

YOUTH VISION NEPAL

Launched in 2011, and funded by the Government of the Netherlands, Bridging the Gaps is a programme for key populations. It focuses on securing the health and human rights of lesbian, gay, bisexual and transgender people, including men who have sex with men; people who use drugs; sex workers of all genders and people living with HIV. The programme is implemented in 15 countries by nine Alliance partners: Aidsfonds; AFEW International; COC Netherlands; MPact Global Action for Gay Men's Health and Rights; Global Network of People Living with HIV; the Global Network of Sex Work Projects; International Network of People Who Use Drugs; International Treatment Preparedness Coalition; and Mainline. Nepal is one of the focus countries for the programme and, between 2011 and 2019, Bridging the Gaps has supported Youth Vision, a harm reduction organisation based in Kathmandu.

The Bridging the Gaps programme aims to contribute to ending the AIDS epidemic among key populations by 2030 through the achievement of three long-term goals. The first is a strengthened civil society



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that holds governments to account. The second is the increased fulfilment of key populations' human rights. The third is improved Sexual reproductive health rights (SRHR) and fewer HIV transmissions. Civil society is at the heart of improving the health and rights of key populations, so strengthening civil society is a cornerstone of the programme. Starting in 2017, the Health Economics and HIV and AIDS Research Division (HEARD), based at the University of KwaZulu-Natal in Durban, South Africa, partnered with Aidsfonds to conduct research on capacity development within the Bridging the Gaps programme. The research, which took place from 2018-2019, aimed to identify the capacity development interventions which increase the effectiveness and impact of the work of civil society organisations and networks to achieve the Bridging the Gaps goals.

Part of the research design involved preparing case studies for four Bridging the Gaps partners. Youth Vision was one of the partners selected for the development of a case study, partly because

of its significant achievements in Nepal on behalf of people who inject drugs, and in relation to the programme's long-term goals. The researchers used a participatory approach called outcome harvesting to collect data for the case studies. This engaged staff, beneficiaries and strategic partners of Youth Vision to identify their most significant results or achievements over the period of programme support. It also explored how capacity development support had contributed to successes. These results were confirmed through document reviews and key informant interviews with Youth Vision staff, programme beneficiaries and individuals outside the organisation in Kathmandu. Research findings were presented and validated in a workshop held on 4 July 2019 in which current and former Youth Vision staff, as well as stakeholders, participated.

Three key results emerged from the outcomes harvesting process as Youth Vision's most significant achievements during its participation in the Bridging the Gaps programme. These outcomes were:

Outcomes

- The provision of user-friendly, effective and comprehensive harm reduction services to people who inject drugs in Kathmandu, Bhaktipur and Lalitpur districts of Kathmandu.
- The adoption of an Outreach Strategy that ensured systematic service delivery based on clients' needs and the ways they moved around.
- The improvement of financial and monitoring and evaluation systems within Youth Vision

The research observed how Youth Vision achieved great success in reaching out to people who inject drugs in a hostile environment. Youth Vision started outreach counselling related to HIV in the late 1990s. This was followed by outreach education, needle and syringe provision and HIV testing in various parts of Kathmandu City. With technical and financial support from Bridging the Gaps, through Mainline, the organisation was able to strengthen its harm reduction services. It also significantly improved the access of people who inject drugs to high-quality, user-friendly services in three districts of Kathmandu City. This achievement was brought about by the dedication and hard work of Youth Vision staff. The staff were helped by Mainline's capacity development activities. Many individuals felt personally supported and assisted by the capacity development activities offered through the Bridging the Gaps programme. Both staff and clients mentioned the changes caused by systemic improvements. These changes were also noted by external stakeholders.

The research captured the individual capacity development pathway that Youth Vision created. This helped clients to start volunteering in the outreach programme, and to become a staff member. In some cases, they went on to become programme managers. Most of the organisation's clients do not have a lot of formal education. So successful capacity development requires a lot of information to be repeated. It also means using many methods to ensure that new skills and knowledge are learned and retained. Training is a common method of carrying out this type of capacity development. But Mainline married participatory training methods with on-the-job mentoring. This involved Mainline staff going with Youth Vision's outreach workers to the streets to advise on ways to interact more effectively with clients. The introduction of and training in new technologies, in particular

the smart card system, also led to a much deeper understanding of service usage patterns in the three districts where Youth Vision carries out its outreach.

Technology has helped Youth Vision to improve its coverage and the quality of its services. Youth Vision is also able to collect and analyse accurate data about how many people are being reached and what services they are using. Accurate data improved the organisation's reputation with external stakeholders and improved the ability of Youth Vision to advocate for changes to drug policies. However, the research found that opportunities had also been missed. For instance, Youth Vision had not created strategic alliances with other harm reduction and HIV prevention organisations. Doing this would have allowed all the organisations to collectively act on the important shifts occurring in the organisation's environment. During the research period, the context surrounding the provision of harm reduction services became more volatile.

This threatened to erode a number of Youth Vision's influential gains with the Ministry of Home Affairs and Ministry of Health and Population. Comprehensive evidence, along with the engagement of people who inject drugs in service design and service quality, had positioned Youth Vision for greater trust and influence in political spaces. For example, it had become more involved in drug law reform. However, despite its ongoing engagement on these issues, the environment for harm reduction in Nepal is getting worse. Needle-syringe provision has always been difficult to expand in Nepal. But there has been strong support from the Ministry of Health and Population and the Ministry of Home Affairs for opioid substitution services that is, until recently. Changes to the upper levels of the Ministry of Home Affairs mean that even this

support is now wavering. Questions are being asked about why any harm reduction programmes should continue. These changes are happening against the backdrop of major shifts in drug policy in the region. Indonesia and Bangladesh have stated they will follow the lead of the Philippines in declaring war on people who use drugs. This has led to fears of extra-judicial killings and forced imprisonment.

Midway into the research, Bridging the Gaps programme funding came to an end for Youth Vision. This affected the continuation of the interventions

established as part of the programme. It also led to retrenchments among programme staff. Financial instability as well as the fragility of the 'license' to operate were also raised by Bridging the Gaps partners outside of Nepal. These threatened Youth Vision's capacity. The gains made in terms of a supportive environment for harm reduction were clearly beginning to be eroded. This may mean, in a worst-case scenario, that the investments made in comprehensive harm reduction programming and the technical expertise of Youth Vision is no longer useable should these approaches no longer be favoured or allowed.

