

INTERIM PROGRESS REPORT

Bridging the Gaps: Health and Rights for Key Populations

Nai Zindagi Charity - Pakistan
01, September 2011 to 30, April 2012



Daily wage labor and rag picking are a common source of income to sustain their drug habit - Rawalpindi March 2012
Source: Shahid Ranjah, Nai Zindagi

Comprehensive and needs based services based on a continuum of care
model for people who inject drugs, their wives and children in
Rawalpindi, Pakistan

HIV PREVENTION . DRUG TREATMENT . EMPLOYMENT . AIDS RELATED SERVICES

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Introduction:

This interim report is presented in line with the activity plan agreed between Nai Zindagi Charity (NZC) and Mainline Foundation. Each activity is reported against its primary objective with a brief narrative to capture the current status of implementation, the processes involved and achievements to date.

Objective 1: To improve access to quality HIV prevention, drug treatment, AIDS treatment, care, support services and socio economic rehabilitation and reintegration for people using drugs in the city of Rawalpindi, Pakistan.

Activities performed:

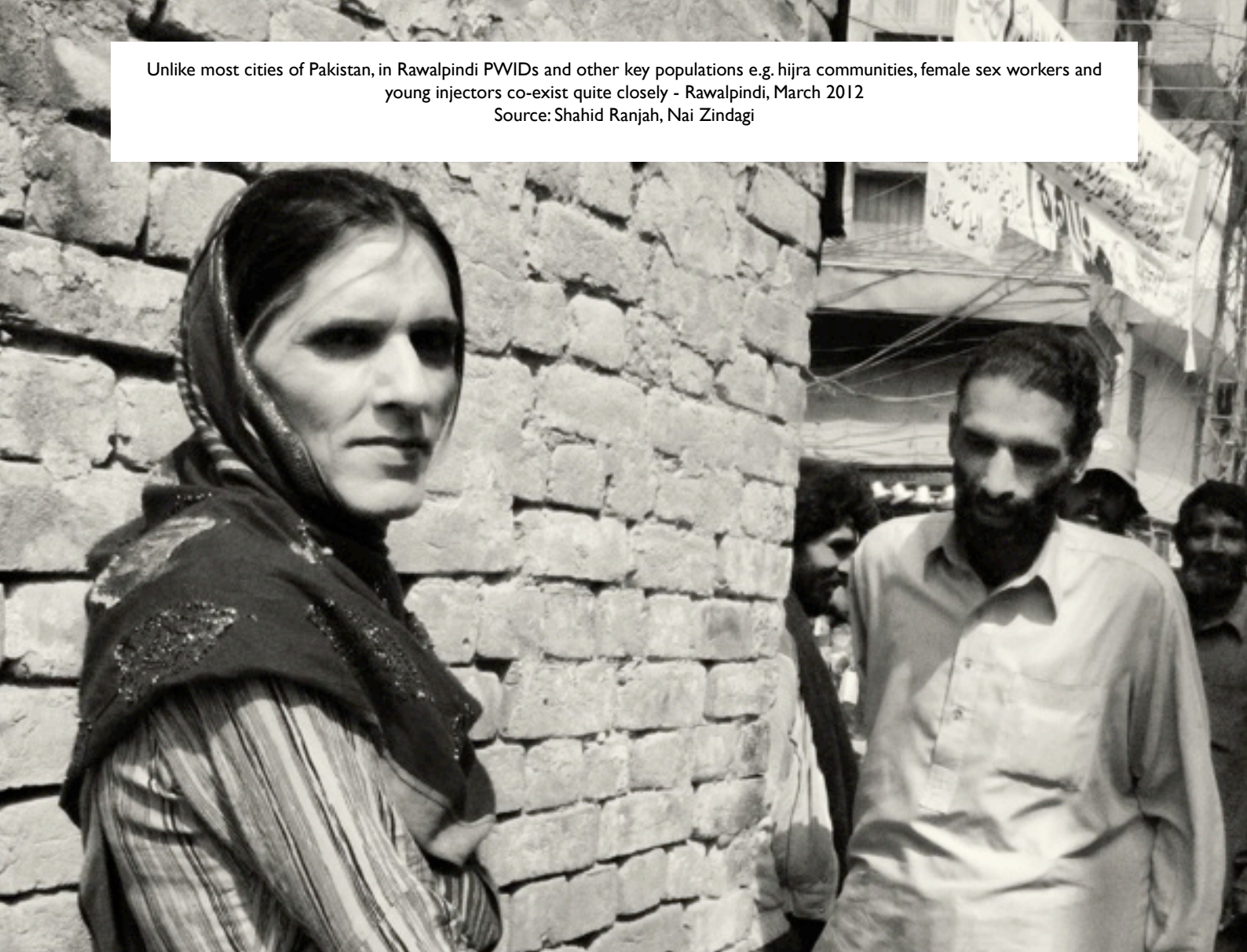
- a) Needs Assessment: Rapid Situational Assessment, including mapping and HIV surveillance among people who inject drugs (PWIDs) in the city of Rawalpindi.
- b) Program Planning: Based on RSA findings design and planning of a service delivery package for PWIDs in Rawalpindi city including but not limited to staffing requirements, infrastructure required and quality and quantity estimates of pharmaceutical and health product supplies.
- c) Staff training: Capacity building and training of staff in various program areas e.g. VCCT, data management, out reach, reporting and recording.
- d) Management structures: To coordinate and manage different aspects of the program between harm reduction services, drug treatment services, socio economic rehabilitation, HIV and AIDS related diagnostics, treatment and care services, services for spouses and children of PWIDs, referrals to ART and other referral linkages.
- e) Management Information System: To develop a service delivery recording, reporting and evaluation system to ensure quality control management of the program and on going assessment based on needs.



Although very few there are women who inject drugs who are also part of a wider sexual network, hence more at risk and a bridging population - Rawalpindi, March 2012

Source: Shahid Ranjah, Nai Zindagi

Unlike most cities of Pakistan, in Rawalpindi PWIDs and other key populations e.g. hijra communities, female sex workers and young injectors co-exist quite closely - Rawalpindi, March 2012
Source: Shahid Ranjah, Nai Zindagi



Objective 2: To improve human rights related issues for PWIDs in Pakistan

Activities performed:

- a) Needs Assessment: A consultant will be hired to assess the human rights related needs of PWIDs in Pakistan. The consultant will conduct desk review related to laws, policy and the legal environment in country and conduct FGDs with key stake holders and communities of PWIDs to identify issues and needs.
- b) Advocacy at National Level: A media consultant has been hired to advise on how best to engage and involve media in advocacy for rights and access to care for PWIDs. The consultant has been actively promoting the RSA findings in the national newspapers to highlight the issues of PWIDs in the city of Rawalpindi.
- c) National Task Force on Harm Reduction: NZ is representing civil society/service provider organizations on the National Task Force on Harm Reduction for PWIDs in Pakistan established under the Ministry of Narcotics and represented by the UN (UNAIDS/UNODC) and the National AIDS Program.
- d) CHRO: NZC has proposed to Mainline and are in the process of setting up CHRO (Consortium of Harm Reduction Organizations) in Pakistan. CHRO will be the first registered body representing service delivery organizations with the primary aim to advocate for rights based services at a National level. A detailed proposal has already been submitted to Mainline.

Objective 3: To integrate specific services for PWIDs within the generic health care system

Activities performed:

- a) Integrating HIV and AIDS related treatment: NZC have signed an MoU with the Pakistan Institute of Medical Sciences, Islamabad to access HIV and AIDS related diagnostics, treatment, care and support services for PWIDs.
- b) Referral services for PWIDs of outstation origin : In addition NZC have signed an MoU with the Principal Recipient (PR) of the Global Fund Round 9 - HIV component to refer HIV+ve PWIDs registered with the program in Rawalpindi but originating from other cities. Similarly PWIDs can access HIV prevention service packages under the GF grant in 24 other districts of Punjab and Sindh.

Objective 4: To strengthen the capacity of civil society organizations that work on HIV and PWIDs

Activities performed:

- a) Support to the PR of the GF Round 9 - HIV grant: NZC management and staff have been providing training and assistance to the PR to train civil society organizations under the grant. Five CSOs have been provided this capacity building opportunity to establish HIV prevention programs in 11 districts of Punjab and Sindh. In the next six months 7 CSOs will be provided this support for establishing programs in 13 new districts of Punjab and Sindh.
- b) Learning site: In addition NZC has established the Rawalpindi site as a learning site to demonstrate best practice in harm reduction services based on a continuum of care. UNAIDS will be soon using this site to train organizations (civil society and government) from the KPK province where harm reduction programs are being initiated for the first time.
- c) Visit from Kenyan partners: NZC will soon be hosting a learning visit to the Rawalpindi program by four Kenyan partners working together with Mainline.



Support to the PR of GF Round 9 - HIV in training of sub-recipient staff from 5 organizations
Islamabad, February 2012
Source: Shahid Ranjha, Nai Zindagi

KEY FINDINGS

Rapid Situational Assessment, including mapping and HIV surveillance among people who inject drugs (PWIDs) in the city of Rawalpindi. (February to March 2012)

Between 650-800 street based PWIDs were mapped in the city of Rawalpindi injecting at various spots in the city.

Two hundred and one (201) consented to participate in the RSA of which 80 were HIV positive resulting in 39.8% prevalence among PWIDs in Rawalpindi.

This is the highest ever recorded HIV prevalence in Rawalpindi and has almost doubled from 23% in the beginning of 2011 (see RSA at <http://www.naizindagi.com/reports/rsabsmall.pdf>)

Twenty six percent initiated injecting below 18 years of age indicating a higher percentage of young injectors in Rawalpindi compared to available data from other cities in Pakistan.

Above 50% live on the streets and 45% are unemployed. Those that are employed a majority generate income from daily labor wages. As injectors in Rawalpindi are younger compared to other cities, 61% are not married and mostly belong to the city of Rawalpindi.

Unlike most cities in Pakistan where a majority inject pharmaceuticals, in Rawalpindi 92% of the respondents inject heroin. Above 76% share syringes/needles and due to higher frequency of injecting daily among heroin injectors as compared to pharmaceutical injectors, PWIDs in Rawalpindi are more likely to be infected with HIV. Over 70% claim that they initiated injecting due to peer pressure and to obtain a better high. Above 90% claim that they inject in groups and 73% have sought help from a street doctor to inject.

Less than half have ever had a chance to access drug treatment and almost 100% express an immediate and urgent need to quit drugs and access drug treatment. Eight percent have been arrested and a majority of them due to do possession of drugs.

Eighty two percent claim to be sexually active and only 18% claim to always use a condom.

Alarmingly almost half have never heard of HIV or AIDS and a majority were unaware of modes of transmission of HIV and ways to prevent transmission.



NSEP
Rawalpindi, February 2012
Source: Shahid Ranjah,
Nai Zindagi

SERVICE DELIVERY PACKAGE DESIGN

Program Planning Decisions

Based on key findings of the RSA it is evident that the selection of Rawalpindi as a city where PWIDs are in dire need of HIV prevention services is correct. Mapping data clearly indicated the need for program based on out reach rather than a static drop in center, to reach maximum coverage. It is also obvious that for HIV prevention services like SNEP (syringe needle exchange program) to be popular and have a high up take by PWIDs, provision of drug treatment services is essential particularly in the absence of OST treatment that is currently not available in Pakistan.

Almost 90% of the PWIDs in Rawalpindi belong to the city and fifty percent of street based PWIDs reside with families. It was decided that families of PWIDs should be engaged from the very start in order to access this available community based support for follow up post drug treatment and/or for HIV and AIDS related on going care and support.

With almost forty percent HIV prevalence (double than the estimates when the proposal was sent to Mainline) among PWIDs in Rawalpindi it was decided to strengthen the HIV and AIDS related diagnostics, treatment, care and support component of the program with additional staff and resources.

UNODC was to initiate a pilot OST program in Rawalpindi and it was principally agreed that PWIDs in Rawalpindi registered with the NZC program would be referred for OST treatment. It was hoped that this would provide life stability particularly to HIV positive PWIDs on ART and improve adherence.

Unfortunately the UNODC supported OST has been once again out on hold and no indication has been given of when this program will start. In order to provide stability and access/adherence to ART, the program will have to revisit and increase capacity to provide both drug treatment and socio economic rehabilitation.



A young injector being provided abscess and wound management services
Rawalpindi, April 2012
Source: Shahid Ranjah, Nai Zindagi

STAFFING

Capacity Building

NZC's core staff was transferred to the project from 1, September 2011 after the contract was signed with Mainline. This core staff primarily included program management, administration, finance staff and staff engaged in socio economic rehabilitation.

From early 2012 the process of hiring staff for harm reduction services, drug treatment services, HIV and AIDS related services and additional staff required to manage this expansion were hired through HR processes and rules of employment at NZC. Majority of the staff that were hired had experience of working in the area of drug related HIV and harm reduction, however once hiring was completed various orientation and training programs were organized by the senior management.

As of 30, April 2012 almost 58 permanent staff and 20 trainee staff were already employed in the project of which approximately 60% are persons with a history of chronic drug use.



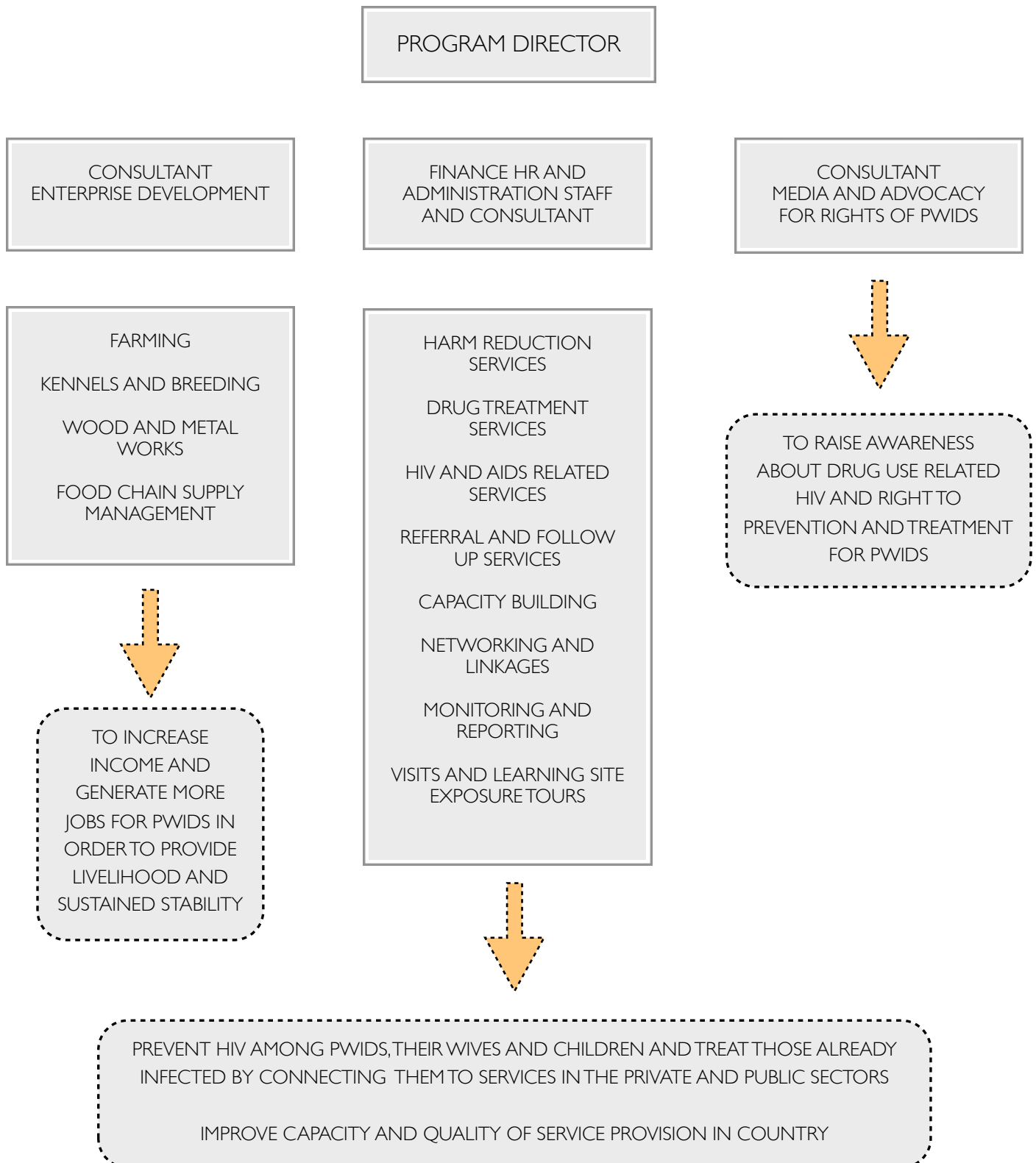
A group therapy session in progress at the 24 bed drug treatment centre established under the project
Rawalpindi, April 2012
Source: Shahid Ranjah, Nai Zindagi

PROGRAM MANAGEMENT

Structure and Linkages

The following is the management structure currently in place. The program director is responsible for the oversight and management of the consultants out put as well as the management and out put of permanent staff within NZC.

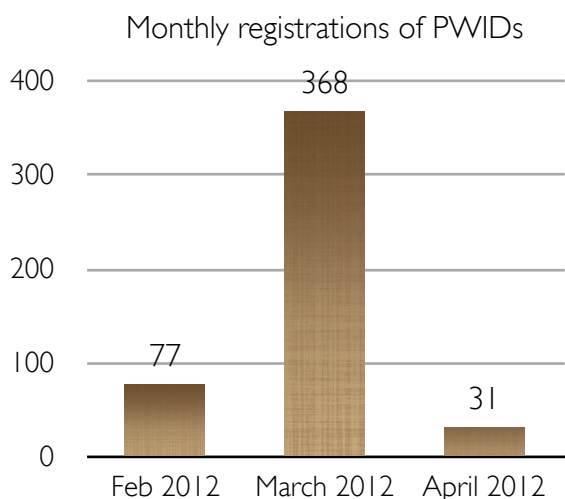
The program director reports to the Directors of NZC and an external auditor is responsible for yearly audit of the organization and/or projects under NZC.



MANAGEMENT INFORMATION SYSTEM

Program outcomes to date

The following are some of the key outcomes reported, recorded and monitored as part of the Management Information System developed by NZC.



Street based out reach services were initiated in late February 2012. The trend shown in the monthly registration chart is normal.

By the end of April, 476 IDUs were already registered with the program which represents 60-70% of the total population of PWIDs mapped during the RSA.

The syringe exchange data also shows a regular increase from approximately 125 PWIDs accessing NSEP daily, to 350 towards the end of April 2012.

Of the registered clients, 23% (114 PWIDs) were referred for drug treatment services in the months of March and April 2012. This is an extremely efficient response to the drug treatment needs expressed by almost 100% of the RSA participants. Offering this service also builds confidence of the clients and communities in the services being offered.

In addition to clean syringes, clients have also been provided abscess and wound treatment, basic medical care, condoms, etc.. Of the 114 clients referred for drug treatment 18 or 16% have been enrolled in the enterprise development section of the services (socio economic rehabilitation).

Of those admitted for drug treatment 108 or 94% consented for VCCT of which 34 or 31% were HIV positive. Five wives were also provided VCCT of which one was HIV positive.

Data of all visits to ART clinics, follow up visits and visits for specific care and support services is maintained in the MIS and reports can be generated when needed.



VCCT at the drug treatment facility established under the program
Rawalpindi, April 2012

Source: Shahid Ranjah, Nai Zindagi

PROGRAM TARGETS

Service delivery related

The following are some of the key service delivery targets:

Target	To be achieved by 31 August 2012	Already achieved	Percent remaining
RSA and mapping of PWIDs in Rawalpindi	Achieved	Achieved	0%
Regular NSEP to PWIDs on a daily basis	400-600	300-350	35%
Drug treatment services	200	114	45%
Access to OST	40	0	100%
Skills training and employment	100	55	45%



Furniture making - introducing new commercial enterprises for employment to PWIDs

Bara Kau, April 2012

Source: Shahid Ranjah, Nai Zindagi

SOME MAJOR ISSUES

Program implementation related

- An OST roll out was to be initiated by UNODC in collaboration with the Ministry of Narcotics. This program has currently been shelved till further notice and NZC will not be able to enroll 40 PWIDs in this program in Rawalpindi, unless there is news otherwise.
- In the absence of OST the number of PWIDs being offered drug treatment and employment will need to be increased for which additional financial resources will be required.
- Law enforcement and crackdowns on PWIDs in Rawalpindi has been a major issue, however NZC has managed to convince the authorities that our teams be allowed to work in the city without harassment or interruption.
- There is a substantial number of people who use drugs but do not inject. The program needs to focus and allocate additional resources to this population and prevent them from shifting to injecting. Most of the non injecting persons are of a younger age group. NZC has decided to also register and provide them services.



Groups of younger non injectors co-exist with current injectors. Preventing a shift to injecting needs a focus on this population at risk
Rawalpindi, April 2012
Source: Shahid Ranjah, Nai Zindagi

FINANCIAL

The first two installments as per the contract have been received by NZC.

The major spending has started from the month of March 2012 when services were initiated.

A total amount of Euro 236,549 has been spent of which approximately 60% is that from Mainline and the rest is from co-funding.

There is still other co-funding that needs to be added during this period for which accounts will be available after the audit of the co-funding component in August/September 2012



A PWID showing his financial worth - a ring given to him by his mother
Rawalpindi, March 2012
Source: Shahid Ranjah, Nai Zindagi