



FINAL TECHNICAL REPORT

HIV PREVENTION, HIV AND AIDS DIAGNOSTICS,
TREATMENT, CARE AND SUPPORT SERVICES FOR MARRIED
INJECTING DRUG USERS, THEIR WIVES AND CHILDREN.

September 2008 to December 2009

Consent has been sought for all photographs in this report.
The views expressed herein are solely of Nai Zindagi.



Nai Zindagi

BACKGROUND

The HIV epidemic in Pakistan is injecting drug use driven due to sharing of contaminated syringes/needles among the estimated 100,000 - 125,000 street based persons injecting drugs in urban and rural settings of Pakistan.

Due to lack of awareness related to HIV transmission and absence of HIV prevention services at scale, over 20% of the street based persons injecting drugs in Pakistan are HIV positive and incidence of transmission among them is on the increase.

Approximately 50% of the persons injecting drugs are married and engaged in regular unprotected sex with their wives. A study on HIV vulnerability, risk factors and prevalence among men injecting drugs and their wives, titled the '**Hidden Truth**' undertaken by Nai Zindagi, Global Coalition on Women and AIDS (GCWA/UNAIDS) and the Punjab AIDS Control Program (PACP) in 2008.

Four hundred and fifty nine couples participated in the study from three cities of Punjab, Pakistan and evidence of HIV transmission from husbands to their wives was established and up to 15% of the wives who participated in the study were already HIV positive.

Programs for HIV prevention among people injecting drugs in Pakistan and in most Asian countries DO NOT incorporate services specific to the needs of married couples, wives or intimate partners of people injecting drugs. It is often taken for granted that if HIV and AIDS related prevention, treatment, care and support services are established for people injecting drugs they will also cater to the needs of wives and intimate partners.

This is incorrect and a wrong assumption. Most people injecting drugs are men and the package of HIV prevention services does not cater to the specific needs of women (often wives and/or intimate partners).

Excluding or not catering to the specific needs of wives and intimate partners of men injecting drugs is allowing HIV to continue impacting and devastating lives of a highly vulnerable population of women already burdened by the nexus of poverty, drug use, HIV and AIDS. Services cannot be denied to this highly accessible and vulnerable group.

In order to assess HIV and AIDS programming needs of wives, children and intimate partners of men injecting drugs, Nai Zindagi (NZ) proposed a pilot initiative for support to the Swiss Agency for Development and Cooperation, (SDC) in 2008.

This pilot (the first of its kind) aimed at providing HIV prevention, HIV and AIDS diagnostics, treatment, care and support services to people injecting drugs, their wives and children in Lahore.

This is the final technical report for the period September 2008 to December 2009 being submitted upon completion of the project.



Widow and a son of an HIV positive injecting drug user.



Family of two brothers injecting drugs and married enrolled in the project.

CLIENT BASE AND REFERRAL


NZ is Pakistan's largest HIV prevention program for street based injecting drug users in 12 cities of the Punjab supported by the PACP.

The primary objective of NZ's services is to prevent the transmission of HIV and offer a continuum of services including drug treatment services, HIV and AIDS related services and skills training/employment opportunities.

Every married injecting drug user registered with NZ's street based program in Lahore was intervened, counselled and encouraged to enrol in the NZ/SDC project and provide consent to access his wife and children.

A package of services was developed to provide HIV prevention services targeted at married couples where at least one partner was using drugs. This was developed based on needs assessments and NZ's extensive experience of working with people using drugs. All couples and children registered with the NZ/SDC project had access to these essential services.

Of these registered couples if any one was HIV positive an additional set of services were offered that catered to the HIV and AIDS related needs of prevention, treatment, care and support.

A photograph showing a man in the foreground, seen from the back, wearing a grey jacket and a yellow shawl. In the background, a woman wearing an orange headscarf and a matching orange garment is looking towards the camera. They appear to be in a room with a red wall and some papers hanging on it.

A client during a VCCT session.

PACKAGE OF SERVICES OFFERED

Two packages of services were developed with the following criteria:

PACKAGE I : An HIV prevention package of services for all married persons injecting drugs, their wives and children.

PACKAGE II: A specialized package of services in addition to Package I for married persons injecting drugs, their wives and children where at least one or more were HIV positive.

The services offered under each package are detailed below:

PACKAGE I:

- VCCT & VCCT Follow up
- Couple counseling on condom usage and condom distribution
- Counseling - PPTCT, Reproductive sexual health
- Basic health care, pediatric health care and STI treatment
- Referral services for advanced medical care and drug treatment services
- Nutritional Support & Social Support

PACKAGE II:

- VCCT & VCCT Follow up
- Baseline CD 4 diagnostics and 3 monthly CD 4 follow up diagnostics
- Treatment of opportunistic infections (OIs)
- PPTCT
- Counseling and psycho social support/ adherence counseling
- Nutritional and social support
- Home based palliative and supportive care
- Home based hospice care
- Funeral arrangements

PROJECT TARGETS

The one year contract for the pilot project was signed from 1st September 2008 to 31st August 2009.

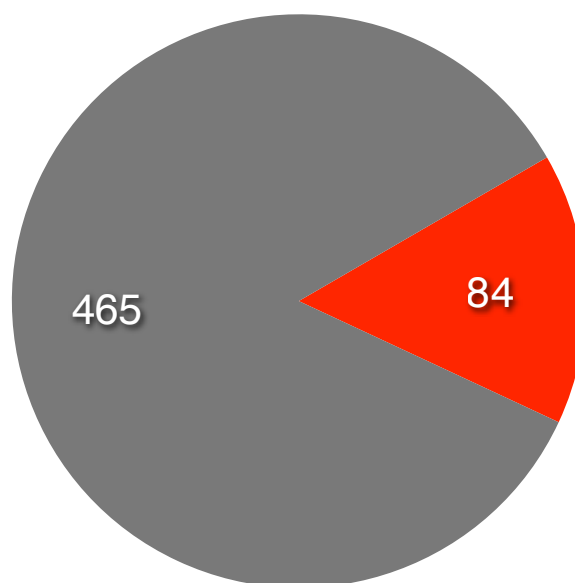
However the project duration and targets were revised in July, 2009 through an amendment in the contract and the project end date was extended to 31st December 2009.

Originally the project was targeted at registering 720 families for Package-I and 72 families for Package-II.

The project duration was extended with a view to continue providing services to already registered families for an extended period rather than keep registering new families who might not be able to benefit from the project services with the intended frequency of contacts to achieve the desired impact.

Accordingly, the process of registering new families remained minimal during the extended period particularly for Package-I whereas families of HIV positive persons injecting drugs under Package II continued to register upon case identification through VCCT.

In total 549 families (wives and children) of people injecting drugs benefited from the services offered during the project period with the following break-up of families for Packages I and II.



● Package I ● Package I and II

Children of a family registered with the project.



PROJECT ACTIVITIES

In September 2008 project staff were interviewed, hired and trained in different areas of service delivery related to the project's objectives and activities. Two packages of service delivery were outlined and 'case management files' developed to record baseline and service delivery data. Also during this month all necessary arrangements related to office space, logistics support, finance and administrative procedures were established. Required channels of communication and referral of between NZ's street based program and the NZ/SDC project were established and orientation sessions within programs conducted.

Referrals to the NZ SDC project and registration of families, including roll out of service delivery was initiated in October 2008.

The following pages highlight provision of various services:

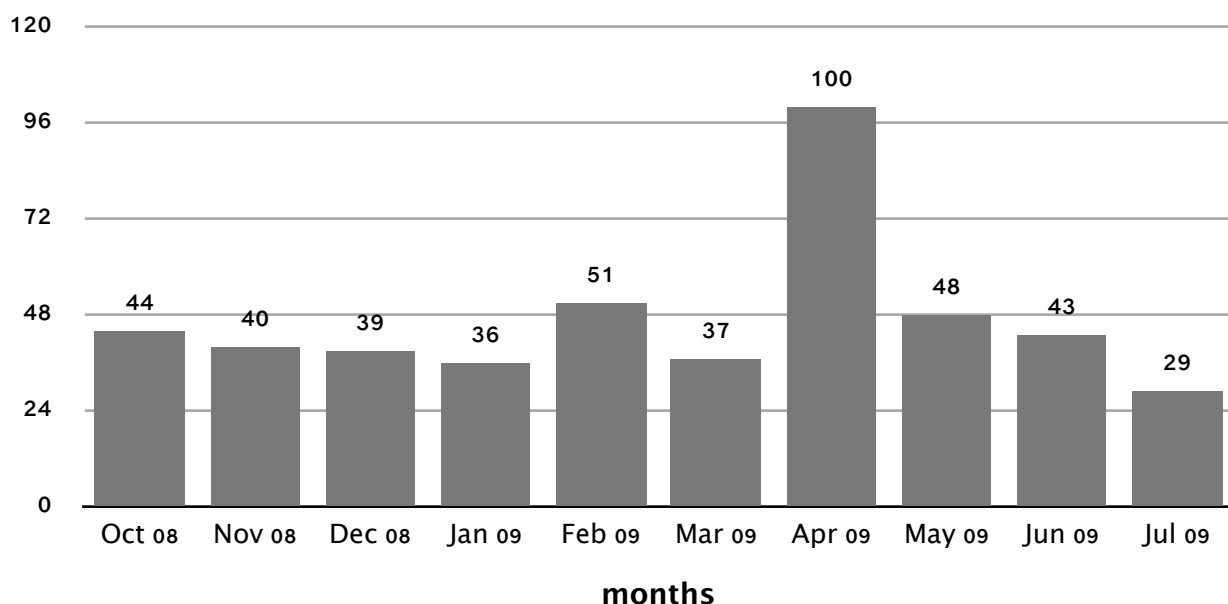
SERVICE UNDER PACKAGE I:

- VCCT & VCCT Follow up
- Couple counseling on condom usage and condom distribution
- Counseling - PPTCT, Reproductive sexual health
- Basic health care, pediatric health care and STI treatment
- Referral services for advanced medical care and drug treatment services
- Nutritional Support & Social Support

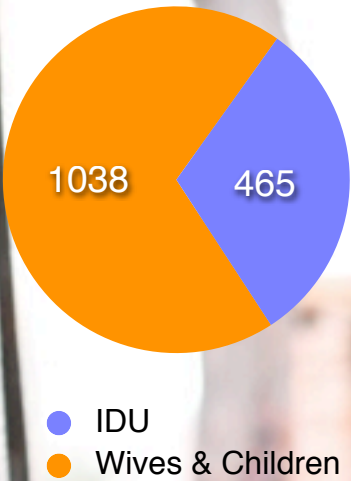
REGISTRATION OF FAMILIES

A total number of 465 families were registered from October 2008 to July 2009, after which as per an amendment to the original contract new registrations were stopped in order to extend service provision to already registered families for a longer period on a no cost extension basis.

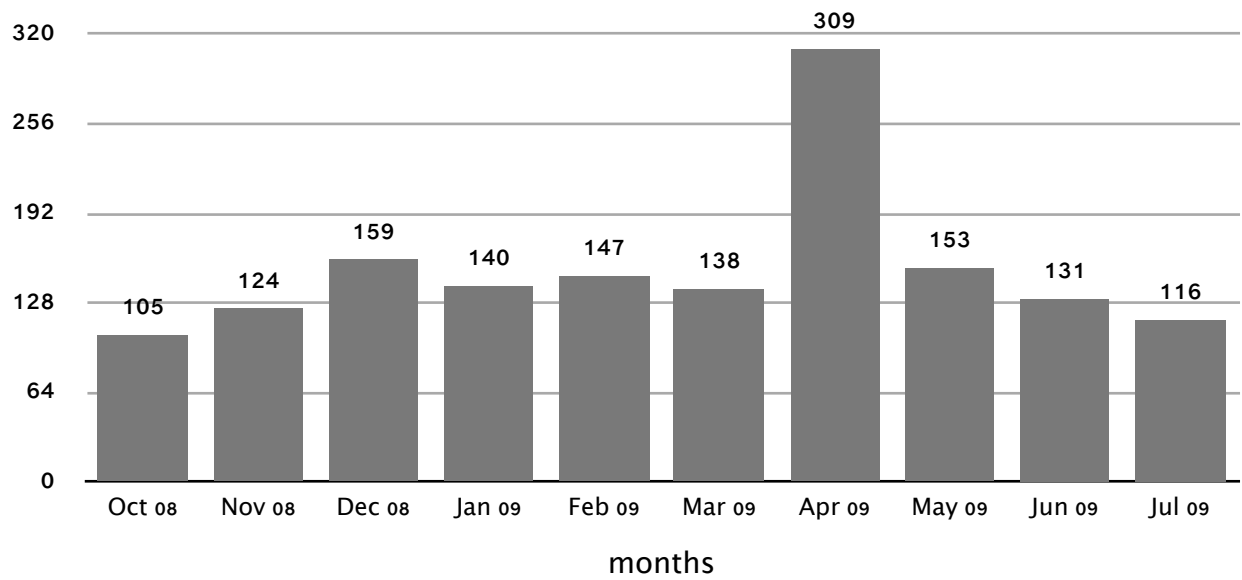
Families Registered for HIV Prevention Services



For every person injecting drugs and HIV positive at least four family members are directly affected.



Number of intake interviews

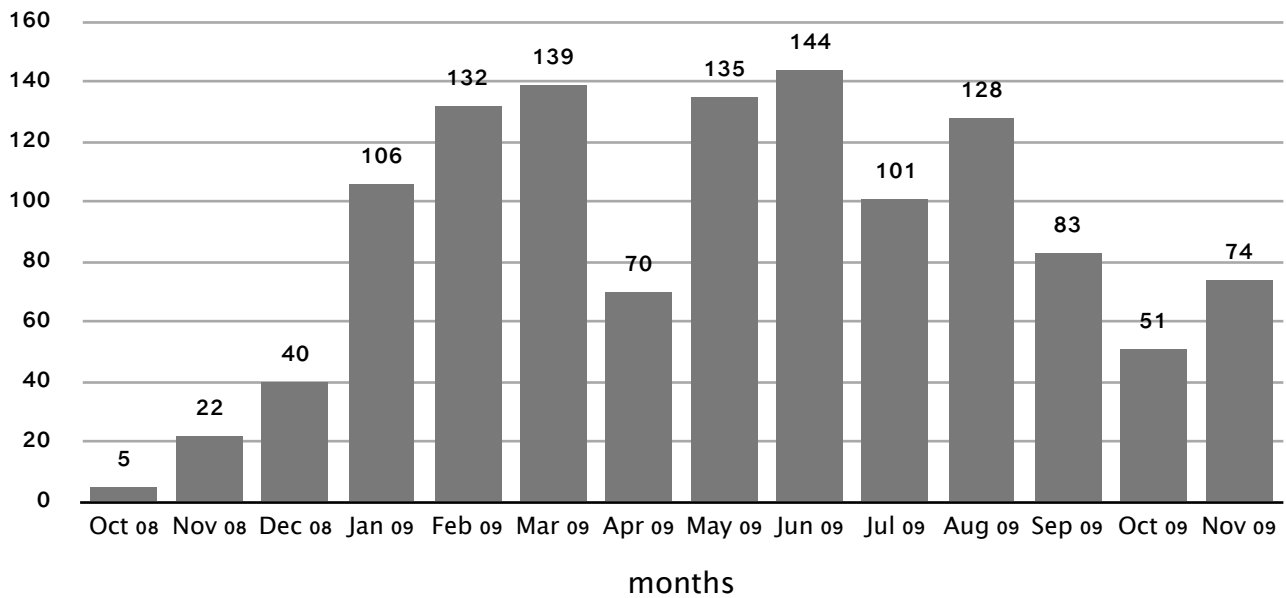


INTAKE INTERVIEWS OF PERSON INJECTING DRUGS, WIVES AND CHILDREN

A total number of 1503 intake interviews were conducted with persons injecting drugs, their wives and children. These interviews were mostly conducted on site to ensure minimum disruption in the daily lives of family members as majority of the women were working in order to support families.

During intake interviews detailed information was collected and recorded as per the case management file systems developed. This initial information was used as baseline data gathered on families and guided the team in preparing individualized intervention plans for the families interviewed.

Number of follow-up visits



FOLLOW UP VISITS TO FAMILIES

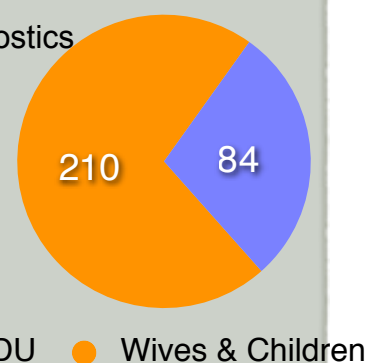
A total number of 1230 follow up visits were conducted through out the project. Sixty percent of these follow up visits were conducted in the field at homes and 40% of the families were called into the office. During these follow up visits families were provided access to services outlined under Package I.

In April 2009 follow up visits were less as compared to other months because of heavy load on new registrations and intake interviews.



SERVICES UNDER PACKAGE II:

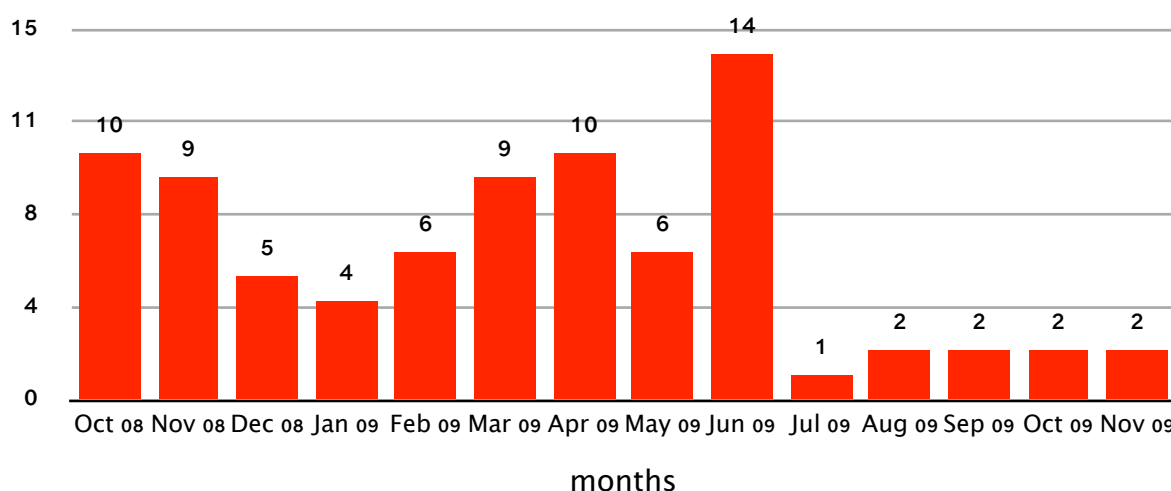
- VCCT & VCCT Follow up
- Baseline CD 4 diagnostics and 3 monthly CD 4 follow up diagnostics
- Treatment of opportunistic infections (OIs)
- PPTCT
- Counseling and psycho social support/ adherence counseling
- Nutritional and social support
- Home based palliative and supportive care
- Home based hospice care
- Funeral arrangements



REGISTRATION OF FAMILIES

A total number of 84 families were registered from October 2008 to November 2009, ten families in addition to the proposed 72 families to be registered as per the contract. 210 family members of 82 HIV positive persons injecting drugs were part of the intake interviews.

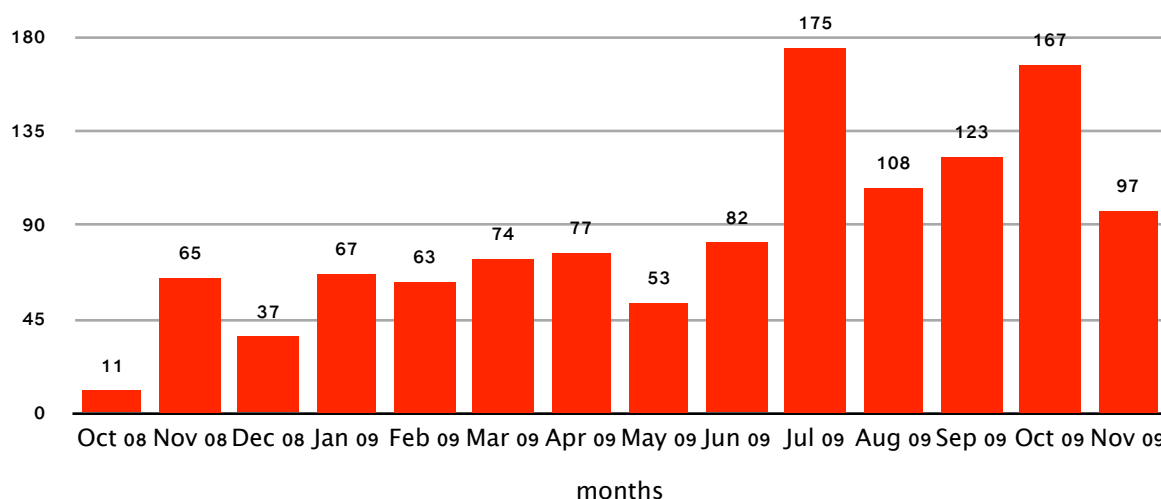
Families Registered for HIV & AIDS related services



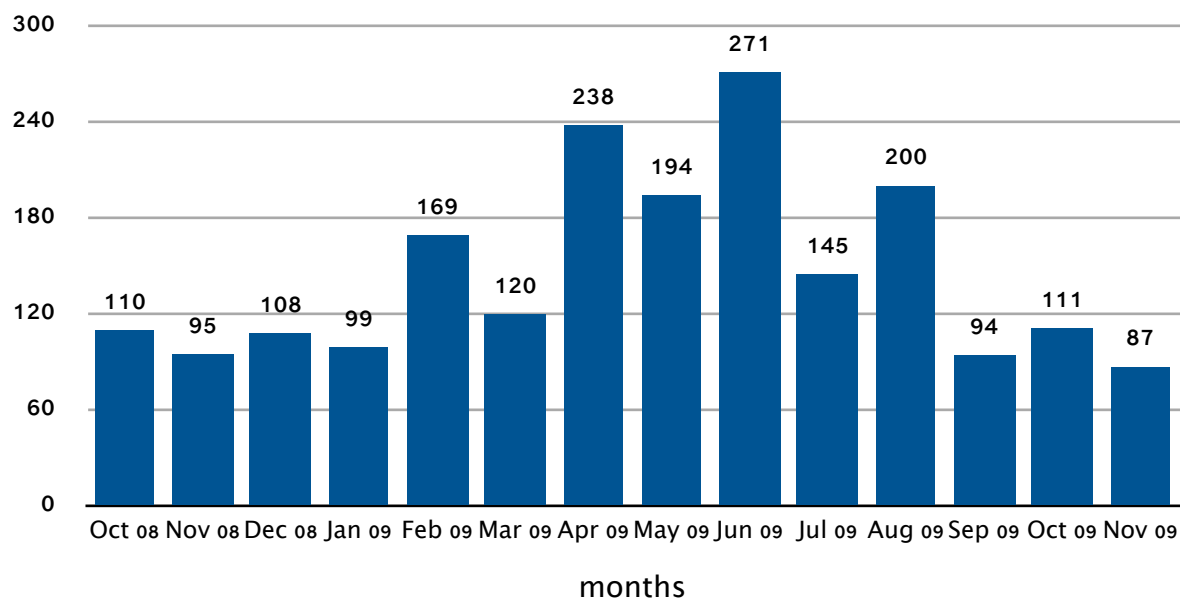
FOLLOW UP VISITS TO FAMILIES

A total number of 1199 follow up visits were conducted with families, most of which were in the field at homes.

Number of follow-up visits



VCCT Services



VOLUNTARY CONFIDENTIAL COUNSELING AND TESTING

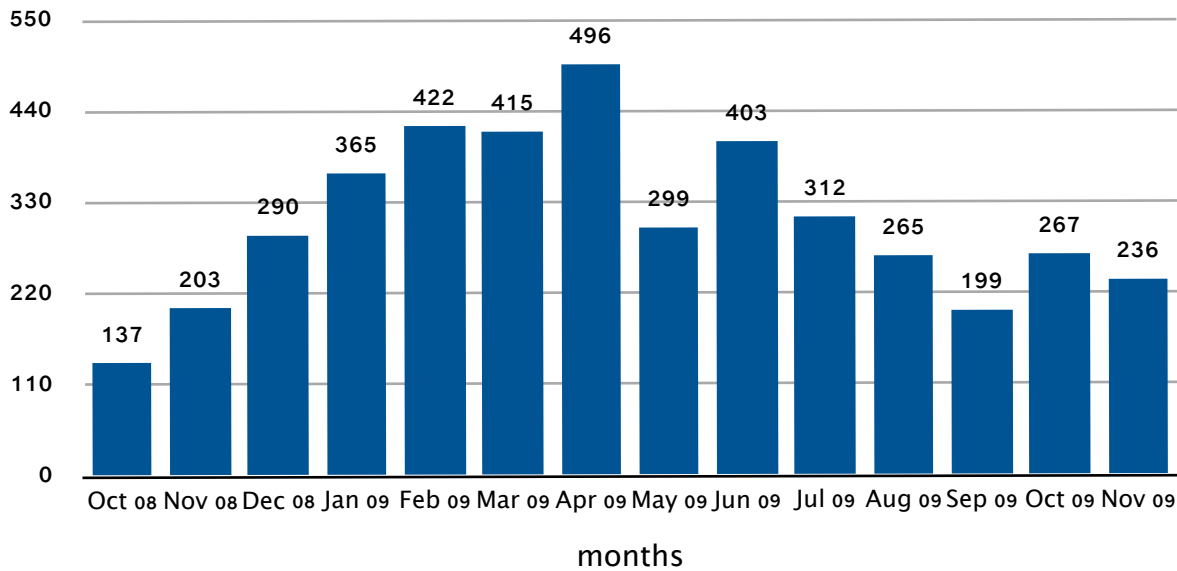
Voluntary Confidential Counselling and Testing (VCCT) is the entry point for an individual into HIV and AIDS related services. A total number of 2,041 individuals who consented and qualified for VCCT were provided these services. During this reporting period the following new cases were identified as HIV positive:

- 84 husbands (persons injecting drugs), 6 wives of drug users and 1 child

Almost 100% of those offered availed, VCCT services for the first time ever in their life. VCCT was conducted on Rapid Kits and HIV positive blood samples were confirmed at designated



Medical Services



MEDICAL SERVICES

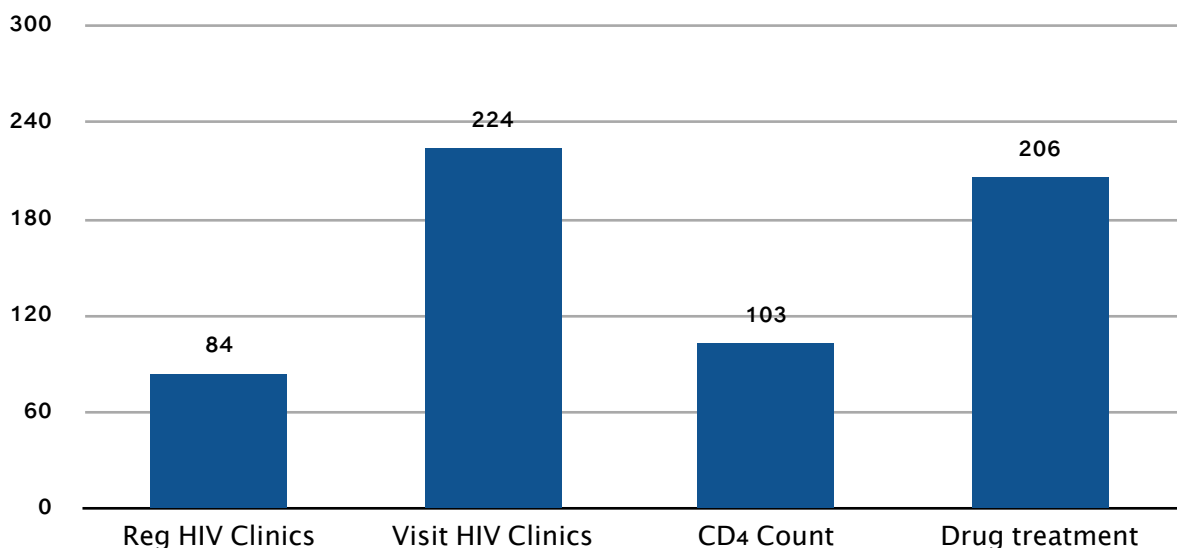
A wide range of medical services were provided to 1,179 individuals during the reporting period. These services varied in nature and type and were needs based. All services provided have been recorded in individual case management files of families.

REFERRAL SERVICES

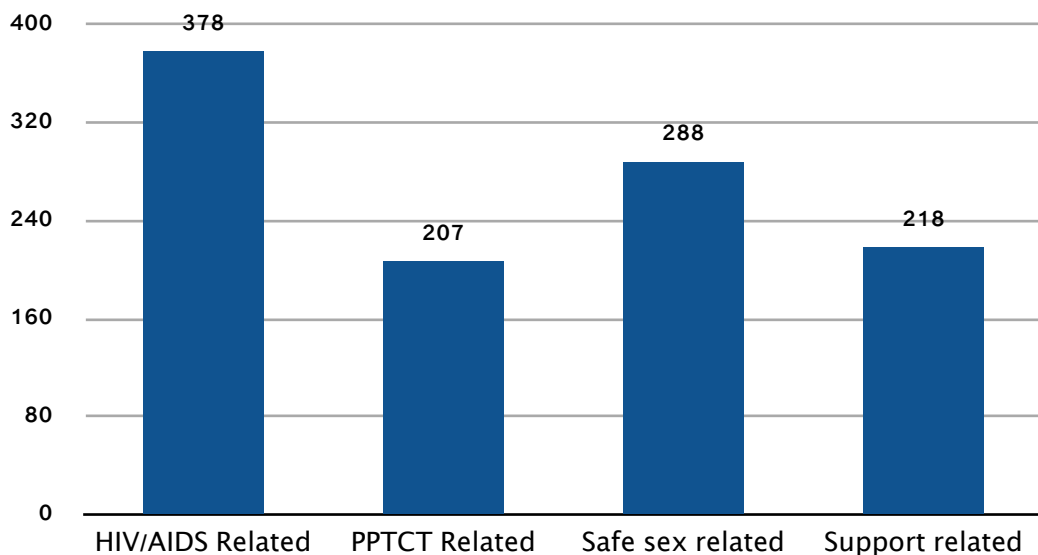
HIV AND AIDS related diagnostics and treatment services have been established in the Public Sector by the Government of Pakistan. NZ has established MoUs with these treatment centres and provide access to those in need. This is also essential to ensure sustainability of AIDS treatment services by assisting clients access these services and familiarise themselves with related procedures. Eighty four out of total of 91 HIV positive individuals were registered with the HIV and AIDS clinics at the Mayo and Jinnah Hospital Lahore and at PIMS in Islamabad.

It is a pre-requisite of the Public sector that only drug users who are drug free can access AIDS treatment and diagnostic services. For this the project has linked up with NZ's detoxification centre in Lahore and 206 persons were provided referral for detoxification services.

Referral Services (overall)



Counselling Services (monthly average)



REFERRAL SERVICES

Psychological support is an essential and ongoing component of the project. In addition to the above, counselling is also provided in the following: program orientation, CD4 and ARTs, adherence counselling, counselling on proper hygiene and nutrition, sexual abuse, marital issues and family related.

The above mentioned figures represent average monthly counselling services in key areas of the overall counselling support provided during the project period.

Twenty one pregnant wives have been identified in the project. Of these 4 have husbands who are HIV positive. All 21 were referred and registered with the Lady Wellington Hospital for access to PPTCT (Prevention of Parent to Child Transmission) services. The project ensured on going access to the PPTCT program and access to appropriate anti-natal care. In the absence of this project, this service would not be available.

857 nutritional packages were provided to households under the monthly nutritional package. It has resulted in improved health of the family members.

As a result of ongoing counselling families are playing an important role in motivating people injecting drugs to quit drugs, improve their health and seek employment for economic empowerment.



KEY LESSONS LEARNT

Some of the key lessons learnt are:

- Wives and children of people injecting drugs are at risk of HIV and are in need of HIV prevention and AIDS diagnostics, treatment, care and support services which currently are not available.
- Wives (and children) of people injecting drugs can be easily accessed through their husbands if they are accessible and/or already part of a service delivery program, as was the case with NZ and its street based HIV prevention program with the PACP in Lahore.
- Care and support to wives and children of persons injecting drugs is most effective and possible on an out-reach basis in their own environments at their own availability, without disrupting their daily lives, specially as most wives work to meet daily living expenses.
- Multi disciplinary staffing (staff with medical, social and psychological expertise) is essential for a complete and holistic care and support program for wives and children of people injecting drugs.
- Public-Private partnerships can be established and are cost effective to ensure access to generic health care and should be an integral part of services for wives and children of people injecting drugs.
- Specially for people living with HIV, joint collaboration with established HIV and AIDS clinics in the Public sector are essential and crucial for sustainability of access to ARVs and medical treatment. Similar linkages need to exist with other relevant services in the private and public sectors e.g. access to micro credit for women; women friendly skills training, etc.
- Adherence of people injecting drugs to ARVs is drastically improved by engaging wives through counselling and working alongside staff. It also helps to ensure timely and routine access and attendance to proper nutrition, treatment and medical care.
- HIV prevention, care and support packages for wives and children of people using drugs are not sustainable without financial resources. Staffing and logistics costs are considerably high in order to ensure timely and adequate access to services.
- A component of home based intensive and appropriate medical care for persons in their last stages of AIDS was missing in the component of services and is an essential component that needs to be built in future programming.
- Experienced medical staff in HIV and AIDS related services is difficult to find and those who have the expertise and know how are already engaged and are often not willing to work at grass root levels at the packages offered. In house training and capacity building of medical staff is an essential component.
- Management and Information Systems for a project of this nature were not available and have now been made by the NZ/SDC project and have been improved upon and can be replicated by other service providers.
- In house capacity of local staff has been built to deliver the specialized women friendly services to wives and children of people injecting drugs.
- Linkages established in this project to provide a continuum of care to people injecting drugs, like drug treatment and access to socio economic rehabilitation are essential and needed components to ensure maximum sustainability of efforts.

KEY IMPACT

Some of the key impact of the NZ/SDC pilot are:

- A well planned, implemented and documented pilot project has been completed that is contextual to programming needs in Pakistan. We now have the foundation to form the basis of future programming for wives and children of people injecting drugs.
- Over 2000 persons injecting drugs, their wives and children accessed a complete package of HIV and AIDS prevention, diagnostics, treatment, care and support services in Lahore.
- A direct result of provision of these services is improved knowledge related to HIV and AIDS, increased access to quality health care, reduced high risk behaviours including injecting drug use and unprotected sex, access to socio economic rehabilitation and employment all of which has resulted in an overall improved quality of life.
- Access to counselling services has resulted in an overall improvement in family relationships and relationship within communities which has directly benefited in reducing stigma and discrimination.
- The pilot project established the fact that women and children friendly services within the frame work of HIV and AIDS related services for people injecting drugs of which over 99% are men, can be effectively established and delivered.
- Working alongside and empowering wives of people injecting drugs drastically improves outcomes of interventions often targeted in isolation at men injecting drugs.

CONCLUSIONS AND RECOMMENDATIONS

Some of the key conclusions and recommendations are:

- HIV and AIDS prevention, diagnostics, treatment, care and support services for wives and children of people injecting drugs **should be an integral part of service delivery packages** being established in country for the prevention of HIV transmission.
- **Increased advocacy based on evidence is required** to ensure additional financial resources to address the gap of services for wives and children of people using drugs.
- There is a **need for capacity building of medical staff** in AIDS related diagnostics, treatment and service delivery.
- **Linkages need to be strengthened to subsidize and sustain program costs** by accessing existing available resources for example WFP - for nutrition packages; UNICEF - for children related services; UNFPA for reproductive health related services; UNIFem for advocacy for women friendly services, etc.
- **A scale up of services 'From 'piloting to programming' is essential** and needed to build, improve upon, adapt and adopt the lessons learnt in the NZ/SDC program on a National level.