

# FINAL REPORT VIIV HEATH CARE CHALLENGE FUND UK

December 2021

RECOVERING NEPAL

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SEPTEMBER 2020 TO  
OCTOBER 2021



## CONTENTS

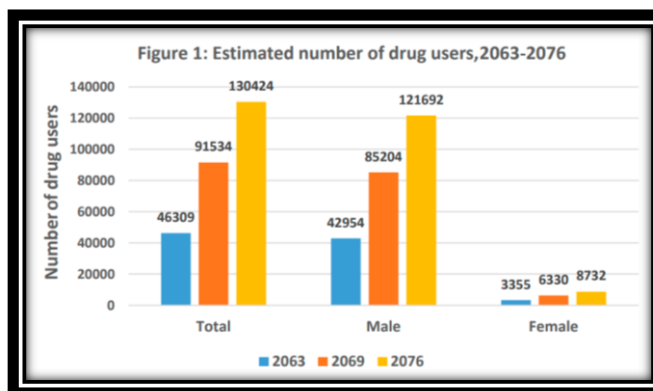
Contents .....	1
Acronyms: .....	2
Background .....	3
About the Project:.....	5
The key strategies of the project: .....	5
Executive summary:.....	7
A. Needle and Syringe programs:.....	8
B. HIV Testing and Counseling (HTC).....	8
C. Refer to CBT, ART, PMTCT, TB, CHBC, Legal Support, Hepatitis Diagnosed and Treatment Services (only needy people)-HTC at FIDUs and referral services at Chitwan, Sunsari, and Rupendehi:.....	9
D. Program Enablers and Synergy-DIC at FIDUs:.....	9
E. Monitoring and Evaluation (M&E):.....	10
COVID -19 Pandemic and COVID RELIEF SUPPORT .....	10
Key Findings: .....	12
Drug Type:.....	12
Age Range: .....	12
Marital Status:.....	13
Major Outcome and Impact of the project:.....	14
Challenges .....	14
Conclusion:.....	14
Annex 1 .....	16
Annex – 2 .....	18
References .....	20

**ACRONYMS:**

AIDS	Acquired Immunodeficiency Disease Syndrome
ART	Antiretroviral Therapy
CBART	Community based Antiretroviral Therapy
CCM	Country Coordination Mechanism
CHBC	Community Home Based Care
CLT	Community-Led Testing
DOTS	Directly-Observed Therapy, Short-course
FIDU	Female Injecting Drug Users
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HTC	HIV Testing and Counseling
IBBS	Integrated Biological and Behavioral Surveillance
IRW	In-reach Worker
NCASC	National Centre for AIDS and STD control
OST	Opioid Substitution Therapy
PMTCT	Prevention of Mother to Child Transmission
PUD	People Who Use Drugs
PWID	People Who Inject Drugs
RN	Recovering Nepal
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
TB	Tuberculosis
TRP	Technical Review Panel
WWUD	Women Who Use Drugs

## BACKGROUND

The drug user survey undertaken in Nepal in 2020 estimated a total of 1,30,424, and out of that 13,121,692 (93.3 percent) were male and 8,732 (6.7 percent) were female. With the 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]



In 2019 HIV prevalence among the PWID has 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]

The limited and fragmented data on WWUD suggests 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 programmes for this group. The high prevalence of HCV among women who inject drugs further emphasizes the need for a national programme to access HCV treatment free of cost in Nepal. Family programmes 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. [3] Drug use is considered as deviant behaviour and drug users are stigmatized in many countries including Nepal. When women use drugs the stigma and subsequent social isolation is 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 lesser 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 her socially disadvantaged position and increases her vulnerability further. [4]

A 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 conducts business through partnerships with the Nepali 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 incredible former WWUD took off as a WWUD movement in Nepal—envisioned 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 2<sup>nd</sup> 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 focuses is to promoting and ensuring gender equality, the right to health, and empowerment of WWUD in Nepal.



Since the inception of RN Women, one of the most important achievements was 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 furthermore under one banner since the advent of RN Women.

## ABOUT THE PROJECT:

The proposed project is set to reduce the prevalence of HIV/AIDS, HCV, blood-borne diseases, and other health-related harms among women who use drugs in Chitwan, Rupendhi, and Sunsari districts of Nepal. The project was designed in line with the National HIV Strategic Plan 2016-21 “to ensure 90-90-90 Targets”.

The Key Objective of the project was:

To identify areas of concentration of women who inject drugs and their behavior patterns through situational assessment, and support Gender Friendly Harm Reduction Services for Women Who Use Drugs in 3 provinces of Nepal.

The key strategies of the project:

1. Strengthen and establish women-led, gender-friendly, and accessible harm reduction services specifically targeting WWUD.
2. Continue advocacy and sensitization targeting concerned stakeholders to create an enabling environment for WWUD to access services addressing violence and the Human Rights of people who use drugs.
3. Continue advocacy efforts for policy reform to accomplish gender equality and explore for provision of sustainable funding from the government at the central, provincial, and local levels.
4. Establish a partnership with the National Centre for AIDS and STD Control (NCASC), an apex body in the department of health in Nepal—to execute the project. HR commodities including IEC materials will be supported through the National Harm Reduction Program and ViiV Healthcare UK will support the management-cost of Harm Reduction services.

The project was signed between ViiV Healthcare UK and Recovering Nepal on the 30<sup>th</sup> of July 2020 and was planned to be launched by the 1<sup>st</sup> September of 2020. However, the project launch date had to be postponed indefinitely due to the unprecedented upsurge of Covid-19 in the country. Nevertheless, despite the curfews and lockdowns during the pandemic, we were able to acquire the approval letter from the Social Welfare Council to kick start the project in the proposed districts. Eventually, when the curfews and lockdowns were lifted by the government in **October** 2020, we could move forward by selecting partner organizations for the project. Twenty-one organizations from the three proposed districts had applied and out of that 3 organizations from provinces one, three, and five were selected by the Technical Review Panel (TRP) for the project. The organizations are as follows, <sup>see figure 1:</sup>

1. Jagaran Arogya Samuha at Sunsari district in province 1 of Nepal.
2. Ekta Nepal at Chitwan district in province 3 of Nepal.
3. Asha Foundation at Rupendehi district in province 5 of Nepal

All the three selected organizations for the project were interviewed online and a memorandum of understanding was signed among each party to proceed with the project activities. Upon the signing of the contract, the project was designed with a collaborative approach to ensure the inclusion of local WWUD issues. 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 Center for AIDS and STD control center (NCASC) would be responsible to supply HR Commodities in the project sites. See chart 1

Following are the key responsibilities of the concerned agencies to oversight the implementation of the project:

#### ViiV:

- ✓ Grant support as per the contract agreement
- ✓ Regular monitoring and evaluation of the project outputs/outcomes
- ✓ Monthly and bi-monthly progress meetings with the RN team
- ✓ Provide technical support

#### NCASC:

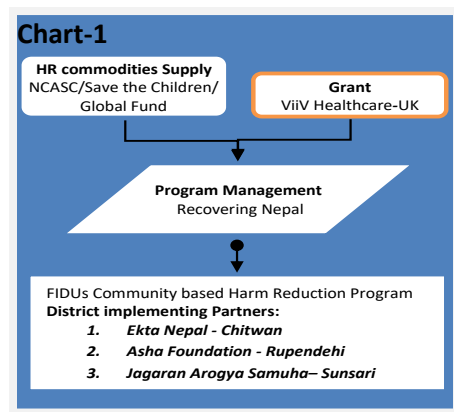
- ✓ Approving and supplying HR commodities to the implementing partners
- ✓ Regular monitoring from the logistic department of NCASC
- ✓ Site visits and monitoring
- ✓ Progress review and meetings
- ✓ Technical support and directions to the Principal Recipients (PR)

#### RN

- ✓ Regular coordination and communication with program Focal Person ViiV
- ✓ Coordination with National HIV prevention Care program NCASC, save the children, local governments, and Social welfare Council
- ✓ Regular monitoring and compiling progress reports
- ✓ Provide funds to the Partner organization at the district partner
- ✓ Financial Management of the Project
- ✓ Carryout National Level Advocacy and activities
- ✓ Provide training and technical support to the district partners and staff under the project
- ✓ Coordination and Collaboration with Governments
- ✓ Report to the concerned Agencies

#### IMPLEMENTING PARTNERS

- ✓ Implement community-based harm Reduction programs in their respective District
- ✓ Operate Drop-in Center
- ✓ Outreach Program at 3 districts—Mobilize In-reach worker IRW
- ✓ Distribute HR commodities (Needle, Syringes, condoms, alcohol swap, and IECs.
- ✓ HIV testing and referral to ART
- ✓ Conduct SRHR orientation program
- ✓ Provide treatment support
- ✓ Referral services
- ✓ Coordination and Collaboration with Local government and stakeholders
- ✓ Reporting RN





## EXECUTIVE SUMMARY:

During the project period from September 2020 TO OCTOBER 2021, a total of 551 Women Who Use Drugs (WWUD) were reached and catered cascade of Harm Reduction-related services and other health services. As per the proposed work plan, the project was supposed to reach a total of 651 WWUD (I.e. 90% of the total estimated WWUD in the selected project sites) but due to the Covid-19 pandemic, the project could only reach and cater to 551 WWUD (84%) with Harm reduction and other health-related services through three Drop In Centers (DIC) in Rupendehi, Sunsari and Chitwan districts. Though the number of WWUD reached through the project was less than targeted but on the plus side, we could operationalize a peer-led outreach program during the pandemic when the WWUD community was most vulnerable.

ViiV grant has played a vital role to bridge the gap between the percentage of male and female drug user service coverage by scaling up WWUD-based services in the three provinces of Nepal. The three Drop-in Centers in Sunsari, Chitwan, and Rupendehi were established through this project. This project has been able to reach the underserved WWUD community in Nepal and enabled them to voice their needs. In particular, one of the key outcomes of the project was being able to hand over and integrate a DIC at Sunsari into the National Harm Reduction Program after the completion of the ViiV contract.

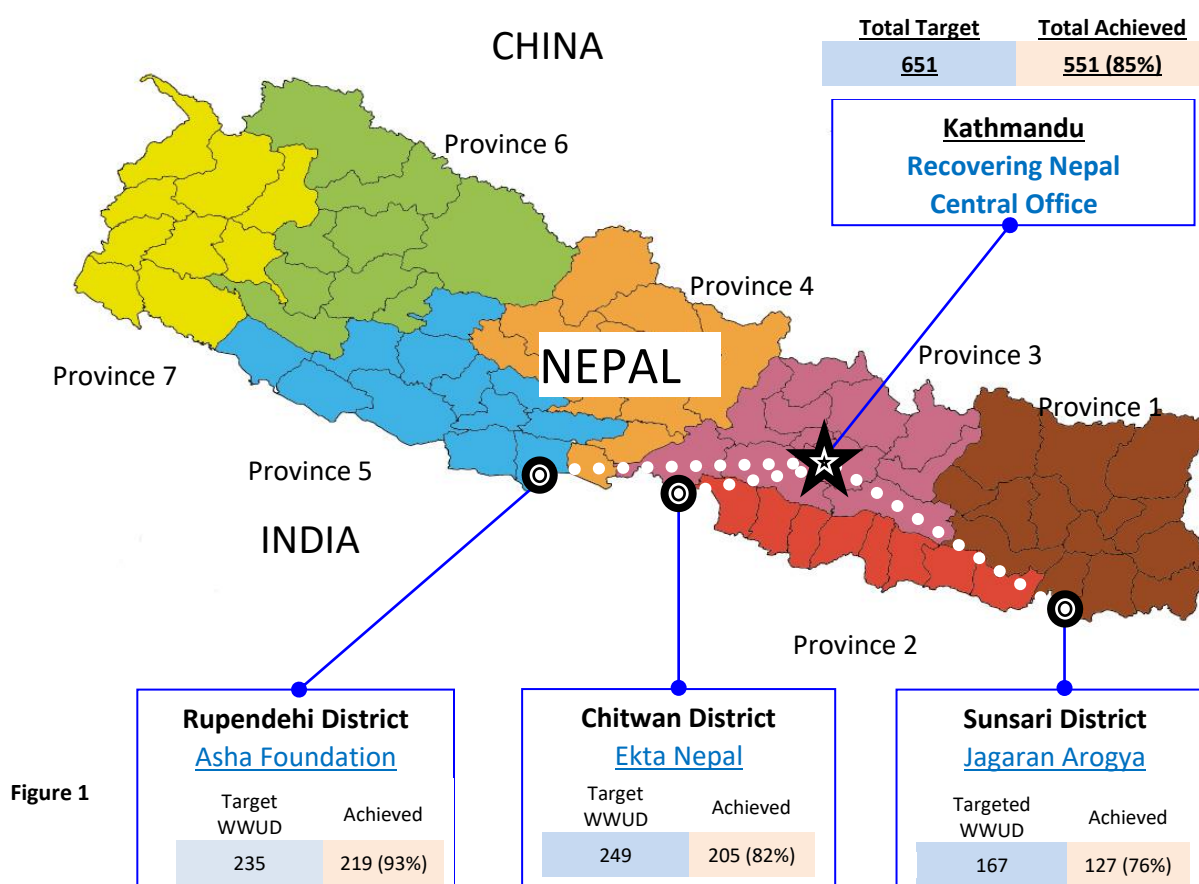


Figure 1

All three project sites were strategically based in the Highway districts bordering India, which has a very high prevalence of HIV infection among the Key Populations WWUD in Nepal. [3]



### A. Needle and Syringe programs:

Distribution HR commodities were executed as per the district plan and reporting period (November 2020 – October 2021), Rupendehi district reached 92.76 % despite various barriers faced during the Covid-19 pandemic—which indicates a high burden and genuine need for HR services specifically for Female drugs users in the project sites. Similarly, in Sunsari district we were able to reach 76.04% and in Chitwan we reached 82.33% through the NSP program. A total of 651 FIDUs were targeted in three districts and out of the total targeted 550 (84.48%) FIDUs were reached. From November 2020–October 2021, a total of 17511 pcs of 5ml clean needles and syringes were distributed among the WWUD in Rupendhi, Sunsari, and Chitwan districts. Eighty-five percent of WWUD's choice of substance was a mixture of opioids, benzodiazepines, and antihistamines; infamously known as the South-Asian Cocktail. The pharmaceutical drugs needed to prepare the mixture are less expensive than heroin and relatively easy to acquire. Drug users who consume opioids in combination with other medical substances have a higher risk behaviour than heroin drug users which is associated with the spread of HIV. [5]. Due to the mixing of several pharmaceutical drugs the sheer volume of the mixture is usually more than 4ml. Hence, the majority of PWIDs in project sites preferred 10ml syringes over 5ml syringes to inject the concoction. During the project period, we couldn't provide the 10ml syringes as per the demand of the WWUD community as the National Harm reduction Program did not have it in the inventory then. However, after several correspondences with the NCASC and Save the Children/GFTM, 10ml syringes are available now. Along with the Needles and syringes, 34,090 alcohol swabs and 6102 condoms were also distributed. See table 1.



### B. HIV Testing and Counseling (HTC)

According to the work plan, we were supposed to conduct regular HIV testing among the WWUD community in the project districts. Though, we were unable to conduct any due to the lack of Community Led testing Training (CLT) for our outreach workers during the Covid-19 pandemic. However, we were able to test 8 WWUDs by linking them to the National HIV programme. We have already requested the National Centre for AIDS and STD Control (NCASC) for CLT training and have assured us to invite us to the next CLT training soon. See table 1



**C. Refer to CBT, ART, PMTCT, TB, CHBC, Legal Support, Hepatitis Diagnosed and Treatment Services (only needy people)-HTC at FIDUs and referral services at Chitwan, Sunsari, and Rupendehi:**

The project managed to successfully refer 1 FIDU for ART, 4 for STI, 11 for PHC services, and 7 for drug treatment support. All together 23 FIDUs benefited through referral services. There were many WWUD referred to different services by phone during the Covid 19 pandemic but was not documented in the register, as the outreach workers could not physically meet the beneficiaries to provide the collect required documents.

**D. Program Enablers and Synergy-DIC at FIDUs:**

Apart from Community based Harm Reduction Program service delivery and distributing HR commodities, there were other key activities planned to create enabling environment for the WWUD-based services like <sup>See table 1</sup>

- *Stakeholder meetings,*
- *Orientation program for Stakeholders*
- *Orientation for security personnel,*
- *School awareness programs*
- *Support Don't Punish Campaign*
- *Celebrating World AIDS Day and Drug Day*



Out of the planned 12 stakeholders, only 6 (50%) meetings could be conducted in 2 at each project site. The participants of the stakeholder meetings were the head of the HIV care & Support centers, Harm reduction centers, Municipality healthcare centers, Local Police enforcement, and community clubs. Similarly, out of the planned 18 Orientation programmes, only 11 were conducted among students and police personnel to further create an enabling environment for the project in the respective districts. Usually, a rally followed by a candlelight ceremony is organized on the International Day against Drug Abuse and Illicit Trafficking and World AIDS day, but this time around due to the Covid19 Pandemic we had to celebrate in the DIC centers by organizing a discourse among the WWUD and service providers focusing issues faced by the community in the region.



## E. Monitoring and Evaluation (M&E):

Regular Staff meetings were held in the RN head office and respective project sites in the provinces. Monitoring visits to the project site was one of the integral parts of the M&E process but unfortunately, due to the onset of the COVID-19 pandemic in Nepal, we were unable to travel. Except for one monitoring visit to Sunsari district we were not able to conduct monitoring visits at other project districts. <sup>See annex 1</sup> Nevertheless, RN head office and our partners were in touch through virtual platforms and mobile phones.

## COVID -19 PANDEMIC AND COVID RELIEF SUPPORT

The government declared a total lockdown on the 28<sup>th</sup> of March due to the sharp rise of Covid-19 in the country due to which most of the programs were affected in Nepal. During the COVID - 19 pandemic, we had frequent discussions with ViiV Health Care Focal person Mr. Shaun Muller, and revised the budget <sup>Annex-1</sup> as per the need. Furthermore, we had to opt for a no-cost extension till October 2021 as some activities were pending.

While executing the Covid-19 Relief Support, the following steps were prepared:

- Meeting with the District Administration Office and partner organizations to facilitate relief distribution among the WWUD community in three project districts.
- Discourse among the WWUDs to determine basic necessities and food supplies to be included in the relief package. Rice, lentils, beans, soap, sanitizers and surgical masks, seasonal vegetables, onion, sanitary pads, and supplementary nutrition for WWUD with children were decided to be included in the relief package.
- Packaging of supplies for Individual WWUD.
- Identifying hot-spot in the highly affected areas by Covid-19 in Kathmandu Valley, Rupendehi, Sunsari and Chitwan.
- Listing out WWUD from a low economic and social backgrounds
- Distribution of relief Packages in the project districts through peer-led outreach programmes.



Recovering Nepal provided special emergency passes to the IRWs during the nationwide curfew, by coordinating with the Department of Health. 51 WWUD and their family in three districts including Kathmandu Valley.

Table 1

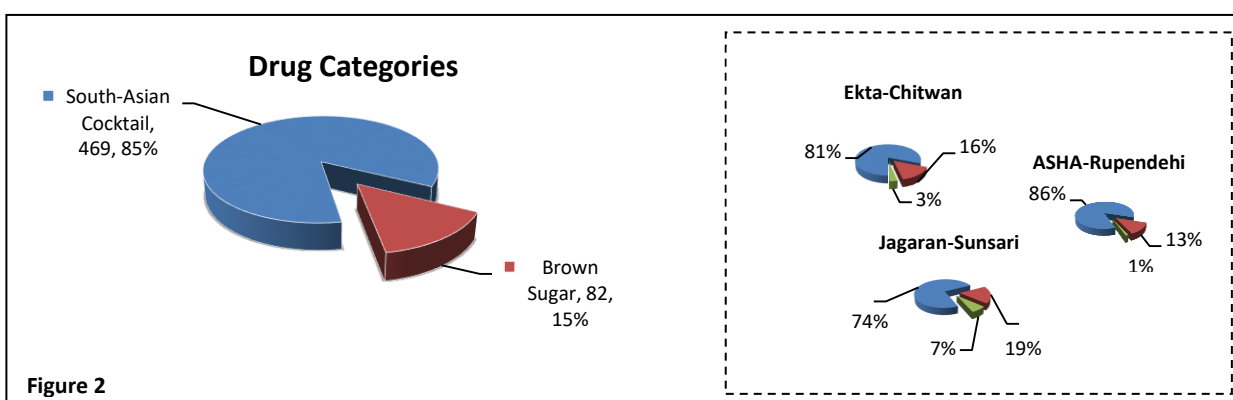
Prevention Programs for FIDUs and their Partners										
SN	Activities	Measuring Unit	Rupendehi		Sunsari		Chitwan		Cumulative	Cumulative
A	Needle and Syringe programs		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
1	FIDUs reached with HIV prevention programs - defined package of services [HR]	# of FIDUs reached with HIV prevention programs	235	219 92.77%	167	127 76.05%	249	205 82.33%	651	551
2	Syringes distributed	# of syringes distributed to FIDUs	2585	11282	1837	1779	2739	4450	7161	17511
3	Alcohol Swab Distribution	# Alcohol swab distributed	5170	22086	3674	3144	5478	8860	14322	34090
4	Condom distribution	# of Condom Distributed	1175	3724	835	540	1245	1838	3255	6102
B	HIV Testing and Counseling (HTC)									
1	Other vulnerable populations that have received an HIV test during the reporting period and know their results (CLT)	# of person received an HIV test during the reporting period and know their results	2	0	2	0	2	8		
3	Positive cases	# of determine reactive cases	0	0	0	0	0	0		
C	Refer to ART, PMTCT, TB, CHBC, Legal Support, Hepatitis Diagnoses and Treatment Services (only needy people)-HTC at FIDUs									
1	Referral for ART/PMTCT	# of PLHA referred for ART						1	0	1
2	Referral for STI	# of FIDUs referral for STI						4	0	4
3	Referral to Primary Health Care	# of FIDUs referral for PHC	5	1	5	0	5	0	15	1
4	Referral Support for Female Drug Users	# of clients referred	6		6		6	7	18	7
D	Program Enablers and Synergy-DIC at FIDUs									
1	Stakeholders Meeting in District	# of event	4	1	4	4	4	1	12	6
2	Orientation to Police Personnel and Key Community Stakeholders	# of event	3	2	3	3	3	1	9	6
3	School/College Orientation	# of event	3	1	3	3	3	1	9	5
4	SDP Campaign	# of event	1	1	1	1	1	1	3	3
5	Monthly progress review meeting and interaction with In reach Workers Case Finders [PE]	# of event	11	9	11	11	11	7	33	27
6	Staff Meeting	# of event	11	11	11	11	11	11	33	33
E	Program Monitoring									
1	Monitoring Visit from RN	# of event	2	0	0	1	2	0	4	1
2	Board Meeting	# of event	11	10	11	8	11	5	33	23



## KEY FINDINGS:

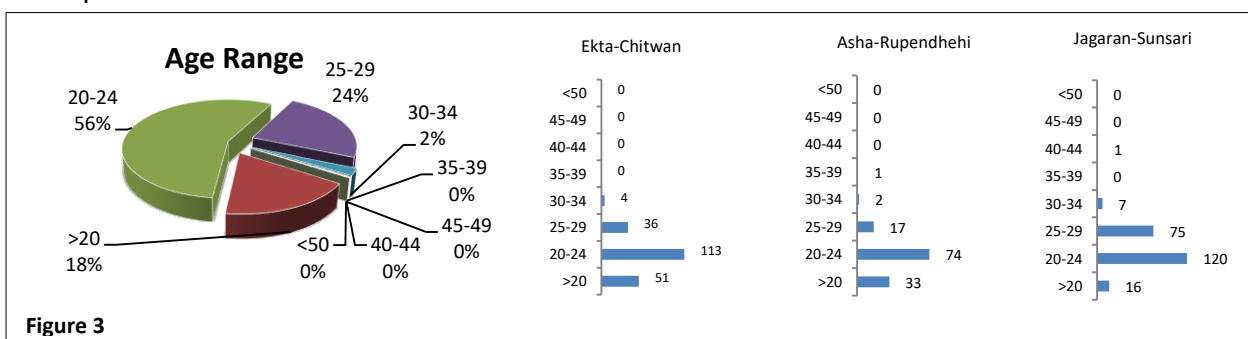
### Drug Type:

Eighty-five percent of the WWUDs were using South-Asian Cocktail (Concoction of opioids, benzodiazepines, and antihistamines) and 15% were using Brown Sugar, the pattern seems to be consistent at all three project sites. It is quite rare to see the use of brown sugar in the major cities in the hilly regions of Nepal due to its exorbitant price. However, in this project, the selected sites were located in the Highway District, near the Indian border where brown sugar and pharmaceutical drug trafficking is rampant and cheap. Hence, the use of brown sugar is prevalent, especially in the border areas of India and Nepal. And as per the drug survey report 2076, a higher proportion of females (48.5 percent) reported having ever used opiates than their male (46.7 percent) counterparts. [1]



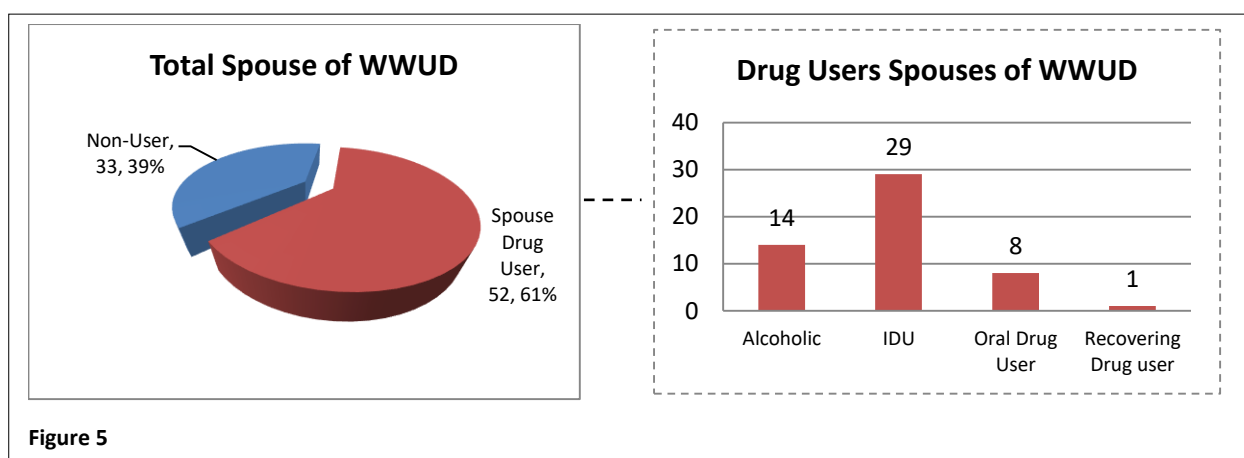
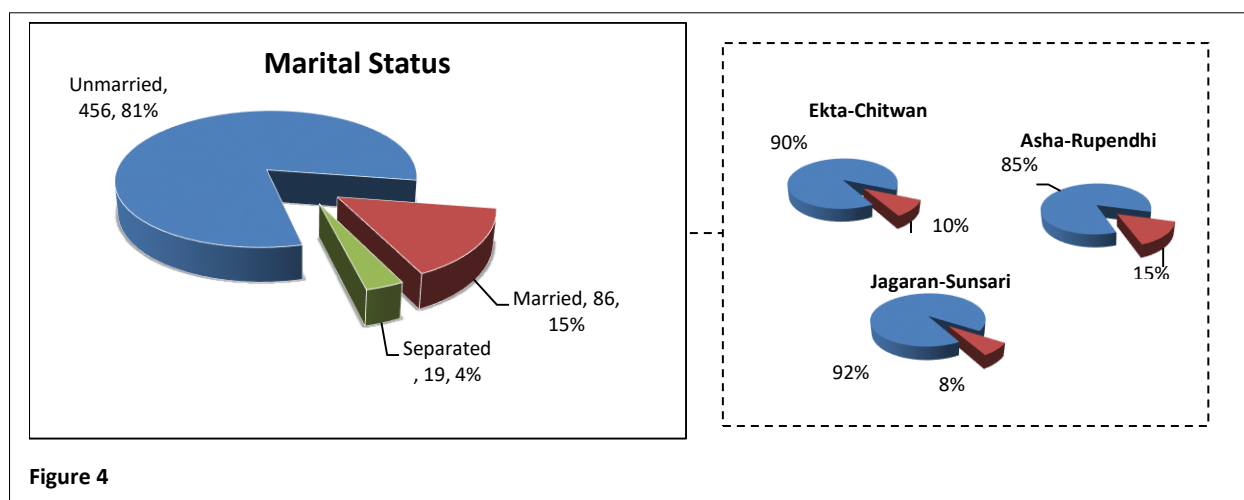
### Age Range:

As per the data collected through the project, 18% of WWUD were below the age of 20, 56% were from the age range of 20 to 24 years, 24 % were 25 to 29 years and 2% were 30 to 34 years. See fig 3. The majority of WWUD were below the age of 24 years and corroborates with several prior reports. As per the recent IBBS report conducted in Kathmandu valley, an overwhelming majority (98%) of them had heard about family planning. The family planning methods heard most commonly were condoms (92%), Depo-Provera (65%), and pills (48%). The most frequently used methods were condoms (52%) and Depo-Provera (21%). Sixty-three percent of them had two or more male partners and a majority of them (74%) had used a condom during their last sex with different partners. [6] Similarly, in this project, the uptake of condoms by the WWUD through peer-led outreach and DIC was significantly higher than anticipated.



### Marital Status:

Eighty-one percent of the WWUDs reached through the project were unmarried, fifteen percent were married and nineteen percent were separated <sup>see fig.4</sup>. Typically, female drug users seemed to have a higher rate of divorce and separation than their male counterparts [1]. Among the married WWUD thirty-seven percent had children and fifty percent of their spouses were drug users and alcoholics <sup>see fig 5</sup>. Findings as such provide RN Women the impetus to advocate for comprehensive female-centred services in Nepal to address multifaceted social, cultural, economic, and legal barriers



## MAJOR OUTCOME AND IMPACT OF THE PROJECT:

- ✓ Increased female-centered Harm reduction service coverage in Rupendehi, Chitwan, and Sunsari districts of Nepal. Out of the total 3926 (national size estimation of women who inject drugs) in the country, the project has reached 550 which is **15.% of the total national target 95% of female Injecting drug users—The project was able to complement the National Harm Reduction Program by increasing the coverage of Harm reduction services in 3 districts of Nepal.**
- ✓ Increased government ownership toward female-centered Harm reduction services in Nepal. One of the DICs under Viiv Challenge Fund in Sunsari District was handed over to National Harm Reduction Program. Henceforth, the DIC will be operating under the national program / under the Global Fund grant.
- ✓ Empowered WWUD community and increased involvement of WWUD at International, National, and Subnational forums.
- ✓ Strengthened unity of the WWUD community in the country.
- ✓ Reduced stigma and discrimination against WWUD and Service Providers at the local level.

## CHALLENGES

- ⊗ Perceived Stigma Discrimination against drug use in the community especially when it comes to WWUD was one of the major challenges to rollout NSP services since it was a new and first program in the districts.
- ⊗ Inconsistent supply of Harm Reduction materials by the Government logistic department. One of the major reasons for the inconsistency was due to frequent changes of leadership at NCASC during the COVID-19 pandemic.
- ⊗ Lack of adequate resources to incorporate Primary Healthcare, Childcare, HCV Treatment, SRHR, social support, and other drug treatment services in the existing Harm reduction program, despite very high demand from the beneficiaries. Lack of adequate service packages directly results in poor service uptake and adherence.

## CONCLUSION:

Seventy-four percent of the Female Injecting Drug Users in the project were young, under 24 years. It is also reported by the WWUD community that a significant number of young WWUDs are still hidden and out of reach from the regular programs. These Young WWUDs are typically in the early stages of addiction, and most of the time their boyfriends support their drug use without them having to leave the house to get narcotics. Therefore, more innovative and contemporary approaches must be devised to reach the hard-to-reach WWUD community. Moreover, awareness regarding consistent condom use with all sex partners and safer injecting practice should be raised persistently through female-centered to reduce HIV, Hepatitis C, and Syphilis infections. Furthermore, the WWUD community needs to be provided with empowerment opportunities to enrich their overall living conditions.

The majority of the WWUD were using South Asian cocktails, it is empirically necessary to identify gaps in the existing HIV prevention services to address the specific needs of PWID who use a mixture of drugs. It has been observed that cases of Deep Vein Thrombosis and abscess is



common among the FIDUs who inject the cocktail of drugs, Additionally, female-centered Opioid Substitution Therapy (OST) services should be established in different regions of Nepal to decrease intravenous drug use and prevent infections of HIV, hepatitis, and tuberculosis among FIDUs. At the moment, Nepal has a relatively low level of OST coverage, particularly when it comes to FIDU.

Lastly, to move towards achieving the vision of Zero new cases of HIV in Nepal, a female-centered Harm reduction program is a must to mitigate the disproportionately huge gap between the male and female Drug users accessing Harm reduction, healthcare, and legal services.

## ANNEX 1

### **Monitoring & Evaluation**

Since most of the partners were new in Harm reduction program we had to monitor program intervention through emails, telephonic conversation and other social means for the progress. Although we had physical monitoring visit in province twice which is indeed not enough but due to the turmoil we were only able to monitor virtually. Hence, the key indicator for monitoring was reviewed by:

Staffs recruitment and service centre settings

RN monitoring and evaluation (M&E) tool utilized during the monitoring our key partners.

The report for the M&E meeting maintained.

Follow-up with the progress

Monthly progress report has been maintained till the month of October.

**Annex1: Revised Budget which was done for the COVID relief**

**Annex2: M&E report**

### **Background:**

On 13th December 2020, monitoring visit was performed by the representative of Recovering Nepal, Program Manager, Mr. Bimal Acharya. He visited one district among three of ViiV project due to some technical issues. ViiV is one of the projects funded by ViiV Health care project in the title- **“Provision of Harm Reduction Services for Women Who Use Drugs in Nepal.”**

**Methodology** of this visit is to orient on the basic concept of national HIV AIDs program and need of services for FIDUs outside valley.

Capacity Assessment of the staffs

One-One Interview

Group Discussion

Online System Management

Project Management Structure

PWID Implementation Guideline

Financial Compliances with Land of Law and donor

### **Objectives:**

Provide information on good governance, PWID Implementation guide and way to sustain

To share and inform regarding NSEP program implemented in Nepal

To explore possible coordination and collaboration in project interventions on behalf of government agencies.

To support government initiated HIV health program based on national HIV and AIDS strategy and

Create advocacy agenda for favorable policy and legal issues which are hindering to implement PWID related programs

### **Activities/process:**

Program Manager of Recovering Nepal visited office of ACT Nepal (Jagaran Aarogya Samuha) and discussed with Chairperson Mr.SanjeevRai about the progress of the project. Onsite visit

was held where project focal person Mamita Bhndari, ResinaBista and Nina Khatri were presented. By using aforementioned methodology organisational management structure were set and all agreed.

**Output of the meeting: Governance/Financial Transparency**

Agreed to operate separate bank account for the project.  
Organisation will develop Operational and Financial Guideline.

Every transaction must be made following procurement policy.

Important suggestion was provided for the program and DIC improvement.

**Immerged issue of meeting:**

The main issued immerged during the visit were:

Commodities supply via NCASC.

To be intact with documentation of NCASC and MoHA.

Geographical coverage is very big for province-1, IRWs effort should be capitalized.

OPMIS system and its operation by Program Focal Person.

**Recommendation and Conclusion:**

Involvement of board will be more effective in handling the project amid all the IRWs are from same background and focal person should assess the risk of relapse as well.

Initiatives taken by ACT chairperson like providing formal dress to staffs, providing emotional support are noteworthy.

Banking system must be in line with RN procurement policy.




IRWs ready for field – ACT Nepal

## ANNEX – 2

## No Cost extension Contract.

CHANGE REQUEST FORM	
CHANGE FORM NO. Recovering Nepal	
CHANGE PROJECT SCOPE, TIMINGS OR BUDGET	
FROM: 1 <sup>st</sup> September 2020 (Due to COVID and approval delay from the government the project started from the month of October 2020)	TO: 31 <sup>st</sup> October 2021
<p><u>Approval to allocate GBP 604 to COVID emergency response. This will be allocated from the following budget lines:</u></p> <ul style="list-style-type: none"> <li>Line 20 - Due to COVID-19 from year 2020 the Project orientation meeting in Kathmandu done virtually and the cost saving of this program is GBP 205.67.</li> <li>Line 23 - Documentation for human rights violation to district is planned for July but due to COVID 19 it's not possible due to continue Lockdown and Pandemic so GBP 400 is planned for COVID emergency activities.</li> <li>Line 24 and Line 25: Likewise, GBP 100 of observation visit to India and GBP 203.33 from HIV &amp; Drug prevention awareness program saving amount is also planned for COVID 19 emergency activities.</li> </ul> <p><u>Due to COVID-19 the above funds have been reallocated for:</u></p> <ol style="list-style-type: none"> <li>1. COVID emergency response for FIDUs in three districts (which has been already done purchased PPE)</li> <li>2. Relief package for FIDUs in project site three districts (Sanitary Pad, Biscuit, Oats, Rice, Noodles, Oil, Salt, Soap, Lentil)</li> <li>3. PPE Purchase (Mask, Sanitizer, PPE suit, Face Shield, Hand wash, Goggles)</li> <li>4. Relief package in Kathmandu valley to harm reduction program district (Kathmandu, Bhokapur &amp; Lalitpur) (Sanitary Pad, Biscuit, Oats, Rice, Noodles, Oil, Salt, Soap, Lentil)</li> <li>5. Transportation for Out-reached worker and volunteer and 6. Communication for Out-reached worker and volunteer</li> </ol> <p><u>Approval to allocate GBP 85.74 to No Cost Extension. This will be allocated from the following budget lines:</u></p> <ul style="list-style-type: none"> <li>Line 9 - Focal person for district level (50% of staff time) is GBP 300</li> <li>Line 12 - Travel costs: - Costs related to project staff travel for project related activities is GBP 735.17</li> <li>Line 13 - Indirect Cost is GBP 400.81</li> <li>Line 21 - Training for Advocacy, Harm Reduction and leadership is GBP 803.30</li> <li>Line 25 - Advocacy and Communication costs: - Costs related to advocacy efforts, outreach, social media, media etc is GBP 1944.45</li> </ul> <p><u>The above funds have been reallocated for and total GBP is 857.81</u></p> <ul style="list-style-type: none"> <li>Line 5- Staffing costs (related to project) is GBP 2091.</li> </ul>	
<p><b>VIIV</b></p> <ul style="list-style-type: none"> <li>Line 20- Travel costs: - Costs related to project staff travel for project related activities is GBP 345.67.</li> <li>Line 13- Indirect costs is GBP 400.</li> <li>Line 25- Advocacy and Communication costs - Costs related to advocacy efforts, outreach, social media, media etc is GBP 3720.08.</li> </ul> <p>We also request an extension to complete the other project activities to October 2021.</p>	
Approved for and on behalf of VIIV Healthcare UK Limited Name: <u>Gagan Mehta</u> Position: <u>Director</u> Date: <u>07.07.2021</u>	Approved for and on behalf of Recovering Nepal Name: <u>Ujjwal Karmacharya</u> Position: <u>General Secretary</u> Date: <u>6<sup>th</sup> July 2021</u>

## Social welfare Council SWC approval Letter.



# समाज कल्याण परिषद्

पत्र संख्या ०७७०७८  
च.नं. ००४८७४

श्री रिकभरिङ्ग नेपाल  
काठमाण्डौ ।  
स.क.प. आवद्धता नं: १८०७३ (फोन नं: ९८५१०१९६९६)

केन्द्रीय कार्यालय  
पुल्चोक  
सलितपुर, नेपाल

मिति:- २०७८/०३/१५

**विषय : परियोजना स्वीकृति बारे ।**

त्यस संस्थाले परिषदमा परियोजना प्रस्ताव दर्ता गराएको मिति २०७७/१०/२१ को पत्रबाट दातृ संस्था VIIV Health Care UK Limited को आर्थिक सहयोगमा तपसिलमा उल्लेख भए बमोजिमको कार्यक्रम/परियोजना सञ्चालन गर्न स्वीकृति माग भई आएको सन्दर्भमा कार्यवाही हुँदा, प्रस्तावित कार्यक्रम/परियोजना कार्यान्वयन गर्दा सम्बन्धित स्थानीय निकायसँग समन्वय गर्नुपर्ने, कार्यक्रम/परियोजनाको प्रगति प्रतिवेदन, ४/४ महिनाको आय/व्यय विवरण, लेखापरीक्षण प्रतिवेदन वार्षिक रूपमा परिषद् लगायत सम्बन्धित निकायमा पेश गर्नु पर्ने एवं कार्यक्रम सञ्चालन गर्नु पूर्व सम्बन्धित जिल्ला समन्वय समिति, नगरपालिका/गाउँपालिकामा परियोजना प्रस्ताव उपलब्ध गराउनु पर्ने गरी प्रस्तावित कार्यक्रम/परियोजना सञ्चालन गर्न मिति २०७७/१२/१८ को (सदस्य-सचिव स्तरीय) निर्णयानुसार स्वीकृति प्रदान गरिएको व्यहोरा अनुरोध गर्दछु ।

तपसिल :

परियोजनाको नाम	परियोजना सञ्चालन गर्ने भौगोलिक क्षेत्र	परियोजनाको अवधि	आर्थिक श्रोत		
			वैदेशिक सहयोग ने.रु.	आन्तरिक सहयोग ने.रु.	कूल लागत ने.रु.
VIV Health Care Positive Action Programme	रुपन्देही, इटहरी, चितवन र ललितपुर ।	१ नोभेम्बर २०२० देखि ३० अक्टोबर २०२१ सम्म ।	३८,०८,२००/-	-	३८,०८,२००/-

पुनराव : "कार्यक्रम स्वीकृति दिई परियोजना सञ्चालन गर्ने गैरसरकारी संस्थाहरूले सरोकारवालाहरूसँग परियोजनाको सामाजिक लेखापरीक्षण सार्वजनिकरण गर्ने कार्य वा जानकारी विभिन्न निकायमा पठाउने वा परियोजना कार्यक्रम स्थलमा राख्ने होर्डिङ बोर्डमा परियोजना विवरण उल्लेख गर्दा परिषदको स्वीकृति मिति र सम्मोहताको बराबरी उल्लेख" गर्नुपर्नेछ ।  
नोट: परियोजनाको नामावित्त समूह छनोट एवम् कार्यान्वयन गर्दा स्थानीय तहको समन्वय र सहमतिमा गर्ने, प्रस्तावमा उल्लेख भएका क्रियाकलापहरू मात्र संचालन गर्नुपर्ने साथै प्रचलित कानूनले निषेध गरेका कुनै पनि गतिविधि सञ्चालन नगर्नुहुन

(धिव कुमार थापा)  
सहायक निर्देशक

**बोधार्थ :**

१. श्री प्रधानमन्त्री तथा मन्त्रिपरिषदको कार्यालय (महिला, बालबालिका, जेष्ठ नागरिक, श्रम तथा सामाजिक सुरक्षा शाखा), सिंहदरबार, काठमाण्डौ ।
२. श्री महिला, बालबालिका तथा ज्येष्ठ नागरिक मन्त्रालय, सिंहदरबार, काठमाण्डौ ।
३. श्रीमान् सदस्य सचिवज्यू स.क.प., हरिहरमन, ललितपुर ।
४. श्री जिल्ला प्रशासन कार्यालय, काठमाण्डौ ।
५. श्री जिल्ला समन्वय समिति, रुपन्देही, सुनसरी, चितवन र ललितपुर ।
६. श्री बुटवल उपमहानगरपालिका, रुपन्देही ।
७. श्री इटहरी उपमहानगरपालिका, सुनसरी ।
८. श्री ललितपुर महानगरपालिका, ललितपुर ।
९. श्री समन्वय शाखा स.क.प., भुक्तुटीमण्डप, काठमाण्डौ ।
१०. श्री अनुगमन तथा मूल्याङ्कन विभाग, स.क.प.।

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