

November 2014

## Strengthening Regional Harm Reduction



Under the IDU HIFAJAT Project  
Supported by GFATM Round 9 Grants

**24-25 November 2014**  
**New Delhi**



Indian Harm Reduction Network [IHRN]  
K-36, Second Floor, Hauz Khas Enclave, New Delhi - 110 016

## Acknowledgement

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A special thank to Mr. Luke Samson and Dr. Rana for their encouraging response to this regional consultation process.

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## Disclaimer

The views expressed by author and IHRN Team in this publication do not necessarily reflect the views of Program Management Unit at the Emmanuel Hospital Association [Principal Recipient: GFATM Round 9 under the IDU HIFAJAT Project and its principal donor partners for this project.

# 1.Introduction and Background

## 1.1. Executive Summary

The Indian Harm Reduction Network organized the third regional consultation with the regional partner organisations for strengthening the regional harm reduction network. 27 participants from the member states attended this consultation held in New Delhi.

In this consultation Microsoft PowerPoint Presentations and flips-charts were used to support deliberation and discussion. IHRN Secretariat shared all consultation materials with the participants through Google-eGroup.

## 1.2. Background

Under the GFATM Round 9: HIFAJAT Project, 5 Regional Harm Reduction Networks were initiated and established through various regional specific workshops held in major metropolitan cities in India. These workshop included key players such as TI implementers along with specific SACS, TSU & NACO representation.



This was facilitated by Sharan: Society for the Service to Urban Poverty as a Technical Partner in the 1<sup>st</sup> phase and then it was taken over and continued by IHRN in the 2<sup>nd</sup> phase with the purpose of scaling up the quality & capacity through facilitation of networking and exchange of implementation experiences within the regions and also drawing from them in the programming of the NACP IV.

IHRN facilitated the final regional harm reduction network meeting for the North region on 24<sup>th</sup> and 25<sup>th</sup> of Nov 2014 in New Delhi, which is considered as a convenient place for participants and also many SACS are stationed there. Involvement of SACS will provide leverage in the strengthening of NIHRN and also its activities roll out.

## 1.3. Objectives

The final consultation is aimed at the following objectives for strengthening the synergy among IDU service providers:

1. To explore the current situation of IDU related HIV services in the Northern states;

2. To identify strengths, weaknesses and opportunities of NIHRN as a functional network & strengthen its role in the region;
3. To develop a short term and long term working strategy for NIHRN as a network to address capacity gaps that needs collective action including SWOT exercise, advocacy needs assessment & advocacy strategy with action plan with defined roles and timeline;
4. To orient service providers & stakeholders about the GFATM 9 HIFAJAT Project and on areas where it can supplement and compliment IDU services through its existing mechanisms of working through STRCs and Learning Sites and networking through IHRN.

## 1.4. Progress

Outcomes of previous North Regional Harm Reduction meetings/workshop:

### 1<sup>st</sup> Regional Workshop [Facilitated by Sharan in 2011]

- NIHRN initiated with constituents & the Executive Committee elected;
- Constitution developed/MOA drafted with defined Roles and responsibility for the Executive Committee or office bearers;
- Service gaps identified;
- Region wise action plan developed;
- Web based presence planned.

### 2<sup>nd</sup> Regional Workshop [Facilitated by IHRN, December 2013]

This workshop was held in Delhi and attended by 30 delegates from 9 North Indian States with following tasks accomplished:

- Previous action plan reviewed;
- State specific & Region wise issues identified;
- Networking among members initiated by IHRN & in process of formalizing.

### 3<sup>rd</sup> Regional Workshop [Facilitated by IHRN, November 2014]

Total 21 delegates from 9 North Indian States participated and finished the following tasks:

- HIV services for IDUs including OST assessed through member & changes in trends & patterns identified;
- Registration process of NIHRN initiated and Secretariat placement discussed;
- Membership expanded through IHRN activities;
- Need for a strategic plan for NIHRN identified.

## 1.5. Challenges and Gaps

- NIHRN not yet registered as a legal entity;
- Secretariat to be established with network activities;
- Need for a strategic plan with defined roles, responsibilities & timelines;
- PMU & IHRN need to put more supporting role for NIHRN in its strengthening;
- Need to mobilize support from SACS, NACO, TSUs, State Social Welfare Departments, MoSJE for the functioning of NIHRN.

## 2.Proceedings of Day 1

### 2.1. Pre-lunch Sessions

Meeting was started with an opening address from Mr. Raju Raj Kumar, Central Coordinator and Mr. Siddharth Singh, IHRN Consultant/Facilitator.

#### Introduction

In the first session, an overview of 2 days consultation program details were shared with the participants. At the end of the session, participants were asked to introduced them with four key information including:

- Name?
- Where s/he works?
- How long s/he work?
- Why s/he is in this field?

Some of the participants were senior most in their organization and they been in the field for more than 15 years. Majority of them were in the middle management, nevertheless with great interest in this field to understand drug use and walk with PWIDs, they reported to be in field for less than 10 years. Few of them were found recently joined this field however their active participation helped this consultation to achieve its aims and objectives.

In the post coffee break, a session was facilitated to capture the overall progress made and key areas where NIHRN needs improvisations. In order to sum up the progress following points were discussed.

#### NIHRN: Members

##### Member States:

Chandigarh, Haryana, Himachal Pradesh, Jammu & Kashmir, New Delhi, Punjab, Rajasthan, Uttar Pradesh and Uttrakhand

##### Member Organisations:

- Don Bosco Navjeevan Centre, Chandigarh
- Modern Education Society, Sonipat
- Society for All Around Human Development, Bahadurgarh
- Aidnet Social Welfare Organisation, Gurgaon
- Turning Point Foundation, Panipat
- Maharishi Dayanand Vikas Samiti, Sri Ganga Nagar
- Shikshit Rojgar Kendra Prabandhak Samiti, Jhumjhunu
- Rajasthan Mahila Kalyan Mandal, Ajmer
- Bikaner Medical Relief Society, Bikaner
- Ajmer Adult Education, Ajmer
- Sayog, Una
- JKSPYM, Jammu
- Chitranshu Samaj Kalyan Parishad, Kher
- Sharanam Sansthan, Lucknow
- Jyoti Gramin Kalyan Samiti, Gorakhpur
- Lok Smriti Sewa Sansthan, Allahabad
- Panchsheel Social Welfare Society, Agra
- FRIENDS, Haridwar
- IMPART, Haldwani
- SPYM, Batala
- Ambuja Cement Foundation, Ropar
- Guru Gobind Singh Educational Welfare Society, Jalandhar
- SPYM, New Delhi
- Sharan, New Delhi
- Ganga Social Foundation, New Delhi

## NIHRN Elected Executive Board/Committee

No.	Name	Organisation	Position
1	Mr. Ashok Singh	<b>Jyoti Gramin Kalyan Samiti</b> H No. A/17, Shastri Nagar, P.O. Head Office Ghazipur – 233001 Uttar Pradesh Mobile: 09235652058	President
2	Mr. Shabab Alam Siddiqui	<b>Sharan</b> J-3/122, 2 <sup>nd</sup> Floor, J-Extension, Kishan Kunj Laxmi Nagar, Delhi – 110092 Mobile: 9910126035	Secretary
3	Ms. Ginni Sipayya	<b>Don Bosco Navjeevan Centre</b> # 557-B, Sector – 32A, Chandigarh - 160030 Contact: 9988832300 Email: <a href="mailto:ginnigupta999@gmail.com">ginnigupta999@gmail.com</a>	Treasurer
4	Mr. Narender Kumar Premi	<b>Sayog</b> S/o Shri J R Prem Village: BadiMakreri, P.O. Makreri, Joginder Nagar, District: Manali - 176120 Himachal Pradesh Contact: 9736645638 Email: <a href="mailto:premi.narender@gmail.com">premi.narender@gmail.com</a>	Vice President
5	Mr. Sukhdev Singh Chouhan	<b>Ajmer Adult Education</b> Village & Post: Moyana, Via- Masuda District: Ajmer, Rajasthan - 305623 Contact: 9602068028 Email: <a href="mailto:sukhdev.sukhdev51@yahoo.com">sukhdev.sukhdev51@yahoo.com</a>	Joint Secretary
6	Ms. Paramjit Kaur Chumber	<b>Guru Gobind Singh Educational Welfare Society</b> Pritam Nagar, B-VI, 81, Phani Road Phagwara, District - Kapurthala, Punjab Mobile: 9872703185 Email: <a href="mailto:paramjitchumbers5@gmail.com">paramjitchumbers5@gmail.com</a>	Joint Secretary
7	Mr. Naseem Ahmed	<b>IMPART</b> Village: Uganpur, Post: Bhikaripur District: Pillibhit, Uttar Pradesh – 262001 Phone: 08532816736 Email: <a href="mailto:naseemk_2@yahoo.com">naseemk_2@yahoo.com</a>	Joint Secretary (Communication/ CSR)
	9 State Representatives	To be finalized	

In this session, participants emphasised on establishing regular communication using different social media outlets including eGroup, Facebook Community Page and emails.

### eGroup and Facebook Community

A google based eGroup has already been established which was not used by its members. A consensus was formed to appoint following delegates for taking over eGroup related facilitation on daily basis.

- Overall Moderator: Dr. Rana [Punjab]
- Focal Persons: Mr. Shabab Alam [New Delhi], Mr. Prabin Bhatti [Rajasthan], Dr. Inderjeet Singh [Punjab], Mr. Ashok Singh [Uttar Pradesh], Mr. Rajiv Bhatnagar [Uttarakhand], Dr. Parvesh Pathak [Haryana], Ms. Disha Dhar [Chandigarh] and Mr. Narender Kumar Premi [Himachal Pradesh].

At the end of the day 1, Mr. Rahul Ranjan demonstrated how eGroup works and how to upload and download documents from eGroup and Facebook Community Page.

### PMU Representation

Dr. Sheena George from the Program Management Unit provided participants with an overview of going GFATM Round 9 IDU HIFAJAT Project activities. She also mentioned about capacity building of different key staff and action/operational research accomplished or in pipeline under this project.

At the end of this session Dr. Rana shared his experiences of running a harm reduction intervention in a government hospital using a 'Public-Private-Partnership' in Taran Taaran [Punjab].

## 2.2. Post-lunch Sessions

### SWOT Analysis

In the post lunch session a session was dedicated to SWOT analysis. Four groups were formed to list out the 'Strengths, Opportunities, Weaknesses and Threats' of NIHRN. The group representatives shared the outcomes:



#### NIHRN: Strengths

Group members: Ms. Disha Dhar, Dr. Rana, Mr. David Thapa, Dr. Parvesh Pathak, Mr. Ranbir Singh, Mr. Narender Kr. Premi and Gurpreet Singh

- Representation of 9 North Indian States;
- NIHRN is capable to share rich experiences from its member states and organizations;
- Existing capacity of different levels of program management and implementation;
- Similarities and commonalities at socio-cultural settings and practices;
- Common understanding of drug use and HIV related issues in the contexts of North India;
- Willingness to use effectively the existing knowledge and skills among member states and organizations;
- Meaningful involvement of PWHIV and PWIDs;
- Readiness to take over existing challenges, issues and obstacles in collective manner;
- Capacity to be a regional resource centre.



### NIHRN: Opportunities

Group members: Dr. Inderjeet Singh, Mr. Alok Verma, Ms. Pallavi, Mr. Sachidanand and Dr. Parveen Bhati

- Regional Advocacy focused at 9 North Indian States;
- Consultation and participation in IDU specific 'program-design' and target settings with relevant information to sensitize relevant agencies and organizations;
- Collect regional voices [issue-based concerns of service-recipients and community of IDUs] to be addressed through socially and culturally appropriate interventions;
- Regional consultation to sensitize national players about legal issues and challenges PWIDs are facing in the north Indian states;
- Collective efforts for establishing partnerships for quality assurance in existing service provisions through TIs and related outlets;
- Providing platform to the existing regional capacities on harm reduction into the contexts of state specific healthcare interventions;
- Information sharing from national level to regional and vice versa;
- Effective documentation for supporting regional and local advocacies efforts.

### NIHRN: Weaknesses

Group members: Mr. Dilip Srivastava, Mr. Shardindu Upadhyay, Mr. Rajesh Mathuria, Mr. Mr. Rajiv Bhatnagar and Mr. Nitin Mishra

- Unity and solidarity is missing;
- Lack of regular communication within group;
- Lack of required forum and deliberation;
- Non-availability of basic financial and other essential resources;
- Absence of regular activities and interactions;
- No outlet for explanation and discussion on work done in previous years;
- No meetings before regional consultation meeting;
- Too much imaginary work;
- After three years of work, still NIHRN stands no where;
- Lack of serious discussion on steps further.

### NIHRN: Threats

Group members: Mr. Ashok Singh, Mr. Obeidullah, Ms, Sarit Pareekh, and Mr. Ajay Singh

- No funding is a threat to all good efforts and attempts;
- Internal communication has not been established so far to connect people within the network;
- Bit of negative understanding on network;
- Less members in the General Body;
- Not having regular meetings;
- Lack of planning and vision;
- Too much imaginary work;
- NIHRN members are losing their motivation.



## 3.Proceedings of Day 2

### 3.1. Pre-lunch Sessions

#### Regional Updates

Mr. David Thapa, New Delhi

- Sharan has three TIs, the updates are from TI-III
- Overall documentation at our TI has been improved;
- Successfully a Crisis Care Group is formed and reached to its active participation;
- Peer Group is showing good progress with regular meetings and improvement in their knowledge and skills;
- Outreach work related operation is also strengthen;
- Regular meetings on HCV is making PWIDs know more about HCV transmission and prevention.

Mr. Sachida Nand Singh, New Delhi

- TI in Sunder Nagar has a target of reaching 800 IDUs;
- This centre is run at a Community Hall, where NDDTC has MMT + OST facilities;
- Take home dosages are given only to the people who have court cases;
- In General Hospital, long queue to access testing or other healthcare services;

Mr. Ajay Singh, Uttarakhand

- There are 32 NGOs working in different parts of Uttarakhand, among them 7 NGOs have IDU-TIs;
- As one of the TIs we have achieved our targets;
- More collaboration with the hospital for testing;
- Clinical services are being provided for HRGs;
- BCC is regularly done;
- DIC level meetings and skills enhancement sessions;
- Advocacy with prisons to continue OST and ART, with Police to be sensitive to the field work and the community
- Peer groups are strengthen they hold their meetings on specific agenda they decided;
- Community level events helps us to strengthen field operations;
- Hridaya Project is also supplement to the ongoing interventions

Mr. Rajiv Bhatnagar, Haridwar

- Rehabilitation of recovered drug users through employment and income generation;
- TIs based targets are achieved;
- Crisis Care Group is formed and operationalized;

Ms. Dishaa Dhar, Chandigarh

- Peer Educators Group is formed;
- Peer Leaders are appointed;
- ORWs and Peers are working in collaboration;
- OST regular attendance is increased;
- Family participation is seen more;
- Advocacy with community, police and families is generating support;
- Referrals with relevant healthcare services are strengthen due to the regular advocacy

initiatives;

Ms. Sarita Pareekh, Bikaner

- Peer education work is strengthening ground work;
- Good coordination with ORWs and Peers
- Female IDUs are accessing services;
- Regular meetings with Peers and Service-receivers;

Dr. Parbin Bhatti, Bikaner

- Peers have been good support for project and enhancing its reach;

Gurpreet Singh, Batala

- TI in Batala has a target of 800 OST clients;
- 20 peers are working with us;
- Community level outreach is supporting project to gain trust of people;
- Advocacy with SSP and DCP at one end and at another with Area Beat Officer and Inspectors has been successfully done;

Dr. Indeerjit Singh, Ludhiana

- Collaboration with UNODC, NACO and SACS done;
- Our TI is featured in leading documentaries on drug use and related issues;
- Peers are not very supportive;
- Advocacies with the Police and other relevant authorities done;
- HRGs are covered through outreach and peer education;
- OST program has supplies issues and no training;

Alok Kumar Verma, Allahabad

- We have a TI with a target of 2000 IDUs;
- Our organisation is a Learning Centre;
- We are part of HIFAJAT and Hridaya Project;
- Mitra Mandal set up in Allahabad is replicated in some other places;
- Self-Help Group for social marketing and social awareness is increasing;
- Advocacy with Police Station, and local beat officers with a model to enhance progressive environment for the peers and their field work;
- We disseminate and share proper information across the Uttar Pradesh;

Mr. Dilip Kumar Srivastava, Khiri

- Advocacy with SSB and Hospitals;
- Advocacy with Railway Stations;
- Advocacy with border based Nepal authorities;
- Local hospital facilities are access for testing;
- Work closely with the Corporation Councillors;

Dr. Parvesh Pathak, Panipat

- Project with Alliance India and MAMTA for TB/HIV Co-infections;
- Awareness campaigns with local politicians, SP, DC for community events;
- Periodically arranged street plays for awareness;
- Weekly Management Meetings;

Mr. Shardindu Upadhaya, Azamgarh

- Since 2008, TI with composite I and composite II
- 3 District level Linked Up Programs;
- Tracking migrant workers and address co-mobility;
- PPCT;
- HIV related all components are linked with TIs interventions;
- TSU with Futures Group;
- Senior Police sensitization programmes;
- Hot-spots: identification, maintenance through Linked Up Program with sets of services;
- Maintenance of existing health schemes;
- Social entitlement schemes;
- Social welfare schemes;
- BPL low income group schemes;
- Rural health interventions;
- Sensitization of families, spouse and relatives;
- Rural IDUs have no access to NSP, OST and other related services;
- 50 ORWs are working;
- TIs targets are reduced by 50%
- NACP IV and Linked Source migrant

Mr. Rajesh Kumar, Agra

- TSU;
- Advocacy with Police;
- Advocacy for nutritional support;
- Advocacy with hospitals and stakeholders;

Mr. Narender Kr. Premi, Una

- There are 32 TIs in Himachal Pradesh;
- Resistance from the community;
- Advocacy with Police;
- Advocacy with community and Panchayat;
- Sensitization of local community.



## Harm Reduction Networks

Before lunch break a session on harm reduction principles and program was facilitated to make participants aware of its importance.

### History of Harm Reduction

- 1990: First International Harm Reduction Conference held in Liverpool
- 1996: IHRA was established
- 1996-present: Regional networks formed:
- Asian Harm Reduction Network,
- Latin American Harm Reduction Network,
- Central Eastern Europe Harm Reduction Network,
- Middle East & North Africa Harm Reduction Network,
- Women International Harm Reduction Network.

### Why Harm Reduction?

- We will never have a drug-free society

- Abstinence has its limitations for many
- Enforcement has its limitations
- Primary prevention has its limitations
- People will continue to use drugs and get sick & die.
- We can reduce illness, suffering, deaths and other harms that people experience.

#### Definition of harm reduction

- Harm reduction aims to reduce the adverse health, social, and economic consequences of drug use while the person is still using drugs.

#### Aims of harm reduction

- Reduce the spread of infections such as HIV & HCV;
- Reduce risky drug use;
- Prevent drug overdose deaths;
- Provide honest drug education;
- Increase users' contact with services and treatment;

#### Drug related Harms

- The term harm reduction implies that drugs can cause real harms;
- Harms are psychological, physical, social, legal and economic;
- Harms are to individual, family, community and society;
- Harms are not an inevitable consequence of drug use, they can be prevented or reduced through a range of strategies;

#### Harm reduction principles include:

- Pragmatism
- Focus on Harms
- Hierarchy of goals
- Support not punishment
- Humanistic & Human Rights Based
- Non-judgmental
- Reduce Stigma
- Autonomy
- Flexibility
- Evidence based

Furthermore, Mr. Raju Raj Kumar and Siddharth Singh facilitated a session on explaining the importance and scope of establishing regional network. An emphasis was given about history of Indian Harm Reduction Network and its demonstrative work to be a national player and support national response towards drug use and HIV.

## 3.2. Post-lunch Sessions

### Regional Strategic Plan

Nest session was a consultation-based work to collect relevant information and compile a Regional Strategic Plan for NIHRN. The major points from the SWOT analysis were utilized to draft the Regional Strategic Plan that follows the following structure:

Regional Strategic Plan Model: to determine where NIHRN as an organization is going over the next

year or more.

- Vision: Developing a clear understanding of what is your preferred future
- Mission: Developing a sound statement about why you exist
- Core Values and Beliefs: Describes behaviors and ideas that are important to your organization
- Strategic Issues: The issues that create a gap between the ideal and reality
- Operational Plans: How are you going to achieve

In the next session advocacy strategies were explained and discuss on how stakeholders analysis should be done and assess them using four essential steps in Johari Window. The diagram given below helped participants to understand known, unknown and completely unknown stakeholders for an effective advocacy plan.



## Regional Work-Plan

Based upon the Regional Strategic Plan, a Work Plan was prepared. For details please see the annex.

Mr. Kenneth Baker delivered a vote of thanks on behalf of the Indian Harm Reduction Network team. He invited participants to provide brief summary of two days proceedings.

## 4. Annex

### 4.1. NIHRN: Regional Strategic Plan

NIHRN is one of the regional networks constituted under the GFATM Round-9 HIFAJAT Project aims to bring organizations/networks and professionals working on drug treatment, HIV prevention, treatment and care to People who use drugs in 8 North Indian States. NIHRN establishment process was started in 2012.

#### Section – I: Aims and Objectives

##### *The Purpose of the Strategic Plan*

The purpose of the NIHRN is to guide and support regional to drug use and HIV among injecting drug users and their partners through collective harm reduction based policy and programs. The NIHRN work will involve many kinds of stakeholders and Regional Strategic Plan will guide decisions on priority interventions in their respective areas of competency and interest.

Regional Strategic Plan and its accompanying Work Plan will also serve as key tools for coordination and partnership to achieve optimal utilisation of community, regional and state specific programs. The Regional Strategic Plan is a dynamic and living document that will be subject to regular critical review, update and change.



##### *Geographical Region*

The North Indian Harm Reduction Network is consisted of the following 9 states and the union territories including

Chandigarh [Union Territory]  
Rajasthan  
Punjab

Delhi NCR  
Himachal Pradesh  
Uttar Pradesh

Haryana  
Jammu & Kashmir  
Uttarakhand

## ***Vision***

To secure health, dignity, social participation and economic opportunities for persons using and/or affected by drug use and HIV & HCV in the North India through a conscious and collective response of human rights and harm reduction.

## ***Mission***

- As an alliance of persons using drugs and/or affected by drug use and HIV & HCV, harm reduction practitioners and service providers, the North Indian Harm Reduction Network (IHRN) will secure access to quality health services including drug and HIV related services for drug users within a rights framework; and
- Promote the involvement and participation of drug users including those living with or at risk of HIV & HCV in program and policy development through networking, information sharing, research, policy advocacy and collective action. NIHRN will function at the state, regional, and national level in the North India.

## ***Strategic Internal and External Goals***

- NIHRN will work on both external and internal goals to make its vision and mission meaningful through active involvement of its network members.

## ***Strategic External Goals***

- To build and strengthen its base as a regional network.
- To build a strong visibility among main stakeholders to become a recognized voice of the drug user community.
- To strengthen its advocacy role for the rights of drug users.
- To establish and strengthen partnership with the National AIDS Control Organization IDU program to help expand and scale up harm reduction services in India.

## ***Strategic Internal Goals***

- To establish a strong and transparent governance mechanism with clearly defined roles & responsibilities of the Executive Board and members.
- To establish and maintain an effective communication system and channel for both internal and external communication and enhance its efficiency as a regional network.
- To place a fundraising outlet with systematic approach for fundraising and ensure long-term sustainability of regional network.
- To prepare a well defined action plan with a clear timeline on an annual basis for the next 1 year.
- To explore and establish membership campaign and strengthen its base as a regional network.

## ***Strategic Aims & Objectives***

### **A. Policy and Programs Support**

- To protect and promote the health and human rights of persons using drugs and / or affected by drug use and HIV & HCV;
- To support and strengthen programmes that prevent and mitigate drug related harms and enhance wellbeing of persons using drugs and/or affected drug use and HIV & HCV across the region;
- To promote the meaningful involvement and participation of people using drugs and / or affected by drug use and HIV in policy and program development.

### **B. Advocacy**

- To promote and advocate for access to range of prevention, care and treatment services for persons using drugs and/or affected by drug use and HIV & HCV including OST,

condoms, sterile needles, treatment for drug dependence, medical care, prophylaxis and treatment for HIV and opportunistic infections, nutrition and support services for recovery.

- To advocate for prevention, care and treatment services for hidden populations like female drug users, children using drugs and incarcerated users.
- To advocate non-discrimination and equal opportunities for persons using drugs and / or affected by drug use and HIV & HCV
- To advocate for a policy and legal environment conducive to harm reduction services and supportive of rights of persons using drugs and or affected by drug use and HIV & HCV

#### **C. Coordination**

- To create a coordinated and cogent response to drug and HIV & HCV epidemics in North India by facilitating dialogue and discussion among different stakeholders in the drug and HIV sector
- To coordinate and align prevention, care and treatment programs and services for persons using drugs and / or affected by drug use and HIV

#### **D. Regional Networking**

- To set up and strengthen networks of individual and agencies working on drug use and HIV & HCV at city, state and regional levels.

#### **E. Capacity Building and Technical Assistance**

- To build capacity of current and ex drug users to support and sustain drug and HIV & HCV related programs
- To train individuals and agencies on reduction of drug related harm including prevention, care and treatment for persons using drugs and /or affected by drug use and HIV & HCV
- To set-up standards and evolve a code of practice for drug and HIV related services across the country
- To act as a resource centre and clearing house for information, updates and policy briefs on drug use and HIV & HCV
- To promote any object of general public utility aimed at benefiting using drugs and / or affected by drug use and HIV & HCV

#### **F. Research and Documentation**

- To conduct research including rapid situation assessment, surveys, operations research, policy review on drug and HIV epidemics in the country
- To document and publish resource material including information sheets, posters, handbooks and manuals on prevention and mitigation of drug related harm

### ***Guiding Principles***

The Regional Strategic Plan identifies following guiding principles to ensuring a more effective regional response to HIV and HCV among PWIDs. Universally, the harm reduction approach is underpinned by respect for and acceptance of the user and her/his decision to use or give up drugs. In keeping with this core principle, the IHRN professes and agrees to adhere to the following values:

1. **Access and Scaling Up:** Achieving Universal access and the Millennium Development Goals on HIV/AIDS as regional commitment.
2. **Partnership:** The strategy will rely on collaboration between government and other public, private, non-government, community and regional entities.
3. **Coordination:** Mechanisms for effective and inclusive coordination will be strengthened, especially at national and township levels.



4. **Policy and legal context:** The Regional Strategic Plan will foster towards a compassion and understanding of existing legal contexts of policies and enable environments conducive to an effective response to drug use and HIV.
5. **Evidence and results oriented programs:** Building on evidence, strategic information will guide decision and action with PWIDs at higher risk and vulnerability and with the greatest needs, with an emphasis on program outcomes.
6. **Meaningful involvement of PWHIV [MINA]:** People living with HIV and affected populations; vulnerable people and local communities should participate in every aspect and at every stage of the program.
7. **The GIPA Principle:** greater involvement of people living with HIV and AIDS in all aspects of the HIV response.
8. **Human Rights:** The protection of human rights of PWIDs, those vulnerable to infection and those already infected, which also produces positive public health results against HIV

### Strategic Partners

The North Indian Harm Reduction Network in consultation with the Indian Harm Reduction Network identifies these partners:

National AIDS Control Organisation  
National/State level Ministry of Health  
UNODC  
Others

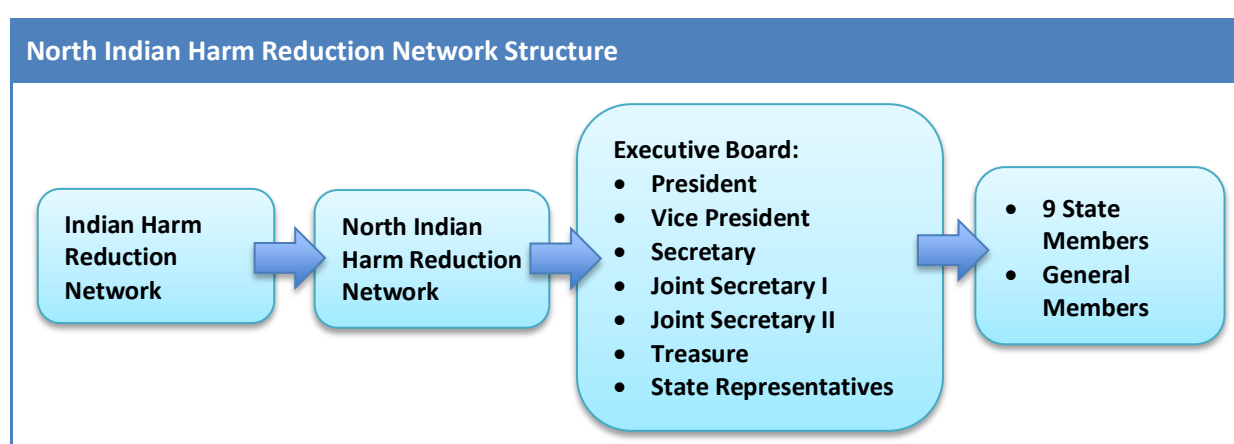
State AIDS Control Society  
National/State level Law Enforcement  
UNAIDS

## Section – II: Strategy Framework

To achieve the above objectives, the NIHRN identifies the following Strategic Priorities focused on human rights and harm reduction.

### Strategic Priority # 1: Network Structure

**Purpose:** The first Strategic Priority is to create a foundation structure of NIHRN in consultation with the IHRN and the regional members. An Executive Board has already been elected in the regional consultation meeting held in 2013.



### Strategic Priority # 2: Operationalization [Management and Implementation]

**Purpose:** For operationalization and implementation of Network related activities, the Regional Strategic Framework identifies the following steps:

- Setting up centrally located NIHRN Secretariat;
- Establishing a clearly defined communication channel;

- Delegation of roles and responsibilities among state members [organizations and individuals];
- Setting up documentations;
- Identification of various ways of enhancing its visibility;
- Identification of relevant authorities and organizations for networking and partnership;

### **Strategic Priority # 3: Promote Harm Reduction Policy and Programs**

**Purpose:** In order to promote harm reduction policy and programs in the region, NIHRN will undertake the followings.

#### **Core Activities:**

- Advocacy with national, regional, state and district level authorizes;
- Undertake Advocacy initiatives to enhance support from/among medical, social, legal, and social justice system.
- Sharing information related to ongoing harm reduction interventions, debates and dialogue at national, regional and international levels.
- Co-ordinate and align programmes and services for people using drugs and/or affected by drug use.
- Facilitate Policy debates and dialogue on drug use and HIV.
- Capacity building for the individuals and organizations working as partner of Targeted Interventions for IDUs in the region;
- Conduct relevant 'action research' to support harm reduction programs;
- Act as a regional resource centre and clearinghouse for updated information on drug use and HIV & HCV in the region;

### **Strategic Priority # 4: Resource Mobilization**

**Purpose:** The Regional Strategy Framework identifies need of collective resource mobilization efforts and system to strengthen NIHRN and its visibility in the northern states of India, these include.

#### **Core Activities:**

- Revenue collected through Membership fee;
- Setting up fundraising campaigns and outlets;
- Exploring available national and state specific schemes relevant to NIHRN's presence and objectives;

### **Strategic Priority # 5: Community Mobilization**

**Purpose:** The Regional Strategy Framework emphasizes on community engagement participation and mobilization through the followings endeavors.

#### **Core Activities:**

- Sensitization of relevant audience on core issues of drug use and HIV & HCV;
- Thematic awareness about NIHRN work in the region;
- Dissemination of newsletters, brochure and key information through NIHRN eGroup, NIHRN Facebook Community Page and using mailing lists;

### **Strategic Priority # 6: Monitoring and Evaluation**

**Purpose:** The Regional Strategy Framework indicates importance of M&E system to record progress of day-to-day activities and interactions with various stakeholders, state specific organizations and individuals.

## 4.2. NIHRN: Action Plan [December 2014 to November 2015]

Based on the regional consultation using SWOT analysis with 9 states delegates NIHRN identifies the following clearly defined Action Plan for the next one year with clearly defined role & responsibilities and timeline for its achievement.

Action	Purpose	Responsibility	Timeline
Dissemination of Regional Consultation Reports [I, II and III]	To sensitize relevant stakeholders, organizations and individuals	Mr. Ashok President and Mr. Shabab Alam Secretary, NIHRN	December 2014 [3 <sup>rd</sup> Week]
Setting up a clearly defined communication channel [eGroup, Facebook Community Page etc.]	Regular interaction NIHRN, members and relevant stakeholders, organizations and individuals	Ms. Disha Dhar	December 2014 [2 <sup>nd</sup> Week]
Preparation of relevant documents to apply for NIHRN registration	To support NIHRN preparation for registration	Ms. Disha Dhar Mr. Siddharth Singh	January 2015 [2 <sup>nd</sup> Week]
Submission of documents for NIHRN registration in Delhi with the Registrar Office	To enable NIHRN attaining its legal identity	Mr. Shabab Alam Secretary, NIHRN	February 2015 [2 <sup>nd</sup> Week]
Opening NIHRN Bank Account in Delhi	To enable NIHRN enhancing its standard operating procedures	Mr. Shabab Alam Secretary, NIHRN	March 2015 [3 <sup>rd</sup> Week]
Setting up NIHRN Secretariat in Delhi [Negotiation with NACO or relevant agency]	To enable NIHRN setting up its basic operations from a centrally located Secretariat	IHRN	March 2015 [3 <sup>rd</sup> Week]
Finding a part time Admin/Finance Assistant	To undertake key tasks of coordination within NIHRN and its network members	Mr. Ismail Ateighechi IHRN	March 2015 [4 <sup>th</sup> Week]
National and State specific Advocacy	To make its presence through advocacy dialogue with key stakeholders	NIHRN Executive Board and State Focal Persons	December 2014
National and State specific advocacies	To make its presence through advocacy dialogue with key stakeholders	NIHRN Executive Board and State Focal Persons	December 2014 to November 2015
Advocacy Strategy Design Workshop	An internal consultation for designing Advocacy Strategies and Tools	IHRN NIHRN Executive Board and State Focal Persons	May 2015
Six Month Review Meeting	An internal consultation to review six months progress	IHRN NIHRN Executive Board and State Focal Persons	May 2015
Regional Exposure/Study Tours	To get an exposure at IHRN Secretariat and its partners	NIHRN Executive Board and State Focal Persons	June - July 2015

Regional Thematic Sensitization Work with relevant authorities and organizations	To establish NIHRNs sensitization in each member state	NIHRN Executive Board and State Focal Persons	April - Nov 2015
Partnership with National Networks such as FINGODAP, INP+, IDUF	To explore and establish partnerships with national and regional level networks	IHRN NIHRN Executive Board and State Focal Persons	July - August 2015
Quarterly NIHRN Newsletter	To enhance its visibility and presence by documenting regional updates	NIHRN Executive Board and State Focal Persons	March 2015
NIHRN Information Brochure	To enhance its visibility and presence with basic introductory document	Mr. Sachidanand Singh NIHRN Executive Board	March - April 2015
NIHRN eCard	To enhance its visibility and presence with seasonal greetings	Mr. Sachidanand Singh NIHRN Executive Board	December 2014 [3 <sup>rd</sup> Week]
Setting up NIHRN Database for creating a pool of regional experts	To establish regional resource centre; To identify regional experts	NIHRN Executive Board	January 2015

### 4.3. Consultation Schedule

WORKSHOP AGENDA		
Day 1: 24th November 2014		
Time	Theme	Facilitation
09.00 - 09.15 AM	Registration	
09.15 - 09.25 AM	Welcome Address and overview of meeting	IHRN Representative
09.25 - 09.45 AM	Introduction of Participants	IHRN Representative
09.45 - 10.00 AM	Update of Previous Meeting conclusions and progress made or outcomes of NIHRN	NIHRN & IHRN Representative
10.00 - 10.45 PM	State specific Presentations or updates on IDU TI services including challenges ( <i>NSEP, OST, ART to address HIV, Hepatitis and Tuberculosis</i> )	IDU TI service Providers from states & SACS/TSU representatives
10.45 - 11.00 AM	TEA BREAK	
11.00 - 11.20 AM	Summarize progress & challenges	Consultant
11.20 - 11.45 AM	Role of Networks: What is IHRN & NIHRN	IHRN & Consultant
11.45 - 12.00 PM	Introduction: The GFATM 9 HIFAZAT Project its role in supplementing the the National HIV response among IDUs and Networking	PMU Representative
12.00 - 01.00 PM	Revisiting NIHRN: <ul style="list-style-type: none"> <li>• Structure, Board members and members</li> <li>• Their perspective is on NIHRN and MoA</li> <li>• Establishing the Secretariat</li> <li>• Registration process f</li> </ul>	Consultant
01.00 - 01.45 PM	LUNCH BREAK	
01.45 - 02.30 PM	<i>WHAT IS AT HAND</i> : SWOT Annalysis Exercise for NIHRN & Conclusions	Consultant
02.30 – 02.45 PM	TEA BREAK	
02.45 – 05.00 PM	<i>HOW CAN IT BE TAKEN FORWARD</i> : Strategic Planning Exercise & Conclusion	Consultant

Day 2: 25th November 2014		
Time	Theme	Facilitation
09.00 - 09.15 AM	Recap of Day 1	IHRN
09.15 - 10.00 AM	Draft Strategic Plan with Defined roles, responsibilities & timeline for NIHRN presented & feedback incorporated	Consultant
10.00 - 10.15 AM	Tea Break	

10.15 - 11.45 AM	Workplan for the Next 12 Months with clear definition of what, why, who & how it will be done	Consultant
11.45 - 01.00 PM	Resource Mobilization Advocacy & Liasoning with stakeholders and current projects and programs	Consultant/PMU Rep & IHRN
01.00 - 01.30 PM	Lunch Break	
01.30 - 02.30 PM	Community Mobilization & Networking plan/mechanisms with State partners, NIHRN, IHRN & other Regional Networks	Consultant and Participants
02.30 - 02.45 PM	Tea Break	
02.45 - 03.45 PM	Final review of Working Strategy, work plan and timeline for implementation	Consultant
03.45 - 05.00 PM	Summary, Feedback & Recommendation/Conclusion	Group work

#### 4.4. List of Participants

#	State	Participant	Contact Details
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