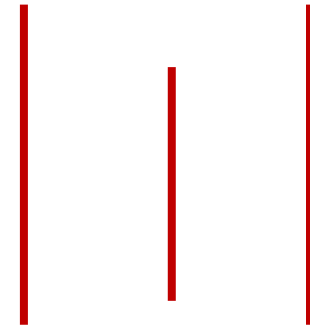


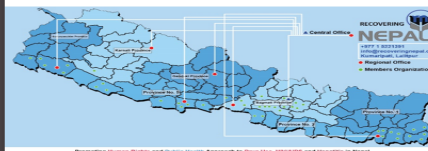
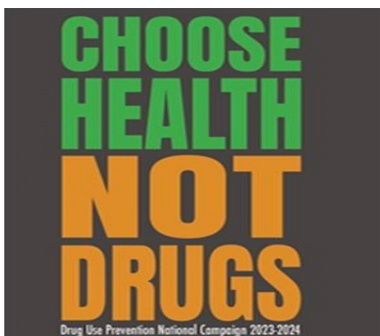
रिकभरिङ्ग नेपाल, (लागुऔषध प्रयोगकर्ता तथा संघसंस्थाहरुको राष्ट्रिय महासंघ)
(Recovering Nepal, RN, (National Federation of PUD and Drug Service Organizations)

बार्षिक प्रतिवेदन (आ.व. २०८१/८२)



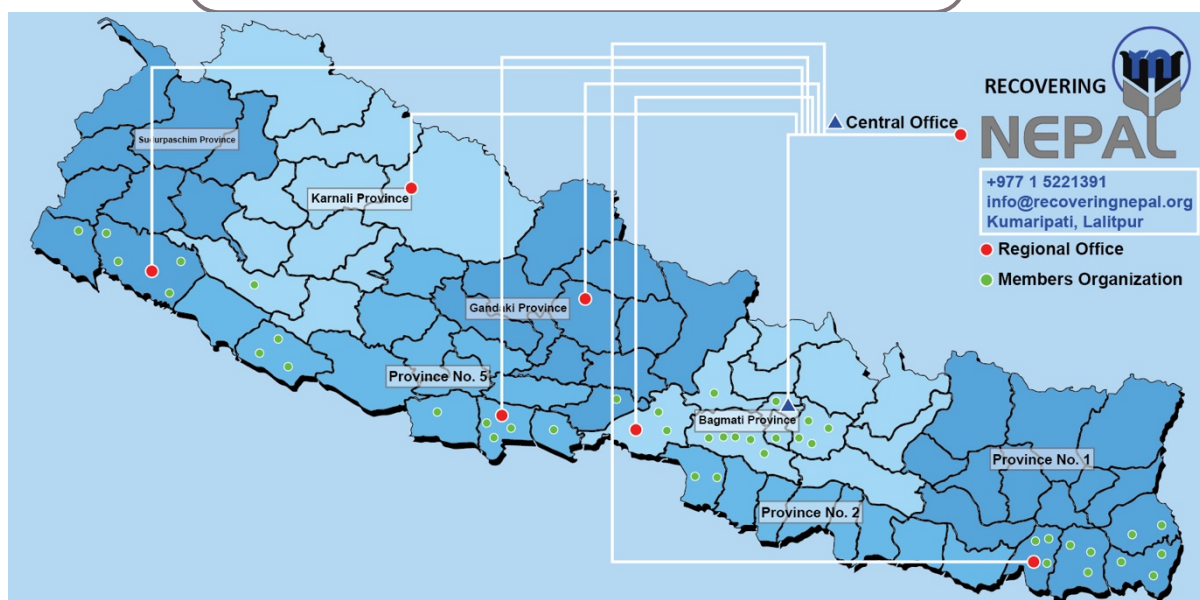
केन्द्रीय कार्यालय
कुमारीपाटी, ललितपुर, नेपाल
फोन नं. ०१-५४२९३९९

Email: info@recoveringnepal.org.np

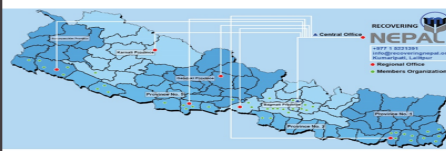
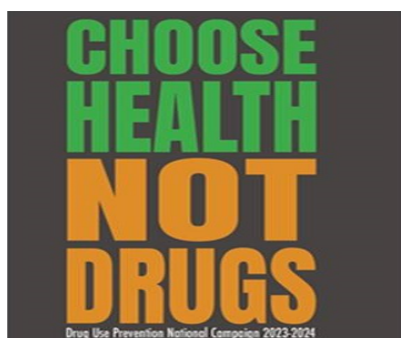


Recovering Nepal National Federation of People Who Use Drugs and Drug Service Organizations

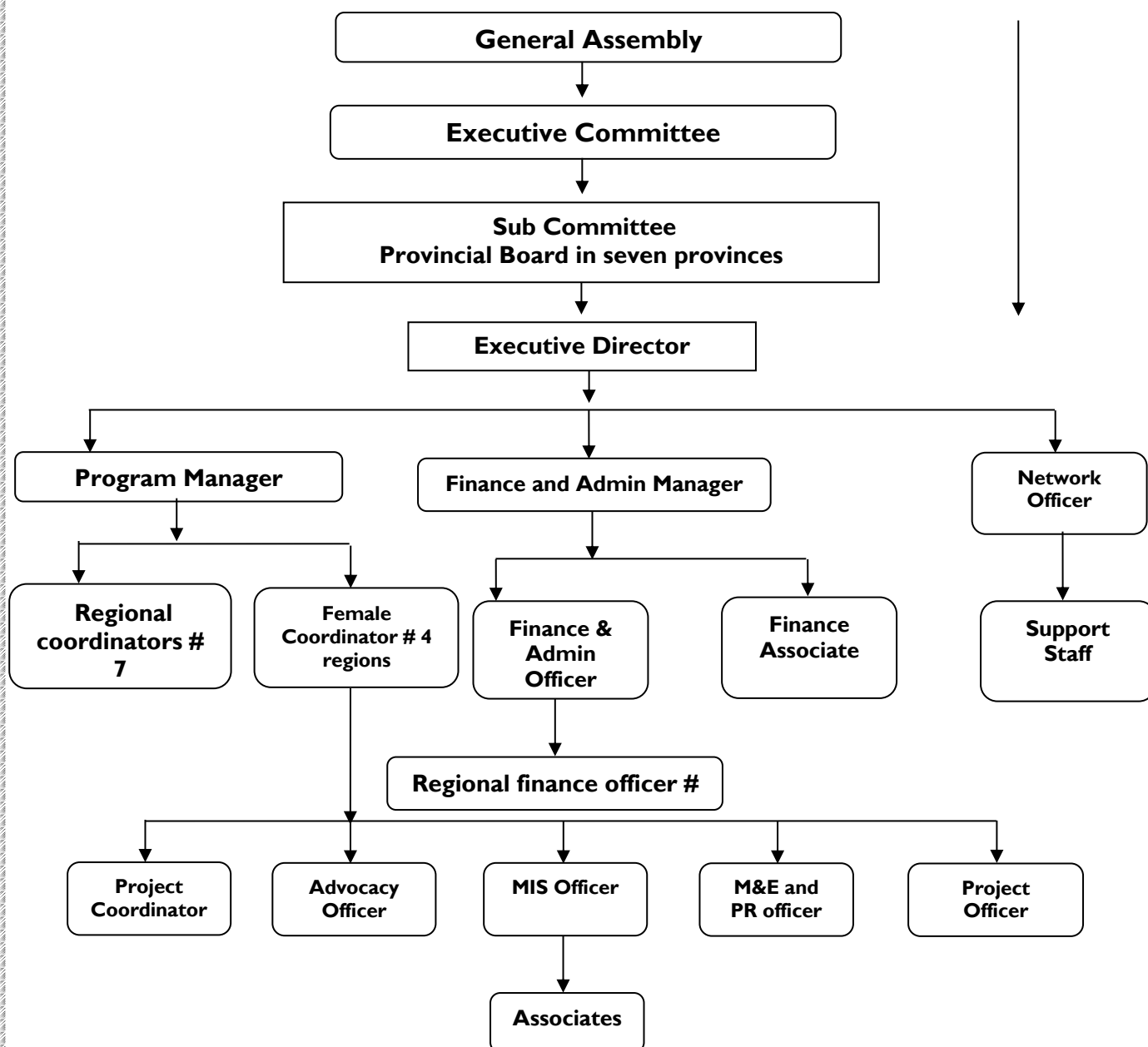
Annual Report (2081-82)



Promoting Human Rights and Public Health Approach to Drug Use, HIV/AIDS and Hepatitis in Nepal



रिक्तभरिङ्ग नेपालको संस्थागत तथा व्यवस्थापकिय संरचना
(Organogram):



संस्थापक सदस्यहरुको नामावली:

क्र.स.	नाम, थर	पद
१	श्री राजीव काफ्ले	अध्यक्ष
२	श्री विष्णु फुयल शर्मा	उपाध्यक्ष
३	श्री उज्वल कर्माचार्य	कोषाध्यक्ष
४	श्री विजयराम पाण्डे	महासचिव
५	श्री रिक्सन बज्राचार्य	सचिव
६	श्री आनन्द पुन	सदस्य
७	श्री चन्द्रमान गुरुङ्ग	सदस्य
८	श्री मिन सेन	सदस्य
९	सुश्री अम्बिका खनाल	सदस्य
१०	श्री सुनन्द बुद्ध मानन्धर	सदस्य
११	श्री उमद राई	सदस्य

हालको कार्यकारी सदस्यहरुको नामावली:

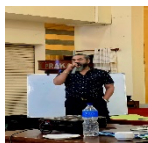
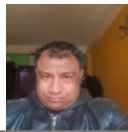
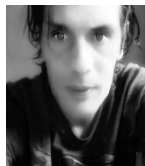
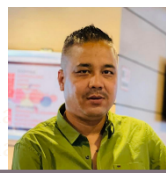
					
Mr. Dilip Gurung President	Mr. Deepak Chapagain Vice President	Mr. Dhruba KC Vice President	Mr. Ujjwal Karmacharya General Secretary	Mr. Riddhi Pratap Jung Bahadur Rana	Mr. Ravi Krishna Shrestha Secretary
					
Mr. Samir Thapa Chhetri Secretary	Mr. Manish Tandulkar Member-Thematic Network (YKP Lead)	Ms. Yam Kala Rai Member- Thematic Network	Mr. Aswin Thapa Member- Thematic Network Current Users	Mr. Rajesh Didiya Member-Thematic Network- TB	Mr. Subodh Poudel Member
					
Mr. Navraj Pandey	Mr. Lalit Bhattarai Member	Mr. Subodh Poudel Member	Mr. Keshab Pun Magar Member	Mr. Sandeep Shakya Member	Mr. Bhakti Sitaula Invitee
					
Mr. Durga (Sushil) Rijal Invitee	Mr. Ranbir Singh Chettri Invitee	Mr. Sampurna Tamrakar Invitee	Mr. Raj Kumar Lama Invitee	Mr. Sanjaya Khadka Invitee	Mr. Sujan DC Invitee

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Highlights of Recovering Nepal in 2081-82

Advocacy for Law and Policy Reform

- **The Narcotics Drug Prevention and Control National Master Plan** endorsed and called for the expansion of the Harm Reduction program.
- **Drafting GESI Policy:** RN supported FSGMN's GESI policy for Bagmati province.
- **Police Training Manual:** The Nepal Police endorsed and included the harm reduction component in its training manual.
- **HIV Bill-** RN interacted with lawmakers from the Education Parliamentary Committee within the Federal Parliament of Nepal to advocate for the passing of an HIV bill through the parliament.
- **Narcotics Drug Control Act/Drug Control Policy-** RN participated in the first consultation meeting to discuss the Drug Control reformation Policy of the Narcotics Drug Control Act.

Sensitization of Law Makers

- ⊕ RN completed Provincial Inter-ministerial consultation for law reform in the Gandaki and Madhesh provinces.
- ⊕ In Province One, the RN conducted the provincial consultation with parliamentarians.
- ⊕ At the national level, RN interacted with lawmakers from the Education Parliamentary Committee within the Federal Parliament of Nepal.

HIV-Related Legal Services

- ⊕ RN provided legal services consultation to its fellow KP organization.
- ⊕ The legal consultant of RN visited NFWLHA, NAP+N, and JMMS to provide legal advice on cases of human rights violations faced by the community.
- ⊕ RN, through its legal consultant, supported the legal cases of 12 people from the PWID, LGBTIQ, and PLHIV communities.

Capacity Building

- ⊕ Project orientation to the board and staff members of the regional office.
- ⊕ Training in business plans is provided to a select group of drug users.
- ⊕ Psycho-social counseling related to drug treatment was provided to the relation centers of Bagmati province in collaboration with the youth council and the provincial sports ministry.

Research

- ⊕ The first study on the Situational Assessment of the Sexualized Drug Use (SDU) among two HIV Key Populations, particularly focused on MSM/TG/MSW, and PWUD communities.
- ⊕ The Study on the Impacts of COVID-19 among HIV Key Populations in Nepal.

Coordination/Collaboration with related stakeholders

- ⊕ RN works in close collaboration with MoHA in this fiscal year, and we have conducted psychosocial counseling training for rehabilitation on a cost-sharing basis with MoHA.
- ⊕ RN collaborated with NCASC for COVID-19 impact studies.
- ⊕ Our collaboration with Law enforcement Agents has been evident from the fact that Nepal Policy is integrating harm reduction into its training curriculum.
- ⊕ We worked with NRHC at both national and provincial levels. NHRC identifies some KPs as a vulnerable population.
- ⊕ RN submitted its list of programs and budget to the local government (ward level).
- ⊕ RN recently supported the provincial youth council and the province's sports ministry in Bagmati Province in conducting psychosocial counseling for drug users.

HIV prevention through Needle and Syringe exchange

- ⊕ More than 1400 beneficiaries are provided in safe spaces in DIC sites.
- ⊕ 39 determine reactive cases through Community Led Testing (CLT) in DIC sites referred for confirmatory testing.

Message from Executive Director

We are delighted to extend a warm welcome to you as you explore the Recovering Nepal community online. This platform is designed to showcase the collective efforts, values, and vision that unite us.



For those already familiar with Recovering Nepal, we hope this site brings back meaningful memories of your engagement with our community. For newcomers, you are about to discover an inspiring network of individuals, organizations, and thematic alliances working together toward a shared purpose.

Recovering Nepal stands as a vibrant coalition committed to advancing health, protecting human rights, and improving the overall well-being of vulnerable, marginalized populations affected by poverty and disease across Nepal.

As you navigate through our website, we are confident you will gain valuable insights into who we are and what we stand for. We encourage you to take your time exploring our initiatives, programs, and achievements. Should you need any further information, please do not hesitate to reach out to us directly.

We are proud of what we have accomplished and excited about what lies ahead. Your feedback is important to us, and we invite you to stay engaged and learn more as you explore our work.

Message from General Secretary



Recovering Nepal was born from a powerful vision, a convergence of ideas driven by passion and the determination to seize an opportunity for change. Our mission has always been to empower people who use drugs by creating pathways toward a life of dignity, independence, and holistic well-being.

From the outset, we have worked to eliminate barriers that hinder access to services. By establishing provincial offices and optimizing resource utilization, we have reduced reliance on subcontracting and ensured timely, direct support for our community. Our divisions continue to grow rapidly, shaped by a deep understanding of the challenges faced by people who use drugs.

Advocacy has been at the heart of our work since the beginning, rooted in human rights and aimed at transforming policies and practices at every level. Today, Recovering Nepal stands as a comprehensive, community-driven solution provider, addressing the diverse needs of people who use drugs across the country.

Our progress is evident: from influencing national policy reforms to expanding our divisions and building a strong workforce. These milestones reflect not just growth, but the positive momentum of a movement committed to lasting change.

As a federation led by and for people who use drugs, we believe in leading by example. Our work is practical, impactful, and grounded in real-life experiences. We are continuously expanding our network of partners, strengthening services, and innovating solutions to meet emerging needs.

We express our heartfelt gratitude to the people who use drugs and the Government of Nepal for creating the space to revisit and reform laws and policies, opportunities that have been pivotal to our journey. Your vision and support have enabled our progress and will continue to guide us forward.

Finally, I extend sincere thanks to everyone who has stood with Recovering Nepal through every challenge and success. Our commitment remains unwavering to enhance the quality of life for people who use drugs and to advocate for a future where dignity and human rights are non-negotiable.

**Vision:**

“Quality of Life of Drug Users”

Indicators:

- ❖ Access to health services and good health; Enjoying all political, social, economic, and cultural rights.
- ❖ Getting employment and,
- ❖ No discrimination, stigma, and dignity of life.

Mission:

To empower drug users and mitigate negative consequences of drug use, including blood-borne infections, and create an enabling environment for universal access.

Goal:

To increase access to comprehensive services for drug users and reduce blood-borne infections.

Objectives:

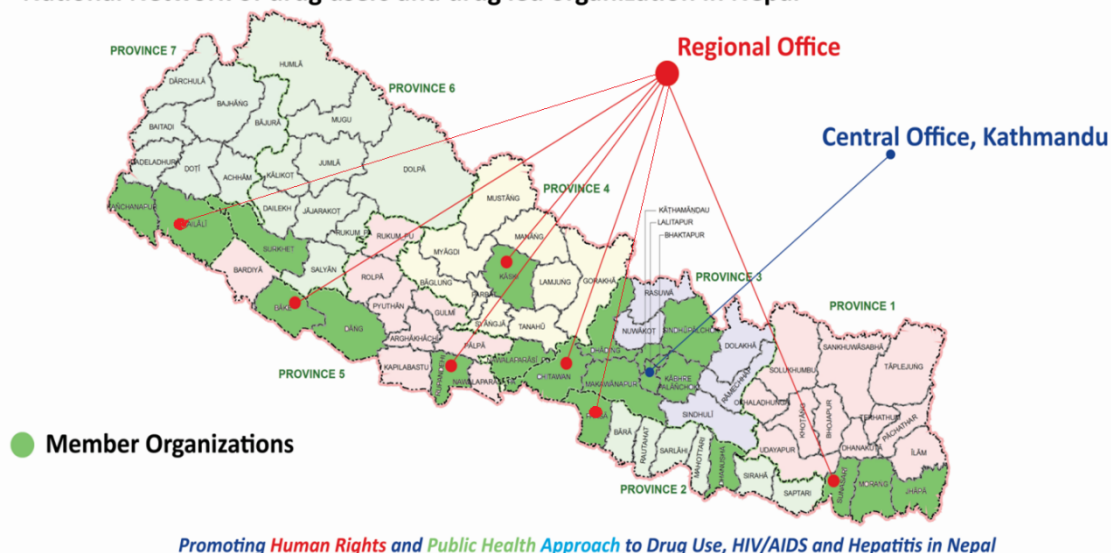
- To ensure quality services for drug users by interpreting correct data and to promote effective and efficient services for PUDs of Nepal.
- To ensure decentralized and need-based sustainable resource allocation for PUDs.
- To expand and strengthen the movement of people using drugs in Nepal.
- **To increase organizational efficiency and performance level, both at the local and national levels, to standardize the identification of the organization in Nepal.**
- **To create a stigma-free environment with easy access to a continuum of care and prevention services.**

Coverage of Recovering Nepal

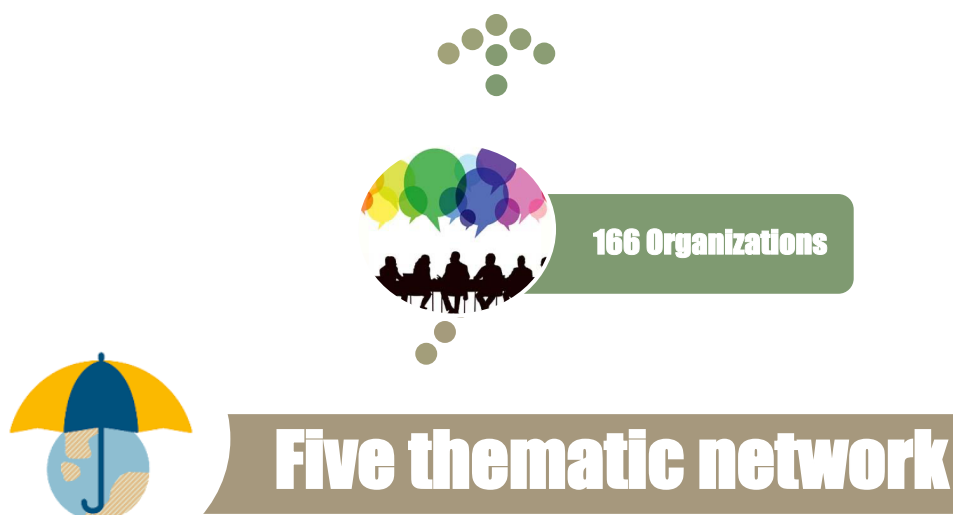
RN has a coverage in all seven provinces of Nepal.

RECOVERING NEPAL

National Network of drug users and drug led organization in Nepal



RN Affiliation



Supporting Partners of Recovering Nepal



- Awareness program
- Drug Treatment support
- Trainings
- Emergency Support
- Hepatitis Treatment
- Capacity Building



- Reduce Stigma Discrimination
- Project Health Rights
- Human Rights
- Advocacy for Change
- Gender Equality



Recovering Nepal expresses its sincere gratitude towards the supporting partners and the government of Nepal for supporting Recovering Nepal to achieve the organization's stipulated goal. We hereby, acknowledge all the efforts and solidarity of the drug user community for giving hands to advocate, manage, and monitor the quality of life of drug users nationally.

Key programs implemented by RN in the fiscal year 2081/82.

REDUCING HUMAN RIGHTS AND GENDER-RELATED BARRIERS TO HIV AND TB SERVICES IN NEPAL”

Summary Report for Catalytic Fund (1st July 2024 to 31st January 2025)

Outline of Catalytic Program Activities (1 July 2024 to 31 January 2025):

S. No.	Name of Program Activities	Number of planned Program Activities
1	Provincial Bi-monthly meeting with KP survival group	104
2	Day Celebration	2
3	Coordination meetings with NHRC	28
4	Provincial Inter-ministerial consultation for law reform	10
5	Provincial Consultation with Parliamentarian	5
6	Project Review NFM3 for Provincial staff and Board	1
7	Advocacy meeting with concerned agencies for policy and law reform	5
8	Provincial municipality judiciary committee meeting	35
9	National Media Briefing to highlight achievement of the Program	1
10	Human Rights Day, Stigma and Discrimination Day and disease specific days	21
11	Provincial Media Sensitization Program	25
12	Provincial Stakeholders Meeting	29
13	Capacity Building Training on Human Right (Staffs and Board-central and Provincial)	6
14	Monitoring and Evaluation	16

Program Summary:

Summary of the overall progress:

Under the Catalytic Fund on " **REDUCING HUMAN RIGHTS AND GENDER-RELATED BARRIERS TO HIV AND TB SERVICES IN NEPAL,**" supported by Global Fund/Save the Children, RN accomplished planned activities, including other various activities targeting KPs in respective provinces. Besides, the provincial offices are engaged in establishing coordination and a collaborative approach with government agencies and other organizations, and initiated advocacy on human rights and health rights of people who use drugs, and proactively participated in many programs organized by concerned agencies and continuously raised issues on barriers to health services and the need for addressing them by the concerned authorities.

RN central office provided technical support to maintain quality assurance with consideration to the result-oriented and cost-effectiveness of all activities. The regular communication

among provinces was maintained to ensure quality assurance, cost effectiveness, and the result-oriented nature of the program.

The Main Objectives of the Grant:

- Remove Health (operational, logistical) and Human Rights (Policy and Principle) barriers to Services
 - Reform Laws and Policies
 - Educate and Build the Capacity of Policy Decision Makers
 - Promoter Didactic learning for Frontline workers
 - Defend the Human Rights and Ethics of Practices, giving KAPs a voice
- Generate evidence for Advocacy through the community
- Eliminate Stigma And discrimination and normalize the marginalized issues of KAPs
- Address Gender Based Violence, Cultural and Social Norms that Put Women at Risk

Program Areas:

- Advocacy and sensitization for policymakers and key stakeholders on policies and law reform
- Promote legal literacy among KPs " Know Your Rights"
- Catalytic Activities Improving the Quality and Efficiency of National HIV, TB Program Implementation

The program districts are:

Achham, Arghakhanchi, Bajhang, Baitadi, Bajura, Banke, Bardiya, Baglung Bhaktapur, Bara, Chitwan, Dhanusha, Dhading, Darchula, Dang, Dailekh,, Dadeldhura, Doti, Gorkha, Gulmi, Jhapa, Kathmandu, Kaski, Kapilvastu, Kalikot, Kailali, Kanchanpur, Lalitpur, Lamjung, Mahottari, Makawanpur, Morang, Myagdi, Nawalparasi-W, Nuwakot, Parsa, Parbat, Pyuthan, Palpa, Rautahat, Rolpa, Rupandehi, Rukum-E, Sankhuwashava, Salyan, Saptari, Sarlahi, Sindhuli, Sindhupalchowk, Siraha, Sunsari, Surkhet, Syangja, Tanahun & Udayapur. Through provincial and national-level advocacy, the project pushed for critical legal and policy reforms for improved access to healthcare and rights for key populations, including people living with HIV (PLHIV), people who use drugs, sex workers, LGBTQI+ communities, and Female Sex Workers (FSWs). It engaged parliamentarians, government ministries, judiciary committees, and other authorities through various consultations, meetings, media campaigns, and national events. Extensive coordination efforts with government agencies, community groups, non-profits, and other stakeholders led to joint actions and linkages on issues of HIV, human rights, and gender-based violence. Skills training sessions equipped rehabilitation centers and key populations with stronger psychosocial, governance, and business capacities.

Key partnerships under the Catalytic Project include:

Key Population Networks: Organizations working with sex workers, LGBTQI+ people, people living with HIV, and people who use drugs collaborated in all project activities through their lived experiences.

National AIDS and STD Control Board (NCASC): The project worked closely with NCASC for all advocacy related to the HIV Bill, ensuring the government's leadership on this crucial legislative reform. Joint meetings were held with other stakeholders for strategizing next steps.

Provincial Health Directorates: As coordinating bodies for health programs in respective provinces, directors extended support to project activities like trainings, coordination meetings, and responding to HIV and gender-based violence issues.

District Health/Administrative Offices: Granted approvals for project events and connected beneficiaries to government welfare schemes and entitlements. Supported follow-up on GBV cases.

Judiciary Committees: Engaged judiciary committees in Biratnagar, Kathmandu, and Birendranagar municipalities on integrating a rights-based approach for key populations in their decisions.

Rehabilitation Centres: 166 rehabilitation centres across Nepal affiliated to Recovering Nepal were involved in project activities - trainings, advocacy campaigns, referrals for HIV testing & treatment, etc.

Human Rights & Women's Rights Bodies: Partnerships were built with the National Human Rights Commission, National Women's Commission, NGO Federation of Nepal, and others for advocacy efforts on community issues.

Media Groups: Local media houses and journalists supported project activities through news coverage as well as published articles on key population issues.

The selected major interventions under the project, with detailed narrative form, are as follows:

1. “Provincial Bi-monthly meeting with KP survival group”:

RN offices of the province organized a total altogether 104 events of “Provincial Bi-monthly meeting with KP survival group” with participation of the task team during the project period from July 2024 to 31st January 2025. The meeting discussed on major key issues as identified in “Key Population Feedback Workshop”.

In addition, the task team discussed pertinent issues and concerns of the key population and raised a strong voice to be addressed by the government and stakeholders.

The structure of the five-member "provincial survivor group for law reform" consists of:

1. Provincial board member of RN-1
2. Provincial focal person RN-1
3. Provincial representative PLHIV group-1
4. A provincial representative from the Federation of Sexual and Gender Minorities-Nepal (FSGMN)- 1
5. A provincial representative from Jagriti Mahila Maha Sangh (JMMS)-1

The major key issues discussed during the survival group bi-monthly meeting are:

Demands and agendas identified in the key population feedback workshop

Female Sex Workers	LGBTIQ Community
	1. Legal identity for LGBTIQ community especially citizenship and



1. Removing legal barriers for obtaining a citizenship certificate. सहज रूपमा नागरिकता प्राप्त गर्न कानून संसोधन 2. Provision for an alternative source of income. बैकल्पिक आय आर्जनको व्यवस्था 3. Free enrollment in insurance services provided by the Government of Nepal विमामा सहज पहुँच 4. Special focus on the health issues of FSWs and treatment access. महिला यौनकर्मिहरूको स्वास्थ्य र उपचारमा पहुँच 5. amendment of laws that stigmatize and discriminate FSWs. यौनकर्मि महिलालाई विभेद गर्ने कानून संसोधन 6. Active involvement of FWSs in law reforms in all level यौनकर्मि महिलाको कानून निर्माणका हरेक तहमा पहुँचको सुनिश्चितता	other legal documents. नागरिकता लगायत अन्य कानुनी कागजात संसोधन 2. Legalization of same sex marriage. समलिंगी विवाहको मान्यता 3. Orientation to health workers regarding LQBTIQ community स्वास्थ्यकर्मीहरूलाई यौनिक तथा लैङ्गिक अल्पसंख्यक बारे तालिम 4. allocation of budget for LGBITQ focused activities बजेट बिनियोजन गरिनुपर्ने 5. Income generation support to LGBITQ community आय आर्जनको काममा सहयोग र समावेश गरिनु पर्ने
Drug Users 1. Inclusion of drug use education in police training courses. प्रहरी तालीम सामग्रीमा लागू औषध प्रयोग सम्बन्धि जानकारी राखिनु पर्ने 2. Stop the police harassment against service providers and drug users लागू औषध प्रयोगकर्ता विरुद्धका प्रहरी ज्यादती रोकिनु पर्ने 3. Citizenship for enrolled opioid substitution therapy users नागरिकताको सुनिश्चितता... 4. make provisions for delivering OST doses for drug users in custody. प्रहरी हिरासतमा रहेकाले सेवा पाउनुपर्ने 5. Create enabling environment for female drug users महिला लागू औषध प्रयोगकर्ताको लागि सहज वातावरण निर्माण र सहजीकरण 6. Reformation of drug-related laws and policies लागू औषध सम्बन्धि नीति तथा कानूनको संसोधन	People Living with HIV (PLHIVs) 1. Provision of 5000 monthly support to PLHIVs as chronically ill people. अन्य दीर्घरोगिले पाउने मासिक ५ हजार एचआईभी संक्रमितले पनि पाउनु पर्ने 2. Ensure government facilities and services for PLHIVs who enrolled in ART but had no citizenship certificate नागरिकता नभएकाले पनि उपचार र सेवा पाउनुपर्ने 3. Provision of free education and employment opportunity for youth and adolescents living with HIV (above 18 years) निशुल्क शिक्षा र स्वास्थ्य सेवाको सुनिश्चितता 4. Finalize, endorse and implement HIV bill एचआईभी बिल अबिलम्ब पास गरिनु पर्ने 5. Free Treatment of PLHIVs having chronic diseases. एचआईभी लागेका दीर्घरोगिको निशुल्क उपचार 6. Local government should make their own laws and policies related to HIV स्थानीय सरकारले आफ्नो एचआईभी कानून नीति तर्जुमा गर्नु पर्ने.

2. Day Celebration

International HEP C Day:

All the RN offices based in provinces organized International Hepatitis C Day on 28 July 2024. The International HEP C Day was observed with the major objectives of ensuring accessible health services for people who use drugs who are infected with viral hepatitis. This day was observed in all the provinces with the theme “It’s time for action”. In all the provinces, RN played an effective role and demanded strongly to accelerate action on better prevention, diagnosis, and treatment to save lives and improve health outcomes for the local government.



Submitting the press release of the HEP C letter to ministry of Social Development in Pokhara Sub-metropolitan

To mark Hepatitis C Day on 28th July 2024, the meeting was convened to discuss the current state of Hepatitis treatment and to address the challenges faced by patients and healthcare providers. During the meeting and interaction program, the representatives, key officials of the Ministry of Internal Affairs and Law, and the Ministry of Social Development were informed on the rapidly growing cases of hepatitis and significant gaps in awareness, funding, and infrastructure, and the urgent need to collaboratively work on, by developing a comprehensive strategy.

The purpose of the meeting was to seek the Ministry’s support and commitment in developing and implementing effective solutions to improve Hepatitis treatment and management in Bagmati province.

Objectives:

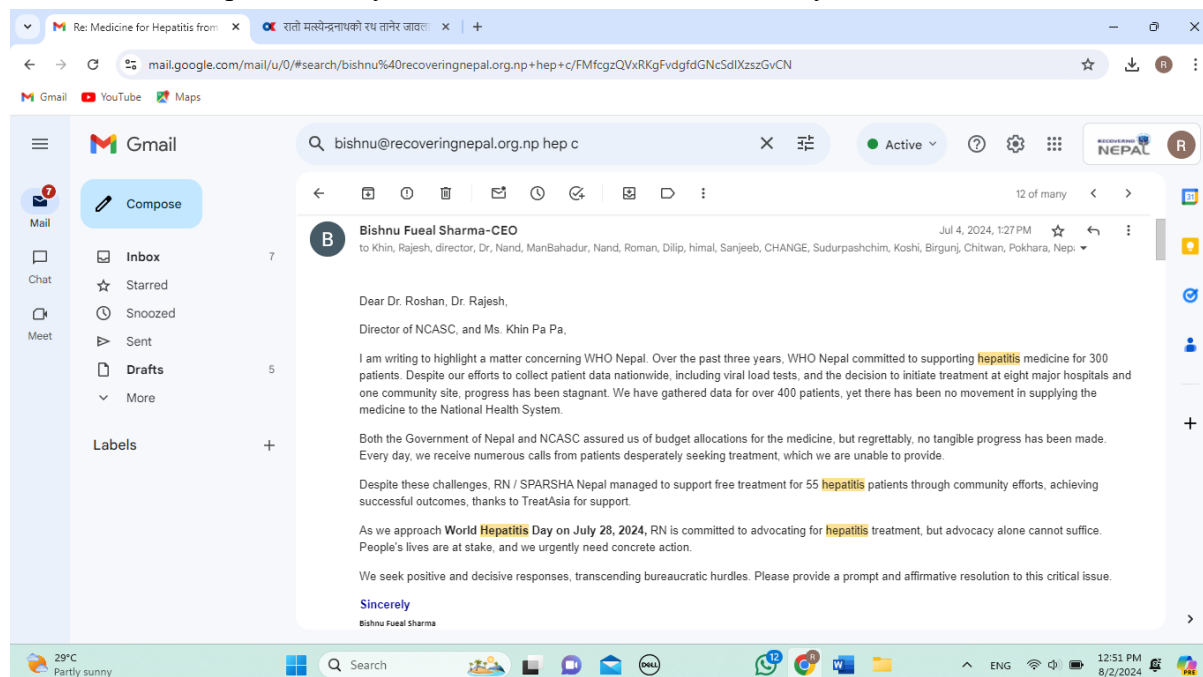
- ❖ To advocate for the accessibility of HEP C treatment services for PWID.
- ❖ To raise awareness on HEP C and the need for collective campaigning
- ❖ To advocate for leveraging resources from the government and scaling up investment
- ❖ To provide an overview of the current HIV infection in Nepal

Major activities conducted on:

On behalf of Recovering Nepal, Mr. Bishnu Fual Sharma regularly communicated with the concerned person of the Nepal Government and the WHO for free hepatitis medicine for 300 patients. He further explained in written communication that despite our efforts to collect patient data nationwide, including viral load tests, and the decision to initiate treatment at eight major hospitals and one community site, progress has been stagnant. He informed that communication about the collection of data from over 400 patients is completed, yet there has been no progress in supplying the medicine to the National Health System.

RN central office directed to all province-based offices to submit a press release to the Ministry of Social Development and Health about the death of PWID due to severe chronic infection of HEP C and inaccessibility of services. During a meeting with the ministry level, the RN focal person provided information on how PWID are living with HIV/AIDS and HEP C. They raised concerns that many PWID are about to die due to the inaccessibility of HEP C treatment services. Besides, provincial offices conducted orientation sessions, rally programs in various places to raise awareness on HEP C in close coordination with rehabilitation centres and civil society organizations.

The email correspondence by the ED to the concerned authority is enclosed.



The events were planned in all the provinces with demanding action-oriented planning and enhanced collaboration to eliminate viral hepatitis as a public health threat in the country. In orientation and interactive sessions, the major discussions held about the topic were:

- ❖ Prevalence of HEP C among PWID.
- ❖ Information about HEP C on epidemiological, technological, and contextual
- ❖ The major complications, problems, and challenges associated with hepatitis C in relation to PWID.
- ❖ Need of increment in funding and domestic financing to improve access to testing, treatment, and support services.
- ❖ Urgent need to address stigma and provide comprehensive care to ensure the well-being of individuals affected by hepatitis C.
- ❖ Important role of a multi-sectoral approach involving collaboration among government agencies, NGOs, healthcare providers, and affected communities
- ❖ Importance of health policy reforms, increased investment, and community empowerment to effectively address hepatitis C among drug users.
- ❖ Interactive Session and Conclusion:
- ❖ To mark the day effectively, RN provincial offices have printed T-shirts with the slogan of this year of HEP C and distributed them among participants and stakeholders.



HEP C Day celebration in Koshi province



Press release on HEP C letter handed over to the Ministry of Health and Population in Madhesh Province



HEP C Day celebration in Sudurpaschim province



Interaction about HEP C with the health office of Banke



Interaction program in Bagmati province to mark Hepatitis C Day



Interaction program in Bagmati province to mark Hepatitis C Day

3. Participation in the International AIDS Conference in Germany:

Mr. Bishnu Fueal Sharma presented on the major achievements of RN under the catalytic grant at the International AIDS Conference held in Germany. Highlighting major objectives under this grant, he shared the detailed achievements of the project, including major challenges during implementation of the program. The presentation has focused on the need for reforming law and policy, and continuation efforts of RN with strong advocacy initiatives and achievements to date.



The major achievements that are mentioned by the ED are:

- ☐ Drug Law and Policy Reform, towards Decriminalization (Drug Act, Drug Policy)
- ☐ Comprehensive treatment for Hepatitis B and C
- ☐ Amendment of OST Guidelines.
- ☐ Consultation and pass the HIV Bill
- ☐ Legal Support (access to legal aid)
- ☐ Law and policy barriers sensitized to parliamentarians resulted in the Activation of the HIV bill from the Parliamentary Committee sub-committee - Directive to the government for the HIV Bill
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- ☐ Successfully established GESI policy in Bagmati province.
- ☐ Successfully established Gender and Sexual minorities policies in Bagmati province.
- ☐ Updated model drug control Law for all seven provinces
- ☐ Mobilizing Pro Bono Lawyers in seven provinces - Hired paralegals in seven provinces for legal support to PHIV and KPs
- ☐ Achieved Hep C treatment in Nepal. Now the government has decided to roll out HEP C treatment in 8 sites

- ☐ Sensitize Many policymakers and parliamentarians to key barriers to health and human rights
- ☐ Research on GBV
- ☐ Provided legal support to PLHIV and KPs (filing a case in court)
- ☐ Strengthen the Organizational Capacity of RN and leadership building

4. Provincial Judicial Committee meeting:

Recovering Nepal, province-based offices organized a meeting on “Provincial Judicial Committee meeting” with the Municipality Judicial Committee. The meeting was conducted with the major objectives of sharing key concerns of KPS with highlighting health and human rights, including exploring measures to collaboratively move forward to overcome challenges faced by KPs. The meeting was discussed intensively, focusing on the agenda regarding major challenges faced by Drug users and PLHIV. We discussed Prevention, Treatment & Reduction for the Drug users and PLHIV, as well as the drug user stigma & discrimination. The participants of the meeting were from the Deputy Mayor, and chair of the Municipality, and other stakeholders.

Objectives:

- To share and sensitize among the judicial committee on the National HIV program, prevalence of HIV and Hepatitis C among KPs, Major challenges in the program, and Health and Human Rights about KPs
- Interaction and discussion on creating an enabling environment, barriers related to HIV and TB, reducing stigma and discrimination prevalent in the health sector, and initiation of the reformation of laws related to the Key populations.
- Establish sound coordination with the judicial committee and functional them of the issues of KPs
- To discuss the major challenges faced by Drug users and possible mechanisms to intervene.
- To discuss stigma and discrimination faced by Drug users and possible mechanisms to intervene in it.
- To discuss Prevention, Treatment & reduction for Drug users.

In most of the provincial-level Judiciary Committee meetings, the Province Focal Person presented an introduction to Catalytic Fund with highlighting major objectives under this grant. And further shared the status of HIV infection at the national level as well as of provinces and major interventions, outcomes achieved to date, and major interventions to be considered for further time. They have informed that the meeting with the Judicial Committee has become beneficial and such practice should be continued, and they hoped that the Judicial Committee will support the issues of PWID in accessing the Judiciary services offered at the Municipal level.



The Provincial Judiciary Committee meeting was held in Birgunj with the presence of members of the Judiciary Committee

Major issues identified by the participants:

- The mayor, including members of the Judicial committee, realized that the additional support from the municipality would support to PWID-related program at the municipal level.
- The elected body of the Municipality and other stakeholders are positive to support in the gap areas with funding support in the forthcoming planning.
- The Judicial Committee is experiencing very few cases related to PWID and is sending them to rehabilitation centres.
- The counselling centre and help desk within the premises of the Municipality would support addressing the PWID effectively.
- The development of written working procedures will help concentrate on addressing issues and concerns of PWID, and the municipality could play an effective role.

Recommendations from the participants:

- In functioning counselling centres and help desks, the RN province office demanded space within the municipality and support on behalf of the RN to continue the program.
- The RN province office will support in developing working procedures and demand additional funding with a priority to incorporate into the upcoming planning of the municipality.
- Regular meetings and coordination with the municipal-level judiciary committee are necessary to go ahead with working together.

Major Decision:

The meeting decided to develop working procedures, allocate the budget in the upcoming planning. The consideration in establishing a help desk and counselling center within the premises of the municipality will be prioritized, and the RN province office will support to functioning. The Judicial Committee will consider with serious attention to the cases of PWID in the forthcoming days. The discussion led to creating a roadmap and holding a continuous discussion to make accessible judiciary services to PWID. The need to develop working procedures and move forward to address the major challenges faced by PWID will require significant work based on a collaborative approach between the RN and the Municipality.

5. Provincial Inter-ministerial Consultation for law reform:

Recovering Nepal (RN) is a national network working to promote the health and human rights of people who use drugs in Nepal. RN engages with the Global Fund-supported Human Rights Catalytic Grant implementation process in Nepal through Save the Children as Principal Recipient. It represents people who use drugs, female sex workers, LGBTQI populations, migrants, people living with HIV, and others.

Recovering Nepal, Karnali Province organized "Provincial Inter-Ministerial Consultation for law reform" in the presence of government senior officials, different stakeholders, and members of Rehabilitation Centres on 31st December 2024, at Surkhet. The program discussed current issues of key population community problems, Prevention, Treatment & Reduction for the Drug users and PLHIV, as well as the drug user stigma & discrimination. The program was chaired by Mr. Lalit Bhattarai, President of Recovering Nepal, Karnali Province. The chief guest was Dirgha Bahadur Pokhrel, Secretary of Ministry of Social Development, guest was Former Minister Mr. Krishna G.C. Ministry of Internal Affairs and Law, Karnali Province, Mr. Man Bahadur Karki, Officer, National Human Rights Commission were present in the meeting.

Objectives:

- To sensitize and inform on the RN's major program area.
- To inform and present on the discriminatory law practices of Nepal and their negative impact on the drug user community.
- To share on health and human rights-related barriers faced by key populations.



Provincial Inter-ministerial consultation for law reform meeting held in Karnali Province

Proceedings:

The meeting started with the welcome speech of Mr. Om Bahadur Shahi, Focal Person of the RN Province Office of Karnali. Mr. Shahi shared the objectives and agenda of the program

with participants. The entire program was conducted with interactive group discussion on the proposed agenda.

Mr. Lalit Bhattarai presented on comprehensive overview of the Drug Act 2035 of Nepal by highlighting its historical context, key provisions, and objectives. Participants were briefed on the legislative framework governing drug-related offenses and the enforcement mechanisms outlined within the act.

The major discussions held on the following issues, based on the status of the ground reality of KPS, as:

- Capacitate drug users about various health services, treatment literacy, and ensure accessibility of health services, especially for poor drug users
- A responsible act from the local government to operate the narcotic drugs-related program
- Special attention for the drug problem of street children
- Rehabilitation and treatment services need to be focused by Ministry of Health or the Ministry of Social Affairs
- Since drug use is a complex problem, there should be cooperation between the organizations and all stakeholders

Mr. Om Bahadur Shahi presented on the advocacy effort made by RN for a long time to fight against the existing discrimination and stigma attached to people who use drugs and PLHA to combat HIV and drugs. In the meantime, he briefly explained on catalytic fund and its focus to advance efforts for reforming laws, policies, and harm reduction through addressing human rights issues, gender-based violence, gender inequality/inequity, including social stigma and discrimination related to HIV/TB and drug use.

Decision:

The Provincial Inter-Ministerial Consultation Meeting seemed effective in sensitizing and informing about the issues of drug users; there was a felt need for a collaborative approach to address the problems. Regarding the complexity of the drug issue, it was decided to strengthen collaboration among organizations and stakeholders to address the problems and concerns of drug users, along with ensuring the health and human rights of drug users.

Recovering Nepal, **Sudurpaschim Province** organized a meeting on “**Provincial Inter-Ministerial Consultation for Law Reform**” with Key members of Ministry of Internal Affairs and Law, members of parliament, and senior officials of the provincial government on 5th December 2024, in the premises of Aastha hotel, Dhangadhi, Kailali. The meeting focused on Drug Act 2033, a discussion on applicable drug laws and policy, and current crucial issues of drug users.

Objectives of the meeting:

- To advocate meaningful engagement of local governments and form active mechanisms to create an enabling legal and policy environment that supports the implementation of human rights-based HIV/AIDs treatment Interventions, as well as review the Drug Control Act, policy, and legislation
- To share the national action plan and operational guidelines, in line with the national strategy, through health, human rights, and harm reduction-based approaches to reduce drug-led harm among PWUD/WWUD in the country.
- Increase understanding among parliamentarian members about the intersection of drug issues and human rights in addressing stigma and police harassment against service providers and drug users, and the Key population.

Procedures:

With a welcome speech by a provincial board member, the RN focal person presented on Major activities of RN under the project of Catalytic Fund supported by GFATM/Save the Children. It was briefed on progress along with achievements of Recovering Nepal Sudurpaschim of the year 2024 (Jan-Oct) under the Catalytic Funds. The presentation highlighted key legal and human rights-related issues faced by drug users and key populations, drug-related survey and data, and key Points of the Drug Act, 2033.

In an interaction session, Minister (MOIAL) and a parliamentary member said the provincial government will support policy reforms, and efforts will be made to make provincial-level guidelines and policies. Treatment support for drug users will be provided at the ministry level, and income-generating and life skill support for the recovery of drug users will be provided by the provincial government.

The provincial government representative said that the government will initiate a plan for the drug abuse reduction program in the province in coordination with civil society organizations. The representative of a civil society organization remarked that advocacy will be done for the human rights of drug users/KPs and scale up rehabilitation support.

Decision:

RN has emphasized on need for improved access to treatment, rehabilitation, and support services for drug users. The provincial government should take the initiative for law reform and drug control, prepare a plan, and allocate a budget for the drug reduction program. The meeting decided that RN will initiate to incorporate issues of KPs into the program and budget of the provincial government and increase awareness programs and family-based interventions.

लागूऔषध दुर्व्यसन न्यूनीकरण समन्वय बैठक

By : -अनुमोदन खबर संवाददाता

प्रकाशित मिति : २० मंसिर २०८४, बिहीबार २०:२२

9 Shares



लागूऔषध दुर्व्यसन न्यूनीकरणका सवालमा काम गर्ने संस्थाहरूको छाता संगठन आरएन नेपालको आयोजनामा लागूऔषध दुर्व्यसन न्यूनीकरणका लागि सरोकारवालाहरूको बीच अन्तर मन्त्रालय समन्वय बैठक धनगढीमा सम्पन्न भएको छ ।

आयोजक संस्थाका अध्यक्ष समीर मल्लको अध्यक्षतामा सम्पन्न कार्यक्रमको प्रमुख अतिथि सुदूरपश्चिम प्रदेश सरकारका आन्तरिक मामिला तथा कानून मन्त्री हिरा साकी रहेका थिए । यसैगरी, कार्यक्रममा निवर्तमान कानून मन्त्री शिवराज भट्ट, प्रदेश सांसद इन्द्रा गिरी लगायतको सहभागिता रहेको थियो । कार्यक्रममा आरएन नेपालका केन्द्रीय सदस्य एवं लागूऔषध विज्ञ नवराज पाण्डेयले उक्त कार्यक्रमको सहजीकरण गरेका थिए ।

कार्यक्रममा सुदूरपश्चिम प्रादेशिक स्वास्थ्य निर्देशनालयका निर्देशक डा. खगेन्द्र बम, आन्तरिक मामिला तथा कानून मन्त्रालयका अधिकृत दिपेन्द्रसिंह विष्ट, सामाजिक विकास मन्त्रालयका प्रतिनिधि लगायत विभिन्न संघ/संस्थाका प्रतिनिधिको सहभागिता रहेको थियो । कार्यक्रमको सञ्चालन आरएनका प्रदेश सचिव दीपक बोगटीले गरेका थिए ।

प्रतिक्रिया दिनुहोस्



RN Gandaki Province organized "Municipality Judiciary Committee Meeting" on 16 December 2024 in Pokhara, Kaski. The meeting was organized with the objectives of establishing coordination and a collaborative approach with the judiciary committee of the

Municipality and working jointly on the issues of KPs in the future. There were a total of 15 participants present in the meeting, and the meeting was chaired by the Deputy Mayor of Pokhara Metropolitan. The meeting was facilitated by the RN focal person, Mr. Chetan Malla.



RN Gandaki Province organizing a meeting on the Municipal Judiciary committee

Objectives:

- Sharing on Human Rights concerns of KPs
- Establishing coordination and collaboration with NHRC
- Human Rights Day Celebration.
- Effective role of NHRC in supporting KPs in protecting Human Rights
- Discussion on the issues and challenges, and a way out
- Local Resource and mobilization for all the KPs of Issues and challenges
- Drug user's rights research at the provincial level and use the resources of the local level

Proceedings:

Mr. Chetan Malla welcomed all the participants of the Judiciary Committee meeting and shared the objectives of the meeting. He presented the modality of the program targeted to KPs and its effectiveness with results and challenges. He mentioned major challenges facing KPs focusing on human rights violations and their negative consequences. Following the interactive session after the presentation, Judiciary Committee members remarked that the meeting was effective in sensitizing issues of KPs and said to continue further regular coordination and joint advocacy. Judiciary Committee members promised that they will work with serious consideration over the issues of PWUD to ensure justice to these groups.

Decision:

The meeting decided to organize a meeting and discuss the issues of PWUD and KPs. The members of the Judiciary Committee remarked that they will consult with RN if any cases of drug users appear in the Judiciary Committee and initiate work in a justice manner.

6. Capacity Building Training on Human Rights (Staff and Board-Central and Provincial):

Introduction:

Recovering Nepal organized two days of capacity building training on "Human Rights" on 21-22 October 2024 in Hetauda, Makwanpur. A total of 85 participants from different organizations attended the training. Participants were called from various government line agencies, journalists, and political parties in Hetauda, Makwanpur. The formal session of the program was chaired by the President of Recovering Nepal, Mr. Dilip Gurung, and the Chief Guest, Mr. Suraj Chandra Lamichhane (Ministry of Home Affairs and Law, Bagmati Province). Mr. Sujan DC of RN, Hetauda, Makwanpur, facilitated the program. Chief Executive Officer of RN. Mr. Bishnu Fueal Sharma welcomed all distinguished personalities, shared the major objectives, and presented in detail about the Human Rights status of PWID in the program. He shared the program modality under the Catalytic Fund, supported by GFATM/Save the Children, focused on major achievements to date and the way forward to ensure the Human Rights of PWID.



Objectives:

The two-day training was organized with the major objectives of enhancing skills and knowledge of participants, including sharing and informing on the Human Rights status of PWID among government senior personnel and members of the network of RN, and creating synergy to advocate for the issues of Human Rights of PWID. The program was organized with the following objectives:

- Remove Health (operational, logistical) and Human Rights (Policy and Principle) barriers to Services
- Reform Laws and Policies
- Educate and Build the Capacity of Policy Decision Makers
- Promoter Didactic learning for Frontline workers
- Defend the Human Rights and Ethics of Practices, giving KAPs a voice
- Generate evidence for Advocacy through the community
- Eliminate Stigma And discrimination and normalize the marginalized issues of KAPs
- Address Gender Based Violence, Cultural and Social Norms that Put Women at Risk

Proceedings:

Day 1:

The opening ceremony commenced with a welcome address by Bishnu Fueal Sharma, and introduction was performed individually. He formally inaugurated the session and extended heartfelt gratitude to Chief Guest, Mr. Suraj Chandra Lamichhane (Ministry of Home Affairs and Law, Bagmati Province), for his invaluable presence. With the National Anthem, Mr. Bishnu Fueal Sharma (Executive Director of Recovering Nepal) gave a brief review of how

Recovering Nepal was formed back in 2002 and 2005, advocating for the Government of Nepal for the Human rights barriers of People Who used Drugs in Nepal.

In his address, Bishnu Fual Sharma, Executive Director of Recovering Nepal (RN), reflected on the journey and foundational vision that led to the formation of RN. He recounted the early days, sharing that Recovering Nepal was formally established in 2006 and was born from a collective vision to create a unified platform for people affected by drug use, HIV, and other related issues. The organization's purpose was clear from the beginning: to foster a community-led response that champions human rights, provides harm reduction services, and promotes policy reform to protect and uplift marginalized Key affected populations.

"Recovering Nepal was founded as a response to the pressing need for a representative, community-led organization that could advocate for those impacted by drug use and related health issues," Mr. Sharma remarked. "We realized that those directly affected were the ones best positioned to drive real, lasting change, and thus, RN became the voice and advocate for these communities. Through collaboration, resilience, and an unwavering commitment to human rights, Recovering Nepal has grown into the organization it is today."

He went on to express gratitude to all partners, stakeholders, and community members who have supported RN's work over the years, emphasizing that the journey of RN is built on the strength, voices, and collective efforts of each person involved. His words highlighted RN's continued commitment to advocacy, resilience, and reform for the well-being of all those it serves.

After the welcoming session, Mr. Bishnu Fual Sharma again introduced the Agenda, Structure, and objectives of the capacity building training on Human Rights.

Presentation by:

Mr. Dilip Gurung

President of Recovering Nepal (RN)

President of RN, Mr. Dilip Gurung, presented on updates of the Annual Reports 2081, which was published. He presented insights into the latest developments outlined in the Annual Report of 2081. He highlighted the organization's achievements over the past year, including increased outreach, enhanced partnerships, and the implementation of harm reduction services that have continued to transform lives within communities impacted by substance use.

Reflecting on upcoming programs and events, Mr. Gurung expressed enthusiasm for several initiatives designed to deepen Recovering Nepal's impact. He announced Advocacy for law

and policy reform, sensitization of lawmakers, HIV-related Legal Services, Capacity Building, and Coordination/Collaboration with related stakeholders in the coming days. He also discussed the achieved programs and events, such as SRHR orientation, HIV drug awareness program, UNDP Scale Initiative, National Consultation of Pro-bono Lawyers International Drug Use Day, and Hep C, which aims to advocate for the rights and choices of People Who Use Drugs, along with collaborative



efforts to engage more effectively with community stakeholders.

A central theme of Mr. Gurung's presentation was recovering Nepal's commitment to improving the quality of life for People Who Use Drugs (PUD), particularly those within correctional facilities. He highlighted RN's ongoing advocacy for humane treatment, access to healthcare, and rehabilitation opportunities within these institutions. "Our commitment is unwavering in ensuring that every individual, regardless of their circumstances, has access to a dignified life and essential services. We believe that compassion, support, and targeted interventions are key to fostering positive change in the lives of those affected," Mr. Gurung stated.

In closing, Mr. Gurung extended his gratitude to all partners, supporters, and community members, reiterating RN's dedication to championing the rights and well-being of marginalized populations. He reflected on RN's strategic vision and deep-rooted mission to improve the lives of People Who Use Drugs and work collaboratively towards a more inclusive, supportive future.

Presentation by:

Aswin Thapa

Thematic Network/Drug User (Recovery)

Mr. Aswin Thapa to share his journey of drug use and how he overcame the challenges he had faced during his period of recovery. Mr. Aswin Thapa, a former drug user, shared a powerful and inspiring account of his journey through addiction, recovery, and personal transformation. With a candid and heartfelt message, he described the difficulties he faced during his years of substance use, including social stigma, isolation, and the impact it had on his relationships and aspirations.

"Living with addiction felt like a cycle I couldn't break," Mr. Thapa recalled. "There were moments when I felt completely alone, and the fear of never escaping that life was overwhelming."

Mr. Thapa went on to discuss the turning points in his recovery, including the support he found through community-based programs and harm reduction services. He expressed deep gratitude for the interventions that offered him both hope and practical pathways to change.

"Recovering Nepal became a family for me, guiding me toward a life I thought was out of reach. The compassion and non-judgmental support I received gave me the strength to believe in myself again."

Today, Mr. Thapa stands as a testament to resilience and transformation. He spoke of how he now dedicates his time to helping others who are walking a similar path, empowering them to find their way toward recovery. In his words, "If my journey can give hope to even one person, then it has been worth it. Recovery is possible, and each of us has the strength within to reclaim our lives."



Mr. Thapa's story resonated deeply with everyone present, embodying the heart of Recovering Nepal's mission to support, uplift, and guide individuals toward a life of dignity and self-belief.

Day 2:

Ms. Dil Kumari Tamang

NAP+N, Hetauda

Ms. Dil Kumari shared a few words on the human rights-related barriers and issues of People living with HIV and the linkages between drugs to eliminate the increasing numbers of PLHIV and PUD. During the 18th Annual General Assembly of Recovering Nepal, Ms. Dil Kumari from NAP+N, Hetauda, delivered a compelling address on the ongoing human rights challenges faced by People Living with HIV (PLHIV) and People Who Use Drugs (PUD). She emphasized the social and structural barriers that continue to limit access to essential services, healthcare, and support for these communities, underscoring the need for comprehensive, rights-based approaches.

"Human rights are not privileges; they are fundamental," Ms. Kumari stated. "Yet, many in our communities continue to face stigma, discrimination, and exclusion, which deeply affects their health, well-being, and quality of life. We must all work together to dismantle these barriers, ensuring that every individual has the right to live with dignity and access to supportive care."

Ms. Kumari extended her heartfelt appreciation to Recovering Nepal for organizing the assembly and providing a platform to address these critical issues. "I want to thank Recovering Nepal for their dedication to uplifting our voices and advocating for change. Their commitment to promoting human rights and improving the lives of PLHIV and PUD is invaluable to our movement."

With a gracious vote of thanks, Ms. Kumari concluded by reaffirming her support for Recovering Nepal's mission and the ongoing collaboration required to create a more inclusive, compassionate society for all.

Presentation By Mr. Bishnu Fueal Sharma

Proceeding with the session ahead, Mr. Bishnu Fueal Sharma presented on the introductory form of Human Rights. He highlighted theoretical concepts on Human Rights of Nepal and shared in detail about the issues, challenges, and gaps about Human Rights faced by the PWID community of Nepal. (See details in Annex 1:) He described on major aspects of removing Health (operational, logistical) and Human Rights (Policy and Principle) barriers to Services. He further emphasized addressing jointly the issues of eliminating Stigma And discrimination and normalizing the marginalized issues of KAPs, Gender violence, and Cultural and Social Norms that Put Women at risk.

The presentation has highlighted the major agenda as.

- Legislative and Policy Change
- Capacity Building in the Service Delivery Setting
- Sensitization for policy makers (Both central and provincial levels)
- Update of SOP for PWID services
- Neglected FIDU
- Neglected drug users and street children
- No impact study research in PWID services
- Matching funds from the Government have not been received as committed.
- Budget limitation to expand the working areas.
- Unstable political scenario delays the plan and hampers its impact
- Continuous efforts and advocacy are needed to bring policy-level change.

The presentation includes the best practices.

- Drug Law and Policy Reform, towards Decriminalization (Drug Act, Drug Policy)
- Comprehensive treatment for Hepatitis B and C
- Amendment of OST Guidelines.
- Consultation and pass the HIV Bill
- Law and policy barriers sensitized to parliamentarians resulted in the Activation of the HIV bill from the Parliamentary Committee sub-committee - Directive to the government for the HIV Bill
- Law and policy barriers sensitized to parliamentarians resulted in the Activation of the HIV bill from the Parliamentary Committee sub-committee - Directive to the government for the HIV Bill
- Successfully established the GESI policy in the Bagmati province
- Successfully established Gender and Sexual minorities policies in Bagmati province
- Updated model drug control Law for all seven provinces
- Mobilizing Pro Bono Lawyers in seven provinces - Hired paralegals in seven provinces for legal support to PHIV and KPs
- Achieved Hep C treatment in Nepal. Now the government has decided to roll out HEP C treatment in 8 sites
- Sensitize Many policymakers and parliamentarians on key barriers to health and human rights
- Research on GBV
- Provided legal support to PLHIV and KPs (filing a case in court)
- Strengthen the Organizational Capacity of RN and leadership building

In the end, he summarized the presentation with the need for collaborative action, solidarity, and strengthening the coordinating mechanism to work in favour of PWID.

**Address by
Shyam Aryal
DSP, Hetauda**

In line with the facilitator of the program, Mr. Saujan DC, requested to share a few words with the DSP, Mr. Shyam Aryal. DSP Shyam Aryal addressed the pressing need for increased social awareness and quality education on drug-related issues, particularly among youth. With a focus on data and trends surrounding youth involvement in drug addiction, DSP Aryal underscored the importance of preventative education and community-driven efforts to address these challenges.

"Our young generation is increasingly vulnerable to the impacts of drug addiction," DSP Aryal stated. "Current data indicate that a significant portion of those struggling with addiction are youth, highlighting a critical need for targeted education and preventive strategies." He emphasized that awareness programs in schools, communities, and families can serve as powerful tools to equip young people with the knowledge and resilience to make informed decisions.



DSP Aryal commended Recovering Nepal for its ongoing advocacy and promotion of drug-free living, recognizing the organization's dedication to creating a supportive and inclusive environment for youth to learn and grow without the influence of drugs. "Recovering Nepal's efforts are vital in shaping a future where our youth are empowered with awareness and resources to avoid substance misuse," he remarked.

In closing, DSP Aryal expressed his commitment to collaborating with organizations like Recovering Nepal to build a safer and more informed society. His words reflected a shared vision of empowering the next generation through awareness, education, and community engagement.

**Address by
Dholak Raj Dhakal
Advocate, Hetauda**

For further procurement, Saujan DC requested Mr. Dhakal, the advocate, in the speaker's dice to mark his words. Advocate Mr. Dhakal delivered a thought-provoking address on the need for decriminalization of drug use and the importance of supportive, treatment-oriented approaches for individuals affected by substance use. He emphasized that drug use is not a criminal act but a public health issue that requires compassionate and evidence-based solutions.

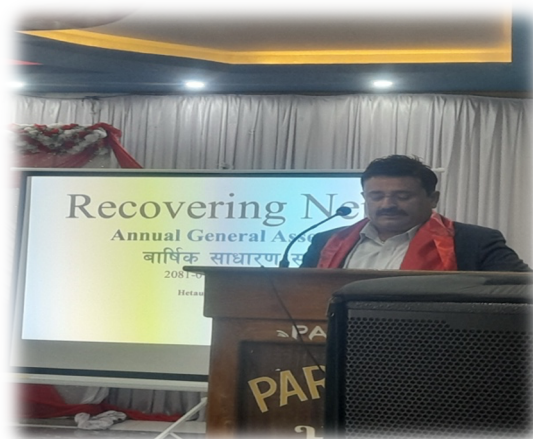
"Drug use is not a crime; it is a complex issue that requires empathy and proper treatment," Mr. Dhakal stated. "Punitive approaches only add to the stigma and challenges faced by people who use drugs, often pushing them further from the help they need. It's time to reframe our understanding and approach, treating drug users as individuals in need of care, not criminals."

Mr. Dhakal went on to advocate for reform in Nepal's drug policies and laws, urging the government to adopt more progressive, humane approaches. "It is crucial that the Government of Nepal formulates and implements policies that align with harm reduction principles and prioritize public health over punishment. Through decriminalization and supportive legislation, we can create an environment where people can seek help without fear of stigma or criminalization."

His remarks underscored the need for a collective effort to shift perspectives, foster understanding, and champion policy reforms that support the well-being and rights of people who use drugs. Mr. Dhakal concluded by commending Recovering Nepal for their advocacy work and their commitment to policy reform, highlighting the importance of collaboration in achieving a healthier, more inclusive society.

**Address by
Suraj Chandra Lamichhane
Chief Guest (Ministry of Home Affairs and
Law, Bagmati Province)**

The final speech was given by the chief guest of the program, Mr. Suraj Chandra Lamichhane, Ministry of Home Affairs and Law, Bagmati Province. Mr. Suraj Chandra Lamichhane from the Ministry of Home Affairs and Law, Bagmati Province, shared promising updates on government support for People Who Use Drugs (PUD) in the region. Mr. Lamichhane announced a significant budget increase allocated



specifically to support PUD, with funds rising to Rs. Fifty lakhs in Bagmati Province—a substantial improvement from the previous allocation of Rs. 5 lakhs.

"This budget increase reflects the government's commitment to addressing the needs of People Who Use Drugs," Mr. Lamichhane stated. "We recognize the importance of investing in comprehensive support systems and harm reduction services to improve health outcomes and community well-being."

Additionally, Mr. Lamichhane highlighted an upcoming initiative to improve data accuracy and facilitate access to services, announcing that home counselling programs will soon be initiated in Makwanpur and Chitwan districts. These programs aim to provide essential support and gather accurate data on the local population of drug users, allowing for more targeted interventions and effective allocation of resources.

"With the launch of home counselling services, we hope to build a clearer understanding of the needs within these communities," Mr. Lamichhane added. "This initiative will help us reach individuals in a more personal and effective way, ensuring that support is accessible to those who need it most."

In closing, he expressed his appreciation for Recovering Nepal's dedication and collaborative efforts, reinforcing the importance of a united approach in addressing drug-related issues and supporting the well-being of individuals and communities across Bagmati Province.

CLOSING SESSION

Dilip Gurung, President of Recovering Nepal, emphasized the organization's unwavering commitment to advancing prevention, treatment, and rehabilitation initiatives for communities affected by substance use. Mr. Gurung outlined Recovering Nepal's focus on comprehensive harm reduction programs designed to address and mitigate health risks, particularly sexual health risks associated with substance use, such as HIV, sexually transmitted infections (STIs), and Hepatitis B and C.

"Our harm reduction efforts are centred on holistic health and safety, aiming to reduce the risks associated with sexual behaviours and substance use," Mr. Gurung stated. "By providing preventative care and treatment options, we are equipping individuals with the resources they need to protect themselves and live healthier lives."

Mr. Gurung also underscored the importance of ongoing coordination and cooperation with the government and legislative bodies to advance these goals effectively. He called for continued collaboration to implement policies that align with harm reduction and public health priorities, fostering an environment where support and healthcare are accessible to those who need it most.

In his final words, Mr. Gurung expressed gratitude for the dedication of all partners, stakeholders, and community members who support Recovering Nepal's mission. He reaffirmed RN's commitment to creating a safe, inclusive society through prevention, treatment, and comprehensive care. "Together, through continued partnership, we can build a supportive, healthier future for all."

7. Provincial Media Sensitization Program:

Recovering Nepal, Madhesh Province organized a meeting on "Provincial Media Sensitization Program" on 28 October 2024 in Birgunj. The major objectives of the program were to sensitize media professionals on PWID issues among media professionals and share information on major

activities conducted by RN Madhesh Province under the catalytic fund supported by GFATM/Save The Children with them, including establishing coordination among media.

Objectives:

- ✓ To share the major program implemented by RN, along with orientations on health and human rights issues
- ✓ To sensitize and inform on various concerns of PWID
- ✓ To draw the attention of the media to the significance of media in advocating for health and human rights, and existing discriminatory laws and policies criminalizing drug users.
- ✓ To brief on achievements under the catalytic fund among media professionals



Provincial stakeholder meeting held in Madhesh province

Methodology:

- Presentations.
- Discussions
- Interactions

Proceedings:

The program was started with an introduction among each other, and Mr. Jata Shankar Giri, RN, Focal person, welcomed all the participants and shared the major objectives of the program. Mr. Giri highlighted on significant responsibility of the media group to advocate on issues and concerns of PWID to create an enabling environment and mainstream PWID into the social and economic development of the nation. He briefed on increasing meaningful participation of PWIDs in designing effective policy and programs with a comprehensive approach to drug prevention and treatment needs of PWID. Mr. Giri shared on need for campaigning and advocacy for drug law and policy reform, improving health services, especially focusing on HIV/TB/HEP C and human rights. Mr. Suryavinayak, press officer of popular news portal Yatra Daily, along with different journalists, is committed to working with the recovering Nepal to address all the issues possibly with a high importance of PWID of Madhesh province. Mr. Rajan Rauniyar, president of Gopyakhabar, promised to highlight and support PWID community issues through the media to sensitize and spread awareness and to fill the gaps in service needs in Madhesh province.

Conclusions and Recommendations:

The stakeholder meeting strengthened the coordinating approach among media professionals by sensitizing them on the current PWID-related program, various ground-level problems, challenges, and misconceptions prevalent among drug users. The meeting shared in detail about discriminatory laws and Policies regarding drugs and the need for reform. Additionally, the meeting has raised issues on advocacy for planning and budgeting to the local government, including social integration of PWID.

Recovering Nepal, Sudurpaschim Province organized a meeting on “**Provincial media sensitization program**” with different media representatives, journalists, and rehabilitation

centre members on 15th December 2024, in the premises of Lotus Café Dhangadhi, Kailali. The meeting was conducted with the presence of the President of the Federation of Nepali journalists, Kailali, members of different media, and representatives from the rehabilitation. The agenda and decisions made aimed at empowering the media to play a critical role in raising awareness and combating drug abuse, and writing for the rights of drug users. The program ended successfully with the commitment from the participants to their potential role in drug control.



Objectives of the program:

- Educate media professionals about the causes, consequences, and trends in drug abuse within the province.
- Promote ethical and accurate reporting on drug-related issues to avoid stigmatization and misinformation.
- Enable media to act as a catalyst for community engagement and policy advocacy in drug abuse prevention.
- Informing the media about the Alternatives to criminal prosecution/punishment for drug users.

Proceedings:

The meeting started with the welcome remarks by the RN focal person, Mr. Shatrujeet Joshi. He explained the objectives of the program and presented on major activities and progress under the catalytic fund supported by GFATM/Save The Children. He continued sharing on key legal and human rights-related issues faced by drug users and key populations. During the meeting, the discussion was held with a focus on human rights and the present condition of the Key population and PLHIV of Sudurpaschim. RN emphasized on importance of media as a catalyst for community engagement and policy advocacy in drug abuse prevention.

Decisions:

The media professionals said they will advocate for alternatives rather the criminalizing prosecution/punishment for drug users through media channels. They said that the media will regularly produce or publish stories, articles, or programs that raise awareness about drug abuse and its impact on individuals and society, with prioritizing highly on advocating for better policies and government action on drug control and rehabilitation.

8. Advocacy meeting with Concerned agencies for policy and law reform:

Introduction:

Recovering Nepal organized "Advocacy meeting with Concerned agencies for policy and law reform" on 29 November 2024 in Bougainville, Kathmandu. The program commenced with welcome remarks by Mr. Raju Joshi. He shared the objectives of the program and presented on the status and progress to date about the initiation of reforming the law and policy of the Drug Act 2035 of Nepal and the immediate need for amendments or changes to modernize the legislation, considering the evolving socio-economic landscape and emerging drug-related issues. The event was chaired by the chairperson of the board of RN. The meeting focused on removing Human Rights Related Barriers to HIV (Catalytic Fund), which aims to reduce human rights and gender related barriers in the health sector of Nepal.

Objectives:

The meeting was organized with the following major objectives:

- Need for Formulation, reformation of laws, and policies favourable to the key and affected population, and progress to date
- Creating and enabling an environment for the key affected population to access HIV services.
- Increasing the government's budget allocation and investment in targeted programs for the key and affected populations.



An advocacy meeting organized by the RN central office

Proceedings:

Mr. Raju Joshi presented on comprehensive overview of the Drug Act 2035 of Nepal was provided, highlighting its historical context, key provisions, and objectives. Participants were briefed on the legislative framework governing drug-related offenses and the enforcement mechanisms outlined within the act.

Mr. Bishnu Fual Sharma, CEO of RN, presented on the advocacy effort made by RN for a long time to fight against the existing discrimination and stigma attached to people who use

drugs and PLHA to combat HIV and drugs. In the meantime, he briefly explained on catalytic fund and its focus to advance efforts for reforming laws, policies, and harm reduction through addressing human rights issues, gender-based violence, gender inequality/inequity, including social stigma and discrimination related to HIV/TB and drug use.

After each session, the interactive discussion process was followed in providing constructive feedback to implement project activities with considering to result-oriented approach and ensuring the benefits of the PWID community. The discussions were focused on quality service

delivery, respecting human rights, and access to health service delivery by prioritizing needy beneficiaries.

Through interactive discussions, participants identified various challenges associated with the outdated Drug Act. These challenges included gaps in addressing emerging drug trends, inadequacies in enforcement strategies, and discrepancies in aligning with international best practices and human rights standards. During the meeting, it was shared on new psychoactive substances, enhancing penalties for drug-related offenses, integrating provisions for rehabilitation and harm reduction, and fostering greater inter-agency collaboration for effective enforcement.

Major Discussion on:

The major discussion of the meeting has been reflected as.

- Orient lawmakers about HIV and AIDS status and Key Populations (KP) in Nepal, especially in terms of the drug control law and its implementation in health programs.
- Share the health and human rights-related agendas and barriers faced by key populations in Nepal
- Sensitize lawmakers about the genuine issues of Drug Users and take initiatives for allocating budgets to health, education, and income-generation programs for KPs.

Decision:

It was discussed in detail about reforming law and policy, and made decision was made to advocate on the legal and practical implications of the proposed amendments. Considerations were made regarding the feasibility of implementation, coherence with existing legal frameworks, and the potential impact on marginalized communities and individuals affected by drug abuse. Recognizing the importance of community engagement, participants underscored the need for robust public awareness campaigns to educate communities about the dangers of drug abuse and promote prevention, treatment, and rehabilitation initiatives.

9. Celebration of International Human Rights Day (10 December 2024):

Introduction:

On the 76th International Human Rights Day held on 10th December 2024, a series of impactful programs were conducted in collaboration with the NGO Federation, Bagmati Province, and with the financial support of Save the Children. Organized program focused on addressing the human rights of marginalized groups, particularly people who use drugs.

The event included interactions with stakeholders meeting to discuss the human rights challenges faced by drug users and other vulnerable groups. As well as an evening rally and candlelight vigil to honor human rights defenders and victims of violations. This program included representatives from government agencies, NGOs, civil society, and community leaders, etc. The program aimed to raise awareness, promote inclusion and advocate for the protection of the right of drug users.

Objectives:

The purpose of the program is to raise awareness about the rights of drug users, promote their inclusion, and reduce stigma and discrimination. It sought to encourage dialogue among stakeholders, advocate for policy changes supporting harm reduction and demonstrate solidarity through community engagement.

Recovering Nepal attended the meeting called by the National Human Rights Committee and the National NGO federation on 4 December 2024. The objectives of the meeting were to

celebrate **International Human Rights Day** jointly, including the **16th Human Rights National Magna Meet-2024**. To mark International Human Rights Day, jointly including the 16th Human Rights National Magna Meet-2024, RN expressed commitment to jointly organizing both events in coordination with the National Human Rights Commission. The events were scheduled with several events by numerous organizations from December 1-14, 2024, in various locations of Kathmandu and in provinces. With the slogan on "**Our Rights, Our Future, Right Now**", RN central office and provincial offices marked the day by highlighting major concerns of key populations and People Who Inject Drugs.

On 8 December 2024, Recovering Nepal participated in a stall exhibition organized by the National Human Rights Commission and demonstrated key informative publications, leaflets, and brochures, including information on major interventions targeted for people who use drugs. During an event, the RN has briefed on the major program and projects of organizations, outcomes and impact on community level. Furthermore, RN has reflected major service areas targeted for PWID and positive changes brought through programmatic efforts.



Human Rights Magna Meet-2024, RN staff demonstrating informative materials in the stall exhibition during the inaugural program in the staff college, Jawalakhel

On 10 December 2024, the RN central office and all the provinces marked "**International Human Rights Day**" in coordination with the National Human Rights and the organizations working in the sector of Human Rights of marginalized and underprivileged people of diverse communities of Nepal. RN, including all the provinces, have actively participated in the rally program organized by the National Human Rights Committee of respective districts and have displayed the banner of RN, distributed leaflets, and brochures. The rally program ended with

a short speech program with a commitment to securing and ensuring the Human Rights of marginalized people.



International Human Rights Day celebration in Madhesh Province and in Kathmandu on 10 December 2024

Main points/agenda discussed with representatives of NHRC:

- Need for human rights-focused drug policies.
- Stigma and Discrimination faced by drug users.
- Limited access to harm reduction and healthcare services.
- Importance of collaboration among stakeholders to protect drug users' rights.
- Role of community involvement as well as government support in reducing stigma

Major outcome/Decision.

The program resulted in increased awareness among stakeholders about human rights. The candlelight vigil further strengthened solidarity, honouring those affected by human rights violations and reinforcing the collective commitment to protecting and advancing the rights of drug users. It was shared on challenges faced by drug users, particularly regarding stigma, discrimination, and limited access to essential services. RN's active involvement in International Human Rights Day fostered stronger collaboration among government bodies, NGOs, and civil society to address the issue of PWUD through community-based solutions and advocacy for policy reform. Participants are committed to promoting harm reduction strategies and ensuring the inclusion of drug users in healthcare and social systems.

The program raised awareness, built stronger relationships, and showed unity in protecting human rights for drug users. The candlelight vigil highlighted the importance of justice and equality.

Transition of Nepal's Global Fund Grant: From Save the Children (GC6) to UNDP (GC7)

Summary (lead): Nepal's Global Fund HIV/TB/Malaria programme transitioned from Save the Children as Principal Recipient (PR) under the tail end of Grant Cycle 6 (GC6) to UNDP as the new PR for Grant Cycle 7 (GC7). Save the Children's implementation was extended until 31 January 2025, after which UNDP took on PR responsibilities for the GC7 grant that became effective in February 2025. Several situational reports and news pieces document

operational disruptions, an extended handover, and early implementation challenges under the new PR.

Save the Children has been Nepal's Global Fund Principal Recipient, implementing HIV, TB, and malaria grants during GC6. Their role was widely documented in country-level Global Fund briefs. Although UNDP was selected for GC7, implementation required a handover. Save the Children's term was extended to 31 January 2025 to allow transition arrangements. Media reporting indicates Save the Children formally stepped away at the end of January 2025.

UNDP's GC7 grant in Nepal became active from February 1, 2025, with project documents and UNDP press/overview pages confirming the February 2025 start for the GC7-funded project (Feb 2025—July 2027).

After the completion of the Global Fund Grant Cycle 6 (GC6), which was implemented under the Principal Recipient (PR) Save the Children International (SCI) until January 2025, the Global Fund initiated a transition process for the next funding period, Grant Cycle 7 (GC7). As part of this transition, the United Nations Development Programme (UNDP) was designated as the new Principal Recipient (PR) for the upcoming cycle, assuming overall responsibility for managing and overseeing the national HIV and TB grants in Nepal.

In preparation for the GC7 implementation, UNDP announced a national Request for Information (RFI) in December 2025, inviting eligible organizations to apply as potential Sub-Recipients (SRs) and Implementing Partners under different programmatic components. The RFI aimed to ensure a participatory and competitive selection process, engaging capable civil society organizations, networks, and community-led groups working in areas aligned with the Global Fund's priorities.

Recovering Nepal (RN), a national network of people who use drugs and drug-user-led organizations, submitted its application in response to this RFI. Drawing from its long-standing experience in harm reduction, human rights advocacy, and community-based HIV response, Recovering Nepal applied under the program component titled "Reducing Human Rights-related Barriers to HIV/TB Services." Following the review and selection process, Recovering Nepal was selected as a new Sub-Recipient (SR) for the GC7 Cycle.

This selection marks a significant milestone for Recovering Nepal, recognizing its continued leadership in promoting rights-based and community-driven responses to HIV and TB. As an SR under UNDP's Global Fund GC7 grant, RN will contribute to strengthening community systems, addressing stigma and discrimination, and fostering an enabling environment where key populations can access HIV/TB services without fear or barriers.

Major Program Outlined under the GC7-Human Rights Grant supported by UNDP (till July 2025)

'National consultation and project planning meeting to develop a joint advocacy plan on the reform of discriminatory policies and procedures'.

With the support of UNDP, Recovering Nepal successfully organized a three-day National Consultation and Project Planning meeting to develop a joint advocacy plan on the reform of discriminatory policies and procedures in Kathmandu from 16th to 18th July 2025. All 6

consortium partners, including the RN executive board committee, were invited to the program and the UNDP Nepal's Global Fund program management unit (PMU).

Rationale for the consultation (event)

Recovering Nepal (RN) is leading the program component "Reducing Human Rights-Related Barriers to HIV and TB Services" in the Global Fund Grant Cycle 7 (GC7). Unlike previous Global Fund grant cycles, the GC7 provides a unique opportunity for communities to join forces as networks/organizations of people living with HIV and key populations (including young key populations) have formed a consortium and are committed to working together. However, despite demonstrated solidarity among communities in the past, gaps in knowledge and understanding of each other's key issues and advocacy agendas persisted among these networks/organizations. While each consortium partner had their strengths, working together for joint advocacy required a national consultation and proper planning through their meaningful engagement.

Objectives

- Orient consortium partners and key stakeholders on the issues/needs of people living with HIV and key populations in Nepal.
- Map out and identify human rights-related barriers (i.e., law, policies, and practices) and key stakeholders for joint advocacy efforts.
- Finalize the project plan of each consortium member based on the approved work plan and budget.

Methodology

- Presentation
- Interaction (Q&A discussions)
- Participatory mapping and visual interaction
- Workshop

Major issues identified by the participants

On the first day of the consultation, all consortium partners highlighted the following issues requiring UNDP Nepal's immediate attention and response:

- Participants expressed concerns about the ongoing stockouts of health products/commodities, such as syringes, HIV confirmatory test kits (UniGold), and viral load sample collection kits (e.g., EDTA Tubes and Cryovials).
- The lack of protective equipment, such as gloves, masks, and cotton, at service sites undermined the safety of frontline community workers. This is especially concerning due to the COVID-19 resurgence.
- The communication gap, especially the non-responsiveness or the lack of timely response from UNDP Nepal's PMU team, was fueling the ongoing problems and negativity towards UNDP Nepal (as the principal recipient).
- It was obvious to everyone that the lack of coordination between/among the two principal recipients, CCM, the three disease entities, and sub-recipients was another factor contributing to the exacerbation of ongoing issues.
- Delays in fund disbursement from UNDP to SRs have directly impacted the performance of SR and frontline community workers.
- The lack of access to the DHIS (ART tracking system) and the workload while entering backlog data.
- UNDP has not provided a reporting template to SRs. Where provided, those templates are not complete in terms of reporting all necessary indicators.

Recommendations by participants

- Procurement and supply chain management should be a priority, and the ongoing stockout of health products, commodities, and other protective equipment should be resolved as soon as possible.
- UNDP PMU staff should improve their communication with all stakeholders, including sub-recipients, and institutionalize a coordination mechanism with all relevant stakeholders.
- UNDP should finalize the reporting templates in consultation with sub-recipients.
- The gaps identified by each network regarding service delivery should be addressed during the reprioritization process.

Major outcomes of the national consultation and planning meeting

Table 1: Advocacy agendas and baseline

Advocacy agenda	Leading network (Ally networks)	Baseline
HIV Bill	NAP+N (YKP Lead Nepal, JMMS, BDS, and NMNHS, NFWLHA)	• The Bill drafting committee and steering committee have been formed, however, not active at all. • The structure of the Bill is ready, but the committee has not started the drafting process yet.
CMC guideline	NAP+N (YKP Lead Nepal, JMMS, BDS, and NMNHS, NFWLHA)	• The previously operating 'community care centre (CCC)' has been replaced in GC7 as 'community management centre (CMC)'. Therefore, there is some confusion if the CCC guideline is still valid to operate CMC.
CABA guideline	NAP+N (YKP Lead Nepal & NFWLHA)	• There is a CABA guideline which has not been revised based on the practice of providing CABA with NPR 2,000 monthly cash transfer. • The revision process has not started.
Drug Bill and policy	RN (RN Women)	• RN already submitted 'Tin Mahale' and the draft bill is ready. • Draft drug policy is also ready. • RN is a member of the policy drafting committee; however, the committee has been inactive.
OST guideline	RN (RN Women)	• A decision was made to revise the current guideline; however, the process has not started.
OST scale up	RN (RN Women)	• NCASC initiated a process to scale up 6 main and 8 satellite sites in 2021, but it was not approved by MOHA. • Budget for OST scale up (i.e., 2 main and 4 satellite sites) have been included in the GC7.
Human Trafficking Law	JMMS (BDS & NMNHS)	• Position paper and Tin Mahale submitted to MOHA, MOHP, NHRC, and political parties.

Citizenship based on gender identity	BDS (JMMS, YKP Lead Nepal & RN Women)	• The Constitution of Nepal has ensured citizenship based on gender identity; however, the law and policy have not reflected the constitutional rights. • Only a few transgender individuals have been able to obtain citizenship based on their gender identity; however, the growing anti-gender rights movement in Nepal has slowed down progress. In any case, obtaining a citizenship based on gender identity is a two-year long process that must be directly decided by the Ministerial Cabinet.
Domestic resource (including national health insurance)	NAP+N (All networks)	• Palika and provincial level government have allocated resources for CABA and other prevention activities; however, there has been no proper mapping of such domestic resources. • National Health Insurance has waived the annual premium for people living with HIV and drug-resistant tuberculosis. While communities have been accessing the insurance, the recent decision on the entry point (hospitals) has created a barrier for many to access health services covered by the insurance. • Nepal government has given co-financing commitments to the Global Fund, which has not been translated into action.
Revision of education curriculum	NAP+N (YKP Lead Nepal, BDS, NFWLHA, RN)	• NAP+N has already started engaging with the Ministry of Education; however, the process has not started yet (from the government).

NOTE: Disaggregated data (i.e., by age, gender, ethnicity, etc.) and gender will remain the overarching principle for all advocacy agendas in the above table.

Table 2: Stakeholders identified for each advocacy agenda

Advocacy agenda	Stakeholders
HIV Bill	Ministries: Ministry of Health and Population; Ministry of Law, Justice, and Parliamentarian Affairs. Government Agencies: NCASC; National Human Rights Council; National Health Information Center; Education Commission; Parliament. Technical/Donor agencies: UNDP; UNAIDS; USAID/PEPFAR; AIDS Health Foundation (AHF). Other: Nepal Bar Association; NANGAN; Media;
CMC guideline	Ministries: Ministry of Health and Population. Government Agencies: NCASC; National Human Rights Council; National Health Information Centre. Technical/Donor agencies: UNDP; UNAIDS; USAID/PEPFAR; AHF;
CABA guideline	Ministries: Ministry of Health and Population; Ministry of Finance; Ministry of Women, Children, and Senior Citizens. Government Agencies: NCASC; Child Welfare Board; National Child Rights Council.

	Technical/Donor agencies: United Nations Convention on the Rights of Child (UNCRC); UNICEF; UNDP; UNAIDS; USAID/PEPFAR; AHF;
Drug Bill and policy	Ministries: Ministry of Home Affairs; Ministry of Health and Population; Ministry of Law, Justice, and Parliamentary Affairs. Government Agencies: Drug Control Section; Nepal Police (Narcotics Control Bureau); Parliament; District Administration Office; National Human Rights Council. Technical/Donor agencies: UNDP; UNAIDS; UNODC; WHO. Others: Nepal Bar Association; Media;
OST guideline	Ministries: Ministry of Health and Population; Ministry of Home Affairs. Government Agencies: NCASC; Drug Control Section; National Human Rights Council; Department of Drug Administration. Technical/Donor agencies: UNDP; UNAIDS; UNODC; WHO;
OST scale up	Ministries: Ministry of Health and Population; Ministry of Home Affairs. Government Agencies: NCASC; Drug Control Section; National Human Rights Council; Department of Drug Administration; Nepal Police (Narcotics Control Bureau); Public Hospital in scale-up location. Technical/Donor agencies: UNDP; UNAIDS; UNODC; WHO;
Human Trafficking Law	Ministries: Ministry of Home Affairs; Ministry of Health and Population; Ministry of Law, Justice, and Parliamentary Affairs; Ministry of Women, Children, and Senior Citizens. Government Agencies: National Commission for Women; National Child Rights Council; Nepal Police (Anti-Human Trafficking Bureau); Parliament; District Administration Office; National Human Rights Council. Technical/Donor agencies: International Organization for Migration; International Labour Organization; UN Women; UNDP; UNAIDS. Others: Maiti Nepal; Forum for Women, Law, and Development; National Alliance of Women Human Rights Defenders; Media;
Citizenship based on gender identity	Ministries: Ministry of Home Affairs; Ministry of Health and Population; Ministry of Law, Justice, and Parliamentary Affairs; Ministry of Women, Children, and Senior Citizens. Government Agencies: Parliament; District Administration Office; National Human Rights Council; Supreme Court. Technical/Donor agencies: UNDP; UNAIDS; USAID/PEPFAR; UN Women. Others: Nepal Bar Association; Media;
Domestic resource (including national health insurance)	Ministries: Ministry of Health and Population; Ministry of Finance; Ministry of Women, Children, and Senior Citizens; Ministry of Social Development. Government Agencies: National Planning Commission; NCASC; Provincial and local (palika) government. Technical/Donor agencies: United Nations Convention on the Rights of Child (UNCRC); UNICEF; UNDP; UNAIDS; USAID/PEPFAR; AHF; World Bank. Others: FNCCI; Media;
Revision of education curriculum	Ministries: Ministry of Health and Population; Ministry of Education, Science, and Technology. Government Agencies: NCASC; National Human Rights Council; National Health Information Center; Education Commission; Parliament;

	Educational Development Board; Curriculum Development Center; Provincial Education Development Directorate. Technical/Donor agencies: UNDP; UNAIDS; USAID/PEPFAR; AHF; UNICEF. Others: Teachers' Association; Media;
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Table 3: Priority districts identified for engagement and advocacy

Consortium partners	Priority districts
NAP+N (24 districts)	Koshi: Sunsari, Jhapa, Morang (3) Madhesh: Bara, Parsa, Dhanusha (3) Bagmati: Kathmandu, Lalitpur, Bhaktapur, Dhading, Chitwan, Makwanpur (6) Gandaki: Kaski, Lamjung (2) Lumbini: Rupandehi, Kapilvastu, Dang, Banke, Bardiya (5) Karnali: Surkhet, Dailekh (2) Sudur Paschim: Kailali, Doti, Achham (3)
BDS (25 districts)	Koshi: Jhapa, Morang (2) Madhesh: Bara, Parsa, Dhanusha, Saptari, Siraha, Mahottari, Rautahat (7) Bagmati: Kathmandu, Lalitpur, Bhaktapur, Chitwan, Makwanpur (5) Gandaki: Kaski (1) Lumbini: Rupandehi, Kapilvastu, Dang, Banke, Bardiya, N'Parasi-W (6) Karnali: Surkhet (1) Sudur Paschim: Kailali, Kanchanpur (2)
NMNHS (22 districts)	Koshi: Jhapa, Morang (2) Madhesh: (0) Bagmati: Kathmandu, Dhading, Chitwan (3) Gandaki: Kaski, Syangja, Tanahun (3) Lumbini: Rupandehi, Kapilvastu, Dang, Banke, Bardiya, N'Parasi-W, Palpa, Argakhanchi (8) Karnali: Surkhet, Dailekh (2) Sudur Paschim: Kailali, Doti, Achham, Kanchanpur (4)
JMMS (15 districts)	Koshi: Sunsari, Jhapa, Morang (3) Madhesh: Parsa, Sarlahi, Mahottari (3) Bagmati: Kathmandu, Lalitpur, Bhaktapur (3) Gandaki: Kaski, Tanahun (2) Lumbini: Dang, Banke, N'Parasi-W (3) Karnali: (0) Sudur Paschim: Kailali (1)
YKP Lead Nepal (8 districts)	Koshi: Sunsari (1) Madhesh: (0) Bagmati: Kathmandu, Lalitpur, Bhaktapur, Chitwan (4) Gandaki: Kaski (1) Lumbini: Kapilvastu (1) Karnali: Surkhet (1) Sudur Paschim: (0)
RN Women (9 districts)	Koshi: Sunsari (1) Madhesh: (0) Bagmati: Kathmandu, Lalitpur, Bhaktapur, Chitwan, Makwanpur (5)

	Gandaki: Kaski (1) Lumbini: Rupandehi, Banke (2) Karnali: (0) Sudur Paschim: (0)

Note: Unified and individual consortium partner work plans and methodologies for each activity were developed in a separate Excel Sheet.

Lessons learned and next steps

- Inviting the UNDP Nepal PMU team on the first day was appreciated by consortium partners and the PMU team, for it provided an opportunity to connect and a space to share and learn.
- The consortium partners (all participants) found the consultation productive and expressed their commitment to working together to achieve the advocacy goals.
- The consortium partners decided to form a steering committee and hold quarterly meetings to review implementation, monitor progress, and plan for joint advocacy. A “term of reference” of the committee will be developed.

Proceedings

Day 1

The first day aimed to orient consortium partners and the UNDP Nepal program management unit (PMU) team on key issues of people living with HIV and key populations. The day started with a formal inauguration session facilitated by Ms. Sujata Khada, the Program Manager of Recovering Nepal. Mr. Satrujeet Joshi, Vice-President of Recovering Nepal, Ms. Hedieh Khaneghahpanah, Program Manager of UNDP Nepal PMU, Mr. Khagendra Khadka, President of NAP+N, and Mr. Sanjay Sharma, Program Manager of Blue Diamond Society, shared their opening/welcome remarks during the inauguration session. Throughout the day, each consortium partner presented key issues facing their community. Mr. Bikas Gurung summarized the key issues and recommendations during the closing session. Mr. Julien Chevillard, Deputy Resident Representative of UNDP Nepal, addressed all the issues and concerns of communities at the closing session and expressed his commitment to the accountability of his team.

Note: The key issues and recommendations are in the above section.



Photo: Vice-President of Recovering Nepal giving his opening remarks during the inauguration session.

Day 2

The first half of day two focused on mapping priority advocacy agendas, stakeholders, districts, and setting a baseline for each advocacy agenda. Mr. Gaj Gurung and Mr. Bikas Gurung facilitated the sessions. The major outcomes of these sessions are in the above sections (i.e., Tables 1-3).



Photo: Participants (consortium partners) mapping their priority districts.

The second half of day two delved into detailed activities approved under the human rights grant (project). Mr. Sujata Khadka facilitated the session and assisted each consortium partner to develop their work plan (based on the approved budget and timeline).

Day 3

On the third day, Ms. Sujata Khadka presented the final work plan for each consortium partner. A few adjustments were made based on each partner's feedback on their work plan for the ongoing quarter (i.e., July to September 2025). Participants were provided with reporting templates, requirements, and deadlines for programmatic reporting.

Mr. Raju Karki, Admin and Finance Manager of Recovering Nepal, took over the next session, focusing on the financial reporting requirements. He presented the terms and conditions of the grant (UNDP Nepal) and key compliance issues as per the policies of Recovering Nepal.

ViiV Healthcare:

**Community Led Comprehensive Harm Reduction Project
and
Primary Healthcare Services for WWUD implemented in five
Districts of Nepal
supported by
ViiV Healthcare Pvt. Limited
'Harm Reduction Momentum Grant'**

*August 2024-July 2025
17th Sharwan, 2081-15th Sharwan 2082*

1. Contractual Background to the Project

Harm reduction refers to policies, programs, and practices that aim to minimize the negative health, social, and legal impacts associated with drug use, drug policies, and drug laws. It is grounded in justice and human rights. It focuses on positive change and on working with people without judgment, coercion, discrimination, or requiring the condition that people stop using drugs as a precondition of support.

The project was signed between ViiV Healthcare UK and Recovering Nepal on the 30th of July 2020 and was planned to be launched by the 1st of September 2020. However, the project launch date had to be postponed indefinitely due to the unprecedented upsurge of COVID-19 in the country. Despite the curfews and lockdowns during the pandemic, the SWC approved to start of the project in the proposed districts, and when the government lifted the curfews and lockdowns in **October** 2020, we could move forward by selecting partner organizations for the project.

Among twenty-one organizations from the three proposed districts, 3 organizations from provinces one, three, and five were selected by the Technical Review Panel (TRP) for the project. All three organizations for the project were interviewed online, and a memorandum of understanding was signed among each party to proceed with the project activities, namely, Jagaran Arogya Samuha at Sunsari district in Province 1 of Nepal, Ekta Nepal at Chitwan district in Province 3 of Nepal, and Asha Foundation at Rupandehi district in Province 5 of Nepal.

The project was designed with a collaborative approach to ensure the inclusion of local WWUD issues and challenges. As per the project's execution plan, Recovering Nepal would facilitate the overall management of the Harm Reduction Program through ViiV Healthcare, and the National Centre for AIDS and STD Control (NCASC) would be responsible for supplying HR Commodities in the project sites.

2. Introduction to the organization and partner organizations of ViiV:

2.1. Recovering Nepal

As the National Federation of PUDs and Drug Service Organizations in Nepal, 'Recovering Nepal (RN)' was formally registered in 2003. Recovering Nepal was first established in 2001 by enthusiastic drug users and PLHA to fight HIV and drugs and conduct business through partnerships with the

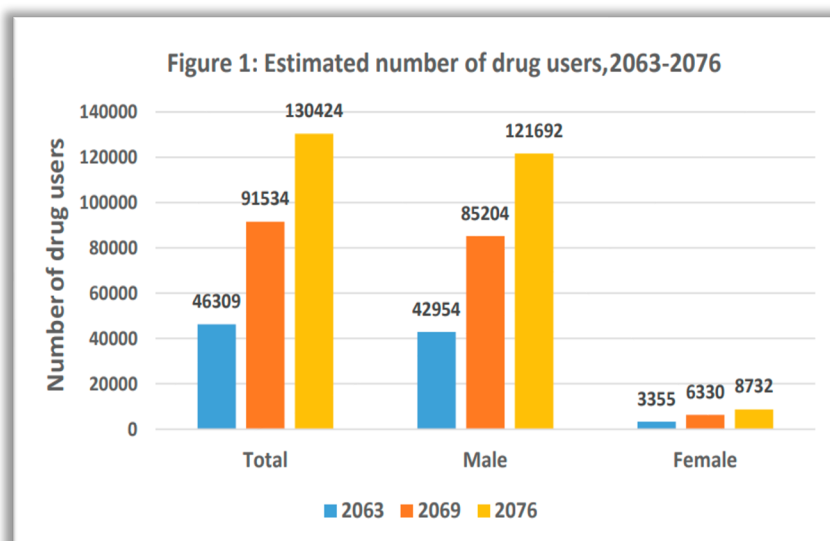


Nepal government. With 166 formal organizational members and unofficial individual members, Recovering Nepal works to combat stigma & discrimination, raise awareness of fundamental rights, push for legislative change, and improve People Who Use Drugs (PUDs) access to affordable, all-encompassing care. According to the RN's Strategic Plan 2018–2022, it was intended to strengthen the network of women who use drugs (WWUD) to advance gender parity and provide access to high-quality, affordable services.

Consequently, in 2017, RN, in collaboration with Recovering Nepal Women (RN Women), spearheaded by an incredible former WWUD, took off as a WWUD movement in Nepal, envisioning creating strategies to establish gender-responsive harm reduction services considering the current evolving trends and trajectories, to enable WWUD to access healthcare and legal services. The first National Consultation meeting was held on the 12th of January 2018 to develop its strategic framework and discuss the pressing issues of WWUD in different regions of Nepal. Subsequently, on the 2nd of January 2020, RN Women was formally registered as a National Network of Women Who Use Drugs (WWUDs) in Nepal. The primary areas RN WOMEN focused on promoting and ensuring gender equality, the right to health, and the empowerment of Women Who Use Drugs in Nepal. Since the inception of RN Women, one of the most important achievements has been the expansion of a robust network among the WWUD-led organizations, support groups, and loose networks across 5 different newly created provinces of Nepal. The involvement of WWUD in the Country Coordination Mechanism (CCM) through RN WOMEN has tremendously empowered the community's ability to identify issues and clearly articulate their demands on their terms. The small and close-knit WWUD community in Nepal has been bolstered further under one banner since the advent of RN Women.

2.2 Problem Statement/Rationale/Justification for the Project:

The drug user survey undertaken in Nepal in 2020 estimated a total of 130,424, and out of that, 113,121,692 (93.3 percent) were male and 8,732 (6.7 percent) were female. With an average annual growth of 5.06 percent from 2069 to 2076. The low number of female respondents is likely due to the higher level of stigma associated with drug use faced by women. It is very important to address gender concerns and understand the vulnerabilities of women drug users. [1]



It is very important to address gender concerns and understand the vulnerabilities of women drug users. [1] In 2019, HIV prevalence among the PWID followed an encouragingly declining trend from 68 % in 2002 to 6.4 % in 2015. However, it has increased by 2.1 percent in this round (8.5 % in 2017) – a much higher rate than that of the general population in Nepal, which is 0.1%. HCV was 18.8% (95% CI=16-29.2), HBV was 1.3% (95% CI=0.1-3.6), Active Syphilis was 1.7%, and History Syphilis was 2% among the PWID. Similarly, co-infection of HIV and HCV was alarmingly high among the PWID (7.35%). [2]

Women have unique situations, such as pregnancy. The postpartum period may present several emotions in the new mother, especially for a woman who may be at risk for a relapse with opioids. Increased stressors may lead to relapse or overdose events. Women are more inclined to develop opioid dependency in a shorter period than their male counterparts. Potential factors for women's dependency susceptibility include having smaller-framed bodies, leading to opioids having a greater biological impact on women. The connection between hormones, such as estrogen, and a heightened sensitivity to pain, and women's propensity to have chronic pain. This may drive the use of prescription opioids to manage pain.^{1,2}

Personal experiences of emotional and psychological grief and trauma, such as sexual assault or domestic violence with a partner, have been discovered to be risk factors in the use of opioids in women, yet not in men. The limited and fragmented data on WWUD in Nepal suggest that they are at greater risk of gender-based violence, HIV, HCV, and other communicable diseases than men who use drugs. This increased vulnerability is a consequence of a range of environmental, economic, social, and individual factors affecting women in Nepal, which also compromises their ability to engage in health-promoting services such as harm reduction programs, Antiretroviral Therapy (ART), and Direct Observation therapy (DOTs). The high prevalence of HIV, HCV, and syphilis among women who inject drugs in Nepal highlights the need for tailored interventions and prevention programs for this group. The high prevalence of

¹ Office of Women's Health. (2017). [Final Report: Opioid Use, Misuse, and Overdose in Women](#).

² Centers for Disease Control and Prevention. (2018). [Prescriptions Painkiller Overdoses](#)

HCV among women who inject drugs further emphasizes the need for a national program to access HCV treatment free of cost in Nepal. Family programs tailored to women in Nepal appear to considerably reduce risk behaviours among women who inject drugs; however, enrolment in these services remains low. Understanding barriers and facilitators for its participation could decrease the prevalence of both HIV and Hepatitis C among women who inject drugs in Nepal. Drug use is considered deviant behaviour, and drug users are stigmatized in many countries, including Nepal. When women use drugs, the stigma and subsequent social isolation are even more severe than when compared to male drug users. In the Asian setting, this is particularly true. Women, especially in South Asia (which includes Nepal), often have less education, poorer access to health services, and do not enjoy parity with men in terms of employment as well as other privileges. The use of drugs weakens their socially disadvantaged position and increases their vulnerability further.

Harm reduction acknowledges that many people will continue to abuse drugs and engage in other dangerous behaviours despite prevention efforts. It also accepts that many people are unwilling or unable to seek treatment. But while some people who use substances may not necessarily require treatment, it is helpful for them to be aware of resources that can help minimize harm.³

ViiV Healthcare:

ViiV Healthcare is an organization dedicated to HIV medicines and research, and focused on people living with HIV and AIDS. It has had a track record of doing things differently from its unique origins to its innovative medicines, pushing the boundaries of what might be possible in HIV treatment and care. To accelerate the HIV response, they have put a significant focus on community initiatives to strengthen local healthcare services for people living with HIV. Through the 'Positive Action Grant', supporting over 300 projects worldwide, ViiV Healthcare works with local communities aiming to deliver long-lasting impacts on groups such as women and children, while enhancing local expertise and resources towards global goals, as well as the mission of leaving no person living with HIV behind.⁴

ViiV Healthcare is investing in community-based harm-reduction efforts in Nepal, focusing on supporting people who inject drugs and increasing usage of HIV and harm-reduction services. Since 2020, the *Positive Action Programme* has directed funding towards harm reduction programs in targeted geographies in the following locations.

Phase I (Challenge Fund):

1. Jagaran Arogya Samuha at Sunsari district in Province 1 of Nepal.
2. Ekta Nepal at the Chitwan district in Province 3 of Nepal.
3. Asha Foundation in Rupandehi district in Province 5 of Nepal

Phase II (Positive Action Grant)

³ <https://americanaddictioncenters.org/harm-reduction>

⁴ <https://viivhealthcare.com/about-viiv/>

1. Ekta Nepal at Chitwan, Nepal
2. Asha Foundation at Rupandehi, Nepal.
3. Neeta Foundation at Makwanpur, Nepal, till Dec 2024, and Siyaan DIC from Jan 2024 to July 2024.
4. Naya Dristhi at Banke, Nepal

Continuation of Positive Action Grant

(Harm Reduction Momentum Grant)

1. Ekata Nepal, Chitwan
2. Asha Foundation Rupandehi
3. Siyaan Rehabilitation, Makwanpur
4. Damayanti Foundation Nepal, Banke

The Harm Reduction Momentum Grant supports community-based harm reduction initiatives targeting WWUDs in Nepal. The approach integrates public health, human rights, and gender-sensitive strategies to address HIV prevention, reduce stigma, and promote empowerment among marginalized women. Implemented through women-led organizations, the program leverages lived experiences to ensure inclusive and effective service delivery.

Objectives/Goals of the project:

"To establish community-based harm reduction services for WWUD in 4 Districts of Nepal, collaborating with the Government to ensure sustainable resource allocation based on health Human Rights for WWUD in Nepal by 2023."

Spearheaded by RN Women, Recovering Nepal seeks to increase access to and uptake of harm reduction services for Women Who Use Drugs in Nepal.

1. The main objective of RN is to identify linkages for reaching out to women who use/inject drugs through peer groups to access the services, routine program data, IBBS surveys, and national estimates.
2. The RN seeks to establish a comprehensive service package for women and other gender minorities who use drugs.
3. To continue to support a successfully established community-based HR program for WWUD with ownership and collaboration of the national program of sustainability.
4. To create an entry point for linkage building case identification for uptake and utilization of services for WWUD through a peer-based model.
5. To build the capacity for empowerment of WWUD with psycho-social and life skills interventions are also necessary for social reintegration.
6. To standardize comprehensive harm reduction services in response to the Standard National Minimum Services Packages for KPs-2020 for Nepal.

HR commodities Supply by: National Centre for AIDS and STDs Control (NCASC)-Government of Nepal

- ✓ Coordination with the National HIV prevention Care program, NCASC.

IMPLEMENTING PARTNERS:

5. Ekata Nepal, Chitwan
6. Asha Foundation Rupandehi
7. Siyaan Rehabilitation, Makwanpur
8. Damayanti Foundation Nepal, Banke

Activities Conducted:

- ✓ Needle Syringe Exchange Program
- ✓ Implement community-based harm Reduction programs in their respective districts
- ✓ Operate Drop-in Centre
- ✓ Outreach Program at 4 districts—Mobilize In-reach worker IRW
- ✓ Distribute HR commodities (needles, Syringes, condoms, alcohol swabs, and IECs.
- ✓ HIV testing and referral to ART
- ✓ Conduct an SRHR orientation program and provide treatment support
- ✓ Referral services and Coordination and Collaboration with Local government and stakeholders
- ✓ Reporting to the RN.

4. District-Wise Target Vs Achievement of the Total Reached (till July 2025) Total Beneficiaries Reached till 15th Shrawan, 2082 (31st July 2025)

Districts	National Size Estimation (By the government of Nepal)	Target (95%) UNAIDS 95 95	Reached till July 2025	Remarks
Chitwan	269-308	274	320 (116%)	New Women who inject drugs are rapidly growing, or the estimated size was low
Rupandehi	342-440	371	160 (43%)	Size estimation might be high, or drug-using patterns have been changing
Makwanpur	104-139	115	122 (106%)	
Banke	432-516	450	337 (74%)	
Total		1210	926 (77%)	

Based on the national size estimation by the Government of Nepal and UNAIDS' 95-95-95 target, the project set a target of reaching 1,210 Women Who Use Drugs (WWUD) across four districts. By July 2025, a total of 926 WWUD (77%) had been reached.

Chitwan (116%) and Makwanpur (106%) exceeded their targets, indicating either rapid growth of new injectors or underestimation in the size estimation.

Banke (74%) made good progress but fell short of the target, while Rupandehi (43%) lagged significantly, likely due to overestimation in population size or shifts in drug-use patterns.

Overall, while achievements were strong in some districts, the gap between target and reach highlights the need for revised population size estimation and adaptive outreach strategies to better align services with the realities on the ground.

Program Details of Sub-Grantee:

Behaviour Change Communication (BCC) Session

BCC Orientation for WWUD was conducted by all the respective organizations in support of Recovering Nepal and **ViiV Healthcare**. BCC is conducted bi-monthly in the DIC center. It is conducted for about 1 hour of time duration where all the participants get information about



sexual and reproductive health and share their ideas, issues, as well as concerns in a discussion session. The main purpose of this event is to inform women who use drugs about the following topics:

- Introduction to Behaviour Change Communication
- HIV/AIDS and STI prevention
- Personal hygiene and safe injection practices
- Accessing healthcare and support services
- Communication and negotiation skills



Fig: BCC Orientation/Sessions

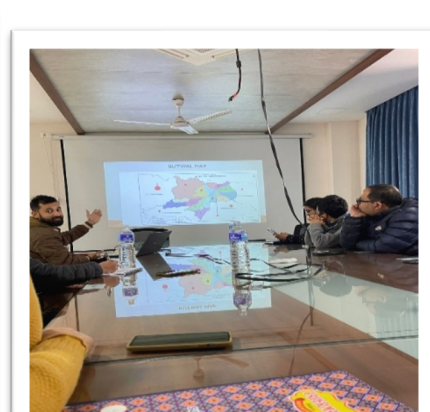
HIV and Drug Awareness Program

The **HIV and Drug Prevention Awareness Program** is one of the scheduled activities implemented by the partner organizations. The program provides comprehensive information on HIV, including its causes, symptoms, modes of transmission, and preventive measures. It also raises awareness about drug addiction, highlighting its health and social impacts. During the session, the focal person facilitates discussions on the interconnection between HIV and drug use, and shares practical strategies to help individuals protect themselves from both HIV and substance-related harm.

Meeting with Local Government Authority:



A meeting is held with the local government authority to review ongoing and planned program activities, address existing challenges, and explore areas for cooperation. The discussion focused on aligning partners' interventions with local government priorities, promoting resource sharing, and establishing sustainable support mechanisms for vulnerable populations affected by drug use, HIV/AIDS, and gender-based violence. The engagement marked a significant step toward strengthening partnerships for long-term public health outcomes. It highlighted the critical role of collaboration between civil society and government institutions in addressing drug-related harm, advancing HIV prevention, and responding to the needs of People Who Inject Drugs (PWIDs).



Stakeholder Meeting with Law Enforcement

Stakeholder meetings are conducted with the active participation of 15 members in each event within four partner organizations, including representatives from local government, civil society organizations, and police personnel. The sessions provided an opportunity for stakeholders to gain a deeper understanding of the organization's work and the realities faced by Women Who Use Drugs (WWUD). The meetings fostered interactive discussions, facilitating the exchange of ideas, clarification of concerns, and collective reflection on the scope and objectives of the project.

MPAC Meeting

The Municipality level Project Advisory Committee (MPAC) meeting was convened with the participation of representatives from government agencies, civil society organizations, law enforcement, health service providers, and community members. The meeting served as a strategic platform to review project progress, discuss key challenges, and guide effective implementation. Members actively contributed by sharing their insights, offering technical inputs, and recommending practical solutions to strengthen program delivery. The MPAC meeting also reinforced collaboration among stakeholders, ensuring that the project remains aligned with its objectives and responsive to the needs of Women Who Use Drugs (WWUD).

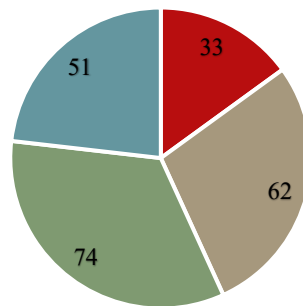


Primary Healthcare (PHC) / Doctor Check-up

From August 2024 to July 2025, monthly Primary Healthcare (PHC) services were conducted to provide timely medical support for Women Who Use Drugs (WWUD). During this period, a total of beneficiaries accessed PHC services as highlighted below in a pie chart:



Primary Healthcare (PHC) / Doctor Check-up Total service
provided (Aug 2024-July 2025)



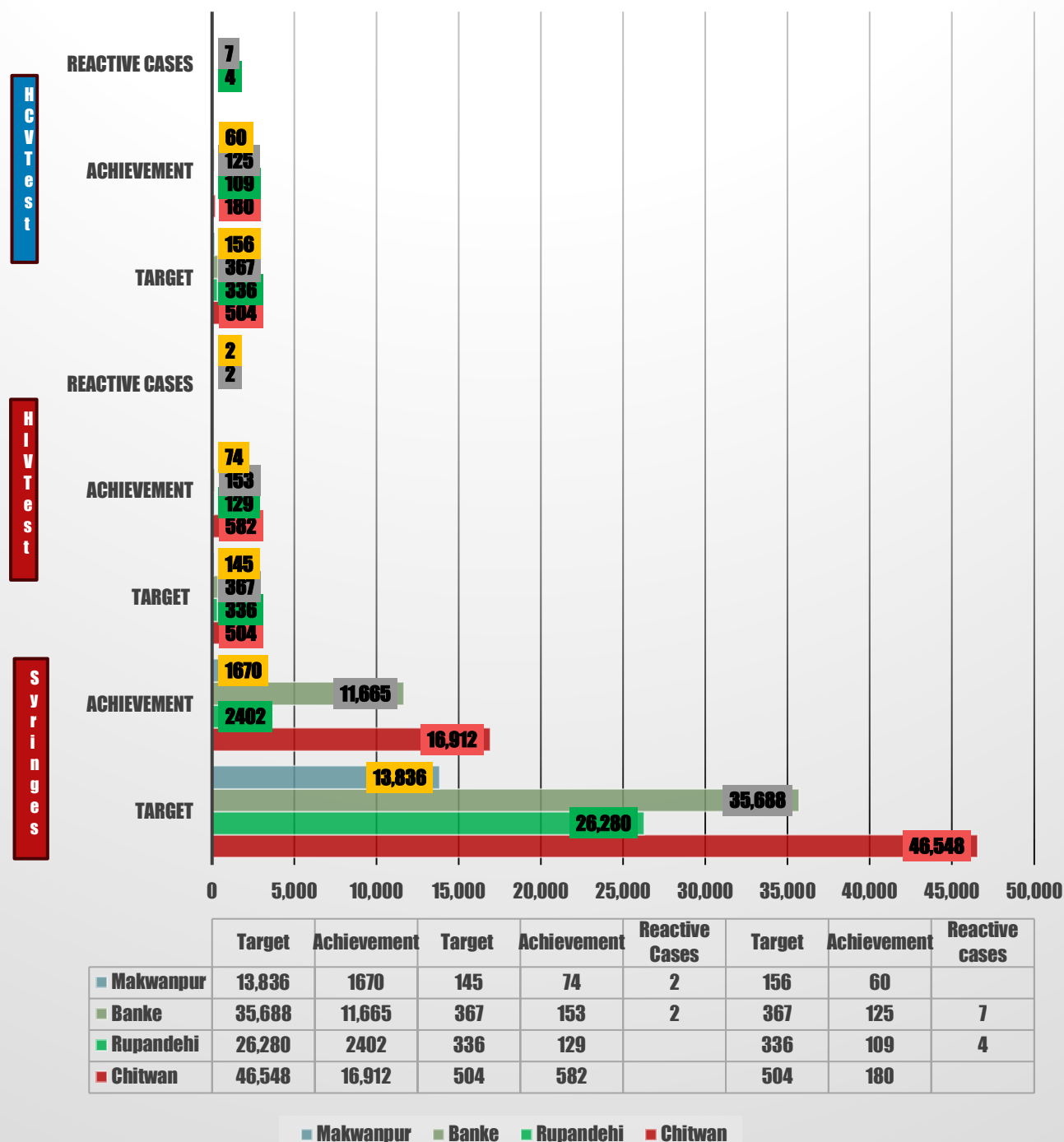
■ Chitwan ■ Rupandehi ■ Banke ■ Makwanpur ■

Gender Based Violence Orientation

The Gender-Based Violence (GBV) Orientation aims to enhance participants' understanding of GBV, its root causes, forms, and the profound impact it has on individuals and communities. It seeks to raise awareness of human rights and legal protections while promoting gender equality and challenging harmful social norms. The orientation also focuses on strengthening participants' capacity to identify, respond to, and refer GBV survivors to appropriate services, ensuring timely and effective support. Furthermore, it emphasizes the importance of collaboration and coordination among communities, service providers, and local authorities to create a safer and more supportive environment for those affected by GBV.

Target Vs Achievement of Service provided from August 2024 to July 2025

Target Vs Achievement of service provided from Aug 2024-July 2025



The chart compares the service targets set by the central office with actual achievements across four districts. Chitwan had the highest target and achieved the largest number of services, while Banke and Rupandehi showed steady progress, though slightly below their targets. Makwanpur, with the smallest target, also met a fair share of its goal. Reactive cases

identified highlight the project's contribution to early detection. Overall, districts made strong efforts despite ambitious targets.

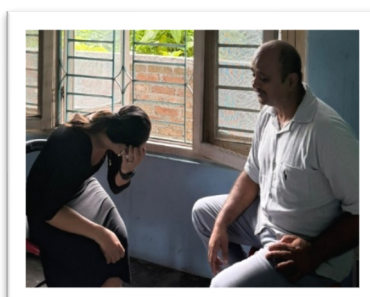
Activities conducted at the Central Level

M&E Visit from 23rd July 2025-30th July 2025

The central monitoring and evaluation visit covered **four districts** (Banke, Rupandehi, Chitwan, Makwanpur) to assess the work of partner organizations under the **ViiV Harm Reduction Momentum Grant**.

- **Strengths:** Offices and documentation systems were generally well-organized, with proper stock management, daily log sheets, and program records. Stakeholder coordination meetings and beneficiary interactions highlighted positive community trust and effective service delivery.
- **Challenges:** Common gaps included a lack of laptops/printers, inadequate budgets for medicines and transportation, storage issues for HIV test kits due to the hot climate (requiring refrigerators), and delays in CLT services due to training and equipment shortages.
- **Good Practices:** Regular log sheet cross-verification, transparent financial documentation, collection of used syringes, and strong rapport with WWUDs were observed across sites.
- **Urgent Needs:** Provision of laptops, refrigerators, printers, transport support, and basic equipment to strengthen program efficiency and ensure reliable service delivery.

The visit showed consistent service delivery efforts despite resource constraints. Addressing infrastructure and logistical needs will enhance program accuracy, sustainability, and access to health services for Women Who Use Drugs (WWUDs).





Day Celebration



Fig: International Day Against Drug Abuse and Illicit Trafficking 2025

The event International Day Against Drug Abuse and Illicit Trafficking 2025 was organized on **26th June 2025** at **Mahendra Police Club, Kathmandu**, by Recovering Nepal with support from the ViiV Harm Reduction Momentum Grant.

Key Highlights:

- **Youth Engagement:** 500 T-shirts distributed to students to spread awareness and reduce stigma.
- **Recognition:** The Ministry of Home Affairs honored Recovering Nepal with a Certificate of Appreciation for its contribution to harm reduction and rights advocacy.
- **Advocacy Campaign:** “Support. Don’t Punish” campaign led by women advocates emphasized shifting from punitive drug policies to compassionate, rights-based approaches.

Major Outcome:

The **Home Minister (Ramesh Lekhak)** announced the establishment of a Dedicated Department for Drug Control in Nepal, aiming for a more structured, coordinated, and health-centered response to drug issues. The day reinforced the message that drug use should be addressed through **support, not punishment**, marking progress toward evidence-based, humane, and inclusive drug policy reform in Nepal.



Emergency Support

The emergency fund has been strategically utilized to provide critical support for Women Who Use Drugs (WWUDs), addressing their most urgent health and treatment needs. It has been used to facilitate access to drug treatment programs, ensuring timely intervention for women seeking recovery support. Additionally, the fund has covered medical expenses for abscess management, a common and serious health complication among injecting drug users, preventing further health deterioration. Beyond this, it has supported a range of essential health-related treatments, enabling WWUDs to receive immediate care during emergencies. Overall, the fund has played a vital role in safeguarding the health and well-being of a total number of 8 WWUDs by ensuring that emergency medical and treatment services are readily available when most needed.

Data Management Training

An **RNIS online data management system** has been developed and introduced for the four partner organizations' focal persons. This system enables standardized data entry, secure storage, and efficient management of service delivery information. Centralizing data collection allows real-time monitoring, cross-verification, and analysis at the central level. The system not only improves accuracy and transparency but also strengthens evidence-based decision-making, reporting, and overall program efficiency.

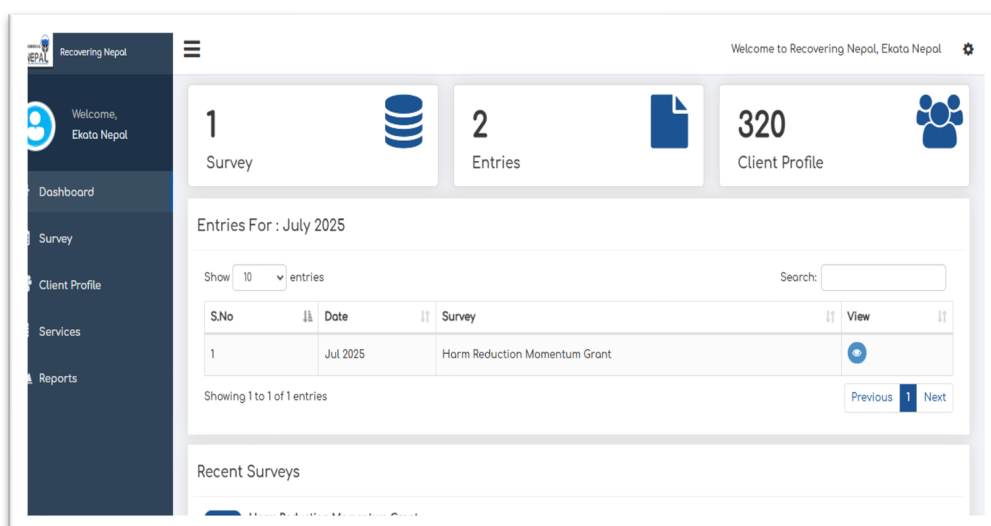


Fig: Recovering Nepal Information System (RNIS) online data entry

Conclusion

The Harm Reduction Momentum Grant has significantly advanced gender-sensitive harm reduction services for Women Who Use Drugs (WWUD) in four districts of Nepal. Despite resource and outreach challenges, the project reached 77% of its national target, with notable success in Chitwan and Makwanpur. Through community-led initiatives, partnerships with local stakeholders, and the introduction of the RNIS data system, the program strengthened service delivery, improved transparency, and amplified the voices of WWUD. Importantly, national recognition and policy commitments signal progress toward a more compassionate, rights-based drug response in Nepal. Sustained investment and government support will be vital to build on these achievements and ensure long-term impact.

Project Name	Chemsex Harm Reduction Intervention Project. A Pilot Initiatives Among Two Key Populations in Nepal
Implementing Partner (Co-lead) by	Recovering Nepal-The National Federation of People Who Use Drugs and Drug Service Organization
Project Districts	Kathmandu and Pokhara
Supported by	ViiV Healthcare, UK
Project Period	4 April 2024 to 3 April 2025, with three-month Non-Cost Extension from 3 April 2025 to 3 July 2025

Situation assessment (Chemsex harm Reduction Intervention Project)

The scoping assessment conducted from June to November 2024 was commissioned as part of the Chem-sex Harm Reduction Program jointly initiated by BDS and RN in early 2024. The study was led by research consultant Mr. Prabhu Raj Poudel, who presented the comprehensive research findings during the dissemination event. The study explored the patterns, motivations, and consequences of sexualized drug use, commonly referred to as chem-sex, among MSM/TG/MSW and PWUD populations in Nepal. It revealed that the use of psychoactive substances during sexual encounters is on the rise within these communities, often involving drugs such as methamphetamine, GHB/GBL, and other substances, contributing to increased health risks and vulnerability. The findings highlighted that sexualized drug use is closely linked with risky sexual behaviours, including condomless sex, multiple partners, and a lack of STI/HIV prevention measures, particularly in settings where stigma, discrimination, and lack of access to health services persist. Among PWUD populations, additional layers of vulnerability, such as legal consequences, social exclusion, and inadequate harm reduction infrastructure, were also noted. The study emphasized the need for integrated, community-led, and gender-sensitive services that address both the sexual and drug use health needs of these key populations.

Implementation Update/Activities-District Wise

Project Orientation

Recovering Nepal, in collaboration with Blue Diamond Society, organized the project orientation for partner organizations involved in the Chem-sex on January 26, 2025, in Kathmandu. All partner representatives from the five districts, Kathmandu, Rupandehi, Parsa-BDS DICs partners, and Kathmandu and Kaski-RN DICs partners, participated in the session. A total of 25 participants (10 males, 1 female, and 14 others) from each DIC, BDS, and RN attended the orientation. The participants included four staff members from each district, one DIC operator, one outreach worker, and two peer educators from each district.

The orientation schedule followed an introduction to the project from Bishnu Fuel Sharma and Sanjay Sharma from RN and BDS, respectively. Kanak, BDS, talked about SDU and how it is different from Chem-sex, highlighting how our project will be focused on the broader concept of SDU and strategies for SDU service delivery in Nepal based on the findings from the situation assessment. This orientation program provided a brief introduction to the project and the terminology used in Chem-sex and SDU. The discussions from the orientation session helped to find a way forward for the project.

Training for Outreach, DIC staff, and other IRW Harm Reduction

Initially, as outlined in the work plan, there were two training sessions for outreach and DIC staff, one in Kathmandu valley and the other outside it. Later, through mutual agreement between RN and BDS, the final decision was made to organize training for DIC staff outside the Kathmandu valley. Subsequently, the program was scheduled in Pokhara, Kaski, from February 5th to 7th, 2025, for all newly recruited staff from each district involved in the Chem-sex project. A total of 25 participants (10 males, 1 female, and 14 others) from each DIC, BDS, and RN attended the training.

The objectives of the training were:

- To inform and increase knowledge on SDU and Chem-sex; motivation, patterns of drugs used, effects of the drugs in the body, etc.
- To inform on basic understanding and definition of need, importance, and intervention of chem-sex harm reduction in the Nepalese context
- To interact and have a deep discussion on major issues, gaps, and challenges about chem-sex intervention and outreach
- To understand mental health challenges related to chem-sex users

At the end of the training, the DIC team got the opportunity to design their outreach methods and plan alongside mapping of key works that needed to be carried out to smoothly run the project implementation.

Establishment of the DICs

Implementation of a pilot Chem-sex intervention in Kathmandu, Kaski, Parsa, and Rupandehi, premising upon the findings of the situation assessment, was commenced with the establishment of the five DICs in February 2025. The DICs in Kathmandu, Parsa, and Rupandehi have been providing services for the MSM/TG community under the supervision of BDS. Two DICs in Kathmandu and Kaski are providing services to PWUD under RN. The project has been providing information on safer sex practices, overdose management, and linkages to existing harm reduction and HIV prevention to treatment services based on the needs of the reached individuals. From February to June 2025, the five DICs have met a total of 321 unique service receivers from MSM/TG and PWUD groups through outreach in the field.

Linkage to rehabilitation services and emergency/GBV fund

Among the individuals reached through outreach by the DICs, a total of 11 people were linked to a rehabilitation centre for a three-month package based on their immediate needs. Of those linked, three were transgender women, one was a gay man, and the rest were young people who use drugs.

Monetary support from the project was provided to only 10 individuals, as one transgender woman supported for rehabilitation died from overdose complications on the third day after being linked to the rehabilitation centre. She was a person living with HIV but hadn't disclosed her HIV status to the outreach worker. The project staff later discovered that she

had not been taking ART for the past three years. The project facilitated her emergency hospital admission. She was declared ‘brought dead’ by the hospital. Her family was contacted, and her body was subsequently handed over to them.

Eight beneficiaries received GBV support. For this, RN and BDS screened and documented case studies of individuals experiencing violence. Two individuals from the MSM/TG community received emergency support for hospital and ICU admissions.

IEC materials development and distribution

There was a delay in the development of IEC materials due to the verification process of the National Centre for AIDS and STD Control (NCASC) and the National Health Education, Information and Communication Centre (NHEICC), Government of Nepal. This has been shifted to Y2&3 through the change request form submission.

Advocacy and Orientation of WWUD in Nepal

The program was before NCE, but the program was missed, so the program was organized by RN Women in coordination with NCASC, addressing their major issues and challenges, including gender-based stigma and discrimination, criminalization, health complications like abscesses, poor access to primary healthcare, lack of privacy in mixed-gender services, gender-based and intimate partner violence, and limited financial independence on 30th June 2025 at Baugainvilla Event, Kathmandu.

Media mobilization

From April to June, 2025, each month, the program was incorporated to ensure wide dissemination of study findings as well as sensitization of risky behaviours of Sexualized drug use in the general population. During this period, various national dailies published the findings from the research as news articles for wider dissemination of the study findings.

<https://kathmandupost.com/national/2025/05/07/nepal-s-queer-community-battles-a-silent-drug-crisis>

<https://www.swasthyalive.com/47020/>

<https://ekantipur.com/health/2025/04/05/youth-at-risk-of-using-sexual-drugs-29-20.html>

Kathmandu District – DIC (Maya Nepal)

S.N.	Activities	Output/Outcome Indicators
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1.	Advocacy Meeting with Law Enforcement	# of 1 Advocacy Meeting; # of 20 participants; 19 Male; 0 Female; and 1 Others; <u>Outcome:</u> The advocacy meetings achieved the goal of informing law enforcement and local authorities about the health and human rights aspects of SDU, shifting their perspective from criminalizing SDU.
2.	Two Stakeholder Meetings	# of 2 stakeholder meeting with relevant government agencies, health representatives, and other key Harm Reduction Partners; # of 40 participants in year I; 40 Male; 0 Female; and 0 Others; <u>Outcome:</u> These meetings successfully mobilized the main local actors, governmental agencies, rehab centers, OST providers, NSP services, health officials, and law enforcement in a discussion on the growing cases of SDU for MSM, TG, MSW, and PWUD.
3.	Monthly Drug Awareness Programs	# of 3 Drug Awareness programs with the community and youths from different colleges; # of total 80 participants; 50 Male; 30 Female; and 0 Others; <u>Outcome:</u> The awareness sessions allowed participants to have deepened knowledge about chemicals, chem-sex, and the substances in use, including effects of these substances, including HIV/STI risks,

		overdose, impaired consent, anxiety, and depression.
4.	SRHR Orientation Sessions	# of 3 SRHR orientation conducted; # of total 60 participants in Orientation; 23 Male; 37 Female; and 0 Others; <u>Outcome:</u> The participants learned to associate substance use with the vulnerability for high-risk sexual behaviors such as unprotected sex, impaired consent, and consequently multiple partners.

Pokhara District – DIC (CSG)

S.N.	Activities	Output/Outcome Indicators
1.	Advocacy Meeting with Law Enforcement	# of 1 advocacy meeting conducted; # of a total 14 participants; 12 Male; 2 Female and 0 Others; <u>Outcome:</u> The meetings generated referral paths from police to health facilities and community services to ensure vulnerable people could access services related to harm reduction.
2.	Two Stakeholder Meetings	# of 2 stakeholder conducted; # of a total 25 participants; 20 Male; 4 Female; and 1 Others; <u>Outcome:</u> The stakeholders recognized together all the barriers around stigma, discrimination, and inaccessibility to services encountered by key populations engaged in chem-sex.
3.	Monthly Drug Awareness Programs	# of 3 Drug Awareness programs conducted; # of a total 72 participants; 47 Male; 25 Female; and 0 Others;

		<u>Outcome:</u> This led to greater interest in and uptake of harm reduction and mental health services by PWUD and WWUD engaged in, or vulnerable to, chem sex-related behaviors.
4.	SRHR Orientation Sessions	# of 3 SRHR Orientation conducted; # of a total 71 participants; 46 Male; 25 Female; and 0 Others; <u>Outcome:</u> Participants were also made aware of their sexual and reproductive health rights (SRHR), especially in drug-related situations, thus also empowering them to take safer and more informed decisions.

Progress Against Indicators

	M	F	O	Remarks
Number of people directly reached by the Positive Action funded project in outreach	131	13	1	Total Reached 145 from Feb 2024 to June 2025.
Number of sexualized drug users among those met (CSG, Kaski)	56	5	0	Among 65, 61 were engaged in SDU.
Number of sexualized drug users among those met (Maya Nepal, Kathmandu)	65	5	0	Among 80, 70 were engaged in SDU.
Number of people linked to HIV treatment services	7	0	0	Total from Maya Nepal, Kathmandu and CSG, Kaski.
Number of people linked to HIV prevention services	308	44	1	Since, there is no PrEP, Total 353 condoms were distributed in the Y1 300 from Maya

				Nepal, and 53 with 250 pieces from CSG, Kaski
Number of people accessing mental wellbeing services	6	1	0	Total 7 were access for mental health services; 4 from Maya Nepal, and 3 from CSG, Kaski
Number of people receiving HIV treatment adherence guidance and support (can report PLHIV found and counselled by DICs)	7	0	0	For HIV treatment, 5 were provided counseling from Maya Nepal, whereas 2 were counselled from CSG.
Number of community mobilisation events and campaigns (Total events conducted by DICs such as stakeholder and advocacy meeting, monthly drug awareness and SRHR Orientation program from CSG, Kaski)	125	56	1	The event wise are given in the separate detail activities row above.
Number of community mobilisation events and campaigns (Total events conducted by DICs such as stakeholder and advocacy meeting, monthly drug awareness and SRHR Orientation program from Maya Nepal, Kathmandu)	132	67	1	Same as above.
Any comments on the interventions and indicators being achieved for this period?	All the targeted activities had been achieved in the proposed year I though the delay of scoping assessment study that was held from June to November 2024.			
Please comment on the interventions and indicators being achieved over the full duration of the project?				

Reflection on project key achievements

The Chem-sex Harm Reduction project was officially initiated after the scoping assessment, through the project orientation on 26th January 2025 in Kathmandu among 5 partner DICs from across Nepal. The project is being undertaken through five DICs in four districts from four different provinces of Nepal, viz. Kathmandu from Bagmati, Kaski from Gandaki, Parsa from Madhesh, and Rupandehi from Lumbini. After capacity building, the outreach and DIC staff were further strengthened through a blended training from 5th to 7th February 2025 in Pokhara, Kaski, to increase the DIC staff's knowledge and skills to deliver harm reduction services in the settings of SDU. From February to June 2025, the five DICs have met a total of 321 unique service receivers through outreach in the local hotspots, among whom 292 were sexualized drug users.

Among which, PWUD-led DICs from Kathmandu and Kaski reached 145 individuals, among whom 131 were sexualized drug users: 121 males and 10 females. Among these individuals reached, 7 individuals linked to HIV testing services were diagnosed as PLHIV and were subsequently linked to ART centres for ART initiation. A total of 353 condoms were distributed by the two DICs. Similarly, a total of 7 individuals were screened for mental health issues.

Advocacy meetings at the national and grassroots levels were done, and they proved to be effective in creating information about SDU and the project, albeit through the no-cost extension via the change request form, and all the advocacy meetings, trainings, and orientation sessions were completed.

Implementation challenges

There were several specific obstacles to implementing the Chem-sex Harm Reduction Intervention Project in Nepal, many of which were related to the emerging and novel nature of SDU in the Nepalese context. One of the first challenges was the limited availability of early intervention, or the absence of prior research or baseline data on Chem-sex or SDU apart from the scoping assessment. The situational assessment conducted as part of this project was the first of its kind in Nepal, which meant there was no other foundation for triangulating data for designing or implementing a program. This created an overall difficulty for program implementation for the BDS and RN team, as every training and orientation session, including IEC materials development, required extra efforts. This, on the other hand, also paved the way forward for closer coordination with the government agencies, via. National Centre for AIDS and STDs Control and Epidemiology and Disease Control Division, through the formation of technical working groups and a series of interactions and discussions between government stakeholders and the project team.

Although orientation sessions and capacity-building training were provided to outreach and service delivery staff, many still struggled with a lack of IEC materials, leading to gaps that hindered sharing important harm-reduction messages with the broader community. Currently, the target communities still have a low awareness of Chem-sex-related risks, including unsafe sex, breach of consent, and mental health issues, all of which significantly impact sexual and

overall health. Reluctance in openly sharing experiences or participating in discussions among many beneficiaries due to fear of disclosure of HIV status or drug use behaviour, as these topics come along with a lot of stigma, was identified as a challenge at the grassroots. During the project inception, the lack of awareness at the community level also created barriers to engaging with and accessing harm reduction services, highlighting the need for ongoing awareness efforts, culturally meaningful messaging, and continuous training of frontline staff to better address the complexities of Chem-sex and SDU in Nepal.

Addressing challenges

To address the challenges faced by the Chem-sex Harm Reduction Project in Nepal, BDS, RN, and partner DICs adopted a series of strategic steps. The project recognized that SDU-related issues are new in Nepal, and there was no existing data on past behaviours; therefore, understanding Chem-sex became a priority. To achieve this, the project team prioritized through advocacy meetings at the central and grassroots levels to ignite discussion on SDU; most importantly, NCASC and EDCD were continuously kept in the loop, while local municipalities' health section, security force, and other relevant stakeholders were continuously made aware of the project throughout its implementation. Creating community learning spaces, such as monthly drug awareness programs, meetings to bring project stakeholders together, and orientations on SRHR to unite community members, peers, and health professionals, all contribute to the broader goal of building a shared understanding of harm reduction and minimizing stigma by fostering healthy conversations around SDU. These meetings and orientations provided outreach workers with training and engagement opportunities where they could ask questions and develop collaborative approaches with health authorities and local police, notably ensuring that gatekeepers like the police are "sensitized" to the importance of respecting and working with the human rights of Chem-sex participants through a health-centred approach. A key aspect of recent harm reduction efforts is ensuring that DICs have established local review and feedback processes, through which several DICs have developed referral pathways and user-friendly services that effectively meet Chem-sex users' needs and insights. This coordination also ensured the availability of condoms at the DIC through the municipality's health section. Overall, through these activities, the capacity and skills of outreach workers have improved, along with increased community engagement and acceptance of the project and its activities.

Similarly, we also focused on capacity building through training, orientations, and mentorship for outreach workers and service providers. Whenever relevant, we referred to international practices. Although Chem-sex harm reduction for TGW had very low examples in settings like Nepal, some resources from the APCOM foundation came in handy. Based on these tools, including the scoping assessment findings, continuous technical support was provided to the DICs, including program planning and implementation, report development, and monitoring by the central team. These efforts aimed to help the DIC develop a clearer understanding of Chem-sex as distinct from general SDU, enabling them to craft more

informed, locally relevant harm reduction messages. The project also incorporated case studies, peer learning components, and participatory, discussion-based modules for the training, which helped build practical skills and understanding in harm reduction messaging. At the community level, materials were scarce on Chem-sex, and no evaluated IEC materials were available; therefore, the project adapted several resources available that focused on HIV, motivational counselling, sexual health risks, consent, and mental health implications.

Threats like funding cuts were inevitable; however, the BDS and RN teams have been continuously in dialogue with the Global Fund team and other relevant stakeholders for services continuation. The gender and youth-friendly orientation and monthly stakeholders meeting have, to some extent, sensitized the ART staff on SDU, aiding in the referral and linkages for service receivers to the government sites.

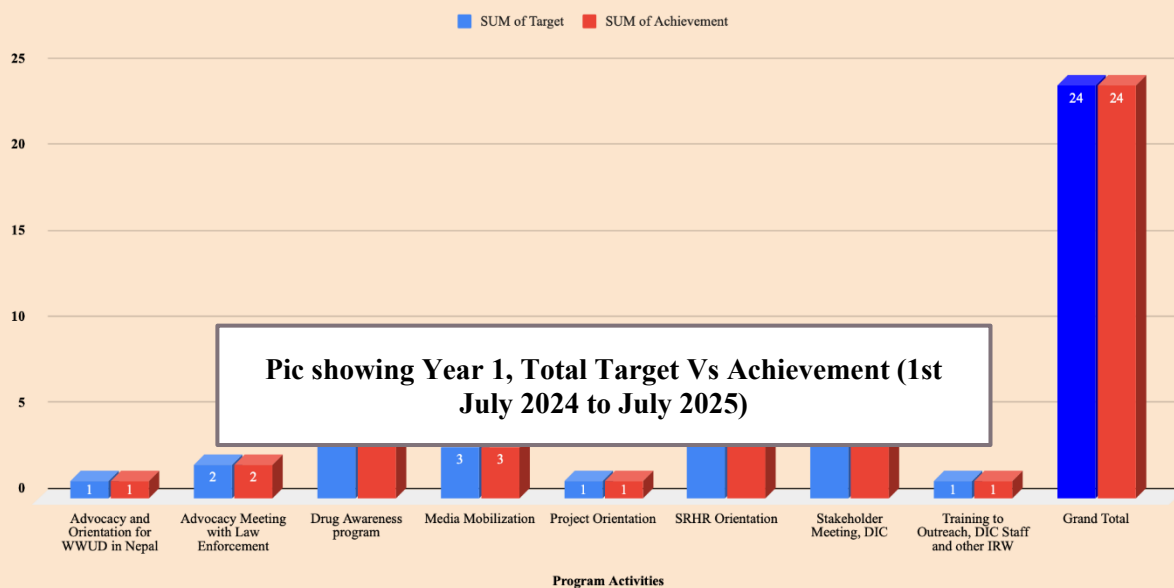
Key lessons

Implementing the Chem-sex Harm Reduction Project in Nepal has taught many important lessons, including successes and areas for growth. One key lesson was the importance of staying updated on the project work plan and maintaining continuous coordination with partner DICs for effective planning, communication, and execution of essential activities. Routine communication, follow-up, and shared planning decisions became vital to ensure all partners remained aligned and responsive to the project's needs. Delivering SDU-related harm reduction for the first time, we realized, the differences in types of service needs and harm profiles of these different groups highlighted the importance of an open knowledge exchange and connection. This cross-learning allowed our DICs to not just build upon their outreach approaches to be more effective, but also to remain responsive to the nuanced and varied experiences of sexualized drug users. The coordination with government stakeholders helped the project team carry out the activities smoothly.

Another important lesson was the sharing of expertise and knowledge between the BDS and RN team, which significantly improved understanding of the project, including the implantation environment, providing the capacity to adapt to community-specific working patterns, contingent challenges, and threats. This collaboration was important in shaping the design of key tools and intervention models that were inclusive, accessible, and of lived experience.

Engaging with the government stakeholders, like NCASC, EDCD, including the National Health Training Centre, we realized that although they have limited knowledge on SDU, they are supportive and enthusiastic regarding the scope of work of this project. Similar enthusiasm has been shown by the stakeholders in the grassroots. This shows that the Chem-sex Harm Reduction Project can be sustained by incorporating it into the existing HIV and harm reduction interventions.

Total Target Vs Achievement_Year I (Chemsex Harm Reduction Project)



Annex 1: Member list of partners of Recovering Nepal

S.N	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District (s)	Contact Person	Contact No.	Email
1	Richmond Fellowship Nepal	Treat	State 3	Kathmandu	Mr. Sabin Mali	9841539648	richmond@ntc.net.np
2	Maya Nepal	Treat	State 3	Lalitpur	Mr. Riddhi Pratap JB Rana	15250676	riddi@mayanepal.org.np
3	Saarathi Nepal	Test	State 3	Kathmandu	Mr. Ravi Krishna Shrestha	9851111665	saarathiravi@gmail.com
4	Sparsha Nepal	Test	State 3	Kathmandu	Mr. Ujjwal Karmacharya	15537814	sparshanepal.care@gmail.com
5	Re- unity Nepal Rehabilitation Center	Treat	State 3	Kathmandu	Mr. Karma S. Sherpa	9851161409	angusherpa@gmail.com
6	Aashraya Samuha	Treat	State 3	Lalitpur	Mr. Chhering Sherpa	9851114563	ashrayasamuha@gmail.com
7	Nirnaya	Treat	State 3	Lalitpur	Mr. Samir Thapa Chhetri	9851127616	nimayanepal@gmail.com
8	Prarambha Nepal	Treat	State 3	Lalitpur	Mr. Agimath Raj Joshi	9803167022	Prarambha11@yahoo.com
9	Life Vs Addiction	Treat	State 3	Lalitpur	Mr. Rabin Lama	9841771152	addictionvslife@gmail.com
10	Jagaritee Fellowship PVT.LTD	Treat	State 3	Lalitpur	Mr. Kumar Lama	9861874108	jagariteefellowship@gmail.com
11	Bright Future Rehabilitation Center	Treat	State 3	Kathmandu	Mr. Nabin Sharma	9840320875	brightfuturerehabcenter@gmail.com
12	Namo Bhddha Drug & Treatment Center	Treat	State 3	Kathmandu	Mr. Nissan Deula	9823473035	namobuddha495@gmail.com
13	Koshis Foundation	Treat	State 3	Lalitpur	Mr. Zoni Gurung	9861239957	koshisfoundation1@gmail.com
14	Third Eye	Treat	State 3	Kathmandu	Mr.Nirab karki	9851217185	nepalthirdeye@gmail.com
15	Life Improvement Centre	Treat	State 5	Kathmandu	Mr.Rajendra Thapa	9841169545	improvementlifecenter@gmail.com
16	Back to life Foundation	Treat	State 3	Lalitpur	Mr.Manish Tandukar	9848585069	manishtandukar23@gmail.com

17	Recovering Voice	Treat	State 4	Kathmandu	Mr. Kumar Lama, Tamant	9851170097	kumar.saarathinepal@gmail.com
18	Suruwat	Treat	State 3	Bhaktapur	Mr. Rajesh Ddya	9851118695	suruwat07@gmail.com
19	Women Support Group	Treat	State 3	Kathmandu	Mr. Sarmila Baidhya	9808776070	wsgkathmandu@gmail.com
20	Miteri Foundation	Treat	State 3	Kathmandu	Mr. Ranbir Singh		
21	CDUN	Treat	State 3	Kathmandu			
22	Aasha Satambha	Treat	State 3	Kathmandu	Mr. Reshem gurun	9851061892 or 014810100	foundation.hopee@gmail.com
23	RN Women						
24	Control Addiction Nepal			Kathmandu	Mr. Muna Lama	9808955040	controladdictioncan2011@gmail.com
25	Saathi Samuha			Kathmandu	Mr. Subash Rai	9803971883	sathi_samuha@yahoo.com
26	Sanu Prakash Kendra	Treat	3	Kathmandu	Mr. Dendendra Lama	9843656292	sanuprakash.socialwork@gmail.com
27	New Destination Active Group	Treat	3	Kavre	Mr. Bigyan Lohani	9851077808	nayadisha2021@gmail.com
28	Peace Home			Kavre	Mr. Bibak Bikaram Rana	9861688510	
29	Miracle Foundation Nepal	Treat	3	Sankhu, Kathmandu	Mrs. Doma Sherpa	9823578719	
30	Progressive Foundation	Treat	3	Tokha, Kathmandu	Mr. Harisaran Thapa Magar	9823374823	progressivefoundationrehab@gmail.com

Member list of partners of Province 1:

S.N	Name	Organization/Address	Email	Phone No.
1	Chandra Baral	Astha foundation	aasthafoundationith@gmail.com	9852053416
2	Deepak Chapagain	Richmond followship	deepakchapagain@hotmail.com	9852024927
3	Sunil Thapa	Liberty Nepal	—	9852027384
4	Jay k. Devkota	Samudayik Rehabilitation Center	Srcbrt@yahoo.com	9842120274
5	Sanjeeb Rai	Awareness and curring Team Nepal	jagaranarogyasamuha@gmail.com	9804345636
6	Shisir adhikari	Sparsha Nepal	sanjivbrt123@gmail.com	9811053808
7	Sushil rijal (durga)	Navajyoti treatment and Rehabilitation centre	—	9803527843
8	Bhakti prasad sitaula	Knight chess club	kccmgf@gmail.com	9842625896
9	Deepak dhakal	Community development forum	—	9852678187
10	Rabi limbu	Mukti centre	—	9816363030
11	Bhupal singh limbu subba	New Horizon center	Newhorizon@gmail.com	9802700529
12	Sampurna Tamrakar	Sanjivani kendra	sanjivanikendradrn@gmail.com	9815367993

Member list of partners of Province 2:

S. N	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District	Contact Person	Contact No.	Email
1	Aastha Nepal	Treat	State 2	Parsa	Mr. Gaurav Verma	9845552779	hunter007.gv@gmail.com
2	Biwasha Rehabilitation Center	Treat	State 2	Parsa	Mr. Shyam lama	9807288033 - 9845306956	sagarlamatamang05@gmail.com
3	Neeta Foundation	Treat	State 2	Parsa	Mr. Benoy tamang	051-523023,9807269054	benoy@neetafoundation.org.np
4	Rising Nepal	Treat	State 2	Parsa	Mr. Jata Shankar Giri	9816241577	risingnepal70@gmail.com
5	Sano Paila	Treat	State 2	Parsa	Mr. Rahkumar Tamang	9814202213	sanopaila@gmail.com
6	New Muskaan rehabilitation	Treat	State 2	janakpur	Mr. Santosh thakur	9812199949	

7	Lalima Foundation	Treat	State 2	Rautahat, Chapur	Mr. Sandarva Aley	9841900066	sandarvaale@gmail.com
8	Helping Home	Treat	State 2	Parsa	Mr. Santosh thapa	9826251203	helpinghome777@gmail.com
9	Manila foundation	Treat	State 2	Parsa	Mr. Aayush Bhujel	9809152101	manilafoundation@gmail.com
10	Naya Goreto	Treat	State 2	Bara		9855024909	princelama1983@gmail.com

Member list of partners of Province 3:

S. No.	Name of the Network	Program focus area	State	District (s)	Contact Person	Contact No.	Email
1	Makawanpur Recovering Group		Bagmati	Makawanpur	Binod Lal Shrestha	9845829177/9807176162	recoveringmrg@gmail.com
2	Ujyalo Bhabishya		Bagmati	Makawanpur	Bikram Sapkota		
3	Bridge of Hope		Bagmati	Makawanpur	Yunik Lama	9864462507	bridgeofhope79@gmail.com
4	New Way Foundation		Bagmati	Chitwan	Durba K.C	9855053377	dhurbakc1975@gmail.com
5	Siyaan Rehabilitation Center		Bagmati	Makawanpur	Sauzzan D.C	9865409206	sauzzan343@gmail.com
6	Piru Foundation		Bagmati	Makawanpur	Bijay Hada	9807184616	bijayhada630@gmail.com
7	Support & Care Rehabilitation Center		Bagmati	Chitwan	Raj bhandu	9845083663	snc.prc@gmail.com
8	Journey of Recovery		Bagmati	Chitwan	Bishwo Shrestha	9855060677	bishowshrestha777@gmail.com
9	Ekata Nepal		Bagmati	Chitwan	Shanta Ghale	9855072323	ekatanepal2064@gmail.com
10	Wisdom Rehab center		Bagmati	Makawanpur	Nirmal Bidari	9845847575	nirmalbidari2@gmail.com // wisdomrhabilitation2077@gmail.com

11	Aasha Recovery		Bagmati	Chitwan	Mr Sudeep Gurung	9843182702	
12	Recovering United		Bagmati	Chitwan	Mr. Rabin Shrestha	9855056881	
13	Shradha Nepal		Bagmati	Chitwan	Kiran Gurung	9855091400	kirangrg91400@gmail.com
14	Nirnaya Nepal Chitwan		Bagmati	Chitwan	Bharat Ghimire	9845365999	subhamghimire413@gmail.com

S.N	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District (s)	Contact Person	Contact No.	Email
1	Naulo Ghumti Nepal	Treat	Gandaki	Kaski	Mr. Om Krishna Gurung	061-525235	naulo-ghumti@ngn.org.np
2	Asal Chemeki Nepal (Female Drug user)	Treat	Gandaki	Kaski	Mrs. Pratima Basnet	061-522515	info@acn.org.np
3	Gateway Foundation	Treat	Gandaki	Kaski	Mr.Sunil Gurung	9808112374/9817120407	gwf_pokhara@hotmail.com
4	Community Support Group	Test	Gandaki	Kaski	Mr. Dilip Gurung	9846043927	csgpokhara@hotmail.com
5	Richmond Fellowship Nepal - Pokhara	Treat	Gandaki	Kaski	Mr.Shorya Chhetri	061-527854/9805166102	rfnpr@ntc.net.np
6	Gaurav Nepal	Treat	Gandaki	Kaski	Mr.Lal kunwar	061-526908/9816115475	gauravnepal346@gmail.com

7	Ghumti Nepal	Treat	Gandaki	Kaski	Mr.Bikash Gurung	9806500996	ghumtinepal123@gmail.com
8	Our Family Nepal	Treat	Gandaki	Kaski	Mr.Shiva Kumar Naupane	9804181189	
9	Friends of Hope	Treat	Gandaki	Kaski	Mr.Manoj Gurung	9860258170/9806758517	friendsofhope@gmail.com
10	New vision	Treat	Gandaki	kaski	Mr.Deepak Sunaar	9816198711	newvisionnepal007@yahoo.com
11	Hamro Prayas Foundation(Nawalparashi)	Treat	Gandaki	Nawalparashi	Mr.Navin Gurung	9819817271/9855049099	Hamroprayash.Foundation@gmail.com
12	Serenity Home	Treat	Gandaki	Kaski	Mr. Purna Gurung	9819175327	grgmekh777@gmail.com
13	New Hope Foundation Nepal	Treat	Gandaki	Kaski	Mr. Purna Poon	9806731456	hopefoundation339@gmail.com
14	Nava Jeewan Nepal	Treat	Gandaki	Kaski	Mr. Rajendra Dhakal	9814127163	navajibannepal@gmail.com
15	Sankalpa Punarsthapana kendra	Treat	Gandaki	Baglung	Mr.Ashish karki	068-524424/9848451451	sankalpapuarnsthapana@gmail.com
16	Helping Hand Rehabilate centre	Treat	Gandaki	Kaski	Mr.Sandesh Shrestha	9819137485	Helpinghandrehab3@gmail.com
17	Nava Geeven	Treat	Gandaki	Baglung	Mr. Keshop Khatri	9800735195	nawajiwan.org@gmail.com

Member list of partners of Province 4:

Member list of partners of Province 5:

S. No.	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District	Contact Person	Contact No.	Email
1	CHANGE Team	Test/Treat	Lumbini	Banke	Mrs. Yashoda Gyawali	9858046434	changeteam.program@gmail.com
2	Damayanti Foundation Nepa	Treat	Lumbini	Banke	Mrs. Indra Kumari G.C.	9858028282	indu.gcrawal@gmail.com
3	Lata Care Foundation	Treat	Lumbini	Banke	Mr. Dinesh Hamal	9858029324	lcf.npj@gmail.com
4	Aastha Samuha	Test	Lumbini	Rupandehi	Mr. Keshav Pun	071-204347	asthasamuha@gmail.com
5	Prayas Nepal Banke	Treat	Lumbini	Banke	Mr. Sabal Rana	9819593210	prayasnep@gmail.com
6	Nava Dristi Femle Rehabilitation Center	Test/Treat	Lumbini	Banke	Ms. Simran Rajbhandari	9862532004	nawadrishti@gmail.com
7	Astha Foundation						

Member list of partners of Province 6:

S. No.	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District (s)	Contact Person	Contact No.	Email
1	Bhairab Youth Empowerment Center	Treat	State 6	Surkhet	Lalit Bhattarai	9858052677	bycsurkhet1@gmail.com
2	Paropakar Punsthapana Kendra	Treat	State 6	Surkhet	Anil Bhusal	9848293360	

3	Hamro Sathi Punsthapana Kendra	Treat	State 6	Surkhet, Chhinchu	yogesh paudel	9858085754	
4	Ekata Punsthapana Kendra	Treat	State 6	Surkhet	Chandra parkash Bhattarai	9858063522	
5	Aasha Punsthapana Kendra	Treat	State 6	Surkhet	Bharat koirala	9848169533	

Member list of partners of Province 7:

S N	Name of Affiliated organizations CBOs/NGOs	Program focus area (s) as per NHSP	State (s) click all that apply	District (s)	Contact Person	Contact No.	Email
1	Sandesh Nepal	Treat	Sudurpaschim	Dhangadi	Tek Pandey	9800625266	sandeshnepal2072@gmail.com
2	Richmond Fellowship Kailali	Treat	Sudurpaschim	Dhangadi	Ram Bdr Rajak	9848424419	
3	Be-well Nepal	Treat	Sudurpaschim	Dhangadi	Ram Giri	9848429086	bewell.nepal@gmail.com
4	Ugratara Rehabilitation Center	Treat	Sudurpaschim	Attarya	Bimal K Bhatta	9811683435	kachepaupa@gmail.com
5	Pahilo Aarambha Rehabilitation Center	Treat	Sudurpaschim	Dhangadi	Sabin Shah	9817433543	
6	Asha Kiran Rehabilitation Center	Treat	Sudurpaschim	Tikapur	Chakra Bdr Shahi	9869511603	
7	SAAF Nepal	Test	Sudurpaschim	Dhangadi	Navaraj pandey	9848423115	tapen.bhusal@gmail.com
8	Naya Goreyto Punasthapana Kendra	Treat	Sudurpaschim	lamki	Umakant Timelsena	9848561486	

9	Sahara Punarsthapana Kendra	Treat	Sudurpaschi m	Tikapur	Upendra Batala	9804651803	rehabilitationsahara@gmail.co m
10	Naya Bato Rehab Center	Treat	Sudurpaschi m	Kailali	Balram Khatri	9865800206	