

2010

HUMAN RIGHTS COUNT! 2010

DOCUMENTATION OF HIV-RELATED HUMAN RIGHTS VIOLATION AGAINST People Living with HIV NEPAL

Joint initiative of the National Association of People Living with HIV/AIDS in Nepal (NAPN) and the Global Network of People Living with HIV (GNP+)

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ACRONYMS and ABBREVIATIONS

AJS	ASHA JYOTI SAMUHA
APN+	ASIAN PACIFIC NETWORK OF PEOPLE LIVING WITH HIV
CABA	CHILDREN AFFECTED BY AIDS
CBO	Community Based Organisation
FSW	FEMALE SEX WORKER
GNP+	GLOBAL NETWORK OF PEOPLE LIVING WITH HIV
IBBS	INTEGRATED BIO-BEHAVIOURAL SURVEY
IDU	INJECTING DRUG USER
LSWG	LALIGURAS SINGLE WOMEN GROUP
MSM	MEN WHO HAVE SEX WITH MEN
MSW	MALE SEX WORKER
NAPN	NATIONAL ASSOCIATION OF PLHA IN NEPAL
NELA	NEPAL ENVIRONMENTAL LAWYER ASSOCIATION
NJEKWG	NAVA JEVAAN EKTA WOMEN GROUP
NKP	NAVA KIRAN PLUS
PLHA	PEOPLE LIVING WITH AIDS
PLHIV	PEOPLE LIVING WITH HIV
PPAU	PARIWARIK PARAMARSHA AND UPACHAR
RBA	RIGHT BASED APPROACH
TG	TRANSGENDER
RVK	RECOVERING VOICE, KATHMANDU
SWP	SURKHET WOMEN PLUS
WF	WOMEN FORUM

Acknowledgment

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Background and Rationale

'All Human beings are born free and equal in dignity and rights'. This famous first sentence of the Universal Declaration of Human Rights, adopted almost sixty years ago by the General Assembly of the United Nations, is an important statement for lesbians, gays, bisexuals, transgender people, people living with HIV (PLHIV), religious and ethnic minorities, and all people who may be marginalized and/or excluded by their communities.

All human beings are endowed with fundamental rights of life, liberty and pursuit of happiness. But people living with HIV are still deprived from these universal fundamental human rights. The government of Nepal has signed different human rights treaties and conventions and provides inclusion of fundamental human rights in its constitution. However, in practice, the human rights of PLHIV have not been completely realized. People living with HIV and their relatives are treated inhumanly; single women by HIV and children affected by AIDS are being expelled from their families and villages. Children are turned away from schools, and deprived from their fundamental right of education. Men and women living with HIV are deprived from their right to the highest attainable standard of health. Unfortunately, government is unresponsive to these issues of human rights violations.

This study of documenting human rights violations against PLHIV in Nepal was conducted by the National Association of PLHA in Nepal (NAP+N) in collaboration with the Global Network of People Living with HIV (GNP+). This study was conducted across the country for the first time, and documented 30 human right violation cases; 20 men, 10 women, age range from 15 to 50 years old. The respondents are affiliated with 15 different community based organizations of PLHIV. In addition to the documenting of cases, the Nepal Environmental Lawyers Association (NELA) has supported NAP+N to discuss the Nepal's interim constitutions 2007 and human rights articles, as well as facilitate discussions around the broader context of human rights in Nepal.

Introduction:

Epidemiological Context

In Nepal, the first case of AIDS was reported in 1988. Since then, HIV in the country has evolved from “low” to “concentrated” epidemic. As of 2009, national estimates indicate that approximately 64,000 adults and children are infected with HIV, with an estimated overall prevalence of about 0.4% in the adult population (15-49 years old). As of July 2010, a total of 16,138 HIV cases had been reported to the National Centre for AIDS and STD Control (NCASC). Approximately 25% of HIV reported cases are of women with aged 15-49 years. In 2009, 2,600 children aged 0-14 years old were estimated to be ‘currently infected’ with HIV. ¹

As in other countries in the region, injecting drug users (IDUs), men who have sex with men (MSM) and female and male sex workers are the key populations most at risk to HIV. It is worth noting that additional key populations, such as seasonal labour migrant populations, have elevated risk to HIV. About 2.2 to 3% female sex workers are currently living with HIV across different regions in the country. About 3.8% of MSM in Kathmandu (in 2009) are HIV-positive, whereas the prevalence among male sex workers is 5.2%. Of the reported cases, clients of sex workers accounted for 19% of HIV infections in 2005 and 15% in 2007. Spouses or female partners of migrant workers and clients of sex workers account for 26% of all adult infections. Vulnerability to HIV is also high amongst young people aged 15-24 as 64% of young people have yet to acquire comprehensive HIV knowledge.

In regards to migrant populations, data from the 2008 Integrated Bio-Behavioural Surveys (IBBS) suggest model estimates that 1.1% of migrants are HIV-positive (within the migrant population, seasonal labour migrants had the highest estimated HIV prevalence, prevalence showing a small decline from 1.9% in 2006 to 1.1% in 2008). A study among Nepali migrants travelling to Indian cities for work found that about 16% of men engaged in high risk sexual behaviours while in India, and frequently visited sex workers.

Scaling up and sustaining programmes remains a challenge in Nepal. Amongst the most-at-risk populations, male sex workers were the key population with the highest rates of HIV testing and those who knew the results of their tests. Coverage of voluntary counselling and testing is very low amongst other most-at-risk groups such as migrants, clients of sex workers, IDUs, and MSM. According to NCASC, there are 10,477 HIV reported cases in Nepal, a number which is far from the national estimates of real cases. ²

¹ National mapping of children affected by AIDS by Nava Kiran Plus, Nepal (2010)

² Cumulative HIV infection by sub-group and sex, 16th July 2010

Sub-groups	Male	Female	Total	Cases reported in this month
Sex Workers (SW)	7	862	869	4
Injecting Drug Users	2,554	58	2,612	15
Men who have Sex with Men (MSM)	145		145	9
Blood or Organ Recipients	35	14	49	0
Clients of Sex Worker	7,062	104	7,166	83
Housewives		4,166	4,166	58
Male Partners	21		21	3
Children	618	408	1,026	21
Sub-group NOT identified	55	29	85	0
Total	10,497	5,641	16,138	193

Human Rights of PLHIV

Throughout 22 years of HIV, PLHIV and their relatives have experienced many violations of their human rights. Stigma and discrimination, and human right violations against PLHIV continue to this day. HIV-related human rights violations, stigma and discrimination, in particular discrimination against Children affected by AIDS (CABA), women and marginalized groups permeate into all aspects of life, creating barriers to access of essential services. The rights violations that occur include: right to Life, right to liberty and security of person, right to health, right to liberty of movement, among many more human rights that are continuously violated.

Human rights violations against people living with HIV have not decreased. Despite knowledge of violations, very few cases are documented and the evidence remains anecdotal.

Why this study and why “Human Rights Count!”

This study analyses and presents data from the ‘Human Rights Count!’, which aims to document human rights violations of PLHIV in a systematic and uniform manner that allows comparison, and moving from ‘anecdotal’ to ‘statistically significant’ and ‘solid’ evidence. Furthermore, the Human Rights Count! aims to aid advocacy to end these violations and to support long term solutions with the leadership of PLHIV.

The Human Rights Count!³ is a methodology that was developed by the Global Network of People Living with HIV (GNP+) and other PLHIV networks, and forms part of a portfolio of evidence gathering methodologies to develop evidence-informed advocacy agendas by and for PLHIV.



The programme is an international effort to document cases of HIV-related human rights violations against PLHIV with an overarching aim to reduce the number of HIV-related human rights violations against PLHIV and their families.

³ <http://humanrightscount.gnpplus.net/>

Situational analysis in Nepal – Human Rights of PLHIV

The Government of Nepal has clearly listed fundamental human rights in its Interim constitution within different articles: article 16 clearly mentions the environment and health rights of people; article 17 mentions the right of education and culture; article 18 talks about the right to employment and social security; article 19 talks about the rights upon private property; article 20 talks about rights of women; article 21 talks about rights of social justice; and, article 22 talks about rights of children.

Though the Nepali government has clearly mentioned each and every human rights of its people, implementation and ensuring that those rights are observed, in particular for PLHIV, is almost zero.

Human Rights Count! – Implementation in Nepal (May to October 2010)

The National Association of PLHA in Nepal (NAP+N) partnered with GNP + in March 2010 to implement the Human Rights Count! In Nepal. Implementation of the tool and evidence gathering occurred in May to October 2010. The findings of this study were reviewed by NAP+N and partners, and recommendations were collected from stakeholders and PLHIV affiliated with CBOs across the country.

The programme has the following objectives:

- To document HIV-related human rights violations against PLHIV;
- Document the contributing factors that keep human rights violation cases unreported.
- When implemented across countries, to provide a quantitative and qualitative analysis of HIV-related human rights violations against PLHIV across countries and regions and detect time trends;
- To inform future HIV and human rights related advocacy programming at national, regional and global levels through the building and sharing of evidence and documented cases;
- To mainstream HIV into the work of national and international human rights organisations;
- To lobby key change agents in response to reported rights violations.

Implementation

To ensure equal representation of participants and specific issues of human right violation across the country, NAP+N selected the participants out of 120 member organizations, district chapter and regional offices of NAP+N:

1. National Association of PLHA in Nepal, Kathmandu
2. National Association of PLHA in Nepal, Bhaktapur
3. National Association of PLHA in Nepal, Lalitpur
4. National Association of PLHA in Nepal, Kaver
5. NKP Keta Keti Ashram, Kathmandu
6. Asha Jyoti Samuha (AJS), Bhairahawa
7. Pariwarik Paramarsha and Upachar (PPAU), Morang
8. Women Forum, Kathmandu
9. Chitwan Plus, Chitwan
10. Nawa Asha, Kanchanpur
11. Laliguran Single Women Group(LSW), Doti
12. Nava Jevaan Ekta Women Group,(NJEW),
13. Recovering Voice, Kathmandu
14. Surkhet Women Plus(SWP), Surkhet
15. Nepal Environmental Lawyer Association (NELA), Kathmandu

NAP+N Kathmandu, Bhaktapur, Lalitpur and Kaver are working as a human rights task force to document human right issues of PLHIV in Nepal. Nava Kiran Plus Keta Keti Ashram is a care home for CABA in Nepal supporting more than 3500 CABA across the country; it provides education support, nutrition support, and community care support to CABA. Women's Forum,

Single women groups are the community based organization of single women living with HIV. Recovering Voice is a community based organization of PLHIV recovering drugs uses in Nepal.

Environmental Lawyers Association (NELA) is a NGO of advocates and legal partner of NAP+N since 2005 having four thematic units: Environment, HIV/AIDS, Good Governance and Human Rights to operate through. NELA has been continuously supporting NAP+N and other concerned stakeholders on counselling and their civil rights and liberties and litigating their cases. NELA supports NAP+N to register human rights violation cases at different tiers of courts, representing the criminal defendant living with HIV, who are actually starkly discriminated and brutally stigmatized by the whole society.

Methodology

The National Association of PLHA in Nepal (NAP+N) implemented this project with its member community based PLHIV organizations in Nepal and its legal adviser, Nepal Environmental lawyer association (NELA), and with technical and financial support from GNP+.

NAP+N selected partners from five regions of the country. Regional and district coordinators met in Kathmandu for three days and attend a residential workshop, from 24 to 26 May 2010. During the workshop participants were introduced to basic human rights concepts in order to familiarize them with human rights language. They were also introduced to legal instruments for protecting human rights at the local, regional, national and international levels. To put the concepts into context, participants were introduced to HIV within the context of human rights issues and stigma and discrimination faced by PLHIV.

The Human Rights Count! methodology and evidence-gathering tool (e.g., questionnaire) were developed and tested by GNP+ and partners. More information on the methodology can be found at www.humanrightscount.gnpplus.net.

A local version of translated questionnaire was tested among participants and some language and terminologies were revised based on feedback. Participants were also familiarized to the Human Rights Count! methodology, tools and questionnaires, including data entry and validation. They were also introduced to basic research methodologies, ethics of study, interviewing techniques with specific sensitivity to PLHIV and HIV & AIDS issues in Nepal in general.

The workshop was divided into three days. During the first day, introductory session was conducted on objectives of the program and its importance. This was followed by session on Human right and Health and ended with a Session on Right Based Approaches (RBA). The second day begun with a review of terms used to describe human rights – such as fundamental rights, basic rights, natural rights, human rights and discussions about their relative importance. This discussion was followed by a session on the emergence and development of human rights activism in the world and in Nepal in general. Characteristics of and different aspects of human rights, and United Nations Universal Declaration of Human rights (1948) were discussed in detail. The third day was dedicated to specific human rights of individuals linking with Universal Declaration of Human Rights (1948) and Nepal Interim Constitution 2007.

Among all human rights, the following were discussed in detail, and in particular how the pertain to PLHIV:

1. Right to the highest attainable standard of health

2. Right to education
3. Right to Privacy
4. Right to work
5. Right to marry and have children
6. Freedom from torture and other inhuman and degrading treatment
7. Right to life, liberty and security of the person
8. Right to seek and enjoy asylum
9. Right not to be subjected to arbitrary arrest, detention or exile
10. Right to social security

Findings of study

The study was conducted among 30 cases of human rights violations against PLHIV across the county, age ranging from 15 to 50 years old. Among them one was below 16, 4 were between age 16 to 30, 21 were between 30 to 40, and remaining 4 were between age of 40 to 50. Among the 30 cases, 20 were men (one of whom identifies as MSM) living with HIV, 10 were women living with HIV. The cases were documented with support from friends (12 cases), social workers (14 cases) and counselors (4 cases). For further reference, NAP+N can contact 29 where of the 30 cases; 1 is already passed away.

The stated highest formal education completed of respondents was – primarily school (6), secondary school (9), higher than secondary school (9); 8 report no formal education.

When asked if the respondents belonged to and/or identify themselves as key populations, 13 were IDUs, 3 were migrant workers, 10 were women, 1 male sex worker, 2 were CABA (students).

When asking the question “if you tested negative, have you ever been accused of being HIV positive by a member of community?”, 12 responded yes, 17 no and 1 was already identified as a child affected by AIDS. Similarly, for the question “what was your HIV status at the time of the violation of your Human right?”, 12 responded that their status was unknown to them at the time, 18 reported to already know their HIV positive status. This shows that, Nepali society discriminates people because of a positive HIV serostatus even without any knowledge of real or perceived HIV positive status, by perhaps by simple association of risk to HIV because of being a member of a key population most-at-risk to HIV.

Surprisingly, for the question “what do you think is the reason that you were treated in the way?” 29 people responded because of living with HIV, and one responded not sure why. Similarly, for the question, “did this kind of treatment happened previously?”, 13 responded yes, 15 responded no and 2 do not know. From the 30 cases, 18 responded that this kind of rights violation is still happening, and 10 responded it has stopped and 2 do not know. Interestingly, 4 respondents identified that advocacy around the rights of PLHIV helped to end this discrimination, and 5 attributed other contributing factors to ending violations.

While analyzing the impact of those rights violations, 3 said they had physical impact, 14 had psychological impact, 4 had social impact and 9 had economic impacts.

It is important to note that from the 30 cases only 3 had reported their cases to the concerning authorities, CDO, but all 3 cases were ignored. From the 27 cases which were not reported,

when asked about the reasons behind not reporting, 4 state that it was because of fear, 19 did not know that they could report it, 2 were unable to report due to economic and health factors.

The reported alleged perpetrators were: 9 were government officers, 10 were family members, 6 were from society, and 5 were health care providers. In 17 cases, the perpetrator had violated the human rights of the PLHIV directly related to the perpetrator's duty. The relationship of the perpetrators to the people living with HIV whose rights were violated and documented, out of the 30 cases: 10 were living together in the same family, two were working together, 11 were seeking service, and 5 were students. In the 28 case, perpetrators were from both sex.

WHAT WAS THE IMPACT OF THE EVENT THAT HAPPEND?

		WHAT WAS THE IMPACT OF THE EVENT THAT HAPPEND?				
		PHYSICAL IMPACTS	PSYCHOLOGICAL IMPACT	SOCIAL IMPACT	ECONOMIC IMPACT	Total
SEX	MALE	1	8	4	6	19
	FEMALE	2	5	0	3	10
	TG/MAM/W	0	1	0	0	1
	Total	3	14	4	9	30

One would assume that as the level of formal education would increase, so would the awareness of one's rights and the capacity to fight for one's right. However, the evidence seems to contradict that assumption. Of the 30 cases reported, 16 respondents had formal secondary level education or higher education, but were not aware that they could report their case; furthermore, 14 out of these 16 cases are still facing this discrimination and human right violation.

From this evidence, we can conclude that, there is a general lack of basic understanding that of the right of life, liberty and pursuit of happiness to people living with HIV, irrelevant of education levels. Furthermore, there is a lack of awareness that not only these are rights but also that discriminations and violations of those rights due to real and/or perceived HIV-positive status are unlawful and punishable by law.

Critical Current issues:

First, the most critical issue this study has brought forward is the absence of the very concept of Human rights of PLHIV in Nepali society. The society has not accepted the fact that national and international laws and conventions have already secured fundamental rights of PLHIV. Eventhough almost all countries have singed the human rights treaties and conventions, in practice, application of these treaties and conventions remain unrealized.

The second critical issue this study articulates is the feminasing face of the HIV epidemic in Nepal. High migration to India, Gulf and third world countries, unsafe sexual behaviours and drug use fuel the national HIV epidemic, with women and children facing the consequences.

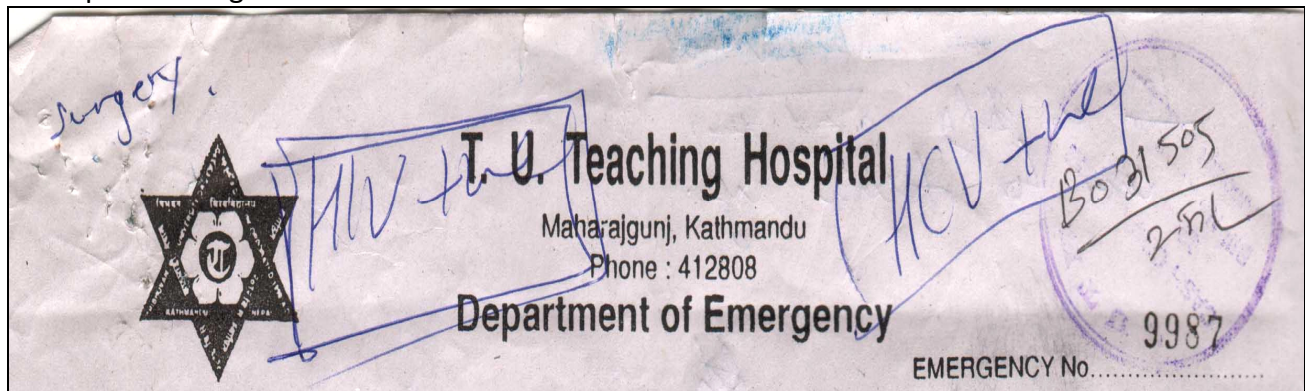
Third, systematic documentation of Human Rights violations , and even more importantly reporting cases to authorities, have been limited. Evidence shows that the majority of PLHIV

whose rights are violated are not aware that they can report their human right violation case. Furthermore, the complex bureaucracy and social unaccountable government bodies discourage them from registering their human rights violations cases. Despite of rigorous efforts of government and non government organization on health system strengthening (HSS) and community system strengthening (CSS), human rights violation issues of PLHIV are not getting appropriate attention of national and international human right organizations.

Discussion on Findings:

The study showed that around 63% of respondent (PLHIV) do not know they can report their Human rights violation to authorities.

In Nepal, HIV is associated with sex work and drug use; thus contribution to a highly stigmatizing attitude towards HIV infection. HIV is treated as immoral and antisocial illness, a by-product of illegitimate activities. Low literacy levels, culturally-based superstitious society and dogmatic social cultural practices also contribute to these negative attitudes and beliefs on HIV, and towards PLHIV in general. As a result, people do not disclose their HIV-positive status to avoid possible stigma and discrimination.



Teaching Hospital Emergency Slip

In order for a person living with HIV to receive anti-retroviral treatment, when their HIV-status is reported, the medical officer openly marks their HIV status on the PLHIV OPD slips without counseling and consent. Not only that, in some cases, medical officers openly refuse to give further care (beyond ARVs), even for emergency cases. In some cases, PLHIV are denied surgery, solely based on their HIV-status and not the medical condition. This is happening with pregnant women, children, appendicitis, and accident cases.



Majority of the people are unaware of the fact that it is illegal and criminal to discriminate people on the basis of HIV-serostatus. They are not aware on the fact that perpetrators are obliged to face custody and legal action for their discriminatory actions against PLHIV. PLHIV are not aware of their fundamental rights on quality and equal service, easy access to treatment, care and support and right to social justice and equality.

While some programmes and efforts are in place to eliminate violations, these efforts are limited to urban areas. And even in these urban areas, these programmes can only reach the privileged and educated. Despite these efforts, PLHIV city dwellers are unaware of their fundamental human rights. The situation is worse in rural areas where prevailing poverty, illiteracy, unduuneducation geographical remoteness are compounding factors to elevated rights violations against PLHIV.

An additional, and major, challenge is linked to the feminization of the HIV epidemic in Nepal. In addition to gender inequities, women are often stigmatized and regarded responsible for 'bringing HIV' in the family. It is often reported that many national and international non government organizations and government bodies implementing HIV and AIDS programmes take PLHIV and women in general as token. Even within the organizations, women are discriminated and their rights remained unsecured.

Another important aspect is access to information. PLHIV in remote areas are deprived from appropriate information on HIV and AIDS and their fundamental rights to life quality of life. There is direct discrimination towards PLHIV in every aspect of life. Human rights organizations are only focused on political issues, and social issues such as HIV and AIDS and related discriminations, poverty, hunger remain in the shadow.

Not only that, children of HIV positive parents are also discriminated and assumed to be HIV positive. Many are expelled from schools, houses and communities based on perceived HIV positive status, even if they are later diagnosed to be HIV negative. Many children are psychologically, emotionally damaged due to strong hatred towards them. They endure cruel punishment for a 'mistake' they never committed.

The National Association of PLHA in Nepal (NAP+N) – representing its constituency of PLHIV in Nepal – is conducting a series of activities to protect the fundamental human rights of PLHIV in Nepal. Since 2009, it has conducted a national level advocacy program for social security of Single women living with HIV and children affected by AIDS (CABA) in Nepal. In May, 2010,

आइभी संक्रमितलाई गाउँ छाड्न दबाब

बोक्सीको आरोपमा गाउँलेले लखेटे

Single women with their baby girls are forced to leave village after death of their husband and diagnose their HIV positive

एचआइभीको आशंकाबाट घरबाट निकालिए नाबालक

निकालिएका बालकलाई एचआइभी नभएको पुष्टि

A child expelled from house accusing of being HIV positive by member of community

Latter Tested HIV negative

To give response this impunity, NAP+N has put together a task force to document human rights violations and develop an advocacy campaign through national daily and media houses at regional and central levels. Due to limited resources, it has not been able to document all cases.



Conclusion:

From the findings of this study, NAP+N can conclude that Nepal lags far behind to ensuring the human rights of people living with HIV (PLHIV). To ensure the fundamental human rights of people, it is necessary to sensitize and educate people on their fundamental human rights. Secondary, is to ensure that any human rights violation is documented, reported and appropriate action has taken place towards the perpetrator.

The Nepali government has ensured few of the fundamental human rights mentioned in its constitution, yes the majority of the people, in particular PLHIV, are not informed on those rights and the commitments of their government. It seems very urgent to disseminate messages on constitutionally secured rights of PLHIV, as well as the Universal Declarations of Human Rights. We must ensure that these rights (right to life, liberty and pursuit of happiness) are fundamental human rights of PLHIV. Anyone violating these rights of a person due to that person's HIV-positive status is a heavily punishable crime.

Secondly, PLHIV in Nepal are living in miserable conditions. Primarily, poverty, unemployment, poor medication and health services systems make the lives of PLHIV even more difficult. Centralized complex bureaucracy often discourages PLHIV to register their cases of human right violations. Time consuming, costly and lengthy processes, corruption, high stigma and discrimination towards PLHIV; largely discourage them from filing their cases to authorities and/or seeking legal action.

Third, the feminization of the HIV epidemic and the fact that women living with HIV are deprived from inheriting family property is challenging; this challenge being heightened for single women living with HIV and children affected by AIDS (CABA).

Finally, from the documented cases in this study, we can conclude that 'all human beings are born free and equal in dignity and rights'. This famous first sentence of the Universal Declaration of Human Rights, adopted almost seventy years ago by the General Assembly of the United Nations, is an important one for people living with HIV and religious and ethnic minorities. Yet, PLHIV of Nepal are still unaware about their fundamental rights and are forced to accept very inhuman treatment towards them by a society that views PLHIV with stigma and discrimination.

Bill on HIV/AIDS gathering dust

NIRJANA SHARMA
KATHMANDU, OCT. 2

UNAIDS-Nepal says that even though 13 people living with HIV/AIDS die everyday in Nepal, a bill on HIV/AIDS that could help prevent unwanted deaths has not been finalised yet.

The HIV/AIDS Control Board sent the bill to the Ministry of Health and Population more than six months ago. However, the bill has not yet been forwarded to the Ministry of Law and Justice (MoLJ).

Organisations advocating for the HIV positive in Nepal say the finalisation and implementation of the bill would bring relief to scores of victims who are still out of the reach of government agencies and I/NGOs. They claim the MoHP has been keeping the bill on hold to add

some structural provisions. Rajiv Kafle, President of People Living with HIV and AIDS (PLHA), said that the bill can secure the rights of HIV victims if it comes into implementation.

Health Ministry has not yet forwarded the bill to MoLJ

Kafle said housewives are more vulnerable to HIV/AIDS due to the migration of their husbands to other countries for employment. "The number of HIV positive women and children is increasing." The government claims that there are only 15,000 HIV/AIDS positive people in

the country. This is not true." The bill was initially recommended by a special team of Policy Development Department at HIV/AIDS Control Board which also speaks much about the penalty to those who knowingly spread the infection to their partners.

MoHP officials admit that the ministry took a long time to forward the bill to the MoLJ. As per legal provisions, any bill has to go through several bodies before it enters the Parliament. The first draft is amended by the MoHP then it is taken to the MoLJ and finally sent to the Parliament where it gets the green signal for implementation.

MoHP assistant Spokesman Kabiraj Khanal said the drafting process is still underway and that it will be forwarded to the MoLJ once its structure is finalised.

Recommendations:**From this, study, NAP+N makes the following recommendations for action:**

1. To conduct national wide documentation on Human Right Violations against PLHIV (the Human Rights Count! offering a methodology of achieving this action).
2. To conduct awareness rising campaigns on fundamental human rights of PLHIV in Nepal.
3. Many PLHIV, and especially single women living with HIV and children affected by AIDS, are deprived from inheriting their family property. It is strongly recommended to develop a database of CABA and single women living with HIV whose right to inherit property has been violated and take legal action to give back their rights upon their property.
4. Despite of rigorous advocacy targeted to health care professionals, discriminations in the health care settings remain frequent. It is strongly recommended to take precise action by the Ministry of Health against this discriminatory health care professionals.
5. Due to high stigma and discrimination towards PLHIV, PLHIV who are victims (their rights were violated) are reluctant to register their human rights violation cases. It is very urgent to address these issues and motivate PLHIV to record their cases and protect them against future violations.
6. To set up desk (tribunal) on human rights violations at districts and central levels so that PLHIV from districts can document their cases in their own home towns and have access to legal services.
7. National Human Right commission and other national and international human rights organizations are only focused on political, health system and financial issues. The human rights issues of PLHIV are often in the shadow and not a priority. So, it is strongly recommended to conduct advocacy and lobbying to the government to set up a desk to document human rights violation in collaboration between NAP+N and the National Human Right Commission (NHRC) in Nepal and the United Nations Office of the High Commission for Human Rights (UNOHCHR) in Nepal.
8. Advocacy and lobbying to create pressure to pass specific bills to secure the fundamental human rights of PLHIV.
9. Create pressure groups to aimed at the government to develop and implement PLHIV friendly policies in line with the constitutionally secured fundamental rights of people in Nepal.

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