



**A TARGETED RESPONSE  
TO HIV & AIDS**

**NAI ZINDAGI**

Since 1989

PAKISTAN

Nai Zindagi was established in 1989 by a group of individuals affected by drug use. We provide a range of rights and needs based services to persons marginalised by drug use, HIV and AIDS and in particular their spouses, sexual partners and families.

We prevent the transmission of HIV, reduce drug use related harms and risks. Working in close consultation with our beneficiaries to plan programs and interventions results in innovations that are evidence based, contextual and culturally appropriate.

We aim at improving the quality of life of our beneficiaries and their families through skills training and employment opportunities for socio-economic rehabilitation.



## PROFILE

RIGHTS BASED SERVICES FOR PERSONS AFFECTED BY  
DRUG USE, HIV AND AIDS

We aim to work with people and communities affected by drug use, HIV and AIDS and empower them to improve their knowledge, health, socio-economic well being and access to essential services



# OUR APPROACH

- Evidence and needs based programming
- Real time monitoring and analysis of service delivery data to identify gaps and optimise services through innovations
- Operational research and rapid situation assessments to plan, design and implement reprogramming

*Out reach workers in the community for needle and syringe exchange and associated services.* >



## PREVENTION

Harm Reduction services to prevent transmission of HIV and Hepatitis B & C viruses



## OUT REACH

All our services are based on reaching out to beneficiaries in their own communities



## TESTING & DIAGNOSTICS

HIV & AIDS related diagnostics, testing, counselling and referral services in the community



- Development and training of human resource to work in challenging environments
- Coherent linkage between finance and programming for realistic budget allocation and optimal burn rate
- Consistent advocacy for rights based approaches to reduce stigma and discrimination

*Female out reach worker  
< reaching out to a spouse of an  
HIV positive client.*



## SPOUSE PROGRAM

Package of comprehensive HIV prevention and treatment services for spouses



## LINKAGES

Collaboration and networking with various sectors at local, national and international level



## PSM

Procurement supply chain management of health products and warehousing

## MIS

Management Information System in real time for trends analysis and program planning



## POINT OF CARE DIAGNOSTICS

Pakistan's first mobile point of care CD4 machines for diagnostics in communities



## IN TOUCH

A follow up service through cell phones to monitor adherence of persons on ART



## INNOVATIONS

We regularly pilot innovative interventions to address gaps and changing trends in service delivery.

These innovations have fast tracked access to essential services and efficient response to identified gaps and changing trends.

These pilots have been supported by Mainline, Netherlands and successful pilots have been scaled up Nationwide with funding from the Global Fund.

CD4 diagnostics by trained lab technicians in the community. >





## BIOMETRICS

Entire service delivery data is recorded and uploaded in real time through biometric devices



## MOBILE ART ROLLOUT

Pakistan's only service that provides ARVs in the community to improve access



## SKILLS TRAINING

Vocational skills and employment for socio economic empowerment



- Biometric based service delivery synchronised with an efficient MIS is key to program planning and monitoring
- Cell phones have proven extremely cost effective with precise outcomes to follow up adherence rates of over 3000 clients across the country, and respond quickly to emerging needs

< *Community based biometrics driven service delivery for real time service delivery data collection and analysis.*





## ART ADHERENCE UNIT (AAU)

The ART Adherence Unit (AAU) is a residential rehabilitation facility for HIV positive persons who inject drugs (PWID) that combines treatment for opioid dependence with HIV treatment adherence support.

It aims at stabilising the client so that HIV treatment becomes a realistic and achievable proposition for them.

- Prior to the AAU there was a significant problem with retaining PWID in ART treatment in Pakistan
- AAU attendees were 43-51 times more likely to be adherent in a period of 7-19 months of treatment initiation
- Adherence rates declined overtime much faster , 44.4% for those not attending AAU versus 1.7% for those attending AAU
- Sixty percent of those reporting relapse are also reporting adherence with higher rates among clients of AAU
- In terms of the cascade of services from prevention through to treatment and care, the AAU sits at the threshold of treatment initiation
- Results from the client survey showed and adherence rate of 77.4% for those who had completed residency at AAU
- AAU graduates account for the bulk of people adherent to ART in Pakistan

*Based on AAU evaluation by third party and supported by the Global Fund*



# SERVICE DELIVERY DATA FROM 30 DISTRICTS OF PAKISTAN

Updated July 2018



- Two hundred outreach workers make 5000 contacts daily with people who inject drugs, their spouses and sexual partners
- Distributing 15,000 syringes every day at 400 hot spots in 30 districts across Pakistan
- Collecting over 300,000 used syringes and needles for incineration every month
- Provision of antiseptic dressing and basic medical care to over 3,000 PWID every month
- Reaching over 1,000 PWID and spouses with HIV testing & counselling services every month
- Providing ARVs to over 4,500 HIV positive PWID and spouses every month through ART Centres in the Public sector
- Follow-up on ART adherence with over 3,000 HIV positive PWID every month through mobile communication

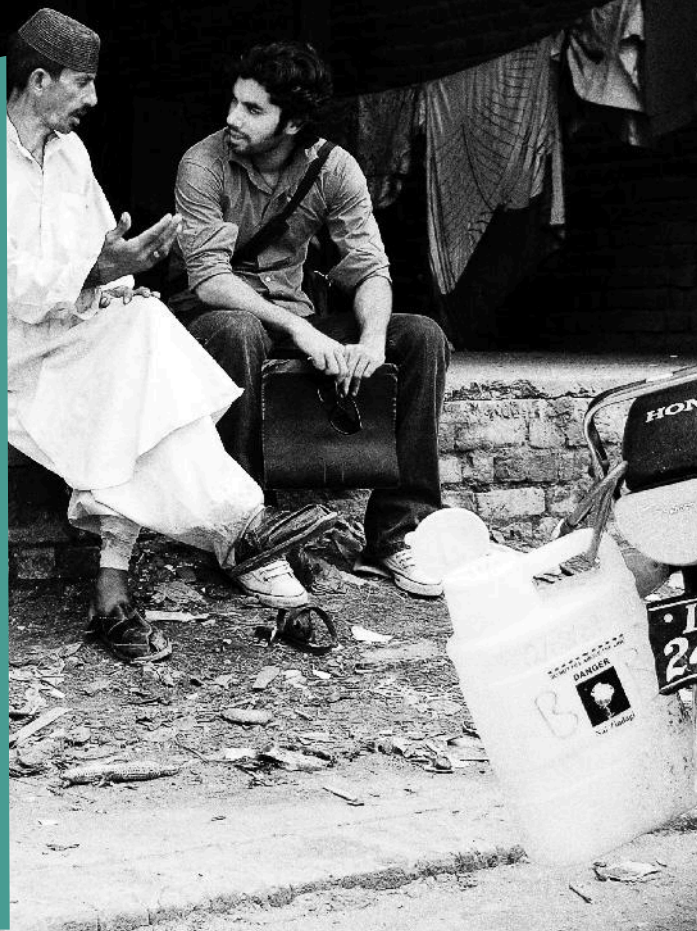


## CHALLENGES

- A fast growing injecting drug use driven HIV & AIDS epidemic in Pakistan due to low coverage
- Evidence of transmission to spouses, sexual partners and non injecting heroin users
- Absence of Opiate Substitution Therapy and drug treatment services - highly in demand
- Reducing stigma, discrimination and criminalisation remains a challenge

## OUTCOME

- A contextual, replicable, cost-effective, needs and rights based service delivery model based on a continuum of care approach
- Replicable, effective and efficient innovations that fast track access to harm reduction, diagnostics treatment and care for key populations
- A tried, tested and cost effective approach to real time monitoring and evaluation of services for key populations to analyse trends and service delivery out puts
- A successful program management model of large scale HIV prevention, treatment and care services







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