

TECHNICAL REPORT 2009



A client now in follow-up services of NZ+ with his wife and children in Lahore, November 2009

The HIV epidemic in Pakistan is primarily driven by the estimated 125,000 street based persons injecting drugs. It is known that over 22% are already HIV positive and over 90% are Hepatitis C positive. HIV prevention services based on harm reduction principles for people injecting drugs are few and the current National coverage is below 20%, whereas to impact the epidemic it should be over 60%.

Nai Zindagi's programs are the largest in the country and spread over 8 cities where there is high incidence of injecting and HIV they provide coverage to over 20,000 persons injecting drugs on a regular basis. These programs are funded by the Government of Pakistan, through the World Bank.

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 2009 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.

NZ+ closely collaborates with Nai Zindagi's programs in the 8 cities of Punjab, other service providers and with the Government treatment facilities for client referral to the established residential care facility in the foothills of the Himalayas in Angoori. NZ+ also coordinates with NZC's F2T program for the socio economic rehabilitation of ex drug users.

NZ+ is 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.

Each specific objective, related activities and achieved results during 2009 are listed in the following pages:

1. To establish a residential facility in Angoori by March 2009.

The hired facility in Angoori was renovated on a fast track basis and the facility was opened for referrals a month earlier than proposed in the contract.

2. To interview, select, hire and train project staff by March 2009.

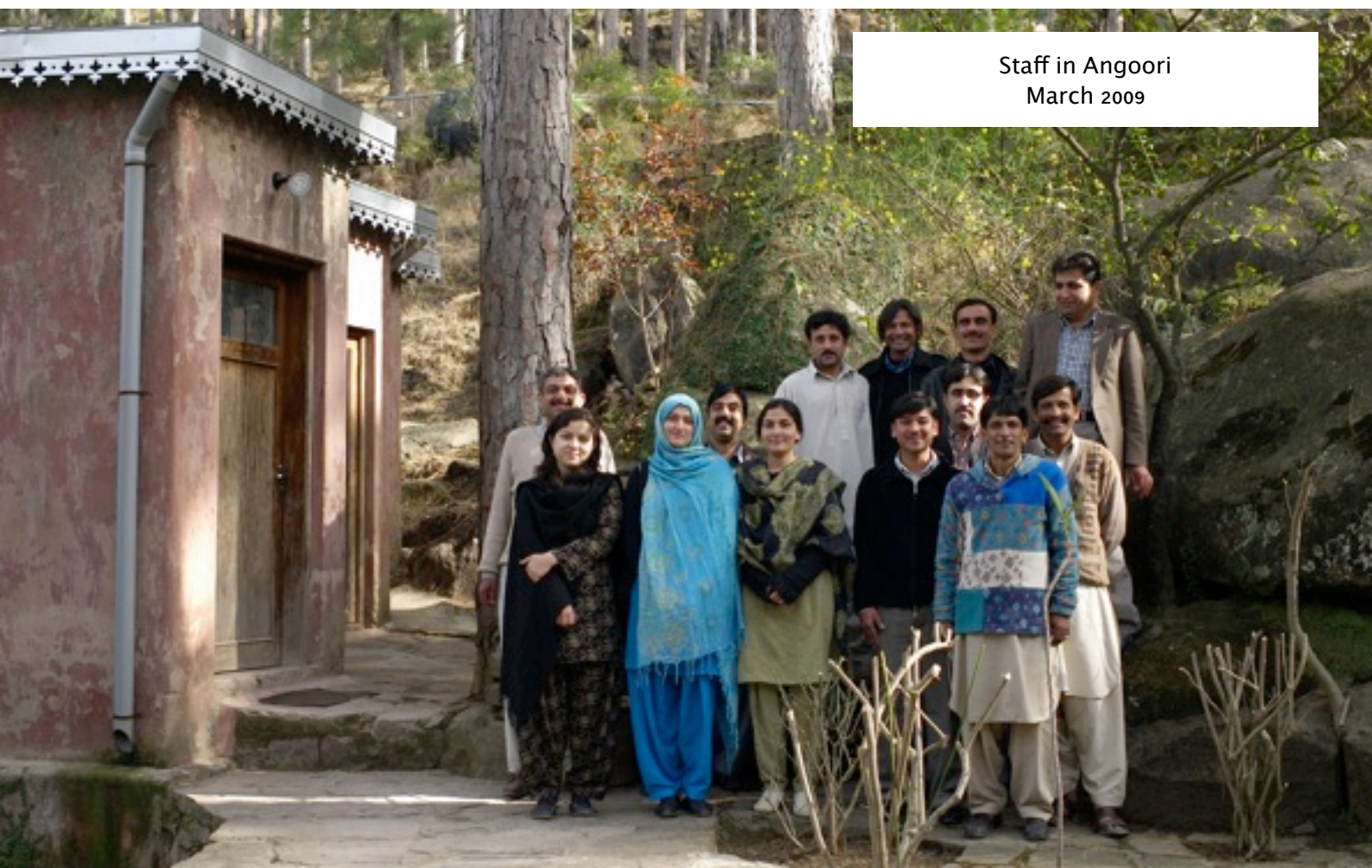
NZ+ developed staff positions and terms of references based on project staffing needs. Staff was requested from Nai Zindagi's existing programs and from the open market. Selected staff were shortlisted, interviewed and hired by the end of January 2009.

Training sessions were organized in late January and training was conducted in a participatory format. Systems, protocols, case management files and related documentation was reviewed, adapted and modified as per program needs. Program manager, medical staff, psychologists, counseling staff, social mobilizers and support staff were organized as a team to impart quality services to clients.

The following systems and protocols have been developed and are in place:

- Consent forms for participation in the program
- Referral criteria for referral to and from NZ+
- Protocols for admission and related procedures
- Referral mechanism for baseline laboratory investigation, CD4, advanced medical and surgical care, treatment and diagnostics of TB and other OIs
- Coordination mechanisms with PIMS hospital in the Public Sector in Islamabad for provision of consultancy services
- Referral mechanism for provision of ARVs in Islamabad
- Referral mechanism for socio-economic rehabilitation and job placement with NZC - F2T
- MOU signed with CITI labs for laboratory investigations
- Protocols for counseling
- Protocols for level of family's involvement in client's treatment
- Protocols for follow-up intervention

On 1st February 2009 the Angoori residential facility admitted the first batch of clients.



Staff in Angoori
March 2009

Staff office in Angoori
October 2009



3. To develop referral linkages and MoUs through out the project period (2009-2010); Establish various linkages and sign agreements and MoUs where required.

One of the major objectives of the NZ+ project is to develop linkages with existing services and programs to avoid duplication and ensure post project sustainability. For this it has linked up with the following:

- i. Referral linkage and close coordination with Nai Zindagi's detoxification programs for cross and referrals of HIV positive clients.
- ii. MoU with the Government's HIV special clinic at the Pakistan Institute of Medical Sciences (PIMS) for registration of clients as well as for their baseline investigations and availability of ART.
- iii. Referral linkage and MoU with private laboratory for quality investigations.
- iv. Referral linkage and coordination with Special medicine clinic; Civil Hospital in Sargodha
- v. Ongoing dialogue and coordination with National AIDS Control Program for improving coverage and quality of services.
- vi. Close coordination and MoU with NZC-F2T for referral of clients who completed NZ Plus care and support program for on job training and job placement.
- vii. Close coordination with TB-Dots program in Islamabad, Sargodha, and Lahore for screening of TB and anti tuberculosis treatment and adherence.
- viii. Successful meetings with National Hepatitis-C Control Program for highlighting the treatment need of HIV positive clients having co-infection of HCV and developed the referral mechanism for advanced diagnostics and treatment for Hep C.
- ix. Meeting with DCO-Sargodha was held for advocacy and Sargodha jail was also visited to see clients.
- x. Referral linkage and coordination with PLWHA association (people living with HIV association) for empowerment of PLWHA, enhancement of human rights and for reduction in stigma and discrimination.



Clients in a FGD session in Angoori
October 2009

4. To plan, develop and implement a program based on individual needs to provide a range of services and 550 HIV positive clients to complete various components in 2009-2010

A wide range of needs based and comprehensive services have been established and provided in 2009. These services range from medical to psycho-social and socio-economic rehabilitation and job placement. The program offered is built on three components explained below:

Component I : Any client with a CD4 count below 350 will have access to ARV medication (as per National Guidelines) and will be part of this component.

Component II: Any client with a CD4 above 350 will be part of this component


Component III: All the clients who have been through either component I or II will be provided follow-up services under component III in cities of origin after they leave.

The following package of essential services was designed to cater to the specific needs of clients enrolled in any component of the program.

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

Completion of treatment

A total number of 212 clients have been admitted in 2009 of which 165 (77%) have completed their treatment under component I and II. Twenty five (12%) dropped out and the rest were under treatment and care.



A view of the facility in Angoori
September 2009

Baseline Investigation (including CD4) and general health

Of the 187 clients retained in treatment, 83% completed their baseline investigations and for the rest dates have been allotted by PIMS and would be completed in due course. During baseline investigations 89% of the clients were Hepatitis C positive. Ten clients have been enrolled in the TB-DOTS program and are being 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

Sixty nine percent (148 clients) had already disclosed their HIV status to their family members when they were admitted to NZ+. This was a result of Nai Zindagi's VCCT services offered in the detoxification programs. However they were further counseled to understand what information they had disclosed and if required they were helped to pass on additional and accurate information to the person they had disclosed to. A separate counseling guideline has been developed for the disclosure sessions that is part of the client's file. Twenty nine percent of those who had not disclosed their status were counseled in NZ+ to disclose. Almost 100% disclosed their HIV status to significant persons in their family in order to support home based care and to connect with NZ+ follow up staff.

Adherence to ART

Twenty four (13%) clients of the 187 who completed treatment or still at NZ+ are on ART. Three are under residential care and the rest are in the follow-up care program, designed to regularly monitor the adherence levels.

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).

Follow-up results indicate more than 92% adherence among those who completed residential care at NZ+.

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

Clients who return to their cities of origin are contacted by the follow up team on phone on a regular basis. Contact by phone is also maintained with significant family members who are aware of the client's HIV status and have been counseled. Families of all the clients who have completed treatment at

Clients are also encouraged to come for follow up visits and a refresher's course to the NZ+ facility in Angoori. Almost 30% of those discharged have attended this two days refresher's course where they also act as a role model for others in treatment.

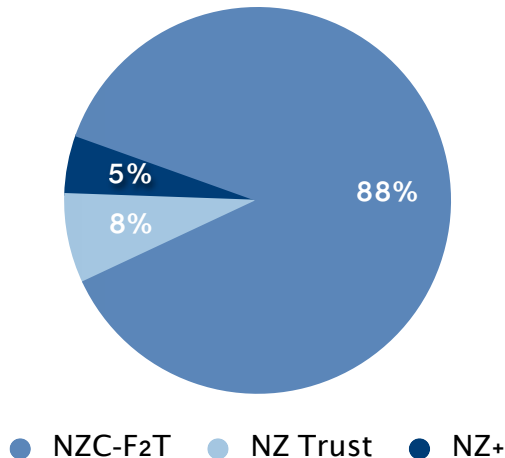
The NZ+ team is also in contact with Nai Zindagi's programs supported by the Swiss Development Cooperation and UNODC in Lahore and Sargodha that provide support and services to married couples. This close coordination with Nai Zindagi's existing programs ensures optimum follow up services to clients in their own home environments.



Clients and Staff in Angoori
November 2009

5. **To provide clients access to socio-economic rehabilitation through skills training and employment at NZC-F2T**

In total 41 (22%) of clients who completed treatment at NZ+ have been placed on jobs with NZC-F2T, Nai Zindagi Trust's harm reduction services and employed within NZ+ as staff. Two of the 41 referred for jobs are on ARVs. The breakdown of organizations clients have been placed with is as follows:



The NZ+ team has regular contact with NZC-F2T and Nai Zindagi Trust to ensure follow up of services to clients referred for employment.

6. **To establish services in collaboration with Nai Zindagi Trust in Lahore, Faisalabad and Sargodha to provide follow up and care services to 425 HIV positive persons injecting drugs and their families who attend services offered by NZ+ at Angoori during 2009-2010**

All clients are referred to NZ+ by Nai Zindagi Trust after they complete their detoxification. Once clients complete treatment at NZ+ and return to their cities of origin follow-up is also maintained through Nai Zindagi Trust and its affiliated programs in the various cities.

Referral linkages with Swiss Development Cooperation (SDC) and UNODC funded care and support programs helped provide services directly to wives and children of HIV positive clients including VCCT service, medical, psychosocial care and nutritional support, thereby contributing to the well being of whole family.

Thirty five clients were referred from SDC and 85 from the UNODC program , and all have been referred back to both of these programs for ongoing follow-up care and support.

Ongoing coordination ensures effective case management.



NZC-F2T is the largest employer for clients of NZ+
November 2009

7. Challenges faced

- a) NZ+ is dependent on client referral from detoxification units managed by Nai Zindagi Trust and its partner NGOs and supported by the Government of Pakistan. From January to June 2009 these programs were in a closing and re-startup phase. Referral to NZ+ was very low. However in the next six months and particularly in the last quarter of 2009 over 70% of the referrals took place. Referral to NZ+ will always be dependent on HIV prevention and drug treatment services unless either NZ+ starts its own street based and drug treatment services, which is not a recommended option.
- b) All AIDS related diagnostics and treatment services are being sought from the PIMS in Islamabad. Initially it took NZ+ staff some time to establish contacts, protocols and set up a system of effective access to the facilities in the Public sector. The relationship has been strengthened during the course of the year.
- c) Baseline investigations in the Public sector are paid by WHO and for a couple of months during 2009 this service was unavailable. NZ+ had to bear this additional expense and after meeting with the Ministry of Health this issue was successfully resolved.
- d) 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 is 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.
- e) 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.
- f) Most clients and families are overburdened with the impact poverty and drug use on their daily lives. It is difficult for families to travel from their cities of origin to the NZ+ facility in Angoori, 3-5 hours away. Family involvement would have been much more effective if either families could have been counseled in person with the client in Angoori or the NZ+ therapeutic staff could have gone to the cities of origin. NZ+ utilized Nai Zindagi Trust's existing staff in the cities for this purpose. In 2009 NZ+ has gone through a sharp learning curve and have been busy establishing core services. Now that systems are in place and operational services in cities will be extended by NZ+ through its own staff.
- g) 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.
- h) 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.
- i) The three month residential care for clients on ARVs has been reduced to 45 days as treatment goals and objectives can be achieved and over stay can often result in dependency on treatment staff. This recommendation was also given by Miss Gea Westerhoff and Dr Chinkholal Thangsing during their visit to NZ+.

8. 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) Access of people using drugs to services in the Public sector has been drastically improved for clients who attended NZ+ and will be sustained.
- d) Effective case management of client during residential care helped to increase health seeking attitudes and behaviors during and after residential care.
- e) Residential care helped to increase CD4 levels of clients as manifested by pre-care CD4 results and post-care CD4 results of clients.
- f) Adherence to ART is increased by meaningful involvement of client in his treatment procedure alongside family involvement.
- g) Family reintegration and positive involvement of client's families has been enhanced due to this project and is sustainable.
- h) Safer practices, ongoing prevention and significance of OIs diagnostics and management.
- i) 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.
- j) Clients' occupational functioning is very important for recovery from drugs.
- k) 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+
- l) Number and quality of meaningful disclosures to family members increased
- m) 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.
- n) 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.

9. Plans for 2010

- a) The SDC program in Lahore closed on 31st December 2009 when the pilot ended. A staff member of NZ+ for follow up will be appointed in Lahore from January 2010.
- b) Based on the inflow in the last quarter targets will be achieved by the end of 2010, if the Nai Zindagi Trust program continues. Follow-up programs in Faisalabad and Sargodha will be established and monitored regularly.
- c) Follow-up CD4 of clients will be accomplished through PIMS Islamabad and at the Shaukat Khanam Lahore
- d) Advocacy and dialogue with prison settings will be continued for provision of services by creating an enabling environment within closed settings.
- e) Those clients who are in need of Hep C treatment will be enrolled in the Hep C control program and effective strategies will be made for adherence and monitoring of side effects.
- f) Linkages with public sector will further be strengthened.
- g) Project data will be carefully and properly recorded to establish valid results of the project at the end.