Establishment of Multi-purpose Youth-Friendly Centres for Young Refugees in Nepal

**Context**

Since 1992, Eastern Nepal is hosting 93,045 refugees from Bhutan. Activities are implemented in coordination with the Government of Nepal and implementing partners. In addition to camp-based refugees, there are 300 urban refugees in Kathmandu.

**HIV Situation in Refugees in Nepal**

Nepal is classified as having a concentrated HIV epidemic with a low HIV prevalence in the general population and concentrated in most at risk populations such as sex workers, injecting drug users (IDUs) and men who have sex with men (MSM). The estimated HIV prevalence in adults aged 15-49 is 0.5%. However, the prevalence in most at risk populations in Nepal is much higher with 35% of IDUs infected, 1.5% in female sex workers, 1.9% in male labour migrants and 3.2% in MSM. The HIV prevalence in the refugee population is very low. The International Organisation for Migration test all refugees aged over 15 years that are resettling to countries requiring HIV testing. Between December 2007 and December 2008, there were 4 confirmed cases out of the 9,461 refugees tested (prevalence of 0.04%). Information on HIV prevalence in most at risk populations is not available for refugees.

Despite the low prevalence of HIV, the vulnerability and risk to HIV amongst refugees are significant with reports of emerging problems with injecting drug use and sex work amongst women and girls. In addition, many males work outside the camps and travel to India, thus increasing their vulnerability and risk to HIV. An HIV behavioural surveillance survey (BSS) was carried out among the refugees and the surrounding host community in 2005. The survey found that a significant number of men had non-regular partners (among males aged 15-24, 15% and 19% of refugees and locals, respectively had at least one non-regular partner) in the past 12 months; encouragingly, more than half of the respondents reported using a condom at last sex with a non-regular partner (with the exception of female respondents from the refugee community).

Refugees are not mentioned in Nepal’s National HIV Control Strategy 2006-2011. The first National HIV and AIDS Action Plan 2008-2011 was recently finalised. Though reference is made to the many humanitarian situations that Nepal faces (both man-made and natural) it is only in reference to HIV prevention and does not include access to treatment.

**Actions for Change**

UNHCR and its partners have been supporting multi-sectoral integrated activities for HIV, reproductive health, substance use and psycho-social interventions amongst Bhutanese refugees in Nepal since 2005 with a special focus on young people.
Programmes for in school and out of school youth

Post-secondary educational and economic opportunities for youth are very limited in the refugee community. Therefore, many youth and adults seek work outside of the camps. Half of the people known as living with HIV have a history of migration to India, highlighting the need to provide HIV and related interventions that target mobile males, males just before leaving school and out-of-school males. Since it is very difficult to be in contact with men once they leave the camps, it is important to reach young men before they leave to give them the skills and knowledge needed to prevent HIV. Additionally, there are reports of women and girls from the camps working as sex workers in the surrounding towns. Substance use in young people is reportedly increasing, especially alcohol and solvent use. Until recently there have been few interventions to address these important and risky behaviours.

Interventions and Positive Outcomes

Youth-Friendly Centres (YFCs)

To reach youth, each of the seven camps in Nepal has a YFC with a strong HIV and AIDS and reproductive health awareness component as well as the provision of related services for young people. The youth centres offer a platform where young people can engage in positive initiatives, fostering an environment for personal and community development through volunteering and initiating pro-active roles in information, education and communication campaigns on adolescent reproductive health, HIV and AIDS, substance abuse and human trafficking. The youth centre is a forum open to all Bhutanese refugees between the age of 18 and 25 years, regardless of gender, caste, religion, ethnicity, education level and personal convictions. The centres are run by young male and females who are elected annually by the general members of the youth centre.

The centres intend to build partnerships that support collaboration among various actors in the refugee community through the following interventions:

Services available in YFCs

- The centres provide a venue for socialising, learning and recreational activities such as music, drawing, art and sporting events and also provision of information and services relating to adolescent reproductive health and HIV.
- Male and female condoms are available in confidential locations in all centres.
- Information-education-communication materials relating to sexual and reproductive health and HIV such as brochures, booklets and cartoons are also available in all YFCs and are accessible to members.
- Young people are referred by trained YFC peer educators for HIV counselling and testing and for sexually transmitted infection services available in the Primary Health Care Centres run by UNHCR’s implementing partner (Association of Medical Doctors of Asia; AMDA) in all refugee camps.
- Information is provided on vocational training to youth by CARITAS.

Training for capacity building of YFC members and their contributions

- All core and general members are trained on HIV and AIDS and adolescent reproductive health by AMDA and Caritas.
Both male and female YFC peer educators from all refugee camps (core group members) received a three-day training on adolescent reproductive health and HIV and AIDS.

The trained YFC members are mobilised throughout the year for awareness campaigns on HIV and AIDS, adolescent reproductive health and substance abuse, particularly through numerous media including street drama.

A total of 45 street drama events on HIV/AIDS and substance abuse have been carried out by YFC members in all refugee camps between January to September 2009.

YFC members are involved in innovative activities in the camps for the benefit of the community and capacity building of other peer groups including peer campaigns on HIV, facilitating sessions on HIV and adolescents reproductive health at schools, organising sporting events and musical classes, and mobilising young people for celebration days (e.g. World AIDS day, Environmental day, National Condom day, International Volunteer day) in addition to sanitation promotion activities.

**Conclusion**

Integrated reproductive health and substance use interventions can be effectively implemented for youth living in refugee camp settings. In and out-of-school youth can also be reached by appropriate programmes within their community that are delivered by trained peers.