## Concept to Reality The ART Adherence Unit

An initiative of MAINLINE and Nai Zindagi Charity

Presented on 28 September 2014, DTC - Islamabad

#### Objective

Provide a structured, safe and learning environment away from chaotic drug use, to HIV positive people using drugs from across Pakistan, who are registered with public sector special clinics and have initiated ART and improve their health, knowledge, socio economic status, vocational skills, reduce relapse to drug use and ensure adherence to ART.

# Twelve month adherence monitoring and follow up

## Average two month residential stay

#### The ART Adherence Unit (AAU)

(in urdu AAU means - come (in a welcoming manner))

#### Services

#### Therapeutic Environment

Drug free, Nutritious food, Safe, Learning Hygienic, Client oriented, Healthy, Regular exercise

#### **Medical Services**

Basic Health Care
Treatment of OIs as per the recommendations of the special clinic
STI treatment based on syndromic management
Adherence monitoring of ARVs
Access to advanced medical care in collaboration with the public sector hospitals
Diagnosis and treatment of TB - linkage with TB Dots

#### Counseling Services

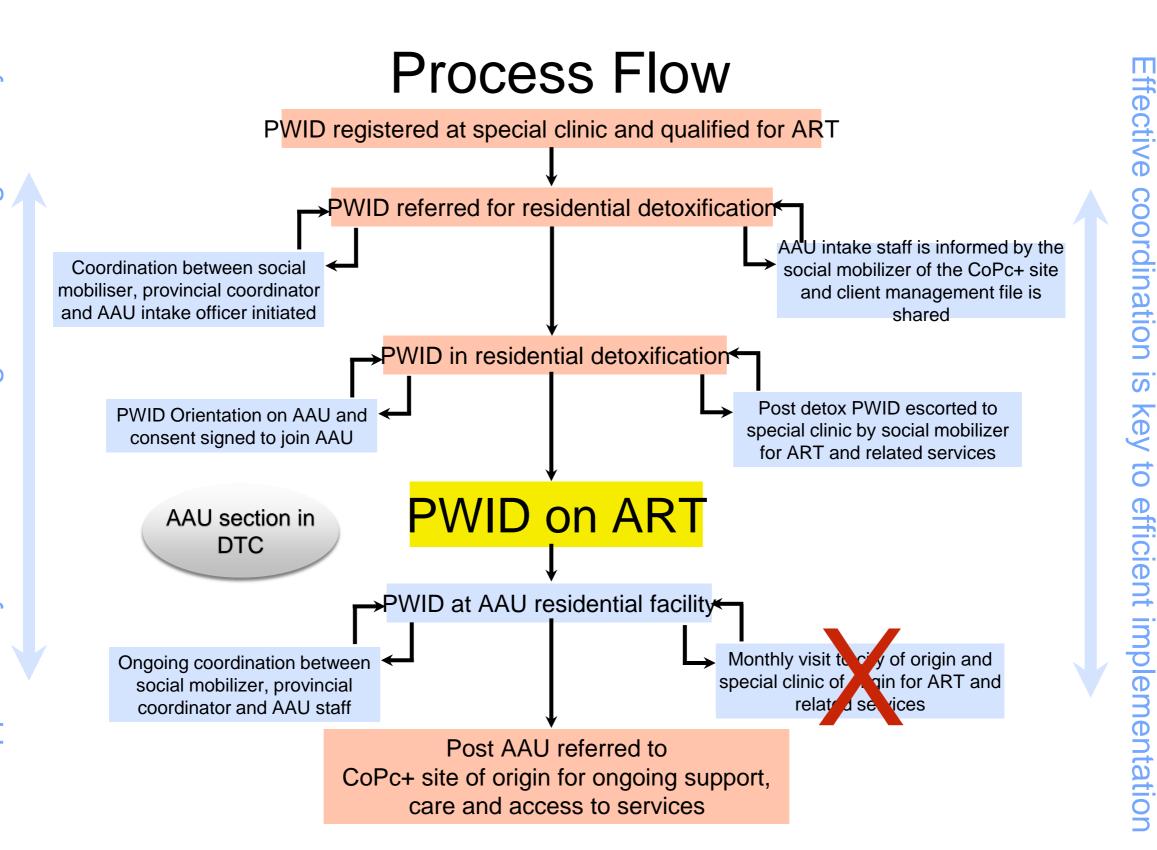
Psycho social specifically related to addiction and drug use Group therapy sessions related to relapse prevention, anger management, etc.

Marital counseling
Family counselling
Disclosure counselling and facilitation
Adherence counseling
Counselling in post AAU goal setting and follow up orientation

#### Socio-economic rehabilitation

Referrals for skills training and job placement opportunities

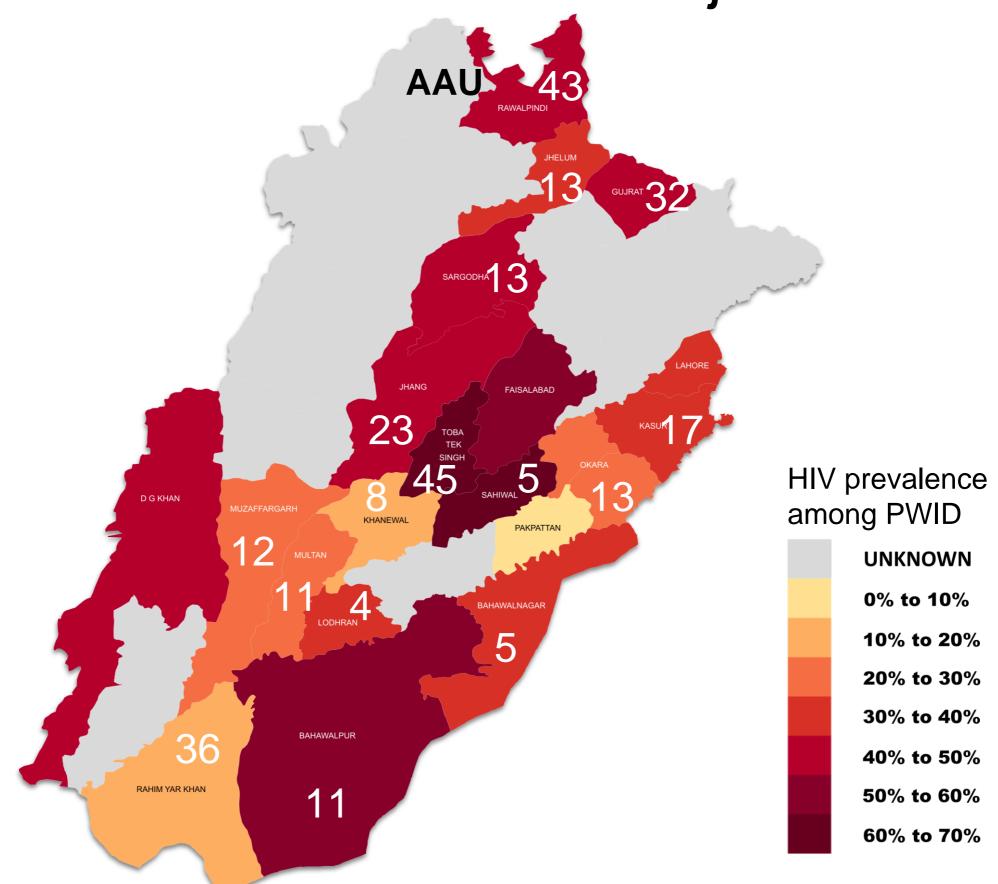
#### ART Adherence Unit (AAU)



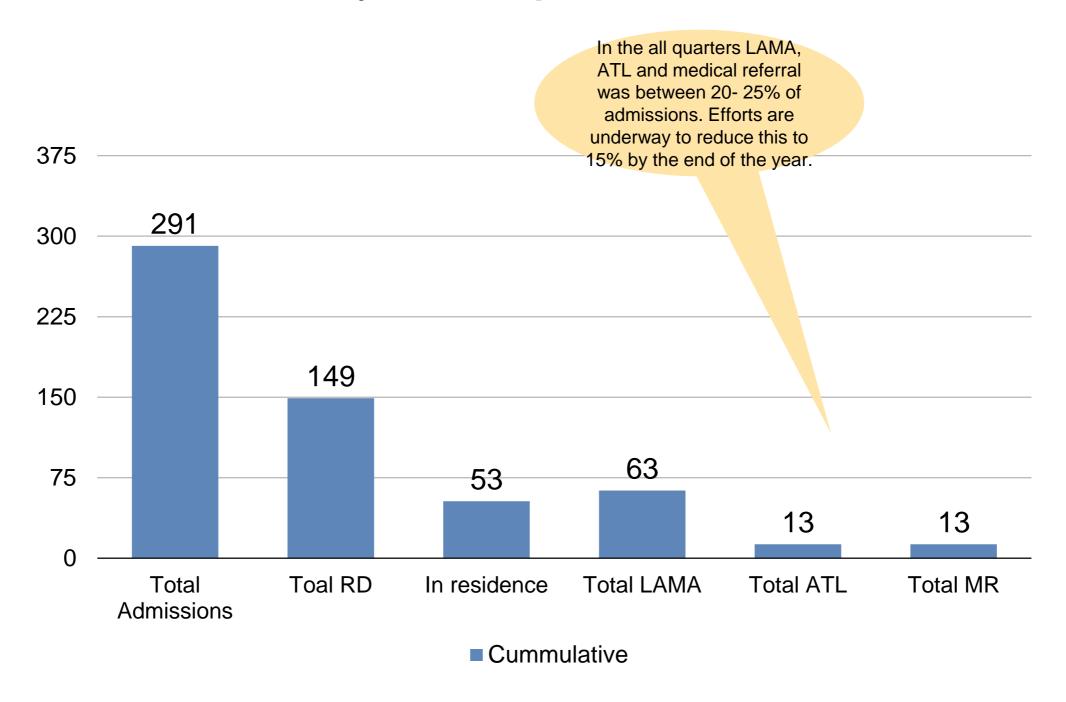
## Client Profile January to September 2014

- All male.
- Average age 35 years (18 62 years).
- Thirty two percent married, ten percent.
   divorced and five percent separated.
- Fifty seven percent illiterate.
- Varied basic skill levels.
- Average CD4 level = 265 (77 475).

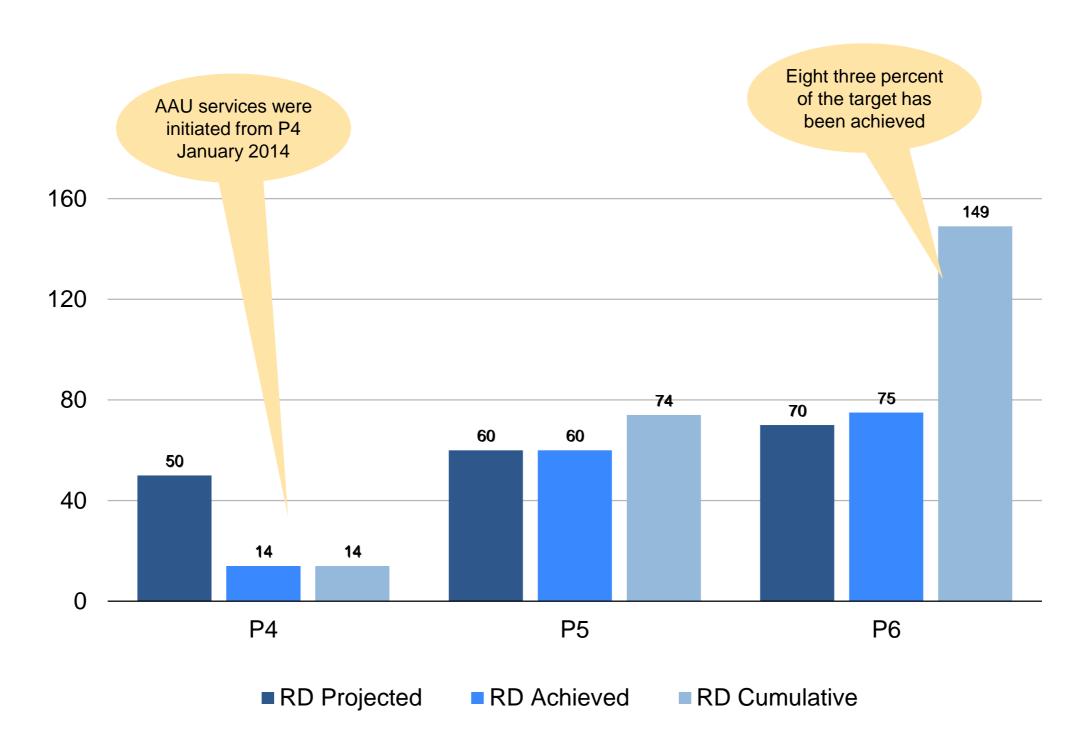
#### Referrals from Punjab



## AAU Client In and Out Flow January to September 2014



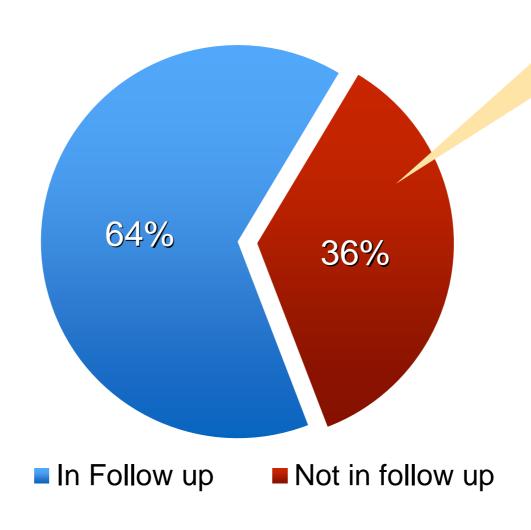
## AAU Targets Projected vs Achieved



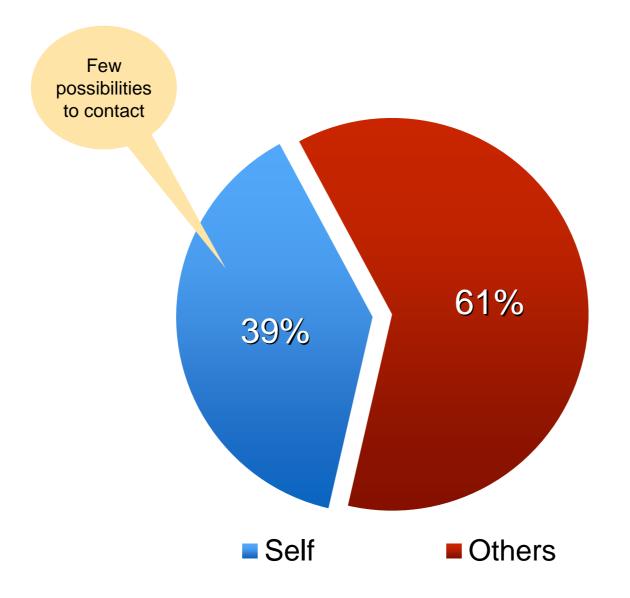
#### Follow up for adherence monitoring

(149 clients who completed AAU)

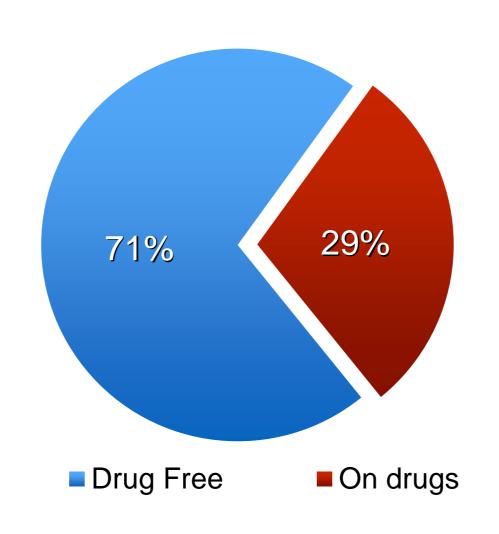
Need for drastic improvement in follow up methodology, processes and approaches.



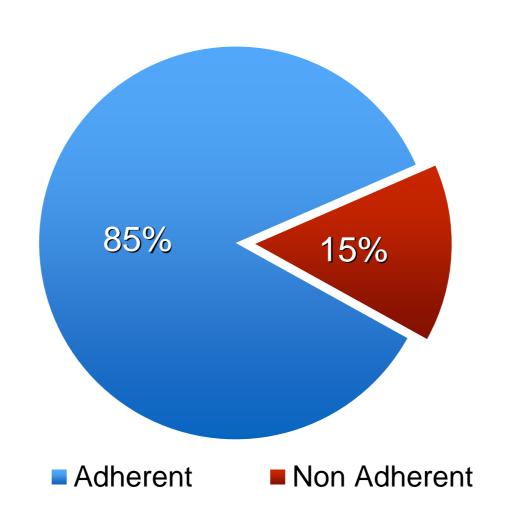
## Follow up for adherence monitoring (96 who are in follow-up)



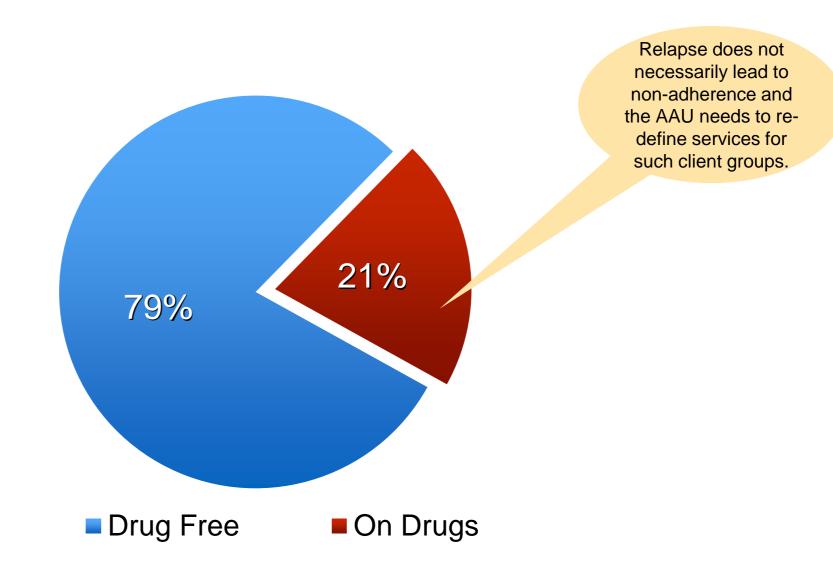
## Follow up for adherence monitoring (96 who are in follow-up)



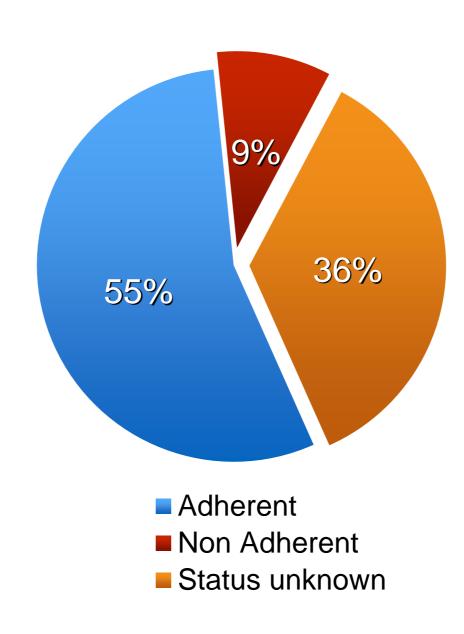
## Follow up for adherence monitoring (96 who are in follow-up)



## Follow up for adherence monitoring (82 who are in follow-up and adherent)



## Follow up for adherence monitoring (149 who completed AAU)



#### Lessons - Internal

- <u>Learning curve</u> took time to understand the dynamics of the work - learning through experiencing.
- Staff turnover difficult working environment;
   inadequate expertise; personal issues; relapse; etc.
- Resource constraints project demands exceed available resources e.g. ambulance; higher level of medical equipment/facility; etc.
- Nature of clients extremely poor health; psychological and emotional issues; limited fall back post AAU; etc.
- AAU's dependency pre & post dependent on referral, services and follow up on external organisations and sectors who have their own priorities.
- <u>Limited communication</u> post AAU it is very difficult to stay in direct contact with clients to follow up.

#### Lessons - External

- Orientation of AAU clients landing up at AAU initially had poor orientation of the program.
- Referral initially was chaotic but with time has improved with some minor issues that still need to be improved.
- Public sector services operate on their own pace and provision of ART, timely baselines, treatment of Ols, etc. still remain an issue.
- Follow-up is not what it should be due to difficult in contact primarily due to the geographical spread, absence of NZC across Punjab and political issues.
- High relapse high relapse between completing detox. and joining AAU.
- <u>Coordination</u> between AAU, DTC, NZT, SRs, CoPc+ sites has been a major issue but has considerably improved.

#### The future

- Document impact it is suggested that a component of research is incorporated in order to evaluate impact of the AAU.
- Follow-up explore possibilities to improve follow up.
- Aggressively promote the AAU concept to have higher number of HIV positive PWID on ART.
- Explore post AAU sustainability of clients intensive engagement of families of origin and other possibilities to improve post AAU financial and social sustainability.

#### Thank you