

Global Fund HIV Grant (PAK-H-NZT)

March 2016 - December 2017

Principal Recipient: Nai Zindagi Trust

A synopsis

Background

The HIV epidemic in Pakistan has transitioned from a 'low prevalence, high risk' to 'concentrated' epidemic among key populations (KP) in the early to mid-2000s. The HIV epidemic amongst KP in Pakistan continues to be driven by PWID, followed by Hijra sex workers (HSW), and male sex workers (MSW). PWID currently contribute the bulk of new infections, and it is expected that they will continue to produce the same number of new infections. HIV prevalence amongst PWID has steadily increased from 10.8 per cent in 2005 to 38.4 per cent in 2016.

Nai Zindagi was established in 1989 by a group of personally affected individuals to provide a range of rights and needs based services to marginalized people who use drugs and those associated and vulnerable, in particular spouses/sexual partners and families. With support from the Global Fund, it is the largest nationwide program to prevent HIV among people who inject drugs and their spouses across Pakistan in 30 districts with four implementation partners.

Since 2011, Nai Zindagi is implementing the Global Fund HIV Grant to Pakistan as one of the Principal Recipients with a mandate to implement scaling up HIV prevention and harm reduction services to injecting drug users, their spouses and children in 30 districts of Pakistan from all four provinces. The Global Fund HIV grant (PAK-H-NZT) was implemented in 2016 -2017 in continuation of the earlier Global Fund supported grants with similar approach and program design and it had the following goal and objectives:

Goal

The overall goal of this grant is to contribute to halt new HIV infections and improve the health and quality of life of people living with and affected by HIV in Pakistan.

Objectives

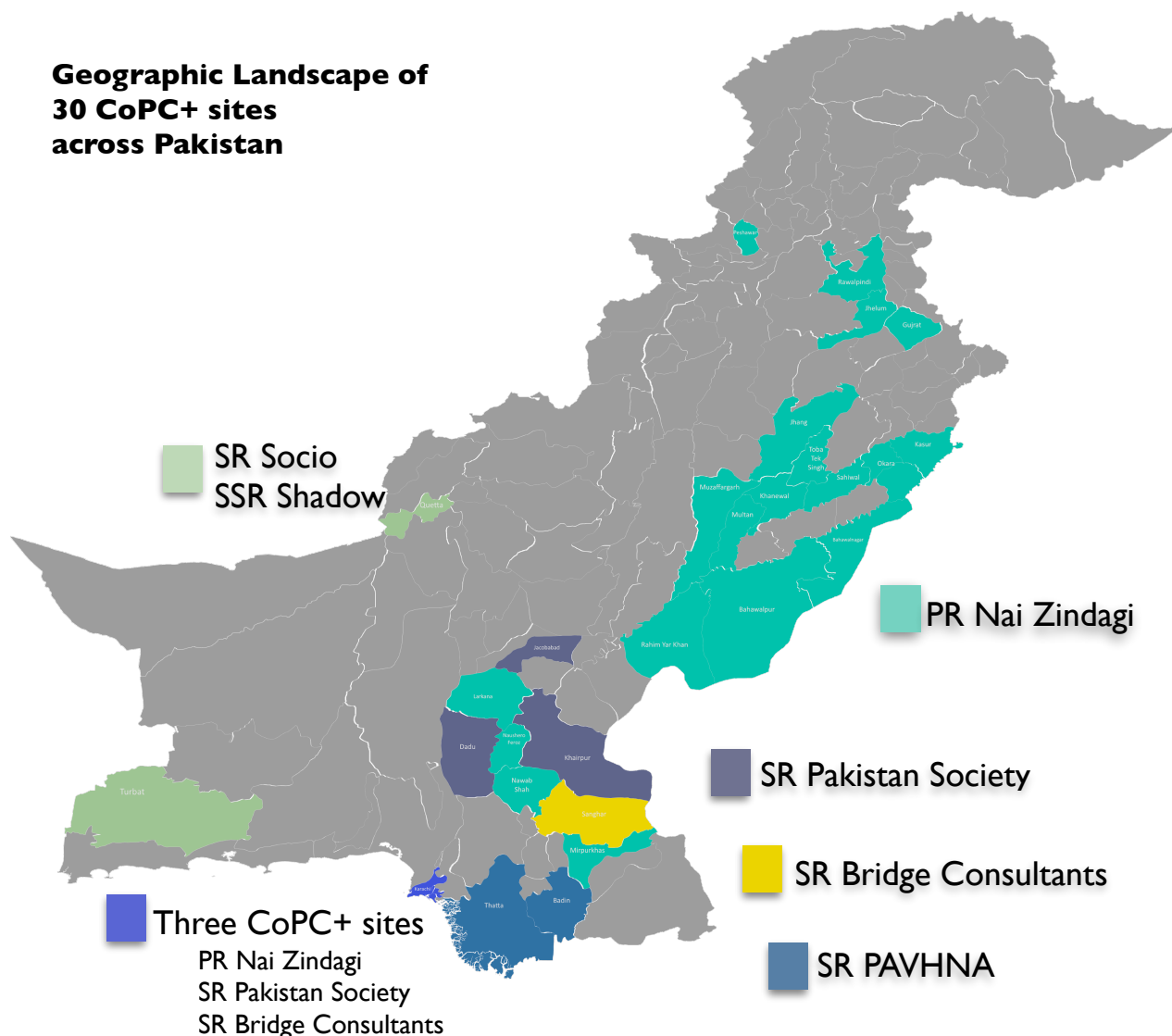
- HIV prevention is increased and sustained among key populations (PWIDs, MSM, Transgender persons) and their sexual partners
- HIV related mortality and morbidity is reduced through available and equitable access to quality continuum of care services
- Environment for effective AIDS response is enabled

The Continuum of Prevention and Care (CoPC+) Model

The package of PWID services or CoPC+ includes a needle and syringe exchange program (NSEP), on street wound management and basic health care, counseling, advocacy, access to HTC, mobile CD4 diagnostic services including HIV and AIDS related diagnostics and direct referral services, treatment, care and support services. The activities also include ART adherence support in the form of a 6-8-week residential facility for those HIV+ PWID who have been initiated on ARVs by the ART centers. The main focus of CoPC+ model is to prevent transmission of HIV among PWID and associated risk networks through comprehensive coverage with needs based services. The vision of the continuum of care is that people vulnerable to poverty, drug use, and HIV have access to affordable, accessible, and supportive services that meet their needs, vulnerability and aspirations.

The principle behind the continuum is that services should respond to identified needs, and do so in the most effective way possible which we believe is reaching out and engaging affected communities at all levels. Behind the continuum of care lies a strong belief in harm reduction as a people-centered, rights-based approach. Harm reduction as a 'mindset' puts the individual and his/her health and rights central in service delivery, is fully inclusive of the individuals' needs and includes the family and social context in interventions.

Geographic Landscape of 30 CoPC+ sites across Pakistan

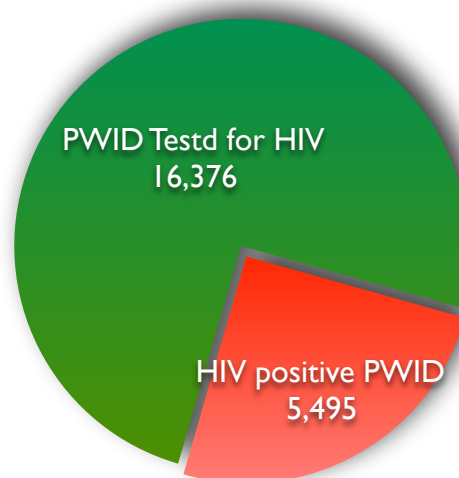


Key Achievements 2016 - 2017

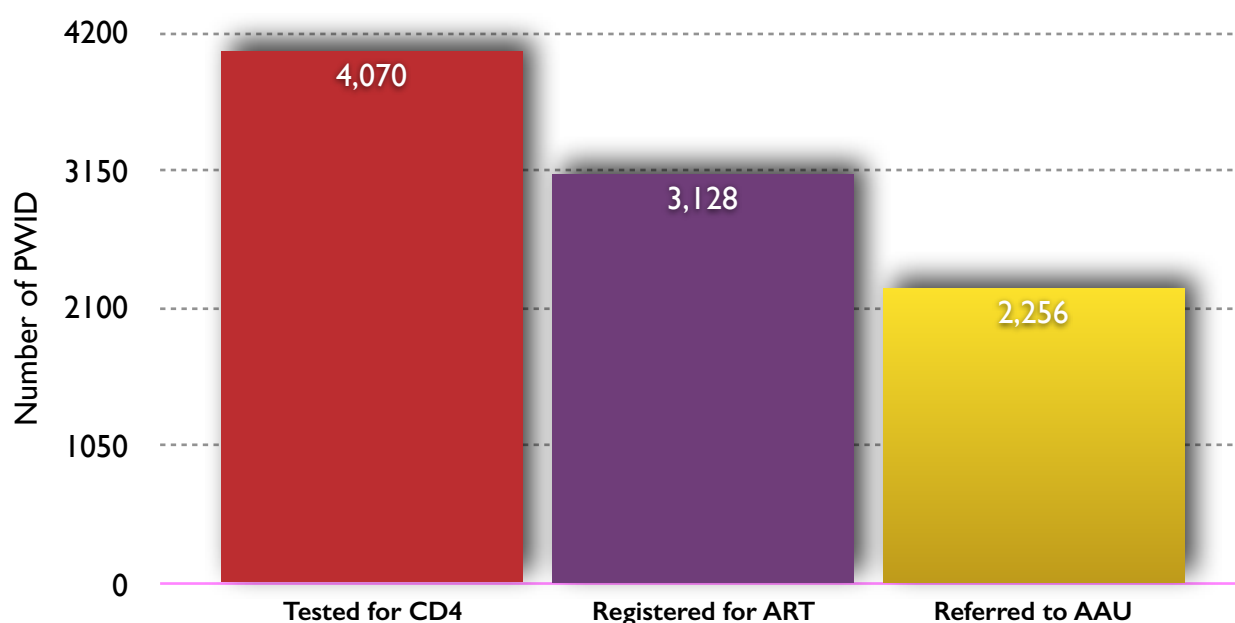
The key achievements under Nai Zindagi's Global Fund program during the grant period are summarized as below:

- The program reached 31,855 PWID all over Pakistan through 30 CoPC+ sites. A total of 2,871,344 contacts were made by outreach workers with street based PWID and 10,414,670 new syringes were distributed.
- 16,376 PWID were tested for HIV following the standard testing protocols and 5,495 PWID (33.6%) were detected as HIV positive.
- A total of 5,566 Point of Care based CD4 tests were performed for 4,070 HIV+ PWID and 128 spouses. The proportion of clients having CD4 below 500 was found to be 54% and majority of them were linked up with ART Centres
- 3,128 HIV positive PWID were linked up with ART Centers for registration and treatment uptake.
- 2,256 HIV+ PWID were referred to the ART Adherence Unit from the 30 CoPC+ sites across Pakistan for treatment and adherence support.

HIV prevalence (PWID)



Cascade of treatment services (PWID)

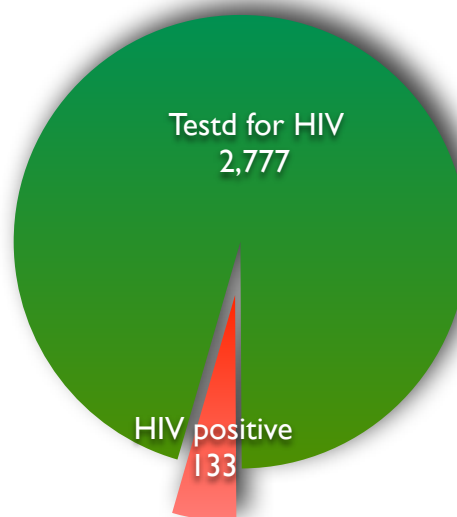


Key Achievements 2016 - 2017

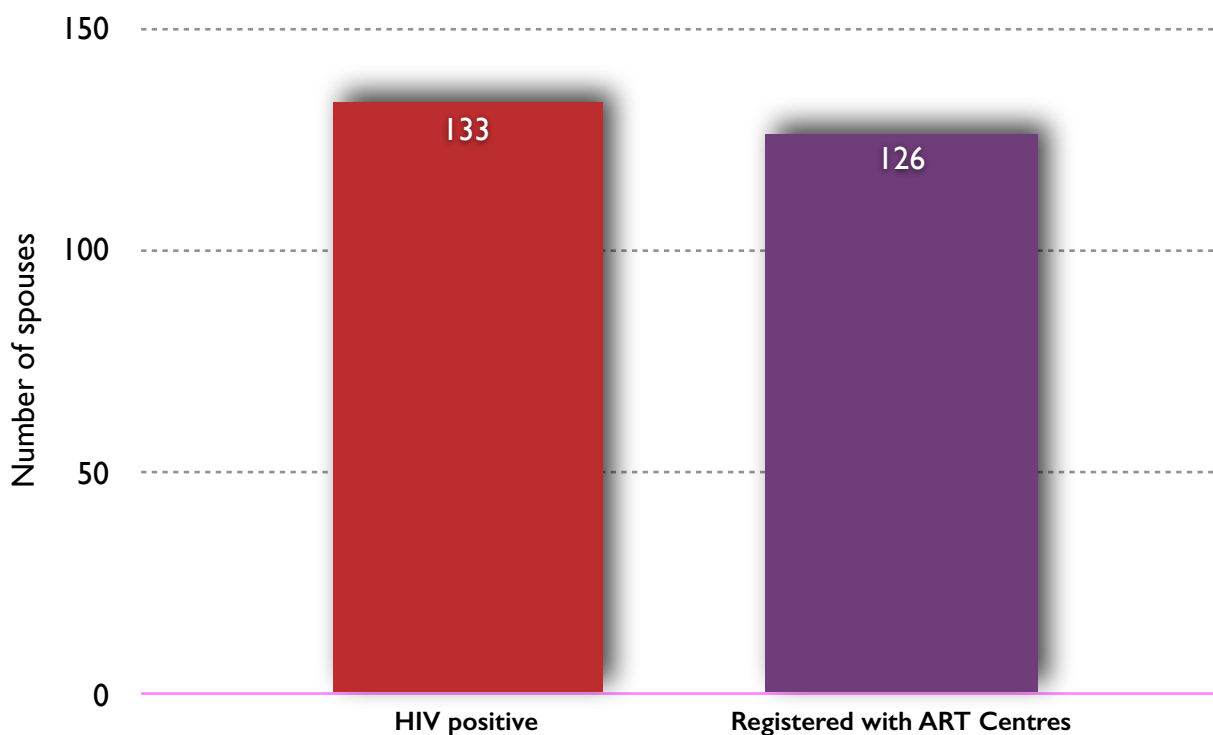
The key achievements under the spouses component during the grant period are summarized as below:

- 3,113 spouses and intimate partners of HIV positive PWID were provided preventive services on a regular basis through female outreach workers in various districts
- 2,777 were tested for HIV following the standard testing protocols and 133 (4.7%) spouses were detected as HIV positive
- 126 HIV positive spouses of PWID were linked up with ART Centers for registration and treatment
- A total of 15,515 living support packages were delivered to spouses of HIV positive PWID falling in pre-defined needs assessment criteria.

HIV prevalence (spouses)



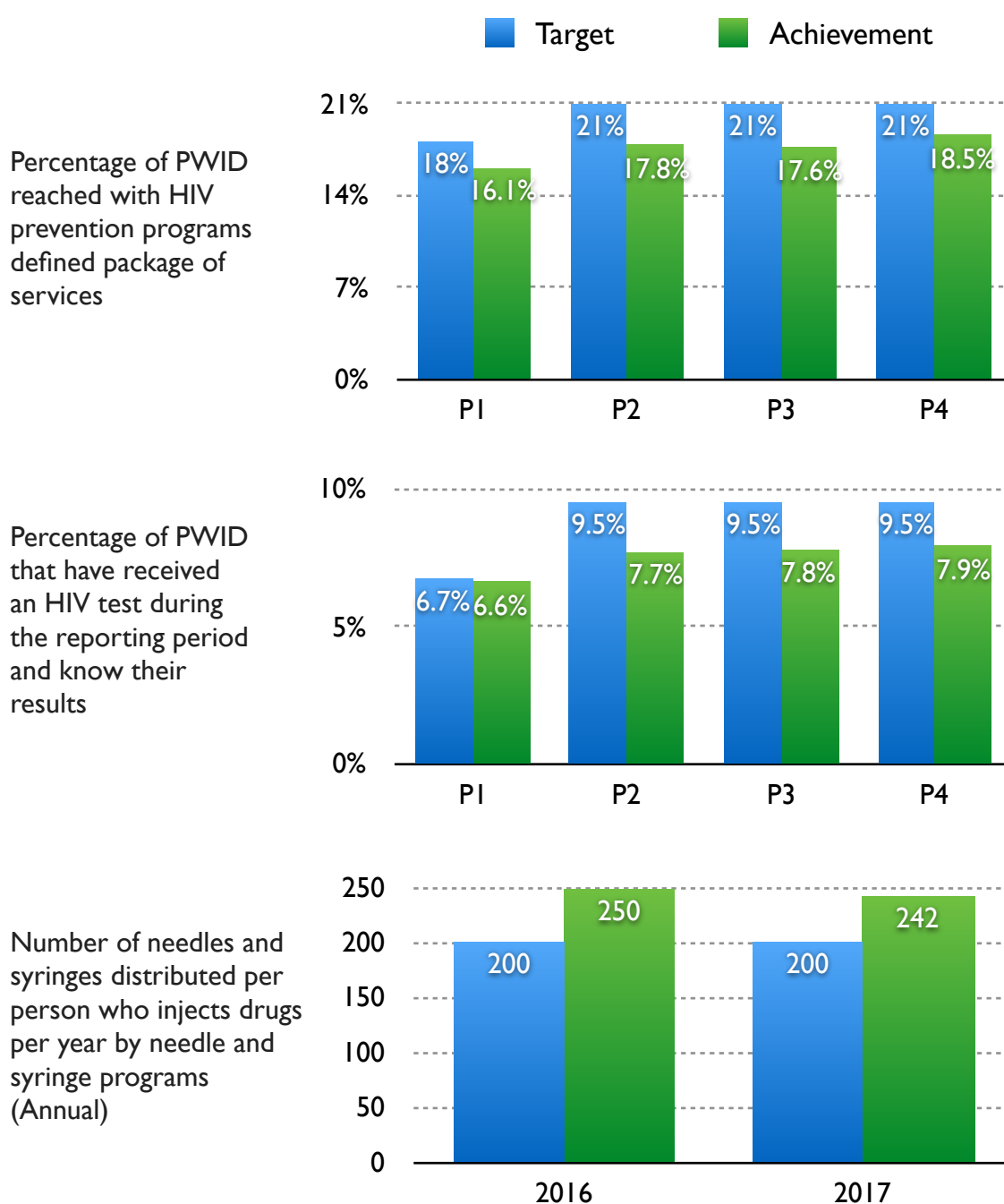
Cascade of treatment services (spouses of PWID)



Monitoring and Evaluation

All the 30 CoPC+ sites were regularly visited and quality of services were monitored by PR office. Over the last 15 years Nai Zindagi has developed and improved upon robust monitoring systems supported by a web-based MIS that provides service delivery information in real time. This MIS has been adapted, developed and evolved to meet service delivery recording needs of all the program components. NZMIS allows all program partners to monitor service delivery data and trends in real time anywhere on the web. Standard data recording and reporting tools are used across 30 CoPC+ sites and a wide range of component-wise reports can be generated from NZMIS allowing informed decision making and evidence based program management at every echelon. The huge data available through NZMIS also helps track the trends for comprehensive planning.

The following chart shows the program progress against the key performance framework indicators for each reporting period (P) during 2016-2017:



Capacity building

Several capacity building activities were planned under the grant and all of them were successfully completed during the grant period. The following table given an overview of the capacity building activities carried out during 2016-2017:

Title	No of events/ duration	Number of participants	Key outcomes
Training on Referral and mobilization of HIV positive PWID for ART uptake	2 (3 day)	60	Enabled Site Managers and Social Mobilizers to better understand referral dynamics with updated technical knowledge.
Refresher training on HIV Testing and Counseling (HTC)	2 (2 day)	69	Enhanced technical knowledge of HTC counselors and Female outreach workers
Outreach worker's training and retreat	7 (2 day)	187	Skills enhancement of Outreach workers and field supervisors
Capacity building training Workshop (new sites)	2 (3-5 day)	61	CoPC+ staff trained on various components of service delivery and reporting
Evidence based programming, monitoring and evaluation workshop	1 (2 day)	36	Enabled Site Managers, Provincial Coordinators and M&E staff in better utilization of programmatic data for efficient evidence based programming at micro level

District AIDS Councils (DACs)

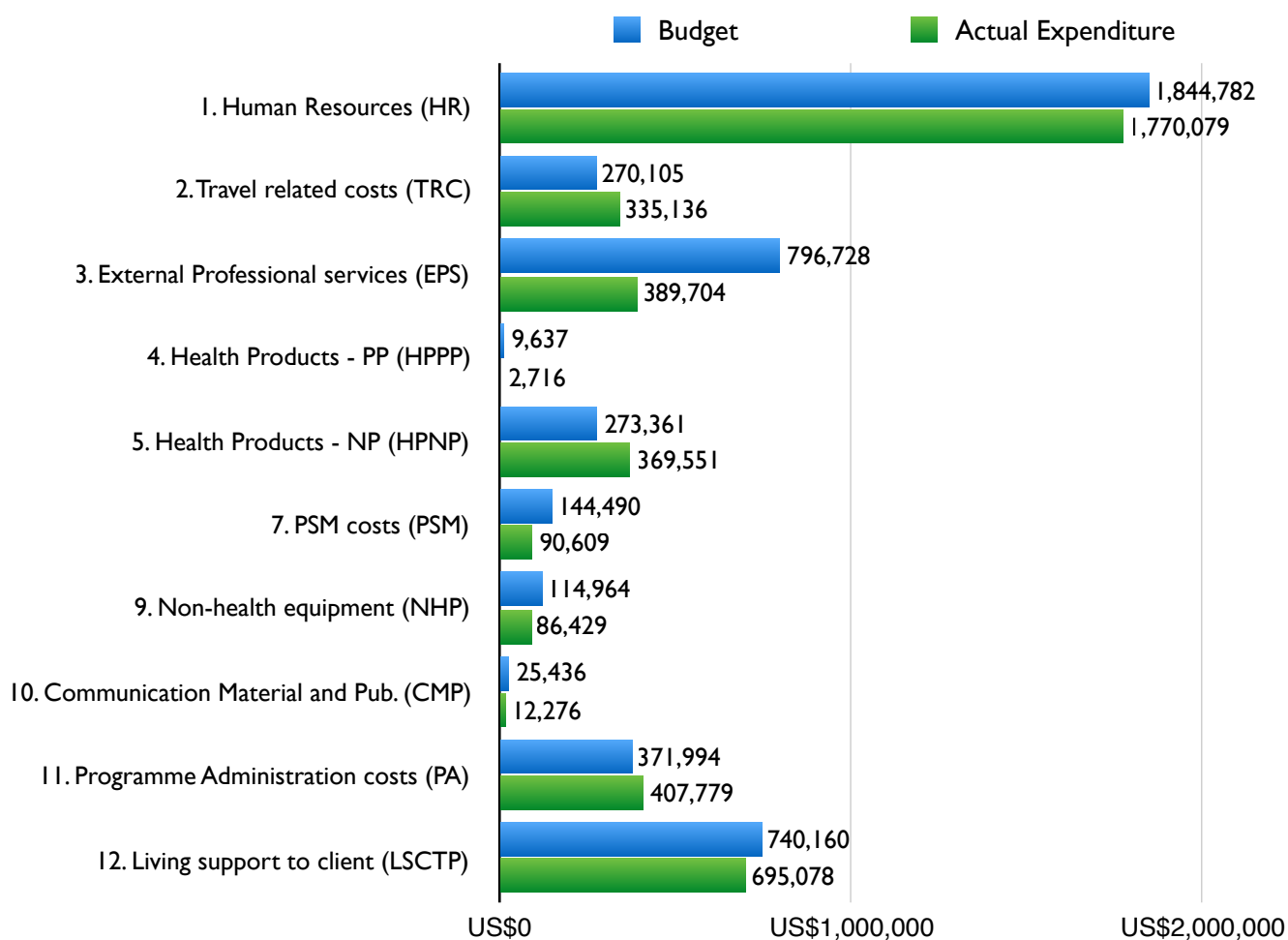
In order to seek support from the district authorities and ensure ownership of the project locally, District AIDS Councils (DACs) have been established in most of the districts where services are being delivered to PWID under the Global Fund project. The DACs have been very helpful in creating an enabling environment for the project activities and expanding the scope of services to the project beneficiaries by linking up with district level facilities.

The DACs are chaired by Deputy Commissioners of the respective districts and comprises of representatives from health, education, social welfare and police departments from public sector, media representatives, political and religious leaders, civil society organizations and other community groups as deemed fit by the members. DACs are mandated to meet quarterly to review and discuss the project progress and provide guidance and support where required.

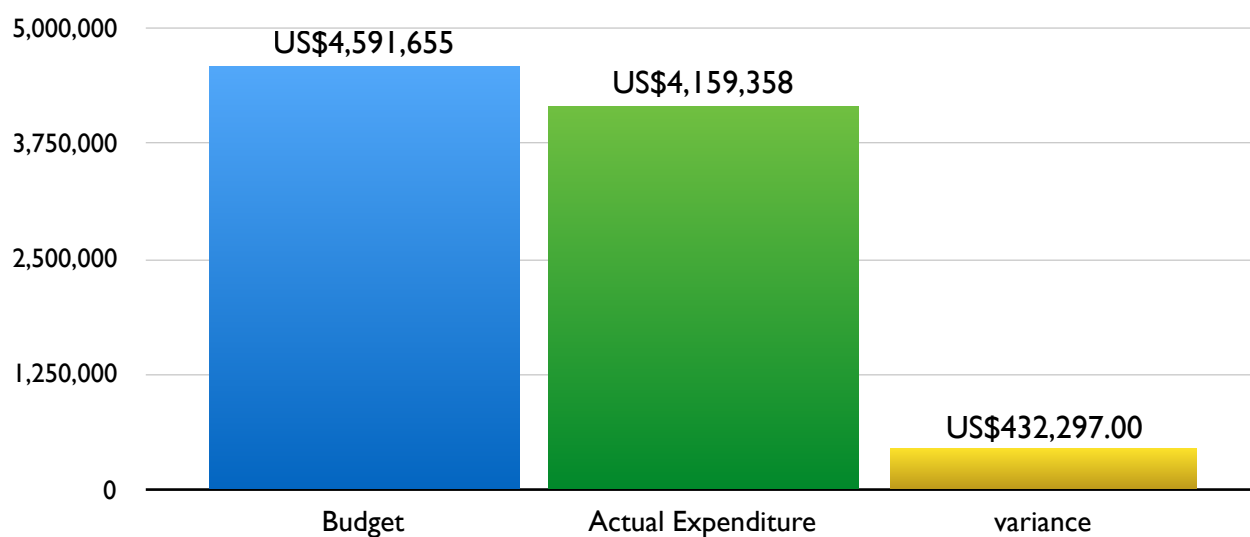
Financial Allocation and utilization

Overall 99.7% of the grant budget was utilized in planned activities during 2016-2017. The cost category wise variance against the budget is presented in the chart below for each year:

Budget vs Actual Expenditure by cost category (March 01, 2016 - December 31, 2016)

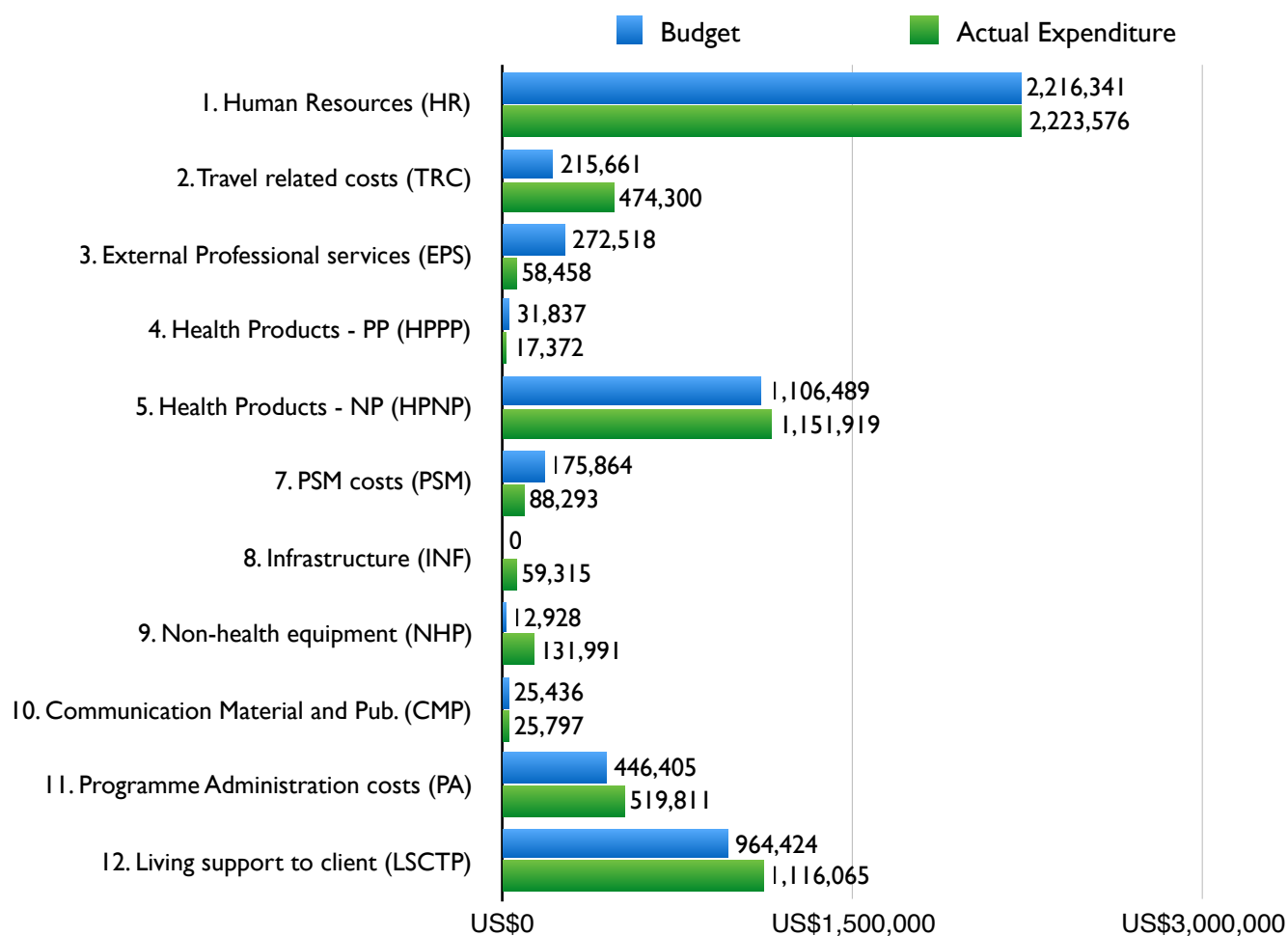


Overall (March 01, 2016 - December 31, 2016)

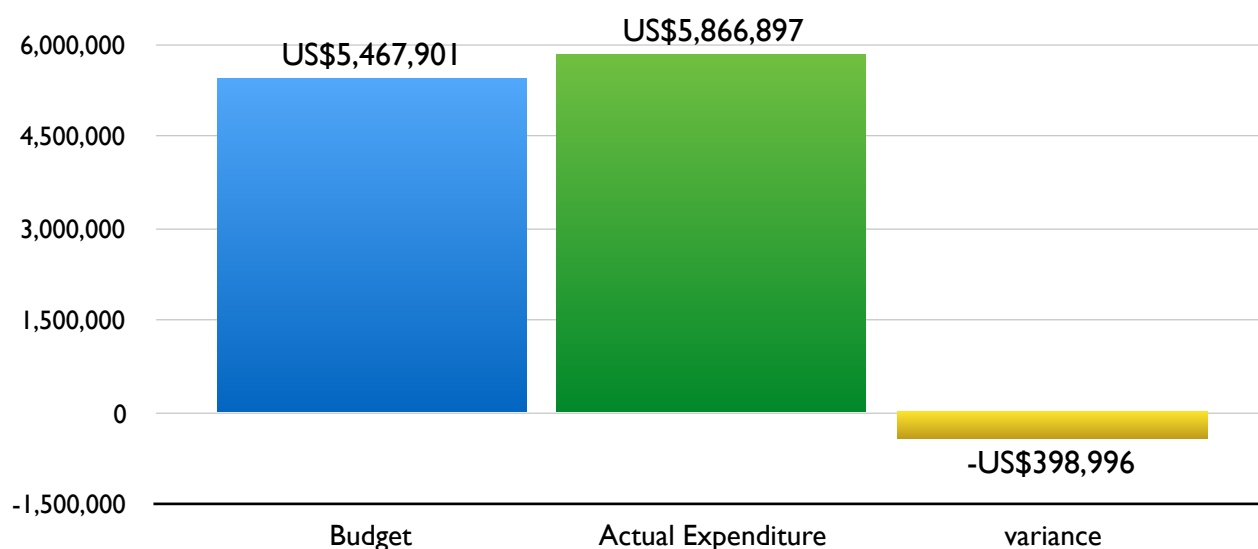


Financial Allocation and utilization

Budget vs Actual Expenditure by cost category (January 01, 2017 - December 31, 2017)

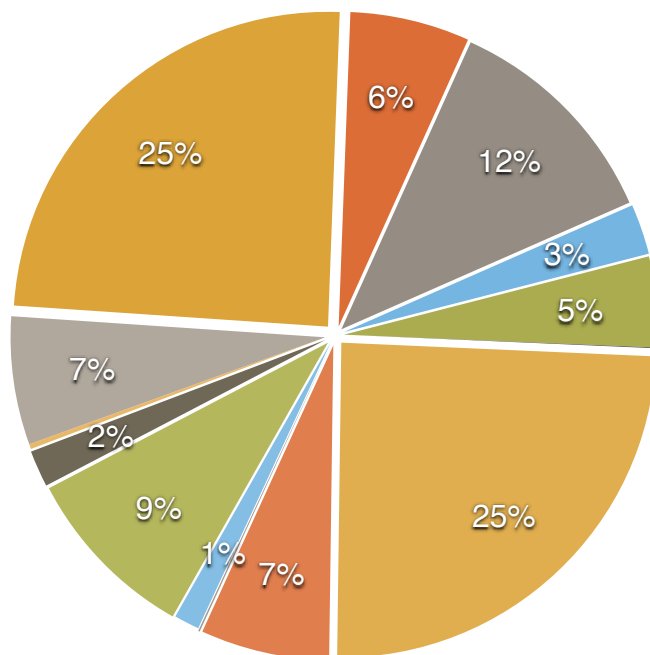


Overall (January 01, 2017 - December 31, 2017)

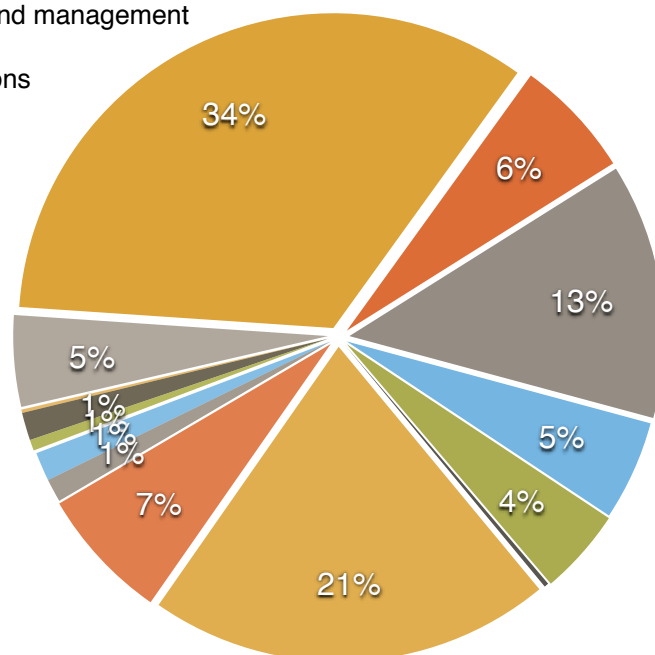


Financial Allocation and utilization

Actual Expenditure by Program Module (March 01 - December 31, 2016)



- Needle and Syringe programs
- Other intervention(s) for IDUs and their partners
- Treatment adherence
- Routine reporting
- Differentiated ART service delivery
- Condoms and lubricant programming for PWID
- Grant management
- Counseling and psycho-social support
- HIV testing services for PWID
- Supporting procurement and supply management
- Surveys
- Policy, planning, coordination and management
- Treatment monitoring
- TB/HIV collaborative interventions
- HIV testing services for PWID



Actual Expenditure by Program Module (January 01 - December 31, 2017)

Best practices and innovations

- **Introduction of biometric** devices to identify clients through fingerprints and recording of service delivery particularly in an outreach setting has been one of the major achievement. All field staff carry bio-metric devices and services are delivered to individual clients and spouses after biometric recognition.
- **ART Adherence Unit (AAU)** was conceived to address an important gap in continuum of care. In the absence of Opioid Substitution Therapy, it was almost impossible to initiate ART for HIV positive PWID in Pakistan despite the fact that the largest burden of disease was among them. After the introduction of AAU, enormous progress has been witnessed in terms of ART uptake by PWID
- **Spouses Program** has been one of the most successful intervention under the grant as the incidence of HIV among spouses has drastically reduced and there are hardly any new infections in this group which accounted for almost 7.5% HIV prevalence at the beginning of the project.
- **District AIDS Councils** have been very supportive in creating an enabling environment for the project in respective districts. The ownership of the project at district level has been very helpful in expanding the scope of services for the project beneficiaries.
- **In Touch** comprises of a team that regularly stay in touch with PWID on ART through telephone calls and update their ART Adherence status besides providing support services. It has been very useful in linking up clients to the services they need to maintain their ART Adherence.

Challenges

- The project services are limited to 30 districts across Pakistan, however, there is a huge gap in reaching the desired **coverage** level to have an impact on HIV epidemic among PWID. Absence of services in the adjacent districts with large number of PWID has been a major challenge throughout the implementation of the project.
- Absence of **Opioid Substitution Therapy (OST)** has also been a major challenge which is essential to provide stability to PWID so that they adhere to ART. Though AAU has filled this gap to a great extent, however, the long term stability can only be achieved by allowing OST in Pakistan.
- Increased **crack down by law enforcing agencies** as part of the national security measures in the country greatly hampers outreach based services delivery to PWID. This is beyond the control of the project and is dealt through advocacy with the law enforcing agencies directly or through DACs.
- ART clinics are not available in most of the project districts. This results in **transportation of clients** to the nearest ART clinic for registration and issuance of ARVs. There is some improvement in scaling up of ART clinics, however, the logistics related issues remain a major challenge in maintaining the clients on treatment.
- **Non-availability of viral load testing** - which is essentially required to ascertain treatment efficacy among PWID on ART - is turning out as one of the major challenge as the number of PWID on ART is rapidly increasing. Point of care viral load testing may be a solution.

Picture gallery



Training workshop on "Mobilization of HIV Positive PWID for Treatment and Follow up" addressed programmatic, administrative, financial issues concerning referral and mobilization of HIV reactive clients and their families. Training effectively addressed issues with major outcome of revision of standard operating procedures



Nai Zindagi arranged a three days refresher training workshop on "HIV Testing and Counseling Guidelines". Training workshop was designed around three sequential testing methodology, pre and post test counseling, testing algorithm, waste disposal, risk assessment and the package of HIV prevention among spouses of HIV+ PWID

Picture gallery



Nai Zindagi and Sindh AIDS Control Program signed a Memorandum of Understanding (MoU) for establishment of a CoPC+ site at Larkana



Three days refresher training on HTC-C/FORW-Punjab aimed at WHO three Sequential testing methodology, quality management, risk assessment tool, detailed overview of spouse component, mobilization and referral of reactive spouses, treatment and adherence guidelines

Picture gallery



Nai Zindagi Trust organized a two-day workshop on Evidence Based Programing, Monitoring & Evaluation. The participants included all the Site Managers from 30 CoPC+ sites across Pakistan, SR Project Managers and Provincial Coordinators from all the four provinces. The objective of this workshop was to refresh and instill the effective use of program data at all levels for improving both the quantitative and qualitative aspects of service delivery



Ms. Machteld Busz and Mr. Nick Veldwijk of Mainline, Netherlands visited programs and initiatives they support in Pakistan. The main objective of the mission was to get update on current programs and to discuss new opportunities for future collaboration. In addition to effective data management, ideas around social and technological innovation, social entrepreneurship, and economic opportunities and income-generation for PWUD were shared.