

Fiscal
Year
080/081

ANNUAL PROGRESS REPORT FISCAL YEAR JULY '023 – JULY '024

FISCAL YEAR- 080/081

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RECOVERING NEPAL WOMEN | Kumaripati, Lalitpur

Table of Content

LIST OF ABBREVIATION	I
EXECUTIVE SUMMARY	III
1. Background and Introduction of RN Women	1
Mission:	1
Vision:	2
Goal:	2
1. Rationale	2
2. RN Women Structure	3
3. RN Women Staff members under global fund project	4
4. RN Women Implementing Partners under Global Fund Project	4
5. Major Activities of RN Women	5
6. Save the children project of WUDs/WWID	6
6.1 Project Goals	6
6.2 Activities carried out by Implementing Partners (DIC).....	7
6.3 Program Flow Chart – WWIDs Harm Reduction Program	7
6.4 Activities carried out by implementing partners	8
7. Activities carried out by RN Women	10
7.1 World Hepatitis Day ON 28 July, 2024.....	10
7.2 Analysis of Strength Weakness Opportunity Threats (SWOT) of RN-W on 26 July, 2023 by Save the children	10
7.3 Organization Development Training for the FIDU led partner organization.....	12
7.4 Advocacy on Stigma and Discrimination for WUDs (7 events) at Sunsari, Kaski, Kathmandu, Lalitpur, Chitwan, Rupandehi, Central Office.....	17
7.5 Oversight visit by Country Coordinating Mechanism on 4 th September, 2023	19
7.6 Gender Friendly Harm Reduction Guidelines.....	20
7.7 M&E Visit to Kathmandu on 25 July, 12 December, 2023 and 23 January	23
7.8 Monitoring Visit to Lalitpur on 31 July, 2023, 25 January and 19 APRIL 2024	26
7.9 Visit to Kaski on 26 September, 14 December 2023 and 16 April, 2024.....	28

7.10	Monitoring Visit to Sunsari on 28-29 September, 19-20 December 2023 and 11-12 April, 2024	30
7.11	Virtual Meeting regarding the new M&E Officer.....	33
7.12	Board Meeting.....	36
7.13	Support Don't Punish Campaign.....	37
8.	Extra Activities	38
8.1	Introductory and Coordination Meeting with UNDP on Scale Initiative Project	38
8.2	Meeting between the Coalition of AIDS Network in Nepal (CANN) and the Global Fund delegation to Nepal	39
8.3	Participation on National Consultation of Pro-Bono Lawyers in Nepal for Drug User Community	41
8.4	Participated on Advanced Project Cycle Management Training	42
8.5	Workshop for HIV Validation for Grant Cycle 7	43
9.	Program Target Vs. Achievement of 2080/081	45
9.1	RN Women Harm Reduction Target Vs. Achievement.....	45
9.2	BCC Reach Vs. Achievement of 080/081.....	45
9.3	BCC Reach and HIV testing	46
9.4	Syringe Distribution	47
9.5	Syringe OUT/Syringe IN	47
9.6	Syringe Out and Syringe per person per month	48
9.7	Condom Distribution.....	49
10.	Conclusion	49

LIST OF ABBREVIATION

AIDS:	Acquired Immunodeficiency Syndrome
BCC:	Behavior Change Communication
CANN:	Coalition of AIDS Network in Nepal
CBOs:	Community Based Organizations
CSS:	Community System Strengthening
CCMN:	Country Coordinating Mechanism Nepal
CLT:	Community Led Testing
CRG:	Community, Rights, Guidelines
DIC:	Drop-In Centers
DHIS2:	District Health Information System
FSGMN:	Federation of Sexual and Gender Minorities Nepal
GF:	Global Fund
HR:	Harm Reduction
HIV:	Human Immunodeficiency Virus
HIVST:	HIV Self-Testing
IBBS:	Integrated Biological and Behavioral Surveillance
IDPC:	International Drug Policy Consortium
INPUD:	International Network of People Who Use Drugs
IRW:	In-Reach Worker
KP:	Key Population
MOHP:	Ministry of Health and Population
NAPN+:	National Association of PLWHA in Nepal
NFWLHA:	National Federation of Women Living with HIV and AIDS
NHRC:	National Human Rights Commission
NCASC:	National Centre for AIDS and STD Control
NSP:	Needle Syringe Program
ODA:	Organization Development and Advocacy
OST:	Opioid Substitution Therapy

OSDV:	On-site Data Verification
OCMC:	One-stop Crisis Management Center
ONHIS:	One National HIV Information System
OPMIS:	Online Program Management Information System
PWID:	People Who Inject Drugs
PLWHA:	People Living With HIV and AIDS
ROB:	Rules of Business
SCI:	Save the Children International
SRH:	Sexual and Reproductive Health
SSP:	Standard Service Package
SWOT:	Strength, Weakness, Opportunity, Threat
UNDP:	United Nations Development Programme
WHRIN:	Women and Harm Reduction International Network
WUDs:	Women Who Use Drugs
WWID:	Women Who Inject Drugs

EXECUTIVE SUMMARY

Recovering Nepal Women is the National Network of women who use drugs and drug user led service organizations. Currently, RN Women is implementing Harm Reduction (HR) and C19RM project in 5 districts of Nepal i.e. Kathmandu, Bhaktapur, Lalitpur, Kaski and Sunsari till January 2025 under Save the Children/Global Fund. Moreover, RN Women implemented Community System Strengthening project to strengthen the capacity of the women drug user led service organization and advocate on the stigma and discrimination faced by the women drug users in 2023.

According to the National Integrated Biological and Behavioral Surveillance (IBBS) survey 2017, there were 3347 women who inject drugs (WWID) in Nepal. RN Women is implementing HR program since August 2021 and has enrolled 1379 WWID out of which in fiscal year 080/081, 1241 beneficiaries received services on a regular basis. However, 138 beneficiaries could not be reached due to several reasons such as beneficiaries being recovered or went to rehabilitation center or abroad or is on custody/prison. Moreover, in total 973 was tested for HIV where all were non-reactive. Similarly, 20 participants were trained on Organization Development and 143 participants were involved on advocacy for stigma and discrimination. Overall the program made a good impact for the community people.

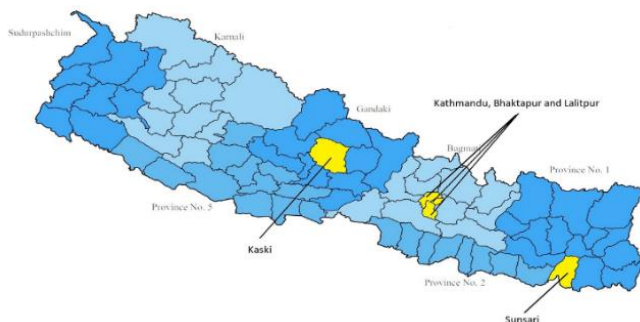
1. BACKGROUND AND INTRODUCTION OF RN WOMEN

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 Women Who Use Drugs (WUDs) in Nepal. Thus, on 2nd of January 2020 RN Women was legally registered as National Network of WUDs in Nepal with the goal set to influence policies that improve the quality of lives of WUDs, 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.

RN Women is implementing Harm Reduction (HR) program from 16 August 2021- July 2024 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. Similarly, RN Women also implemented Community System Strengthening under Save the Children/ Global Fund on 2023. With that being said there are all together 36 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 (WUD/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 workings with Women who use drugs to accelerate the transition of policies and programs that advance social justice and human rights”



VISION:

“We envisage WUDs living a dignified, healthy and proactive life in the society

GOAL:

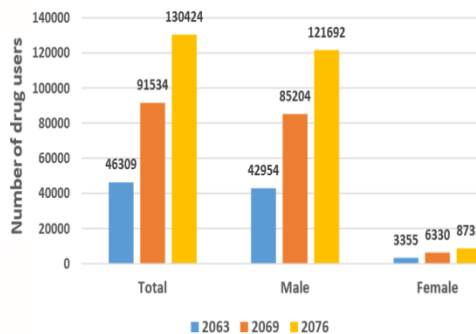
"Ensure meaningful involvement of

WUDs in Nepal at all phases of policy formulation and programming: assessment, analysis, planning, implementation, monitoring and evaluation"

1. RATIONALE

Women who use drugs are gradually growing and in the context of Nepal, WUDs 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 WUDs 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 Recovering Nepal Women (RN-Women).

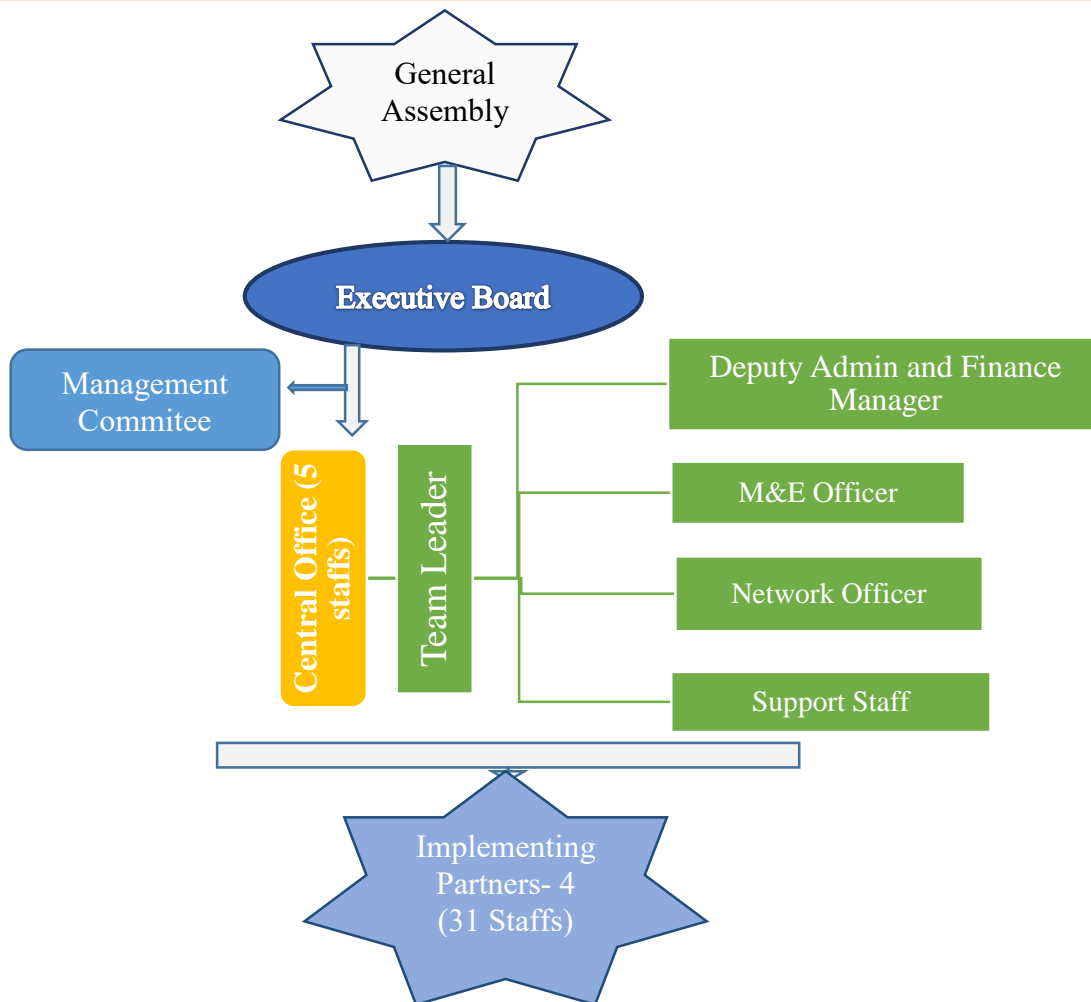


Source: Nepal Drug User Survey, 2076

At the macro level for WUDs 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 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 WUDs community, CBO’s and as beneficiaries were supported by RN-Women to mobilize funds, build capacities of WUDs 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 WUDs and community organizations across Nepal to develop strategies and tools that enhance community capacity to do harm reduction work with WUDs.

2. RN WOMEN STRUCTURE



3. 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

4. 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
		Casual Labour 1
Lalitpur	Women's Support Group (WSG)	DIC In-charge 1
		Finance Assistant 1
		IRWs 3
		Waste Management Assistant 1
		Casual Labour 1

Kaski	Community Support Group (CSG)	DIC In-charge	1
		Finance Assistant	1
		IRWs	5
		Support Staff	1
Sunsari	Jagaran Arogya Samuha (JAS)	DIC In-charge	1
		Finance Assistant	1
		IRWs	4
		Casual Labour	2

5. 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 WUDs/WWID
- V. Advocacy and sensitization program targeting concerned stakeholders to create an enabling environment for WUDs 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)

6. SAVE THE CHILDREN PROJECT OF WUDS/WWID

Organization:	RN Women (Network of Women Who Use Drugs in Nepal)
Project Title	“Comprehensive Prevention Programs for people who inject drugs(PWID)” and "Community System Strengthening"
Contact Person: Title / Position:	Sujata Khadka Team Leader
Country:	Nepal
Reporting period:	Fiscal year 080-081 (Jul 2023 – Jul, 2024)
Budget in Rupees	NPR. 17,032,923

6.1 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:

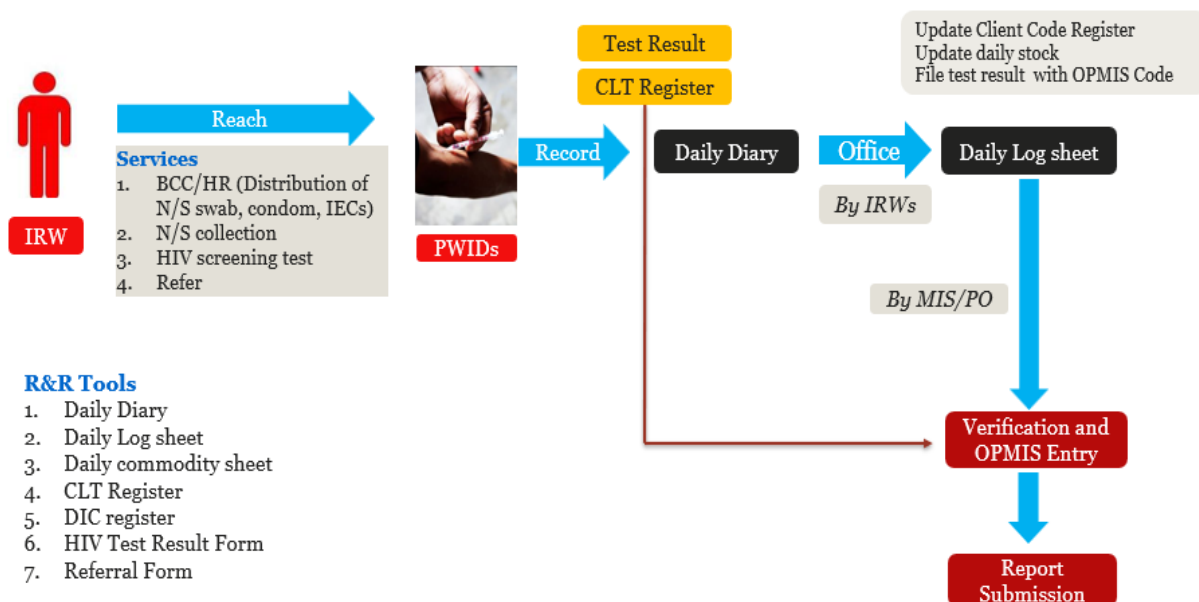
- To reduce HIV transmission among Women Who Use and Inject drugs.
- To enhance local community capacity to address HIV and AIDS and create the entry point for SRH and other integrated services for this population.

- 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 WUDs 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 WUDs 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.

6.2 ACTIVITIES CARRIED OUT BY IMPLEMENTING PARTNERS (DIC)

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

6.3 PROGRAM FLOW CHART – WWIDS HARM REDUCTION PROGRAM



6.4 ACTIVITIES CARRIED OUT BY IMPLEMENTING PARTNERS

S.N	Activities carried	Organization/District	No. of event	Date
1.	Stakeholder's Meeting	Sober Female Rehab/KTM+BKT	8	27 th August & 21 st August, 11 th December & 10 th December 2023, 29 th March & 27 th March 2024, 31 st May & 21 June, 2024
		Women's Support Group / Lalitpur	4	24 th August, 7 th December'023, 15 th March 2024 and 25 th June, 2024
		Jagaran Arogya Samuha /Sunsari	4	21 st July, 26 th November '023, 20 th March and 27 th June, 2024
		Community Support Group/ Kaski	4	23 rd August, 19 th November'023, 20 th March 2024 and 17 th May, 2024

2.	Interaction with Security Personnel Women's Support Group / Lalitpur	SOBER Female Rehab/Ktm+Bkt	7	29 th September-24 th September, 22 nd November '023, 27 th Feb & 28 Feb 2024, 20 th May & 28 th June, 2024
		Women's Support Group/ Lalitpur	4	30 th August, 13 th October '023, 29 th Feb 2024 and 31 st May, 2024
		Jagaran Arogya Samuha/ Sunsari	3	17 th October '023, 22 nd Feb 2024 and 27 th May, 2024
		Community Support Group (CSG)/ Kaski	4	17 th August, 31 st October '023, 23 rd Feb 2024 and 22 nd May, 2024
3.	Joint Monitoring Visit	SOBER DIC/Ktm+Bkt	2	31 st October '023; 10 th May'024
		Women's Support Group/ Lalitpur	2	11 th December '023; 21 st May'024
		Jagaran Arogya Samuha	2	31 st November '023; 17 th May'024
		Community Support Group(CSG)/ Kaski	2	28 th November '023; 27 th May'024
4.	Advocacy on Stigma and Discrimination for WWUD	Ekata Nepal/ Chitwan	1	3 rd September '023
		Asha Foundation	1	3 rd September '023
		RN Women/Central Office	1	2 nd September '023
5.	Monthly Review Meeting	SOBER Female	12	
		Women's Support Group	12	
		Jagaran Arogya Samuha	12	
		Community Support Group	12	

7. ACTIVITIES CARRIED OUT BY RN WOMEN

7.1 WORLD HEPATITIS DAY ON 28 JULY, 2024



Hepatitis C is a disease that can be completely cured with medication, but due to lack of treatment and medicines, many people in Nepal are losing their lives. It is one of the most common infections among people living with HIV, people who inject drugs and sex workers. However, treatment access for hepatitis mono-infections has not been prioritized. Consequently, the unavailability of hepatitis treatment and medicines is resulting in many preventable deaths.

To wake up the government regarding the emergency of the need of the Hepatitis treatment, on the occasion of World Hepatitis Day i.e. on 28 July, 2024 Recovering Nepal conducted a peaceful mass gathering and advocacy event at the Ministry of Health and Population to ensure the treatment for Hepatitis C. Recovering Nepal Women stand upfront and participated in the movement to support the campaign. During the day, the Ministry of Health and Population was handed over the open letter to demand for the treatment of Hepatitis C to all.

7.2 ANALYSIS OF STRENGTH WEAKNESS OPPORTUNITY THREATS (SWOT) OF RN-W ON 26 JULY, 2023 BY SAVE THE CHILDREN

Date : 26 July 2023 (Wednesday)

Time : 11:00 am -1:30 pm

Venue : Recovering Nepal-Women (RN-W) Office, Kumaripati, Lalitpur

Background:

The SWOT analysis was focused on the low reach in Bhaktapur by SOBER, CBOs of RN-W for Jul- Dec 2022 period, where the progress was 51.8% (44/85). So, RN-W team discussed and developed a strategy on how to improve the progress and that resulted in 63.8% (51/80) in January-June 2023 period.

Compared to the previous period (Jul-Dec 2022), the achievement has slightly increased, however it is still <80%. Therefore, as per recommendation from Global Fund in Performance Letter, **SWOT Analysis was conducted** on 26 July 2023 jointly at RN-Women Central Office, Lalitpur with RN-Women Central office staff, RN-Women Board and SOBER (CBO of RN-W) implementing partner organization and Save the Children aiming to improve the progress in coming period

Summary:

Strength	Weakness
<ul style="list-style-type: none"> • Strong teamwork • Community led organization. • Compassionate towards beneficiaries • Detail mapping and regular update of hotspots. • Service provided as per the need of beneficiaries. • All In-reach workers (IRW) are from the same community that has made it easy to understand the needs of beneficiaries and address them. • Regular monthly sharing meeting of target vs. achievement and plan for the next month • Regular support and guidance from RN Women and Save the Children to the implementing partner organization. • Trust and confidentiality between field staff and beneficiaries 	<ul style="list-style-type: none"> • Not proper handover of beneficiaries by outgoing IRW • High expectations and demands from beneficiaries (such transportation cost, tea, snacks, cigarette, financial support, treatment support). • Unpredictable/Unreliable nature of beneficiaries result in loss to follow up. • Limited human resources to expand the coverage and provide continued services within the district. • Limited training, motivational activities for staff. • Frequent turnover of trained and experienced staff • Difficult to fulfill the requirement of the project due to low academic qualification of staff.

<ul style="list-style-type: none"> • Personal financial support to beneficiaries as per their need • Mobilization of current user as Peer Educator to support IRWs in finding new beneficiaries. • Regular coordination with local police • administration • Support from local health facility • Good working relation with other NGO partners 	<ul style="list-style-type: none"> • Changing pattern of using habit (such as using in closed setting, home delivery, online payment) • Target projected based on the size estimation as of • 2016. • Delay in implementation of Standard Service Package (SSP) • Insufficient awareness activities program.
<p>Opportunity</p> <ul style="list-style-type: none"> • New KP size estimation • Capacity enhancement of partner organization • Implementation of Standard Service Package (SSP) • Awareness raising activities. • Scale up of Waste Management System in DIC. • Establishment of exchange center in Bhaktapur as contact point between beneficiaries and service provider • Establish functional linkage with OST sites and Rehab Centre 	<p>Threat</p> <ul style="list-style-type: none"> • Unpredictable/Unreliable nature of beneficiaries result into lost to follow up. • High expectations and demands from beneficiaries (such transportation cost, tea, snacks, cigarette, financial support, treatment support). • Less Community Acceptance towards Harm • Reduction Program • Frequent change of police administration • Sustainability of the Harm Reduction program

7.3 ORGANIZATION DEVELOPMENT TRAINING FOR THE FIDU LED PARTNER ORGANIZATION

As per the capacity building of its member/partner organization, Recovering Nepal Women organized a three day training on Organization Development in Le Bagaicha Restaurant, Lalitpur from 28-30 August, 2023 under the Community System Strengthening (CSS) project. It aimed to provide RN-W partners with the skills and information necessary to successfully implement Organizational Development and Advocacy (ODA) strategies in their respective organizations to improve organizational performance, and manage change. It also aimed to increase their capacity to recognize and handle organizational issues. This training was designed based on ODA training Guideline published by Asian Network People Who Use Drugs ANPUD especially targeting people who use drugs accurses the region. There was a participation from 7 different organizations where 18 were female and 2 were male.

Objective:

The main objective of the training was to enhance the RN-Women partners' capacity to effectively implement Organizational Development (OD) strategies in their organizations. The training was designed to increase the RN-Women partners' ability to recognize and handle organizational challenges, boost organizational performance, and effectively manage change. The training covered topics such as organization development, good governance, developing OD action plans, monitoring and evaluating OD interventions, strategic communication, advocacy and leadership. Key objective are:

1. To build the strengthen capacity of the organizations led by women for women
2. To support leadership and organizational management skills to the participants

Training Module

The training was designed for three days based on provided training manual. Each day, there was four different Sessions were planned to have participatory approach and final presentations from facilitators. The key objective of the training and rational behind the training was shared among the participants. The starting session was collecting participant's knowledge on organizational management system and their expectations from the training. Training session, power point presentations and interaction were made in Nepali language. The sessions were focused on WHAT, WHY, WHO, HOW and WHERE approaches in:

- *Module 1: Creating an Effective Network,*
- *Module 2: Amplifying Voice*
- *Module 3: Securing Funding for Organization*
- *Module 4: Leadership*
- *Module 5: Gender Module*

Training Process and Output:

Day 1: 28 August

The first day of the training program began with an opening session where the CEO of RN, Mr. Bishnu Feaul Sharma, welcomed the participants and provide a brief objective of the training. After the opening session, the trainer, Mr. Indra Bahadur Karki introduced all the participants in a game which helped participant know each other in a better way. Mr. Karki introduced the program's objectives, the course structure and collected the expectations of the participants. Most of the participant expectations from the training was related to

- *Organizational Development;*
- *Good Governance;*
- *Leadership Skills;*
- *Organizational Sustainability;*
- *Counselling;*
- *Human Resource Mobilization; and*
- *Financial Management.*



The participants were then introduced to create an effective network, which included topics such as organization, role of organization and key factors to establish organization (Vision, Mission, Goal, and Objective). The participants were further trained on organizational management committee, networking and how it works.

Furthermore, Mr. Bishnu Fueal Sharma, further clarified the participants regarding some of expectations which were not the main objective of the program such as counselling the beneficiaries, which is one of the

important sessions needed for the WUDs, hence looking at the need, it will plan soon in future. Mr. Karki conducted an interactive session, allowing the participants to ask questions and clarify their doubts. The trainers effectively set the tone for the training, and carry out several games ensuring that all the participants remain engaged and motivated throughout the day. During the session, the participants actively participated by sharing their experiences and knowledge on the topics discussed. Overall, the first day of the training program was a success, and the participants left the session with a better understanding of creating and managing an effective network.

Day 2: 29 August

On the second day of the training program, the trainer began with a recap session, followed by an icebreaker activity on critical thinking. Mr. Bishnu Fual Sharma facilitated the session of good governance with its introduction, sources of good governance such as General Assembly, General Member, Board Member and Staff. During the session, one of the organization's policies was taken as an example and presented. Furthermore, Facilitator briefly presented on organizational structure and areas of organizational development. A group activity was conducted among the participants to identify the understanding of participants on the roles and responsibilities of the board of organization. All the participant were divided into 5 groups which had 5 different topic i.e. Board of Directors, President and Vice-President, Secretary, Treasurer and Board Member. Each group actively participated in the group work and presented and it seemed to have a good knowledge among the participants. The trainers further briefly explained to the participants about the roles and responsibilities of the board members and what activity is carried out during the General Assembly of the organization.

The trainer further explained about the organization management, people management, project cycle management, financial management, monitoring and evaluation. The participants were further introduced about organizational analysis tools such as SWOT and SPIDER Web, which helped them gain a better understanding of organizational analysis.

Overall session of the second day was very engaging and informative. It was indeed a success with the participants gaining new insights and knowledge on a range of topics

Day 3: 30 August





On the third and final day of the training program, the session started with the recap of earlier day. The trainer continued the session with Effective Leadership and Skills Development. Mr. Sabir Ojha also facilitated the Fund Raising Session, where he conducted the group work by dividing into 3 groups to discuss on current sources of funding and potential future sources to

sustain the organization. Some of the participants presented that they will coordinate with the local government and other non-profit organizations to train their staff as well as beneficiaries on making pickle and sell it online. Similarly, another idea was to train the beneficiaries on gardening skills so that they can run Nursery and earn money. These were some of the ideas which they want to do to sustain their organization. All the participants presented their work very actively and was so engaging. Last session of the training was on advocacy which was facilitated by Mr. Bishnu Fual Sharma. After all the presentation, a post-training assessment and a final evaluation of the training was carried out. Additionally, Joint Secretary of Ministry of Home Affairs Mrs Rudra Devi Sharma visited the training venue, where first of all



formal introduction session was conducted and a feedback on training was provided by the participants, which actually was very positive and constructive. Mrs Sharma shared her closing remarks by providing words of advice to roll out the knowledge they have gained from the training in their respective organization and distributed the training certificates to the participants. Similarly, the President of Recovering Nepal Women, Mrs Hema Shrestha, formally closed the training with her closing remarks.

Conclusion:

The participants of the training were found to be very keen to learn about the organization, networking, leadership and resource mobilization. It was very effective and meaningful training where the participants were motivated to implement the learnings in their respective organizations.

7.4 ADVOCACY ON STIGMA AND DISCRIMINATION FOR WUDS (7 EVENTS) AT SUNSARI, KASKI, KATHMANDU, LALITPUR, CHITWAN, RUPANDEHI, CENTRAL OFFICE

Training Objective

- 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



Major Outcomes/Decision

- Decision to conduct different program to aware teenagers about drug use through different strategies were made.
- Decision to aware parents & community through different programs to observe about their children behaviour and peer group were made.
- Commitment of helping and coordinating with each other were made.
- Support from Police personnel to referring the WUDs to OST.
- Support in protecting the rights of WUDs and Preventing harm and harassment among WUDs.
- Identify opportunities to provide training and education on the complexity of substance use issues to health care, social service, police and other professionals.

- Decision was made that the issue of stigma and discrimination including physical harassment will cover from Human Right and District Administration Office.
- Commitment from the OST centres were given on providing free psychology counselling will be provided by the OST doctor
- As mental health is one of the issues psycho-social orientation is most among the WUDs, hence it was planned to conduct among the target group
- Linkage to ART site, OCMC services if in need.

Advocacy on Stigma and Discrimination for WUDs at Central Office

Program Objectives:

- To advocate issues of stigma and discrimination in women led bigger forum.
- To integrate WUDs with government and non-government women's leaders and celebrities at national level.

Program Methodology

- Drama in regard to Drug use
- Songs and Music
- Advocating through posters and pamphlets
- Showcasing key messages

Program Session:

The program was started from 11 am in the morning. The program started with an introductory session where participants from different organizations, government officials, municipalities, security personnel, media personalities as well and the community were presented. Further the organizing committee, shared the objective of the program as well as supporting organization who financially supported the program. From different media personalities, they presented their cultural dance as well as songs. There was also a *Dohori* songs which focused on the above mentioned topic such as Drug Addiction, Communicable and Non-Communicable Disease, Road Safety and Social Media Misuse and Corruption. A group of young activists perform a drama to aware the public about the drug addiction, its effect on the person using, their family and community. The participants of the program was also

very focused on the event. Time and again the organizer where advocating the key messages provided by the RN-Women i.e.

- **People First – Treat as a Human for Women:** मानिस पहिला-महिलालाई मानिस सरह व्यवहार गर
- **Support Don't PUNISH:** सजाय होईन सहयोग गर
- **स्वास्थ्य तथा मानवअधिकार सुनिश्चित गर**
- **लैंगिक समानताको आधारमा निति तथा कार्यक्रम लागु गर**
- **महिला सशक्तिकरण र अवसर प्रदान गर**
- **महिला मैत्री सेवा लागू गरौं: By Women For Women**



The program was very entertaining as well as meaningful.

7.5 OVERSIGHT VISIT BY COUNTRY COORDINATING MECHANISM ON 4TH SEPTEMBER, 2023

On 4th September, 2023 a team of Country Coordinating Mechanism visited RN Women partner organization Women Support Group, Lagankhel where Mr. Sujan Onta, Sr. Program Manager and Mr. Darinji Sherpa, Program Coordinator from Save the Children were also presented. At first all the visitors visited the overall Drop IN centres and appreciated the set up. The meeting started around 2 PM where Ms. Sujata Khadka, M&E Officer formally greeted everyone and initiated with an introduction. Then, Ms. Khadka proceed with the presentation. She started with a brief introduction of RN Women and also informed about the current status of WUDs and its target vs. achievement, 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 Harm Reduction (HR) commodities through Needle Syringe Program (NSP):

- Provide sterile needles and syringes with alcohol swabs
- Provide condoms
- Behavioral Change Communication (BCC)



- HIV testing
- Referral and linkage
- Networking and coordination
- Entering data in OPMIS as well as ONHIS
- Waste Management System
- Issues and challenges faced by WUDs/WWIDs

There were a lot of queries from the CCM team regarding the national estimation, target provided by Save the Children and achievement by all the districts. All the queries were clarified by Ms. Khadka as well as from team of Save the Children. We had a very good to and fro conversation. The oversight team also gave some feedback regarding the presentation like inclusion age and marital status of number of female injecting drug users. Well overall the meeting was successfully conducted where overall oversight team and SCI team showed a great appreciation.

7.6 GENDER FRIENDLY HARM REDUCTION GUIDELINES

Gender Friendly Harm reduction strives to minimize the harms caused by the negative effects of drug use and live a normal life without interrupting and affecting their rights be it on substance or not. As we are familiar about the Harm Reduction aims to reduce the risks of transmitting diseases as well as approach to policies, programs, interventions and practices to reduce the adverse physical and mental health. Thus, guidelines provide way and direction to identify essential considerations for guidelines development within the harm reduction in their



recommendations on involving people who access services. These guidelines are intended to be used by practitioners implementing HIV and harm reduction programs to people who inject drugs (PWID), Oral Substitution Therapy (OST) such as clinical and non-clinical program staff and management; community and civil-society organizations, service users and health workers. It also covers the vulnerabilities, opportunities, diversities and inequalities of all genders, together with their respective needs, concerns and experiences.

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 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.

Discussion

The first phase of the meeting was conducted on 27th April, 2023 at RN Women meeting hall and the meeting conducted on 22nd December, 2023 is the continuation of the first training. During the session, quickly a recap of the previous meeting was done as some of the participants were same and some were new. The session started with a brief introduction and background of RN Women. After the introduction session, it was handed over to Mr. Bishnu F. Sharma to conduct the further training as he has been hired as the consultant for the training. The training was mainly focused on the gender rights, challenges women drugs users are facing, reproductive and sexual health rights, child rights and what is needed/added to be in Harm Reduction Guidelines. In the beginning, Mr. Sharma explained on the harm reduction program, the services currently being provided to the beneficiaries and how it can be made a gender friendly.

Taking the previous sessions feedback as well, it was discussed on how a Harm Reduction Program can be developed as a comprehensive package. Some of the suggestion came were:

- Needle Syringe Exchange Program
- Separate Opioid Agonist Therapy like methadone and buprenorphine for female
- Primary Health Care Services available in Drop –In Centers
- Stigma and Discrimination free for the women who use drugs
- Resources allocation and program interventions should be more women-centric so that the quality services is delivered
- Treatment for HIV, Hepatitis C and Sexually Transmitted Infections.
- Abscess Case Management and prevention of Overdose
- Sexual and Reproductive Health Care Services a Drop-In Centers
- Psychosocial Counseling to protect the mental health of the women who use drugs
- Free legal services in case of domestic violence, gender based violence

Furthermore, participants also included some points such as support for children education especially of those WUDs who are affected by HIV, nutrition support to at least under 5 years' children, establish a friendly and a trustable environment where beneficiaries can share their pain, happiness and develop a good relationship. Similarly, the participants also shared that a crisis care center focused on female is very important because there are many beneficiaries who are living in a street and they don't even have a shelter. Moreover, it is said that there is still a discrimination between a boy child and a girl child in our community and talking about drugs users, women are more stigmatized by their family, friends and community as compared to the men.

After such brief discussion on the Harm Reduction Service Package some of the guiding principles were made as an essential part of all HIV and health programs for women who use drugs. They were:

- Respect autonomy and human rights
- Centre leadership by women with lived experience
- Employ inter-sectionality and anti-oppression frameworks
- Provide trauma-informed, women-centred quality care
- Enable access to legal rights and justice
- Guarantee non-discriminatory healthcare
- Invest in safe housing, economic empowerment and vocational skills
- Improve health knowledge through community education
- Promote synergy across sectors and integration of services

- Address shared and unique needs

After all this discussion Mr. Sharma informed them that with all this information a gender friendly Harm Reduction Guideline will be made and shared with all the like-minded organization who has shown their participation in the program and then the program was handed over to Ms. Sonam to close the session. Thus, she once again thanked all the participants for their active participation during the program and the participants too shared their experience of getting insights on this meaningful topic and thanked RN Women for giving this opportunity.

7.7 M&E VISIT TO KATHMANDU ON 25 JULY, 12 DECEMBER, 2023 AND 23 JANUARY

Monitoring and Evaluation Visit (M&E) was conducted on 25 July, 12 December of 2023 and 23 January, 2024. The main purpose of the visit was to On-site data verification and interaction with the DIC Incharge and IRW.

Good Practices



Area	Observation	Remarks
Good practice	<ul style="list-style-type: none"> <input type="checkbox"/> The Jan-December cumulative progress for HIV testing is 68% but the BCC/HR is 85% <input type="checkbox"/> Timely submits the monthly reports to SCI within the deadline. <input type="checkbox"/> The records (daily diary, daily stock sheet, daily log sheet, registers) are well maintained and timely updated by each DIC and IRWs <input type="checkbox"/> The CLT register and test result forms are well filled and accurate with the reported data. <input type="checkbox"/> Hard and soft copies are well maintained. <input type="checkbox"/> Personal file well maintained 	Keep the goodwork

Major Observation

Observations	Feedback & action taken
<p>In Kathmandu district in the month of August under IRW Laxmi, automated code Automated NE041000517425 CLT done as per source document but not updated in Trackers.</p>	<p>Updated</p>
<p>In Bhaktapur district under IRW Senfungma following client's profile were not created in Tracker:</p> <ul style="list-style-type: none"> • <i>LA981000660137 on 8 Nov-2023</i> • <i>TH031000660131 on 8 Nov-2023</i> • <i>TH001000660143 on 20 Nov-2023</i> • <i>RA061000660147 on 20 Nov-2023</i> 	<ul style="list-style-type: none"> • Ensure to create client profile and update information. • It is suggested to IRW to create profile of each new client before entering service provided.
<p>In Bhaktapur, under IRW Senfungma CLT with automated code TA9710336713 was reported in Tracker but not found the record in source documents (Diary & Log sheet)</p>	<p>Deleted in the tracker</p>
<p>It is noticed that each IRW were distributing equal number of needle/syringes and alcohol swab (5 N/S & 10 alcohol Swabs) to all clients, no matter new or old, which in practice may not be that logical.</p>	<p>It is suggested that syringes must be distributed as per requirement of clients and frequency of injecting per day.</p>
<p>There was no significant variance in data with source document. However, there were some variances in education provided. It seems IRWs were confused while selecting option of education provided. There is selection option in tracker were as in daily Log sheet there is 'digital number' to indicate specific education provided.</p>	<p>It is suggested to carefully select the option in Tracker as indicated in the source documents (daily diary and daily log sheet).</p>

<p>Stock Register/Waybill</p> <ul style="list-style-type: none"> • In compared to the last year, the stock register is properly maintained and updated, But there are still few minor errors • The commodities issued to the IRWs and DIC matches between the register and individual stocksheets. 	<ul style="list-style-type: none"> • Remember to mention the ‘date of receipt’ in the waybill after the signature. • Update the ‘lot #’ and ‘Date of expiry’ while updating the ‘received commodity’ in the stock register. • List out the commodity in the ‘index’ in alphabetical order for easy retrieval. • Remember to have the ‘stock balance’ number in the first line of the next page.
<p>Meeting minute: In the initial years, the agenda was further detailed out in the minute, but that practice was not continued in recent months</p>	<ul style="list-style-type: none"> • Need to continue to detail out the agenda as discussed in the meeting which could serve as a good reference document
<p>Visitor's book: The book is available but lacked some of the information, so a format was provided as reference.</p>	<p>Format:</p> <p>S.N. Date Time Visitor’s Name Position Organization Contact number Purpose of the visit Signature Remarks</p>
<ul style="list-style-type: none"> • Attendance registers well maintained. • Appointment letter for year 2024 not yet provided to any of the staff. The Admin Assistant should do the follow-up. • Leave form not properly and timely filled and approved. The leave in the attendance register could not be verified with the ‘leave form’ in most of the cases. • The staff seem to be ‘unaware’ of the leave type, number of days eligible/allowed. • In the last year's appointment letter, the Job Description of the Waste Management 	<ul style="list-style-type: none"> • Appointment letter along with the JD should be provided. Before that annual appraisal should be done and the board must decide formally whom to provide the appointment letter • Finance and Admin Assistant should orient all the staff about the leave type, number of leave to be taken and when/how to properly fill the leave form. • Finance and Admin Assistant also need to maintain the summary of leave

<p>Assistant’ is missing in her personal file.</p> <ul style="list-style-type: none"> The ‘monitoring checklist ‘of waste management isnot properly filed by DIC Incharge. Oriented her onhow to properly fill the template. 	<p>taken and leavebalance of each staff so that the leaves are properly managed by both leave applicant and leave approver.</p> <ul style="list-style-type: none"> Finance and Admin Assistant should update the ‘attendance register’ with weekends and holidays so that the staff do not make error of signing in the holiday box.
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7.8 MONITORING VISIT TO LALITPUR ON 31 JULY, 2023, 25 JANUARY AND 19 APRIL 2024

Monitoring visit was conducted at Women's Support Group, Lalitpur on 31 July, 25 January and 19 April 2024 to do an on-site data verification, overall documentation and interaction with the Program Officer and IRW.

Observation

- 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.
- As of 31st July, all the necessary documents were prepared according as per precious suggestion.
- On-site data verification was done from January – December 2023 and January- March 2024, 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 dairy 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 and is was also noted that some of the log-sheet was misplaced.
- IRW didn't use HIV tracker application to update the services in ONHIS and have been using the web page even after telling frequently.
- Overall data was perfectly matched with the source documents and some of the errors in HIV tracker was identified and corrected then and there.
- Individual stock sheet has been maintained properly by each IRW. However, they have not written how many commodities they have returned back to DIC.
- Due to the data verification and correction of the error the stock could not be verified on July 2023.
- Stock book was maintained properly and the physical count of the stock matched with the stock book on till March 2024.



Support and Feedback Provided

- Guide on how the appointment letter should be and how and what should be taken into consideration while doing a staff performance evaluation
- Suggested to ensure all the information has been updated
- Overall performance is good, keep continuing the good work.
- Suggested to maintain the stock every time the commodities is provided and taken back from the IRW's to avoid any kind of error in stock
- 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.
- Updated the HIV tracker application software and oriented on the system.

7.9 VISIT TO KASKI ON 26 SEPTEMBER, 14 DECEMBER 2023 AND 16 APRIL, 2024

Monitoring visit was conducted at Community Support Group, Kaski on 26 September, 14 December 2023 and 16 April 2024 to do an on-site data verification, overall documentation and interaction with the PO and IRW.

Observation

- OPMIS was verified with the source document i.e. daily dairy and log-sheet. While reviewing the data, all the data perfectly matched with the source except few in syringes collection which was missed to update by the IRW in OPMIS however, it was recorded in dairy and log-sheet.
- Percentage of used syringe collection is just 21.33%, which seems very low.
- Client undergone HIV testing and was recorded in OPMIS and as well as CLT test form, however it was not updated in CLT register, this seems that IRW do not update the data in CLT register immediately after the test is performed.
- By doing a random sampling, service provided to 2 beneficiaries by each IRW on each month was verified and the data matched perfectly with the source documents.
- As Praticha Ji was on Maternity leave for 4 months, she was not updated about the changes in ONHIS, data updating and data cleaning. She was unaware on how to use it.
- The progress of BCC/HR for the month of Jan- Mar 2024 is 90% (422/470), where 4 new beneficiaries were enrolled.
- The progress of CLT is 99% and no any reactive case was identified.
- The progress of syringe is just 85% (12749/15015) from Jan-Mar 2024
- All the dairy, log-sheet and registers are properly documented and well managed. However, few of the information were missed to update on CLT register of Jan-Mar 2024.
- All the staffs' contract was properly documented, however it was noticed that there was no signed Child Safeguarding Policy documented of Ms. Sommaya Gurung, Ms. Nikita Pun and Ms. Mahima Ale.



While looking at the variance of OPMIS and ONHIS in a daily basis, there was much improvement in ONHIS as compared to the previous visit. There was few errors noticed in ONHIS and common errors were:

- Some of the services were missed to record in ONHIS
- Some of the data were entered twice, some with open boxes and some with complete boxes
- Date of data entered was different in ONHIS and Log-sheet.
- Some of the 5ml syringes out has been recorded in 5ml syringes in.
- Some of the 5ml syringe out has been recorded in 2ml out

Good Practices

- Timely submits the monthly reports within the deadline.
- The records such as daily dairy, daily log sheet and registers are well maintained and timely submitted.
- The CLT registers and test results are well filed except of some data.
- All the documents both hard and soft copies are well maintained.
- Stock of the commodities are accurate and well maintained

Support and Feedback Provided

- Recommended to IRW to counsel our beneficiaries by explaining the risk/harm of used syringes and motivate them to return used syringes.
- Enter the data properly/carefully so that no any services are missed to record.
- Update the CLT register on a daily basis after performing CLT testing.
- Document the child safeguarding policy of the mentioned staffs.
- PO was oriented on how to use Event Report and Custom Report-SCI, how to use dashboard and keep the data in it. She was also oriented on how to list down the data, identify the errors and clean the errors.
- Both theoretically and practically it was oriented to PO.
- Cross verified the ONHIS data, identified the errors and corrected with the IRW then and there.

Update on commodities till 16 April, 2024

Commodities	Balance at Stock	Physical Count	Expiry Date
	Book		
5ml Syringes	6752	6752	October, 2026

Alcohol Swab	226	226	April, 2028
Condom	3001	3001	July, 2027
Determine Kit	149	149	49 (November, 2024) 100 (March, 2025)
Blood Lancet	20	20	May, 2028
Gloves	613 pairs	613 pairs	March, 2025
Capillary Tube	66	66	June, 2026
Chase Buffer	0	0	0

- The commodities were enough in the stock for a month, however chase buffer was NIL and alcohol swab was also very few in stock. So, they were recommended to borrow from Male DIC.

7.10 MONITORING VISIT TO SUNSARI ON 28-29 SEPTEMBER, 19-20 DECEMBER 2023 AND 11-12 APRIL, 2024

Monitoring visit was conducted at Jagaran Aarogya Samuha, Sunsari on 28-29 September, 19-20 December 2023 and 11-12 April 2024 to do an on-site data verification, overall documentation and interaction with the PO and IRW.

Observation

- OPMIS was verified with the source document i.e. daily dairy and log-sheet. All the data perfectly matched with the source document. No any error was noticed except few minor errors such as
 - missed to write age and sex in log-sheet
 - education provided were missed to record in log-sheet however, it was recorded in dairy and OPMIS
 - some client codes were missed to write in test result form
 - Some of the test result form were missed from 2023 file of Ms. Meena and it was found to be in the file of 2022.

- By doing a random sampling, service provided to 2 beneficiaries by each IRW on each month was verified and the data matched perfectly with the source documents.
- Performance of Sunsari was far better than previous visit. All the documents were well prepared and documented.
- They have started to prepare a monthly summary log-sheet which helped to maintain a proper report as well as stock.
- Personal record file was properly maintained including all the necessary documents such as contract, job description, citizenship, educational documents, experience letter, Child safeguarding document. However, few error was noticed in the contract as it was written,
 - Save the case Children instead of Save the Children
 - Recovering Nepal instead of Recovering Nepal Women
- Monthly reports of December 2023, January, February and March 2024 was cross verified with the source documents i.e. daily dairy and log-sheet. No any discrepancies was noticed in the reports.
- 97% syringe was distributed in 3 months (6148/6336) and of which 44% IN syringe was collected which is still low.
- Despite of having few beneficiaries of Meena Ji, Jamuna Ji and Sony Ji i.e. 35, 38 and 46 respectively, still some of the beneficiaries are reached 2-3 times only in a month.
- The reports were maintained properly, and only minor error were noticed such as name of IRW in remarks.
- IN syringe has been collected only and has not been disposed as none of the hospital as well as municipality vehicle agreed to take used syringes. Now, they have been provided with Syringe Cutter through which needles will be separated and the syringes will be taken by the municipality vehicle.
- Recording and reporting tools were observed where all the data were properly recorded except official stamp and official contact details in Clients copy of CLT test report.
- Hotspot mapping of both Itahari and Dharan was available at the Itahari DIC and not in Dharan Exchange Center.
- Work Plan and the field mobility of the IRW Bandana Ji matched perfectly, however, it was noticed that work plan of Bandana Ji and Sony Ji was kept at DIC.



- Number of syringe provided to the beneficiaries was observed where syringe distribution pattern was same i.e. 2-3
- CLT Card of all the IRW has been expired
- No CLT test kit box, forceps, waste container and utility gloves in IRW bag.
- Waste management is not properly maintained specially regarding the collection of used syringes.
- No any basic need such as water, hand-wash was available at office.
- Role play was carried out by the IRW and it was noticed that they have well knowledge on the different contents of harm reduction. Also, use of the flip chart by the IRW was observed and SCI demonstrated the proper way of using it and discussed on the contents of BCC education.

Client Visit

On 29th September, we went to Shanti Srijana Tole, Itahari-4 to meet one new client of Ms Jamuna Khatri where we also got to meet 4 other old clients who has been receiving services from ACT Nepal. During the meet, we had some conversation with the beneficiaries. All of them said that they started injecting drugs from 15-16 years of age and has been continuously using till date. Some of them are married and have small children and some are unmarried. When they were asked whether they want to quit injecting or not, they replied their heart wants too but their body does not allow them too. They also replied that they are satisfied with the services they have been receiving from the ACT Nepal.

Moreover, it was noticed that our IRW provide door to door services and the location was also quite risky to be there for a long time as the beneficiaries are using it in a group. So, staying there for a long time while delivering the services is a bit risky.

Support and Recommendation Provided

- Strongly recommended to IRW to counsel our beneficiaries by explaining the risk/harm of used syringes and motivate them to return used syringes.
- Increase the number of frequency of visit.
- Recommend to update contract.
- Ensure to include the official stamp on the client copy of CLT test result form
- Prepare a hotspot mapping of Dharan and display it at Dharan EC.
- Keep the individual copy of Work plan with IRW themselves



- Distribute the syringe as per the need of beneficiaries
- Request SCI to renew CLT card
- Coordination and collaboration with the local health facilities to manage the waste in proper manner
- Supported in identifying the errors of ONHIS, cleaning the errors and filling out the services which were left to update.

Update of Stock as of 12 April, 2024

Commodities	Balance at Stock Book	Physical Count	Expiry Date
5ml Syringes	2616	2616	October, 2026
Alcohol Swab	0	0	
Condom	109	109	July, 2025
Determine Kit	0	0	
Gloves	170 pairs	170	March, 2025
Capillary Tube	0	0	
Chase Buffer	1	1	May, 2025

Physical count and the balance of the stock book is same. However, despite of the crossing one month of the bi-monthly report submission, no commodities was received.

7.11 VIRTUAL MEETING REGARDING THE NEW M&E OFFICER

Virtual meeting was conducted on 12th March, 2024 with an objective of introducing a new M&E Officer of RN Women with partner organizations. The meeting was also done to take an overview of the ongoing activities in the respective districts. All the program management team of Recovering Nepal Women and Focal person of Kathmandu/Bhaktapur, Kaski, and Sunsari participated in the meeting. Due to the urgent work DIC Incharge of Lalitpur could not participated in the meeting.

Agenda of the Meeting

1. Introduction Session
2. Roles and Responsibilities
3. Ongoing activities of the project
4. Collecting of used syringes

5. Monthly Data Verification and sharing mechanism

Summary of the Meeting

The program was hosted by our Team Leader Ms. Sujata Khadka. The session started with an introduction of all the program management team and partner organizations.

After an introduction, all the partners were requested to give an overview of the program that is being carried out under the Harm Reduction Program so that the new M&E Officer gets familiar with the projects activities and how it is being carried out. Firstly, Ms. Praticha Gurung from Kaski shared the current scenario of the Kaski district. She mentioned that in Kaski they have reached 459 beneficiaries till date and has been currently providing services to 418 beneficiaries. Overall the program is running smoothly, however Ms. Gurung aforementioned that despite of the police orientation, police personnel of Pokhara keep on waiting for our beneficiaries to caught red hand from hotspot. She further explained that despite of giving police orientation and stakeholders meeting repeatedly in a year, it is better to plan for different program such as gender based violence, awareness program for the beneficiaries so that it will be more effective. In response to that, Ms. Khadka responded that in other DIC's such program has helped in providing services to the beneficiaries be it regarding supporting for abscess cases or support from police personnel. Moreover, she further explained that RN Women had expressed their need of different program such as advocacy on stigma and discrimination, gender based violence in DIC, however as it is the program designed already in 2021, and we were informed that no any further events can be added for now.

Secondly, Ms. Prechhya Khadgi, DIC focal person of Kathmandu and Bhaktapur said that total number of beneficiaries enrolled in Bhaktapur is 94 and in Kathmandu it is 373. Ms. Khadgi shared that as they have DIC in Kathmandu only, they are facing problem in Bhaktapur to provide the services to beneficiaries. There is no any contact point for the beneficiaries and had to meet in different tea shops or other hot spot. It is getting difficult for them to conduct event like Stakeholder meeting and police orientation. For the time being, they are conducting meetings in coordination with Avash Samuha at their office. Overall all, at Kathmandu everything is going good and the main issue is at Bhaktapur only. Ms. Khadka responded that we have tried to request to SCI at least for an Exchange center at Bhaktapur so that there will be at least a place for beneficiaries to come, stay and talk on their issues with the IRW. Hopefully, we will be able to get the chance to establish Exchange Centre in future. During the conversation, Mr. Aashish Guragain Sir, Program Consultant of SCI joined the meeting too.

Lastly, Ms. Sabina Pandey, DIC In charge of Sunsari briefly shared the details of the program. Ms. Pandey said that they have 199 beneficiaries in total in which 8 are male and remaining female. She further added that like in other districts they are not facing any difficulties from police personnel instead they are getting support from them. Ms. Pandey also shared that it is better if we could add some school awareness program, refreshment program for the beneficiaries or the necessary item for the female such as sanitary pad, television etc. Such activities might help providing more quality services and there will not be any lost to follow up cases. Furthermore, she said that as there is no OST program in their own district, the beneficiary has to travel from Itahari to Biratnagar on a daily basis to receive OST Services due to which beneficiaries do not prefer to switch to OST. In Sunsari, most of the beneficiary are between the age group of 19 to 25. She further added that, in terms of HIV testing CLT is quite accurate compared to HIVST. No any reactive cases has been identified till date and at last she said that needle syringe exchange program have been more effective as it has helped in reducing the HIV reactive cases.

Ms. Khadka asked regarding the collection and storage of the syringe collected and the waste of office. As Kathmandu and Lalitpur has Waste management system, the waste generated at DIC are properly managed, however at Kaski and Sunsari, there is no waste management system so how it is being managed. Ms. Gurung said that they are managing the collected syringe by collaborating with the Male component of Community Support Group. They have done a contract with the hospital for the management of collected syringe. Similarly, there has been a problem at Sunsari regarding the management of syringe collected as hospital of Itahari, neither government nor private agreed to take the syringes of WWID, hence after requesting with SCI, they were provided with the syringe cutter which has helped them in separating the needles. Hence the needles are collected at office and the syringes are taken by the municipality vehicle.

We also discussed on the issues of ONHIS i.e. DHIS2 Tracker that incase of Kaski, there will always be an error and cannot distinguish the data of female separately due to the same organization unit i.e. Community Support Group. Also, we discussed regarding the update of the information after 24 hours of the correction. We also discussed on the matter with SCI regarding this and we were informed it will not be changed and remain same. Similarly, Aashish Sir also had a query that the analysis and summary part does not match and what is the issue on it, to which Ms. Khadka responded that one of the beneficiary has been registered by Blue Diamond Society and we have been providing services only to him due to which the service provided to him does not count in the summary, which is why there is a difference. Also, Aashish Sir, said

that we if any of the meeting is not that effective and the team wants to do some extra events, they can coordinate with SCI and take an approval to do the event.

Hence, with such a fruitful discussion we concluded the meeting and thanked all the partners for their meaningful insights.

7.12 BOARD MEETING

Board Meeting was conducted on 11th October, 2023, 4th December and 22 April, 2024 with the following agendas

Meeting/workshop agenda

- Updates on upcoming activities of RN Women PWID component
- Updates on activities of Save CSS program/ HR program
- Updates and information regarding Harm Reduction Conference.
- Updates Monitoring & Evaluation / Onsite Data Verification Visit to province
- Updates on activities carried throughout the month of October under the CSS and PWID project.
- Updates on upcoming program and planning for next phase (project after July)
- Updates and information regarding the audit and renewal process of RN Women
- Updates on Finance and Budget



Output of the Meeting

- Physical and active participation of all the board members.
- Informed all the board members about the activities that RN Women has been implementing.
- Explored and submitted different proposal to different donors.
- Updated board members on the update of the budget and expenses.
- The process of the organization renewal and audit has been started.
- Each event was planned and some of the carry forwarded events was conducted accordingly.
- Several misunderstandings and confusions were cleared
- The 5 years strategic plan was translated.

7.13 SUPPORT DON'T PUNISH CAMPAIGN

Recovering Nepal Women, a National Network of Women Who Use Drugs, with support from WHRIN/IDPC, conducted an interaction meeting with Ministry of Health, Nepal Police Department, local government, various like-minded organizations, and beneficiaries as part of the "Support. Don't Punish" campaign, a Global Day of Action 2024, focused on women drug users. The primary focus of the meeting was to highlight use of drug is not a crime instead it is a



health issue. The discussion emphasized on the need to support drug users with love and care rather than stigmatization and discrimination. The participants were informed regarding the Narcotics Drug Control Act 2033 in Nepal which outlines two alternative solutions to avoid criminal cases against drug use: Opioid Agonist Treatment (OAT) and Drug Treatment and Rehabilitation Centers out of which OAT is considered as the most effective method. The OAT services was welcomed by the participants, and government stakeholders expressed their agreement that drug use should be treated as a health issue. They assured their support for initiatives aimed at supporting drug users.

Moreover, RN Women participated in the National Program wearing t-shirts of "Support. Don't Punish" with around 35 participants, including recovering drug users and current drug users. RN Women stood out among all by promoting the "Support. Don't Punish". This provided significant visibility for the campaign among a large audience. The issues were addressed using slogans like "Stop Stigma and Discrimination against Women Who Use Drugs," "End Violence against Women Who Use Drugs," "Human Rights are For Everyone," "Drug Use is a Mental Health Issue and "Discrimination is Unacceptable". Key guests at the event included the Minister of Youth and Sports, the Minister of Education, Science and Technology, the Minister of Health and Population, and the Minister of Home Affairs of Nepal where RN Women engaged with the ministers regarding the issues faced by drug users, particularly stigma and discrimination.



Overall, the events were highly successful, raising awareness, fostering support, and promoting the rights and well-being of Women Who Use Drugs in Nepal.

8. EXTRA ACTIVITIES

8.1 INTRODUCTORY AND COORDINATION MEETING WITH UNDP ON SCALE INITIATIVE PROJECT

On 16 February, 2024 UNDP organized an introductory and coordination meeting with the concerned stakeholders working with the key affected population and the Scale Initiative grantees of UNDP in Nepal. There were four grantees of Scale Initiative i.e. Recovering Nepal (RN), SPARSHA Nepal, NAPN+ and Blue Diamond Society (BDS) which aims to drive progress on the 10-10-10 targets for and with key populations.

The meeting mainly focused on the introduction of the program and the update of the program from the grantees on the project focus areas. All the four grantees share their progress through power-point presentation. Also there was sharing of other projects which have component on legal aid and legal support and effort from the NHRC.

Some of the key points that was discussed during the meeting was the support BDS have been doing in-terms of providing citizenship for the LGBTIQ+ community through this project. Similarly, RN and SPARSHA has legal advocate who will provide free legal services regarding several issues and RN also have 7 paralegal officer in 7 provinces who will support to connect with the pro-bono lawyers. Moreover, NAPN+ has develop a toll-free number i.e. 1810-5000024 through which everyone can share their issues and get feedback.

During the meeting it was also suggested by some participants that 4 of the grantees has similar activities under the project and it will be more cost-effective if the similar activities can be complied together and

conduct. Lastly, the meeting was closed by Ms. Binda Magar Ma'am thanking all the participants for participating in the meeting.

8.2 MEETING BETWEEN THE COALITION OF AIDS NETWORK IN NEPAL (CANN) AND THE GLOBAL FUND DELEGATION TO NEPAL

Date: 6 March 2024

Venue: Hotel Radisson, Kathmandu

Attendees

Representatives of CANN member networks (i.e., RN, RN Women, TB Network, NAPN+, NFWLHA, Prison Foundation, FSGMN, Jagriti Mahila Mahasangh, NANGAN and Migrant Network)

The Global Fund delegation (i.e., Mr. Stefan Stojanovik, Senior Fund Portfolio Manager for Nepal, and Ms. Chiara Valdesolo)

Background

The country dialogue process for the Global Fund Grant Cycle 7 (GC7), including the process of the selection of principal recipient (PR) and the funding request development was supposed to be completed by August 2023. However, due to several issues, such as resolution of tax/VAT, and unilateral decisions and interventions of the Ministry of Health and Population (MOHP) at the country coordination mechanism Nepal (CCMN) in the PR selection process, among others, have prolonged the entire process. The funding requests for HIV and TB from Nepal have been rejected by the Global Fund twice already, which the Global Fund claims to be unprecedented in the history of the Global Fund. The ongoing grant cycle (GC6) is ending in July 2024, but the issues related to the GC7 processes have not been fully resolved yet. In order to discuss these issues with different stakeholders, including the ministry, CCMN, bi- and multilateral partners, and community representatives, a team of Global Fund delegates scheduled a mission in Nepal in the first week of March 2024.

As the secretary of the Coalition of AIDS Network in Nepal (CANN), Recovering Nepal (RN), the national federation of people who use drugs and drug service organization, has been leading the advocacy and lobbying efforts to resolve the GC7 situation. As part of these ongoing efforts, RN coordinated with the CCMN to schedule and organize a meeting between the CANN members and the Global Fund delegation.

Objective

- To discuss on the latest development of the Global Fund Program (GC7) on HIV and TB.
- To update on the planning of current program after the July, 2024

Key Points

Concerns raised by CANN members

- Interventions for prison and migrant communities have not been adequately included in the GC7 funding request.
- Inadequate representation of communities at the CCMN, especially from the prison and migrant networks. The CCMN does not entertain the request to be invited in the CCMN meetings as observers.
- Difficulties in delivering HIV testing services due to frequent delays in the supply of community-led testing (CLT) kits.
- Consultation of prison communities due in the GC7 country dialogue process.
- The tenure of present CCMN members will end in March 2024, however, the Global Fund has invited CCMN to submit the HIV and TB funding requests on 29 April 2024 (window 5).
- The CCMN has not complied with the Global Fund's requirements for the revision of CCMN Rules of Business (ROB) and the need for immediate addressing of the CCMN Chair's conflict of interest (COI).
- Disagreements and concerns by a few participants to the PR selection through a voting process conducted during the last CCMN meeting.
- Concerns regarding the Global Fund's decision to nominate the MOHP as the PR for the catalytic fund (human rights matching grant).
- Confusion on the overall PR selection process because the Global Fund has acknowledged UNDP as the PR, but not confirmed it yet.
- The GC6 programs will end in July 2024 and the GC7 issues have not been resolved yet (except for the selection of PR in the recent CCMN meeting). How will the Global Fund ensure continuation of the programs and services beyond July 2024?
- TB interventions have not been able to reach missing TB cases and engagement of TB communities in the overall process is low.

Responses from the Global Fund team

- The funding requests submitted in August 2023 (window 3) was relatively better than the second submission made recently in February 2024 (window 4). It is imperative that consultation meetings of any missing communities be held and their priorities be included in the funding request. Communities should build on the funding request submitted in August 2023.
- The PR selection is not a one-time event rather a process that includes transparent CCMN decision-making process, submission of an unanimously endorsed funding request that takes PR into account, PR assessment, etc. In the event that these requirements are not fulfilled, the Global Fund still reserves the right to nominate a PR directly under the Additional Safeguard Policy (ASP).
- The Global Fund has already communicated with the CCMN regarding the ROB and COI issues. They are essential in the autonomy and good governance of the CCMN. However, the urgency of the PR selection and funding request submitted in April 2024 may have been prioritized for the time being. It is due to this same reason that the Global Fund may agree to extend the CCMN members' tenure until June/July 2024.
- The CCMN is responsible for PR selection and therefore, if they determine that MOHP as PR for the catalytic grant may be problematic, they have the authority to initiate the process to change the PR.
- The Global Fund acknowledges the lack of effectiveness of TB interventions in reaching missing cases. Networks and communities should actively engage and include interventions and activities that work best for their communities. There is a lot of surpluses in the TB grant (GC6). They could also be utilized for any additional immediate response (program and activities deemed necessary and effective).

The Global Fund will ensure the continuation of programs and services by extending the GC6 grant for additional six months.

8.3 PARTICIPATION ON NATIONAL CONSULTATION OF PRO-BONO LAWYERS IN NEPAL FOR DRUG USER COMMUNITY

Recovering Nepal conducted a National Consultation of Pro-Bono Lawyers in Nepal for Drug User Community on 29 February, 2024 with as objective:

- Orientate participants on the provision of pro-bono and legal aid (including the draft legal aid bill), and related practices in Nepal.
- Orientate participants on the drug control law, policy, and harm reduction.
- Inform participants on legal and human rights issues of people living with and most affected by HIV in Nepal.
- Identify major issues, barriers to access, and recommendations for legal aid in Nepal.
- Form pro-bono lawyers and paralegal groups at the district level (champions for issues of communities).

The event had a representatives from Nepal Bar Association, legal association, paralegal representatives from different districts, key stakeholders from non-government organizations and pro-bono lawyers from different places to deliberate on the importance, challenges, and strategies for enhancing pro bono legal services in Nepal in the context of the drug user community. The consultation provided a platform for knowledge exchange, collaboration, and consensus-building towards strengthening access to justice for the beneficiaries that we work for in our respective districts. In Nepal, the drug user community faces numerous challenges, including stigma, discrimination, and legal barriers. Many individuals within this community encounter legal issues related to drug possession, trafficking, citizenship issues, Marriage certificates, Divorce cases, and access to healthcare. To address these challenges and promote access to justice, a Pro Bono Legal Assistance Program is specifically tailored to solve those issues of the drug-user community in Nepal.



The event provided a platform for stakeholders of relevant fields to collectively address the need for legal representation and access to justice in the nation. The programme as a whole provides policymakers, legal professionals, and members of civil society with a road map for advancing pro bono legal services for the targeted groups and upholding the values of justice, equity, and human rights in what they receive.

8.4 PARTICIPATED ON ADVANCED PROJECT CYCLE MANAGEMENT TRAINING

Under the Community System Strengthening (CSS), Save the Children International conducted Advanced Project Cycle Management Training at Hotel Sarathi, Dhuikhel from 18-22 March, 2024.

The training mainly focused to enhance the capacity of the participants on knowledge, skills, and tools for the quality initiation, planning, implementation, monitoring and evaluation, and closing of a project in a results-based management framework. Similarly, it helped to gain knowledge, insights, and practical tips in order to support sustainability and growth of our respective organizations by navigating the complex and uncertain internal and external environment.

During the 5 days training we discussed on several topic such as:

- Project Management
- Project DPro Phase Model
- Principle of Project DPro
- Project Competence
- Project Identification and Definition
- Theory of Change
- Project Excellence
- M&E Framework/Logical Framework
- Risk Management
- Emergency Response
- Responsible, Accountable, Consulted and Informed (RACI Chart)
- International Cooperation
- Report Writing



The overall event helped to develop the capacity of the staff as well as board on how the manage the organization and the project. It enhanced the capacity of participants in proposal writing, risk analysis and report writing. All the content of the training was practically done and presented which helped to strengthen knowledge and capacity of the participants.

8.5 WORKSHOP FOR HIV VALIDATION FOR GRANT CYCLE 7

Date: 18 April, 2024

Venue: Karnali Hall, Kathmandu Marriott Hotel, Naxal

Time: 2:30-6:30

A HIV validation workshop was conducted on 18 April 2024 to finalize the budget and activities of the Grant Cycle 7 with the participation of all the Key Population Networks, UNAIDS, UNODC and UNDP. The national consultant for the proposal write up Ms. Sally, presented the overall budget and its segregation for each program under The Global Fund. Regarding the Needle Syringe Program, the interventions and major activities were:



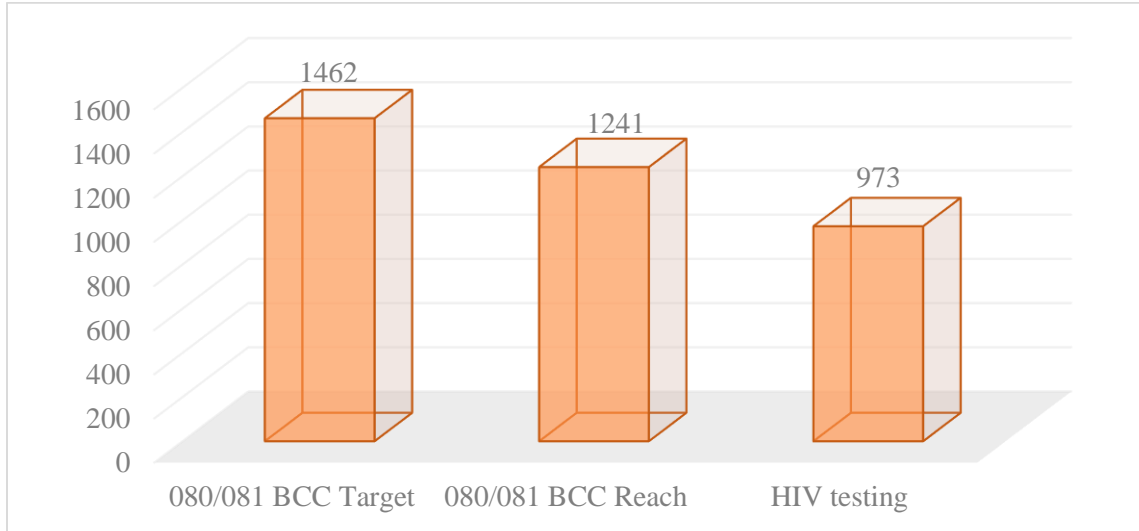
- Continuing the needle and syringe program (NSP) in 28 districts.
- Women-led outreach for women who inject drugs: continue in 5 districts, new support for 4 former ViiV DICs and 3 new DICs, all in the existing grant supported districts.

Regarding the intervention, representative from RN Women Ms. Sujata Khadka raised a queries regarding the inclusion of activities according to the Standard Service Package in the detail proposal i.e. Primary Health Care (PHC) set up, Internet, Television and abscess care management. To which Ms. Sally responded whatever mentioned in the Standard Service Package has been included in the proposal. However, regarding the budget for the abscess management, it has not been mentioned as harm reduction program, but minimal budget has been added for the referral process.

Similarly, other network representative also raised their queries as per their programs and was clarified accordingly. Due to the budget constraints, whatever points were raised from the consultation meetings has been tried to incorporate in the proposal as per the consultant.

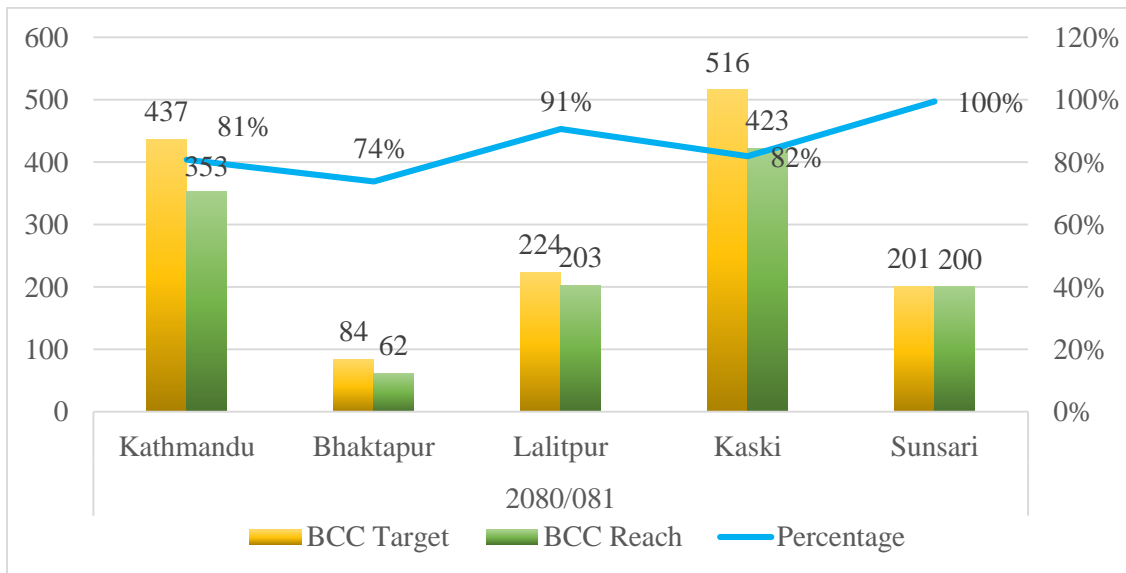
9. PROGRAM TARGET VS. ACHIEVEMENT OF 2080/081

9.1 RN WOMEN HARM REDUCTION TARGET VS. ACHIEVEMENT



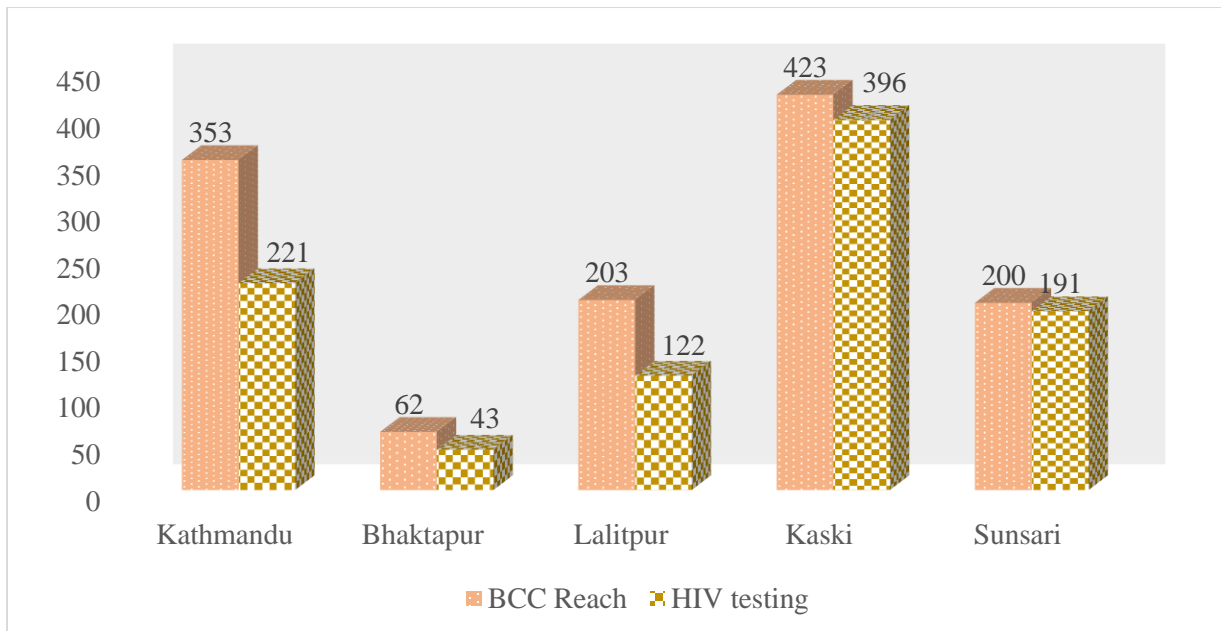
The above chart shows the overall target vs. achievement as well as HIV testing of RN Women. The graph shows that out of 1462 target for fiscal year 080/081, RN Women achieved 1241 which is 85% of the target. Out of 1241 beneficiaries, 973 beneficiaries were tested for HIV, where all were non-reactive.

9.2 BCC REACH VS. ACHIEVEMENT OF 080/081



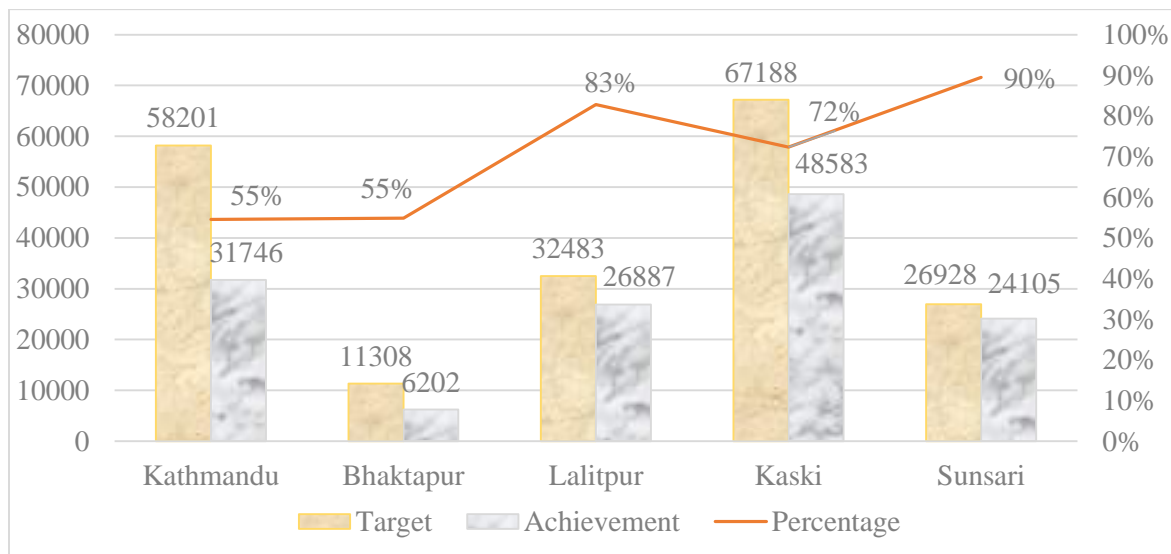
The above graph shows the district-wise target vs. achievement of the fiscal year 080/081 where Sunsari has shown remarkable achievement with 100% of client reach. Similarly, Lalitpur has reached 91% of their target followed by Kaski, Kathmandu and Bhaktapur i.e. 82%, 81% and 74% respectively. Looking at the overall progress, Bhaktapur achievement is below 80% which is due to the no availability of DIC or Exchange Centre where client could come, meet, chat with each other and share their issues.

9.3 BCC REACH AND HIV TESTING



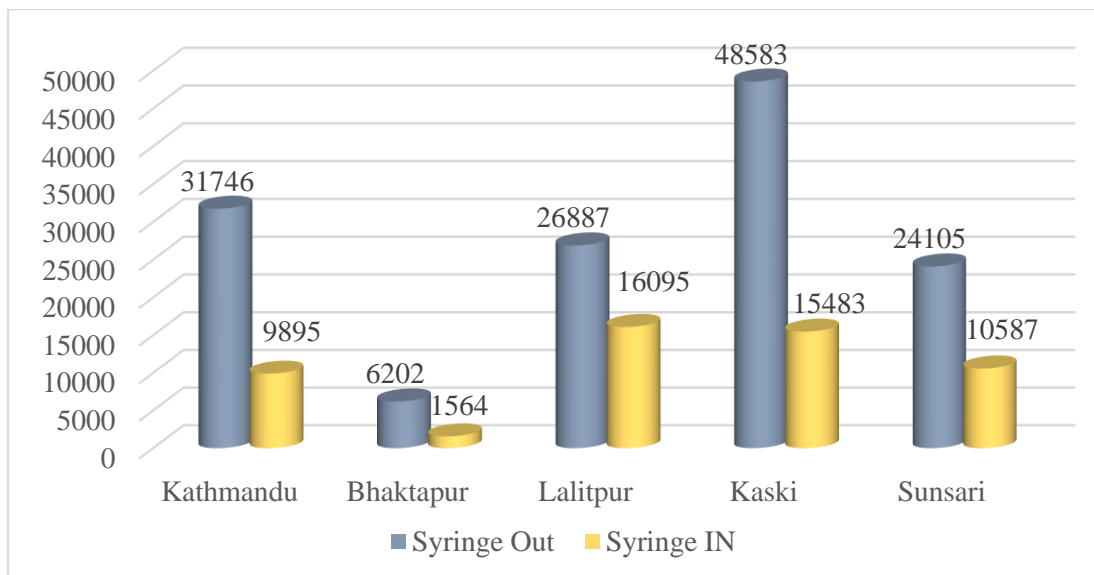
The reach of beneficiaries and the number of HIV testing performed on fiscal year 080/081 has been shown in the above bar diagram. It shows that Sunsari has almost tested HIV of all the beneficiaries who were reached and Kaski has tested more than 90% of the beneficiaries reached. However, Kathmandu, Bhaktapur and Lalitpur have tested HIV of less than 60% of their reached beneficiaries.

9.4 SYRINGE DISTRIBUTION



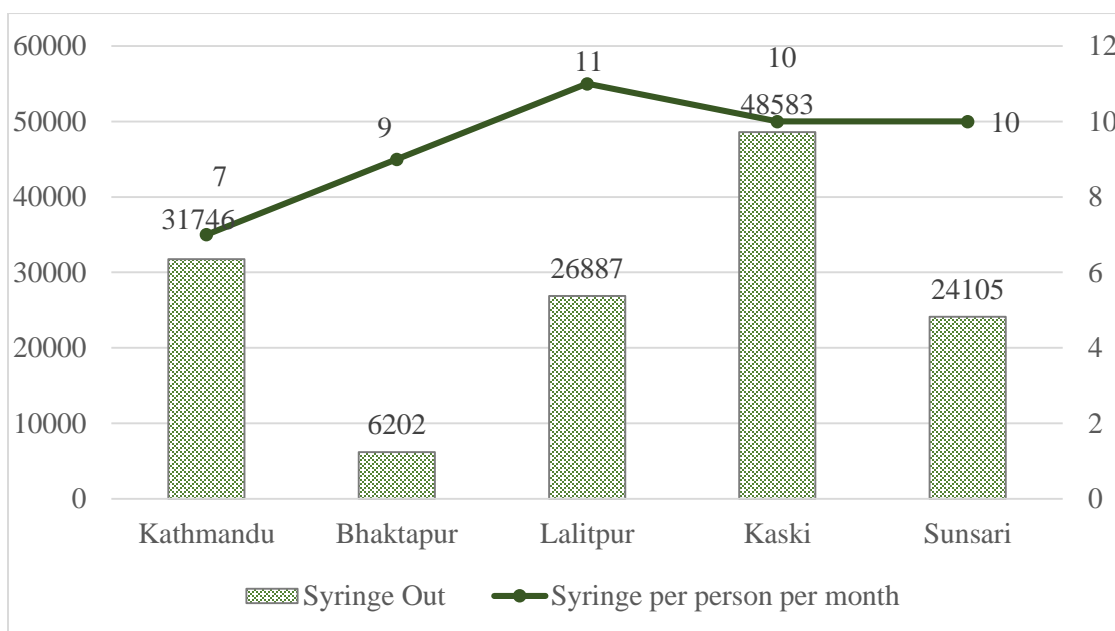
The above bar diagram shows the target vs. achievement of the syringe distributed to the beneficiaries where it can be seen that Sunsari has distributed 90% of the given target, Lalitpur has distributed 83% of the given target, whereas the syringe distributed by Kaski, Kathmandu and Bhaktapur is low as the syringes are distributed as per the need and demand of the beneficiaries.

9.5 SYRINGE OUT/SYRINGE IN



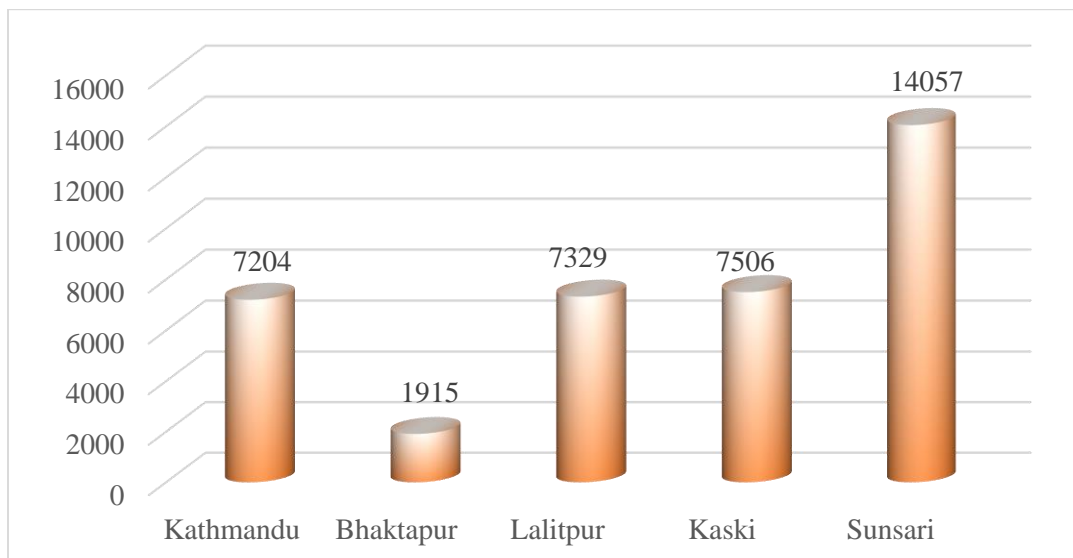
The graph above shows the comparison of number of syringe distributed to beneficiaries and the number of used syringes collected by IRW from beneficiaries as well as spot collection. It can be clearly seen that the number of syringe in and out is not equal, none of the districts has been able to collect all the syringes provided to the beneficiaries due to the fear of being caught by family and police personnel. However, as compared to the other district Lalitpur has collected 60% of the used syringes.

9.6 SYRINGE OUT AND SYRINGE PER PERSON PER MONTH



The graph depicts the total syringe distributed and average number of syringe received by the beneficiaries per person per month. This graph shows that beneficiaries of Lalitpur receives 11 syringes in average in a month, while beneficiaries of Sunsari and Kaski receives 10 each followed by Bhaktapur and Kathmandu which is 9 and 7 respectively.

9.7 CONDOM DISTRIBUTION



The above graph shows the number of condom distributed to the beneficiaries in fiscal year 080/081 where Sunsari has distributed more number of condom compared to other districts i.e. 14,057.

10. CONCLUSION

On fiscal year 080/081, the target activities were completed by the central office RN Women as well as the partner organization of RN Women. All the activities could not be completed as per the plan due to certain circumstances, however it was done within the time frame of the project. RN Women also participated in several meetings and trainings apart from the project activities which has been well documented. Similarly, looking at the overall progress of the districts, Sunsari performance has been very good in every way, however out of 5 district Bhaktapur has not been able to stand out in-terms of reach, testing and overall performance despite of their continuous effort.