



# **Cross Learning meeting on Global Fund processes for NAPUD Country Network Members**



Picasso Meeting Room, Rembrandt Hotel, Bangkok

Aug 08-09, 2023



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Global Fund processes for NAPUD Country Network Members**

**August 08-09, 2023  
Picasso – 23rd floor  
Rembrandt Hotel, Bangkok**

***Day I: August 08, 2023***

**1. Welcome and introductions**

Mr Abou Mere – Chairperson NAPUD

- With his welcome address, he requested everyone to participate actively. He mentioned that this is a platform to discuss, share and learn from each other during this two-day workshop. Everyone is an expert in their respective country and there could be many things which can be adapted and learned from each other. It will help to strengthen the regional network and also help in building capacities of the respective country network partners in the region.

Mr Francis Joseph – Regional Coordinator NAPUD

- He requested everyone to introduce themselves, by a) telling their names, b) about their work, c) organization that they are representing and d) a unique aspect about their country.

**2. Overview of the Cross-Learning Workshop**

Giten Khwairakpam, Lead Facilitator

- Giten provided a brief background of the workshop, including the purpose and objectives. He mentioned that there are certain countries that are already in the process of proposal writing, submission or in grant making. Some also have received the funds, in the recent past, from the Global Fund. Proposal submission processes and the learnings will be discussed on day-one to understand the process and important aspects which can be considered. Day-two will be focused on discussions about the proposals which were already been submitted and the process that are followed even after submission.
- So, there will be discussion around, what could be done and the key steps that can be taken at each stage. It will help in enhancing our knowledge and build more understanding.

**3. INPUD webinar recording (Online)**

i) Gavin Reid – Lead, Community Engagement and

ii) Danielle Wolfe – Technical Consultant PUD programs at the Global Fund.

- The presentation (recording) focused upon:

- What we need to know about the GC7 processes for people who use drugs? Drug use, Harm reduction essentials and grant cycle 7.
- Inclusion of viral Hepatitis B & C prevention, testing and treatment for all key population groups. A good opportunity for country partners to include in the country proposals.
- Global Fund is emphasizing on Community-Led-Monitoring (CLM) at regional and national level. This component can also be included in the country proposals.
- Post the recording, the participants discussed on how NAPUD/INPUD could support the involvement of PUD members in proposal writing, reviewing, and ensuring that all components are incorporated.
- A sharing: the participant from Nepal shared that currently, there is big fight going on between the Government and the national PUD Network on the subject associated to stigma and discrimination. This has further led to a gap in the country proposal due to non-cooperation between the two allies – CCM team and Government.

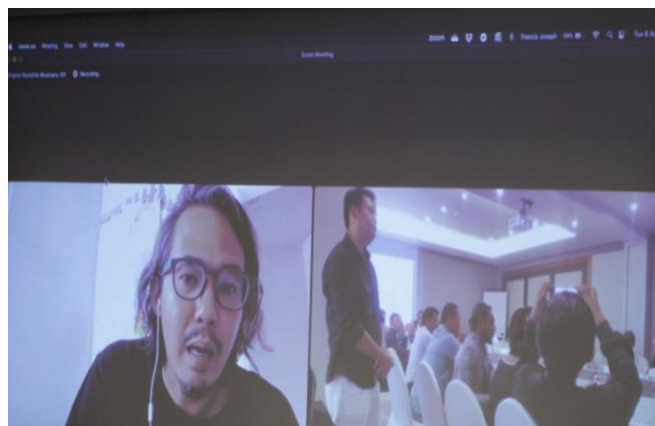
#### 4. INPUD's support in the country proposal writing processes

Ms. Gayane Arustamyan Program Officer at INPUD (recorded message).

- This session focused upon the proposal development support, provided through INPUD to country PUD networks in Indonesia, Nigeria, and Ukraine applying in GF windows 1 and 2.
- She spoke about the experience, processes and lessons learnt through provision of peer technical support on the country Global Fund Grant Cycle 7, grant making process.
- Ms. Gayane mentioned that INPUD provided technical support in the development of advocacy engagement roadmaps. INPUD also organised a webinar with all regional/country partners to share the GC7 experience on how support was provided in the identification and development of key harm reduction areas and issues to ensure continued support and assistance at every level. A list of useful resources was shared with all webinar participants that could be used for future references. She also said that regular weekly calls with country networks were carried out to understand the progress and if there are any glitches or issues then to resolve it.

Mr. Aditia Taslim Advocacy officer at INPUD (virtual Q&A session).

- Aditia mentioned that the CLM component has been recently adopted within the Global Fund and included for all key population groups (including PUD). We are expected to be involved in the decision making and at every crucial step.
- The other components that have also been included recently, that can be used as an opportunity for community advocacy.



- WHO has renominated supportive interventions for behaviour change and counselling. These are critical components and should be advocated for as GF doesn't support behavioural change and counselling.
- Aditia suggested to include the above gap in proposals to create a ground for advocacy for supportive interventions.
- Ques: Global Fund has set new standards for Harm reduction programme in Indonesia, how are PUD involved in the planning, capacity building processes?
- Ans: It is important to get access to documents which are usually helpful and part of proposals. If members are not part of the proposal writing team, then different approaches can be adopted, but these approaches need to be more sustainable and adaptable.
- Ques: There are three PRs in Bangladesh and therefore, a lot of dynamics in the processes for community consultations. As a result, it is not happening correctly and authentically. The management cost within the budget allocation is always high. This is good, in a way, that creates a lot of opportunities for peers and community leaders. Unfortunately, it doesn't reach the community. How to overcome this matter and resolve the dynamics?
- Ans: The GF and CCM is already a broken system with different dynamics. The security, wellbeing, and employment of community can be explored together. However, if there are evidence of non-involvement of the community individuals, then it can be discussed with GF and CCM and issues can be raised. Information related to the country plan and investment details of the local organizations can be discussed with GF and CCM.

Facilitator summary: Giten mentioned that, NAPUD as the regional network, can aim to build the capacity of national PUD networks/organizations and provide support throughout the process of proposal writing and ensuring the community priorities are addressed and considered. In the process, a 'Shadow report' was also discussed that the regional organizations need to be more aware and take a lead in ensuring the above issues are heard. The priorities of people who use drugs are taken into account and make sure that the national level organizations are protected, and the capacity should be built in that direction. It is important to get hold of the list of community priorities of the countries and try to ensure that these priorities are included as a part of the country proposal. And depending upon the timeline the priorities will be discussed during the CCM and community consultative meetings so PUD's can present and be part of it to ensure that the issues are raised heard.

##### 5. **Country GF GC7 proposal submission: Online experience sharing from the African region.**

Speaker: Mr. Aniedi Akpan - DHRAN Nigeria (Harm reduction advocate)

- Mr. Aniedi presented an overview about Nigeria and mentioned that, his organization advocates for human rights, decriminalization, harm reduction and works to influence decision in favor of people who use drugs. He also said that he tries to get into spaces where they can participate in national programs.
- He spoke about the drug use situation of Nigeria, also known as a transit country. 14.3 million people out of 200 million population are using drugs. 1 out of 5 are categorized as high-risk drug users who use amphetamines, crack, cocaine, and pharmaceuticals drugs. The main drug grown and used is Cannabis which is

criminalized. One in four in these people-2.5 are women. In Nigeria drug use is criminalized.



- In 2022, Nigeria received funds from the Global Fund for implementing Needle and Syringe Exchange Program (NSP), in 7 states.
- He mentioned that his team persistently keeps engaging with all the local stakeholders that includes, Drug users' organizations, Government, CCM members etc. They have never given up on their efforts to keep engaged, involved, and informed in all the processes. Once the results came out, the programme was reviewed to understand the gap, barriers, opportunity, successes. During the desk review, they tried to involve all people in programmatic review of HIV, PUD programme in the country, including viral Hepatitis C.
- As a result, the country proposal writing team included Government officials, Civil society, CCM team, PR, and SR team members, including PEPFAR. The key population representatives-thematic experts were also involved in all the discussions and within the team.
- He also mentioned that CCM is controlled by the Government. However, it varies from country to country and the team composition matters. This is crucial which needs to be understood and explored. Sometimes community organizations are included but not part of any decision making.

*Facilitator summary:* Giten suggested that country networks can consider including training and capacity building of peers, integrate viral Hepatitis B prevention & C diagnosis and treatment as a part of harm reduction programme. To ensure the suggested components are included in the final proposal, country networks should be constantly in contact with the team and try not to lose any crucial component that PUDs identify as a priority.

Giten also emphasized that coordination among all key population representatives, keeping track of all proceedings and timelines, follow-up at all steps of the evolving process is important. He concluded the session mentioning that henceforth all of us must be proactive and keep a tap on each on every steps of the GF.

## 6. Harm Reduction among Women who Use Drugs

WUD speaker: Sonam Sherpa - Recovering Nepal (RN)

- Sonam presented the key findings from the implementation of Mainline supported WUD project in Nepal. She spoke on the key issues regarding women who use drugs in the region and GC7 inclusion, challenges and engaging women in the country as the GF focus is on women who use drugs. Nepal is the only country that has successfully formalised an exclusive network of WUD. Affiliated members from 5 provinces of Nepal.

- Mainline support: facilitated FGDs that mainly inferred to challenges faced by WUD: gender based stigma and discrimination, criminalisation, abscess and deep-vein-thrombosis (DVT), and lack of access to primary healthcare.
- RN Nepal initiated a consultation in which all govt officers, stakeholders, NGO members were involved. The below two components were included in the proposal:
  - Capacity building of CBO and key leaders
  - Promote SRHR services among WUD.
- These components need to be strengthened that can be the basis of Regional southeast Asia women led network. These can be included in the global indicators and NAPUD can provide capacity building support in this area. The special needs of women are not considered and due to societal and gender role expectations women suffers more. The various issues associated with WUD cannot be generalised.

## 7. Experience sharing Young PUD and GF GC7

Speaker: Pham Viet Nam, VNPUD

- VNPUD has a total membership of 67 CBOs.
- VNPUD hosts a 'Hope café' – a drop-in-centre which has been introduced as a safe space for PUD who visit to share personal stories, avail harm reduction services, rest or simply have coffee.
- The reasons for drug use among young people are curiosity, search for a high, boost their emotional status, and finding temporary relief.
- First exposure to drugs is at age between 15 to 25 years and start experimenting with Happy water [Ketamine], cannabis etc.
- Young people in Vietnam do not have exposure to Global Fund GC7 and have limited information. As a result, they don't have a voice in global fund platforms.

*Facilitator summary:* If young people do not know about HIV or Global Fund programme and grant cycle then it is a very critical issue. In the Asia Pacific, 26% of HIV infection is among young people and if they are not exposed to be part of the GC7, that means there is need to bridge the gap. At the regional level, 'Youth lead' is working with young people and their expertise can be explored and assistance from them can be taken for grant making process for the next cycle.

## 8. GC7: Inclusion, challenges and engaging young people in national global fund processes

Speaker: Johann Nadela, IDUCare, Philippines

- IDUCare initiated and is implementing a Media fellowship programme, including legal literacy of para-legal workers in The Philippines.
- There are many agencies who work as gate keepers and most of the time the funds and/or services does not reach the community.
- The CCM members are from the Christian community and strongly believe in abstinence. They do not understand PUD issues and hence don't even consider it as the programme requirement and hence no support comes from the CCM.

## 9. Final words: Day 1:

The facilitator thanked all the participants and mentioned that it was a very productive day. He specifically conveyed a special thanks to the Thai participants who used Google Translation and followed the entire meeting conversations.

NAPUD Chairperson Abou, thanked Giten and other resource persons to make the learning easy and simple to understand. He said that all the presenters were able to explicitly impart their information through their presentations and even during discussions.

## Day II August 09, 2023

The second day of the cross-learning workshop started with a recap of the first day by Yashwinder Singh, CCM representative from India, and by Francis Joseph, NAPUD Regional Coordinator.

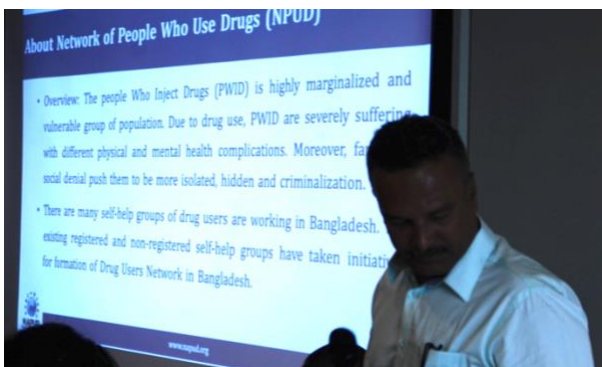
### 10. Presentations from GF grantees

*Facilitator: Mr. Giten Khwairakpam*

During the session, country experiences were shared by select participants who have been involved in the GF processes. The presentations were focused on community engagement, advocacy on inclusion of PUD issues, and harm reduction activities in GC7 were discussed.

#### 1. Bangladesh – Shahed Ibne Obaed (Chotton)

- There are 300 rehabilitations recognised by the Government of Bangladesh including NGOs and self-help groups that provide support to PUD.



- There are an estimated 15,000 PLHIV. Stigma and discrimination is high towards PUDs. The female drop-in centres are not available.

- NPUD received support under the NFM3 cycle to develop Peer Outreach Worker (POW) requirements. NPUD also provided support for local-level advocacy and provide peer counselling to

motivate PWID for testing and treatment. The country has community engagement services, harm reduction programme and networks of PUD.

- Advocacy in GF: Advocacy with parliamentarians for reform of drug users, media sensitisation and training support nuanced and non-stigmatizing media coverage of drug use evolved in Bangladesh.
- The number of PWID is low, hence the drop in centre/safe space services is not supported and/or funded by the donors. They say that these services are not cost-effective and therefore will not survive for a long time.
- As per the GF GC7 proposal, PUD coverage of 75% in 64 districts of Bangladesh is planned. Community consultations were carried out by NPUD to understand priorities.

*Facilitator comments:* The information related to crucial elements were excluded. NPUD could have included the roadmap for coverage under GC7 in the presentation.

#### 2. Nepal – Ujjwal Karmacharya

- Recovering Nepal (RN) has a total of 166 affiliated members, and of these, 162 are PUD led organisations. RN is represented in many high level committees. Its role is building capacity and strengthening PUD networks in the country.
- RN advocates for decriminalisation, treatment for viral Hepatitis B & C, and comprehensive harm reduction programmes for PUD. It has been advocating for

scale-up of programmes for PUD, promoting community led monitoring, reducing the human right related barriers over the years.

- As a result of the CRG technical assistance from Mainline, a community consultation across the country. A total of 400 people participated in these consultations. As a result, 4 provincial committees of 12 people were formed. All recommendations and suggestions from these consultation were included in the final country proposal.
- A Government agency is also competing for the GF PR position in Nepal, hence it is assumed that there might be disputes among CCM members, government organisation members and other organisations.

*Facilitator comments:* The Nepal team should enquire the dates of submission, and get a copy of the submitted proposal. This is to ensure that, all priority agendas are included as part of the proposal.

### 3. India – Abou Mere

- The Indian drug users forum (IDUF) was established in 2009. However, the harm reduction activities were carried out much before that time and it helped everyone to come together to form the national network.
- IDUF has its strong presence across the country. At present IDUF is covering 8 states and 8 districts. It has a total of 24 state and district level networks that are working in coordination. Any funding agency that intends to work for PUD, they need to approach IDUF as the national network in India.
- In the past, IDUF has worked to increase awareness on HIV, AIDS, HCV among PUD. It also provides training and capacity building for PUD and their allies, conduct research on drug use and drug policy in India, expansion of harm reduction services (including all KP groups).
- Abou (the current IDUF President & Chairperson of NAPUD) was selected as the first CCM India community representative. He has acted as a bridge between KP members and CCM, involved in 5 community consultations, and engaged with GFATM projects.
- The process of PR selection is completed, the demarcation and roles among all agencies is finalised. Fresh EOIs have been published. Clarity on the budget is yet to come.

*Facilitator comments:* GF should have equal representation from all key population groups, however at present only TG and MSM representatives are part of the committee.

### 4. Philippines – Johann Nadela

- IDUCare is the only registered PUD network organization working in Philippines with all PUD (male and females) on building capacities to raise their voices on key issues.
- PUD involvement in CCM and/or GF is a big challenge with little or no engagement as many hardcore Catholic and have limited beliefs. PUD do not have a voice and not included within the national committee.
- Many organizations act as gatekeepers who are largely dependent on the CCM and GF. These gatekeepers treat the HIV Programme and PUD network differently.
- PUD community has not been part of country proposal or any other process. e.g. the CCM chairperson is a Priest. He believes that drug use is a crime and 'the PUD act' is illegal and therefore not considered as a priority group. PUD are not involved



as part of any committee in the GC7 process and not aware about the proposal process.

5. *Thailand – Verapun Ngamee*

- The team from the Thai Network of People who use Drugs (ThaiNPUD) has not been involved in the process of the next round of the Global Fund GC7 (2024-2026) proposal development.
- Most importantly, it has been found that the current PR had terminated its operating contract, with the largest community-led organization of PUD that has the longest experience in drug harm reduction under the support of the Global Fund in Thailand, only 12 days prior to the starting period of the proposal development process. The reason for termination has not been clarified and prior to termination of the operating contract.
- The SR has been functional in 12 provinces implementing 14 DICs and has approximately 153 staffs. It claims to have 75% staff who have prior experience of drug use and also selected as SR under the PR for the current GF project (2021-2023).
- However this 'Community-led Organization' still continues to implement health and Harm Reduction services for PUD despite limited resources.
- This organisation also submitted their proposal as SR, but the PR rejected their submission, and after rejection, forward that proposal to another PR without any information.
- This clearly represents the lack of accountability and leaving PUD-led health and harm reduction services behind in Thailand.

6. *Indonesia – Edo Agustian*

- The participant from Indonesia mentioned that they had focused on: i) institutional strengthening of the network and its membership, ii) capacity building of network and iii) human rights advocacy.
- CLM implementation on the quality of harm reduction services has been implemented in 9 provinces. The peers have been trained as para-legal.
- This approach was adopted in 2011 by GF.

**11. Planning forward for increasing advocacy and inclusion of PUD issues and activities in national GF process/application in the region**

*Facilitator: Mr. Giten Khwairakpam*

Giten mentioned that during the workshop everyone came forward and discussed about the various challenges and related advocacy for Harm Reduction programmes in their country specific contexts. Information and experiences of the country engagements related to GC7 are limited in the presentations. Based on these brainstorming sessions and discussions, the following key step can be considered:

- 1) Development of a Shadow report: based on the existing gaps, a shadow report can be developed in which along with the country scenario, CLM, WUD, viral Hepatitis B prevention, and C diagnosis, treatment and support etc. can be included.
- 2) UNAIDS PCB and other global civil society representatives from Asia, and their communication GF delegates can be explored together.
- 3) Women networks must be supported and strengthened to promote in our respective country and similarly can be replicated at regional level.
- 4) Service-related gaps and the requirements should be included while writing the proposal and ensure that its part of final implementation plan as well.

- 5) Inclusion of experiences and participation of young people by liaising with Youth Lead on GF opportunities for young people who Use Drugs, as the Vietnam presentation of young population and GF engagement showed concerning lack of knowledge and participation.
- 6) Letter on “Declaration of free from Drug Use” for higher education (includes elementary, high school and so on) to the Legal heads from Indonesia. Connection could be established with UNFPA.



## *Annexure 1 – Agenda*

8.30 – 9.00 am	Registration of participants
9.00 – 9.20 am	Welcome remarks Followed by introduction of participants Mr. Abou Mere – Chairperson, NAPUD Executive Board
9.20 – 9.30 am	Overview of the Cross-Learning workshop Mr. Giten Khwairakpam – Facilitator
9.30 – 10:30 am	Drug use, Harm reduction essentials and Grant cycle 7 Online from INPUD webinar recording (NAPUD team) What do we need to know about the GC7 processes for people who use drugs? <ul style="list-style-type: none"> <li>• Harm Reduction programming in GC7?</li> <li>• Interventions for women &amp; young people</li> <li>• Global Targets – 10-10-10</li> <li>• Community Led Responses</li> </ul>
10.30 – 10.40 am	Group Photo
10.40 – 11.00 am	Tea Break
11.00 – 11:30 am	Sharing INPUD’s support in the country proposal writing processes (Virtual session) Ms. Gayane Arustamyan INPUD (pre-recorded) <ul style="list-style-type: none"> <li>• Peer Technical support hub on the Global Fund Grant Cycle 7: Lessons Learnt from PUD networks/organizations applying in Window 1 and 2.</li> </ul> Mr. Aditia Taslim INPUD (Live) <ul style="list-style-type: none"> <li>• Q&amp;A</li> </ul>
11.30 am – 12:00 pm	Discussion on GC7, key elements, experiences and broad support needed from NAPUD and regional key population networks Mr. Giten Khwairakpam – Facilitator
12.00 – 1.00 pm	Lunch Break
1.00 – 1.40 pm	Country GF proposal submission - GC7 window 1 & 2: Experience sharing from other regions <ul style="list-style-type: none"> <li>• Mr. Aniedi Akpan - DHRAN Nigeria (20 mins)</li> </ul> Includes Q&A (20 mins) <ul style="list-style-type: none"> <li>• Facilitated by: Francis Josepph – NAPUD Regional Coordinator</li> </ul>
1.40 – 2.10 pm	Harm Reduction among WUD <ul style="list-style-type: none"> <li>• Sonam Sherpa - Recovering Nepal (Women)</li> </ul> Key findings from the implementation of Mainline WUD project
2.10 – 2.30 pm	Discussion on women who use drugs in the region and GC7: Inclusion, challenges and engaging women in country Harm Reduction response <ul style="list-style-type: none"> <li>• Facilitated by: Ms. Sonam Sherpa RN Women &amp; Ms. Pham Thi Minh VNPUD</li> </ul>
2.30 – 3.00 pm	Tea Break
3.00 – 3.30 pm	Young people who use drugs and Global Fund GC7 <ul style="list-style-type: none"> <li>• Mr. Pham Viet Nam – VNPUD National Coordinator</li> </ul> Experience sharing from VNPUD Vietnam
3.30 – 4.00 pm	Discussion on young people who drugs and GC7: Inclusion, challenges and engaging young people in national global fund processes <ul style="list-style-type: none"> <li>• Facilitated by: Mr. Pham Viet Nam VNPUD &amp; Ms. Aire Kamiyama IDUCare</li> </ul>
4.00 – 4.25 pm	Summary of the day’s proceedings Mr. Giten Khwairakpam – Facilitator
4.25 – 4.30 pm	Closing remarks for the day Francis Josepph – NAPUD Regional Coordinator

**Annexure 2 participants list**

<b>NAPUD Regional Cross-Learning Meeting</b>			
<b>Venue: Rembrandt Hotel, Sukhumvit Bangkok, Thailand</b>			
<b>Date: 08 - 09-Aug-23</b>			
<b>S.no</b>	<b>Name of the participant</b>	<b>Designation</b>	<b>Country</b>
1	Dr. Atul Ambekar	OAC Member	India
2	Pascal Tanguay	OAC Member	Thailand
3	Giten Khwairakpam	OAC Member	Thailand
4	Rosma Karlina	OAC Member	Indonesia
5	Yatie Jonet	OAC Member	Malaysia
6	Abou Mere	Chairperson EB	India
7	Johann P Nadela	Secretary EB	Philippines
8	Moch Endy Mulia Putra	Treasurer EB	Indonesia
9	Ujjwal Karmacharya	Executive Member	Nepal
10	Shahed Ibne Obaed (Chotton)	Executive Member	Bangladesh
11	Prapat Sukkeaw (Yai)	Executive Member	Thailand
12	Le Van Hong	Executive Member	Vietnam
13	Moirangthem Sadananda Singh	Alternate EB	India
14	Aire Kamiyama	Alternate EB	Philippines
15	Cecep Supriady	Alternate EB	Indonesia
16	Sonam Choenzom Sherpa	Alternate EB	Nepal
17	Md. Abul Bashar	Alternate EB	Bangladesh
18	Piyakran Kittibirisuth (Bank)	Alternate EB	Thailand
19	Nguyen Thi Chan	Alternate EB	Vietnam
20	Yashwinder Singh	CCM Member	India
21	Samir Thapa Chettri	SSR partner	Nepal
22	Dr. Kishore Alam	CCM Member	Bangladesh
23	Pham Thi Minh	Ex CCM	Vietnam
24	Edo Agustian	Ex CCM	Indonesia
25	Prasert Tathong	SSR partner	Thailand
26	Pham Viet Nam	Translator (Vietnam)	Vietnam
27	Verappun Ngammee	Translator (Thailand)	Thailand
28	Shrutika Badgujar	NAPUD Secretariat	Thailand
29	Sowat Borisuth	NAPUD Secretariat	Thailand
30	Francis Josepph	NAPUD Secretariat	Thailand