

BREAKING NEW GROUND:

A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in

KATHMANDU, NEPAL



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Proposed citation:

UNDP (2017). *Breaking new ground: A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in Kathmandu, Nepal*.

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This document was supported by UNDP under the Multi-Country South Asia Global Fund HIV Programme (MSA-910-G02-H).

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FOREWORD

This Kathmandu city review of HIV and rights-based programmes for men who have sex with men and transgender people was undertaken in a partnership between the Government of Nepal and the United Nations Development Programme. The need for increased information and research is imperative given the growing urbanization in Nepal. As our citizens move between rural and urban settings there is a need to understand their current state of health and vulnerabilities in order to cater to their basic rights and provide services that meet their needs.

Key populations are at increased risk of contracting HIV. Regional and global research tells us that the HIV risk can be exacerbated by the mobility of populations and changing social norms in urban centres.

The Government of Nepal is committed to continuing its efforts in designing appropriate health and rights-based services on HIV, promoting universal access to prevention, and providing care and support programmes for the affected and vulnerable sections of the population, including men who have sex with men, transgender people and all people living with HIV. The government is pleased to partner with the United Nations Development Programme to further the knowledge base in Kathmandu, the capital city of Nepal, and we commend the efforts of the UN system in assisting us as we strive to achieve our shared goals.



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ACKNOWLEDGEMENTS

This review was conducted in 2014-2015 as part of the broader UNDP South Asia Municipal HIV and Rights Review, which investigated the HIV and rights programmes and services for men who have sex with men and transgender people in seven South Asian cities.

The UNDP South Asia Municipal HIV and Rights Review was implemented by APMGlobal Health. We gratefully acknowledge Lou McCallum, Director, APMGlobal Health who designed and coordinated the study with Scott Berry and Jan Willem de Lind van Wijngaarden.

The primary investigator in Nepal was Mahesh Raj Sharma.

We acknowledge the efforts of the National Centre for AIDS and STD Control, Kathmandu Metropolitan City and Blue Diamond Society who provided extensive support and guidance throughout the review process.

Thanks are also due to Nadia Rasheed, Team Leader, Edmund Settle, Policy Advisor, Anna Chernyshova, Programme Manager, Binda Magar, Gender and Social Inclusion Programme Specialist, and Ian Mungall, Programme Analyst, UNDP, as well as to Tony Lisle, Senior Policy Advisor, UNAIDS Regional Support Team. Additional support was provided by UNDP Nepal and UNAIDS Nepal.

UNDP and the project team also wish to thank the following Nepal organizations that actively participated in this city review:

- The National Centre for AIDS and STD Control, Government of Nepal
- Kathmandu Metropolitan City
- Lalitpur Sub-Metropolitan District Office of Kathmandu
- Bhaktapur Sub-Metropolitan City
- National Academy of Medical Sciences – Bir Hospital
- Sukraraj Tropical and Infectious Diseases Hospital (Teku Hospital)
- Cosmed Clinic
- The Human Rights Commission of Nepal
- Family Planning Association of Nepal
- Nepal Red Cross Society
- Blue Diamond Society
- Cruise AIDS Nepal
- Pink Triangle

The UNDP South Asia Municipal HIV and Rights Review benefited from regional workshops, including an Orientation and Training Workshop held in Bangkok in September 2014, and a Synthesis Workshop in Bangkok in March 2015. Additionally, the Asia Pacific Coalition on Male Sexual Health South Asia Strategic Information Advisors held an expert's review on 7 February 2015 in Bangkok.

This activity was supported by UNDP under the Multi-Country South Asia Global Fund Programme (MSA-910-G02-H), a regional programme that operates in seven countries (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka) and seeks to reduce the impact of, and vulnerability to, HIV of men who have sex with men (MSM), *hijras* and transgender people through community systems strengthening. In Afghanistan, the programme focuses on HIV prevention services for men with high risk behaviour.

ACRONYMS

AIDS	Acquired immunodeficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APF	Asia Pacific Forum of National Human Rights Institutions
APMG	APMGlobal Health
ART	Antiretroviral therapy
ARV	Antiretroviral
BDS	Blue Diamond Society
CD4	Cluster of differentiation 4 - marker of immune system function
DIC	Drop-in centre
DOTS	Direct observed treatment short course
HCT	HIV counselling and testing
HIV	Human immunodeficiency virus
IBBS	Integrated Biological and Behavioural Surveillance
IDLO	International Development Law Organization
KMC	Kathmandu Metropolitan City
LGBTI	Lesbian, gay, bisexual, transgender, intersex
NGO	Non-government organization
RIHS	Royal Institute of Health Services
SAARC	South Asian Association for Regional Cooperation
SAARCLAW	South Asian Association for Regional Cooperation in Law
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing



A local health care professional who received training examines a patient at Bir Hospital in Kathmandu.
Photo: GMB Akash/UNDP.

Chapter 1

INTRODUCTION

“ I came across a situation during a district training that changed me... A participant's brother was [a] transgender [person] who was not able to disclose this and was forced to marry. When the participant shared the story of her brother I felt deeply moved and I realized how important it is to support another class [of gender] other than just men and women. ”

– Staff member at Nepal Red Cross Society¹

Breaking new ground: A municipal review of HIV and rights programmes and services for men who have sex with men and transgender people in Kathmandu, Nepal was conducted in 2014-2015 as part of the broader UNDP-led initiative that examined HIV and rights programmes and services for men who have sex with men and transgender people in seven South Asian cities. The review aims to inform and strengthen Kathmandu's municipal HIV and rights responses for these vulnerable key populations. Government and community leaders were crucial to the review process as they provided valuable inputs that informed the recommendations.

Key findings

- A literature review showed that the estimated HIV prevalence in Nepal is considered to be low (0.2 percent), and the epidemic is concentrated amongst key populations². There is promising data indicating a declining trend in both estimated HIV prevalence and new infections. Sexual transmission is the primary mode of transmission.
- Participants of the review reported that many men who have sex with men engage in sex with both women and men. Therefore, prevention and testing programmes need to address the sexual and reproductive health (SRH) needs of men who have sex with men through improved linkages with comprehensive and male-friendly SRH services. Symptomatic STIs were reported as a key motivator for men who have sex with men to seek SRH services.
- Most men who have sex with men are hard to identify and reach in Kathmandu and often do not associate their sexual behaviour with being 'gay'. The effectiveness of community-based programming for men who have sex with men would be improved by providing services that target men whose sex with men does not relate to a specific identity.
- Strengthened strategic information on the real-life situations and behaviours of men who have sex with men and transgender people is needed to improve HIV programming and address their rights needs.

1 Interview with Nepal Red Cross Society, Kathmandu, 17 December 2014.

2 Ministry of Health and Population (2015). *Nepal Country Progress Report on HIV/AIDS Response 2014*.

- Nepal has made significant progress on ensuring legal protections for people of diverse gender identities and sexual orientation. However, it is noted that continued efforts need to be made to strengthen harmonization and implementation of these laws and policies.
- Community-based organizations in Kathmandu are a critical partner in the delivery of outreach and prevention services for men who have sex with men and transgender people. In the past several years, these community-based service delivery models have provided good practice to community based organizations from South Asia.

1.1 Rationale

Cities now bear the brunt of the HIV burden in South Asia and worldwide and, thus, are important environments for promoting enabling legal and policy approaches to ensure effective HIV and rights programming. Rapid urbanization can contribute to the negative impact on health and well-being, especially for those living in impoverished urban areas. People living in these areas often face significantly higher HIV risk and vulnerability due to disparities in employment, education, nutrition and access to health and social services, as well as poor sanitation and overcrowding. For example in South Asia, Karachi is now home to 30 percent of HIV cases in Pakistan, while 56 percent of all people living with HIV in Sri Lanka reside in and around Colombo.^{3,4}

The South Asia Association for Regional Cooperation (SAARC) regional strategy on HIV prioritizes support for key populations, such as people who use drugs, sex workers, men who have sex with men and transgender people, to reduce risk and vulnerability to HIV in urban settings.⁵ Furthermore, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Resolutions 67/9 and 66/10 reaffirm the commitment of countries in the region to provide universal access for HIV prevention, treatment and care, and to address critical barriers that hamper the HIV response.^{6,7} These government commitments represent a regional consensus to prioritize service delivery to improve the health and well-being of key populations and people living with HIV.

Cities across South Asia are now centres of national HIV epidemics, particularly among key populations. As they modernize, cities offer a sense of anonymity which, combined with changing social norms, can lead to elevated risk taking behaviour.⁸ The increase in domestic rural to urban migration may also amplify vulnerabilities to HIV, sexually transmitted infections (STIs), viral hepatitis, tuberculosis and other diseases.⁹ However, despite the demonstrated need, key populations in many cities often do not access HIV, health and sexual and reproductive health services.

Despite the challenges, cities also offer unique opportunities to progress innovative and sustainable HIV and rights programming, and increase service delivery and uptake. Political and social cultures in cities are often more tolerant, which permits city governments to design and implement programming that effectively serves marginalized key populations. The compact nature of city governments can enable better coordination amongst municipal departments and civil society groups to build support for effective public health policy. These local governance opportunities allow cities to adapt, strengthen and expand their responses to have a sustainable and direct impact on HIV and rights programming.

For these reasons, the UNDP South Asia Municipal HIV and Rights Review has focused on identifying and providing recommendations to enhance municipal HIV programming for men who have sex with men and transgender people.

3 UNAIDS (2014). *The Cities Report*.

4 National STD/AIDS Control Programme Sri Lanka (2014). *Annual Report 2014-15*.

5 South Asia Association for Regional Development (2013). *SAARC Regional Strategy on HIV/AIDS 2013-2017*. SAARC Tuberculosis and HIV/AIDS Centre.

6 United Nations Economic and Social Commission for Asia and the Pacific (2011). *Resolution 67/9 Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, Sixty-seventh Session*. Bangkok, Thailand.

7 United Nations Economic and Social Commission for Asia and the Pacific (2010). *Resolution 66/10: Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific, Fifth plenary meeting*.

8 Rama, Martin et al. (2015). *Addressing inequality in South Asia*. Washington, D.C.: World Bank.

9 UNAIDS (2014). *The Cities Report*.

1.2 Background

Beginning in 2010, a partnership between USAID, UNDP, UNAIDS, the Asia Pacific Coalition on Male Sexual Health (APCOM), municipal governments and community partners led to the piloting of a Six City HIV Initiative to support innovative municipal policy and programming to manage the HIV response in six Asian cities: Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Manila and Yangon. This pilot programme yielded impressive results in the form of new and tightly-targeted strategy development and planning for key population interventions, new generation of evidence and strategic information, innovative HIV efforts across systems and populations, and the ratification of new municipal action plans.

South Asia's HIV epidemics are concentrated among key populations, primarily men who have sex with men, people who use drugs, sex workers, transgender people and *hijras*. While governments are beginning to increase their support for HIV responses for key populations, to date the main source of funding has been from international donors, such as the Global Fund.

South Asia has 69 cities with a population of more than 1 million people. Five are mega-cities with more than 10 million people and include Delhi, Dhaka, Karachi, Kolkata and Mumbai. Therefore, efforts to scale-up HIV and rights programming in South Asia will require an evidence base that outlines the importance of expanding municipal-level HIV and rights programming for men who have sex with men and transgender people.

1.3 Audience for the report

The Kathmandu city report is relevant to the Government of Nepal and its ministries and departments, as well as municipal programmers in Kathmandu. The report is also of use to regional and international agencies including the United Nations and other development organizations operating in Nepal to improve the health and human rights of men who have sex with men and transgender people. Emerging community-based groups in Kathmandu will also find the report useful for project planning and developing evidence-based ideas for future projects and activities.

1.4 The review methodology

The UNDP South Asia Municipal HIV and Rights Review followed a consultative process, similar to the type of information gathering undertaken when producing national, sector-based or organizational strategic and programmatic plans. This investigation incorporated a three-stage methodology and conceptual framework, presented below.

Stage 1: City-level promotion, document review and analysis

Two preparation and planning steps were undertaken to gather information, recruit and engage city-based, local consultants. An internet-based submission process was established in each city to facilitate anonymous contributions to the review. The two steps included:

- Collating and reviewing literature related to men who have sex with men and transgender people's health and human rights, both globally and in South Asia.
- An analysis seminar with local consultants to collate related documents and include local intelligence in building a picture of the health and human rights environment for men who have sex with men and transgender people in South Asian cities.

Stage 2: Fieldwork and local engagement

Three steps for city-level engagement were undertaken to gather information from those leading the municipal HIV and rights response for men who have sex with men and transgender people. The instruments used for questioning are available in Appendix 1. The three steps included:

- City-level Momentum Workshop: this workshop introduced the review process and sought answers to questions related to current practices and ideas for improvements to programming for men who have sex with

men and transgender people.

- Individual and group interviews: key informants were interviewed for information about current practices and improvements in programming for men who have sex with men and transgender people.
- City-level Visioning Workshop: this meeting was held to present the city-level findings and seek consensus for next steps in strengthening municipal programming.

Stage 3: City data analysis

Three steps for analysing the data collected were undertaken:

- Collating the information collected during workshops and interviews.
- Collating online responses from men who have sex with men and transgender people in each city.
- A synthesis workshop with the city consultant and representatives from UNDP and APCOM was facilitated to analyse results and produce a draft report.

A conceptual framework for the review guided the development of the methodology, which was adopted by stakeholders. The conceptual framework included the HIV Treatment Cascade¹⁰ and the Comprehensive Package of HIV Services for Men who have Sex with Men and Transgender Populations in Asia and the Pacific.¹¹ A detailed description of the conceptual framework for the review is in Appendix 2 of this report.

1.5 The Kathmandu city review

Stage Two of the city review methodology outlines three steps for the city review. Step one involved a city momentum workshop in Kathmandu that was held in October 2014. Forty-two representatives from the government, medical, academic, legal and international/regional sectors participated. The National Centre for AIDS and STD Control convened and led the Kathmandu momentum workshop. Following the workshop, in-depth interviews with eight key municipal leaders in HIV programming for men who have sex with men and transgender people were undertaken in December 2014. A Visioning Workshop to plan next steps involved 10 representatives in Kathmandu in December 2014. The schedule for Kathmandu is presented in Appendix 3.

1.6 Related resources

Below are a list of complimentary resources that aim to improve HIV and rights programming for men who have sex with men and transgender people.

Health Policy Project, Asia Pacific Transgender Network, UNDP (2015). *Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2015-asia-pacific-trans-health-blueprint.pdf.

SAARC (2013). *SAARC South Asia regional strategy on HIV/AIDS 2013-2017*. Available at <http://www.saarctb.org/new/wp-content/uploads/2015/04/SAARC-Regional-Strategy-for-HIV-and-AIDS.pdf>.

UNDP (2013). *Nepal advocacy framework for HIV, human rights and sexual orientation and gender identity*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-nepal-advocacy-framework.pdf.

UNDP (2014). *South Asia Regional Advocacy Framework and Resource Guide: HIV, Human Rights and Sexual Orientation and Gender Identity*. Available at: http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-regional-advocacy-framework-and-resource-guide.pdf.

10 The HIV Treatment Cascade is a tool for monitoring the integrated delivery of health services for people living with HIV. See Appendix 2 for more information.

11 UNDP (2009). *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men and Transgender Populations in Asia and the Pacific - Regional Consensus Meeting Report*.

UNDP, IDLO, APF (2013). *National Human Rights Commission of Nepal - Report to the Regional National Human Rights Institutions Project on Inclusion, the Right to Health and Sexual Orientation and Gender Identity*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-nhri-project-on-right-to-health-sogi-nepal.pdf.

UNDP, IDLO, APF (2013). *Report to the Regional National Human Rights Institutions Project on Inclusion, the Rights to Health and Sexual Orientation and Gender Identity*. Available at: http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-nhri-project-on-right-to-health-sogi-regional-report.pdf.

UNDP, IDLO, SAARCLAW (2013). *Legal reference brief Nepal: Protective laws related to HIV, men who have sex with men and transgender people*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20%26%20Publications/hiv_aids/rbap-hhd-2013-nepal-legal-reference-brief.pdf.

UNDP, IDLO, SAARCLAW (2013). *Regional legal reference resource: Protective laws related to HIV, men who have sex with men and transgender people in South Asia*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2013-regional-legal-reference-resource.pdf.

UNDP, IRGT et al. (2016). *Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions*. Available at <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/implementing-comprehensive-hiv-and-sti-programmes-with-transgend.html>.

UNDP, The Williams Institute (2014). *Surveying Nepal's sexual and gender minorities: An inclusive approach*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-surveying-nepals-sexual-and-gender-minorities.pdf.

UNDP, UNAIDS, APCOM, AIDS Data Hub (2012). *Country snapshot Nepal: HIV and men who have sex with men*. Available at: http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2012-MSM-Snapshots-Nepal.pdf.

UNDP, USAID (2014). *Being LGBT in Asia: Nepal Country Report*. Available at http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/rbap-hhd-2014-blia-nepal-country-report.pdf.

UNDP, WHO (2013). *"The Time Has Come" Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings*. Available at http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/the-time-has-come.html.

UNFPA, APMGlobal (2016). *The Connect Effect: Tools for Integration of HIV and Sexual and Reproductive Health with Key Populations*. Available at <http://www.connect-effect.com/>.

UNFPA, The Global Forum on MSM and HIV, UNDP, UNAIDS, WHO, USAID, PEPFAR (2015). *Implementing comprehensive HIV and STI programmes with men who have sex with men: Practical guidance for collaborative interventions*. Available at <http://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>.

WHO (2016). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. Available at <http://who.int/hiv/pub/guidelines/keypopulations-2016/en/>.

WHO (2016). *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach - Second edition*. Available at <http://who.int/hiv/pub/arv/arv-2016/en/>.

WHO (2016). *Global health sector strategy on viral hepatitis 2016-2021*. Available at <http://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/>.

WHO (2015). *Consolidated guidelines on HIV testing services*. Available at <http://who.int/hiv/pub/guidelines/hiv-testing-services/en/>.



A transgender woman waits to see a doctor at Bir Hospital in Kathmandu.
Photo: GMB Akash/UNDP.

Chapter 2

THE BIG PICTURE

Population of Kathmandu: 1.7 million¹²

Population of men who have sex with men (size estimate): 5,717-6,535¹³

Population of transgender people (size estimate): 2,327-2,719^{14,15}

Kathmandu is the capital city of Nepal and has an estimated population of 1.7 million people. The city is managed by the Kathmandu municipal government. Nepal is a geographically diverse and landlocked country with a majority of its population of 28 million people living in rural areas.¹⁶ Migration from rural to urban settings has been on the rise since 1971, and particularly in the aftermath of the internal conflict that ended in 2006.¹⁷ Life expectancy in Nepal currently stands at 69 years.¹⁸ The 2015 Human Development Index ranked Nepal at 145 out of 188 countries, ranking it as a low human development country.¹⁹ With regards to the Gender Inequality Index, Nepal ranked 108 of 155 countries.²⁰

2.1 HIV and rights

According to the latest country progress report to UNAIDS, Nepal had an estimated adult HIV prevalence rate in 2014 of 0.2 percent, down from a high of 0.35 percent in 2005. It is estimated that there were around 39,249 people living with HIV in Nepal in 2014 and 1,493 new HIV infections annually. Estimates for both prevalence and new infections indicate an annual downward trend. Key populations of people who use drugs, men who have sex with men, transgender people, male, female and transgender sex workers, as well as the clients of sex workers make up an estimated 26 percent of people living with HIV. Within this estimate, men who have sex with men and transgender people comprise 8 percent and male and transgender sex workers make up 3 percent of people living with HIV.²¹

12 Nepal National Planning Commission Secretariat (2012). National Population and Housing Census 2011.

13 National HIV and STI Control Board (2011). *Mapping and Size Estimation of Most-at-Risk Population in Nepal, 2011. Volume 1 on Male Sex Workers, Transgenders and their clients.*

14 *Ibid.*

15 Anecdotal reports suggest that population sizes for MSM may be higher than this estimation.

16 The World Bank (2016). *Nepal Overview*. Available at: <http://www.worldbank.org/en/country/nepal/overview>.

17 UNOHCHR (2016). *Nepal Conflict Report*. Available at: <http://www.ohchr.org/EN/Countries/AsiaRegion/Pages/NepalConflictReport.aspx>.

18 The World Bank (2016). *Nepal Overview*.

19 UNDP (2015). *Human Development Report 2015 - Work for Human Development*.

20 *Ibid.*

21 Ministry of Health and Population (2015). *Nepal Country Progress Report on HIV/AIDS Response 2014*.

According to a mapping and size estimation study published in 2011 by the National HIV and STI Control Board, there are an estimated 5,717 to 6,535 men who have sex with men and 2,327 to 2,719 transgender people residing in Kathmandu. Nationwide, there are reportedly an estimated 196,270 men who have sex with men and 9,474 transgender people.²²

Nepal has made progress closing service gaps. In fact, Nepal is one of the few countries in the region that can report data along the HIV Treatment Cascade. Coverage rates of key populations with prevention services in Kathmandu are relatively high, with 64 percent of men who have sex with men and 79 percent of male sex workers reached in 2012. Knowledge of HIV status is also relatively high, with 42 percent of men who have sex with men in Kathmandu having accessed testing and received their result in 2012.²³

Nationwide, antiretroviral therapy (ART) coverage remains low. By the end of 2014, a total of 10,407 people, or 26.5 percent, were on ART. Of this total, 5,535 were adult males, 4,872 were adult females, and 783 were children under the age of 15. There were 36 transgender people on ART.²⁴

The National AIDS Strategic Plan aims to reduce HIV prevalence among men who have sex with men to 2 percent by 2015 and to increase the proportion of this key group who test for HIV.²⁵ The Integrated Biological and Behavioural Surveillance (IBBS) survey in 2012 estimated the HIV prevalence among men who have sex with men in Kathmandu to be 3.8 percent. For men who have sex with men and transgender people that sell sex the HIV prevalence was 6.8 percent.²⁶

Nepal has set ambitious targets under the UNAIDS-led Fast-Track strategy²⁷ to end the HIV epidemic by 2030. By 2020, the country seeks to achieve 90-90-90 in HIV treatment (or 90 percent of all people living with HIV know their status, 90 percent of all people diagnosed with HIV on sustained antiretroviral therapy and 90 percent of all people receiving antiretroviral therapy have viral suppression), a 75 percent reduction in new HIV infections compared with 2010, and zero discrimination. By 2030, the country seeks to achieve 95-95-95 in HIV treatment, 90 percent reduction in new HIV infections compared with 2010 and zero discrimination.

Efforts by stakeholders to increase uptake of HIV and STI testing services have shown improvement. The proportion of men who have sex with men and transgender participants who received an HIV test in the previous 12 months rose from 42 percent in 2009 to 44.8 percent in 2012. The survey goes on to show that 10.8 percent of the men who have sex with men and transgender people and 18.5 percent of male sex workers (including transgender sex workers) tested positive for STIs. Anal gonorrhoea rates increased from 5.9 percent in 2004 to 12.5 percent in 2009, only to decrease to 3.8 percent in 2012.²⁸

A 2013 Kathmandu study reported that men who have sex with men in the study sample have a high number of sexual partners. High condom use rates were also reported (95 percent for men who have sex with men and 92 percent for transgender people) while 95 percent of all respondents reported testing for HIV in the previous 12 months.²⁹ The samples for these surveys were easily identifiable men who have sex with men. Less is known about the sub-population termed 'harder-to-reach men who have sex with men'.

A review of the legal situation in Nepal highlights the progress being made in harmonizing laws and policies that improve the health landscape for men who have sex with men and transgender people, as well as other sexual and gender minorities. In 2007, the Government of Nepal officially recognized a third gender group.³⁰ In 2015, the new

22 Ministry of Health and Population (2015). *Nepal Country Progress Report on HIV/AIDS Response 2014*.

23 Ministry of Health and Population (2013). *Nepal Country Progress Report on HIV/AIDS Response 2012*.

24 *Ibid.*

25 Government of Nepal (2011). *National HIV/AIDS Strategy 2011-2015*. Kathmandu: Ministry of Health and Population, National Centre for AIDS and STD Control.

26 Government of Nepal (2013). *Integrated Biological and Behavioural Surveillance (IBBS) Survey among Men who have Sex with Men and Transgender People in Kathmandu Valley, Nepal. Round IV – 2012*. Kathmandu: Ministry of Health and Population, National Centre for AIDS and STD Control.

27 UNAIDS (2014). *Fast-Track: Ending the AIDS Epidemic by 2030*.

28 Government of Nepal (2013). *Integrated Biological and Behavioural Surveillance (IBBS) Survey among Men who have Sex with Men and Transgender People in Kathmandu Valley, Nepal. Round IV – 2012*. Kathmandu: Ministry of Health and Population, National Centre for AIDS and STD Control.

29 Mishra, Shiva Raj and Khanal Vishnu (2013). "Sexual behaviours among men who have sex with men: a quantitative cross sectional study in Kathmandu Valley, Nepal," in *HIV/AIDS Auckland*.

30 Bochenek, Michael and Kyle Knight (2012). "Establishing a Third Gender Category in Nepal: Progress and Prognosis". *Emory International Law Review*, vol. 26, Issue 1.

constitution of Nepal formally enshrined protections for sexual and gender minorities from discrimination, violence and abuse.

Effective implementation of HIV and rights programming still faces structural barriers. Recent studies on men who have sex with men and transgender people state that members of these populations experience frequent discrimination, verbal abuse, concern for safety at school and home, and physical violence from law enforcement personnel.^{31,32} In addition, people are still prosecuted for organizing sex work and purchasing sex, although there is no provision under Nepal's legal framework that criminalizes sex worker.³³

2.2 Men who have sex with men and transgender people

Review participants reported that most men who have sex with men are hard to identify and reach in Kathmandu and do not associate their sexual behaviour with being 'gay'. Available research has tended to investigate the lives of the easiest to find men who have sex with men and transgender people. Therefore, there is an incomplete picture of the self-reported lives and behaviours of men who have sex with men in Kathmandu Valley and Nepal. A 2001 rapid ethnographic assessment revealed the following:

"Men who have sex with men in Nepal should not be thought of as a distinct and contained target population as they come from across the social economic spectrum, represent all ethnic groups and are of all ages. Male to male sex in Nepal does not exist in isolation. Rather sex between men takes place within social and sexual networks and sexual activity patterns that are intimately integrated into the sexual lives of the so-called 'general population', of which men who have sex with men are a part."³⁴

A 2011 knowledge, attitudes and behaviours survey conducted among 120 transgender people in Nepal found that many had accurate knowledge about HIV and HIV testing. Approximately 40 percent of respondents thought they were at "very high" risk of acquiring HIV, partly due to the fact that they did not use condoms when offered extra money by clients or when under the influence of alcohol. Importantly, more than 75 percent perceived that "condom use leads to a lack of pleasure" and cite that as the major hurdle in condom use. Researchers suggested that transgender people should be trained to convince their clients to consider condoms use as a "sexual stimuli" rather than merely as a means of protection. The survey also found a "rampant prevalence" of alcohol use at sex work establishments. It was recommended that alcohol management be a priority for outreach and drop-in centre programmes.³⁵

31 Sharma, Mahesh and Save the Children Nepal (2012). *Building the evidence base for protecting and promoting the rights of LGBTI children in Nepal*.

32 UNDP, the Williams Institute (2014). *Surveying Nepal's Sexual and Gender Minorities: An Inclusive Approach*.

33 Government of Nepal. Human Trafficking and Transportation (Control) Act 2064. Available at: <http://www.hsph.harvard.edu/population/trafficking/nepal.trafficking.07.pdf>.

34 Boyce, Paul and Sunil Pant (2001). *Rapid Ethnography of Male-to-Male Sexuality and Sexual Health*. Nepal.

35 UNAIDS, Blue Diamond Society (2012). *Risk and Vulnerability Assessment of Transgender People in Nepal – 2011*.



Monica Shahi, a human rights activist with Blue Diamond Society, was the first person in Nepal to receive a passport with the "O" gender category. Photo: GMB Akash/UNDP.

Chapter 3

THE MUNICIPAL HIV AND RIGHTS RESPONSE

“Strong and committed community groups for men who have sex with men and transgender people have been crucial to contributing to national progress for improving [HIV] services.”

– Staff member of the National Centre for AIDS and STI Control³⁶

This section of the report presents the findings from the Kathmandu city review and introduces the leading partners shaping and implementing Nepal’s national and urban HIV and rights responses. Civil society and community-based organizations are playing an increasing role in Nepal’s HIV response. Multilateral international donor investment, particularly from the Global Fund and bilateral donors, has assisted in strengthening civil society engagement in health and human rights.

3.1 National and municipal HIV and rights partnership

The national and municipal HIV programming response in Nepal is led and delivered by the **Ministry of Health and Population**. The National Centre for AIDS and STD Control is the lead agency responsible for coordinating the HIV response. It is a sub-recipient for multiple rounds of funding under the national Global Fund to Fight AIDS, Tuberculosis and Malaria programme.

The **Kathmandu Metropolitan City (KMC)** provides basic services to city residents including health care. KMC has multiple metropolitan health clinics in the city where the poor can access basic health services. The KMC currently operates a drop-in service for people who use drugs and, during the city review, offered to extend drop-in programming to men who have sex with men and transgender people.

The **National Academy of Medical Science (Bir Hospital)** provides tailored clinical services including ART for men who have sex with men and transgender people in Kathmandu city. The team have developed a sensitive and context-specific response to the health and social needs of men who have sex with men and transgender people.

Sukraraj Tropical and Infectious Diseases Hospital (Teku Hospital) was the first hospital in Nepal to prescribe and dispense antiretroviral (ARV) treatment. Clinical services provided are reported to be sensitive to men who have sex with men and transgender people.

The **Nepal Police** works closely with the **National Human Rights Commission** to monitor violations reported by men who have sex with men and transgender people. Violations are addressed through policy and procedural changes.

36 Interview with the National Centre for AIDS and STI Control, Kathmandu, December 2014.

Cosmed Clinic is a private clinic that provides plastic surgery services and advice for hormone treatment and sex reassignment surgery to transgender people. It has not been directly involved in HIV service delivery. However, given its popularity with transgender people efforts have been made to engage the clinic more in the future HIV service response in Kathmandu.

The **Nepal Red Cross Society** provides health and development services in many areas of Nepal. Its core function is disaster and humanitarian assistance but staff and volunteers are trained in HIV and human rights. Their services are reported to be relatively sensitive and understanding toward men who have sex with men and transgender people.

The **Family Planning Association of Nepal** provides sexual and reproductive health services, especially to the poor. The Association prioritizes STI services for young people, including HIV. During the review it was acknowledged that more involvement of the Family Planning Association in Kathmandu in working with men who have sex with men and transgender people would benefit the HIV response in the city.

Blue Diamond Society (BDS) is an organization established in 2001 that aims to work with and advocate for sexual and gender minorities in Nepal. The organization has reached over 35,000 people in Kathmandu through its outreach services and through STI clinics and VCT centres. They provide HIV information, condoms and lubricant, as well as a range of services that support human rights and welfare for men who have sex with men and transgender people.

Pink Triangle is an unregistered group providing services to men who have sex with men and gay men in Kathmandu. Its core activity involves outreach to the places where men who have sex with men and gay men meet in Kathmandu, as well as distributing information, condoms and lubricant and, where appropriate, referring men who have sex with men to clinical and other services.

Cruise AIDS delivers outreach to the places where men who have sex with men and transgender people meet in Kathmandu. The group also distributes information, condoms and lubricant and, where appropriate, refers men who have sex with men for clinical and other services. It also provides a drop-in centre with HIV testing and counselling and STI clinical service for men who have sex with men and transgender people.

The **Multi-Country South Asia Global Fund HIV Programme** is in its second phase of implementation in Nepal. The focus of the programme in Nepal is community system strengthening, advocacy and sharing of best practices through South-South knowledge exchange. BDS is the sub-recipient and UNDP Bangkok Regional Hub serves the role of principal recipient.

3.2 Spotlight on promising practices

The Kathmandu response to HIV and rights for men who have sex with men and transgender people is particularly successful at reaching visible men who have sex with men who openly identify as gay or gather at sites that men who have sex with men and transgender people frequent, such as bars and public parks. Most clinical services are well established for the provision of clinical care to these populations. However, participants noted that there were weak linkages between community-based outreach services and clinical care. Participants also reported that when they access clinical care, they have encountered stigma and discriminatory behaviour by some clinic staff. Strengthening linkages between community-based programming and clinical service delivery will add significant value to the overall city response. More coordination needs to be achieved in order to ensure integrated service coverage across the HIV Treatment Cascade (see Appendix 2 for a description of the cascade).

3.2.1 HIV prevention and outreach

A recent and important innovation for outreach prevention services has been linking men who have sex with men and transgender people to drop-in centres that provide HIV testing and counselling services. Here, staff can develop on-going relationships with men who have sex with men and transgender people. They build trust by supporting outreach clients with advice related to human rights violations and accessing broader welfare services. Through trust building, staff can then encourage outreach clients to engage in HIV and STI health seeking initiatives. **Blue**

Diamond Society, Cruise AIDS and **Pink Triangle** all provide outreach prevention services in Kathmandu. These organizations are experienced at targeting men who have sex with men and transgender people in Kathmandu.

3.2.2 HIV testing

HIV testing in Kathmandu is available at both public hospitals and clinics, as well as in community-based drop-in centres led by men who have sex with men and transgender people. The **Kathmandu Metropolitan City** operates a network of primary health clinics for poor people throughout the city and the **Ministry of Health and Population** manages a network of public hospitals across the country. **Blue Diamond Society** provides HIV testing and counselling to both communities. BDS has its own HIV testing and counselling facilities and it cooperates with some government-run and private HIV testing and counselling clinics and hospitals.

3.2.3 Treatment and care

Nepal's National AIDS Strategic Plan aims to increase the number of people living with HIV on ARV treatment to 80 percent by 2016.³⁷ The Government of Nepal has made progress in linking those diagnosed with HIV to care services. The **Ministry of Health and Population** is piloting cross-sector services to assist newly diagnosed people as they transition from their community or primary care testing facilities to ART prescribing hospitals. Introducing community-based case management services to maintain long-term retention in treatment and care – and durable viral load suppression – supports the Government of Nepal's long-term goals. BDS maintains a community-run 'Care and Support' centre in Kathmandu that offers accommodation, meals and peer support. It also provides health related services for opportunistic infections and referral to local treatment hospitals for CD4 count service.

3.2.4 Enabling environment

The Supreme Court Ruling of 2007 prescribed that the Government take steps to ensure the rights of people irrespective of their gender identity and sexual orientation. The **Nepal Police** have since then developed a human rights cell within the police force to monitor and investigate human rights violations and also recommend policy and procedural improvements. The **National Human Rights Commission of Nepal** protects and promotes the human rights of minority groups. Complaints lodged to the Commission related to men who have sex with men or transgender people are reportedly low.³⁸ A 2014 joint UNDP and Williams Institute report noted that the Commission has initiated several investigations and is monitoring LGBTI related cases. The Commission has also advocated with the Nepal Government, Nepal Police and local administration to address LGBTI people's rights violations. The Commission has organized a number of activities related to the promotion and protection of LGBTI human rights in partnership with civil society organizations.³⁹

37 Government of Nepal (2011). *National AIDS Strategy 2011-2016*, page 19.

38 Interview with the National Human Rights Commission, Kathmandu, 17 December 2014.

39 UNDP, The Williams Institute (2014). *Surveying Nepal's sexual and gender minorities: An inclusive approach*. Kathmandu.

KATHMANDU, NEPAL

Kathmandu municipal relationships for men who have sex with men (MSM) and transgender (TG) people's HIV services are described in this map. Public, highly populated sites are often places where MSM and TG people meet and socialize. This makes them good places for HIV and STI outreach. Unbroken lines between Blue Diamond Society, the largest HIV hospital, a series of primary health and HIV testing clinics indicate strong referral pathways for clients. Dotted lines between MSM/TG clusters and groups in the city and other clinical service sites indicate that links to these sites for referral need strengthening.



HIV TREATMENT AND CARE

People with HIV can access ART and clinical monitoring from five ART Centers in the Kathmandu Valley.



COMMUNITIES

These represent areas where a high number of MSM and TG people live and gather as communities. Some MSM do not gather into groups and communities, but are still at risk of STIs and HIV and require outreach services and referral.



DROP-IN CENTERS

Outreach centers are places where MSM and TG people can gather to get information support and referral to health services. They assist in reducing isolation and addressing stigma and discrimination.



CLINIC

CLINICS

Clinics are places where MSM and TG people can access primary health care along with STI testing and treatment and HIV testing and counselling.



HTC

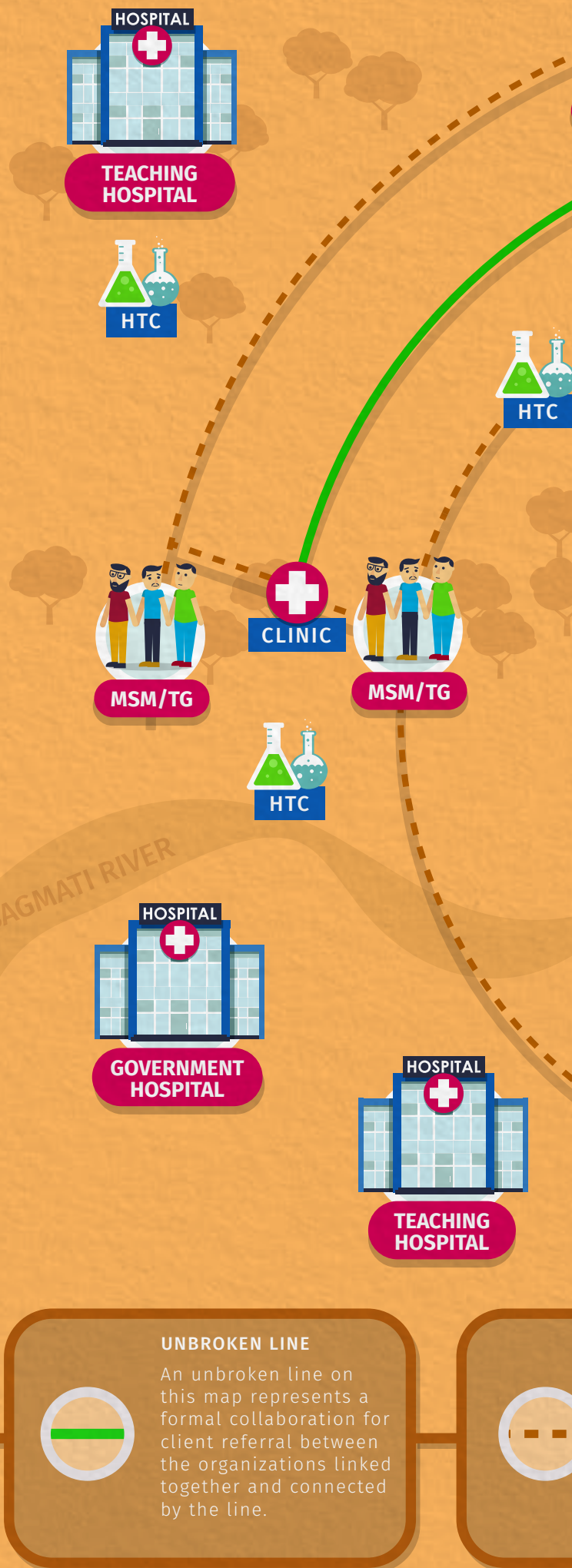
HIV TESTING & COUNSELING (HTC)

HTC centers are places where MSM and TG people can access HIV testing and counselling. People identified and living with HIV are referred to hospitals for treatment.



COMMUNITY CARE CENTERS (CCC) & HOME BASED CARE

There are Community Care Centers across the Valley where PLHIV can access information and support.



UNBROKEN LINE

An unbroken line on this map represents a formal collaboration for client referral between the organizations linked together and connected by the line.





Manisha Dhakal, Executive Director of Blue Diamond Society, at their head office in Kathmandu. Photo: GMB Akash/UNDP.

Chapter 4

WAYS FORWARD

“ In next year’s programming, we will include a special project in collaboration with men who have sex with men and transgender groups to implement some community activities so that these key populations will feel encouraged to use [government] services. ”

– Staff member from the Lalitpur sub-metropolitan city district of Kathmandu Valley⁴⁰

The following recommendations propose ways to improve the scale and quality of Kathmandu’s HIV and rights response for men who have sex with men and transgender people. The recommendations are designed to guide the Government of Nepal, its related ministries and departments, municipal programmers and community-based organizations. They will also inform the technical, financing and advocacy work of Nepal’s regional and international development partners.

4.1 HIV prevention and testing

- Develop or strengthen case finding and case management systems that facilitate linkages between sexual and reproductive health and HIV services for men who have sex with men and transgender people to improve accessibility and utilization.
- Professionalize community outreach approaches for men who have sex with men and transgender people to better connect with, retain and refer those who are ‘hard-to-reach’ and who do not identify as ‘gay’. These approaches, including communications, should take into account sexual and reproductive health messaging that address risky sexual behaviour among people of diverse genders.
- Mitigate high loss-to-follow-up by strengthening referral systems between community outreach and health and related facilities. This can be achieved through the introduction of a unique identifier system.

4.2 HIV treatment, care and support

- Update ART eligibility in Nepal’s treatment protocol so that people living with HIV can enroll in treatment regardless of their CD4 result, in line with current WHO treatment guidelines.
- Consider the introduction of pre-exposure prophylaxis (PrEP) for men who have sex with men and transgender people with high risk behaviours as part of the HIV prevention package.
- Build or strengthen existing coordination mechanisms among local government entities and municipal-based HIV prevention, treatment, care and support service providers, including community-based organizations, to

⁴⁰ Interview with the National Centre for AIDS and STD Control, Kathmandu, December 2014.

improve service retention for men who have sex with men and transgender people. Better coordination will strengthen prevention results and will support durable viral load suppression among these populations.

- Put in place a standardized monitoring system at national and sub-national levels to track the effectiveness of existing programming across the HIV prevention and treatment cascade for men who have sex with men and transgender people.

4.3 Enabling environment

- Establish a multi-sectoral Kathmandu HIV working group to increase stakeholder coordination on programme implementation and monitoring, resource allocation and research priorities.
- Review and monitor implementation of the national investment plan to better utilize Nepal's resources to support HIV and rights programmes for key populations, including men who have sex with men and transgender people. Develop a transition plan to sustain the country's long-term HIV response.
- Undertake regular stakeholder reviews, which are inclusive of community groups, to monitor implementation effectiveness of national and local protective laws and policies. By participating in reviews, communities will strengthen their ability to claim their rights.

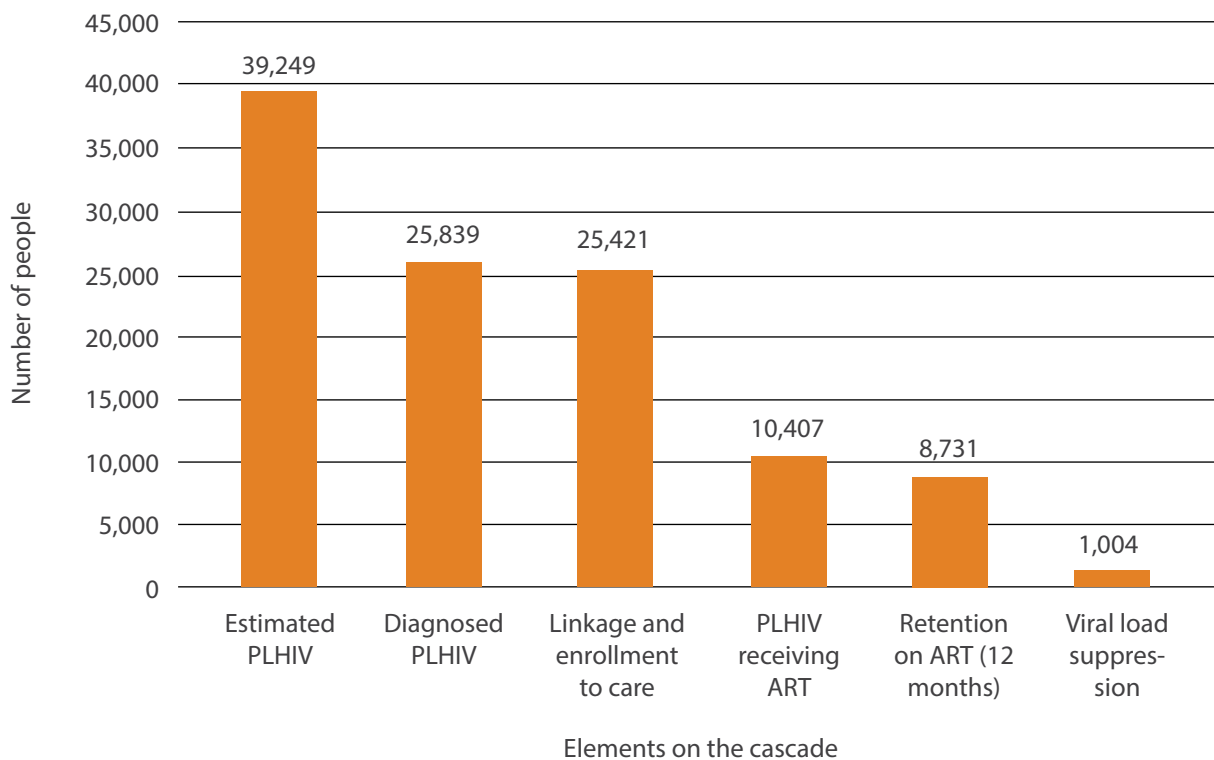
4.4 Strategic information

- Ensure that disaggregated data related to men who have sex with men and transgender people is collected and used for improved programme planning and service monitoring and evaluation.
- Systematically include men who have sex with men and transgender people in IBBS surveys. Additionally, the option to disaggregate data based on location (i.e. city-based data) would benefit programme planning and monitoring efforts.
- Consider adopting a Unique Identifier Code (UIC) system for key populations across the HIV prevention and treatment cascade. UIC systems are utilized in other countries in the Asia Pacific region to better track patterns of service entry, utilization and retention among key populations.
- Re-evaluate population size estimation approaches for men who have sex with men and transgender people to improve accuracy of data for efficient targeting, costing and coverage of programme interventions.
- Conduct research to evaluate the extent of gender-based violence involving men who have sex with men and transgender people, and utilize analysis and recommendations for concrete policy and programme design.

4.5 The HIV Treatment Cascade

- Further refine the HIV Treatment Cascade in line with Nepal's fast track targets for 2020 and 2030, and consider the development of a prevention cascade for key populations. In addition, strengthen monitoring and evaluation systems to report against the HIV Treatment Cascade.

HIV Treatment Cascade in Nepal⁴¹



The above graph illustrates the available national HIV Treatment Cascade data. In comparison, Blue Diamond Society reports that in Kathmandu they have tested 1,218 men who have sex with men and transgender people for HIV. Of this number, 560 tested positive for HIV and 49 people living with HIV have initiated ARV treatment. There is no data available on durable viral suppression for this population.⁴²

41 National HIV programme data and national estimates, 2014 in Ministry of Health and Population (2015). *Nepal Country Progress Report on HIV/AIDS Response 2014*.

42 From BDS programme data.

APPENDICES

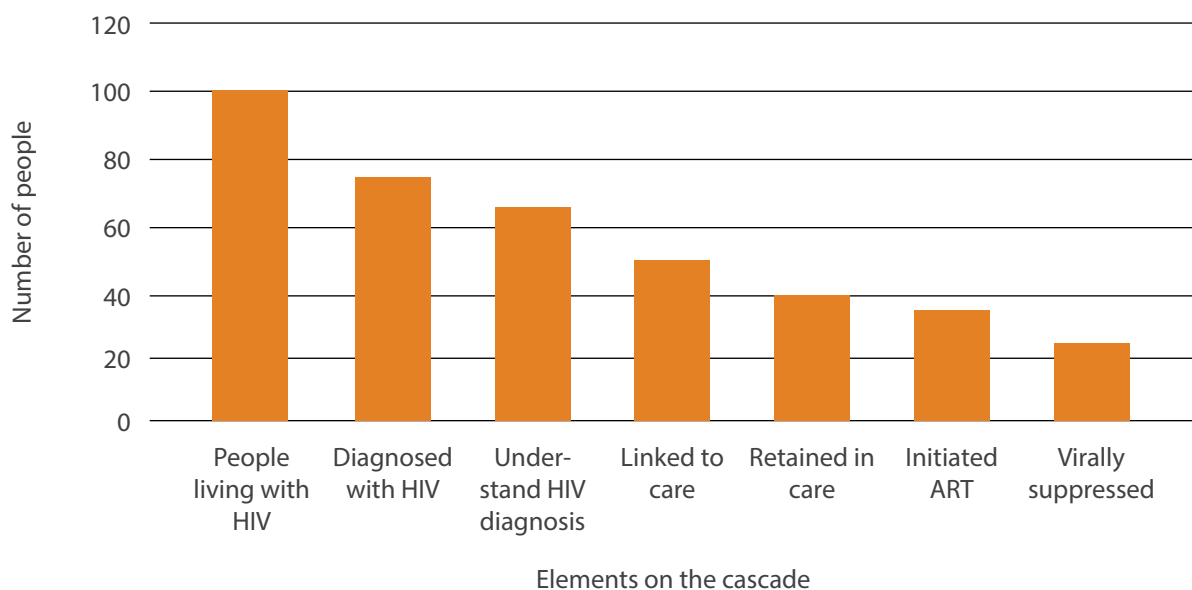
1. Guidance and questioning instruments for city review

The Kathmandu city review followed the methodology of, and used the instruments developed for, the Six City HIV Initiative of 2011. This initiative supported innovative municipal policy and programming to respond to the HIV epidemic in six Asian cities. The three-step methodology for the city review includes detailed procedures and questioning instruments for each step in the process. The guidance note can be accessed online at: <http://apmglobalhealth.com/sites/apmglobalhealth.com/files/projects/docs/six-cities-methodology.pdf>.

2. Conceptual framework for the review

Two theoretical frameworks were adopted for the conception of the method used in the UNDP South Asia Municipal HIV and Rights Review. The first of these is the HIV Treatment Cascade and the second is the comprehensive package of services and programmes to support HIV prevention, treatment and care among men who have sex with men and transgender people in Asia and the Pacific.

The HIV treatment cascade



The HIV Treatment Cascade is sometimes referred to as the HIV continuum of care. Its purpose is to provide a system to conceptualize the numbers of people living with HIV who receive the services and treatment that they need. It was developed to better recognize the steps necessary to ensure people with HIV remain enrolled in care, and to better understand the points at which people with HIV may disappear from the service system.

From the total estimate of people living with HIV in a place (element one), the cascade prompts a comparison with the total number diagnosed with HIV (i.e. those who know they are HIV positive) (element two). Some people are diagnosed with HIV but are not properly educated about the virus and do not understand what it means, or how they can maintain good health. We therefore added an extra element to the cascade that refers to “people diagnosed with HIV who understand the result and what it means” (element three). The number of people

diagnosed with HIV who are linked to care (element four) and retained in care (element five) are part the cascade. Finally, the people with HIV (linked to care) who initiated HIV ART (element six) and remain virally suppressed over the long term (element seven) are also important elements of the HIV Treatment Cascade.

A comprehensive package of HIV services and programmes

The comprehensive package of HIV services and programmes for men who have sex with men and transgender populations in Asia and the Pacific is a framework of interconnected services, interventions and programmes that are tailored to engage and maintain ongoing contact with men who have sex with men and transgender people in order to reduce their risk of acquiring or transmitting HIV.

The package covers the spectrum from prevention to treatment, and from care programmes to services, all of which are supported by the maintenance of an enabling environment and informed by local and relevant strategic information. The four components underpinning the comprehensive package are:

- **HIV prevention** includes peer outreach, peer education and drop-in centres; promoting and access to means of HIV prevention; STI prevention and treatment and other sexual health services, and HIV counselling and testing.
- **Access to HIV treatment, care and support** includes ensuring a link between HIV testing and ongoing treatment and care services by mixing service methods to include: men who have sex with men and transgender 'expert patients' employed in clinics and hospitals; HIV treatment and care provided by NGOs; strong referral links between all sectors in HIV; training of HIV clinical staff by men who have sex with men and transgender community workers, and establishing men who have sex with men and transgender people friendly clinics.
- **An enabling environment for prevention and care services** includes harmonizing policies and practices; reducing harassment, violence and stigma; including men who have sex with men and transgender people in the design of policy and programmes; improving the quality and flow of information about men who have sex with men and transgender people; removing structural barriers to the use of services.
- **Strategic information** includes population size estimates; biological and behavioural surveying; social and operational research; programme and service monitoring and evaluation, and policy and legislative review.

3. Engagement timeline for the Kathmandu city review

Stage Two of the methodology described above outlines a three-step process for the city review. The dates for each step are in the table below.

Process step	Activity	Date undertaken
Step One	Kathmandu City Momentum Workshop	21 October 2014
Step Two	Eight individual interviews with key leaders in the response	December 2014
Step Three	Kathmandu City Visioning Workshop	31 December 2014



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