

STRATEGIC PLAN AND MONITORING, EVALUATION, ACCOUNTABILITY, & LEARNING (MEAL) FRAMEWORK



ACKNOWLEDGEMENTS

The Network of Asian People who Use Drugs (NAPUD) is a regional peer-based network organization that seeks to promote the health and defend the rights of people who use drugs living in Asia.

NAPUD is focused 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. NAPUD works to achieve its aims and objectives through empowerment and advocacy at the regional level, and by supporting empowerment and advocacy at the community and national levels.

NAPUD extends its heartfelt thanks to the technical experts, working partners and community members for their contribution. We acknowledge the participation and contributions of all members including the Executive Board and the Regional Key Population Networks who have meaningfully contributed and assisted in the development of this plan.

NAPUD is grateful for financial support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team in the Asia and Pacific region, which has assisted in developing this five-year strategic plan.

THE NETWORK OF ASIAN PEOPLE WHO USE DRUGS [NAPUD]: STRATEGIC PLAN 2023-2027 AND MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING FRAMEWORK

Published in June 2023 by: NAPUD Regional Secretariat Bangkok, THAILAND. info@napud.org | www.napud.org | twitter/We_Are_NAPUD

TABLE OF CONTENTS

Introduction	4
Context: People who use drugs in the region	5
NAPUD: Who we are	7
Organizational structure	9
Vision, mission, and guiding principles	10
Strategic priorities and outcomes	11
Theory of change	13
Strategic planning process	14
Strategic planning objectives	15
Strategic plan and monitoring, evaluation, accountability, & learning framework	17

INTRODUCTION

In the Asia region, people who use drugs are criminalized by national legislation and marginalized by society. Millions have been imprisoned for possession of small quantities of drugs for personal use or coerced to undergo drug dependence treatment. People who use drugs, especially those who inject, are isolated and often denied the means to protect themselves from HIV, hepatitis C, tuberculosis, and other infectious diseases. Hundreds of thousands of people who use drugs have been incarcerated in compulsory detention centres.

To address these pressing challenges, the Network of Asian People who Use Drugs (NAPUD) has developed its strategic plan and monitoring, evaluation, accountability, and learning framework for 2023-2027, outlining how the organization will establish itself by building on past achievements and lessons learnt to support people who use drugs in the

region. The strategic plan emphasizes the importance of establishing solid management systems for the regional network of people who use drugs before embarking on major programmatic imperatives. It also sets out how NAPUD will be strengthened to respond to the challenges faced by people who use drugs in the region.

The strategic plan was developed through various consultations, including in-depth discussions with a range of community leaders, a consultative process with key stakeholders within the region, and followed by a three-day workshop in Bangkok, Thailand in September 2022 to define the strategic priorities and way forward.

As part of the final phase of the planning process, NAPUD members had the opportunity to input on the draft strategic plan and monitoring and evaluation framework.

CONTEXT: PEOPLE WHO USE DRUGS IN THE REGION

According to a recent systematic review, the estimated population of people who inject drugs in the Asia Pacific region is 5.7 million (Degenhardt et al., Epidemiology of injecting drug use, prevalence of injectingrelated harm, and exposure to behavioural and environmental risks among people who inject drugs: a systematic review. Lancet Global Health. 2023 May). There are many other types of drugs beyond injecting that are commonly used such as methamphetamines and New Psychoactive Substances (NPS) in Asia. There are multiple estimates that does not provide a clear picture on the actual numbers of people who use drugs in the region. The 2022 regional estimate according to the Global State of Harm Reduction report 2022 talks about the shift towards methamphetamine to be around 2 million fewer people than the estimate of 4.35 million reported in the previous years.

People who inject drugs have 35 times greater risk of acquiring HIV than adults who do not inject drugs². In Asia and the Pacific, the HIV epidemic among people who use drugs is increasing rapidly. In this region, in 2021, 12 percent of new HIV infections occurred among people who inject drugs. HIV prevention and testing services remain inaccessible for people who use drugs. As a result, almost half of people who use drugs are unaware of their HIV status³.

Although there is evidence of progress⁴, many countries in the region have punitive and discriminatory laws that jeopardize access to health and human rights services for people who use drugs.

Harm reduction services for people who use drugs are barely provided on a meaningful scale due to criminalization, punitive laws, widespread societal stigma, and lack of investment⁵.

In 2021, in Asia and the Pacific opioid agonist therapy (OAT) reached only 9 percent of people who inject opiate drugs⁶.

In Asian countries, governments continue to apply criminal punishments rather than public health approaches. In many cases, corporal punishment is used as a penalty for drug use, and the death penalty is in place for drug offenses in at least 14 countries in Asia. All countries in the region impose criminal or administrative penalties for possession of drugs for personal use. Some countries are making exceptions, such as the decriminalization of cannabis and kratom for medical use in Thailand⁷. Nearly 500,000 people are detained in the name of drug rehabilitation in East and Southeast Asia in massively overcrowded conditions, facing grave violations of human rights and serious risks to health, as highlighted in 2020 in a joint statement by 13 UN entities8.

- 1 https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/
- 2 UNAIDS, 2021, The Global AIDS Strategy 2021-2026, https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026
- 3 UNAIDS Data Hub, 2023
- 4 https://www.ohchr.org/sites/default/files/2022-05/UNAIDS_0.docx
- 5 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/november/20211101 international-drug-users-day
- 6 UNAIDS, 2022, UNAIDS Global AIDS Update 2022, https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update
- 7 UNAIDS, 2021, Legal and policy trends impacting people living with HIV and key populations in Asia and the Pacific 2014–2019, https://www.unaids.org/en/resources/documents/2021/legal-and-policy-trends-asia-pacific
- 8 https://unaidsapnew.files.wordpress.com/2020/05/unjointstatement1june2020.pdf

Table 1: Annual prevalence of the use of cannabis, cocaine, opioids, opiates, amphetamine-type stimulants and "ecstasy" in the population aged 15-64, by region and globally, 2021

	Ca	ınnabis		Opioids (opiate	es and pre pioids)	scription	Opiates Number (thousands)			
	Number	(thousand	ls)	Number	(thousand	ls)				
Region or subregion	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Upper	
Asia	62,000	25,300	95,240	34,290	15,050	45,990	21,610	8,990	29,890	
Central Asia and Transcaucasia	1,530	450	2,530	530	460	600	530	460	600	
East and South-East Asia	19,270	8,940	23,740	2,780	1,960	3,560	2,800	1,940	3,590	
South-West Asia/Near and Middle East	10,310	7,540	12,310	10,790	8,870	13,430	-	-	-	
South Asia	30,890	8,360	56,660	20,190	3,770	28,400	12,290	2,290	17,240	
Oceania	3,450	3,380	3,590	680	600	740	30	20	30	
GLOBAL ESTIMATE	218,990	157,910	276,320	60,380	37,080	76,470	31,510	15,640	45,380	

	Са	nnabis ⁹			es and pres nulants ¹⁰	nd prescription Opiates				
	Number	thousand	ds)	Number	(thousand	s)	Number (thousands)			
Region or subregion	Best estimate	Lower	Upper	Best estimate	Lower	Upper	Best estimate	Lower	Upper	
Asia	2,060	1,640	2,670	13,900	12,310	15,830	10,190	1,990	18,400	
Central Asia and Transcaucasia	-	-	-	-	-	-	-	-	-	
East and South-East Asia	770	530	1,020	9,800	9,440	10,250	3,620	1,220	6,020	
South-West Asia/Near and Middle East	150	10	500	740	410	1,070	-	-	-	
South Asia	1,100	1,100	1,100	3,140	2,360	4,170	-	-	-	
Oceania	750	720	760	370	360	370	610	570	620	
GLOBAL ESTIMATE	21,640	18,250	26,200	35,910	29,400	43,960	20,230	9,010	36,690	

⁹ Cocaine includes cocaine salt, "crack" cocaine and other types such as coca paste, cocaine base, basuco, paco and merla.

¹⁰ Amphetamines include both amphetamine and methamphetamine

NAPUD: WHO WE ARE

NAPUD is 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.

NAPUD is founded on inclusive membership principles and is an organization of, for and led by people who use drugs in Asia. It was established in June 2021 after the closure of the Asian Network of People who Use Drugs (ANPUD), with the inclusion of community-based and community-led networks of people who use drugs from Asia, and with the support of the International Network of People who Use Drugs (INPUD) as its lead consortium partner.

In 2019, INPUD carried out a scoping assessment due to the closure of ANPUD to gather a deeper understanding of the need for a regional network as a regional mechanism to address issues faced by people who use drugs. The exercise included interviews with 23 key informants and community experts from South and South-East Asia. The scoping exercise demonstrated the need for a sustainable and effective mechanism at the regional level to facilitate and strengthen the work initiated by the country partners¹¹. These discussions were facilitated by INPUD and later an interim advisory board was formed, which included technical experts working on issues related to drug use in Asia, and representatives of the AHRN [Asian Harm Reduction Network], the IDPC [International Drug Policy Consortium], and TREAT Asia.

A regional consultation was conducted to solicit support to streamline the process of establishing and exploring the willingness to join a new governing platform, later named NAPUD. The consultation was held in two rounds—in

South Asia (with participants from Afghanistan, Bangladesh, India, Nepal, and Pakistan) and in South-East Asia (with participants from Indonesia, Malaysia, Myanmar, the Philippines, Thailand, and Viet Nam). Participants were community leaders, activists, and technical experts with experience in organizational development, governance, and advocacy.

As a result of this participatory process, NAPUD was established. The founding executive board is comprised of representatives and leaders of national networks of people who use drugs from 10 countries in South and South-East Asia. NAPUD actively works to engage and support networks in 10 Asian countries (Afghanistan, Bangladesh, India, Indonesia, Malaysia, Nepal, Pakistan, the Philippines, Thailand, Viet Nam). At the regional level, NAPUD works closely with partners from the United Nations system, technical assistance organizations, and regional networks of people from key populations and people living with HIV.

NAPUD is the only network in the region ensuring that the voices, needs, and concerns of people who use drugs are represented in regional forums and national decision-making spaces and platforms by supporting the development and strengthening of country networks of people who use drugs.

Currently, NAPUD is implementing one regional project funded through the Robert Carr Network Funding (RCF) and channelled through INPUD as its lead network consortium partner. This project is focused on regional and global advocacy, building the capacity of country-level networks on advocacy, health, and human rights, and supporting community system strengthening.

Scoping Assessment of Mechanisms to facilitate meaningful involvement and participation of people who use drugs in Asia – January 2021 [APMG Health and INPUD]

Table 2: Milestones that led to the establishment of NAPUD, 2005-2021

2005

INPUD was conceived at the International Harm Reduction Conference in Belfast, United Kingdom of Great Britain and Northern Ireland in 2005 as a global peer-based organization that seeks to promote the health and defend the rights of people who use drugs. INPUD exposes and challenges stigma, discrimination, and criminalization of people who use drugs, and the impact on the health and rights of people who use drugs. It also seeks to represent people who use drugs in international agencies such as the United Nations and to work with people undertaking international development work.

2006

At the International Harm Reduction Conference in Vancouver, Canada in 2006, activists developed the INPUD founding statement, the 'Vancouver Declaration' which emphasizes self-empowerment, self-representation, and the need for the meaningful input of people who use drugs in decisions that affect their lives. The Vancouver Declaration sets out the demands of people who use drugs, emphasizing that their human rights must be respected, and their health and well-being prioritized.

2008

The **Goa Declaration** is the statement of individuals and groups of people who use drugs who came together during the first Asian consultation on the Prevention of HIV related to drug use in January 2008. The declaration effectively gave birth to the Asian Network of People who Use Drugs (initially named as International Network of People who Use Drugs – Asia and the Pacific Region).

2020

ANPUD led the PUD movement through effective leadership and collaboration with country, and regional networks in South and Southeast Asia for nearly 12 years. Its representation in Global and regional advocacy served as an example to other regional networks. A few highlights of ANPUD can be listed as active participation in global advocacy, GF TRG, policy briefs, and statements, fact sheets on the PUD scenario, and the development and strengthening of national PUD networks. An unfortunate closure in September 2020.

2021

NAPUD was formed with the establishment of an executive board with representatives of people who use drugs from across 10 countries in South and South-East Asia.

ORGANIZATIONAL STRUCTURE

Executive board

The 11 NAPUD executive board members (chair, vice-chair, general secretary, joint secretary, treasurer, six executive members) are elected representatives of country networks of people who use drugs and partner organizations. They are responsible for taking executive decisions related to the establishment of other legal entities and providing strategic direction to and overseeing the implementation of the strategic plan. The board members also explore new funding possibilities and support the expansion of the secretariat by approving new memberships, country networks, and partners.

Secretariat

The operational activities are organized and carried out by the NAPUD secretariat. The regional coordinator leads the secretariat to implement the strategic plan and oversees the development and implementation of the NAPUD work plan and its programmatic areas, including advocacy and policy, communications and information sharing, and technical support to partner networks and organizations.

Oversight advisory committee

The oversight advisory committee is an independent advisory committee comprising seven (07) subject matter experts to empower the organization on key thematic areas of governance, drug policy, gender, mental health, sexualised drug use [Chemsex], etc. This committee has been established by the NAPUD executive board. Its purpose is to support building on the technical, programmatic, financial, monitoring, evaluation and learning, operations, and administration of NAPUD. Through this initiative, the secretariat and the executive board are supported to fulfill their responsibilities and to advise the NAPUD chair, general secretary, and secretariat on issues within their mandate.

VISION, MISSION, AND GUIDING PRINCIPLES

NAPUD's vision is "A region where people who use drugs live their lives with dignity, and organizations led by people who use drugs are empowered, capacitated and productive".

NAPUD's mission is "A regional peer-based network that seeks to build a strong sustained voice of people who use drugs in Asia by defending, supporting, and promoting health, human rights, and harm reduction, and ending the criminalization, marginalisation, stigma, and discrimination of people who use drugs living in Asia".

The formation of NAPUD is underpinned by the guiding principle "From invisibility to Influence", with a strong belief in unity, support, equality, inclusiveness, the spirit of friendliness, collaboration, and the will to change the current situation faced by people who use drugs in the Asian Region. NAPUD strongly believes in making positive changes in the lives of people who use drugs by amplifying our voices and making effective and meaningful representation and participation as a regional network in important policy and programming environments at national, regional and international levels.

To achieve its vision, mission, and guiding principles, NAPUD as an organization is committed to facilitating meaningful participation of people who use drugs and is working towards three overarching goals:

GOAL 1

An enabling environment for the protection and promotion of human rights of, by, and for people who use drugs in Asia by reforming discriminatory and punitive laws and policies.

GOAL 2

Strengthened access to health and harm reduction programmes to improve the health and quality of lives of people who use drugs.

GOAL 3

Enhanced capacity of communities, activists, and community-led organizations to advocate and deliver services for the health and human rights of people who use drugs.

STRATEGIC PRIORITIES AND OUTCOMES

Strategic priority 1

Organisational development - Establishing an effective and functional regional network of people who use drugs with meaningful participation of people who use drugs throughout the different steps of the process. NAPUD needs to ensure it is a legal entity with appropriate management and administrative mechanisms in place and functioning. It is critical to strengthen NAPUD at all levels to bolster its ability to deliver on the strategic plan by building the capacity of the NAPUD Secretariat.

Outcome 1.1: A regional drug user network (NAPUD) which is accountable, representative and participative with improved implementation capacity and with an administrative, financial and governance structure in place.

This outcome will be achieved through work in the following activity areas:

- 1.1. **Legal Registration:** register in Thailand as a new legal entity.
- 1.2. Secretariat: organize the work of the Secretariat by developing institutional, governance and operational manuals and strengthening its skills.
- 1.3. Governance: strengthen the Executive Board functions through capacity building and knowledge building, and through regular engagement among the Executive Board, the Oversight Advisory Board and the Secretariat.
- 1.4. *Membership:* review membership requirements and set-up registration procedures for NAPUD's constituents.

Strategic priority 2

Partnership and network strengthening -

Through the meaningful participation of people who use drugs, strengthening effective partnerships and networks that enhance the reach and impact of NAPUD's work and ensure adequate availability of resources by engaging effectively with donors and other stakeholders to catalyse opportunities and work collaboratively and cohesively towards shared and common goals.

Outcome 2.1: A well-developed network of strategic partnerships with organisations that are supportive of NAPUD's principles, goals and objectives

Outcome 2.2: Improved capacity of NAPUD to mobilize resources and provide technical assistance for networks of people who use drugs for advocacy, community-led interventions and community strengthening.

Outcome 2.3: Improved inclusion of networks of people who use drugs in policy formulation, programme planning, decision making, and implementation and monitoring of the response as well as their meaningful participation in national, regional and global fora such as GFATM Country Coordinating Mechanisms (CCMs), Commission of Narcotic Drugs (CND) and UNAIDS Project Coordinating Board (PCB).

These outcomes will be achieved through work in the following activity areas:

2.1. Partnership and network

strengthening: identify and strengthen strategic partnerships with community-led organizations of people who use drugs as well as regional key populations networks, donors, UN agencies and technical assistance providers working in the field of health, human rights, harm reduction drug policy, among others and organize technical working groups for regular exchange.

- 2.2. Resource mobilisation and technical assistance: facilitate and advocate for access to resources and funding opportunities for NAPUD and national networks of people who use drugs and will facilitate access to peer-to-peer technical assistance for national partners.
- 2.3. *Inclusion in decision-making spaces:* catalyse opportunities for involvement in decision-making and for inclusion in national, regional and global fora.

Strategic priority 3

Strategic information and advocacy -

producing strategic information on issues related to drug use in Asia, particularly on harmful laws and policies, for evidence-based advocacy and conducting strategic advocacy in order to raise awareness and influence decision-making for the fulfilment of human rights of people who use drugs

Outcome 3.1: Improved capacity of PUD networks at the regional and country levels to assess laws and policies that affect people who use drugs

Outcome 3.2: Strengthened capacity of NAPUD to conduct advocacy actions and influence policy makers to address and reform harmful laws that affect people who use drugs

These outcomes will be achieved through work in the following activity areas:

- 3.1 **Strategic information:** Produce and promote a wide range of analytical reports and documentation to inform evidence-based advocacy.
- 3.2 *High-level advocacy:* Influence decision-makers to address and reform harmful laws and to develop enabling policies and programmes for people who use drugs.

Strategic priority 4

Community feedback mechanisms and technical support - strengthening capacity of NAPUD to provide technical support to its country partners and leaders to equip and enable them to strengthen the access to quality healthcare for people who use drugs.

Outcome 4.1: Strengthened capacity of NAPUD and its partners to support community feedback mechanisms to improve the quality and access to health services.

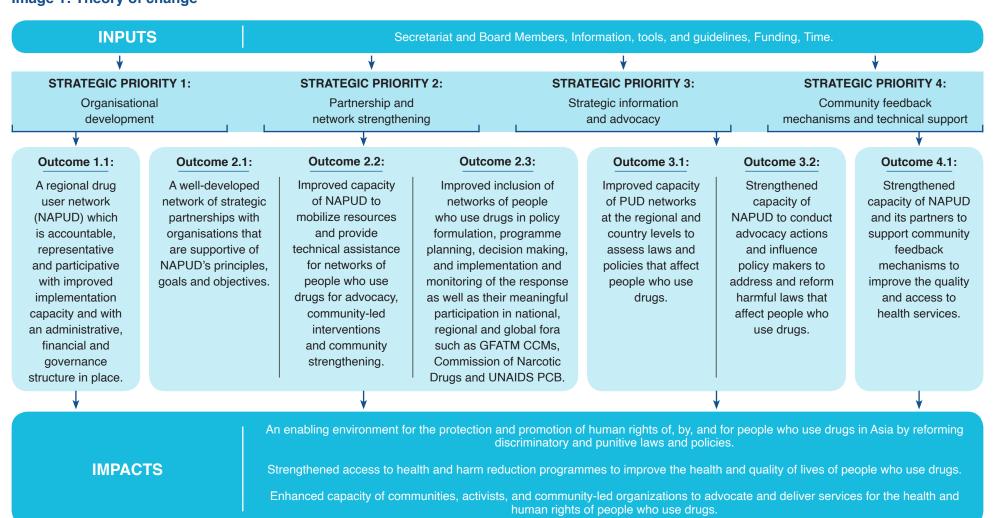
This outcome will be achieved through work in the following activity areas:

4.1 *Community-led monitoring:* Empower NAPUD and country networks of people who use drugs to conduct community-led monitoring and community-led research to inform programme and policy changes and co-create solutions to improve the quality and access to health services.

THEORY OF CHANGE

This graph represents how NAPUD will use its resources and conduct activities across the four strategic priorities, to lead to outcomes that will collectively have the desired impacts.

Image 1: Theory of change



STRATEGIC PLANNING PROCESS

In September 2022, NAPUD held a three-day consultative workshop with experts and members from partner organizations of people who use drugs from across Asia along with regional network partners to inform the development of the 2022–2027 strategic plan and monitoring and evaluation framework. Attendees undertook an assessment of NAPUD. The results have been incorporated into the goals and activities of the strategic plan for 2022–2027 presented in the following section.

NAPUD has several strengths that can be leveraged as a resource to build an accountable and well-governed organization:

- NAPUD has an active and committed executive board, a nascent oversight advisory committee with a broad-based and highly experienced group of individuals, and a paid staff member managing the organization and leading the implementation of the 2023–2027 strategic plan.
- The executive board has been constituted and is functional, with office holders selected from a membership reflecting the demographics of communities of people who use drugs in each of the 10 members' countries. It is the intention for NAPUD to be a truly representative body reflecting the needs and priorities of the communities and people it serves.
- NAPUD benefits from the support of national-level organizations of people who use drugs in 10 countries in Asia. Networks of people who use drugs are made up of dynamic and committed activists who bring their diverse voices, lived experiences, and knowledge about drug use, harm reduction, drug policy and human rights.
- NAPUD engages a broad membership, including people of diverse sexual orientation, gender identity and expression, and sex characteristics, women, people

- living with HIV, and people who practice sexualised drug use (commonly known as Chemsex).
- NAPUD is supported by key technical resource people from the region and internationally, regional networks of people from key populations and people living with HIV, and representatives from the United Nations system, donors, and technical support agencies.
- NAPUD has built an initial reputation as a community organization owned and managed by its members. It has demonstrated its ability to recognize and manage organizational shortcomings, including lessons learnt from the review of the former regional PUD network.

The consultation process suggested that NAPUD should consider the following:

- Focus the first year of strategic planning on building a functioning management and administrative structure, building robust systems to address internal issues, and actively undertaking activities to build the capacity of executive board members and staffs, especially on management and administrative issues.
- Building on lessons learnt from past experiences, establish positive and supportive relationships between the NAPUD executive board and the Thai foundation board and explore relationship mechanisms to reduce potential conflicts between the two.
- Strengthen partnerships between NAPUD and national networks and organizations of people who use drugs across the region and build strong learning and capacitystrengthening mechanisms within and between member organizations. This will help NAPUD and its partners to be better placed to advocate for the needs of people who use drugs in the region.

STRATEGIC PLANNING OBJECTIVES

The NAPUD strategic plan and monitoring and evaluation framework will help to:

- Strengthen the governance structures of NAPUD and create systems of accountability by the executive board and its members to the wider membership and constituencies.
- Identify key capacity-building needs that could contribute to building institutional capacity
 and technical expertise, especially in the organization's focus areas of human rights, harm
 reduction, and community systems strengthening.
- Identify advocacy priorities and capacity support plans for NAPUD and 10 member countries.
- Define strategies and approaches for the provision of technical assistance to the NAPUD member organizations and individuals and contribute to community and organization strengthening.

Photos: Consultation meeting in Bangkok, September 2022. Photo credits: NAPUD, 2022





The end users of the strategic plan and monitoring and evaluation framework are NAPUD staff and board members, members of the constituent national organizations, and individual members. The aim is to maintain a focus for the work of NAPUD and to assess progress towards its vision to become a leader in South and South-East Asia on health, harm reduction, well-being and human rights of people who use drugs.

Below is the combined NAPUD 2023–2027 strategic plan with monitoring, evaluation, accountability, and learning milestones, developed with inputs gathered during the consultative workshop in September 2022. Specific and measurable indicators are included and will be expanded further as NAPUD develops detailed activity plans for each of the five years of the strategic plan.

End-of-year reports prepared by the NAPUD regional coordinator for the executive board will provide specific achievements against the objectives and annual detailed activity plans.

Table 3: Strategic plan and monitoring, evaluation, accountability, & learning framework

			Baseline (referred to		Targets and Timeline					
Outputs	Indicators	Key Activities	each of the indicators)	Y1 2023	Y2 2024	Y3 2025	Y4 2026	Y5 2027		
Outcome 1.1.		ser network (NAPUD) which ernance structure in place	is accountable, rep	presentative and partic	cipative with impr	oved implementation (capacity and with	an administrative,		
Legal registration succ of NAPUD in com Thailand with and an operational docu	Registration successfully completed	Establish NAPUD as a legal entity in Thailand.	N/A	NAPUD legal regist	ration completed					
	and legal documentation available	2. Establish Executive Board with clearly defined roles for the Thai Foundation Board (TFB) and its relationship to the NAPUD EB	N/A	Thai Foundation Board (TFB) in place and all positions fulfilled		Thai Foundation Board (TFB) elections		Thai Foundation Board (TFB) elections		
		3. Review and revise NAPUD accountability systems, including Board functions	N/A		Executive Board Elections			Executive Board Elections		

Outrout			Kan Andinidia	Baseline (referred to	Targets and Timeline						
Outputs	Indicators		Key Activities	each of the indicators)	Y1 2023	Y2 2024	Y3 2025	Y4 2026	Y5 2027		
Outcome 2.1	A well-developed	net	work of strategic partner	ships with organizat	tions that are suppo	rtive of NAPUD's p	inciples, goals and	objectives			
2.1.1. Increased number of strategic partnerships initiated and	# of partners and stakeholders identified	1.	Mapping of potential partners and stakeholders at regional and national level	N/A	Mapping Report available		Re-Mapping of potential partners and stakholders completed and report available				
engaged by NAPUD	# of partners and stakeholders engaged	1.	Develop framework for regional key stakeholder engagement	N/A	Stakeholder engagement strategic framework developed in consultation with the NAPUD EB & OAC members	Stakeholder engagement updates uploaded on NAPUD social media platforms	Stakeholder engagement updates uploaded on NAPUD social media platforms	Stakeholder engagement updates uploaded on NAPUD social media platforms	Stakeholder engagement updates uploaded on NAPUD social media platforms		
2.1.2. Foundation of partnerships between NAPUD and regional and national bodies and policymakers in place, including understanding of human rights of people who use	# of multistakeholder platforms (thematic working groups, communities of practices, etc) for learning and discussions on right-based policies and programmes	1.	Build regional and national consortium partnerships	N/A	Regional partnerships established with three (03) thematic working groups & Partners including the Regional KP Network Consortium (RKPNC)	Regional/ National partnership established with more thematic working groups	Regional/ National partnership established with more thematic working groups	Regional/ National partnership established with more thematic working groups	NAPUD represent as the regional network of PUD in all regional and national consortiums		
drugs and willingness to work with PUD networks		2.	Develop a resource pool of community experts for technical support	N/A	NAPUD Oversight Advisory Committee (OAC) formed and functional	NAPUD Oversight Advisory Committee (OAC) supporting the	NAPUD Oversight Advisory Committee (OAC) supporting the	NAPUD Oversight Advisory Committee (OAC) supporting the	NAPUD Oversight Advisory Committee (OAC) supporting the		

Outputs	Indicators		Key Activities	Baseline (referred to	Targets and Timeline						
Outputs	maicators		Rey Activities	each of the indicators)	Y1 2023	Y2 2024	Y3 2025	Y4 2026	Y5 2027		
Outcome 4.1	Strengthened cap	aci	ty of NAPUD and its part	ners to support com	nmunity feedback m	echanisms to impro	ve the quality and a	access of health ser	vices		
4.1.1. NAPUD and PUD networks are equipped with technical knowledge and expertise on community-led monitoring for the improvement of health and social services.	# of capacity building trainings on community- led monitoring engaged by NAPUD # of Training- of-Trainers on community-led monitoring implemented by NAPUD for country partners # of community- led monitoring projects and feedback mechanisms engaged by PUD communities	1.	Provide technical assistance to country partners on CLM implementation	N/A	Provided technical support to at least one country network/ partner on CLM	Provided technical support to at least two country networks/ partners on CLM	Provided technical support to at least three country networks/ partners on CLM	Provided technical support to at least four country networks/ partners on CLM	Provided technical support to at least five country networks/ partners on CLM		
		2.	Facilitate and participate in capacity building activities on CLM	N/A	Participated in at least 1 capacity building training on CLM	Participated in at least 1 capacity building training on CLM	Participated in at least 1 capacity building training on CLM	Participated in at least 1 capacity building training on CLM	Participated in at least 1 capacity building training on CLM		
		3.	Organize training-of trainers on CLM for country partners	N/A	At least one training on CLM conducted for country partners	At least one training on CLM conducted for country partners	At least one training on CLM conducted for country partners	At least one training on CLM conducted for country partners	At least one training on CLM conducted for country partners		

