

# Concept to Reality

## The ART Adherence Unit

An initiative of MAINLINE and Nai Zindagi Charity

Presented on 28 September 2014, DTC - Islamabad

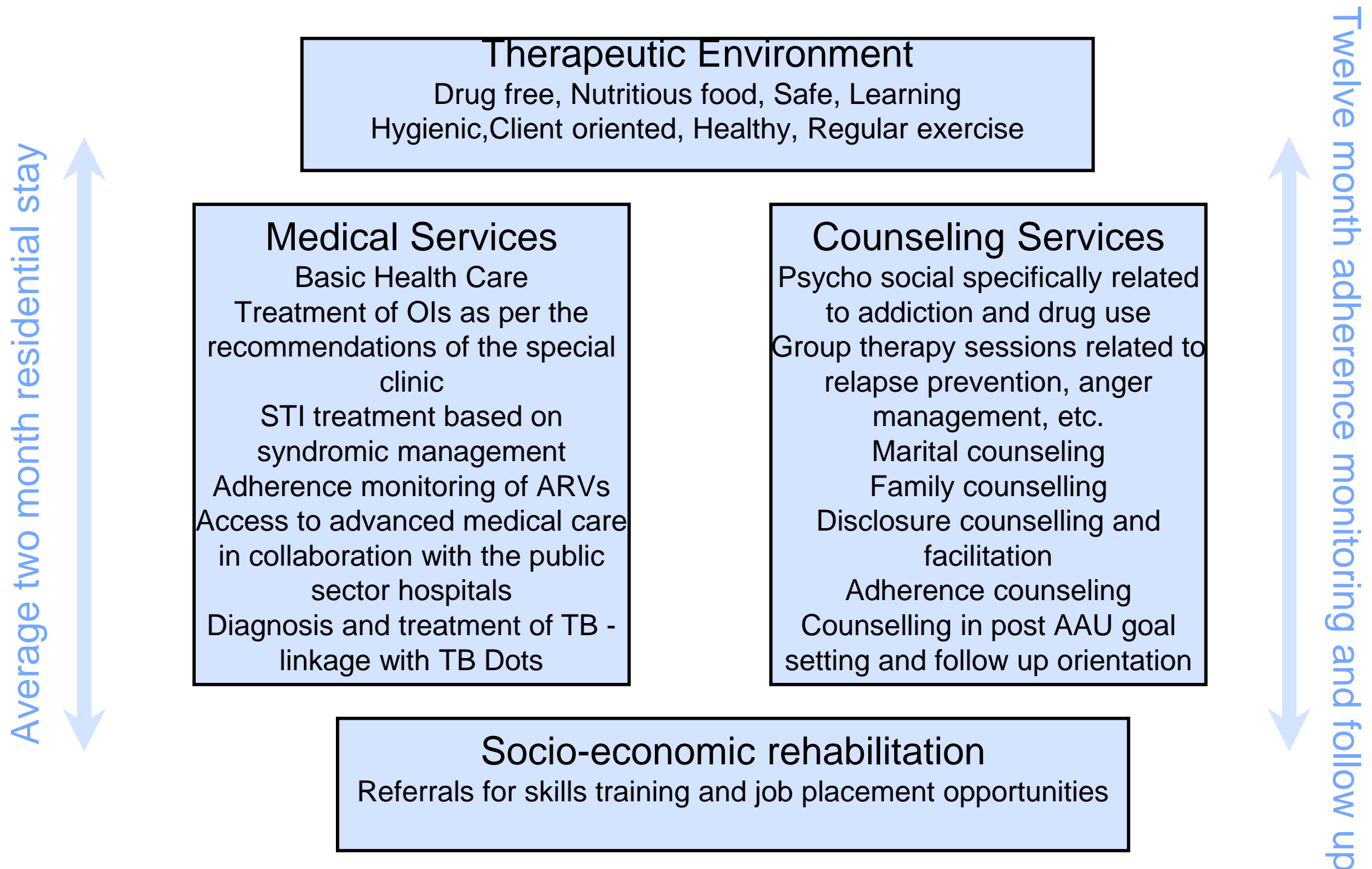
# Objective

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.**

# The ART Adherence Unit (AAU)

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

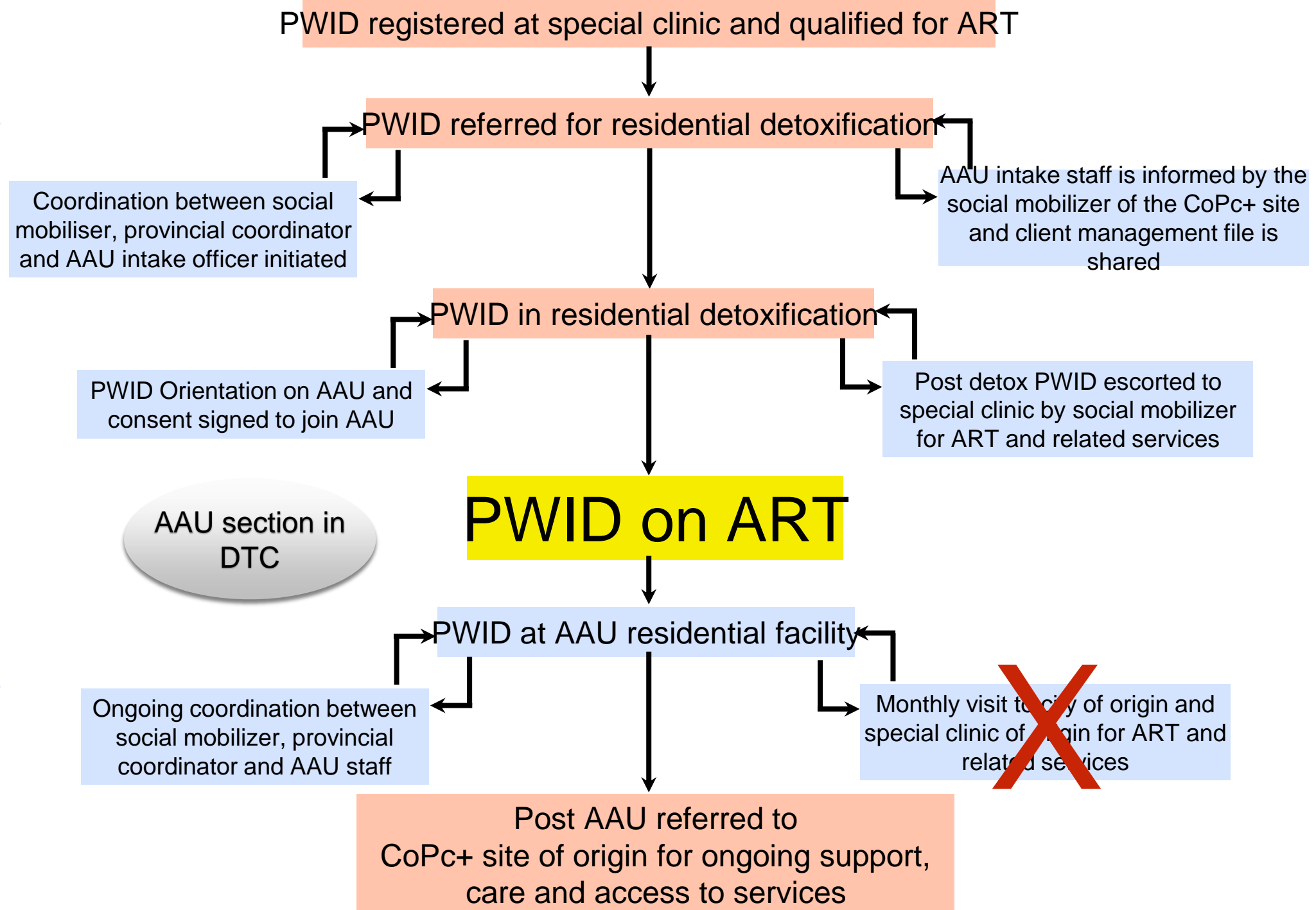
## Services



# ART Adherence Unit (AAU)

## Process Flow

Supported by Mainline through Nai Zindagi Charity



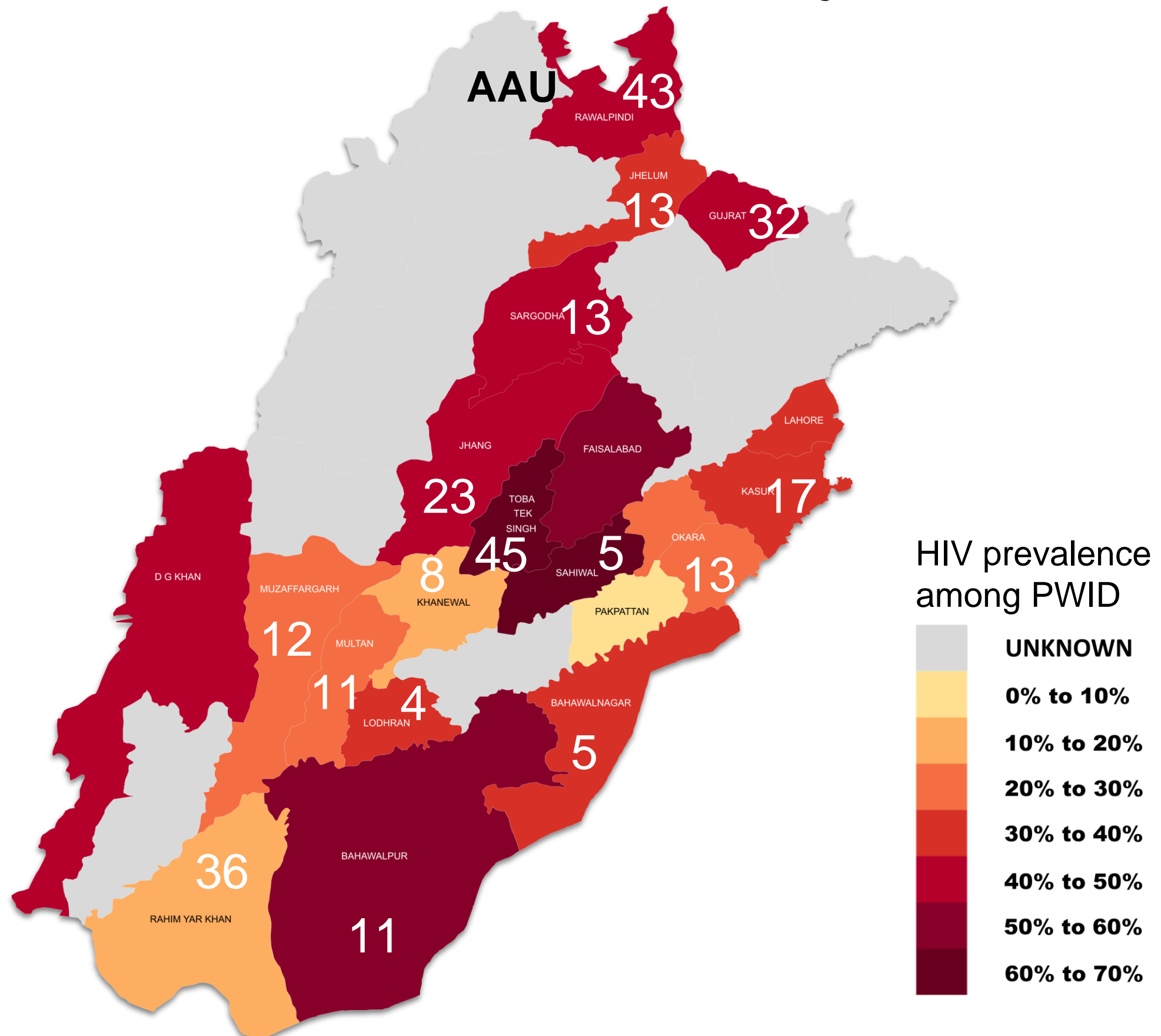
Effective coordination is key to efficient implementation

# Client Profile

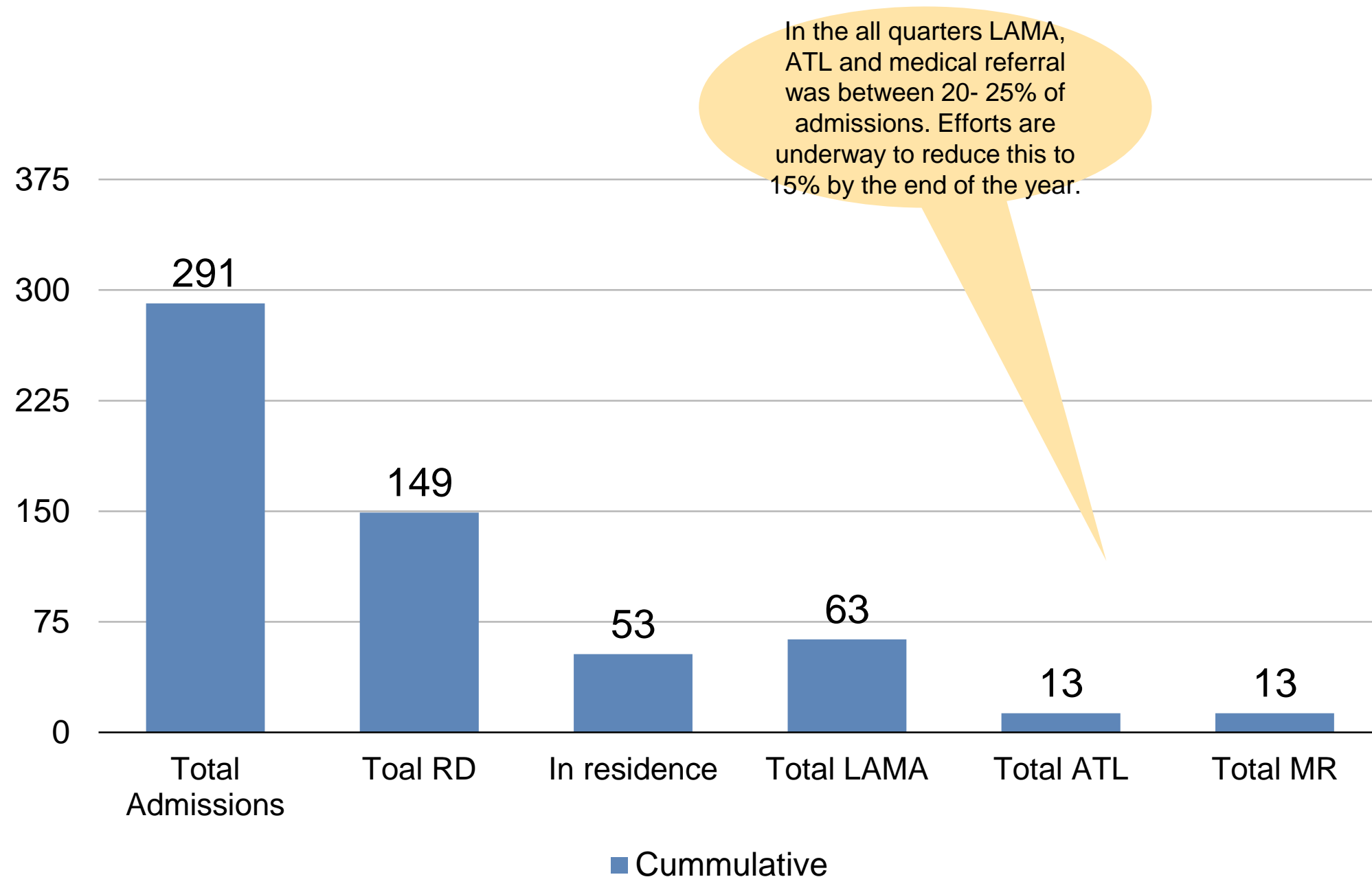
## January to September 2014

- 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).

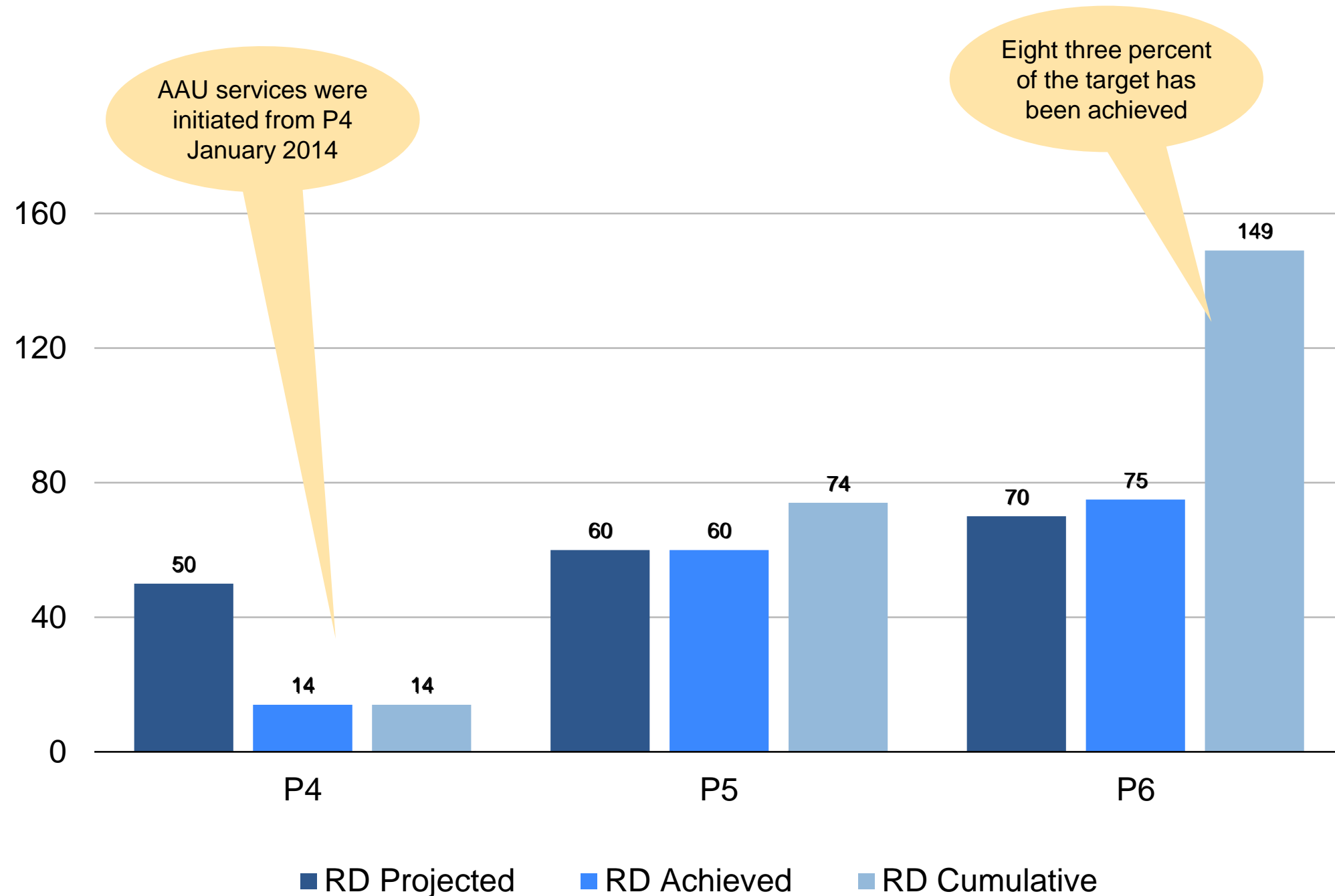
# Referrals from Punjab



# AAU Client In and Out Flow January to September 2014

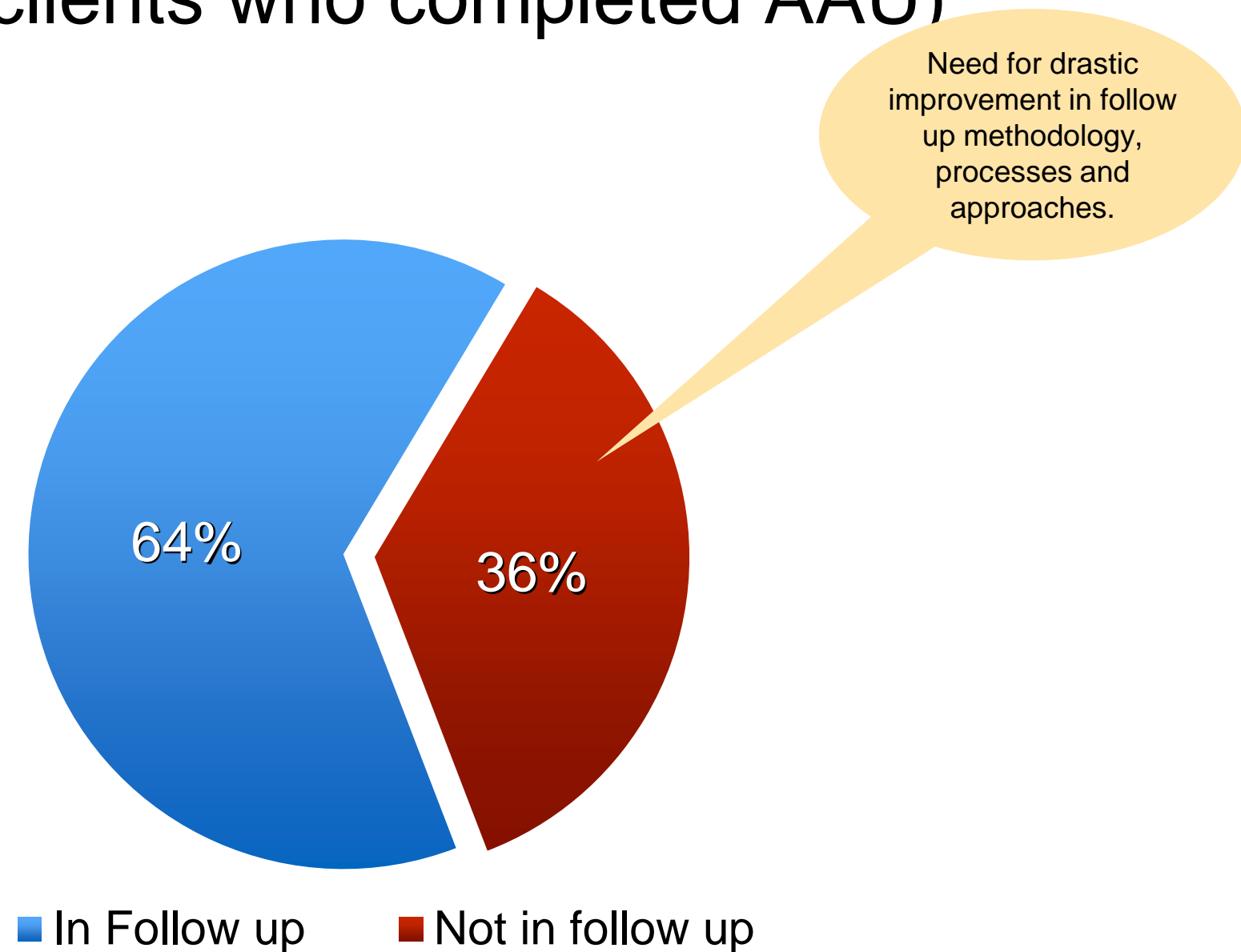


# AAU Targets Projected vs Achieved



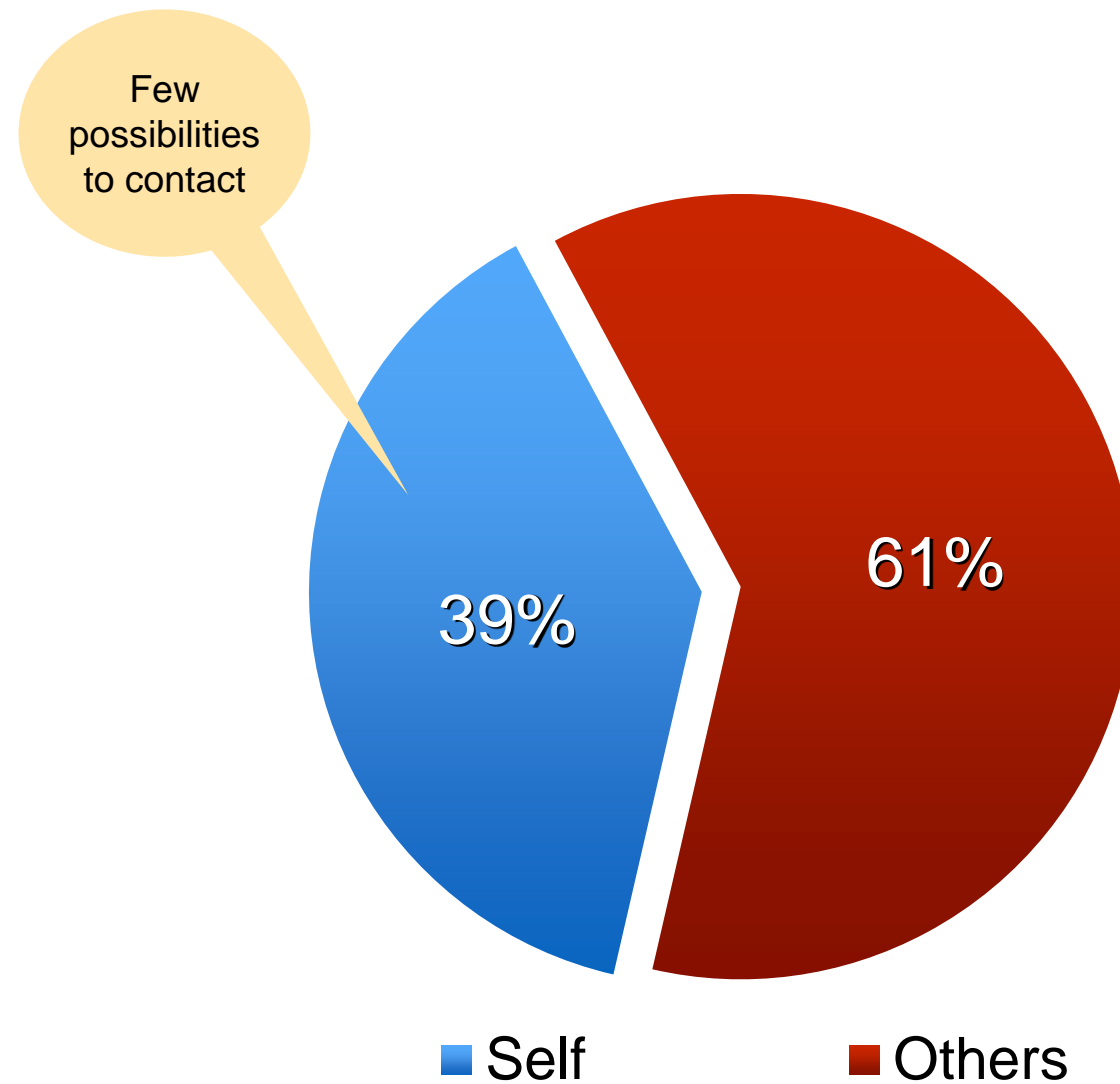


# Follow up for adherence monitoring (149 clients who completed AAU)



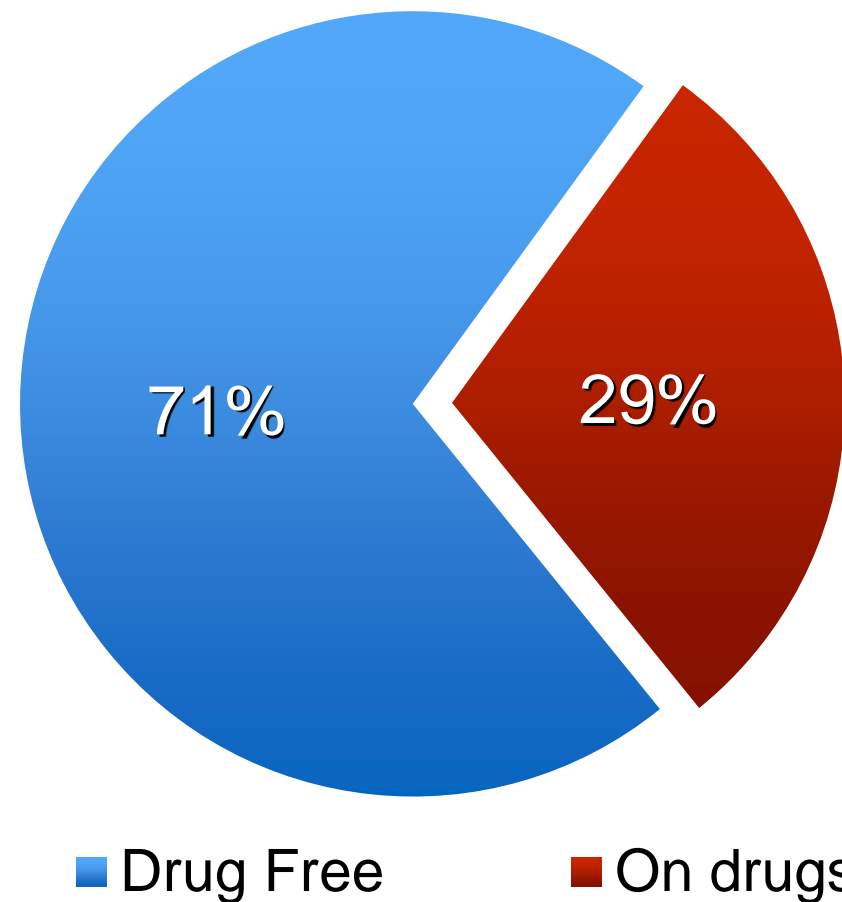
# Follow up for adherence monitoring

(96 who are in follow-up)



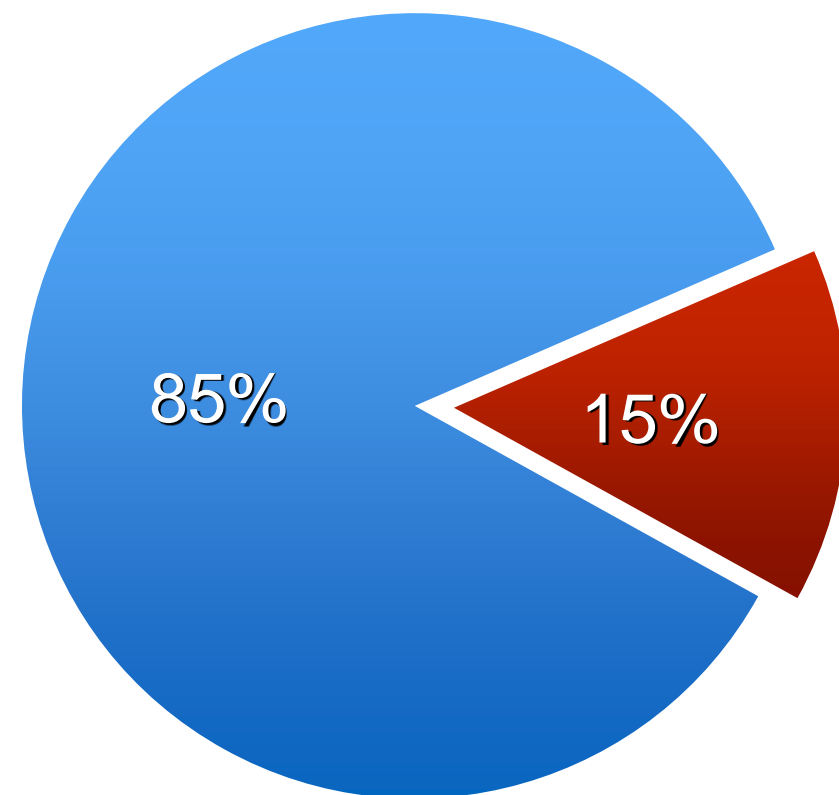
# Follow up for adherence monitoring

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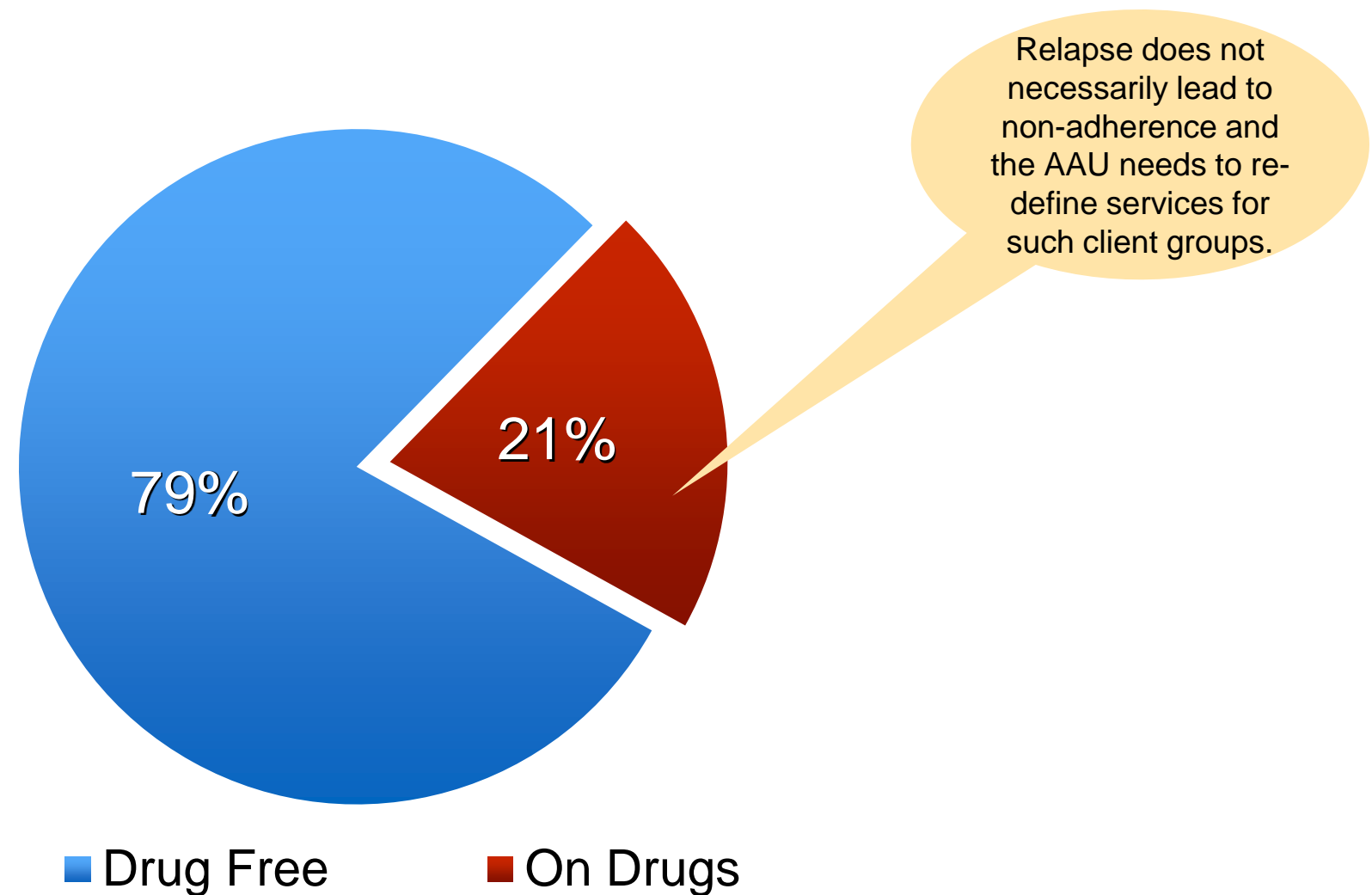


■ Adherent

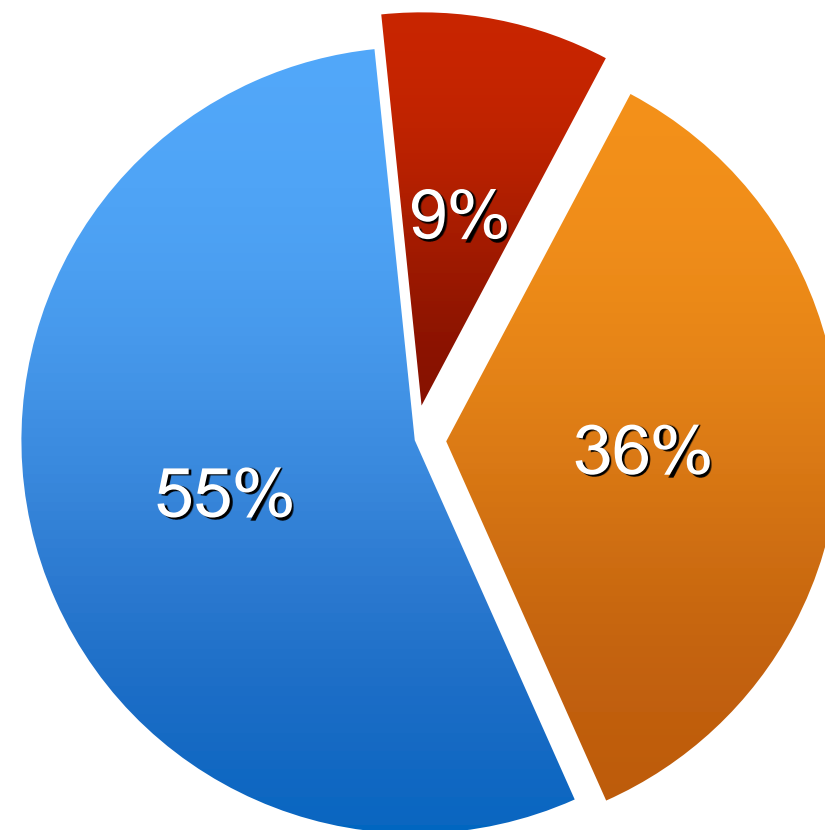
■ Non Adherent

# Follow up for adherence monitoring

(82 who are in follow-up and adherent)



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



- Adherent
- Non Adherent
- Status unknown

# Lessons - Internal

- Learning curve - 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.
- Limited communication - 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 OIs, 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.
- Coordination - 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