for youth through the Ministry of Education & Sports. However, there is a lack of coordination between government agencies in terms of combining youth and HIV programming. Notably, most of the HIV and AIDS programmes among and for youth are funded or operated by INGOs and NGOs.

Recommendations:

- Build Sustainable coordination and partnership between government and youth initiatives.
- Allocate sufficient resources to organizations to build youth capacity and provide for institutional growth.

Street drama promoting awareness on HIV/AIDS
(Source: Institute of Cultural Affairs-Nepal, 2008)

IV. Access to Information and Services:

The UNGASS Country Progress report shows that only 1/3 of young people can identify ways of HIV transmission and reject major misconceptions on prevention and transmission.[33] Due to awareness-raising programmes conducted by NGOs within schools, on TV and the radio, HIV and AIDS is addressed, though open discussion is not fostered or encouraged. Information is provided to students ages 14 or 15 through school curricula, though detailed and relevant instruction is not provided. This is partially due to the fact that sexual and reproductive health is a sensitive issue in conservative Nepalese culture. Another obstacle to thorough education is the lack of information and knowledge transmitted to the teachers themselves. As a result, only 27.6% of total female youth and 43.67% of total male youth can currently identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.[34]

Only 5.6% of schools provide life-skills based education, following a UNICEF initiative.[35] In general, many youth do not have adequate knowledge about life skills based education, which includes information on HIV and AIDS. These days some INGOs/NGOs and radio programmes are focusing on life skill based education and are the primary available sources of information for HIV and AIDS-related topics.

Only a few NGOs or Community Based Organizations (CBOs) are operating programmes to provide information to out of school youth and other marginalized youth groups. They have found that the majority of these youth are not aware of the availability of stigma-free and discrimination-free services. Although condoms are provided freely at health posts, young people are not accessing services due to a lack of awareness of their availability, and the fact that many of these service providers are not trained in the sexual and reproductive health needs and rights of young people. Notably, some companies have been working on marketing condoms to society at large.

Nepal does have a recognized Harm Reduction Strategy. The rate of uptake increased from 82.3% in 2005 to 95.6% in 2007.[36] This strategy is focused on the youth sector, though support to needle exchange programmes is prioritized more so than other types of interventions, such as life skills training. However, Mr. Anan Pun, Chairman of International Network of People Using Drugs and also an Executive Director of Recovering Nepal, NGO, questioned these statistics

[33] 2008 UNGASS Country Progress Report
[34] Nepal Demographic Health Survey (2006)
[35] MOE/UNICEF 2007 on School providing LSBE
[36] IBBS IDU 2007

during UNGASS country report launch ceremony when he stated that "...in reality, only about 2500 to 3000 drug users are receiving harm reduction services that are effective and really matter to them, among reportedly more than 20, 000 injecting drug users".[37]

In addition, people living with HIV are not receiving effective responses and health care from health professionals and government authorities. There are only 17 ART centers in the whole country.[38] PLHIV from rural areas cannot access these services because it is not practical for them to travel long distances each month, given the high financial and physical cost of travel.

Recommendations:

- Promote VCT programs among young people.
- Life skills-based initiatives need to be scaled up both in and out of schools.
- Stronger coordination mechanisms are needed between HIV programmes in the government and non-governmental sectors.

V. Youth Participation:

Government authorities have not initiated specific policies that ensure young people's participation in the planning, implementation, evaluation or monitoring of HIV and AIDS programmes. While civil society organizations (especially adults) and PLHIV are participating in the planning, evaluation & monitoring process, there has not been a specific focus on youth participation. Civil society organizations were directly involved in the National Review of National Strategic Plan in 2006, but youth were not specified as stakeholders or targets of HIV/AIDS initiatives.[39] In addition, there is no representation of young people on the National AIDS Council formed in 2002 and chaired by the Prime Minister.

The National Planning Commission has consulted with youth to prepare a youth chapter for the Interim Plan 2008. Some NGOs and INGOs have involved young people as peer educators, which has proven effective both in terms of information dissemination and in cost effectiveness. However, young people are still most often treated as clients, but are not valued as necessary and effective agents of change in and of themselves. Adults often develop plans, policies & programmes that do not support the ownership of key issues and responses to them among youths. As a result, young people do not view themselves as part of solution.[40]

VI. Major Recommendations for Action:

- The National Centre for AIDS and STD control should develop a Youth Advisory team that creates meaningful opportunities for qualified youth to design, implement and evaluate Nepali programs and policies that affect youth.
- Life skills based education should be incorporated into school curricula from the primary level, and teachers should be well trained to circulate HIV-based education.
- Youth must be involved to develop programmes, policies and interventions regarding monitoring and evaluation, and particularly around the design of Information, Education & Communication (IEC) and Behavior Change Communication (BCC) interventions.
- Numbers of VCT centers and ART centers should be scaled up and all centres should operate as youth friendly service centres. There is a desperate need for stigma free, welcoming clinical spaces for young people to receive services and information.
- Strengthen capacities of youth organizations and of young people working in all

[37] Press Release released by Recovering Nepal (Prem K Limbu, Advocacy Officer) on heading Universal Access 'Fair Play'
[38] NCASC (ART Centre till date) extracted from www.ncasc.gov.np.
[39] 2008 UNGASS Country Progress Report
[40] From focus group discussion with college students aged 16 to 21 years.

organizations.
- More effective educational programmes should be developed to reach out of school youths, particularly through peer-to-peer programming.
- Programmes should focus more on small, stakeholder-driven initiatives.

VII. Conclusion:

The government's investment and response to HIV has drastically increased since Nepal pledged its commitment to the DoC targets at the UNGASS meeting in June 2001. The government acknowledges young people as a vulnerable population, yet has not worked to effectively to involve them in planning, decision-making and programming. Young people must work together to make their varying and distinct agendas more visible to governments, organizations and civil society organization so that we are seen as active citizens rather than just as vulnerable recipients of services.

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7. UNGASS Country Progress Report 2008
8. Assessment of the Implementation of tenth plan/ PRSPs (2005/06) by National Planning Commission, Government of Nepal