Strategic Plan

DHRAN

Drug Harm Reduction Advocacy Network

Drug Harm Reduction Advocacy Network (DHRAN) Nigeria

Strategic Plan

2020 - 2025

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APIN	AIDS Prevention Initiative in Nigeria
CBOs	Community-Based Organizations
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
DHRAN	Drug Harm Reduction Advocacy Network, Nigeria
DUs	Drug Users
EHAI	Equitable Health Access Initiative
FDUs	Female Drug Users
FSW	Female Sex Workers
GFHIV	Global Fund Human Immunodeficiency Virus
HIV	Human Immunodeficiency Virus
IBBSS	Integrated Bio-Behavioral Surveillance Survey
INPUD	International Network of People who Use Drugs
KAPs	Key Affected Populations
KPs	Key Populations
M&E	Monitoring and Evaluation
MIS	Management Information System
MSM	Men Who have Sex with Men
NACA	National Agency for AIDS Control
NASS	National Assemby
NDLEA	National Drug Law Enforcement Agency
NHOCA	National Harmonized Organizational Capacity Assessment
NNPUD	Nigeria Network of People who Use Drugs
NSF	National HIV/AIDS Strategic Framework
NSWA	Nigeria Sex Workers Association
PEPFAR	President's Emergency Plan For AIDS Relief
PR	Principal Recipient
PWID	People Who Inject Drug
SFH	Society for Family Health
SR	Sub Recipient
SSRs	Sub Sub Recipients
STIs	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Dvelopment

Foreword

Nigeria is dealing with a contemporary drug epidemic with average national prevalence of 14.4% as reported by the National Drug Use Survey (2018). At the forefront of the response is a consortium of varied stakeholders with rallying targets regardless. Surprisingly, the Drug Harm Reduction Advocacy Network (DHRAN) has demonstrated uncommon resolve to contributing to national discourse and is by no means resting on the oars.

This 5-year Strategic Plan echoes the resolve of the network to proactively influence the implementation landscape towards equitable access to services for community members within the existing policy framework by the government.

Central to this plan is the advocacy for an improved policy environment aligned with the principles of human rights. It is an undertaking that requires collaborations with the legislative arm of government, traditional institutions, and the criminal justice system. A revisit of existing regulations and policies surrounding services' provision to drug users is vital to achieving success with harm reduction.

The provision of quality healthcare services by way of drug demand and harm reduction is advocated globally as a veritable tool to reversing the menace of not only drug use but that of other concomitant diseases and health conditions that are associated with this behavior. With Nigeria recording a national prevalence of approximately 1.5% for HIV (NAIIS), these programs hold great promise to facilitating the elimination of HIV and other blood-borne viruses in line with the Sustainable Development Goals (SDGs).

Encouraging drug users to seek help is unequivocally an important instrument to attaining these goals. Some of the steps involved are encapsulated in this document including the improvement of the well-being of community members through the removal of barriers like stigma and discrimination among others. Decriminalization of drug use: drug demand and harm reduction offer these benefits to the drug user and the wider society. These are also accepted as credible alternatives to incarceration of drug users which has been proven to be counterproductive.

This 5-year Strategic Plan would open vistas for increased community participation. It will strengthen the link between the community and available programmes. As such, all relevant stakeholders including foreign donors, Implementing Partners, Ministries, Departments and Agencies (MDAs) would be on track to consider it as a passport to an otherwise hard-to-reach sub-population.

Dr. Kingsley Michael
Desk Officer –Harm Reduction
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Acknowledgements

Introduction

The Nigeria Drug User Network registered in 2017 as "Drug Harm Reduction Advocacy Network (DHRAN) Nigeria ", is an Advocacy Network of Drug User-led and focused organizations advocating for the right to "Health and Dignity" of People Who Use Drugs in Nigeria. The organizations that make-up DHRAN are spread across the six (6) geopolitical zones of Nigeria, comprising of 20 Drug User-led and focused organizations providing Health, Rights, and Social services to people who use drugs in Nigeria.

The Network serves also as a platform for coordinating drug-user organizations; supporting nascent drug user groups through the process of formalization; supporting member organizations' advocacies through participation and knowledge sharing.

DHRAN is both a member of the International Network of People who Use Drugs (INPUD) and the African Network of People who Use Drugs. The Network's status as a legal entity; the affiliations and the programs it implements are indications of growth and development

This Strategic Plan document was born out of the conviction of the leadership of DHRAN to chart a course for the programs and activities of the network for the next five (5) years, and to consolidate gains achieved in these early stages of its existence.

DHRAN-member representatives during the 5-day strategic planning exercise created an 11-point agenda to be the focus for the strategic plan. Below are the areas of interest populated:

1. Increase in membership
2. Advocacy for drug users wellbeing
3. Resources' mobilization
4. Improved social inclusion
5. Expanding partnership-base
6. Improved database and documentation
7. Capacity strengthening for DHRAN-report and proposal writing, monitoring evaluation)
8. Advocacy for the implementation of Opioid Substitution Therapy (OST)
9. Advocacy to the justice system for de-criminalization of drug use
10. Develop other necessary policies to guide DHRAN
11. Representation at relevant platforms nationally, regionally, and globally

These strategic imperatives were categorized into two (2) main goals:

- Improved strategic engagement with stakeholders that yields results
- Improved Organizational Capacity

This plan tells the story of DHRAN from its inception to-date; enumerates its achievements so far; x-rays the context upon which it exists; and explores its capacity to thrive in the reality of its environment. In addition, this plan most importantly captures the strategic direction and focus of DHRAN and outlines outcomes and logical pathways to achieving its set goals.

DHRAN: Our Story So Far...

as told and validated by DHRAN Members. See Appendix 1 for detailed story.

DRAMA OF DHRAN'S INCEPTION

The Nigeria Network of People Who Use Drugs (NNPUD) was formed as a network of drug user organizations with a Chairman and a Coordinator as part of its management structure. However, its existence was short-lived, as the management structure engendered long months of conflict. The break-up of NNPUD in 2016 necessitated thoughts for the creation of another Drug User Network. The disintegration saga saw the purported ex-communication of nine (9) drug-user organizations who were opposed to the financial impropriety, the bone of contention, experienced at the time.

In January 2017, seven (7) member organizations started the process of formation and formalization of a new network. At this point, there was a lot skepticism due to the past experience with NNPUD. The process of formalization included the development of the constitution and election of Interim Management Board Members. The Interim Chairperson, Secretary, and Financial Secretary were elected through a Whatsapp platform The interim structure also had "Regional Coordinators" representing the South South, North West, North Central, South East, and North East.

The first meeting of members of the nascent network happened in September 2017 at the YouthRise Nigeria Organized Human Rights and Gender reporting training in Abuja. The meetings held over a four(4)-day period mostly at Night after the Youthrise organized program. At the meeting, the developed constitution was reviewed and adopted. An additional election was conducted and the election of the Management Board of the Network comprising the Chairman, Secretary, and Financial Secretary was adopted. These proceedings were witnessed by the Executive Director of Youthrise and an Official of the National Agency for the Control of AIDS (NACA).

2017

The new drug-user network became officially registered as Drug Harm Reduction Advocacy Network (DHRAN) Nigeria.
At the CRISA conference, DHRAN was recognized by United Nations Office on Drugs and Crime (UNODC) and this kick-started the working relationship between both parties, including DHRAN, becoming a member of UNODC's traetment Network.

2018

Training of DHRAN members on HIV Prevention, Treatment and Care for Drug Users by UNODC. Commemoration of the first support Don't Punish Day of Action in 12 DHRAN States funded by IDPC and supported by SFH.

2019

Received a 2-year advocacy grant from Partnership to Inspire, Transform and Connect the HIV response (PITCH) programme.
Members received the GFHIV grant as SSRs.
Members received grants and implementing the Needle-Syringe Program (NSP) pilot in 3 states.

Major Achievements

The Drug Harm Reduction Advocacy Network (DHRAN), a network established and run by People Who Use Drugs, has achieved tremendously in its short time in existence. This section chronicles the major achievements in the journey so far:

s

1st

First drug-user Network in West Africa to be awarded the GF Community, Rights and Gender grant (2021-2023)

ONLY

The only network in Nigeria consistently undertaking an international campaign (Support Don't Punish) at the sub-national since 2017

10/10 GF States

DHRAN member organizations for the first time are implementing the GF HIV community-based project in the 10 focus states of the GF

The leading Network in the design and implementation of the Pilot Needle and Syringe program in Nigeria

100%

Donors' Satisfaction on DHRAN's Projects' Implementation

DHRAN members were resource persons during the recent (2020) Integrated Behavioral Biological Surveillance Survey led by the University of Manitoba, which, collected data on HIV prevalence among people who inject drugs in Nigeria.

See Appendix 2 for more of DHRAN 's achievements

Context and Operating Environment

14.4%
14.3 Million

Population of the Nigeria population aged 15-64 years who use drugs

ONE OF FOUR
drug users, is a woman

3.4%

HIV prevalence among People Who Inject drugs

32%

Estimated percentage of new HIV infections' contribution from people who inject drugs

According to the results of the 2018 National Drug Use Survey, the number of drug users in Nigeria was estimated at 14.4 percent, or 14.3 million people aged between 15 and 64 years. The data suggest that the prevalence of past-year drug use in Nigeria is more than twice the global average of 5.6 percent. (UNODC Nigeria, 2019). The urgency to programme for women and people who inject drugs was also highlighted in the document.

There has been growing concern especially in the HIV response on the situation of people who use drugs in Nigeria. People Who Inject Drugs make up only 3.4% of the population, yet account for around 32% of new HIV infections. (NACA 2017 National Strategic Framework on HIV and AIDS 2017-2021).

Donor dependence, existing legal frameworks, and lack of political will have remained critical factors hindering progress in programming. Human rights abuses especially in the form of stigma and discrimination in the wider society and within the health sector have remained a conundrum to accessing quality healthcare services for people who use drugs. Notwithstanding the progress made in policies and programmes, including the piloting of the Needle-Syringe Programme (NSP), criminalization has remained a clog in the wheel of progress, as the use of crude methods in drug law enforcement remains unchanged.

The existence of a functional drug-user network has been quintessential in bridging the gaps between the community of people who use drugs and the government. The strategic engagement that is ongoing is yielding some results. People who use drugs currently gain access to spaces where decisions about them are made. The Network also serves as a hub for mobilizing community members and linking them to services that they most need. The availability of technology and good practices in programming create opportunities for both programmers and donors to make services (health, financial) available and accessible.

See Appendix 3 for details on the context analysis conducted using the PESTL approach.

SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

For any organization to successfully plan and strategically position itself to respond realistically to the needs of its beneficiaries, it needs to understand not only the context but also its abilities, capabilities, and situation as an entity. Below is a self-SWOT analysis conducted by DHRAN representatives:

1 Strengths

- Membership spread
- Community mobilization
- Advocacy Experience
- Registration status- legal status
- Peer-to-peer capacity strengthening
- Accountability

3 Opportunities

- Membership of bodies and coalitions including collaborations and
- partnerships at both local international levels
- Geo-political spread- the presence of DHRAN across Nigeria
- Increasing acceptance– advocacy helped in achieving this positive situation
- Availability of donors interested in drug-user programming.

2 Weaknesses

- Limited Sub-National Coverage
- Absence of IGR (Internally Generated Revenue)
- Gender in-balance-- limited focus on comprehensive programming for female drugs users
- Absence of strategy for appropriate social inclusion

4 Threats

- Criminalization, stigmatization and discrimination
- Harsh legal and policy environment
- Unhealthy competition with bigger organizations programming for PWUDs
- Natural disasters/pandemics, that lead to a change of focus (eg. Covid 19)

Strategic Direction & Focus

OUR VISION

A Nigeria that cares with supportive laws, policies, and respect for the human rights of persons who use and are affected by drugs.

OUR MISSION

To promote the human rights of people who use and are affected by drugs through community mobilization and enlightenment; strategic engagement with stakeholders; and promotion of comprehensive Harm Reduction.

OUR PROGRAM GOALS

1. Improved wellbeing of drug users
2. Improved Organizational Capacity

DHRAN members unanimously agreed that these two goals will play a strategic role in their mission towards achieving the network's vision.

OUR CORE VALUES

1. **ACCOUNTABILITY (A)**
To be responsible to internal and external stakeholders in promoting timely and qualitative.

2. **CONFIDENTIALITY (C)**
To ensure maximum trust and privacy among DHRAN member organizations in their plans, activities and communication.

3. **TEAM-WORK (T)**
To commit to collaboratively work towards achieving the goals and objectives of DHRAN.

4. **MUTUAL RESPECT (M)**
To hold in high esteem individual member organizations of DHRAN irrespective of the differences in capacity, age of the organization, location, experience of grant management and position on the DHRAN governance structure.

5. **EQUITY (E)**
To accord all member organizations equal, fair and balanced opportunities, rights and privileges that promote inclusiveness.

"ACT ME"

OUR CORE COMPETENCIES

- 1. Advocacy
- 2. Research/Survey
- 3. Community Mobilization

Goals & Outcomes

In this five (5) year Strategic Plan, DHRAN is concertedly working towards achieving six (6) outcomes classified under two main program goals. Below are the goals and accompanying outcomes and outputs:

1 Improved wellbeing of drug users

Outcome 1: Decriminalization of Drug Use

1.1: Amended NDLEA Act
1.2: Repeal of the Dangerous Drugs Act

Outcome 2: Implementation of Comprehensive Harm Reduction

2.1: Improved Policy Environment for Comprehensive Harm Reduction in Nigeria
2.2: Increased Access to Harm Reduction Services

2 Improved Organizational Capacity

Outcome 3: Improved Social Inclusion at Membership and Programming Levels

3.1: Expanded Membership Base
3.2: Increased number of Female Drug User Organizations
3.3: Special groups Integrated into DHRAN's Programs

Outcome 4: Improved Funding Base

4.1: Increased Donor Funding
4.2: Increased Internally generated revenues
4.3: Increased Goodwill from Relevant Stakeholders

Outcome 5: Strengthened Human Resource

5.1 Increased Capacity of Member Organizations on Community-Based Monitoring, Proposal Writing, Research and Report Writing
5.2: Develop Human Resource Management System

Outcome 6: Improved capacity to Support Partnerships

6.1: Expanded Partnership Base
6.2: Availability of Relevant Information for Engagement

Stakeholders' Power Interest Matrix

For DHRAN to achieve its set goals and objectives in the life-span of this strategy document, it needed to understand the various stakeholders and their levels of interest and influence on the plans and programs of the Network. During the strategy review meeting, members reviewed DHRAN's stakeholders and plotted them in the matrix below:

1

High Influence, Low Interest

- Nigerian Police
- Community Inter9vent)ion Network on Drugs (CIND)
- National Human Rights Commission (NHRC)
- Legal Aid Council/Judiciary
- National Directorate of Employment (NDE).
- UNAIDS

2

High Influence, High Interest

- National Agence for the Control of AIDS (NACA)/State Agence for the Control of AIDS (SACA)
- National Drug Law Enforcement Agency (NDLEA)
- Federal Ministry of Health (FMOH)
- Education as a Vaccine (EVA)
- United Nations Office on Drugs and Crime (UNODC)
- Key Population Secretariat
- International Network of People who Use Drugs (INPUD)
- Frontline AIDS
- Society for Family Health (SFH)
- The Global Fund (GF)
- PEPFAR
- Heartland Alliance, Nigeria
- YouthRise Nigeria
- Media

3

Low Influence, Low Interest

4

Low Influence, High Interest

- GF CCM
- National Assembly
- Traditional and Religious Institutions
- TB Network
- Africa Network of People Who Use Drugs

Revised Organogram

In order to align DHRAN's organizational structure to be more suited to operationalize the strategic plan, the Network's organogram was reviewed. Find a brief on the offices on the organogram:

The Board of Trustees is defined in the context of DHRAN as the incorporated trustees of DHRAN. The Board of Trustees is made up of national and international Drug User Activists, Advocates and Supporters of the Network.

T**he Management Board** Is made up of representatives of drug user-led community organization members of DHRAN, elected at the Biennial General Meeting of DHRAN to manage the day to day affairs of DHRAN. The Management Board of DHRAN is a tenured position and each member of the management board has a tenure of two (2) years renewable for a particular position applied for. The Management Board is made up of the National Chairperson, National Secretary, Financial Secretary and the Women and Gender Officer.

Standing Committees: The committees assist in coordinating internal institutional activities of DHRAN. They are: Resource Mobilization, Membership, Advocacy, Women and Gender and Constitution Review.

Drug User Community Organizations: These are member organizations of DHRAN implementing drug-user focused programs in different states of Nigeria.

Drug User Community: These are members of Drug User community organizations and communities who are the beneficiaries of DHRAN's activities and advocacies.
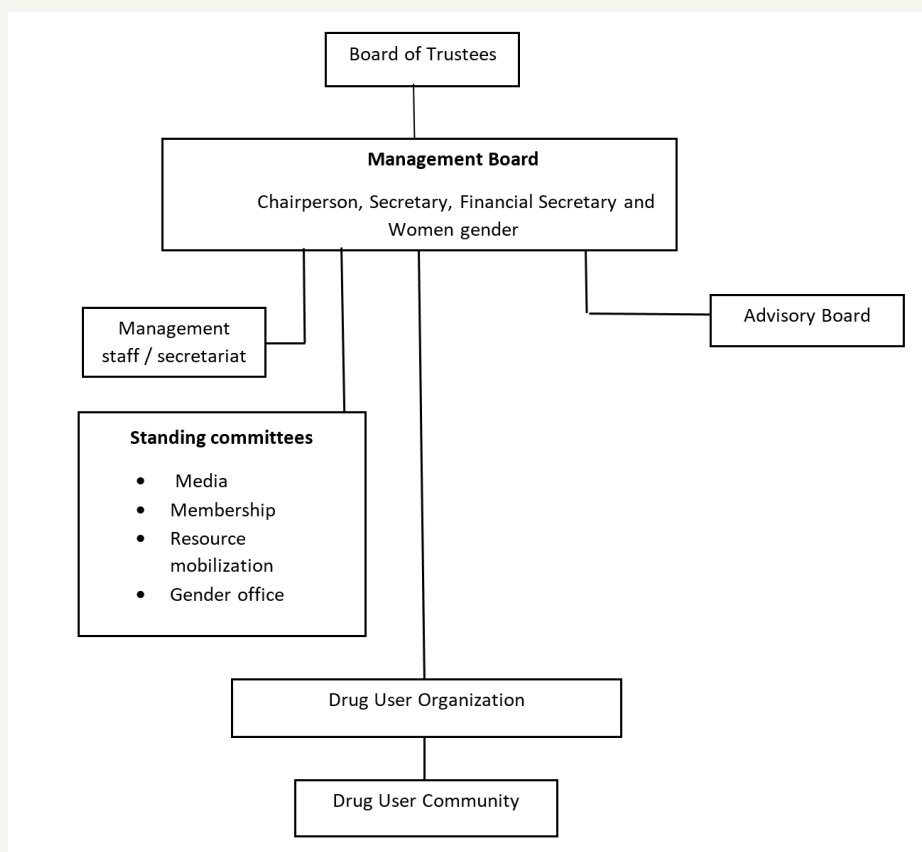
Figure 1: DHRAN's Revised Organogram

Overview of Finance

FUNDING PATTERN FROM INCEPTION

Pattern of funding and grants' portfolio in dollars received by DHRAN over a priod of four (4) years
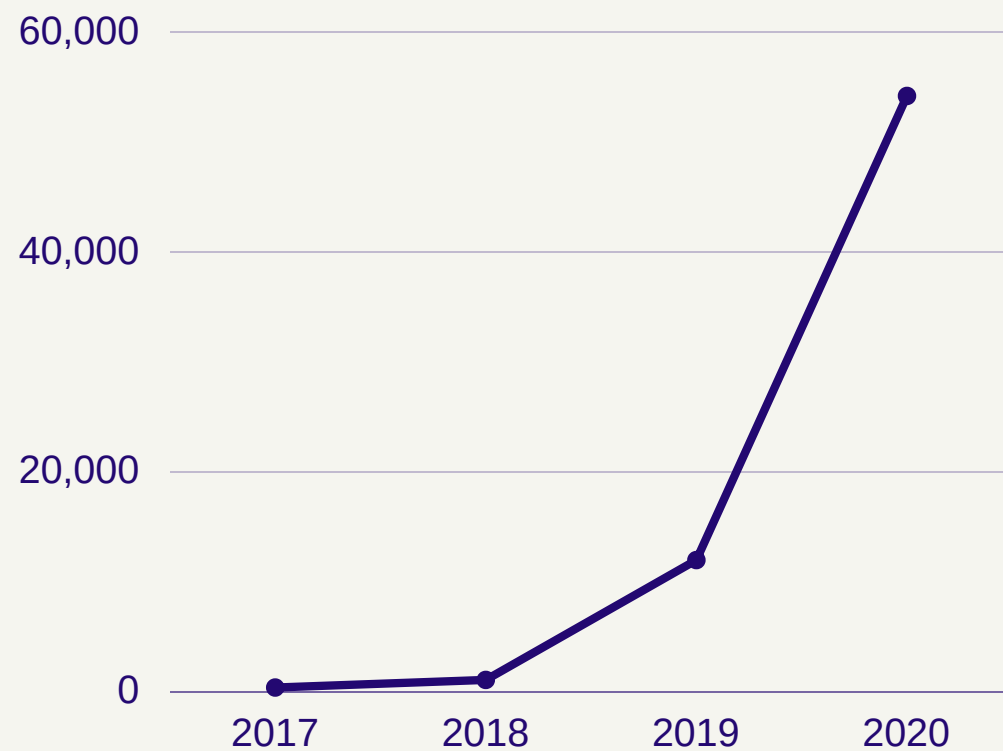
$378.14
2017 Funding

$1,071.43
2018 Funding

$11,974.79
2019 Funding

$54,201.68
2020 Funding

This Strategic Plan is duly costed, and the costed 5-year plan is annexed to this document. The Infographic above shows DHRAN's increasing capacity to receive and execute grants to the satisfaction of both donors and beneficiaries of its programs and activities.

NGN327,883,461.25
DHRAN's Budget for 2020-2025

$857,473
DHRAN's Budget in Dollars for 2020-2025

Appendixes

1

DHRAN's Inception Story- Full Account

2

Major Achievements

3

PESTLE Analysis

4

M&E Framework

Appendix 1: DHRAN's Inception Story- Full Account

DHRAN is made up mainly of drug-user led organizations and was formalised during the GF-funded "Expanding Key Population Intervention in Nigeria (EKPIN)" project and the New Funding Model (1 and 2).

First conceived as the Nigeria Drug User Network in January 2017 after disintegration of the Nigeria Network of People Who Use Drugs (NNPUD) in 2016. The NNPUD was formed as a network of drug user organizations with a Chairman and a coordinator of the Management Board, but disintegrated due to financial and ethical issues. The disintegration saw the purported excommunication of 9 drug user organizations who were opposed to the financial impropriety. On January 2017, members of community organizations started the process of formalization with 7 member organizations. Other members were still skeptical due to the mud campaign ran against member organizations. The process of formalization included the development of the constitution, review and election of Interim Members. The Interim Chairperson was elected through Whatsapp as Aniedi Akpan. Rita Musa was the Interim Secretary and Ubom Michael was the Interim Financial Secretary. The interim structure also had a "Regional structure" with Coordinators – Mr. Edem Ekpenyong was the Regional Coordinator – South South; Abdulhadi Abdulhadi – North West, Ubom Michael – North Central, Ugwuagbo PaulHenry – South East and Madanga Martins – North East. These members made up the management Board.

The first Meeting of members was in September 2017 at the YouthRise Nigeria-organized Human Rights and Gender reporting training in Abuja: This gave community organizations the opportunity to meet. Meetings of the nascent network was held at Night after the Youthrise organized program for 4 days. At the meeting, the developed constitution was reviewed and adopted. Election was conducted and the Management Board of the Network comprising the Chairman, Secretary and Financial Secretary was adopted. Due to agitations from Members who were coming from the defunct NNPUD for inclusiveness, Idris Sulaiman was appointed a Program Officer and Diana Edem was appointed a Women and Gender Officer. This was not as a result of necessity but to give a sense of belonging to everyone who wanted to have a position in the network. So unnecessary and moribund nomenclatures were adopted and persons appointed into them. The election was witnessed by Mr. Adeolu Ogunrombi (ED – YouthRise) and Madam Ezinne Uchendu (NACA).

The new Network was recognized by UNODC at the CRISA conference in November 2017: The team met with Harsheth Virk of UNODC and introduced the Network, and this began our work with UNODC

We became formally Registered with CAC on November 2017 as Drug Harm reduction Advocacy Network (DHRAN), Nigeria.

Appendix 2: Major Achievements

- The Support Don't Punish Campaign country drug user partner from 2016 till date: DHRAN is the drug user network funded to undertake the Support Don't Punish campaign at sub-national level from 2016 till date. The funding is by International Drug Policy Consortium (IDPC).
- The first Drug User Network to be registered with the National Government (CAC).
- DHRAN member organizations are implementing the Global fund HIV community based project in the 10 states of Nigeria targeted by the GF.
- DHRAN member organizations are implementing the Needle and Syringe program pilot in the 3 pilot states of Nigeria.
- DHRAN is the network that was commissioned by the SFH to undertake the Baseline Assessment for the Needle and Syringe program Pilot.
- DHRAN member organizations were also engaged in the Integrated Behavioural Biological Surveillance Survey by the University of Manitoba to undertake data collection on HIV prevalence among people who inject drugs in Nigeria.
- With recognition of the Federal Ministry of Health, DHRAN became a network member of the National Technical working group on Drug Demand Reduction and Harm Reduction(2019 till date).
- DHRAN also pioneered the establishment of the first formal State Drug Control Committee in Gombe State (2020).
- With recognition from the global fund, DHRAN is the first drug user network in West Africa to be awarded a 3-year Community, Gender and Rights (CRG) grant of the Global fund with Technical Assistance from the International Network of People Who Use Drugs (2021-2023).
- DHRAN is the only Key Population Network in Nigeria with membership of the Global Fund Communities Delegation.
- Successful implementation of the PITCH Advocacy project (2019-2020) as the only drug user community network.
- DHRAN is also the only community-led Network that was awarded the INPUD Covid-19 fund in 3 states for community of people who use drugs in 2020. This saw the production of IEC on Covid-19 prevention in Pidgin language.
- DHRAN is also the only Drug User Network to be funded by Frontline AIDS for the provision of Covid-19 relief to community of people who use drugs in 5 states of Nigeria through the Rapid Response fund in Oyo, Abia, Gombe, Kano and Imo States.
- The Network is also a major partner and contributory to the Civil Society HIV Shadow Report funded by Frontline AIDS (2018 – 2020).
- DHRAN is the only Key Population Network in Nigeria with representation on the Global HIV Prevention Coalition (2018 till date).

Appendix 3: Political, Economic, Social, Technological and Legal (PESTL) Analysis

Political: There is availability of access for advocacy with policy makers and policy implementing institutions responsible for drug policy change.

- Existence of enabling environment for Drug User Advocacy (NDLEA, FMoH, Presidential Advisory Committee on Eradication of Drug Abuse (PACEDA), State Drug Demand Reduction Committees, State Governments)
- Membership of the National Technical Working Group on Drug Demand Reduction and Harm Reduction.

Economic: Majority of the funding for Drug User programs and interventions is driven by donor funding with no resources allocated by Government for drug demand reduction.

- Donor Driven funding
- Low Income generating opportunities
- Lack of Government funding support

Social: The social environment is driven by religious beliefs, social and cultural misconceptions of drug use. This influences the perception of drug users and the acceptability of drug user programs in most localities.

- Discrimination of PWUD
- Negative cultural and religious belief about drug use and drug users
- Effect of Covid-19 on Social Activities
- Low Knowledge on Drug Use Issues

Technological: There is presence of technology for public advocacy. Even though the media is sometimes censored by major media platform. The use of communications technology in mobilizing community of people who use drugs has however been limited due to the economic realities of most drug user which denies them access to the tools (mobile phone & Internet connectivity) for engagement.

- Presence of Technology for community mobilization (Whatsapp, Email, Social Media)
- Presence of Website for International presence (www.dhran.ng)
- Monitoring of Whatsapp messages by Government (Insecurity)
- Bad quality of Networks from service providers for virtual meetings

Legal: The legal environment has a negative impact on drug user interventions due to the criminalization of drugs and drug use and its equipment. This causes drug users to go further underground making it more difficult to access them for service delivery.

- Criminalization of Drug Use (NDLEA Act, Dangerous Drugs Act, 1935)

- Section 35.1 (e): The Constitution specifies that denial of Rights to personal liberty in the case of persons addicted to drugs is for the purpose of care and treatment.
- Law Enforcement Harassment and Arrest.
- Criminal Justice system (Lack of understanding of drug use issues and judges discretion in judgement which is usually affected by personal beliefs and cultures)
- -   Negative Drug Policies (Lack of recognition of drug user-led organizations and networks as viable platforms for drug user implementation. Eg. UNAIDS, UNODC, etc)

Appendix 4: Monitoring and Evaluation Framework for DHRAN Strategic Plan 2020-2025

Results	Indicators	Means of Verification	Target	Year				
Outcome 1: **DECRIMINALIZATION OF DRUG USE**	Evidence of Decriminalization of drug use	Nigeria Government Gazettes						
Output 1.1: **AMENDED NDLEA ACT**	Number of NDLEA Act amended	Copies of the amended Act	1	x				
Main Activity 1.1.1: Conducting desk review of the NDLEA Act	Number of desk review conducted	Report of the review showing sections proposed	1	x				
Main Activity 1.1.2: Drafting of proposed Amendment	Number of draft proposed amendment	Draft of proposed amendment	1	x				
Main Activity 1.1.3: Advocating to NACA, NDLEA, FMOH, the Judiciary, NASS Committee	Number of strategic engagement held disaggregated by type of stakeholders	Activity report, pictures, attendance, copies of acknowledgement letters, copies of email	200 (at least 40 per year)	x	x	x	x	x
Main Activity 1.1.4: Engaging of consultant for presentation of proposed amendment	Number of consultants engaged disaggregated by type	Appointment letter, TOR, Consultancy agreement	3	x				
Main Activity 1.1.5: Attending public hearing(s)	Number of public hearing attended	Reports, pictures, attendance, media links	At least 1	x				
Main Activity 1.1.6: Following up on progress of amendment	Number of follow-up engagement	Reports, pictures, emails	At least 5	x				
Output 1.2: **REPEAL OF THE DANGEROUS DRUGS ACT (1935)**	Number of Dangerous Drugs Act repealed	Media links, judicial gazette showing repealed law(s),	1	x	x	x	x	x
Main Activity 1.2.1: Conducting FGD with drug users	Number of FGDs conducted	Attendance, reports, pictures, receipts	37	x	x	x	x	x
Main Activity 1.2.2: Developing Policy briefs	Number of policy briefs developed by type	Reports, policy briefs,	20 (at least 4	x	x	x	x	x

			times a year)					
Main Activity 1.2.3: Engaging a legal consultant to draft a petition	Number of consultants engaged	Reports, draft of petition	1	x				
Main Activity 1.2.4: Filing of court case	Number of cases filed	Copies of case files	1					
Main Activity 1.2.5: Engaging of consultant(s) to interface with NASS	Number of consultants engaged	Engagement letter, TOR	1	x				
Main Activity 1.2.6: Advocating with NASS committee	Number of Advocacy with NASS committee	Pictures, attendance, media links	10 (at least 10 times)	x	x	x	x	x
Main Activity 1.2.7: Attending the public hearing on repeal of the Dangerous Drugs Act	Number of public hearing attended	Pictures, attendance, media links	3 (at least 3 times)	x	x	x	x	x
Main Activity 1.2.8: Following up on progress.	Number of follow-up engaged	Reports, attendance, pictures	20 (at least 20 times)	x	x	x	x	x
Outcome 2: IMPLEMENTATION OF COMPREHENSIVE HARM REDUCTION	Level of harm reduction implementation	Report, pictures, attendance, facility records						
Output 2.1: **IMPROVED POLICY ENVIRONMENT FOR COMPREHENSIVE HARM REDUCTION IN NIGERIA**	Availability of policy on harm reduction implementation	Copies of policy,						
Main Activity 2.1.1: Forming of advocacy team	Number of advocacy team	Reports, pictures, attendance	1	x				
Main Activity 2.1.2: Developing of advocacy messages	Number of advocacy messages developed by type and stakeholder	Reports, pictures, attendance, copies of advocacy messages	4 (At least 4 Advocacy messages)	x				
Main Activity 2.1.3:Engaging with relevant stakeholders especially the police	Number of strategic engagement held by stakeholder	Reports, pictures, attendance	16	x	x	x	x	x
Main Activity 2.1.4:Developing of policy briefs for policy on harm reduction for people who use drugs	Number of policy briefs developed	Reports, pictures, attendance	4	x				

Main Activity 2.1.5: Reviewing of national guidelines for HIV prevention, treatment and care for PWID	Number of guidelines on HIV reviewed	Reports, pictures, attendance, copies of guidelines	1	x				
Output 2.2: **INCREASED ACCESS TO HARM REDUCTION SERVICES**	Number of persons, disaggregated by sex, reached with harm reduction services by states	Reports, pictures, facility records						
Main Activity 2.2.1: Designing strategies for service provision	Number of strategies designed	Copies of designed strategies	1	x				
Main Activity 2.2.2: Liaising with relevant stakeholders to develop service providers' directory	Number of directory developed	Copies of directory, attendance, pictures, reports	10	x	x			
Main Activity 2.2.3: Supporting DHRAN member organizations in generating demand for uptake of harm reduction services by people who use drugs	Number of DHRAN member organizations supported	Reports, pictures, attendance	8	x	x	x	x	x
Main Activity 2.2.4: Supervising and monitoring of adherence to service data quality	Number of supervision and monitoring conducted	Reports, pictures, attendance	60	x	x	x	x	x
Outcome 3: IMPROVED SOCIAL INCLUSION AT MEMBERSHIP AND PROGRAMMING LEVELS	Level of social inclusion reached disaggregated by type	Network Reports, membership register						
OUTPUT 3.1: **EXPANDED MEMBERSHIP BASE**	Number of organizations registered disaggregated by states and female DU organizations	Membership register,						
3.1.1: Mapping of drug user collectives in state with no DHRAN presence.	Number of states mapped	Reports, pictures, attendance	22	x	x	x	x	x
3.1.2: Engaging with identified drug-user collectives	Number of DUs engaged by sex	Reports, attendance, pictures	22	x	x	x	x	x
3.1.3: Capacity building of drug user collectives on drug user activities	Number of capacity building conducted by type	Reports, pictures, attendance	22	x	x	x	x	x
3.1.4: Supporting drug users to formalize their organization.	Number of DU collectives formalized	Registration certificate	22	x	x	x	x	x
3.1.5: Linking drug user organizations to relevant stakeholders	Number of links to stakeholders established by type	Reports, pictures, attendance	23	x	x	x	x	x

Output 3.2**: INCREASED NUMBER OF FEMALE DRUG USER ORGANIZATIONS**	Number of FDU organizations registered	Membership Register						
3.2.1: Mapping out female drug user collectives	Number of FDU collectives mapped by states	Reports, pictures, attendance	23	x	x	x	x	x
3.2.2: Mapping of FDUs in states with DHRAN presence	Number of FDU collectives mapped by DHRAN states	Reports, pictures, attendance	13	x	x	x	x	x
3.2.3: Engaging with identified FDU's collectives	Number of FDU collectives engaged	Reports, pictures, attendance	22	x	x	x	x	x
3.2.4: Creating of skill acquisition for identified FDUs	Number of FDUs reached with skill acquisition	Reports, pictures, attendance	22	x	x	x	x	x
3.2.5: Capacity building of FDU collectives on drug user intervention	Number of capacity building conducted by type	Reports, pictures, attendance	22	x	x	x	x	x
3.2.6: Supporting FDU's collectives to formalize their organization	Number of FDU collectives formalized	Registration certificate	22	x	x	x	x	x
3.2.7: Linking FDU's organization to relevant stakeholders	Number of FDU organizations linked by type	Reports, pictures, attendance, email, acknowledgment letters	22	x	x	x	x	x
Output 3.3**: SPECIAL GROUPS INTEGRATED INTO DHRAN'S PROGRAMS**	Number of programs involving special groups	Concept notes, reports, pictures, attendance						
3.3.1: Creating of gender unit in all DHRAN member organizations	Number of DHRAN member organizations having gender units	List of gender focal person	37	x	x	x	x	x
3.3.2: Mapping of drug users with special needs	Number of DUs with special needs mapped by sex	Reports, pictures, attendance	22	x	x	x	x	x
3.3.3: Designing and implementing programs for drug users with special needs	Number of programs for DUs with special needs by type	Reports, pictures, attendance	22	x	x	x	x	X

Outcome 4: IMPROVED FUNDING BASE	Level of funding; Grant Portfolio and Amount of Unrestricted Funds	Bank records						
Output 4.1: **INCREASED DONOR FUNDING FOR DHRAN ACTIVITIES**	Number of donor funds received by type Grant Value	Bank records						
4.1.1: Identifying relevant donors	Number of donors identified by type	Report						
4.1.2: Searching for funding opportunity	Number of funding opportunities identified by type	List of funding opportunities	50	x	x	x	x	x
4.1.3: Setting up resource mobilization committee	Number of resource mobilization committee constituted	Reports, pictures, attendance	1	x				
4.1.4: Responding to RFPs and RFAs	Number of RFAs, RFPs responded by type	Applications						
4.1.5: Writing of unsolicited proposals	Number of unsolicited proposal drafted	Copies of proposals	20	x	x	x	x	x
Output 4.2: **INCREASED INTERNALLY GENERATED REVENUES**	Level of internally generated revenue	Report						
4.2.1: Registration fee for member organization	Number of organizations registered	- Account Statement - Membership register		x	x	x	x	x
4.2.2: Collecting annual member dues	Number of organizations paying dues Amount realized	- Account Statement - Record of payment		x	x	x	x	x
4.2.3: Donating 10% of per diems from engagement on behalf of DHRAN	Amount of funds received disaggregated by engagements	- Record of payment - Account Statement		x	x	x	x	x
4.2.4: Charging overhead / management cost on project executed by DHRAN	Amount of funds received	- Account statement		x	x	x	x	x
4.2.5: 2% donation of overhead / management cost by DHRAN member organization on project gotten by DHRAN on behalf of its member organizations	Amount of donations received	- Record of payment - Account Statement		x	x	x	x	x
Output 4.3: **INCREASED GOODWILL FROM RELEVANT STAKEHOLDERS**	Level of Goodwill from Stakeholders	- Support from stakeholders						
4.3.1: Mapping of stakeholders	Number of stakeholders mapped by type	- report		x	x	x	x	x
4.3.2: Identifying of stakeholder needs	Number of stakeholders identified by type	Report		x	x	x	x	x

Activity	Indicator	Means of Verification		Y1	Y2	Y3	Y4	Y5
4.3.3: Advocating to stakeholders	Number of advocacy to stakeholders	Report, Pictures, Attendance		x	x	x	x	x
4.3.4: Presenting of needs to stakeholders	Number of needs presented by type	Report		x	x	x	x	X
Outcome 5: **STRENGTHENED HUMAN RESOURCE**	Functional Human Resource Management and Level of Human Resource capacity strengthened	Evaluation Report						
Output 5.1**: INCREASED CAPACITY OF DHRAN MEMBER ORGANIZATION ON COMMUNITY BASE MONITORING, PROPOSAL WRITING, RESEARCH, REPORT WRITING**	Number of capacity building activities disaggregated by type	Report						
5.1.1: Searching for opportunities for improving capacity	Number of opportunities identified	Report	20	x	x	x	x	x
5.1.2: Engaging of consultant for capacity strengthening	Number of consultants engaged disaggregated by type of activity.	- Consultancy Agreement - Report	20	x	x	x	x	x
5.1.3: Organizing of training / workshop session for DHRAN member organizations.	Number of Training/Workshops organized disaggregated by type	- Report - Pictures	20	x	x	x	x	x
5.1.4: Assessing implementation of capacity strengthening.	Number of assessments conducted disaggregated by type	- Assessment report	5	x	x	x	x	x
Output 5.2**: DEVELOPED HUMAN RESOURCE SYSTEM**	Number/components of Human Resource System developed	- Assessment Report						
5.2.1: Recruiting of management staff	Number of Management staff engaged disaggregated by type	- Engagement letter - Interview Report	1	x				
5.2.2: Developing organizational policy and procedure	Number of Policies and Procedures developed disaggregated by type	- Policy and Procedure documents.	5	x	x	x	x	x
5.2.3: Procuring of organizational assets, equipment and software	Number of Assets procured disaggregated by type	- Receipts - Assets register - Pictures	1	x				
5.2.4: Implementing developed organizational policies	Number of policies implemented disaggregated by type	- Appraisal documents - Retirement forms		x	x	x	x	x

Outcome 6: **IMPROVED CAPACITY TO SUPPORT PARTNERSHIPS**	Evidence of Capacity Improvement	- Assessment report						
Output 6.1**: EXPANDED PARTNERSHIP BASE**	Number of partnerships established by type	- Partnership Agreements - MOUs and MOAs - Database of Partners						
6.1.1: Mapping of stakeholder / stakeholders needs	Number of Stakeholders needs mapped by type of stakeholder and need	- Mapping report - Needs Assessment report	37	x	x	x	x	x
6.1.2: Drafting and signing of MOUs/ MOAs	Number of MOUs/MOAs signed	- MoUs/MOAs documents		x	x	x	x	x
6.1.3: Nominating persons into technical working groups of stakeholders	Number of person on working groups by sex of representatives and type of working groups	- Nomination letter	1	x				
Output 6.2**: AVAILABILITY OF RELEVANT INFORMATION FOR ENGAGEMENT**	Number of Relevant Information disaggregated by type	- Database and documentation						
6.2.3: Developing MIS tools for information gathering (human right, size estimate, violent against drug users)	Number of MIS tools developed disaggregated by type	- MIS tools	1	x				
6.2.3: Developing data management information system	Number of Data Management Information System developed	- Data Management System	1	x				
Writing of shadow reports and policy briefs.	Number of shadow reports and policy briefs developed by type	- Shadow reports and briefs	5	x	x	x	x	x