

2018-2022

Strategic Plan

Recovering Nepal

National Federation of People who use
drugs and drug service organizations
(RN)Promotion Human Rights and Public
Health Approach to Drug Use, HIV/AIDS
and Hepatitis in Nepal

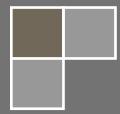


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BACKGROUND

People using drug (PUD) is not a new phenomenon in Nepal as well as in the global context. Human beings have used substances since time immemorial for a variety of reasons and there are always multiple approach to handle this issue. PUDs are still suffering from legal and societal barrier to access on their basic rights including health services that they need. There are some rays of hope in some part of the world that widening various rights and facilities to access on health perspectives. However, continuing stigmatization of drug use, and the intersection of drug market with terrorism and insurgency, has led to a variety of punitive approaches globally, which has resulted in systematic human rights violations of people who use drugs. Violations have ranged from lack of access of basic health services to downright physical abuse.

The prevalence of drug use globally is at 5.3% in 2015 according to the World Drug Report 2017.¹ Approximately 255 million people used drugs globally in 2015, and of these about 29.5 million has a drug use-related disorder. Worldwide, twelve million people inject drugs, and are exposed to blood borne virus infections – with 1.6 million living with the HIV and 6.1 million with the Hepatitis C virus (HCV). Among these, 1.3 million are living with both HIV and HCV. The World Drug Report 2017 noted that there were an estimated a minimum of 190,000 opioid related deaths, mostly preventable over-dose deaths. It also noted that in many countries, this trend was increasing. Asia bears a high burden of drug use and people who use drugs in the region have faced some of the worst and systematic violation of their right to health and life.

In Nepal, situation of PUD's population is similar as above mentioned worldwide context. However a survey carried out by Centre Bureau of Static (CBS) with collaboration of the Ministry of Home Affairs on 2069 BS (2013 AD) shows that there are altogether 91,534 current drugs user those are using hard drugs which is nearly a double of 46,309 in 2063 BS (2007 AD). This data visualize the trend in the number of hard drug users in Nepal during last 6 years periods which is increased by about 98% over the course of 6 years. The annual growth rate is 11.36%. As expected from previous survey, an overwhelming majority of drug users are males. That is 85,204 (93.1%) accounted to male and 6,330 (6.9%) accounted to female. Among the drug users, a very large majority of which happened to be young users. About 70,390 drug users are below the age of 30. The youth 20-24 years accounted for the highest proportion of the current drug users in Nepal, followed by 25-29 years age group. The proportionate distribution comparing with the previous survey is more or less the same.

Further, Hepatitis C, is one of the ‘hidden’ public health problems in Nepal and Injecting drug use just like in other parts the world is the leading risk behavior for transmission of HCV through sharing of contaminated injecting equipment among people who inject drugs. Intravenous drug use in Nepal as in many parts of world is increasing, which increases the spread of HCVVirus especially within closed cohorts.

¹UNODC. World Drug Report. 2017. Available from: <https://www.unodc.org/wdr2017/index.html>

Situation Analysis

Political:

Nepal already got a new constitution though Constitution Assembly which was dream of every Nepali since past 70 years. New constitution incorporate various issues covering many aspects including guarantying rights of citizen as well as state obligations. State guarantee rights of basic health service with free of cost to all citizen 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 up-liftment of vulnerable or backward communities.

Social:

Community perception towards PUDs 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 PUDs 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 PUDs as HEP C is one of the major cause of death of PUDs.

Law:

Nepal adopted PUD 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 PUDS 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 centre in 5 regions and Ministry of Home Affairs has developed the guideline for rehab center, but still lack in implementation².

Technological:

Government has boost up to scale up 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.

² Till end of 2017 AD, A rehabilitation center is constructed at Pokhara, however yet to come in the operation.

Economic:

Poverty of Nepal resulted unemployment situation of IDUs that make force to migrate to foreign employment as the parents of PUDs 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

KEY ACHIEVEMENTS

The Recovering Nepal Strategic Plan 2013-2017 AD has prioritized following strategies and achieved as below;

STRATEGIC PLAN 2018- 2022

Vision: "Quality and dignified life of People who Use Drugs (PUD)"

Mission: To create supporting environment for the rights of PUD accentuating in accessing comprehensive services and meaningful involvement at all level.

Goal: People 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.

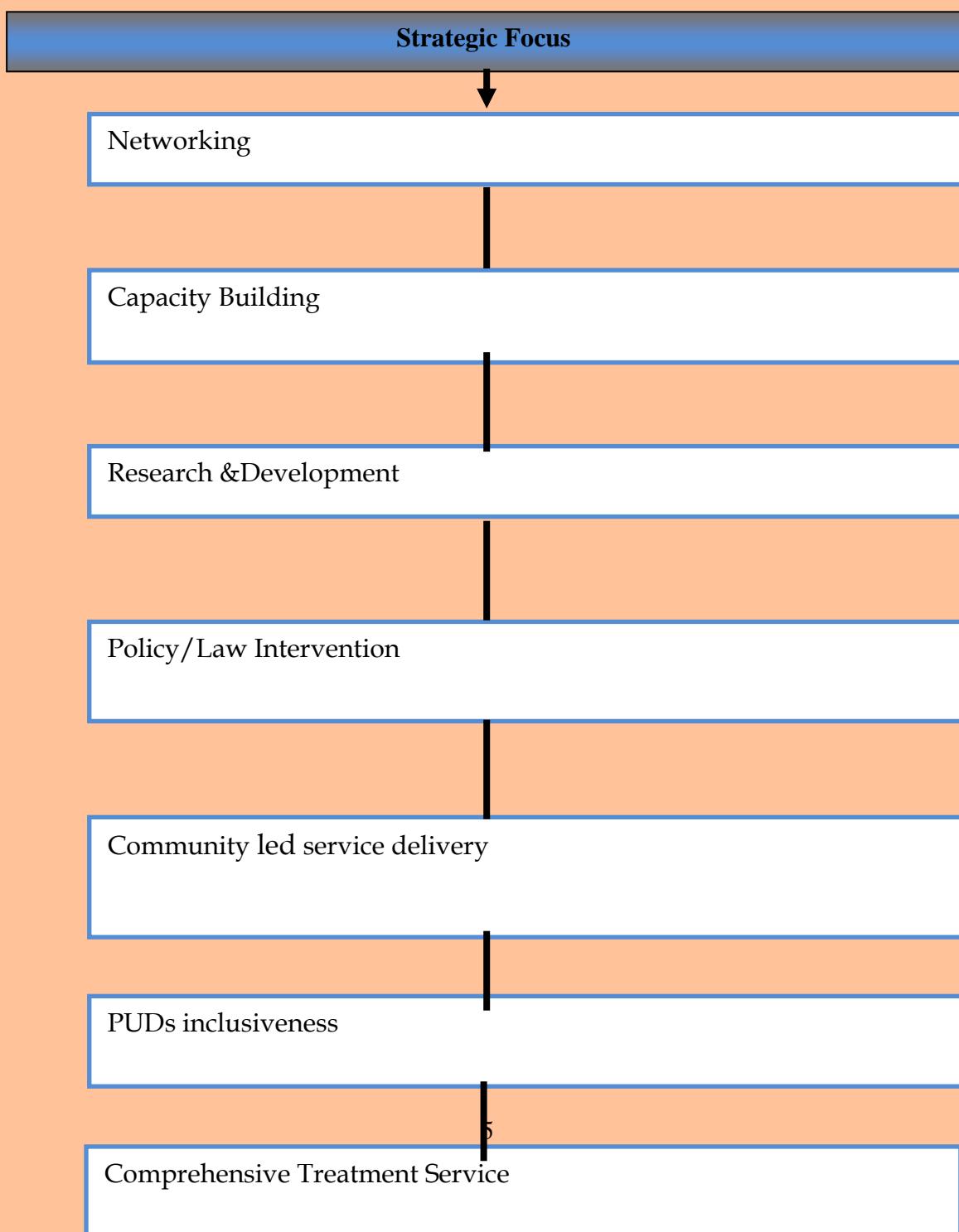
Objectives:

- ❖ Build capacity of PUD to strengthen national networks to ensure their meaningful involvement at all level of decision-making forums and processes to protect and promote their rights.
- ❖ Build capacity of community led organization to enhance capacity to deliver quality service for PUD.
- ❖ Advocate for law and policy reform to ensure supportive environment for decriminalization of drug use and reduce stigma and discrimination at all level.
- ❖ Promote evidence based practices for accessing services to PUD in the country by generating scientific data and research.
- ❖ Increase organizational efficiency and performance level in local, provincial and national level to standardize the identification of the organization.
- ❖ Ensure greater involvement of thematic networks (define it) of PUD with equal participation of all sex, gender, youth etc.
- ❖ Increase access to comprehensive services including HIV, HCV. Mental health and other communicable & non-communicable diseases among PUD.

Guiding Principles/Values

- ❖ Human rights
- ❖ Transparency
- ❖ Accountability
- ❖ Mutual respect
- ❖ Participatory
- ❖ Inclusiveness

STRATEGIC FRAME



ORGANIZATION STRUCTURE

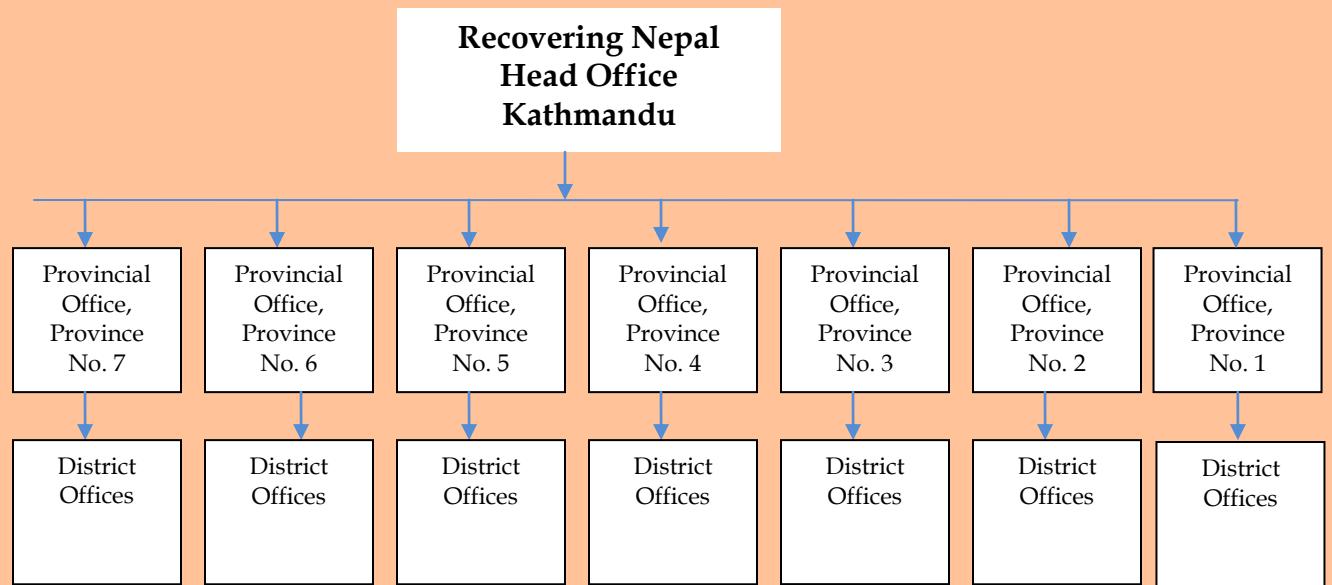


Figure: Organizational structure of RN

Log-frame

Narrative summary	Action	Objectively verifiable Indicator	Means of Verification	Risk/Assumption
Goal: People 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.	Involvement of RN in policy/law making process RN intervention on policy/law making process in federal government RN intervention on policy/law making process in provincial government	# of Policy/ Law enacted/framed with involvement of RN # of Policy intervention made by RN in federal government # of Policy intervention made by RN in provincial government % of PUDs with HIV infections % of PUDs with HCV infections/coinfection	Report of RN Central / provincial offices IBBS survey Report Report of Ministry of Health various report of NCASC	
Outcome: People who Use Drugs being capable for their sustainable development having enabling legal and policy environment				
Output 1: Capacity Building/Strengthen Enhanced capacity of PUD to	Training for RN's Board members Training/orientation for partner organization and their	# of Training for RN BOD # of members of RN Board trained # of training/orientation programs and	Training Reports Training/orientation meeting minutes	

ensure meaningful involvement at all level of decision-making forums and processes to protect and promote their rights	members/secretariat.	participants		
	Engagement of PUD on policy/law making process	# of policy/ law meeting PUDs engaged on Central level # of policy/ law meeting PUDs engaged on provincial level		
	Formation of Technical Committee to support pertinent issues of partner organization and PUD.	Technical Committee in place # of meeting of Technical Committee	Report of Committee Formation meeting minutes	
Output 2 : Enhanced capacity of community led organization to deliver quality service for PUD.	Training on quality service delivery for community led organization	# training for medical/ health workers to respond new trends of drug use in the country. # of participants attained training	Training Reports List of participant	
Output 2 : Enhanced capacity of community led organization to deliver quality service for PUD.	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	

	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	
	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	Report on service delivery system on PPP format periodic report of service delivery	
	Establishment of community led integrated service delivery system in collaboration of Companies under corporate social responsibility	# of community led integrated service delivery system operated under CSR # of beneficiaries	Report on service delivery system on CSR format periodic report of service delivery	
	Uniform Guidelines for Rehabilitation Centers to standardized service, structure, financial aspect etc.	Uniform Guidelines for Rehabilitation Centers in place	Report on Guideline	
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	Report on meetings list of Participants	

decriminalization of drug use and reduce stigma and discrimination at all level.		prevailing Narcotic Drugs Control Act federal 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	
	Training/sensitization activities for law enforcement agencies on decriminalization of drug use	# of training/ sensitization activities conducted # of participants	Training Reports List of participants	
	Mass media advocacy on human rights of PUDs 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	Report of audio video materials invoice Check list of broadcasting invoice of printed materials list of distribution	
	Advocacy for incorporation of issues of PUD in training curricula of law enforcement agencies/ academic institution.	# of advocacy meeting with law enforcement agencies/ academic institutions # of training curricula	Meeting Reports Training curricula incorporating PUDs/ drugs issues list of participant	

		endorsed incorporating PUDs/ Drugs issues # of training conducted after endorsing curricula # of participants		
	Sensitization/awareness program including rights to among line agencies/ concern stakeholders (youth/teachers/ adolescent).	# of sensitization/ awareness program conducted # of participants	Report of programs list of participant	
	Establishment of legal cell at central and provincial level to protect and promote rights of PUD.	# 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	
	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	
	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	Reports of intervention made at concerned level	

		local level with progress report		
Output 3: Research & Development: 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 # of meetings participated by RN represented	Report/ minutes of committees meetings minutes	
	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	
	Establish data center at RN 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/	Research Reports Analytical reports meeting minutes	

		workshop held for advocacy based on reports		
	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	
	Study on possible resource mobilization through local, provincial and federal government as well as international for sustainable programming on PUD's issues.	Study on possible resource allocation from federal budget for PUDs sector (like inclusion in Red Book) # of study on possible resource allocation and venture for PUDs issue by provincial budget # of study on possible resource allocation and venture for PUDs issue by local level budget.	Study Reports of different levels.	
Output 4: Institutional Development Increased organizational efficiency and performance level in local, provincial and national level.	Restructure of RN based on constitutional mandate	Amended RN Statute incorporating organogram as per state's federal restructure.	RN's statute with amendments	
	Operate well equipped province level office linking with district level organizations	# of well-equipped office established at province level.	Report of office establishment.	

	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	
Output 5: PUD's Inclusiveness Greater involvement of thematic networks of PUD with equal participation of all sex, gender, youth etc.	Establish/Strengthen of thematic committees of PUD i.e. women, children, youth, adolescent etc. to engage on thematic areas of interventions.	# of establishment/strengthen thematic committees. Amended RN's Statute covering cross and inter sectional issues # of meetings held by thematic committees.	Report of thematic committee Amended inclusive RN's Statute meeting minute	
	Develop strategy/guideline to involve in thematic areas to advocate/work on PUD and related issues including children, youth, adolescent women and other key population etc.	Strategy/Guideline to involve thematic areas related with PUD in place. # of meetings held to implement the strategy/Guideline	Strategy/ Guideline on thematic areas meeting minutes	
	Develop organizational policy for greater involvement and equal participation of all concern stakeholders related to PUD.	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	

	Establish issue wise section/ department within RN central and provincial office	Established section/department of Women, children, Youth, adolescent etc. at RN Central and provincial office.	Report on section/ department of women, children, youth, adolescent	
Output No. 6 Comprehensive Treatment Services: Increased access on comprehensive services including HIV, HCV, mental health and other communicable & non-communicable diseases among PUD.	Advocate for develop SOP on comprehensive services based on international practice that includes HIV, HCV, mental health and other communicable & non-communicable diseases among PUD	# of Advocacy/lobbying meetings to develop SOP on comprehensive services.	Meeting minutes	

	<p>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 PUD</p>	<p>A well-equipped model comprehensive service center in place # of clients benefited</p>	<p>Report on service center list of clients</p>	
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Annexes

The following are the stakeholders of Recovering Nepal and Recovering Nepal will develop relation with the stakeholders as follows:

S.N	Stakeholders	Strategy to make relationship
1	Drug users	Providing Services, organize and empower them
2	Community Leader	Working together, dissemination of message of drug users
4	Working organization on Drugs	To provide Services and policy advocacy
5	Hospital	To provide Quality services to drug users
6	Home ministry	Favorable Policy formulation for drug users
7	Donor	Resource mobilization
8	NAPN+, SWAN, FSGMN, JMMS, Drist, NFWLHA	Policy Advocacy, capacity building and providing services
9	INPUD, ANPUD, AHRN, AHF(Asian health foundation)	International Advocacy, Fund mobilization, Capacity building
10	Human Right	Share Human rights issues to different actors such as police, Human rights activist
11	Political Parties	Policy Influence, Inclusion in all level of the structure of government
12	Media	Amplifying voices of drug users, success and case studies publication
13	DACC	Inclusion of drug user in local level and providing Services
14	AMA Samuha/Tole Lane Organization	Sensitization regarding drug use and its rights and working together
15	Clubs (sports, music)	Resource Mobilization, participate in clubs by drug users.
17	Student Organization	To disseminate the message of the rights of drug users.
18	Actors/celebrities	To disseminate voices of the rights of drug users
19	Medical store	Easily access of injection and other medicines related to drug users
20	Police personnel	To respect the human rights and minimizing the Stigma

SWOT ANALYSIS

“STRENGTH, WEAKNESS, OPPORTUNITIES AND THREATS”

Strengths	Weakness
<ul style="list-style-type: none"> ❖ Recovering Nepal is a network of more than 166 organizations working on diverse area of drugs & PUDs ❖ Having regional secretariat in five region of Nepal ❖ Legal framework with new state restructure i.e. provinces. ❖ Well-equipped and sufficient equipment in National level office (Furniture, computers, fax, multi-media, telephones) ❖ Strong and multiple leadership in central & provincial level ❖ Well experiences human resources on drug field with updated knowledge on issues ❖ Well connection and recognition in National and international level ❖ Knowledge and skill on office and financial management in regional level ❖ Good working relationship with the stakeholders ❖ Establishment of IEC center ❖ Geographical representation from all region in board ❖ Team work 	<ul style="list-style-type: none"> ❖ Research and disaggregated data collection. ❖ Evidence informed activities ❖ Lack of frame structure to work on decentralize mechanism. ❖ Resource mobilization ❖ Institutional infrastructure at regional/provincial level in terms of physical facilities, activities and human resource ❖ Capacity development activities/ training ❖ incorporation of gender and other social dimension ❖ Activities to linkage of PUDs with blood borne disease, ❖ Educational/awareness especially in far western region ❖ Media advocacy/ relationship ❖ M&E
Opportunities	Threats
<ul style="list-style-type: none"> ❖ Political stability with federal structure ❖ Community led activities to provide service including rehabilitation operation, OST services as well as 	<ul style="list-style-type: none"> ❖ Institutional and social Stigma and discrimination still prevail. ❖ Gap on PUD's related understanding still on governmental/non-governmental agencies.

<p>comprehensive package for PUD. etc.</p> <ul style="list-style-type: none"> ❖ Favorable policy environment i.e. National Drug Policy, National HIV Strategy 2016-2020 for the drug users (harm, supply and demand policyand provision of support in government policies ❖ Role of newly formed local bodies on PUDs related program and resource mobilization ❖ International guideline, principle agreed on community led activities. ❖ Opening up DUs/IDUs status in the society ❖ Network of IDUs been established. ❖ Government led OST (Buprenorphine and methadone) service program in place. ❖ Favorable environment to work on HEP C ❖ Regional and International voices for policy change both on alcohol and drugs 	<ul style="list-style-type: none"> ❖ Increasing international negative movement on drugs (East/South East Asia) and possible gap on resource allocation. ❖ Open boarder (increasing duplicate or low quality drug) ❖ Unhealthy competition among networks ❖ Negative social perspectives is increasing (Stigma, discrimination) ❖ Political instability ❖ Continuation of fund not sufficient, donor dependency ❖ Positive attitude of donors towards drug users is lacking and decrease the number of donors
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