



ADVOCAY STRATEGY FOR NEPAL -- 2020-2023

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LIST OF ABBREVIATIONS

ANPUD	ASIAN NETWORK OF PEOPLE WHO USE DRUGS
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
CBQM	COMMUNITY BASED QUALITY MONITORING
CDUN	COALITION OF DRUG USERS IN NEPAL
DDA	DEPARTMENT OF DRUG ADMINISTRATION
DVT	DEEP VEIN THROMBOSIS
FGD	FOCUS GROUP DISCUSSION
FO	FACILITY OBSERVATION
IBBS	INTEGRATED BIO-BEHAVIOURAL SURVEY
KII	KEY INFORMANT INTERVIEW
KPRA	KEY POPULATION RESEARCH & ADVOCACY
PLHA	PEOPLE LIVING WITH HIV AND AIDS
RN	RECOVERING NEPAL
MOHA	MINISTRY OF HOME AFFAIRS
MOHP	HEALTH AND POPULATION
NCASC	NATIONAL CENTER FOR AIDS AND STD CONTROL
NSP	NEEDLE SYRINGE EXCHANGE PROGRAM
OST	ORAL SUBSTITUTION THERAPY
PUD	PEOPLE WHO USE DRUGS

1. Description of the Project

A. Background

Recovering Nepal (RN) is the National federation of People who use Drugs (PUD) and Drug service organizations in Nepal. Established by PUD and People living with HIV (PLHA) in 2003, Recovering Nepal aims to influence policies to help improve the quality of lives of PUDs, reinstate their rights and create a supportive environment. The organization promotes provision of HIV and Harm reduction services and advocate for the rights of PUDs while focusing on strengthening the capacity of PUDs and their organization to respond to HIV epidemic, especially at the grassroots level.

This document is a country synopsis of Nepal in the context of harm reduction service delivery including supplementary social, policy and healthcare interventions and was part of a larger regional study conducted by the Asian Network People who used Drugs (ANPUD) with Recovering Nepal as one of its country partners with support from the Global Fund, through the Key Population Research Advocacy (KPRA) Project.

This CBQM study has strongly recommended the scale-up of the OST program through the setup and satellite dispensing units to bring services closer to the clients. The study also calls for the provision of take-home dosage for stable clients premising upon WHO guideline and also recommends incorporating 'Differentiated Services Delivery' approach for service delivery catering to the needs of PWID belonging to various sub-groups with multiple vulnerabilities; TG, MSM, overlapping between sex work and injecting drug use in Nepal.

This study aimed to monitor the quality of harm reduction service components primarily; Needle Syringe Programming (NSP), Opioid Substitution Therapy (OST), and linkage to other healthcare services for people who inject drugs (PWID) targeting two key areas Kathmandu and Pokhara (Kaski) Nepal. The broader objective of this study aimed to build evidence for advocacy for improved quality of Harm Reduction, HIV, HBV, HCV, TB prevention and care services to PWID. This study was conducted in Vietnam, Indonesia and Cambodia at the same time using same methodology and tools to have common and comparative depiction of interventions of harm reduction in the region.

The study has used a mixed method's research and employed a concurrent triangulation strategy. The Quantitative data collection was done through structured interviews and the qualitative methods included: i) Literature Review (LR), ii) Key Informant Interviews (KII), iii) Focus Group Discussions (FGD), and iv) Facility Observation (FO). The study was conducted in Kathmandu and Pokhara as these cities has the highest concentration of PWID in the country with the availability of NSP and OST services. The study used two set of variables, each for NSP and OST for assessing the quality of harm reduction services. Qualitative data was collected through community led one-on-one interviews and a total of 378 PWID (Pokhara=136, Kathmandu=242) participated. This study identified key indicators and coverage of harm reduction program of NSP and OST in Nepal.

HIV prevalence reported by IBBS in Kathmandu was 8.5% in 2017, a small increase from 6.4% in 2015 but a significant decline from 68% in 2002. Likewise, a similar drop was seen in Pokhara from 22% in 2003 to 4.9% in 2017. Decrease in HIV prevalence in these cities can be linked to consistent safer behaviours i.e. high percentage around 90% (98% in Kathmandu and 88% in Pokhara) of PWID used sterile injecting equipment the last time they injected over the years (IBBS 2017). In this context, the study found that an NSP client received a median of 14 needles/syringes i.e. two per day. This is far more than that 200 per year that WHO recommends as well as the national figure of 85 needles/syringes per person distributed in 2018 by the national program across the country.

The study noted that 97% clients received information on HIV and 90% on Viral Hepatitis. Findings of this study are consistent with 91.8% PWID receiving needles/syringes in the past 12 months from the Harm Reduction program, the fact noted by GAM Report Nepal 2017. The study also observed that 82% clients claimed that they utilized HIV testing services while they were on NSP. This is also consistent with the fact noted by GAM report that 98.7% PWID tested for HIV in the past 12 months or who know they are living with HIV in Kathmandu in 2017. Taken the adequate use of injecting equipment by PWID along with the percentages of a) who used sterile injecting equipment the last time they injected, b) who tested for HIV, c) who received information on HIV, and d) who received information on viral hepatitis all being around 90 or above, suggests that the NSP program in Kathmandu and Pokhara is performing effectively for HIV prevention.

The study also noted that 71% of NSP client did not pay at all in a day for buying needles/syringes. The remaining 29% who bought needles/syringes may have been out of the reach of Harm Reduction program and failed to meet outreach workers and/or unsatisfied with the quality of injecting equipment.

One of the findings of the study is that overdose management especially needs to be improved. This in the context that 31% PWID experienced overdose to the point that they lost consciousness yet almost 80% of PWID were not aware about Naloxone.

The study found that services for Abscess management and STI were inadequate. This is because treatment of STI and abscess was being carried out through referrals to government healthcare facilities. Majority of the PWID were reluctant to access services from the government health facilities citing the reasons of stigma and discrimination.

The low coverage of OST (less than 10%) along with low retention rate remains barrier for the further expansion of OST. In this context of low OST retention, the findings of the study mainly recommends addressing of two key issues; a) improving the quality of OST services, and b) addressing the daily need to travel to OST sites. Firstly, access to counselling sessions, availability of doctors, ensuring confidentiality of clients, understanding on the Clinical Guideline among staff member are factors that needs to be considered for the improvement of the quality of OST service. Secondly, bringing OST services closer to home and the provision of take-home dosage are factors that need to be considered for addressing the daily need to travel to OST sites.

B. Goal, Objectives, Strategies and key activities

Goal:

To ensure greater access to quality harm reduction and healthcare services, delivered with respect, dignity and human rights of PUDs while focusing on their empowerment in Nepal.

Objective:

1. To advocate for the improvement of the quality of Harm Reduction, HIV prevention and care services for people who inject drugs (PWID) in Nepal based upon the generated and gathered evidence through the community as per the CBQM report.
2. Decriminalization of drugs for personal use and possession for personal use and to ensure fundamental rights of PUDs are respected in Nepal
3. To improve access to screening, diagnosis and treatment of Hepatitis C, HIV, Overdose, abscess management and other infectious disease like TB.

Strategy:

Strategy 1: Building the capacity of PWID and providing technical assistance for effective engagement and representation within Country Coordinating Mechanisms (CCMs)

Strategy 2: Ensuring that PWID including Women are represented on the CCMs are meaningfully engaged in critical decision making, can contribute to effective oversight of programs for people who use drugs and provide community feedback on implementation of Global Fund programs.

Strategy 3: Efforts to fulfill the global commitment that at least 30% of all service delivery is community-led by 2030.

LEVEL-1

- *Desk Review of existing systematic documentation of Harm Reduction and ascertainment of networking referral and service linkages to other healthcare services for PWIDs.*

LEVEL-2:

- *Assessment and collection of qualitative data from project processes and community led service delivery mechanisms relevant to Harm Reduction Service provision:*

LEVEL-3:

- *Gathering the experiential lessons on access to and availability of quality harm reduction, HIV and other relevant healthcare services:*

Key interventions/activities:

- Formation and/or facilitation of a Technical Working Group on OST/NSP guidelines amendment.
- Advocacy, sensitization and lobbying with MoHA, MoH and funding agencies
- Capacity development on increasing, understanding, knowledge, presence of mind, attitude and practices and OST/NSP treatment literacy on service delivery and uptake.
- Motivational Interviewing for optimum utilisation of services, peer network induction for service uptake and inclusive thinking, discussion and planning and engagement for life beyond OST/NSP and social reintegration.
- Harm Reduction Working Group will continue under NSASC.
- Pro-bono lawyers - Inform, empower and engage.
- Uptake in capacity, knowledge and resources at provincial level
- Increase domestic funding on treatment of Hep C, HIV and Overdose and withdrawal management. Injecting Drug Use Related Abscess Management, DVT including COVID19 Screening in Nepal at PUD network and community level for those PWID who need them.
- Advocacy and vigilance of ART switchover process
- Operational implementation of COVID-19 screening

Caveat: This strategy provides a framework for overall direction of RN's advocacy activities over the course of 2021-2023 and beyond. However, given that funding is available for 2020 only detailed activities for the remaining period will be developed at the end of 2020 e.g. when RN and the partners would be in a better position to commit funding for implementation. Thus, key activities outlined below are limited to those that will be implemented in 2021. The key strategy, outcomes and activities will be reviewed and set interventions accordingly at a later stage.

A. Summary of advocacy framework and plan

Name of Organisation(s)	<i>Recovering Nepal</i>
Country	<i>Nepal</i>
Date	<i>1st September 2020</i>

Priority Issue	<p>- Decriminalization of drug use for personal use and possession for personal use in Nepal via law, policy and guidelines establishment and amendment.</p> <p>- Increase comprehensive access of treatment for HIV, TB, ART, Hep C, Overdose and withdrawal management. Injecting Drug Use related Abscess Management, DVT including COVID-19 screening for those who need them.</p> <p>- Advocacy and service provision Interventions at three different layers (Central, Provincial and Local) to increase domestic funding for sustainability and research/survey and generating evidence on where and how to strategically invest funding in the program.</p>		
Advocacy Goal	<p>That no drug users seeking treatment (HIV, OST/NSP, Hep C and Withdrawal Management, Injecting Drug Use Related Abscess Management, DVT) need ever die due to lack of availability, access to, and affordability.</p>		
Objectives	<ol style="list-style-type: none"> 1. To advocate for the improvement of the quality of Harm Reduction, HIV prevention and care services for people who inject drugs (PWID) in Nepal based upon the generated and gathered evidence through the community as per the CBQM report. 2. Decriminalization of drugs for personal use and possession for personal use and to ensure fundamental rights of PUDs are respected in Nepal 3. To improve access to screening, diagnosis and treatment of Hepatitis C, HIV, Overdose, abscess management and other infectious disease like TB. 		
Strategy	<p>Strategy 1: Building the capacity of PWID and providing technical assistance for effective engagement and representation within Country Coordinating Mechanisms (CCMs)</p> <p>Strategy 2: Ensuring that PWID including women represented on the CCMs are meaningfully engaged in critical decision making, can contribute to effective oversight of programs for people who use drugs and provide community feedback on implementation of Global Fund programs.</p> <p>Strategy 3: Efforts to fulfil the global commitment that at least 30% of all service delivery is community-led by 2030.</p>		
Objectives	Indicators	Targets	Key Activities/Interventions
1) <i>To ensure full access to quality harm reduction and healthcare services, delivered with respect for</i>	<i>#of Key Service practice, procedural and implementation</i>	<ul style="list-style-type: none"> - <i>National Centre for AIDS and STD Control Unit (NSASC)</i> - <i>Ministry of Home</i> 	<ul style="list-style-type: none"> - <i>Technical Working Group Intervention on OST/NSP guidelines amendment.</i> - <i>Advocacy, sensitization and</i>

<p>dignity and human rights of PUDs while focusing on their empowerment in Nepal for OST /NSP, HIV, TB, ART, Hep C, and Overdose and withdrawal management. Injecting Drug Use Related Abscess Management, DVT including COVID-19 Screening in Nepal at PUD network and community level for those PWID who need them</p>	<p>areas of National OST/NSP Guidelines revised #of OST/NSP sites expanded (uptake and replication of sites) #of satellite clusters started # of new clients being enrolled (Proportion of uptake compared with replication, expansion of sites)</p>	<p>Affairs - OST/NSP medical Clinicians and paramedics. - Department of Drug Administration.</p>	<p>lobbying with MoHA, MoH and funding agencies - Capacity development on increasing, understanding, knowledge, presence of mind, attitude and practices and OST/NSP treatment literacy on service delivery and uptake. - Motivational Interviewing for optimum utilisation of services, peer network induction for service uptake and inclusive thinking, discussion and planning and engagement for life beyond OST/NSP and social reintegration.</p>
<p>2) Decriminalization of drug use in Nepal for personal use and possession for personal use, and to ensure fundamental rights of PUDs in Nepal</p>	<p>#of policy, guidelines amended on Narcotic Control #of key articles clauses or laws encompassing <u>dual loyalty</u>, or contrary to <u>Health and human rights</u> or contrary to <u>scientific & Social evidence</u>. #Position paper submitted to provincial government</p>	<p>- NSASC - Ministry of Home Affairs - OST/NSP Clinicians and paramedics. - Policy Champion - National Bar Association (NBA) - PWUD community</p>	<p>-Harm Reduction Working Group will continue under NSASC. -Pro-bono lawyers - Inform, empower and engage. -Uptake in capacity, knowledge and resources at provincial level</p>
<p>3) To improve and access in Screening, Diagnosis Treatment and access to final SVR ¹_{12 weeks}</p>	<p>#of PUDs enrolled in Hep C treatment. #of cases ART</p>	<p>- NSASC - MoHA - MoHP - Zonal Hospital</p>	<p>- Increase domestic funding on treatment of Hep C, HIV and Overdose and withdrawal management. Injecting Drug Use</p>

¹ National Guidelines for Screening and Treatment of Viral Hepatitis, 2019, (NCASC)

<p><i>Determination HEP C, HIV and Overdose abscess management, and other infectious disease like TB.</i></p>	<p><i>switchover</i></p>	<p><i>- DDA</i></p>	<p><i>Related Abscess Management, DVT including COVID19 Screening in Nepal at PUD network and community level for those PWID who need them.</i> <i>- Advocacy and vigilance of ART switchover process with decision</i> <i>- Operational implementation of COVID-19 screening</i></p>
<p>Key Messages</p>	<p><i>Law, policy, guideline and practices are four different level and scope of intervention. In order to achieve the stipulated goal and to influence National Law at three levels (Central, Provincial and Local) strategy and intervention will be adopted on the basis of health human rights principles, political <u>dual loyalty</u>, Social and Scientific evidence based, through lobbying, Sensitisation, Education. Advocacy and political influencing practices at grassroots level.</i></p>		
<p>Partners and Allies</p>	<p><i>Partner Organisations of Recovering Nepal.</i></p>		

<p>Indicators</p>	<p>1</p>	<p><i>#of National OST/NSP Guidelines revised</i> <i>#of OST/NSP sites expanded</i> <i>#of satellite cluster started.</i></p>
	<p>2</p>	<p><i>#of policy, guidelines amended on Narcotic Drugs Control</i> <i>#Position paper submitted to provincial government</i></p>
	<p>3</p>	<p><i>#of PUDs enrolled in Hep C treatment.</i> <i>#of cases ART switchover</i></p>

2. Stakeholders and partners

2.1 Stakeholder Mapping Matrix

	Name	Level of influence	Strategies for engagement
Allies	Ministry of Home Affairs	High	<ul style="list-style-type: none"> - Technical working on formation Harm Reduction group and engagement. - Regular one-one lobbying with Narcotic Control Unit
	Ministry of Health	Medium	<ul style="list-style-type: none"> - Advocacy activities in collaboration MoH. - Technical working group formation on Harm Reduction and engagement. - Regular one-one lobbying.
	NCASC	High	- Technical working group on Harm Reduction formation and engagement through meetings, workshops and collaboration.
	Thematic Networks (CDUN, Union C, RN Women etc.)	High	- Meaningful involvement in research/survey , evidence generation, planning, implementation and monitoring
	Provincial Ministry	Medium	<ul style="list-style-type: none"> - Inform, empower and engagement - Advocacy activities in collaboration provincial ministry. - Regular one-on-one lobbying.
	Partner Organizations	Medium	- Meaningful involvement in research/survey , evidence generation, planning, implementation and monitoring
Neutral	Families of beneficiaries and recipients	High	<ul style="list-style-type: none"> - Inform, empower and engage - Education and sensitization activities in collaboration service providers. - Regular one-on-one counselling cooperation and planning.
	Health Service entities	High	Meaningful involvement in research/survey, evidence generation, planning, implementation and monitoring and advising for health service relevant issues
	Vocation, education, Industry and Livelihood	Medium	- Meaningful involvement in research/survey , evidence generation, planning, implementation and monitoring for Social reintegration socio economic opportunities
Opponents	Narcotic Control Unit	High	- Mobilisation of research/surveyors, activist and change makers for advocacy.

			- One to one Interactive Meetings
	Nepal Police	High	Engagement, education and sensitisation
	Social Perception	Medium	Community engagement education and sensitisation PSA messaging, talking events at educational institutions with young generations and families

2.2 Partners

Partner Name, organisation	Area for collaboration e.g. technical expertise	Contact information e.g.. phone, email, address	Notes
SPARSHA	Technical Expertise	sparshanepal.care@gmail.com	
Community Support Group, Pokhara	Event Management	csgpokhara@hotmail.com	
RN Partner organizations	Coordinating Partners	C/O Provincial Offices RN Province 2 < rnprovince.2@recoveringnepal.org.np >, Itahari RN Province 1 < rnprovince.1@recoveringnepal.org.np >, Chitwan RN Province 3 < rnprovince.3@recoveringnepal.org.np >, Pokhara RN Province 4 < rnprovince.4@recoveringnepal.org.np >, Nepalgunj RN Province 5 < rnprovince.5@recoveringnepal.org.np >, Surkhet RN Province 6 < rnprovince.6@recoveringnepal.org.np >, Province 7 < navraj_pandey@yahoo.com >	

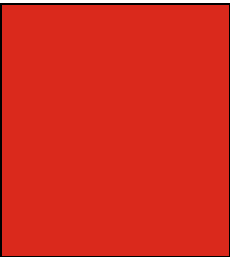
3. Advocacy Targets and messages

<p>MAIN MESSAGE</p>	<p><i>"THAT NO DRUG USER SEEKING TREATMENT NEED EVER BE DISCRIMINATED FROM ORDIE FOR LACK OF AVAILABILITY OF, ACCESS TO, AND AFFORDABILITY TO A FULL RANGE OF COMPREHENSIVE SERVICES TO ADDRESS THEIR MEDICAL PROBLEMS AND HEALTH NEEDS REGARDLESS OF STATUS OF DRUG USE"</i></p> <p><i>Law, policy, guideline and practices are four different level and scope of intervention. In order to achieve the stipulated goal and to influence National Law at three levels (Central, Provincial and Local) strategy and intervention will be adopted on the basis of health human rights principles, political <u>dual loyalty</u>, Social and Scientific evidence based, through lobbying, Sensitisation, Education. Advocacy and political influencing practices at grassroots level.</i></p>			
	<p>PRIMARY TARGETS</p>	<p>SECONDARY TARGETS</p>	<p>TAILORED MESSAGES</p>	<p>NOTES</p>
<p>OBJECTIVE 1 To advocate for the improvement of the quality of Harm Reduction, HIV prevention and care services for people who inject drugs (PWID) in Nepal based upon the generated and gathered evidence through the community as per the CBQM report.</p>	<ul style="list-style-type: none"> - National Centre for AIDS and STD Control Unit (NSASC) - Ministry of Home Affairs - OST/NSP medical Clinicians and paramedics. - DDA - Community Service Provision and - Community Technical Programming Representatives. 	<p>Key Population service recipients and their families</p>	<p>Decrease in public heath burden of Nepal and criminal justice cost and principle human rights violations and waste of young lives.</p>	
<p>OBJECTIVE 2 Decriminalization of drugs for personal use and possession for personal use and to</p>	<ul style="list-style-type: none"> - NSASC - Ministry of Home Affairs - OST/NSP Clinicians and paramedics. 	<p>NBA Parliamentarians</p>	<p>Evidences on the need and benefit of decriminalization of drug use globally.</p> <p>Evidences on the need and benefit of decriminalization of</p>	<p>There is a ned to generate home grown research/survey and</p>

<p>ensure fundamental rights of PUDs are respected in Nepal</p>	<ul style="list-style-type: none"> - Policy Champion - National Bar Association (NBA) - PWUD community - Social Scientific and Community research/surveyors 		<p><i>drug use in the the socio-cultural and socio-economic context of Nepal, especially encompassing and youth and diverse key populations with the cross cutting issue of social recreational and iatrogenic drug use including glue sniffing and other street children who use drugs.</i></p>	<p><i>evidence in the socio-cultural and socio-economic context of Nepal, especially encompassing youth and diverse key populations with the cross cutting issue of social recreational and iatrogenic drug use.</i></p>
<p>OBJECTIVE 3 Full access to treatment HIV, OST/NSP, Hep C and Withdrawal Management, Injecting Drug Use Related Abscess Management, DVT) and COVID19 screening envisioning that no drug users seeking treatment need ever die.</p>	<ul style="list-style-type: none"> -NSASC -MoHA -MoH -Zonal Hospital -DDA -Community Service Provision and -Community Technical Programming Representatives 	<p><i>Key Population service recipients and their families</i></p>	<p><i>Rights to health must be insured for key affected population. It is also a public health issue and issue related t socioeconomic development of the Nation.</i></p>	

4.1 Advocacy activity plan

	TARGET	ACTIVITIES	TIMELINE	WHO IS RESPONSIBLE	RESOURCES REQUIRED
OBJECTIVE 1	Influence policy makers and government of Nepal on revising SoP of OST/NSP to expand OST/NSP sites and make it comprehensive	<ul style="list-style-type: none"> -Best mobilisation of technical working group -Evidence based advocacy on OST/NSP -One-One lobbying and advocacy - Service Provision and <i>Capacity development and OST/NSP treatment literacy on service delivery and uptake.</i> -<i>Motivational Interviewing for optimum utilization of services, peer network induction for service uptake and inclusive thinking, discussion and planning and engagement for life beyond OST/NSP and social reintegration.</i> 	Jan-Jun, 2020	Recovering Nepal	Tailored on budget sections
OBJECTIVE 2	Amendment of Narcotic Drug Control Act-2033 B.S	<ul style="list-style-type: none"> -Regular Engagement of Harm Reduction Working Group -Pro-bono lawyers in action 	Jan-Jun, 2020	Recovering Nepal	
OBJECTIVE 3	To address Bottlenecks in the process of procurement and	-Standard Service and Model Policy Package as an advocacy tool.	Jan-Jun, 2020	Recovering Nepal	



red tape measures process with Department of Drug administration				
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4.2 Advocacy timeline

Activity	2021				2022				2023			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Facilitation of Regular meeting for HR TWG		X				x		x		x		x
Sensitization Campaign on Central, Provincial and Local Level			X		x		x		X		X	
Round Table Meeting with MoHA, MoH, DDA,, Activist and Lawyers		X				x			X			
Advocacy PSA via cinematography									X			
Installation and promotional activities targeting youths in Social Media by policy champion	X							X				
Hoarding Board Installation with Advocacy message in all 7 provinces	X			X			X					
\Treatment Literacy Manual Development and ToT for Service Providers				X						X		

Provincial level Sensitization Activities on Hep C treatment literacy with PUDs and families	x					x				x		
Pro-bono Lawyers and youths training and engagement actions.				X	X							
National Dissemination						X						
Milestones												
OST/NSP Treatment Literacy Book Publication						X						
Advocacy on Narcotic Control Act-2033 B.S amendment						X						
Hep C Treatment Literacy Manual Publication						X						
Advocacy on Provincial Law on Narcotic Control						X						
Revision of OST/NSP National Guideline			X						X			

Budget:

Cost Categories	Cost DESCRIPTION	UNIT TYPE	UNITS/ Participants	EVENTS/Days	UNIT COST	Total COST In Local Currency	Total COST In USD (1 USD= Rs.116)
<i>Facilitation of Regular meeting for HR TWG</i>	<i>Refreshment</i>	<i>Bills</i>	18	6	1500	162000	1397
	<i>Local Travel</i>	<i>Signed attendance & Travel Sheet</i>	18	6	1000	108000	931
	<i>Printing & Stationery</i>	<i>Bills</i>	18	6	500	54000	466
<i>Sensitization Campaign on Central, Provincial</i>	<i>Refreshment</i>	<i>Bills</i>	18	6	1500	162000	1397

<i>and Local Level</i>	<i>Local Travel</i>	<i>Signed attendance & Travel Sheet</i>	18	6	1000	108000	931
	<i>Printing & Stationery</i>	<i>Bills</i>	18	6	500	54000	466
Round Table Meeting with MoHA, MoH, DDA,, Activist and Lawyers	<i>Refreshment</i>	<i>Bills</i>	15	3	5000	225000	1940
	<i>Local Travel</i>	<i>Signed attendance & Travel Sheet</i>	15	3	2500	112500	970
	<i>Printing & Stationery</i>	<i>Bills</i>	15	3	500	22500	194
Advocacy PSA via cinematography	Advocacy PSA via cinematography	Bills	1	2	150000	300000	2586
Installation and promotional activities targeting youths in Social Media by policy champion	Page Promotion	Bills	1	2	50000	100000	862
	Celebrity Involvement	Contract	2	2	30000	120000	1034
Hoarding Board Installation with Advocacy message in all 7 provinces	Hoarding Board	Bills	1	4	40000	160000	1379
Treatment Literacy Manual Development and ToT for Service Providers(National Consultation & Validation Workshop)	Resource Person	Contract	1	2	50000	100000	862
	Refreshment	Bills	15	2	1500	45000	388
	Local Travel	<i>Signed attendance & Travel Sheet</i>	15	2	1000	30000	259
	<i>Printing & Stationery</i>	<i>Bills</i>	15	2	500	15000	129
Provincial level Sensitization Activities on Hep C treatment literacy with PUDs and families	<i>Refreshment & Transportation</i>	<i>Signed attendance, travel Sheet & bills.</i>	15	3	1500	67500	582
Pro-bono Lawyers and youths training and engagement actions.	<i>Refreshment & Transportation</i>	<i>Signed attendance, travel Sheet & bills.</i>	15	2	1500	45000	388
National Dissemination	<i>Refreshment</i>	<i>Bills</i>	24	1	3000	72000	621
	<i>Air Fare (Dhangadi-1, Pokhara-1, Butwal-3, Surkhet-1, Chitwan-1, Birgunj-1, Biratnagar-2 & Jhapa-1)</i>	<i>Ticket</i>	11	1	7000	77000	664
	<i>PerDiem</i>	<i>Signed Sheet</i>	11	1	1500	16500	142
	<i>Travel to airport</i>	<i>Receipt</i>	11	1	500	5500	47
	<i>Local Travel</i>	<i>Signed Sheet</i>	13	1	1000	13000	112
	<i>Printing & Stationery</i>	<i>Bills</i>	24	1	500	12000	103

OST/NSP Treatment Literacy Book Publication	<i>Printing Cost</i>	Quotation & Bills	500	1	500	250000	2155
Advocacy on Narcotic Control Act-2033 B.S amendment	Resource Person	Contract	1	2	10000	20000	172
	Refreshment	Bills	20	1	1500	30000	259
	<i>Printing & Stationery</i>	Bills	20	1	300	6000	52
	Local Travel	Signed Sheet	20	1	1000	20000	172
Hep C Treatment Literacy Manual Publication	Resource Person	Contract	1	2	10000	20000	172
	Refreshment	Bills	20	1	1500	30000	259
	<i>Printing & Stationery</i>	Bills	20	1	500	10000	86
	Local Travel	Signed Sheet	20	1	1000	20000	172
Advocacy on Provincial Law on Narcotic Control	Resource Person	Contract	1	2	15000	30000	259
	Refreshment	Bills	18	1	1500	27000	233
	Local Travel	Signed Sheet	18	1	1000	18000	155
	<i>Printing & Stationery</i>	Bills	18	1	300	5400	47
Revision of OST/NSP National Guideline	Resource Person	Contract	1	2	20000	40000	345
	Refreshment	Bills	18	1	1500	27000	233
	Local Travel	Signed Sheet	18	1	1000	18000	155
	<i>Printing & Stationery</i>	Bills	18	1	300	5400	47
TOTAL						2763300	\$ 23,822