
ANNUAL PROGRESS
REPORT FISCAL YEAR JULY
'022 – JULY '023

Fiscal Year
2079/2080

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EXECUTIVE SUMMARY

Recovering Nepal Women (RN Women) is a National Network of women drug users and drug user led service organizations. It was officially declared through regional as well as National level consultation dated 12th January 2018 whereas, Recovering National (RN) in the beginning initiated the consultation on 13th of October, 2018 among the service providers and individual activists to bring issues, gaps and the way forward to support WWUD in Nepal. Thus, on 2nd of January 2020 RN Women was legally registered as National Network of Women Who Use Drugs (WWUDs) in Nepal with the goal set to influence policies that improve the quality of lives of WWUD, reinstate their rights, to empower them and mitigate negative consequences of drug use including blood borne infections and create enabling environment for universal access to meaningful services.

1. BACKGROUND AND INTRODUCTION OF RN WOMEN

Currently RN Women is implementing Harm Reduction (HR) program in 5-districts (Kathmandu, Bhaktapur, Lalitpur, Sunsari and Kaski) under Global Fund through local Organization focusing only and only on Women Who Use as well as Inject drugs in Nepal. With that being said there are all together 31 staff members under the GF project. The main objective of this proposed project is to identify areas of concentration of women who Use as well as Inject drugs (WWUD/WWID) and their behavioral patterns through situational assessment and enable the target group to access the services and to provide support

for friendly comprehensive service package for women who use drugs in the women prone districts. An effective and evidence-based response is required to curtail the rapid spread of HIV among drug injecting population, but also to prevent onward transmission to other populations (including regular sex partners and sex workers) which may significantly expand the reach of epidemic.

MISSION:

To empower Women Who Use Drugs and organizations working with WWUD to accelerate the transition of policies and programs that advance social justice and human rights.

VISION:

“We envisage WWUD/WWID living a dignified, healthy and proactive life in the society

GOAL:

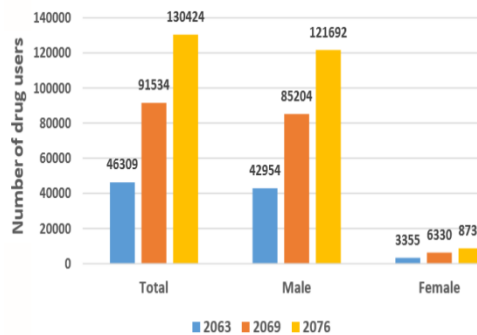
"Ensure meaningful involvement of WWUD in Nepal at all phases of policy formulation and programming: assessment, analysis, planning, implementation, monitoring and evaluation"

2. RATIONALE

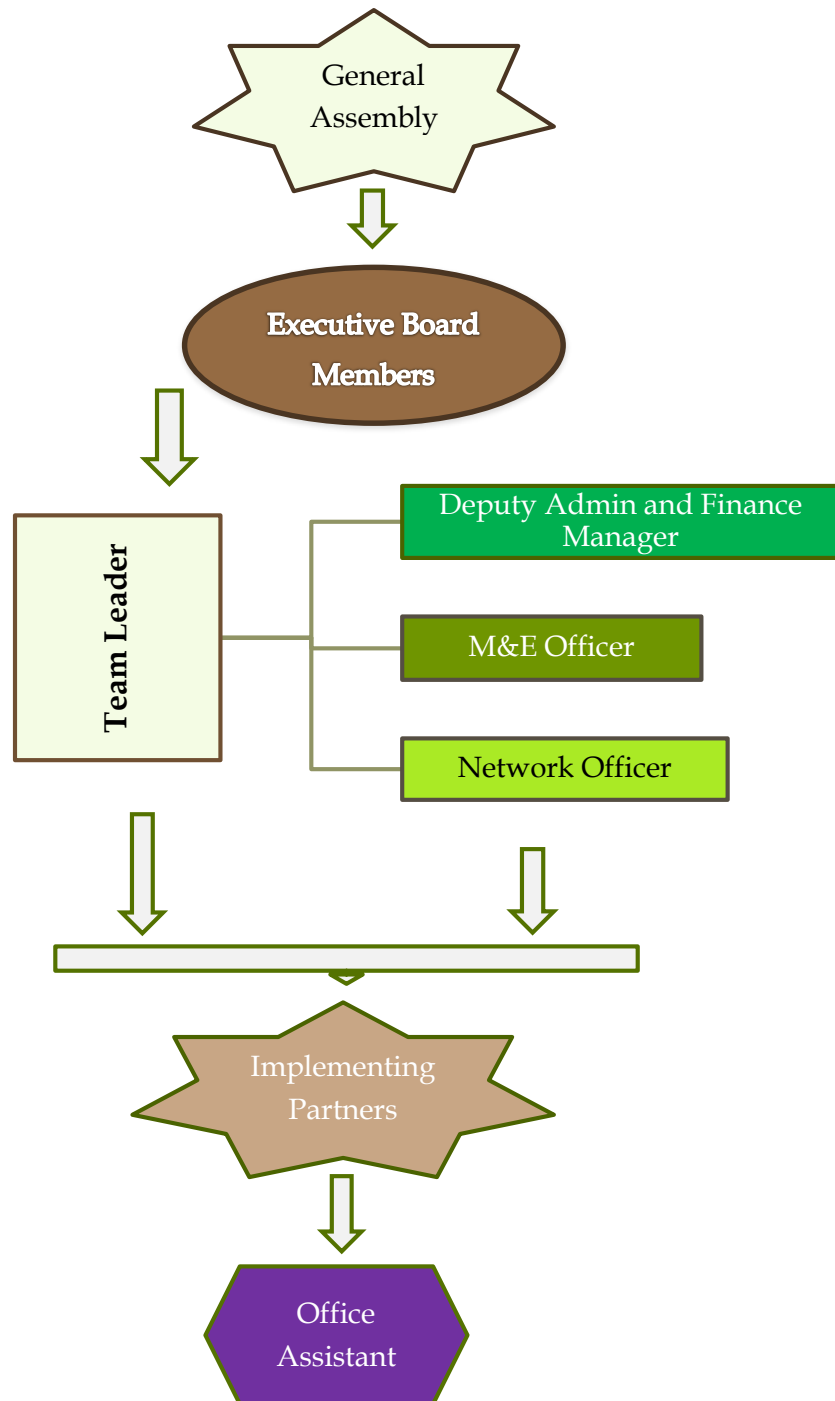
Recovering Nepal Women who use drugs are gradually growing and the context of Nepal, women who use drugs (WWUD) and specially those who inject are demonstrably subject to health inequities with regard to access to harm reduction services despite a dire need i.e. in health promoting services such as harm reduction.

It was against the above backdrop that women advocates and activists from within the WUD community with support from Recovering Nepal (RN) and the International Network of People Who Use Drugs (INPUD) incepted a vision and practice of harm reduction that has encouraged a movement of women in Nepal that continues to grow today as RN-Women.

At the macro level for WUD the intersection of poverty, criminalization, motherhood, and illicit drugs was having an overall impact on the health sector response of Nepal; while at the same time women who inject drugs in Nepal were being described in terms of their risk for HIV, viral hepatitis and other sexually transmitted infections – with scant emphasis on their human rights and dignity. It was in response to this situation that RN-Women was conceived as a **movement in 2017** for the first time and aimed to establish a mechanism to focus on gender responsive harm reduction services through the development of Recovering Nepal Women (RN-Women) in 2017. The goal of RN-Women is to improve the availability, quality, relevance and accessibility of health, social and legal services for women who use drugs. Since RN-Women was not registered as a separate entity to develop, design and implement its own strategies, members of the WUD community, CSO’s and as beneficiaries were supported by RN-Women to mobilize funds, build capacities of WUD community leaders, prepare a governance plan and a structure and establish systems, internal-controls and compliances for successfully running “women led programs”. RN-Women have been therefore since 2017, collaborating with WUD and community organizations across Nepal to develop strategies and tools that enhance community capacity to do harm reduction work with WUD.



3. RN WOMEN STRUCTURE



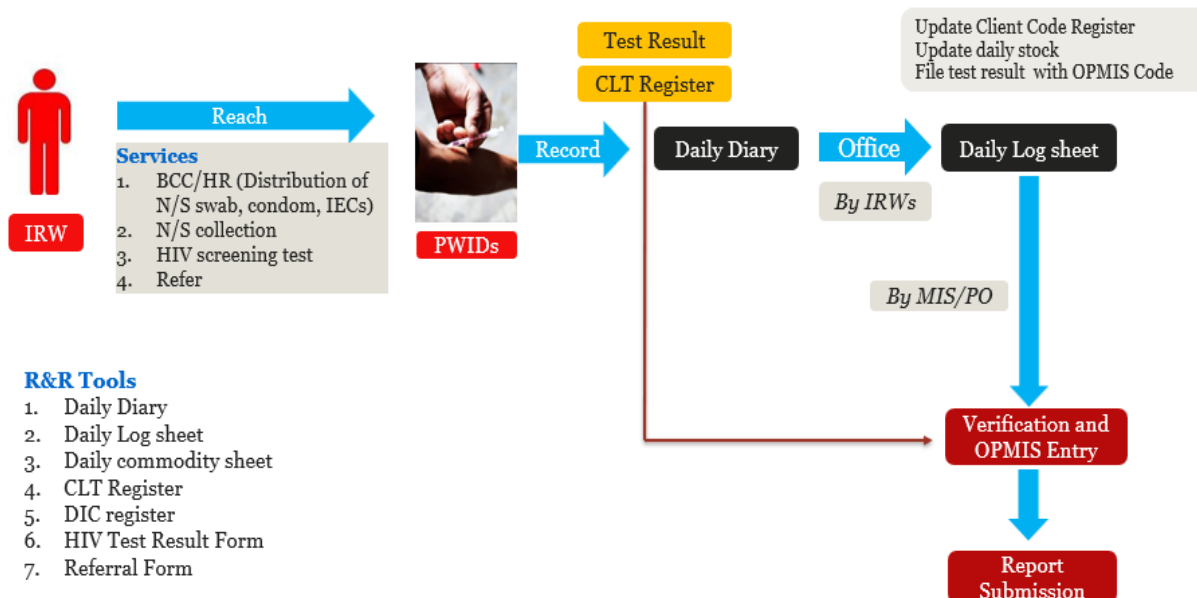
4. RN WOMEN STAFF MEMBERS UNDER GLOBAL FUND PROJECT

S.N	Designation	No. of Staff
1.	Team Leader	1
2.	Deputy Admin and Finance Manager	1
3.	Monitoring and Evaluation Officer	1
4.	Network Officer	1
5.	Support Staff	1

5. RN WOMEN IMPLEMENTING PARTNERS UNDER GLOBAL FUND PROJECT

District	Organization	No. of Staffs	
Kathmandu	Sober Female Rehabilitation & Treatment Center	DIC In-charge	1
Bhaktapur		Finance Assistant	1
		IRWs	4
		Waste Management Assistant	1
Lalitpur	Women's Support Group (WSG)	DIC In-charge	1
Kaski	Community Support Group (CSG)	Finance Assistant	1
		IRWs	5
		Support Staff	1
		DIC In-charge	1
Sunsari	Jagaran Arogya Samuha (JAS)	Finance Assistant	1
		IRWs	4

6. PROGRAM FLOW CHART – FIDU HARM REDUCTION PROGRAM



7. MAJOR ACTIVITIES OF RN WOMEN

- I. Mobilizing Drop In Centers (DIC) in 5 districts i.e. Kathmandu, Bhaktapur, Lalitpur, Sunsari and Kaski
- II. Collecting data from all the implementing partners, help support them wherever possible in order to run/ process it smoothly.
- III. Engage in meaningful and higher level meetings in order to empower as well as polish women drug users to be able to fight for their rights and freedom.
- IV. To strengthen and establish women-led, gender-friendly, and accessible harm reduction services emphasizing mainly on WWUD/WWID
- V. Advocacy and sensitization program targeting concerned stakeholders to create an enabling environment for WWUD to access services addressing violence as well as Human Rights of people who use drugs.
- VI. To reform policy in order to accomplish gender equality and explore for the provision of sustainable funding from the governments at all levels.
- VII. Interaction meetings with various stakeholders, government bodies, NGOs/ INGOs and CBOs to strengthen network
- VIII. Mobilize various events, programs be it World Drug day, Support Don't Punish, Women's Day or World AIDs Day for the future benefit for our drug users community by advocating or sensitizing over the concerned subject.
- IX. Implementing staff as well as board meetings
- X. Monitoring and Evaluation visit at 5 districts

- XI. Frequent visit to and from Save the Children
- XII. National Consultation Program
- XIII. Establishing relationship with NCASC (National Center of AIDS and STD Control)

ACTIVITIES CARRIED OUT BY IMPLEMENTING PARTNERS (DIC)

- Distribution of HR commodities through Needle syringe Exchange Program (NSEP):
- Provide sterile needles and syringes with alcohol swabs
- Provide condoms
- Behavioral Change Communication (BCC)
- HIV testing
- Referral and linkage with Oral Substitution Therapy (OST), Rehabilitation Centers, Hospitals
- Networking and coordination
- Issue identification and advocacy

Save the children project of WWUD/WWID

Organization:	RN Women (Network of Women Who Use Drugs in Nepal)
Project Title	“Comprehensive Prevention Programs for people who inject drugs(PWID)”
Contact Person: Title / Position:	Sonam C. Sherpa Team Leader
Country:	Nepal
Reporting period:	Fiscal year 079-080 (Jul 2022 – Jul, 2023)
Budget in Rupees	NPR. 13,876,935

PROJECT GOALS:

RN Women in partnership with Save the Children carries a project in 5 districts i.e. Kathmandu, Bhaktapur, Lalitpur, Sunsari and Kaski under the project “Comprehensive prevention program for Women Who Inject Drugs in Nepal (WWIDs)” to get optimized IRR_TTR 95-95-95 and combination prevention by 2030”.

Key objective of this project is to supervise overall implementing partners in order to carry the following goals:

- To reduce HIV transmission among Women Who Use and Inject drugs.
- To enhance local community capacity to address HIV and AIDS and create the entry point for SRH and other integrated services for this population.
- To build safe environment to support women, beyond harm reduction in partnership with local community or organization to increase their capacity to respond to women’s HIV related needs.

- Providing consultation and advice as requested.
- Providing and leading local initiatives to serve as a catalyst for the integration of HIV into WWUD programs and planning.
- Providing HIV-related information of Current and Potential Harm Reduction clients on the ground and other service providers in the community at the local community events, forums or conferences.
- Creating awareness through distributing resource materials and other HIV prevention tools (Safer sex materials, information, condoms etc.) to serving WWUD community women.
- Providing HIV/TB/Hepatitis and SRH related referrals to local community organizations and strengthening the relationship between the local HIV sector and other women serving sector.

ACTIVITIES CARRIED OUT

Activity**RN Women General Assembly (14th July, 2022)****1.**

The program took place at Hotel Le' Bagaincha on 14th of July in line with national consultation at the same day. During the second half right after the national consultation program Mr. Bishnu Sharma continued and shared the pre-draft of 5 years strategic planning where he handed out the hardcopy while he explained through power point. Lastly Mr. Sharma who is also a part of RN Women working as an advisor supported and guided during election process at AGM which was done amongst our partner to form new leadership. According to RN Women's bylaws 9 board members were elected, they are;

S.N	Name	Designation	District
1.	Ms. Hema Shrestha	President	Ktm
2.	Ms. Sarita Chaudhary	Vice-President	Nepalgunj - Banke
3.	Ms. Prachi Sunuwar	General Secretary	Ktm
4.	Ms. Bikens Nembang	Treasurer	Ktm
5.	Ms. Nina Sampang Rai	Secretary	Itahari- Sunsari
6.	Ms. Yamkala Rai	Member	Ktm
7.	Ms. Janaki Shrestha	Member	Bharatpur - Bagmati Province
8.	Ms. Kosh Kumari Sunar	Member	Pokhara - Kaski
9.	Ms. Doma Sherpa	Member	Birgunj - Parsa

Conclusion:

The program was conducted smoothly and successfully by finalizing and approving the 5 years strategic planning with their signature. Similarly, everyone gave farewell to our old board members and thus congratulated the new ones by handing out the certificates Finally, before adjourning the program we took a group picture and thanked everyone for this wonderful experience and active participation.

Activity**National Consultation (14th July, 2022)****2.**

National Consultation meeting took place at Hotel Le' Bagaincha, Lalitpur on 14th of July, 2022. The program started with the registration around 8:30 am along with tea and cookies. There were all together 30 representatives excluding staff members from both central as well district level. Thus, before getting towards the main agenda Ms. Sujata Khadka our M & E officer initiated by requesting all the respective guest members such as Mr. Kunal Kishore, Global Fund Chief of Party (CoP), Mr. Darinji Sherpa Program Coordinator from Save the Children, Mr. Bishnu F. Sharma Executive Director of Recovering Nepal and Ms. Hema Shrestha President to take place on dais and say few words to the participants. Starting from Mr. Darinji Sherpa, he seemed very proud and wished all of us to work together hand in hand, all united without any resentment or pulling eachother's legs which is indeed everywhere but should and must avoid such behaviour inorder to succeed in life.

The main purpose of this meeting was:

- 1) To strengthen and expand the national network of Women Who Use Drugs (WWUD) to ensure the momentum of the WWUDs movement in Nepal to articulate women's needs into policy response.
- 2) Discuss and finalize the five year strategic plan by ensuring protection of human rights of the WWUDs- including their right to health and right to life
- 3) Enhance leadership and Advocacy competence of Community champions and WWUD to ensure Universal Health Coverage (UHC)



leaders in Nepal

- 4) Advocate sustainable and robust continuum of care for WWUDs in Nepal
- 5) To discuss and collect the core issues of Women Who Inject Drugs (WWID) especially on the basis of Harm Reduction, Gender base violence and further more to establish the networking among the key



Ms. Sujata further continued with a brief background of RN Women and the main objective of organizing this event. She then handed over to Ms. Sonam C. Sherpa our Team Leader to further explain the main purpose behind conducting this event, developing 5 years strategic planning, its importance, key points to keep in mind while planning, its benefit/advantages to the organization etc. The key objective of developing strategic planning is to ensure WWUDs is empowered to utilize health/human rights through established as well as strong national network to get involved in policy making, program designing and support implementation comprehensive/quality care services by 2026. Right before the lunch Mr. Sharma explained on major topics such as:



- Guiding principles/Values
 - Humanitarian
 - Transparency
 - Accountability
 - Mutual respect
 - Participatory
 - Inclusiveness
- Logical Framework
- Situation Analysis
 - Political
 - Social
 - Law and
 - Technological
- SWOT Analysis

Activity	Field Visit at Sober Female DIC (Ktm & Bkt) (5 th July, 2022)
3.	<p>Visited Sober Female DIC on 5th of July and met with 5 Female clients. Among them one of Female client has been bedridden for last one-week due DVT as a result of injecting in groin. Her husband also had DVT and could not go for work as a result they do not have anything to cook and eater properly for the last a week. She is thin and weak and urgent need of some food supply. Similarly we noticed that most of the clients injects at groin area and is constantly neglected to clean up the part due to which the majority of nos. has led to DVTs, abscess and other infectious diseases. During the visit we cross verified the clients profile, record of Dignity kits distributed and clients register in sample basis. The kits were however distributed to 18 clients. Likewise IRWs were indeed more focus on providing commodities i.e. syringes, alcohol swab and condoms to the clients and is noticed that commodities were distributed as per IRW rather than demand or request from client. However it is observed that before providing services for new clients, rapport was not adequately maintained and obtained relevant information where the client are IDUs or not, what kinds of substance use, frequency of use, since how long, assessment of risk behavior. For example, dignity kit was given to a client. Interm of ONHIS only 41 clients in Kathmandu and 5 clients in Bhaktapur were enrolled/registered.</p>

Activity	On-Site Data Verification at Sober DIC (20 th - 21 st , July, 2022)																											
<p>4.</p>	<p>The visit took place at the DIC itself on 20th and on Bhaktapur on 21st of July for the following purpose:</p> <ul style="list-style-type: none"> • On-Site Data Verification from January- June 2022 • Review documentation status • Support in Bi-Monthly Report <p>During our observation while visiting Kathmandu DIC, finance assistant was not present at the office and also came to know that he is irregular at office. Official and financial documents were not available at office as it was taken by Finance Assistant to SOBER Rehab. Contract of IRW was completed on June, 2022 but it has not been renewed from July 2022 onwards. Though Program Officer is trying her best, she is somehow lacks in catching up things. Despite all the support from RN Women, error has been noticed in stock time and again.</p> <table border="1" data-bbox="313 531 1516 1129"> <thead> <tr> <th data-bbox="313 531 477 594">District</th> <th data-bbox="477 531 727 594">Reporting Period</th> <th data-bbox="727 531 1097 594">Previous Information</th> <th data-bbox="1097 531 1516 594">Changes after OSDV</th> </tr> </thead> <tbody> <tr> <td data-bbox="313 594 477 930" rowspan="5">Kathmandu</td> <td data-bbox="477 594 727 663">Q6M2</td> <td data-bbox="727 594 1097 663">HIV testing- 30 new</td> <td data-bbox="1097 594 1516 663">HIV testing- 29 new, 1 old</td> </tr> <tr> <td data-bbox="477 663 727 930" rowspan="4">Q6M3</td> <td data-bbox="727 663 1097 726">Syringe Distributed- 3690</td> <td data-bbox="1097 663 1516 726">Syringe- 3680</td> </tr> <tr> <td data-bbox="727 726 1097 789">A/S Distributed- 5890</td> <td data-bbox="1097 726 1516 789">A/S- 5870</td> </tr> <tr> <td data-bbox="727 789 1097 863">Condom Distributed- 2991</td> <td data-bbox="1097 789 1516 863">Condom- 2994</td> </tr> <tr> <td data-bbox="727 863 1097 930">HIV testing- 38 new</td> <td data-bbox="1097 863 1516 930">HIV testing- 37 new, 1 old</td> </tr> <tr> <td data-bbox="313 930 477 1129" rowspan="3">Bhaktapur</td> <td data-bbox="477 930 727 1129" rowspan="3">Q6M3</td> <td data-bbox="727 930 1097 993">Syringe- 810</td> <td data-bbox="1097 930 1516 993">Syringe- 805</td> </tr> <tr> <td data-bbox="727 993 1097 1062">Alcohol Swab- 1330</td> <td data-bbox="1097 993 1516 1062">Alcohol Swab- 1320</td> </tr> <tr> <td data-bbox="727 1062 1097 1129">HIV testing- 9 new</td> <td data-bbox="1097 1062 1516 1129">HIV testing- 8 new, 1 old</td> </tr> </tbody> </table>			District	Reporting Period	Previous Information	Changes after OSDV	Kathmandu	Q6M2	HIV testing- 30 new	HIV testing- 29 new, 1 old	Q6M3	Syringe Distributed- 3690	Syringe- 3680	A/S Distributed- 5890	A/S- 5870	Condom Distributed- 2991	Condom- 2994	HIV testing- 38 new	HIV testing- 37 new, 1 old	Bhaktapur	Q6M3	Syringe- 810	Syringe- 805	Alcohol Swab- 1330	Alcohol Swab- 1320	HIV testing- 9 new	HIV testing- 8 new, 1 old
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ACTIVITY	BHAKTAPUR FIELD VISIT (17 TH NOV, 2022)		
<p>5.</p>	<p>During the field visit at Bhaktapur we went to one Hot Spot Area at Radar where we met 6 of our service receivers named Aaisha Lama, Shweta Thapa, Preeti Gurung, Swastima Shrestha, Asmita Tamang and Srijana Tamang. Among them, Shweta Tamang was the new client who was introduced to us on the same day. While having an interaction with them we came to know that Aaisha Lama is also our Peer Educator who is 27 years old and is 7 months pregnant. Similarly, Ms. Swastima Shrestha, a 24 years old service receivers was 8 months pregnant and Ms. Srijana Tamang was seen as a breast feeding mother of a 1 year old son and according to her, her husband is a HIV positive. They had come along with their children. In addition to it, other three service receivers Ms. Preeti Gurung, Ms. Asmita Tamang and Ms. Shweta Thapa were the teenage girls of 18 and 19 years who had already drop out from their schools, indulged in drugs and were living in a rented room. While asking for the reason, they genuinely replied that they do not like to study and they do not want to continue it further. We had a friendly communication with them. All of them shared that they started to take drugs in their early age due to the peer pressure and their family are unknown about this habit. While asking about their choice of drugs, they replied that they sometimes take tramadol, pregas and cronaz. They also shared that they take 5-10 Syringes from IRW at a time and if they have substances it is used within a day otherwise it will be used for 2-3 days. Later on we asked them how they manage to buy it and how they manage their living. To which they responded that they sometimes work as a dish washer and sometimes during the marriage season they work as a waitress. For 1 set of substances, they</p>		

	<p>said that it cost around NRs. 1000. • Lastly, everyone shared that they are satisfied with the service that SOBER has been providing them. However, they were not satisfied with the quality of syringes they have been receiving as it easily break and might get prick while using. Despite of regular BCC provided by our IRW to them, they do not want to quit for the time being</p>
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Activity	MONITORING VISIT AT LALITPUR DIC (WSG) ON 3RD JAN '023
<p>6.</p>	<ul style="list-style-type: none"> • Cross verify all the necessary documents such as daily diary, log-sheet, CLT register form, HIV test result form and OPMIS. • Conduct regular supportive monitoring • Interaction with Staff members • Review documentation status • Stock verification • Observation of client flow <p>New Finance Assistant named Mr. Sajan Chitrakar was appointed from January, 2023. All the recruitment process of hiring Mr. Chitrakar was checked. But it was disappointing to see that the vacancy was announced just through email only, no proper documentation of the selection process was done, how many applications were placed, what was the interview process and on what basis the selection was done, nothing was properly documented. The staff profile was maintained however there was no job description, the appointment letter was randomly written and was not in a specific format. Child Safeguarding policy orientation was not provided. As 2022 year project has been completed, it is necessary to do a staff performance evaluation, so this needs to be carried out. On-site data verification was done from October- December 2022. From January- September 2022, OSDV was already performed and recommendation were provided. The performance of all the staffs were noted as per recommendation provided to them. Log-sheet and daily diary were thoroughly checked and all seemed to be clean and well managed. The data's of OPMIS and log-sheet matched perfectly, however in log-sheet of Ms. Neha Nakarmi and Ms. Shanti Rokka, some of the client codes were missed to write. The reach of the client is quite impressive as they have achieved nearly 80% of the target. However more efforts need to be done so that 100% target is achieved. Out of 6883 syringe distributed, 1174 used syringes has been collected over 3 months of period which is just 17% of the total syringe collected. Compared to the Q7, the number of syringe collection has increased by 10% Guided on how the appointment letter should be and how and what should be taken into consideration while doing a staff performance evaluation.</p> <ul style="list-style-type: none"> • The client's codes were updated then and there and corrected. • The stock of the determine kit was maintained and updated till ... January 2023 • Updated the individual stock sheet. • Oriented IRW to use the HIV tracker application and how to fill up client profile, HR services and CLT. • Made IRW to enter the 3-4 services each right there during the time of monitoring and observe their entries.

Activity.**MONITORING VISIT AT SUNSARI DIC ON 20TH JUNE, 2023****6.**

- To cross verify all the necessity documents such as daily diary, log-sheet, CLT test form, HIV test register form and OPMIS/OHNIS
- To conduct regular supportive monitoring
- To review documentation status
- To verify the stock



We visited Jagaran Arogya Samuha, Itahari-Sunsari DIC on 29th Aug, 2022, 8th December 2022 and 20 June 2023. It was easy to locate the place due to the distinct hoarding board seen right across the road. Everything looked neat and clean as we entered the office. All the documents and files were well kept and organized. It somehow looked much better compared to what we observed during the earlier visit. Likewise, the placement of educational posters and pamphlets was good. We were drawn with their idea by investing time to print out all the updated data

of JAS Sunsari DIC its flow, fluctuation of the graphs and thus displayed on a board precisely like VMS (Visual Management System) so that one can easily check or overlook the progress. Basically the office was well set however there were still few things lacking such as table, a long one preferably since it can be used during the meeting as well as by IRWs while working. They do have one but not as expected thus, not suitable for the meetings or the programs. Similarly, it was quite surprising to see that they have been using plastic container to dispose the syringes as I had assumed they were using the same container as other DICs hence, this is not at all appropriate firstly because it's made out of plastic which has a high possibility of getting damaged very soon and secondly it produces unpleasant smell and stinks when kept for certain time. Besides everything seems fine.

During our first M&E visit we were unable to meet the board members however, this time we met Mr. Sanjiv Gurung President of Jagaran Arogya Samuha. Female DIC. He warmly welcomed us with great hospitality eventually we could not continue our interaction for long as we had a very little time whereas overloaded with work and had to finish reviewing and cross verify the documents as much as we could before the time. Anyway we did talk about the current situation of WWUDs based in Itahari and Dharan, further shared about the DIC and staff members. As per Mr. Gurung he is not satisfied with the budget allocated for the activities. He mentioned about the cost being too low such as the cost for the maintenance which was mentioned in Kaski DIC as well. Similarly interms of Day celebration like World AIDS Day, Harm Reduction Day, Women's Day, Support Don't Punish etc...which according to him is must especially for the ones who is running a project like NSEP which I assume is correct in away as they all fall under our project component.



During our visit all the documents were thoroughly checked and we were very much impressed with their improvements. During the 1st visit, it was very much disappointing to see so much error on the reports and unmanaged documents. However, during the last visit reports were managed properly and data was matched perfectly with its source except some minor mistake were noticed such as education provided were missed to write in log-sheet. Looking at their reach and performance, they

had a remarkable improvement as they have achieved 98% of their target
 The main objective of last visit on June was to make a zero variance in OPMIS and ONHIS. As SCI has planned to shift completely to government system i.e. ONHIS reporting system from July, it was very much important to correct the error by cleaning the data. All the data's were checked one by one from Jan-May, 2023 and corrected.

Major Challenges

We had a fruitful visit at Sunsari. During our previous visit we were unable to visit Dharan exchange center due to lack of time management however we visited Dharan this time as it was necessary too. It was indeed disappointing and shabby to see it in such condition. They did not even have a proper cabinet where they can file their documents. Similarly a proper chair for IRW, there was one which seemed quite good but came to know that it was actually brought by Ms. Bandana herself from her home. Immediately after returning from M&E, it was requested and replaced with the new one. Moreover, there was a need of a new carpet in Sunsari DIC to which the team is requested send an estimated budget.

Conclusion:


Overall the monitoring visit was successful. Though there are still few things lacking thus, we have kept those things in priority and probably would see some changes in the future. We had a great time bonding with all the staff members including members from Save the Children like Kumar Sir, Haribol Sir and Ajay Sir and also Sanjiv Ji Chairperson of Jagaran Arogya Samuha. Also the visit at Dharan was fruitful as we noticed and observed many things hence, we hope to see better things in our next visit.

Activity	Field visit at Community Support Group (CSG) at Kaski DIC (17 th Aug, 2022)	
7.	<ul style="list-style-type: none"> • Cross verify all the necessity documents such as daily diary, log-sheet, CLT test form, HIV test register form and OPMIS/OHNIS • Conduct regular supportive monitoring • Review documentation status • Stock verification • Field visit with IRW • Observation of client flow 	
Outcome		<p>We visited CSG Female Wings, Pokhara DIC on 17th of Aug, 2022. During the visit to DIC everything looked great however; the office seemed quite congested since they had recently shifted to different area whereas the old DIC was located bit too far from the main road hence it was not easily accessible for the clients to visit to and from the DIC center. Started with the work by cross checking the diaries, log-sheets, stock-books, CLT and HIV test form. They have indeed kept all the documents synchronized and neat which was pleasing. However, there were few mistakes found in terms of client code, OPMIS code, dates etc. Though we were running out of time but somehow managed to visit the field where IRW Kosh Kumari introduced us to few clients where some of them had already quit and were taking courses at beauty parlor. We noticed that they do not like to communicate much while taking the syringes. They just come and ask them how much they have brought and leave immediately once they are handed the syringes. Kosh Kumari also mentioned</p>

	<p>that some of them are bit complicated they hardly talk whereas some are too friendly and even ask them money. She said she has given money a lot of time around Rs.50 –Rs.100</p> <p>After completing the review of documentations, we sat in a meeting with CSG board members, Hem Sir and Purna Chandra Sir. During the meeting we discussed on the issues and challenges that CSG has been facing. We also discussed that the frequency of one time client visit is high and 3-4 time visit is very low. Also, the distribution of syringes too is very low.</p> <p>It was tremendous performance by IRWs to motivate beneficiaries to make a choice interms of drug use. They have a friendly bonding and has built a certain trust among eachother which is why they seem to listen and obey the IRWs.</p>
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Activity	Field Visit at Sober Female DIC (Ktm & Bkt) (5 th July, 2022)
8.	<p>Visited Sober Female DIC on 5th of July and met with 5 Female clients. Among them one of Female client has been bedridden for last one-week due DVT as a result of injecting in groin. Her husband also had DVT and could not go for work as a result they do not have anything to cook and eater properly for the last a week. She is thin and weak and urgent need of some food supply. Similarly we noticed that most of the clients injects at groin area and is constantly neglected to clean up the part due to which the majority of nos. has led to DVTs, abscess and other infectious diseases. During the visit we cross verified the clients profile, record of Dignity kits distributed and clients register in sample basis. The kits were however distributed to 18 clients. Likewise IRWs were indeed more focus on providing commodities i.e. syringes, alcohol swab and condoms to the clients and is noticed that commodities were distributed as per IRW rather than demand or request from client. However it is observed that before providing services for new clients, rapport was not adequately maintained and obtained relevant information where the client are IDUs or not, what kinds of substance use, frequency of use, since how long, assessment of risk behavior. For example, dignity kit was given to a client. Interm of ONHIS only 41 clients in Kathmandu and 5 clients in Bhaktapur were enrolled/registered.</p>

Activity	On-Site Data Verification at Sober DIC (20 th - 21 st , July, 2022)
9.	<p>The visit took place at the DIC itself on 20th and on Bhaktapur on 21st of July for the following purpose:</p> <ul style="list-style-type: none"> • On-Site Data Verification from January- June 2022 • Review documentation status • Support in Bi-Monthly Report <p>During our observation while visiting Kathmandu DIC, finance assistant was not present at the office and also came to know that he is irregular at office. Official and financial documents were not available at office as it was taken by Finance Assistant to SOBER Rehab. Contract of IRW was completed on June, 2022 but it has not been renewed from July 2022 onwards. Though Program Officer is trying her best, she is somehow lacks in catching up things. Despite all the support from RN Women, error has been noticed in stock time and again.</p>

ACTIVITY	MEETING AT SAVE THE CHILDREN (24 TH MARCH, 2023)	
10.		<p>On 24th of March, Friday we had a meeting with Save the Children along with several other networks (BDS, FSW, WWID, PLHIV) regarding the updates and progress on previous interaction and workshops on developing community related web series. The meeting was indeed called upon for the finalization and approval from all of us precisely for the feedback. Ms. Sugandha Ji facilitated the very meeting in line with Ms. Sodashi Ji where she beautifully explained about the scenario of our constituents especially prioritizing on gender sensitivity. How women are looked upon in this patriarchal society without bashing the over-taken world by men.</p> <p>We further discussed more after watching all the series targeted on FSW, PWID and MSM. We can see the effort, creativeness while making this thus, it was perfectly made with tremendous actors, characters were well portrayed, good visualization and well executed and more over the subject and messages was distinct and positive. However, there were few things lacking such as sub titles and sign language which was infact recommended by one of the member from BDS. Every one of us enjoyed the series. The series however is yet to release. This was just the beginning so we are all very hopeful that this will get a positive recognition since these are the issues which is not often unwind among common groups be it within our community or vice-versa and even if it did so you either keep it to yourself or else it only makes you feel oppressed. We even discussed that there is always the “other group” within the community who always seem to have issues instead of supporting and encouraging they despise you, demoralize you and make you feel unwanted which is very distressing which nevertheless makes you wonder whether we are one of them and if yes what are we supposed to expect from the community other than that.</p> <p>Hence, we concluded and adjourned the meeting with a hope that we all fight and raise voice together as we say together we can since people working in different sector or different constituents we know that the cause remains the same.</p>

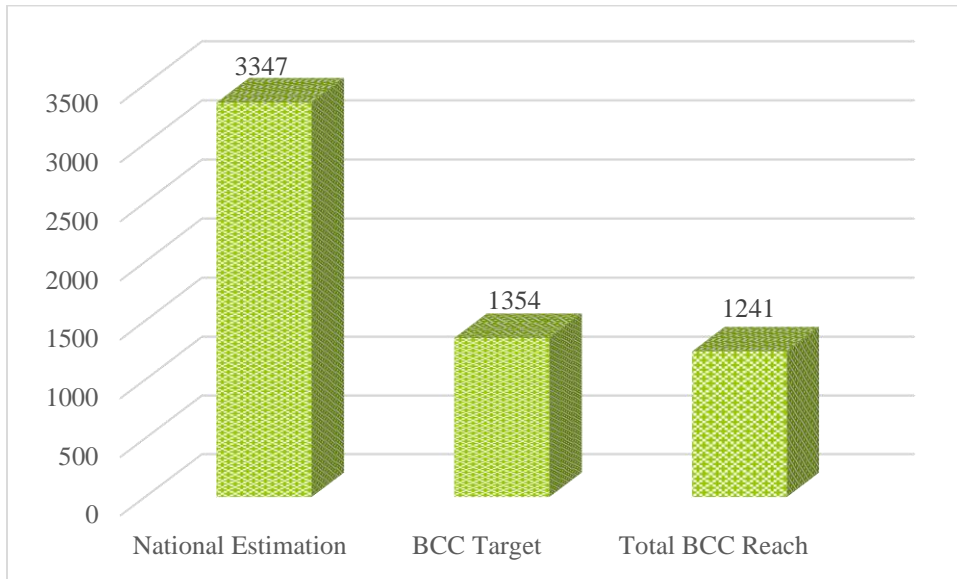
Activity MONITORING VISIT AT KATHMANDU DIC AND LALITPUR DIC ON 20-21 JULY, 2023	
11.	<ul style="list-style-type: none"> ● On-Site Data Verification from January- June 2022 ● Review documentation status ● Support in Bi-Monthly Report <p style="text-align: center;">REVIEW ON PREVIOUS RECOMMENDATIONS</p>
Output	<p>During our observation while visiting Kathmandu DIC, finance assistant was not present at the office and also came to know that he is irregular at office. Official and financial documents were not available at office as it was taken by Finance Assistant to SOBER Rehab. Contract of IRW was completed on June, 2022 but it has not been renewed from July 2022 onwards. Though Program Officer is trying her best, she is somehow lacks in catching up things. Despite all the support from RN Women, error has been noticed in stock time and again.</p>

	<p>During the visit, we noticed several errors in log-sheet and OPMIS of all Kathmandu, Bhaktapur and Lalitpur Districts. As compared to Kathmandu, there were few errors in Lalitpur and Bhaktapur. After identifying errors, all errors were corrected then and there. While analysing, it seemed that most of the errors were done by Ms. Laxmi Maharjan, therefore she was guided and she assured that such errors will not repeat again.</p> <p>While reviewing the documents, it was noticed that all the CLT test reports, log-sheets were randomly kept in both the DIC's hence, they were guided and informed to keep all the documents in a managed way.</p> <p>Support Provided</p> <ul style="list-style-type: none"> • Prepare Bi-monthly reports of Jestha- Ashad 2079 of Lalitpur and submitted. • Stock from 15 May- 16 July, 2022 was recorded in an unmanaged way as the physical count and bi-monthly report did not match due to which it create difficulty in preparing the bi-monthly of Kathmandu. • Data verification and error finding process with the help of PIVOT tables and supporting documents such as cross verifying the information with IRW's daily, diary, Log sheet.
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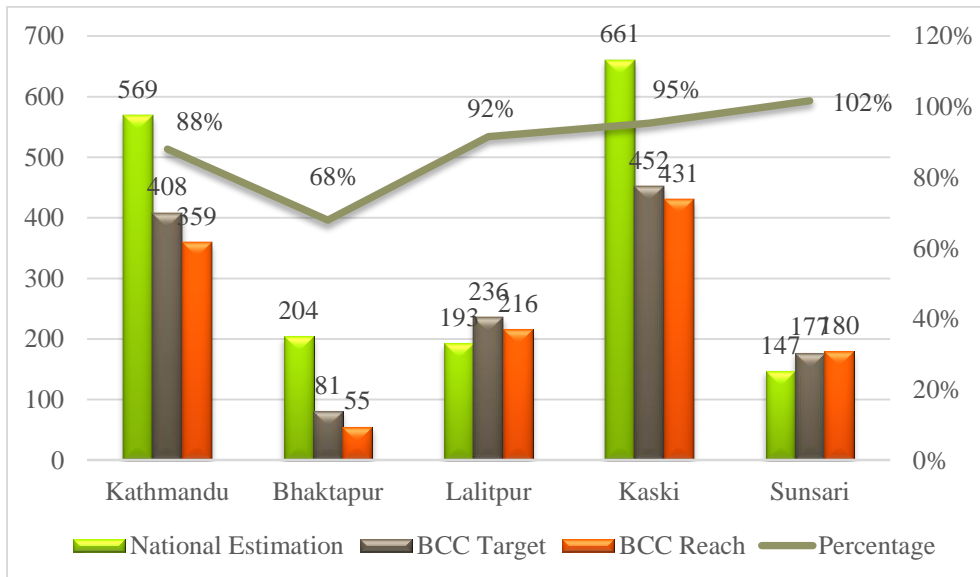
ACTIVITY	PROGRAM OBSERVATION FROM GLOBAL FUND & SAVE THE CHILDREN (21 ST MARCH, 2023)
	<p>On 21st of March Tuesday Dr. Mohammad who is technical advisor for HV for Save the Children came to visit RN Women in line with Mr. Sujan Onta and Mr. Darinji Sherpa Program Coordinator. The meeting started around 10:30 am where Ms. Sonam C. Sherpa formally greeted everyone as well as initiated with an introduction. Ms. Sherpa then hand it over to Ms. Sujata Khadka inorder to proceed with the presentation. She started with a brief introduction of RN Women and also informed about the current status of WWUD. What we have done and have been doing so far especially regarding the programs. Basically we informed about the working areas such as Distribution of HR commodities through Needle syringe Exchange Program (NSEP):</p> <ul style="list-style-type: none"> • Provide sterile needles and syringes with alcohol swabs • Provide condoms • Behavioral Change Communication (BCC) • HIV testing • Referral and linkage with • Networking and coordination • Issue identification and advocacy • Entering data in OPMIS as well as ONHIS <p>Nevertheless Dr. Mohammad was very much interested going through the tracking sheet of all the data entries. We had a very good to and fro conversation. Well overall the meeting was successfully conducted where Mr. Sujan Onta as well as Mr. Darinji Sherpa showed great appreciation.</p>

PROJECT ACHIEVEMENT

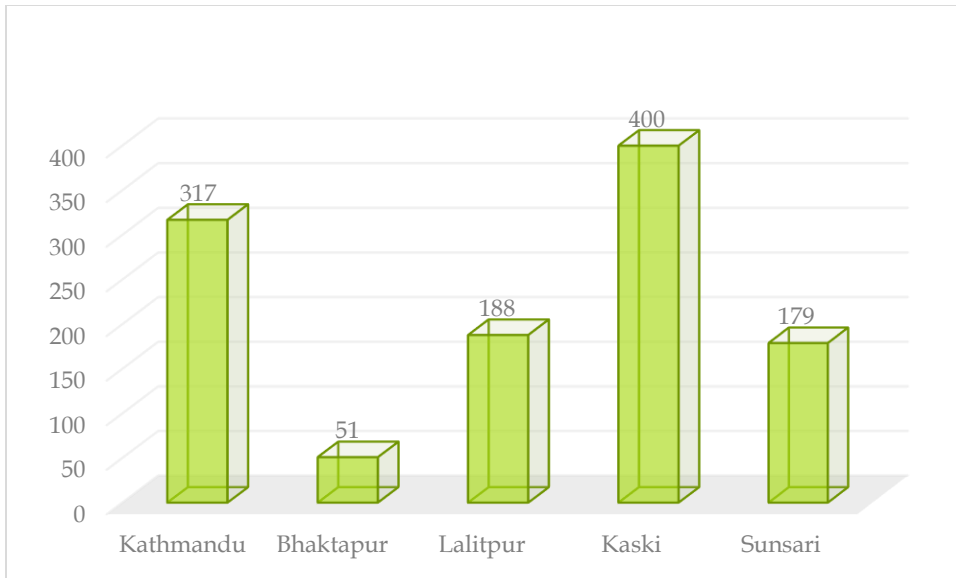
Total BCC Reach



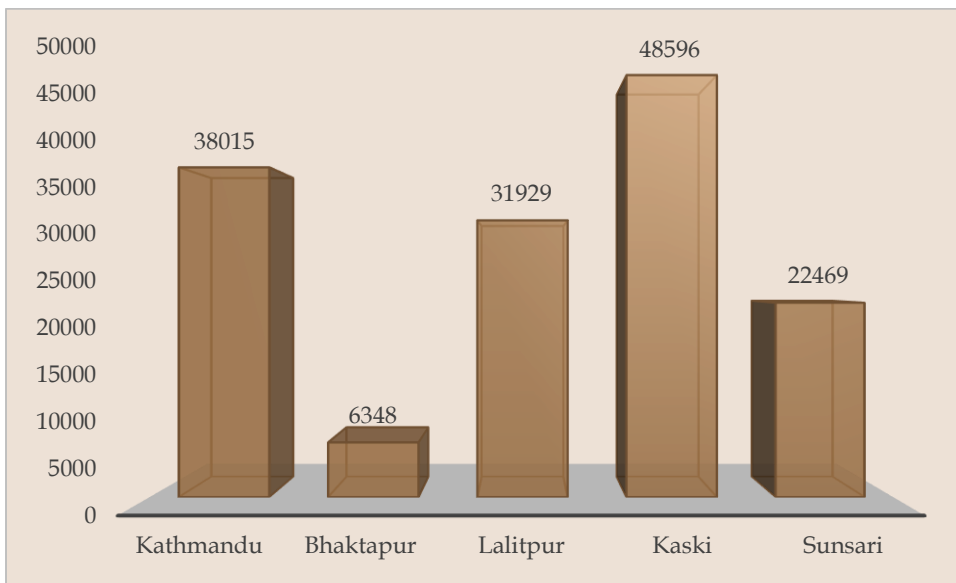
Total BCC Reach (July 2022-July 2023)



CLT Testing



Total Syringe Distributed



CSS PROJECT

25.	Activities (Copy from the WP)	Measuring Unit Month			Reasons for variance
			Target	Progress	%	
1	Board Meeting	Attendance sheet, photos & Minute	9	9	100	
2	Training on GBV HR Guidelines for WWUD	Attendance sheet, Photos & Report	15	15	100	
3	Translation of 5 years Strategy Planning				100	

Major Constraints/challenges

Major Constraints/challenges	How was it mitigated or addressed?
Major challenges this month was we had to adjust the activities accordingly due to some work pending of the earlier month. Due to the delay in contract It did apparently affect the work schedule for which we had to rush in order to carry out the task.	However, we seeked an approval to carry out the task for next month, hence we were able to at least complete 2 activities. Since
Having been given only 2 staffs (in-terms of program implementation only 2 of us are active) looking at both the PWID and CSS components seems quite challenging to equally contribute time and energy.	We have been mitigating this by dividing and distributing some of the work among each other but still it isn't as easy as it seems.

Activity

Board Meeting on April, 2023

1.



Agendas:

1. Updates on upcoming activities of RN Women PWID component
2. Updates on activities of Save CSS program/ HR program
3. Updates and information regarding Harm Reduction Conference.
4. Updates on Monitoring & Evaluation / Onsite Data Verification Visit to province
5. Discussion regarding Budget Vs Expenses of both PWID as well as CSS component

2.

Training on Gender Friendly Harm Reduction Guidelines



Training objective:

- To understand the harms of gender norms and gender inequality.
- To understand the ‘compound effects’ of stereotyping for women and gender non-conforming people who use drugs.
- To understand sexual and reproductive health and rights (SRHR) and the importance of the continuum of care for SRHR services.

Training methodology:

- As per the Module 1 participants will be provided information and knowledge through power point on Gender, sexual and reproductive health and rights and harm reduction. Basically the differences between the sexes, gender norms and its serious impact or discrimination. This module also contains group exercise that allows participants to identify the basic needs for women specific programs. Also contains no. of case studies which demonstrates how to apply the various concepts and methods.
- Module 2 will give the overview on the prevention and treatment model for Women substance user and key component of Harm reduction
- Similarly in module 3 accentuates in IDUIT/Gender equity, health and



Human Rights under the CRG guide followed by open plenary session to all the participants. This allows them to apply what they have learned. Participants are also encouraged to make recommendations/suggestions in coming days.

3. Advocacy for Stigma and Discrimination for WWUD in Itahari (22nd June, 2023)



Objectives:

- To introduce the participants about organization, its mission, vision and among program that organization has been implementing.
- Identify the types and sources of stigma and discrimination experienced by people who use drugs;
- Document the impact of these experiences of stigma and discrimination;
- Identify strategies to help reduce the negative impacts of stigma and discrimination.
- To promote the human rights of persons with mental disorders and to reduce stigma and discrimination.
- To protect the dignity of all human beings.
- To receive suggestions and recommendations from the participants.

Conclusion:

Meeting was successfully completed very well as expected as we inform about our program and discussed about different possible ways to reduce stigma & discrimination which have been faced by FIDUs from our district. It was discussed by the municipality that those who want to improve will take pressure according to the doctor's advice & teach them some skill - based training.

The program was concluded by Program Officer Sabina Pandey thanking all the participants attending the program despite of their busy schedule. She also added all the feedback provided will be implemented by organization in upcoming days.

4. Advocacy for Stigma and Discrimination for WWUD in Kaski (20th June, 2023)



Objectives:

- The deeply entrenched patriarchal mindset challenges the enforcement of the legal guarantee of equal rights for daughters to inherit family property.
- Low conviction rates and lack of implementation of court decisions challenge the combat of violence against women.
- Women have been denied the right to confer nationality to their children on an equal basis with men and the right to acquire, change, or retain their nationality or confer nationality to spouses on an equal basis with men.
- Women, and in particular single mothers, are denied citizenship certificates and registration of their children, preventing them and benefitting from social services.

The program was successfully conducted where all the representatives seemed quite optimistic about it and was requested to have program in the future. Also lastly the program was adjourned with some feedback such as:

- Official lawyer to be hired for the project to response the issues more promptly
- Government line agencies to be included, collaborated and communicated in every term of the project
- Government related participants committed to support the project related issues and concerns of the females

5. Advocacy on Stigma and Discrimination for WWUD in Ktm (28th June, 2023)



Training Objective

- To reduce stigma and discrimination in every sector

Methodology

- Presentation

Agenda discussed:

- Informing about the reason of stigma and discrimination to WWUD
- Support from stake holder and key population community.

- Support from key stakeholders, their roles and coordination with Sober Women's DIC

During the discussion one of our beneficiaries stated that, in their society mostly men are given priority to raise their voice on every anti- social matters, men also discriminate to women .At hospital members they used to judge them by looking their face and personalities also hospital members used to shows them negative behavior, they were shown illness behavior just because they were drug user, their mentally is very negative towards drug users and also speaks about all the drug user are not criminal, they have rights to speak and get equal opportunity in every sector. To reduce these cause family members, community members, police members, hospital member and others first they have to change their mentality. Director Ms. Yamkala Rai mentioned that Drug users

themselves gave people reason to judge them as they have shown such unacceptable behavior also Ms. Prechha khadgi mentioned we can't change people, place and things so rather than waiting to change people perception and also senior police officer mentioned that awareness program should have to give in every sectors like family members, community members, police members, hospital members, OST center to decrease stigma and discrimination.

Follow up Action Plan:

We planned to give awareness program in every sector of our community.

Lesson Learned:

- What we have learned so far from this meeting is that key community engagement and co-creation of knowledge is a sequential process that requires all parties to understand the achievable goals.

Challenges:

- One organization member were invited in the meeting to cooperate but they hesitated and ignore our invitation.

6. Advocacy on Stigma and Discrimination in Lalitpur (30th June, 2023)



1.1 TRAINING OBJECTIVE

The main objective of this proposed training is to identify areas of concentration of women who Use as well as Inject drugs (WWUD/WWID) and their behavioral patterns, to know ones rights. Moreover, to discuss the main issues on Stigma and discrimination faced by the community. The main reason as to why they are stigmatized and discriminate and how to overcome such situation.

1.2 AGENDA DISCUSSED

- Reasons for Stigma and discrimination
- HOW TO OVERCOME STIGMA AND DISCRIMINATION:
- Why is it necessary to remove stigma and discrimination
- What are the impacts



Major output/Discussion

Ms. Baidya however during the presentation discussed about the following points which was very much needed. Especially the challenge gender bias and to promote a more compassionate and evidence-based approach to drug policy and programming

- Provide education and training to healthcare providers and community members on the unique challenges faced by female drug users
- Promote harm reduction strategies that prioritize the health and well-being of women who use drugs.
- Support the voices and leadership of female drug users themselves, and ensure

	<p>that their experiences and perspectives are included in policy and programming decisions related to drug use and addiction.</p> <ul style="list-style-type: none"> • Address the root causes of addiction and drug use, such as trauma, poverty, and social and economic disadvantage, by investing in social services that can help women who use drugs address the underlying issues that contribute to their addiction.
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MONITORING AND TOOLS/ FORMS / FORMATS:

In order to conduct the monitoring and evaluation of each intervention of the PWID program, RN Women has developed a standard tools and checklist for the monitoring and evaluation purpose. The following tools/ formats/forms will be put into the practice systematically into interventions as:

- Standard checklist for the supervision of the service site
- Program monitoring Checklist: an example of the M&E Checklist format is given below.

Partner Monitoring Check-list Format (Annex -1)

FACT SHEET

Monitoring & Assignment:	Program, Financial and Administrative Monitoring, Assessment and on site coaching				
Partner organization:					
Field Visit Information					
Date of Visit:					
Monitoring Team Lead by:					
Person Contacted:					
Discussion held with:					
On site coached with:					
Partnership Data					
Program name:					
Program district:		Program duration			
Budget Amount:		Date of agreement		Duration	

ORGANIZATION INFORMATION

Name of the organization:	
PAN no	
Registration no (with a Government office, e.g. District Administration Office)	
Affiliation number (Social Welfare Council)	
Last date of registration renewal	
Last audit report	
Last tax clearance	
Head of organization	
Contract Detail	Telephone:
	Address:
	Email:
Project's Bank Name:	
Account Holders Name	
Account Number	

GENERAL INFORMATION

S.N	Component/Indicators	Yes	No	Timeline	Remarks
	Institutional/Governance				
1	CBO is registered with District Administration Office and renewal done annually				
2	CBO is affiliated with Social Welfare Council				
3	CBO is registered with permanent account number (PAN)				
4	CBO has charter/constitution				
5	Monthly/Quarterly board meeting is organized and documented regularly				
6	Annual/General assembly is conducted and documented				
7	Board members has clear understanding of their roles and responsibilities				
8	There is well representation/balance of gender, ethnicity, geographic region and other categories in board members/staff				

9	Organization profile is prepared				
	Program Planning and Implementation				
1	Has costed/budgeted annual work plan with targets				
2	Monthly/quarterly work plan prepared and implemented (Verify the work plan and achievement)				
3	Program report (monthly/quarterly/annual) are prepared and submitted on time				
4	Has all the recording and reporting formats in hard copy and/or soft copy				
5	Quarterly/monthly planning and review meeting is organized and documented				
6	Events (training/meeting) reports are prepared and supporting documents (schedule/attendance sheet) are documented				
7	Log sheet of visitors and information provided to the visitors is maintained				
	Coordination/Linkages/Collaboration				
1	Coordination meeting with stakeholders organized or participated regularly				
2	Updates/reports to District Public Health Office, District AIDS Coordination Committee, District Development Committee and other stakeholders are provided regularly				
	Administration				
1	Approved organizational policies are available				
2	Office has minimum required office equipment (cupboard/chair/table) and well set up				
3	Office has minimum required materials (office stamp/letterhead/stationeries)				
4	Office signboard is displayed				
5	Office is well set-up and maintained neat and clean				
6	Personnel files are maintained (job description, signed staff agreement by both parties, approved time sheet, leave forms and records)				
7	Office supplies/materials are procured following organizational policy and minimum standard practice (purchase request and approval and goods received note)				
8	Assets (non-expandable) and stationery/supplies registers maintained and up to date				
9	Periodic physical verification is conducted and reported by other than the person maintaining assets register. Control number given to fixed assets				

	Financial				
1	Has bank account and operated as per organizational policy				
2	Project fund is used only for the project purpose				
3	Periodic (Monthly) financial report is prepared and submitted within the stipulated time				
4	Standard financial reporting formats are used				
5	Supporting documents of financial report are sequentially compiled and submitted as per instruction				
6	Vouchers and books of accounts (ledgers) prepared/maintained up to date				
7	Vouchers are sequentially numbered and expenses are recorded as per budget line items.				
8	Petty cash register maintained up to date and physically count in regular interval other than petty cash holder				
9	Petty cash is kept in separate locker and used for project purpose				
10	Salary is processed as per staff agreement				
11	Signed house rent agreement with condition report retained in separate file				
12	Fund is audited annually by independent auditor				

List of Executive Board

S.N	Full Name	Title	Address	Mobile	Email address
1					
2					
3					
4					
5					

List of Staffs

S.N	Full Name	Designation	Address	Mobile	Email address
1					
2					
3					

4					
5					

VOUCHER OBSERVATION

Date	V#	Findings	Feedback	Responsible person	Agreed Timeline to address

OTHER OBSERVATION ADMINISTRATION & FINANCE

Observations	Feedback/suggestion/Support	Responsible person	Agreed Timeline to address

PROGRAM OBSERVATION:

Observations	Feedback/suggestion/Support	Responsible person	Agreed Timeline to address
Verified Programmatic report (hard & soft copies)			
Interaction with PO & IRWs			
Collection of used syringe			
HIV Testing			
Logistics are stocks out limited			

Any other Specific Note (If Any): -

RECOMMENDATION:

CLT register is recommended to be changed every year.

- Target vs Achievement analysis form
- Field visit standard format

For monitoring and supervision of the program, the organization will utilize the following tools for M&E purpose:

Monitoring content area	Data Source
Intervention Inputs	Program progress reports, financial records and other training/workshop/orientation/ meeting reports and field visit report
Program staff's knowledge, skills and capabilities	<ul style="list-style-type: none">➤ Performance evaluation form; knowledge assessment of target groups, in-reach worker and peer educator➤ Annual performance evaluation system will be developed for all the staffs.
Behavior Change Communication (BCC)	<ul style="list-style-type: none">➤ BCC evaluation questionnaires (KAP) of target groups, program officer supervision checklist for IRWs.➤ In- reach worker daily log sheet and daily diaries, individual stock book and client profile form.
Needle Syringe Exchange Program (NSEP)	<ul style="list-style-type: none">➤ Client tracking sheet/register, IRW diaries , Log sheet, consent form, meeting minutes, referral form, HR stock Books