

## TECHNICAL REPORT 2010

A client's family in follow-up services of NZ+ in Sargodha,  
February 2010



NZ+ was proposed for funding to Mainline and the Ministry of Foreign Affairs of the Netherlands, to cater to the HIV and AIDS related diagnostics, treatment, care and support needs of Nai Zindagi's HIV positive clients. This document is the annual technical report for the year 2010 and describes the origin, objectives, activities undertaken and conclusions drawn as a result of implementing the project. This report also highlights the challenges faced and the solutions to meet the challenges during this year.

NZ+'s program was designed to dove-tail with Nai Zindagi's street based HIV prevention programs for injecting drug users (IDUs) established in the 8 cities of Punjab in collaboration with the Government of Punjab. After VCCT, HIV positive IDUs were referred to NZ+'s residential services for access to extended HIV and AIDS diagnostics, treatment, care and support services in close collaboration with services already established in the Public sector.

Unfortunately a conflict arose between NZ and the Government and the programs in the 8 cities were scaled down in April 2010 and finally closed in May 2010. In spite of efforts by NZ and stake holders the programs could not be revived and to date remain closed. This drastically reduced referral to NZ+ from NZ's street based programs, however program targets were still achieved by adding a component of drug treatment to the NZ+ program.

NZ+ was the first program in Pakistan specifically aimed at improving access to quality treatment and care needs of HIV positive persons injecting drugs and their families based on sound principles. Lessons learnt and the systems developed in successfully establishing this program are key, but due to discontinuation of financial support the program was closed on 31st December 2010.

The following specific objectives were achieved in 2009 and have already been reported in detail in the 2009 annual report:

- 🗣️ A residential facility in Angoori was established and started services in February 2009.
- 🗣️ Staff was interviewed, selected and trained by March 2009 and required systems, protocols and mechanisms were in place.
- 🗣️ Linkages were established for onward referral of clients to the needed services e.g. ARTs, socio economic rehabilitation, etc.
- 🗣️ A program was developed and successfully implemented to provide the following range of services:

1. Healthy environment and balanced diet
2. Baseline CD4 diagnostics
3. Treatment of opportunistic infections (OIs)
4. Basic Health care
5. Counseling and psycho social support
6. Group therapy
7. Marital counseling
8. Family counseling
9. Home based palliative and supporting care
10. STI prevention, Diagnostic and Syndrome management
11. Disclosure facilitation
12. Access to ARV medication
13. Adherence monitoring
14. Advanced medical care
15. Referral services for socio-economic rehabilitation and job placement.
16. Recreational activities (dance party, indoor & outdoor games)
17. Follow-up monitoring

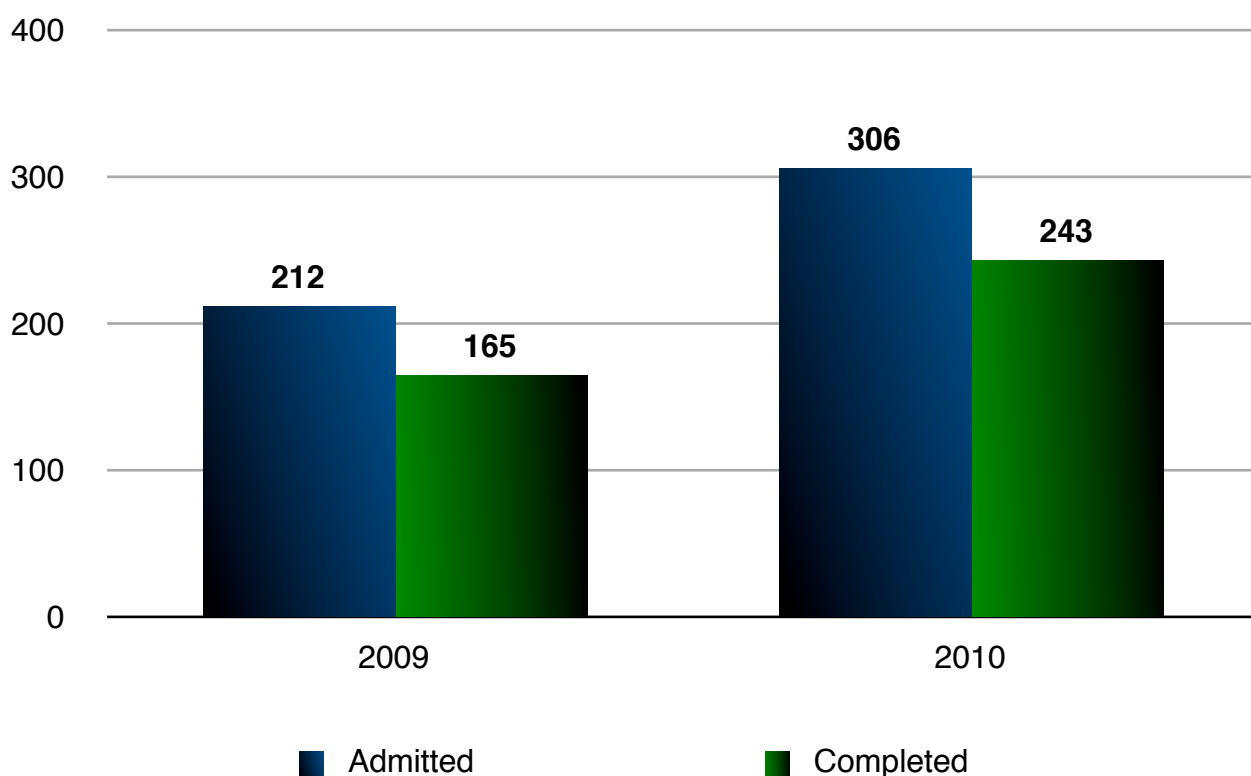
NZ+ clients and staff after winning a cricket match from NZT  
April 2010





## Completion of treatment

Compared to 2009 (165), eighty eight additional clients completed the program. This was achieved in spite of closure of NZ's street based program in April 2010. The strategy adopted by NZ+ was to offer drug treatment services to HIV positive identified clients and refer them through social mobilizers to NZ+. This was managed by NZ+ at no extra cost to the project.



## Baseline Investigation (including CD4) and general health

Of the 243 clients who completed treatment 100% completed their baseline. During baseline investigations 90% of the clients were Hepatitis C positive. Eleven clients have been enrolled in the TB-DOTS program and have been facilitated to ensure adherence to medication. Treatment has also been provided for general medical problems which have been treated successfully that include chest infections, skin infections (scabies, rashes), herpes, GITI, oral infections (thrush and candidiasis) and varicose.

## Disclosure of HIV Status

Eighty four percent (205 clients) disclosed their HIV status to their family members during their stay at NZ+. A separate counseling guideline has been developed for the disclosure sessions that is part of the client's file.

## Adherence to ART

During 2010, fifty two clients started ARTs of which 35 or (67%) were adherent. In a total in 2010 76 clients were on ARTs, which includes clients from 2009. Clients are regularly counseled alongside family member/s regarding importance of adherence both in group counseling and individual counseling sessions. Various tools are used to educate and allow the client to take charge and responsibility of his own medication and adhere to the prescription while he is in NZ+. The client's adherence monitoring is done through client's self reporting, pill count and ongoing observation, and these findings are recorded on the Adherence Monitoring Record Form (this is also a part of the client's file).

## HIV and AIDS related knowledge

Clients are provided information regarding HIV, AIDS, OIs STIs, Positive living, ARVs, medication, disclosure, relapse prevention, implication of drug use on HIV, stress management and on going diagnostic and treatment needs of PLHIV.

A questionnaire has been developed to record information and knowledge at admission and at discharge.

Review of this information shows significant improvement in client's knowledge and awareness and clarity related to his HIV status and ways to improve quality of life.

## Follow-up

Residential Follow-up: One hundred and eighteen clients returned during 2010 to NZ+ for followup related to various needs e.g. medical check ups at PIMS, disclosure, etc.

City based Follow-up: The number of contacts established for follow up in the cities of origin of clients was 1070. This followup was provided in the cities of Lahore, Sargodha, Faisalabad and Mandi Bahudin.

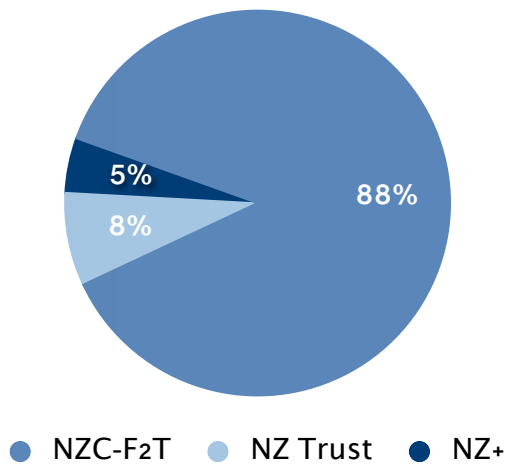
Telephonic Follow-up: Approximately 2670 contacts were established through telephone with clients with 404 clients during 2010.

Client, family and staff in city based follow up services  
October 2010



**Socio-economic rehabilitation**

In total 64 of clients who completed treatment at NZ+ have been placed on jobs. The breakdown of organizations clients have been placed with is as follows:



The NZ+ team has regular contact, to ensure follow up of services to clients referred for employment.

**Support and counseling services to families of clients**

A total number of 1889 counseling sessions with families of 438 clients were held during 2010.

Counseling sessions focussed on: HIV prevention, treatment preparedness, disclosure facilitation and adherence.

**VVCT**

Originally VCCT services were not part of the NZ+ program, however due to closure of NZ's street based services and to ensure continued referral to NZ+, 189 VVCTs were carried out during 2010.

**Drug Treatment Services**

Another component that was originally not part of the NZ+ program but required in 2010 was drug treatment. A 15 day residential drug treatment program was offered to 227 clients.

**Registration with HIV clinics in the public sector**

To ensure free access to ARTs, four hundred and thirty three clients were registered with the public sector HIV and AIDS clinics.



NZC-F2T is the largest employer for clients of NZ+ November 2010

## **Challenges faced**

- a) Closure of NZ's street based programs stopped referral of HIV positive clients to NZ+. This affected the admission targets and in spite of the fact that NZ+ initiated drug treatment services 92% of the overall targets were achieved. This number would have been much higher if street based services were not interrupted.
- b) In mid 2010, the special clinics had a stock out of baseline kits which resulted in slowing down of baseline investigations.
- c) CD4 investigation is an integral part of the care and support program, and NZ+ is referring clients for this service to the Pakistan Institute of Medical Sciences. Due to shortage of CD4 kits, NZ+ completing treatment objectives within the specified time was difficult. Follow-up of CD4 for clients is often delayed or pending due to this issue. NZ+ tries to advocate and support PIMS through its contacts to overcome this problem.
- d) For clients who belong to Faisalabad and need ARVs access has to be arranged by NZ+ for them to collect their medication and visit the clinic in Lahore or Islamabad, due to non availability of ARVs in Faisalabad. Request has been put to the Punjab AIDS Control Program to ensure availability of ARVs in Faisalabad.
- e) National Identity Cards (NIC) are necessary for clients to be enrolled in treatment in the Public sector. Most clients do not have NICs as they have either lost them or never applied for them during their drug using lifetime. NZ+ has facilitated in helping clients apply for the NICs.
- f) The Hepatitis C Program has been kind enough to assist in provision of Hep C treatment. They too have a requirement of NICs for enrolling clients and have limitations related to cities in which they can offer treatment, hence again an issue of access.
- g) The program could not be sustained without financial support and services were closed on 31st December 2010.

## **Conclusions**

- a) A program specific to the HIV and AIDS diagnostics, treatment, care and support for HIV positive persons using drugs in the context of Pakistan has been piloted, tested and documented for adaptation and scale up.
- b) A Public-Private partnership model has been proven effective where civil society and government can collaborate to ensure effective use of services offered in the HIV and AIDS sector.
- c) Effective case management of client during residential care helped to increase health seeking attitudes and behaviors during and after residential care.
- d) Residential care helped to increase CD4 levels of clients as manifested by pre-care CD4 results and post-care CD4 results of clients.
- e) Adherence to ART is increased by meaningful involvement of client in his treatment procedure alongside family involvement.
- f) Family reintegration and positive involvement of client's families has been enhanced due to this project and is sustainable.
- g) Safer practices, ongoing prevention and significance of OIs diagnostics and management.
- h) Ongoing advocacy within community and public sector helped to develop insight about HIV and AIDS, thereby decreasing stigma and discrimination. In addition the program has inculcated a sense of responsibility and empowerment of PLHIV for their rights.
- i) Clients' occupational functioning is very important for recovery from drugs.



- j) All the record and Data of client is being carefully recorded and maintained and will form the basis of operational research into the effectiveness of the model developed by NZ+
- k) Number and quality of meaningful disclosures to family members increased
- l) For clients on ARVs, 45 days residential care is sufficient to meet treatment goals, similarly for those not on ARVs, 25 days residential care can be utilized to achieve maximum results.
- m) Direct follow-up is very important for those who completed so that their baseline investigations can be repeated to assess treatment needs. Moreover it will also facilitate adherence and monitoring needs during ART or Hep C treatment.

## **Recommendations**

- a) The program piloted by NZ+ is an essential component of the continuum of care. This program should be adopted in its current form or essential components of it as part of services for people injecting drugs who are HIV positive.
- b) Programs of this nature should NOT be short term, but supported as an ongoing essential component of generic health care for which public - private partnerships would be ideal.
- c) NZ+ should try and link up with existing programs of similar nature for support e.g. Global Fund, NACP
- d) Staff trained specifically in this program is human resource in country with a capacity to train others and must be engaged.