

रिक्तभरिङ्ग नेपाल महिला पञ्चवर्षिय रणनितिक योजना  
२०७९-२०८३

## Women who inject/use drugs in Nepal

Five Year Strategic Plan for 2022 - 2026

Recovering Nepal Women  
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Estd. 2020  
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## BACKGROUND

Recovering Nepal Women (RN-WOMEN) is the national network setup to protect Women Who Use Drugs in Nepal from violence, discrimination, abuse, marginalization and neglect. It is the Official Women's Wing and Gender Diversity Hub of Recovering Nepal. It was officially declared on 2018 through regional as well as National level consultation on the 12th of January 2018. Recovering Nepal Women aims to influence the policies that improve the quality of lives of Women who use Drugs (WUDs), reinstate their rights and create a supportive environment. Recovering Nepal Women promotes provision of HIV and gender sensitive Harm Reduction services, ending Stigma & Discrimination and violence, promoting Sexual Reproductive Health and Rights (SRHR) and advocating for the rights of WUDs while focusing on strengthening the capacity of WUDs and their organizations to respond to the HIV/TB/HEPC C and COVID epidemic, while enhancing the capacity of WUDs to advocate for themselves regarding their issues. There is a need to create an enabling as well as gender friendly environment to increase the Participation of WUDs in designing, meaningful interventions with the engagement of WUDs as well as advocating for effective policies and programs in order to end the disempowerment and victimization of WWUD through systemic, cultural, familial and social violence.

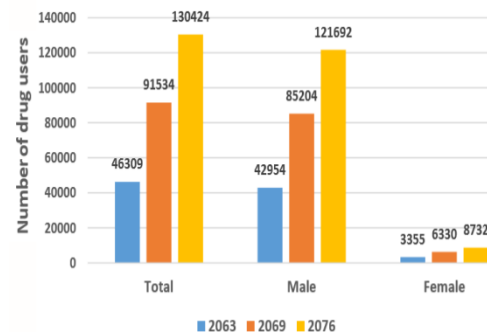
As per the National HIV Strategic Plan 2022–2026, according to the national priorities for Woman who use Drugs (WWUD), the primary focus areas are female sex workers, with special attention paid to those who inject drugs, street-based female sex workers, and transgender sex workers who have lower service coverage such as LGBTIQ people who use drugs. They are perceived as harder to reach through outreach and are not attracting sufficient attention in service providers programs. This needs to drastically improve. Program and service coverage for these highly vulnerable key populations must include service packages that address their specific prevention and harm-reduction needs, including sexual exploitation and violence, though increased in-reach as well as social, non-conventional and human rights based programs.

## 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-WOMEN-WOMEN) 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 injected 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.

Thus, to address above concerned RN-Women developed five year strategic plan to have strategic actions towards vision, Mission and goal of the WWUD network RN-Women.

### *The administrative and legal structure of Recovering Nepal Women:*

In line with the existing norms and policies of the government of Nepal, **RN-Women was legally registered on 02 January 2020** as an independent community led organization of WUD governed by an independent board. Below are the different projects in ascending order along with details of the funding sources and arrangements to administer the same:

- a) **RN-WOMEN started its first project (i.e., March-Dec 2019) from INPUD.** Since RN-Women was not legally registered as a separate entity during this time, RN-Women implemented the project by requesting RN-WOMEN-WOMEN to be the fiscal host in line with the provisions under the Nepalese law. One RN-Women representative was also selected as a CCM member
- b) **RN- Women received its 2<sup>nd</sup> fully funded project (Jan – Sep 2020) from INPUD.** RN-Women was legally registered as a separate entity with its own independent board and staff and independently implemented the project.
- c) **RN-Women is single SR of Save the Children women harm reduction Program since August 2021,** implementing partnership with women led organizations in Kathmandu, Lalitpur, Bhakrapur, Kaski and Sunsari district.

## Vision

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

## Mission

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

## Goal

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

## Purpose/Objectives

- 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.

### **Outputs:**

- i) Establish of cohesive alliance between WWUDs and key stakeholders at district, provincial and central level
  - ii) Generate strategic information through research and promote evidence based practices.
- 2) To reduce the burden of drug use and drug led harm among the female population in Nepal through evidence based gender-responsive programs and policies.

### **Outputs:**

- i) Enhance capacity of community led organization working with WWUDs/WWIDs to deliver high quality, comprehensive and tailored services.
- ii) Increase service accessibility and uptake of existing services for WWUD/WWID in the Nepal by promoting gender-responsive approaches.
- iii) Avert the prevalence of HIV, HCV, mental health and other communicable & non-communicable diseases among WWUD.

- 3) Ensure protection of human rights of the WWUDs- including their right to health and right to life

### **Outputs:**

- i) Enable access to health and gender-related information and education for WWUD
- ii) Enable access to timely, acceptable, and affordable legal Support and health care for WWUDs
- iii) Facilitate access to childcare support for WWUDs with children.
- iv) Endorse abolishment of punitive drug policies for drug possession and use.

- 4) Enhance leadership and Advocacy competence of Community champions and WWUD to ensure Universal Health Coverage (UHC)
- 5) Ensure sustainable and robust continuum of care for WWUDs in Nepal

**Outputs:**

- i) Explore national and international resources and impact based funding modalities.
- ii) Fund Raising

- 6) Mitigate stigma and discrimination towards WWUD through education and sensitization campaigns at every level of the society.

**Outputs:**

- i) Awareness campaigns
- ii) Legal literacy

**Overall Strategic Objectives:**

Ensure Women who Use Drugs in Nepal empowered for utilizing health and human rights through established strong national network with meaningful involvement in policy making, program designing and support implementation comprehensive quality care services by 2026.

**Strategic AIM:**



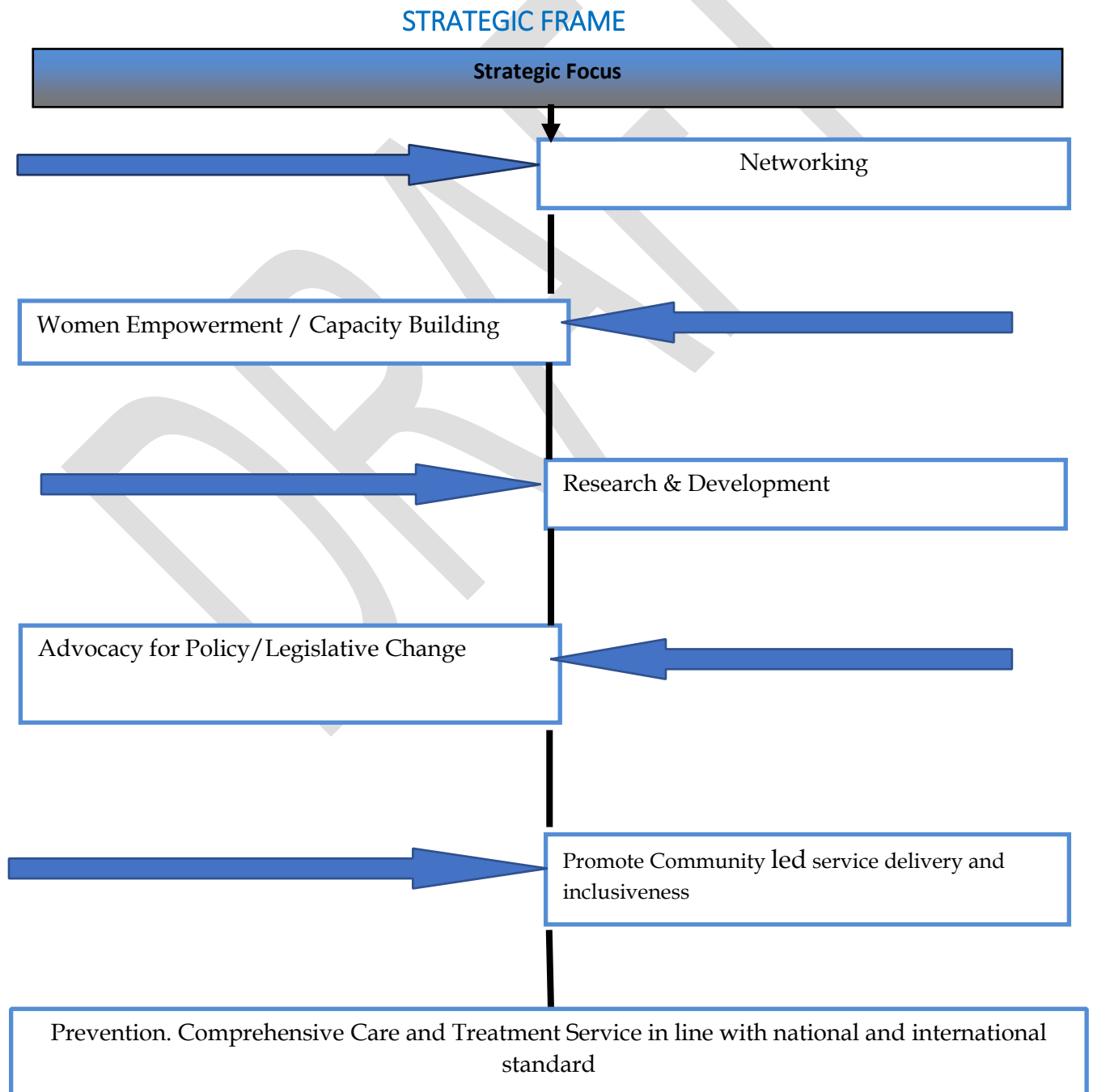
## Guiding Principles/Values

- Humanitarian
- Transparency
- Accountability
- Mutual respect
- Participatory
- Inclusiveness

Annex 1 Logical Framework

Annex -2 Situation Analysis

Annex – 3 SWOT Analysis



## ORGANIZATION STRUCTURE

### Governance and Leadership:

Recovering Nepal women was community led loose network working in the field since 2017 with formation of National Executive Board representing five provinces in Nepal. In 2020 Recovering Nepal Women was legally registered under government of Nepal (District Administrative Office, Kathmandu) as a National Network of Women Who use drug. According to legal doctrine of RN-WOMEN, Women has provision for organizational membership of women led organization and representative of women led organizations governs the RN-WOMEN General Assembly and Executive Board.

General Assembly (GA) is highest decision making body of the organization and GA holds every to discuss and approves policies, program, financial statement (Audit) as well as future program and budget for the organization. As per by law of RN-Women every 2 year GA holds general election to elect Executive Board of the organization through democratic and voting process. Executive Board is second highest decision making and monitoring body of the organization; monitors overall operation such as reviewing budget program activities. The current composition of Executive boards are:

**Chairperson /President - 1**

**Vice Chair - 1**

**General Secretary - 1**

**Secretary -1**

**Treasurer - 1**

**Member - 4**

The executive board contributes to the organization on a volunteer basis. Management subcommittee form by Executive board according to by law is responsible to supervise, procure and evaluation existing program. For the day to day operation secretariat (Staff) are responsible in different positions. Head of the program and Finance are accountable for day to day activities and responsible to the report Executive Board, management subcommittee and concerned agencies.

### **Monitoring and Evaluation:**

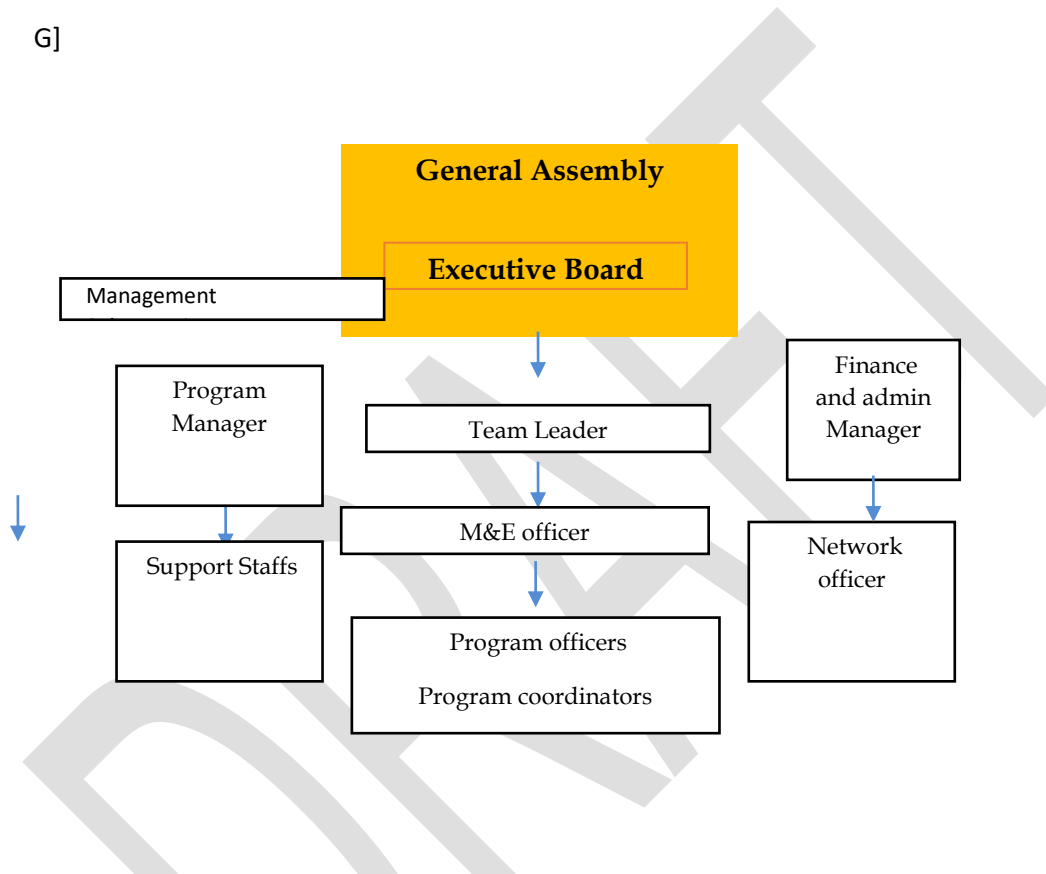
The General Assembly is the highest M&E body of the organization. Social Audit also takes plans during GA inviting concerned agencies, government bodies and stakeholders. RN-Women conduct M&E yearly, quarterly and project based as per the plan. RN-Women used its M&E tools which monitors: overall goal, objectives, key actions, means of verification and measuring outcome/Impact indicators and make recommended actions



## List of Governing Body:

General Assembly  
Executive Board  
Management Sub Committee  
Secretariat  
Volunteers

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*Annex – 1*

**Logical Frame Work**

Narrative summary	Action	Objectively verifiable Indicator	Means of Verification	Frequency	Tentative Budget
<p>Goal:</p> <p>Women who Use Drugs in Nepal empowered for utilizing health and human rights through established strong national network with meaningful involvement in policy making, program designing and implementation process by 2022.</p>	<p>Involvement of RN-Women in policy/law making process</p> <p>RN-Women intervention on policy/law making process in federal government</p> <p>RN-Women intervention on policy/law making process in provincial government</p>	<p># of Policy/ Law enacted/framed with involvement of RN-Women</p> <p># of Policy intervention made by RN-Women in federal government</p> <p># of Policy intervention made by RN-Women in provincial and provincial government</p> <p>% of WWUDs with HIV infections</p> <p>% of WWUDs with HCV infections/co infection</p>	<p>Report of RN-Women Central / provincial offices</p> <p>IBBS survey Report</p> <p>Report of Ministry of Health</p> <p>various report of NCASC</p>	<p>Every year</p>	<p>10000x5 times = 500000.00</p>
<p>Output 1:</p> <p>Capacity Building/Strengthen</p> <p>Enhanced capacity of WWUD to ensure meaningful involvement at all level of decision-making forums and processes to protect and promote their rights</p>	<p>Training for RN-WOMEN's Board members</p>	<p># of Training for RN-Women BODY</p> <p># of members of RN-Women Board trained</p>	<p>Training Reports</p>	<p>Every Year</p>	<p>1,50,000 x 5 times =750000.00</p>
	<p>Exposure visits</p>	<p># No of Board Member visited Nationally and internationally</p> <p># No. of CBOs and key leaders</p>	<p>Report of the visits</p>	<p>Every year @150000</p>	<p>750000.00</p>

	Training/orientation for partner organization and their members/secretariat.	# of training/orientation programs and participants	Training/orientation meeting minutes	First, third and fifth year	300000
Output 2 :  Enhanced capacity of community led organization to deliver quality service for WWUD.	Training on quality service delivery for community led organization	# of community led organizations participated in training # of individual trained	Training Reports List of participant		
	Develop technical and financial support mechanism to sustainable community led activities	Formation of Technical and Financial Support Mechanism  # meeting of Technical and Financial Support Mechanism	Report of Mechanism Formation meeting minutes Partner support policies	Second year	100000.00
	Establishment of community led self-sustained (or government matching fund) operated Rehabilitation	# of community led self-sustained rehabilitation centers # of beneficiaries	Report on Rehabilitation centers periodic report of service delivery	Second year	200000.00
	Establishment of community led integrated service delivery system with support of public private partnership	# of community led integrated service delivery system with support of public private partnership # of beneficiaries # preparation of referral directory	Report on service delivery system on PPP format periodic report of service delivery	Second year	50000.00
Output 3:  Policy/Law Intervention  Advocacy for law and policy reform to ensure supportive environment for	Advocacy/lobbying/one-to-one meetings with federal level policy makers to reform prevailing policy and law in line with Constitution / international conventions to decriminalization of drug use, S & D.	# of advocacy/lobbying program to reform prevailing National Narcotic Drug Policy at federal level # of participants # of advocacy/lobbying program to reform prevailing Narcotic Drugs Control Act federal level	Report on meetings list of Participants	Every Year @ 50000.00 transportation	250000.00

decriminalization of drug use and reduce stigma and discrimination at all level.		# of participants			
	Workshop/seminar with member organization/stakeholders/ legal experts/ human rights activists on proposed Policy/ Law reformation agenda	# of workshop/ seminar with member organization/ stakeholders # of workshop/ seminar with legal experts # of workshop/ seminar with human rights activists	Workshop/ seminars Reports list of Participants	Every Year	750000.00
	Training/sensitization activities for law enforcement agencies on decriminalization of drug use	# of training/ sensitization activities conducted # of participants	Training Reports List of participants		10,0000.00
	Mass media advocacy on human rights of WWUDs including audio video and printed media	# of audio video materials published. # of broadcasting of audio video materials through TV/ Radio. # of printed materials published on newspapers. # of poster/flyer/ leaflet published and distributed # develop and broadcast success stories	Report of audio video materials invoice Check list of broadcasting invoice of printed materials list of distribution # no. of Success stories produced	Every Year	500000.00
	Sensitization/awareness program including rights to among line agencies/ concerned stakeholders (youth/teachers/ adolescent).	# of sensitization/ awareness program conducted # of participants	Report of programs list of participant	Every year	15,00,000.00
	Collaborate with RN for legal cell at central and provincial level to protect and promote rights of WWUD.	# Of Legal Aid Cell established in central/province level. # of lawyer/legal staff working # of beneficiaries	Report of establishment of Legal aid cell staff appointment letters List of service beneficiaries	Every Year	10,00,000.00

	Paralegal training for members of partner organizations on law/policy intervention.	# of paralegal training conducted # of benefited members # of activities report produced by para legal after completion of training	Training Reports List of participant	Every Year	3,00,000.00
	Law/Policy interventions at federal/province/ local level during law making/implementing period.	# of intervention made at federal level with progress report # of intervention made at provincial level with progress report # of intervention made at local level with progress report	Reports of intervention made at concerned-level	Yearly	50000.00
<b>Output 3:</b>  <b>Research &amp; Development:</b>  Carried out service related activities based on scientific data and research.	Meaningful involvement on IBBS survey, size estimation etc.	# of committees/thematic/technical committees with RN WOMEN # of meetings participated by RN-WOMEN represented	Report/ minutes of committees meetings minutes	As per Need	50000.00
	Develop a data software to record disaggregated data related to involvement of recovering, service related IDUs/DUs, human rights violation.	Data software in place	Software uploaded/integrated in the system	Second Year	200000.00
	Establish data center at RN-WOMEN-WOMEN center/provincial level	Data center established at center level # of staff working on data center # of data center established at provincial level # of staff working on provincial data center	Report of Data center establishment at Central Report of Data center establishment at province No of staff appointment letter.		

	Conduct data based research for advocacy	# of report on issue, thematic area based on data # of analytical report on annual basis # of advocacy/meeting/workshop held for advocacy based on reports	Research Reports Analytical reports meeting minutes	By Annual	20000.00
	Conduct research on new trend of drug use and using pattern in Nepal including ATS.	# of periodic research conduct on new trend of drug use	Periodic Research reports	By Annual	100000.00
	Study on possible resource mobilization through local, provincial and federal government as well as International for sustainable programming on WWUD's issues.	Study on possible resource allocation from federal budget for WWUDs sector (like inclusion in Red Book) # of study on possible resource allocation and venture for WWUDs issue by provincial budget # Of study on possible resource allocation and venture for WWUDs issue by local level budget.	Study Reports of different levels.	Yearly	20,0000.00
<b>Output 4:</b>  <b>Institutional Development</b>  Increased organizational	Restructure of RN-WOMEN based on constitutional mandate	Amended RN-WOMEN-Statute incorporating organogram as per state's federal restructure.	RN-WOMEN"s statute with amendments	First Year	50,000.00
	Operate well equipped province level office linking with district level organizations	# of well-equipped office established at province level.	Report of office establishment.	Every Year @5000 x five province for focal person	15,00,000.00

efficiency and performance level in local, provincial and national level.	Network strengthen at national, provincial and local level	# of training/orientation on organizational development for member organization # of participants trained or oriented.	Training/orientation reports List of participant	Every Year	
	Develop organizational policy for greater involvement and equal participation of all concerned stakeholders related to WWUD.	Organizational Policy on greater involvement and equal participation based on equality and non-discrimination on place. # of meetings held to implement the Organizational Policy.	adopted organizational policy on greater involvement meeting minutes	First Year	30,0000.00
	Develop Emergency Response Plan in response to disaster and severe health issues	# No of orientation CBOs and Key leaders # ensure budget allocation	# WWUD Emergency Plan # Emergency Response Report	Every Year ( we may not face such disaster during the period)	1000000.00
<b>Output No. 5</b>  <b>Comprehensive Treatment Services:</b>	Advocate for develop SOP on comprehensive services based on International practice that includes HIV, HCV, mental health and other communicable & non-communicable diseases among WWUD	# Of Advocacy/lobbying meetings to develop SOP on comprehensive services.	Meeting minutes	Every Year	50000.00
Increased access on comprehensive services including HIV, HCV, mental health and other communicable & non-communicable diseases among	Advocate for endorsement of guidelines for Hepatitis, OST, Psychosocial counseling trainings	# of advocacy/lobbying meetings for endorsement of Guideline for Hepatitis # of advocacy/lobbying meetings for endorsement/amendment on OST Guideline. # of advocacy/lobbying meetings for endorsement/amendment Psychosocial Guideline.	meeting minutes	Every Year	50000.00

WWUD.	Operate model comprehensive service center in Public Private Partnership (PPP) to provide services on HIV, HCV, mental health and other communicable & non-communicable diseases among WWUD	A well-equipped model comprehensive service center in place # of clients benefited	Report on service center list of clients	Every Year	100000.00
Ensure Women friendly OST center	Advocate Women Friendly separate OST Center in different districts	# Women Friendly OST will be established and women are directly benefited from the program	# No. of Advocacy event # Meeting minute		50,000.00
Ensure Care system for Children of WWUD	Create support Mechanism through ongoing service delivery mechanism	# Advocacy lobby for Child care # Nutritional Support # Educational Support	No. of beneficiaries	Every Year	500000.00



## Annex - 2

### Situation Analysis

#### **Political:**

Nepal already got a new constitution through Constitution Assembly which was dream of every Nepali since past 70 years. New constitution incorporates various issues covering many aspects including guaranteeing rights of citizen as well as state obligations. State guarantee rights of basic health service with free of cost to all citizens and free legal aid service to indigent population. It also guaranteed right against any kind of discrimination based on sex, gender, sexual orientation, health status or any other reason. It further provide special measure for upliftment of vulnerable or backward communities.

#### **Social:**

Community perception towards WWUDs are being changed however there are ample of evidence that shows stigma and discrimination in the Society. OST services have been extended even in districts of Nepal and there are many community led activities in the area of drug prevention. However proper education and awareness about drug use and WWUDs in society is lacking. Due to stigma, female drug user are rare to expose themselves and access on services. This resulting impact on their health especially reproductive health as well as other health issue including HIV, Hepatitis c. This creating more vulnerable situation for WWUDs as HEP C is one of the major cause of death of WWUDs.

#### **Law:**

Nepal adopted WWUD friendly Drug Control Policy, and drug strategy that encompass various positive provision including harm reduction, risk reduction, demand reduction and combine campaign with government mechanism etc. It also has envision right based approach to carry out various functions focusing on drugs users. However, prime objective of this policy not control narcotic drugs and policy is not focus on drug users. There is various initiatives on policy reform to make policy more drug users friendly. Further, Narcotic Drug Control Act 2033 BS which is of 40 years back is in the process of amend and revision to harmonies with new constitution, policy as well as new development. There are few positive initiatives to protect and promote rights of WWUDS however policy and law reformation is far behind to constitutional and international practice. We still are facing illegal arrest and detention, harassment, penalize only being drug users. Government decided to operate rehabilitation center in 5 regions and Ministry of Home Affairs has developed the guideline for rehab center, but still lack in implementation.

#### **Technological:**

Government has OST sites in different region of Nepal. The Cocktail use of drug is increasing and a Pharmaceutical diffusion is found in most of the cases. Still there is lack in primary health problem, vein collapse and big wound of the drug users.

#### **Economic:**

Poverty of Nepal resulted unemployment situation of IDUs that make force to migrate to foreign employment as the parents of WWUDs still do not get much aware of drugs that it is a disease so he should have a treatment. It is also observed that Donor funding is decreasing and donor are supporting through ministry. Drug price is increasing and IDUs and their family are facing economic burden. As the drug users are bound to buy low quality drug use due to which it adversely affect the health of the users and also found to have Criminal activities involvement

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## SWOT ANALYSIS

### “STRENGTH, WEAKNESS, OPPORTUNITIES AND THREATS”

STRENGTH:	WEAKNESS
<ul style="list-style-type: none"> <li>• Power of unity</li> <li>• Services are available</li> <li>• Leadership at regional level</li> <li>• Cooperative</li> <li>• Networking among DUs women and organizations</li> <li>• Now Women can raise their issues with much confidence due to the space they have been provided</li> <li>• Women are empowered by each other</li> <li>• Increase in the no. of Literate and Qualified human resources (female)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Comprehensive services</li> <li>• Lack of proper communication</li> <li>• Lack of Trust</li> <li>• Community harassment</li> <li>• Discrimination and stigmatization within the community itself</li> <li>• Lack of advocacy</li> <li>• Sexual harassment, explicit words used by police while delivering service</li> <li>• Lack of family support</li> <li>• Based on a majority women are below basic level of literacy</li> <li>• Lack of women led services</li> <li>• Lack of child care /support program</li> </ul>
Opportunity	Challenges
<ul style="list-style-type: none"> <li>• Save the children and Global Fund</li> <li>• Linkages /Income generation sources at local level /providing necessary tools for entrepreneurship</li> <li>• International linkages</li> <li>• Continuation of networks</li> <li>• Mobilize local resources in changing government programs and in management system ( municipality )</li> <li>• Commission of women</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of proper understanding among gender base services and policy environment</li> <li>• Misunderstanding among leaders</li> <li>• Increasing gradually the no of HIV/AIDs, HEP C and other blood born harassment and</li> <li>• No specific /identification for women</li> <li>• Lack of program support for WWUD</li> <li>• Lack of job opportunity</li> <li>• Forcing own partner for sex work for fulfilling their drug habits</li> <li>• Demoralizing, poking/interference and squashing each other's reputation among the WUD leaders and colleagues etc.</li> <li>• Lack of family support, partners and peers positive provocation for leadership in the field</li> </ul>

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