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Acronyms

AFAO	Australian Federation of AIDS Organizations
ANPUD	Asian Network of People who use Drugs
APCOM	Asia Pacific Coalition on Male Sexual Health
APMG	AIDS Project Management Group
APN+	Asia Pacific Network of People Living with HIV
APNSW	Asia Pacific Network of Sex Workers
APTN	Asia Pacific Transgender Network
ART	Antiretroviral therapy
CBO	Community based organization
CLM	Community-Led Monitoring
EB	Executive Board
HepC	Viral Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HoD	Head of the Department
IAB	Interim Advisory Board
ICW-AP	International Coalition of Women Living with HIV in Asia Pacific
IDPC	International Drug Policy Consortium
IDUF	Indian Drug Users Forum
INPUD	International Network of People who Use Drugs
KP	Key Population
MDG	Millennium Development Goal Achieving Organization, Karachi
MoU	Memorandum of Understanding
NAPUD	Network of Asian People who Use Drugs
NPUD	Network of People who Use Drugs in Bangladesh
NAPP	The National Alliance of PLHA & PUD, Nepal
NPUD	Network of People who use drugs in Bangladesh
PKNI	Persaudaran Korba Napza Indonesia
PLHIV	People Living with HIV
PUD	People Use Drugs
PWUD	People Who Use Drugs
RC	Regional Coordinator
RCF	Robert Carr Network Funding
RN	Regional Network(s)
UNAIDS	Joint United Nations program on HIV & AIDS

Introduction

This report entails key activities undertaken in its first year (2021) and explicitly presents the network establishment process.

There are over 2.5 million PWID in Asia and many others who use drugs via other methods¹. The regional estimate reflects the shift towards methamphetamine as it is around 2 million fewer people than the estimate of 4.35 million reported in the Global State of Harm Reduction in the previous years. The HIV epidemic in the PUD community is expanding rapidly, about half of PUD are unaware of their HIV status. Although there is evidence of progress, many countries in the Asia region still have laws that impede access to health and human rights services.

Among the key population group, the PUD community is very dynamic and unique, hence the challenges also varies in its nature. There was a commonly felt need among the PUD communities for a sustainable and effective mechanism at the regional level to facilitate and strengthen the work initiated by country-level networks and organizations. As a result, many passionate and committed individuals came forward to carry the responsibility of working towards the establishment NAPUD.

This report is a reflection of the dedication and commitment of community members of Asia, who, despite numerous hurdles due to COVID-19-related restrictions, they came together with determination of working 'FOR', 'OF' AND 'BY' the PUD and will continue to work to promote the health and defend the human rights of PUD.

The report narrates the processes involved in establishing NAPUD as a regional network through combined efforts by individual, community members and experts.

¹ <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

Executive Summary

There is a need for continuous efforts to be put in place to improve access to health and defends the human rights of PUD in Asia. There is a need for a strong regional network to continue to strengthen the work done within the communities at the country level. The global community including the team at INPUD was taken aback by the sudden closure of ANPUD which deeply impacted the ongoing efforts in the Asian region. They immediately explored the possibilities of restoring these efforts with support from like-minded individuals and representative from country networks, organizations and partners to continue the work initiated by ANPUD, and to regain the trust of the PUD community. A scoping assessment was conducted with support from APMG Health, Inc to corroborate these efforts. Online consultations were the key to lead the discussions that started from January 2021 until the board formation in June 2021.

Based on the feedback gathered through the findings from the scoping assessment, an Interim Advisory Board (IAB) was established and meetings were conducted to steer the network establishment process with support from a community consultant to facilitate the process in an accountable manner. The IAB led a series of consultations with country representatives of National PUD Networks followed by regional consultations to expand NAPUD reach within the member countries. MOUs were signed with eleven (11) country partners in Asia. The IAB also supported in the development of proposals to ensure uninterrupted financial assistance and support for NAPUD. Additionally, an organisational scanning was done to identify a Fiscal Host, and the AFAO was approached, who agreed to support NAPUD.

These efforts led to the formation of the first NAPUD Executive Board. The immediate steps taken by the Executive Board was the successful recruitment of the Regional coordinator who took charge and initiated multiple activities at the secretariat level. This included implementation of the INPUD-RCF supported small grants project in three selected countries, namely Indonesia, Nepal and Pakistan including stakeholder mapping to harvest the linkages and associations.

International Efforts to sustain the Asian Regional Network

The concept of a regional network is not new, it has a proven track record of the most effective strategy to address human rights, health, and well-being of the marginalised and socially deprived segments of society. It is important to work at the regional level as it helps to strengthen country-level networks and to work as a platform to showcase, and share knowledge and best practices at the global level. An analysis of the previous regional network of people who use drugs [ANPUD] revealed that they were primarily focused on facilitating drug policy reform and scale-up of harm reduction service delivery, while supporting for self-determination and meaningful involvement of people who use drugs, as a secondary component. This approach was recognised as the most helpful and effective to ensure the sustainability of the programme and its development.

There are existing six regional key population networks viz APCOM, APN+, APNSW, APTN, ICW-AP, and Youth LEAD that focus on addressing the various key issues related to health, and human rights of the particular key population group that they represent. Similarly, there was ANPUD which was working with People Who Use Drugs and had a broad geographical scope, covering many countries in South and Southeast Asia. There are 24 countries in Asia, where the law does not allow possession of a certain amount of drugs for personal use². This factor indicates that there are a lot of efforts to be put in.

The scoping assessment was conducted based on community engagement, geographical reach, participatory structures, capacity, and potential risks. The scoping assessment exercise highlighted the need for a sustainable mechanism to facilitate the meaningful engagement and participation of PUD in Asia including promoting health and defending their rights. The report, also stressed the need for effective and meaningful engagement with, and support to national networks across the region.

As per the World drug report 2018, the situation is extremely problematic given that Asia has the largest number of people who use³ and inject drugs in world⁴. Additionally, the World Drug report 2020, reveals that the HIV prevalence among PWID is highest – 29.5% in South-West Asia⁵. A national household survey conducted in India [2019] shows an overall opioid use was more than five times higher in 2019⁶. As per the Global Burden of Disease Study 2013, Asia has the highest burden of HIV and Hepatitis C, among people who use drugs in the world⁷. Asia also has some of the most draconian drug laws and the most disproportionate punishments for drug-related offences in the world⁸. Similarly, as per the International Drug policy consortium 2015, the human rights mechanisms are overall weak and with little recourse for the frequent human rights violations through compulsory detention and reliance on the death penalty against people who use drugs in more countries than any other region in the world⁹. Also, financial support for evidence-

² World drug Report 2020 <https://www.aidsdatahub.org/>

³ United Nations Office on Drugs and Crime. 2018. World Drug Report 2018. (<https://www.unodc.org/wdr2018/>)

⁴ Joint United Nations Programme on HIV/AIDS. 2019. Health, Rights and Drugs: Harm reduction, decriminalization and zero discrimination for people who use drugs.

(http://www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019)

⁵ https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_2.pdf

⁶ Atul Ambekar and others, Magnitude of Substance Use in India, 2019 (New Delhi, Ministry of Social Justice and Empowerment, 2019).

⁷ Degenhardt, L., et al. 2016. "Estimating the burden of disease attributable to injecting drug use as a risk factor for HIV, hepatitis C, and hepatitis B: findings from the Global Burden of Disease Study 2013" in The Lancet Infectious Diseases, 16(12), 1385–1398. doi:10.1016/s1473-3099(16)30325-5. (<https://pubmed.ncbi.nlm.nih.gov/27665254/>)

⁸ International Drug Policy Consortium. 2013. Drug policy advocacy in Asia: Challenges, opportunities and prospects.

⁹ International Drug Policy Consortium. 2015. The intersections between drug policy and human rights: Submission to the Office of the High Commissioner for Human Rights from the International Drug Policy Consortium (IDPC).

based responses for drug-related issues is extremely limited and therefore challenging to sustain and often conditional on national government approval¹⁰.

These challenges highlighted an urgent need for a functional regional mechanism to be put in place to address the needs of PUD in Asia. Despite efforts to address those needs in the past, the current situation remains challenging. The challenges were exacerbated by internal conflicts within the previous regional network [ANPUD] and crippled its operations, thereby leading to its unfortunate closure. Given this situation, efforts were initiated to recreate a regional network that can facilitate the meaningful engagement and participation of people who use drugs in the region. So, members of the PUD communities in Asia came together in early 2021 to create a regional network to represent people who use drugs in the region.

During the same period, attempts were made to identify a Fiscal Host to support the establishment of a regional network. While there was consistent support for the idea of a fiscal host, there was no consensus on which organization could play that role. After an assessment, MoU was signed with the Australian Federation of AIDS Organisations (AFAO) as Fiscal host.

AFAO, is the Australian organization that works to eliminate HIV transmission and reduce its impact on communities in Asia, and the Pacific region. The MoU was signed between NAPUD and AFAO to provide NAPUD with management, administrative and financial systems support until NAPUD is a legally registered entity with a fully functioning independent secretariat or until it finds a new fiscal host based in any Asian country.

MoU's were signed with country PUD network and partners and subsequent national level consultation meetings were conducted in South & Southeast Asian countries namely, Afghanistan, Bangladesh, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand, and Vietnam. During the consultation, the need for a new network, election process, membership criteria, signing of MOUs, organisational structure, and policy, etc. were discussed with all network representatives. Their feedback and suggestions were considered while constituting the EB, the network's scope, and the new strategic plan.

These efforts led to an open and inclusive election process resulting into the formation of the first Executive Board of NAPUD. These individuals, together decided upon the development of a regional work plan, development of governance mechanisms (policies and procedures) and recruitment of staff to operationalise the regional network.

¹⁰ Harm Reduction International. 2018. The lost decade: Neglect for harm reduction funding and the health crisis among people who inject drugs. (<https://www.hri.global/files/2018/09/25/lost-decade-harm-reduction-funding-2018.PDF>)

Formation of NAPUD

The need for restoring the regional network to act as a sustainable mechanism to facilitate the meaningful engagement and participation of PUD in Asia, after the unfortunate closure of ANPUD was compelling and more urgent than ever.

Scoping assessment:

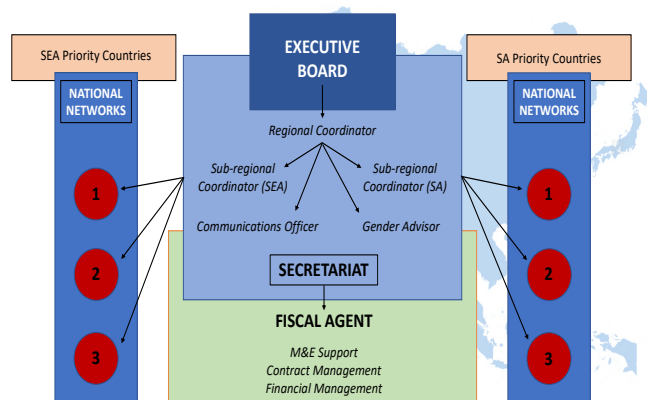
To facilitate meaningful engagement and participation of PUD in Asia, a scoping assessment was undertaken by a group of experts who were also representatives of the PUD community. This assessment aimed to gather feedback on the need for continuing a regional PUD network in Asia.

As part of the assessment, a desk review was conducted as the first, that was followed by individual interviews with key informants. These extensive interviews were conducted with 23 key informants representing a wide range of the Asian community of PUD and other stakeholders (viz. ANPUD Chair, previous coordinators, and Board members, reputed community representatives, regional key population network representatives, and key stakeholders). The following are recommendations from the scoping assessment:

- ❑ Hire a Regional liaison consultant to shepherd the transition process and facilitate a better understanding of the way forward with the community in Asia.
- ❑ Establish an Interim Advisory Board (IAB) to guide the next steps until the Executive Committee (Board) is reconstituted.
- ❑ Secure the support of a fiscal host and explore the conditions under which a partnership could be established.
- ❑ Organize a series of regional consultations to review and adjust the network constitution, electoral processes, organizational structure, policies and procedures, the role of the Executive Committee and Secretariat staff, membership criteria, strategic plans, MoUs with national networks, and e-forum guidelines.
- ❑ Initiate a new electoral process to establish the Executive Committee.
- ❑ Initiate hiring of Secretariat staff, including national officers to sit in national network offices, as well as staff dedicated to gender and other intersectional issues.
- ❑ Hire a full-time Gender advisor and allocate a 30% quota of secretariat staff positions to gender minorities (especially women) who use drugs.

Recommended Model of NAPUD

- ❑ The new functional model that derived from the scoping assessment recommended:
 - An executive board working closely with the Secretariat
 - The secretariat comprising of team of 5 core members: 1) Regional Coordinator, 2) Sub-Regional Coordinator for Southeast Asia, 3) Sub-Regional Coordinator for South Asia, 4) Communications officer, and 5) Gender Advisor
 - Regional coordinator to lead and manage the 5-member team



- Having focused approach in SEA and SA countries that will be managed by sub-regional coordinators

Hiring of a Regional consultant

A regional consultant was contracted by INPUD - the lead PUD consortium member who was expected to shepherd the entire process of the regional network formation. This regional consultant was expected:

- To organize a regional meeting facilitated by neutral trusted individual/team to establish the Interim Advisory Board composed of peers and allies (starting from the list of key informants) to oversee transition. The Interim Advisory Board will be responsible for guiding next steps until such a time that the Executive Committee is reconstituted.
- To secure support of a fiscal agent, starting discussions with AFAO (pre-identified by INPUD) as the most suitable candidate during the scoping exercise.
- To organize a series of regional consultations, with 2-3 national network representatives from priority countries, to propose a new constitution, electoral processes, organizational structure, policies and procedures, TORs for Executive Committee members and Secretariat staff, membership criteria, MOUs for national networks, and e-forum guidelines. The regional consultations should develop the tools listed above based on a review of existing tools used by ANPUD and other relevant regional mechanisms.
- To Initiate a new electoral process to establish the Executive Committee, with the guidance and support of the Interim Advisory Board. The newly appointed Executive Committee will review and validate organizational tools and develop additional tools as needed to support effective operations of the regional secretariat.
- To provide proper handover and initial support to the newly established Executive committee, and
- To provide frequent and comprehensive updates to the INPUD secretariat and document the process.

Formation of an Interim Advisory Board

Another recommendation from the scoping exercise was to set up an Interim Advisory board (IAB) which would lead the establishment of the regional network. Careful selection of appropriate individuals was done through sending of request letters to individuals, representatives and experts who were willing to dedicate their time and expertise. The IAB was a transitory committee and included volunteers from the PUD community and subject matter experts who were experts from within Asia, having extensive experience of working with regional and international civil society organizations. To ensure transparency and reinforce legitimacy, all proceeding were carried out online under the supervision of INPUD leaders who actively participated in the entire process.

The IAB provided overall guidance in the process by facilitating reconciliation, gathering consensus on the each step of the process, establishing administrative structures, and developing an implementation plan. The IAB also supported on prioritizing programming and budgetary needs including identification and liaising with a fiscal agent.

#	Peer Members	Gender	Org	Country	Designation
1.	Edo Agustian Nasution	M	PUD Activist	Indonesia	Vice Chair
2.	Yatie Jonet	F	WARDU	Malaysia	Secretary + Communications
3.	Johann Pancratius C Nadela	M	IDUCare	Philippines	Executive Member
4.	Abou Mere	M	IDUF	India	Executive Member
5.	Veraphan Ngamee	M	ThaiNPUD	Thailand	Executive Member
6.	Md. Razzali	M	WARDU	Malaysia	Executive Member
7.	Rosma Karlina	F	AKSI Keadilan	Indonesia	Executive Member
8.	Minh Pham	F	VNPUD	Vietnam	Executive Member
9.	Loon Gangte	M	PUD Activist	India	Executive Member
10.	Judy Chang	F	INPUD	Global	Executive Member
Non-Peer Allies					
11.	Giten Khwairakpam	M	TREAT Asia	Regional	Chairperson
12.	Gloria Lai	F	IDPC	Regional	Executive Member
13.	Murdo Bijl	M	AHRN	Myanmar	Executive Member

The IAB was composed of 14 members, (11 peers/ 3 non-peer allies) who were given full voting rights. The IAB was functional between April till August 2021 and ceased to exist with the establishment of a functioning Executive Committee (elected board members).

Activities carried out by IAB:

- Based on the results of the scoping assessment, negotiated partnership with potential fiscal agents for the implementation of the regional PUD network.
- Worked with the fiscal agent to understand and ensure that the regional entity fits into its administrative system, functional requirements, and policies and procedures.
- Ensured that the Secretariat staff gets support from the fiscal agent to function effectively and perform to desired levels.
- Assisted, facilitated, and participated in discussions, meetings, and regional consultations involving various stakeholders and people who use drugs in the region and beyond.
- Lead the development of a new constitution, organizational structure, policy and procedures, and terms of reference for Secretariat staff.
- Supervised implementation of the electoral process and selection of an Executive Committee.
- Led the development of strategic plans (regional and sub-regional, and selected priority countries) and assisted in developing and signing MoUs with national networks.

The formation of NAPUD

NAPUD is established as a regional network of, by and for people who use drugs in Asia. NAPUD aims at supporting, defending and promoting self-determination, self-organization, and the right to health, well-being, and human rights of PUD in Asia. A

regional network, that would also advocate for ending the criminalisation and discrimination of PUD and strive to end the war on drugs in Asia.

NAPUD is founded on the following principles:

- OF** People Who Use Drugs
- BY** People Who Use Drugs
- FOR** People Who Use Drugs

NAPUD Goals:

- Protection and promotion of the health, well-being, and human rights of People Who Use Drugs.
- Creation of an enabling environment for Asian PUD by reforming laws and policies related to public health, drug policy, and protection of human rights.
- Sustained regional and national efforts that affect the lives and livelihood of PUD.
- Enhanced capacity of drug user communities, activists, community-based groups and organisations, and civil society organizations.

Members of the network:

Membership in NAPUD is free of cost and no fee is required unless, as decided otherwise by the General Meeting of members.

- The members of NAPUD must be individuals who self-identify as PUD and may even represent all types of networks, forums and groups that support and share the mission and goals of the NAPUD.
- The members must be Asian and people/entities that do not fulfil the geographical criteria for membership may become associate/supporting members of NAPUD.

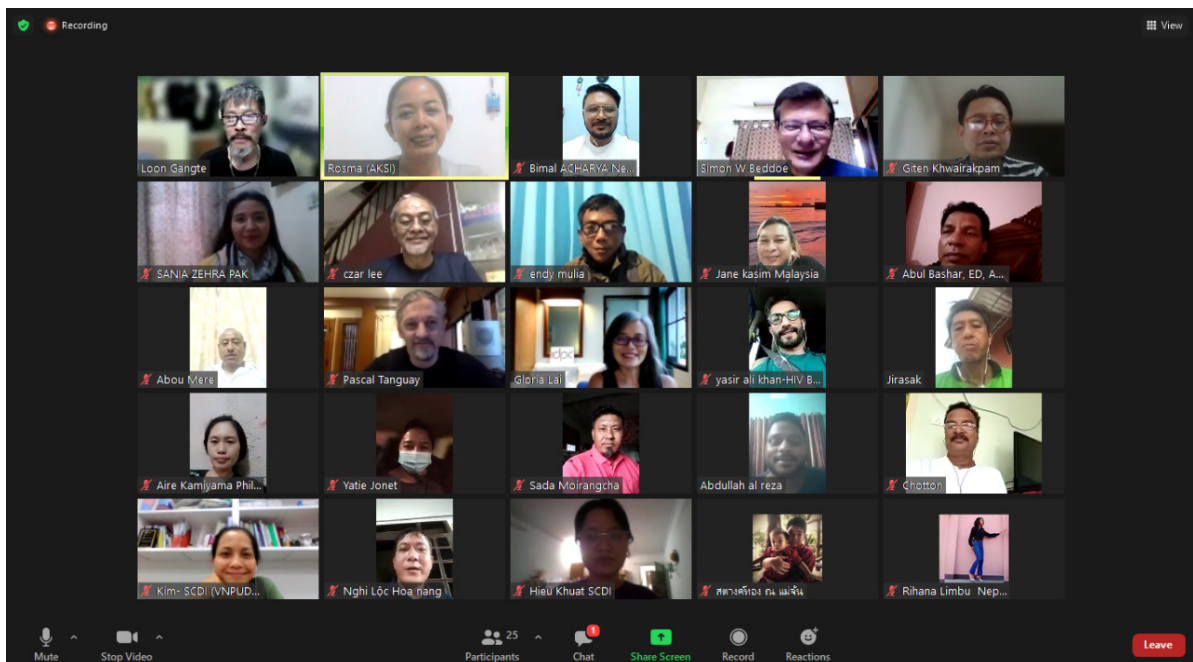
Formation of Executive Committee (Executive Board):

The signing of MOUs:

MoU was recognised as the most important task as it helped in shaping more formal relations between regional network and national networks. This was also beneficial to strengthen and sustain the relations. As planned, NAPUD initiated formal engagement and signed MoU with national networks present in all Asian countries. The signing of MoUs also helped in the effective representation of regional and national networks. It also helped in the prioritisation of issues in each country and facilitates consultation, communication, and programme implementation.

The election process:

Under the expert guidance of IAB members, the formation process of the executive committee (Executive Board) was carried out. There were many consultations with regional and national partners and emphasis was laid upon a free, fair, transparent, and independent election process. Two national PUD network representatives each from i) Afghanistan, ii) Bangladesh, iii) India, iv) Indonesia, v) Malaysia, vi) Pakistan, vii) Myanmar, viii) Nepal, ix) the Philippines, x) Thailand, and xi) Vietnam participated in the elections process leading to the formation of the Executive Board. Representatives from Myanmar could not participate the election process due to country level matters leaving 10 countries. A total of eleven members were elected for the various positions – Chair [1], Vice Chair [1], Secretary [1], Joint Secretary [1], Treasurer [1], and Executive Members [6] of the Executive Board.



The election focus was also on ensuring inclusiveness through greater representation of women participants amongst all members. For the election, voting rights were given to all nominees and/or primary members.

All of the participants were briefed to a new constitution (draft), electoral processes, organizational structure, policies, and procedures (including occupational health and internal support) TORs for Executive Committee members and Secretariat staff, membership criteria, MoUs for national networks, and e-forum guidelines.

Two applications, for two positions (one primary and one alternate member) from ten countries were submitted from the national networks and partners. An election commissioner was identified from within the IAB. The group was provided with the right to decide the mode of voting as per their convenience. The vote-casting process was anonymous via zoom chat box, email, WhatsApp for the voter. This process proved to be fruitful and 11 candidates from 10 countries were selected as executive committee (executive board) members for various board positions.

No	Designation	Name	Country	Gender
1	Chairperson	Bimal Acharya	Nepal	M
2	Vice Chairperson	Yasir Ali Khan	Pakistan	M
3	Secretary	Sania Zehra	Pakistan	F
4	Joint Secretary	Johann P. Nadela	Philippines	M
5	Treasurer	Endy Mulia Putra	Indonesia	M
6	Executive Member	Jane Azhar Bin Kasim	Malaysia	TG
7	Executive Member	Le Van Hong	Vietnam	M
8	Executive Member	Mohammad Idris Azizi	Afghanistan	M
9	Executive Member	Prasert Thathong	Thailand	M
10	Executive Member	Shahed Ibne Obaed (Chotton)	Bangladesh	M
11	Executive Member	Abou Mere	India	M

The IAB. formally handed over the entire NAPUD operations to the newly appointed Executive Board of NAPUD. A virtual debriefing was carried out and a handover note was also provided to them. This handover note entailed the key tasks for the Executive Board as follows:

- Recruit the Executive Director/Regional Coordinator.
- Decide on the legal registration of NAPUD.
- Initiate the development of a strategic plan.
- Supervise the implementation of the strategic plan and carry out its mid-term review.
- Define performance expectations of the Secretariat and other operational structures, and through the Executive Board Chair and Co-Chair, supervise and assess their performance.
- Approve or deny new membership applications.
- Provide consent for submissions of funding applications.
- Promote implementation of NAPUD's mission through various activities.
- Review and validate organisational tools and develop additional tools as needed to support the effective operation of the regional secretariat.

The Executive Board, worked closely with the regional consultant to develop, the

- Organisational structure
- Organisation's policy and process
- Guideline and manual for the network

Recruitment of the Regional Coordinator

Identifying a person within a limited time and travel restrictions due to COVID-19, was a challenge for the Executive Board members. An individual with appropriate knowledge, skills, and expertise was required to effectively perform as the Executive Director/Regional Coordinator of NAPUD. Someone who is familiar with the regional culture, dynamics of drug use in Asia, including network functioning, modalities and has the vision to end stigma and discrimination faced by the PUD community and is keen to work on health, human rights, decriminalisation, and the ongoing war on drugs. One who is ready to work independently and with the Executive board and is willing to lead the network's activity as a leader, as a change agent in the Asia Pacific region and initiate the efforts towards setting new examples.

A call for applications was circulated by the executive board members within all the countries and competent individuals were requested to submit their applications. After a process of shortlisting, virtual interviews were conducted with the final two most suitable candidate was selected by the selection panel. This selection panel comprised on 4 people, 2 from INPUD and 2 from NAPUD. The two final shortlisted candidates were from India: 1) G. Charanjit Sharma, and 2) Francis Josepph. The panel conducted the final online interview with the two candidates and the latter was finally selected to perform his duties as the first Regional Coordinator of NAPUD

The key responsibilities of the newly appointed Regional Coordinator were to:

- Lead the work of the Secretariat to implement NAPUD's strategic plan.
- Sign contracts, dispose of the assets, and represents NAPUD in the firms, companies, organizations, and other institutions, and at courts for the sake of, and on behalf of, NAPUD.
- Define, supervise, and support the primary operational structures and procedures of the Network.
- Support NAPUD's fundraising by representing it to donors and helping the Secretariat to develop and communicate funding requests to donors.
- Hire employees of the Secretariat and set their wages.
- Organize the implementation of the resolutions from the general assembly and executive board meetings.
- Oversight of the development and implementation of NAPUD's work plan and its programmatic areas, including communications and information sharing, advocacy and policy, and technical support.

RCF Small Grants Project

Country Network Partner Support Funding Project

As part of drug users' movement through the country network partner to support towards organisational strengthening and development, NAPUD announced a call for proposals from country networks and partners for the implementation of the "Innovative Advocative approaches to Address Health and Human Rights of People who Use Drugs". This initiative was supported through INPUD by the Robert Carr Network Funding (RCNF) support. Proposals were invited only from country networks and partners who had a signed MoU with NAPUD.

Applicants were provided with a proposal template and guideline on specific requisite content that entailed specific: i) Technical and program capacity; ii) Proposed implementation plan, ii) Program and financial management and reporting systems, and 4) Activity budget. In line with the NAPUD workplan, the country networks and partners were requested to submit their proposals that entailed: 1) innovative advocacy approaches to be adopted to address key issues and challenges faced by PUD and/or 2) organisational development and strengthening.

The said project was functional for only a short period (15th Oct to 31st Dec 2021) due to limited grants available. The total grant for implementation for each country was allocated as \$5000/- and an additional amount of \$800/- per month was to be paid to the country focal point person during the project period.

The selection of the country network and partner was based on organisational, technical and program capacities. Along with it, a fiscal capacity assessment was also carried out with those who were still unregistered. To review and shortlist the proposals a committee were formed in which three representatives from NAPUD EB [1], INPUD [1] and IAB member [1] were included.

There was a unanimous agreement between the three panellists, and proposals from PKNI-Indonesia, NAPP-Nepal and MDG-Pakistan were selected for implementation of the short-termed project.

Country focal points - national coordinators:

Based upon a set criterion by NAPUD, candidates for the National Coordinator position were interviewed, selected, and appointed at the organisational level in all the three countries. The selection process was communicated to NAPUD secretariat along with supporting documents of the three staffs. The role of the national coordinator was to conduct strategic advocacy and manage the development of required



advocacy and communication tools and strategies. The national coordinators were also expected to build their advocacy capacity through support from NAPUD while implementing their project activities parallelly in the three countries.

The regional coordinator called for a virtual meeting with the three country coordinators in October 2021. This was the first introductory meeting to get to know each other better and everyone presented their step-by-step implementation plan and the support they required from NAPUD.

Small grant implementation in Indonesia, Nepal and Pakistan,

1. Persaudaraan Korban NAPZA Indonesia/ National Network of People who Use Drugs (PKNI) in Indonesia

A group of drug user friends were inspired after attending International Harm Reduction Conference in Vancouver-Canada in 2006 and they came together to work for the people who use drugs in Indonesia. They formed an organization known as PKNI that aims to empower the drug users' community and fight for their rights.

With support from NAPUD, PKNI planned and conducted advocacy activities associated with building awareness and capacities of peers by promoting peer-led advocacy, peer-led field-level meetings, training and capacity building of the community through onsite training and handholding. Given below are details of each activity.

- **Peer advocacy** - During the project period, 10 provincial meetings with 10 peer groups were carried out to enable Peer advocacy within the project focus areas. These meetings were focused on building capacities of peers in carrying out advocacy with various stakeholders. Primary issues that came forward as major challenges were related to mental health; legal protection, under the narcotics law. Peers were supported in developing their advocacy activities in the 10 provinces.
- **Knowledge building** – PKNI acknowledges the power of peer workforce, who are pillars of support for the PUD communities. The focus was on building knowledge on advocacy approaches and communication techniques. Keeping this in mind, field-level meetings were organised with PUD, their family members, and partners in ten different cities. These meetings were organised, led, and conducted with the support of peers. The discussions focused on narcotic laws, mental health, basic health education to families, including HepC.
- **Community-led monitoring:**
 - Successful formation of 10 Peer groups and training on the Narcotics Law No. 35 Tahun 2009, at North Sulawesi PKNI Peers Group (PKNIS), Aceh, North Sumatera.
 - Successful formation and capacity building of 15 Peer groups on availing Methadone services in Banten, West Java.
 - Successful education and awareness on Hep C (testing & treatment) among communities that resulted in 25 PUD coming forward for getting tested.

2. The National Alliance of PLHA & PUD (NAPP), Nepal

The National Alliance of PLHIV and PUD is a national network of people living with HIV, people who use drugs, and families. NAPP aims to achieve a stigma-free society where every citizen can avail their basic human and health rights.

With support from NAPUD, NAPP planned and conducted, some of the activities that were undertaken during the course of the project included the use of social media for advocacy on issues associated with drug users and to ensure that their human rights and health rights were protected.

- ❑ **Community consultations** were conducted in 3 provinces, to identify advocacy issues. Discussions were focused upon; i) the punitive drug Act of Nepal, ii) CLM-community-led monitoring and iii) the absence of a shadow report (related to drug use in Nepal) in line with the National HIV Program report.
- ❑ Formation of a **Champion group on advocacy**: Five renowned personalities; i) political leaders, ii) media personalities, iii) YouTubers, iv) Lawyers and v) social activists were approached by NAPP who accepted to become advocacy champions and support their efforts.
- ❑ **Network Strengthening**: Human Resource and Financial Policy was developed to strengthen the network internal systems.
- ❑ **Joint Event with Government Agency**: Joint event was conducted at province 01 – Itahari to discuss issues and concerns of PUD. The event, was also supported by Nepal Police and CBO ACT-Nepal. All stakeholders that attended the event, were holding government positions.
- ❑ NAPP managed to **increase membership** with the help of social media, emails, and one-on-one discussions with community members.
- ❑ **Advocacy campaigns** were organised to identify gap in services to PLHIV and PUD.

3. National network - Millennium Development Goal (MDG) achieving organisation, Karachi Pakistan

MDG is a non-profit organization based in Karachi, Pakistan that advocates for the rights of marginalized and vulnerable communities. MDG aims to enhance the meaningful involvement of people who use drugs in advocating for the basic health and human rights of the larger community.

With support from NAPUD, MDG conducted activities focusing on building a network and alliance with stakeholders and different partner organizations by conducting advocacy meetings.

- ❑ MDG organised a **meeting with key stakeholders**, who were officials from the Minister of Women Development, HoD of healthcare facilities, doctors from various ART centres, donor organizations, including healthcare professionals. During the meeting, the issues faced by PUD community and especially by women who use drugs (WUD) were presented and discussed. To strengthen the work and to ensure sustainability, MoUs were signed each organization and opportunities of joint activity was explored. It was decided on developing manuals/guidelines on the use of referral mechanisms for community members.
- ❑ A **consultative meeting** was organised to address the health and human rights of PUD with five CBOs working with females and were the most marginalised community in Karachi. During the meeting, issues and challenges faced by WUD, and PLHIV were discussed. Various issues like easy access to healthcare and ensuring the well-being of women including WUD were also discussed.
- ❑ A one-day **stakeholder meeting** was organised to sensitize healthcare workers and donor organisations. The current scenario of WUD, HIV and gender-based violence, unmet needs in harm reduction services and the right to access health care services were discussed with the meeting participants.
- ❑ A **mapping exercise** was carried out in all districts of Karachi, to identify potential peers within the PUD group and reach out to the hidden population.

Internal Capacity strengthening

Building Capacity of Executive Board

Since the inception of NAPUD, the Executive Board members were working meticulously and putting in their efforts to strengthen the foundation of the regional network. However, it was important to provide attention towards the capacity building and training of Executive Board members, as part of internal system strengthening. As a felt need, a five-days capacity development workshop was planned for all Executive Board (primary and alternate) members. Considering the travel restrictions due to COVID-19, the training was conducted virtually on Zoom platform. A total of 21 individuals participated in this workshop from NAPUD represented countries.

The objectives of this internal capacity building workshop:

- To develop an in-depth understanding on good governance.
- To develop an in-depth understanding on regional network functioning and organizational management.
- To gather a better understanding on decriminalization and drug laws in Asian countries.
- To gather a better understanding on the global perspectives and best practices on PUD responses.



This internal capacity building workshop was an attempt to gather a better understanding and provided more support on the overall functionality of NAPUD. The key sessions were focused on in-depth review and understanding the organisational tools and manuals; programming and network strengthening; governance; review and finalisation of the 2022 work plan and strategic framework, along with administrative challenges/issues. Some of the key highlights of the workshop are as below:

- Leadership and governance:** *Pascal Tanguay – Bangkok, Thailand*
Different themes, ideas and concepts of leadership and governance were highlighted and discussed. More emphasis was given to anticipated challenges related to leadership and governance as a newly formed organisation. Issues related to leadership, participation, accountability, and responsiveness were also discussed.
- Network functionality and donor management:** *Judy Chang – INPUD*

For any effective programme support and management, network functionality and donor management are equally important, and it has to be managed strategically and effectively. Taking learnings from past incidences and circumstances, it is important to build strong, and sustainable relations with donor organisations. For a sustainable regional drug users' network, it is important to review the strengths, and weaknesses, and how to overcome the threats. The various do's and don'ts of donor management were highlighted and discussed and explained during this session.

□ **Decriminalisation and related advocacy:** *Gloria Lai – IDPC Asia*

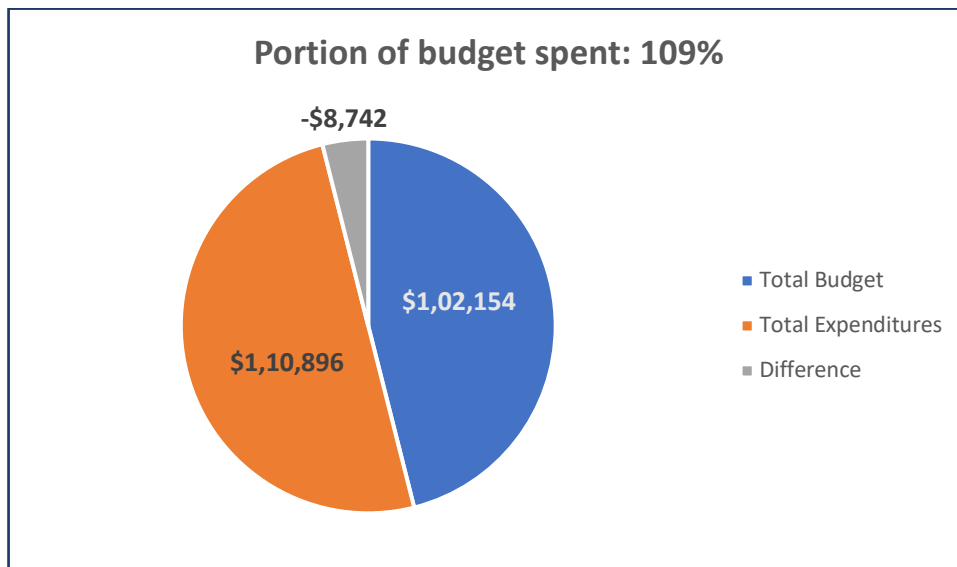
It is important for the regional network to have focus and attention to building knowledge that is related to advocacy for decriminalisation. The importance of evidence-based communication and dialogue around drugs, and the meaningful involvement of people affected by drug policies were discussed in this session. The role of members from civil society, academic institutions, and government agencies was emphasised in improving the scenario. The issues related to the drug user community and how to convert and transform them into work opportunities were discussed with the help of a case study. The academic analysis of alternatives to criminalising and imprisonment for possession of drugs for personal use was also discussed.

□ **Global perspective and best practices:** *Bijay Pandey - Nepal*

The regional networks have a very important role to play in the public health response. Therefore, there is a need to have effective functioning within the regional network, which will stimulate thinking around and provide opportunities to come forward and share knowledge. The global perspective and best practices were also discussed. It was emphasised that the role of the drug users' network is to influence every stage of communication and information which is flowing from the global network to regional to national and community members and vice versa.

Budget vs Expenditure

The total budget received by NAPUD through the INPUD-RCF funding during the current year 2021 was a total of \$110,896/-. Of the given budget, the total spending for all NAPUD related activities was \$102,154/- (109%) which is a 9% above the given total budget. INPUD, through the RCF funding is flexible for a 10% fluctuation in increase/decrease of the amount. However, the higher spending came about due to COVID-19 related travel restrictions which impeded the implementation of physical meeting executive board members.



The way forward

NAPUD is committed to establish itself as a regional peer-based network organization and strive to regain its credibility within the Asian PUD community that seeks to promote the health and defend the rights of people who use drugs living in Asia. NAPUD will reinforce working within all partners, allies, stakeholders in the region.

The following year of NAPUD is expected to bring in more substantive results (after COVID-19 eases) as we are committed on addressing criminalization, marginalization, stigma, and discrimination surrounding people who use drugs, and the impact of these on the health and rights of people who use drugs. We will continue to work to achieve NAPUD's aims and objectives through empowerment and advocacy at the regional level, and by supporting empowerment and advocacy at the community and national levels.

As a recently established regional network with the mission to build a sustainable platform for people who use drugs that will defend, support, and promote health, human rights, and harm reduction while simultaneously working to end criminalization, marginalization, stigmatization, and discrimination.