



Community Action on Harm Reduction Project: 2012 Annual Report



'Choices and Opportunities Fund 2011 - 2014',

Theme – Harm Reduction, Project number 23389 (formerly 22189)

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to summarize progress achieved in 2012 by the Dutch government - funded
project 'Community Action on Harm Reduction'

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**COMMUNITY ACTION
ON HARM REDUCTION**



Ministerie van Verkeer en Waterstaat

Acronyms

ACC – AIDS Care China

AFEW – AIDS Foundation East-West

AIDS – acquired immunodeficiency syndrome

ARV – antiretroviral

ASEAN – Association of Southeast Asian Nations

ASOD – Asian Senior Officers on Drugs

ATS – amphetamine-type stimulants

AU – African Union

BCC – behaviour change communication

CAHR – Community Action on Harm Reduction

CDC (in China) – Centre for Disease Control, a primary healthcare setting

CUT – Collectif Urgence Toxida

FSW – female sex workers

GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria

HBV – hepatitis B virus

HCV – hepatitis C virus

HIV – human immunodeficiency virus

HRI – Harm Reduction International

IDPC – International Drug Policy Consortium

IDU – injecting drug user

IDUF – Indian Drug User Forum

IEC – information, education, communication

IHRN – Indian Harm Reduction Network

INPUD – International Network of People who Use Drugs

KANCO – Kenya AIDS NGOs Consortium

KeNPUD – Kenya Network of People who Use Drugs

M&E – monitoring and evaluation

MAC – Malaysian AIDS Council

MARP – most at risk population

MMT – methadone maintenance therapy

NACO – National AIDS Control Organisation (in India)

NADA – National Anti-Drug Agency (in Malaysia)

NASCOP – National AIDS and STI Control Programme (in Kenya)

NOSET – Nairobi Outreach Services Trust

NS (E) P – needle-syringe (exchange) programme

OST – opioid substitution therapy

PCB – Programme Coordinating Board at UNAIDS

PCA – participatory community assessment

PDI – peer driven intervention

P (W) ID – people who inject drugs

PILS – Prevention Information et Lutte contre le Sida

PMTCT – prevention of mother-to-child transmission

PSS – psycho-social support

R&R – review and replanning

SACS (in India) – State AIDS Control Societies, local governmental bodies responsible for HIV/AIDS control

SASO – Social Awareness Service Organisation

SMT – substitution maintenance therapy

SRHR – sexual and reproductive health rights

ST – substitution therapy

STI – sexually transmitted infections

TB – tuberculosis

TI (in India) – targeted intervention, basic harm reduction service delivery site

VCT – voluntary counselling and testing for HIV

Overview

The International HIV/AIDS Alliance (the Alliance) project, Community Action on Harm Reduction (CAHR), funded by the Dutch government (as project number 23389), started on 1 January, 2011. The project involves work in five countries – Kenya, India, Malaysia, China and Indonesia – and engages a number of international technical partners.

The project supports the commitment of the Alliance to advance the development of evidence-based responses to HIV epidemics among people who inject drugs (PID). Now at the midpoint of implementation, CAHR has already significantly improved HIV and harm reduction services for PID, their partners and children in China, India, Indonesia, Kenya and Malaysia. The project has introduced essential harm reduction interventions in Kenya – for the first time ever pilot interventions of needle-syringe programmes (NSP) have started on the Kenya coast in November 2012 under CAHR; improved access to community-based support services in China; increased the quality of behavioural change programming in Malaysia; and expanded quality harm reduction services to new communities with populations of PID in Indonesia.

Across all five countries the project emphasises the key role of PID in the development and delivery of interventions and the importance of tailoring outreach and service combinations to address specific needs of epidemiologically significant segments within PID populations. The project promotes interventions that not only address public health challenges faced by PID, but also supports human rights and quality of life objectives. CAHR explores service improvements related to behavioural and biomedical, as well as structural, interventions. The project partnership is committed to support the development of evidence-based combinations of effective services guided by the accepted good practice programming standards on HIV and drug use. The current combination of interventions, recommended by the Alliance, is broader than the WHO recommended essential list of interventions for HIV work among PID, and includes a range of supportive services designed to improve programme uptake and retention, to increase the effectiveness of HIV prevention and care interventions, as well as address the essential needs of the target audiences.

In Kenya, Malaysia, and India the improvements to quality and provision of services will apply at national scale. In other countries the project will work to establish relationships with key harm reduction stakeholders and engage in a joint dialogue regarding the required service improvements and adjustments of approaches, as well as the scale-up of interventions to required coverage levels. There is a strong focus on building the capacity of community based organisations and sharing knowledge about what works.

The project has four objectives:

1. Access to HIV prevention, treatment and care, SRHR and other services for injecting drug users (IDU), their partners and their children is improved in China, India, Indonesia, Kenya, and Malaysia.
2. The capacity of civil society and government stakeholders to deliver harm reduction and health services to IDU, their partners and children is increased in China, India, Indonesia, Kenya, and Malaysia.
3. The human rights of drug users, their partners and children are protected in China, India, Indonesia, Kenya, and Malaysia and advanced in global institutions.
4. The learning about the role of civil society in harm reduction programmes is increased and shared in China, India, Indonesia, Kenya, and Malaysia and globally.

During 2012 the project has been fully operational in all of the project countries providing services to people who inject drugs and their families and partners. As of January 1st, 2013, 18,432 PWID and 98,571 beneficiaries¹ have been reached through the project.

In 2012, having introduced essential service infrastructure and launched the service delivery operations, the programmes started addressing the quality of the offered service combinations. Substantial efforts were directed at improving the service delivery monitoring system, and bespoke software, SyrEx, has been introduced in Malaysia, India and Kenya. The project studied significant segments within the population of PID (stimulant users, fishermen, younger users, and women) in order to design tailored combinations of HIV prevention and harm reduction services addressing the specific situations and vulnerabilities of these people.

Policy work was framed by the ‘Support. Don’t Punish’ campaign launched in spring, and focused on removing barriers to effective service development, delivery and utilisation. The campaign has an international effort facilitated by project policy partnership IDPC, HRI and INPUD, as well as country initiatives led by country partners with technical support of IDPC and INPUD.

One of the key project breakthroughs of 2012 is the launch of NSP in Kenya. Many barriers had to be overcome before even a limited pilot initiative could ensure its place in the country. Despite the opposition and difficulties, by the end of 2012, we proudly report that NSP has started in Kenya and 140 PID have been provided with NSP kits in four towns on the east coast of Kenya. This, though a small number, is a huge achievement for Kenya, and the whole of Africa where despite the growing injecting drug use, harm reduction programming is limited to several hundred clients. CAHR has made a mark in Africa on harm reduction.

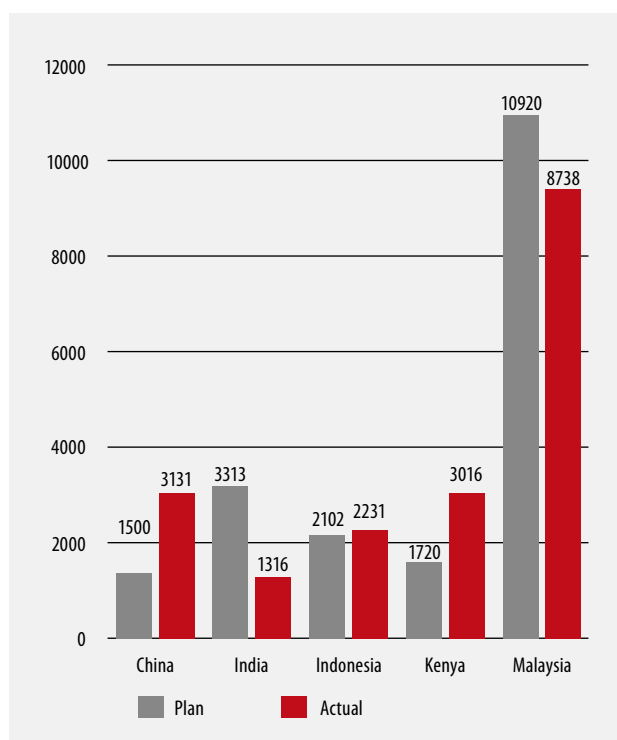
This report summarises project progress in 2012 against its objectives and within project countries.

¹ Beneficiaries of the project include people who inject drugs directly served by the project partners, those reached through secondary service delivery by trained peers, as well as PIDs’ sexual partners and family members who either received services from the programme or benefitted from services received by their drug using relatives. Registration of beneficiaries can be performed either through direct recording of service delivery or through application of indices derived from operations research.

Objective 1. Access to HIV prevention, treatment and care, SRHR and other services for IDU, their partners and their children is improved in China, India, Indonesia, Kenya, and Malaysia

In 2012 the project established a firm basis for further development of harm reduction services. The programmes on the ground are up and running in 59 sites in the 5 countries and once the basic project infrastructure was established and service delivery was launched the project was able to focus on more advanced improvements in organisations and delivery of harm reduction services.

Figure 1. Number of PWID who accessed CAHR-supported services by project countries (plans and actuals as of January 1, 2013)



The project significantly delivered against its indicators. The table below demonstrates project progress against its indicators by January 1, 2013.

Table 1. CAHR progress against project indicators as of January 1, 2013

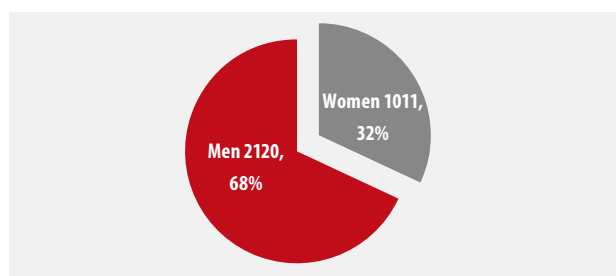
Indicator	Actual as of January 1, 2013
Number of injecting drug users covered with CAHR-supported services	18,432
Number of project beneficiaries benefiting from CAHR-supported services	98,571
Number of individuals who received voluntary testing and counselling and received their results	3,325
Number of individuals who are benefiting from counselling, legal support, housing and income generation services	7,400
Number of individuals who are benefiting from SRH services	4,024
Number of IDUs and sexual partners who initiated ART with the support from the project	193
Number of IDUs and sexual partners who initiated OST with the support from the project	346
Number of IDU and secondary beneficiaries who are benefiting from hepatitis treatment	275
Number of IDU and secondary beneficiaries who are benefiting from TB treatment	200
Number of non-governmental organisations/drug user groups provided with technical support	207
Number of drug users participating in design and implementation of harm reduction programs	62
Number of existing tools for harm reduction activities locally adapted	20
Number of advocacy activities for desired legal/policy reform implemented	29
Number of policymakers reached	1,629
Number of advocacy activities for desired policy reform implemented	6
Number of project-linked surveys/studies conducted	44
Number of case studies that meet Alliance research and evaluation standards produced and disseminated	42
Number of south to south learning exchanges conducted	17

Country-level progress in detail is described below.

China



China CAHR Profile		
Activities	NSP, VCT	
Sites of operation	Jinniu, Chenghua, Xindu (3 sites)	
Coverage PWID as of 01.01.2013	Male	2120
	Female	1011
Coverage beneficiaries as of 01.01.2013	Male	5729
	Female	2896
Innovations	VCT with rapid tests, stimulants, PDI	
Policy focus	Legitimising role of civil society in harm reduction	



Under Alliance China's leadership on management of implementation, and with support from the Alliance secretariat in Brighton and the Ukraine Management Unit (MU), CAHR programmes in China started in Chengdu, Sichuan province in August 2011 in collaboration with Sichuan provincial STI Association and district CDCs in Chenghua and Jinniu as well as local community peer groups.

In line with the Alliance's global strategy the Alliance's implementation arm in China is shifting from a country office to an independent linking organisation. The transition was completed by June 2013. CAHR management and the Chinese partners are collaborating closely to ensure a smooth transition that does not affect implementation. It is also expected that the new linking organisation, AIDS Care China (ACC), will bring several new dimensions to the development of harm reduction services in the country, including their work on improved accessibility of methadone maintenance therapy (MMT) through price reduction efforts as well as improved access of people who use drugs to antiretroviral treatment.

Both CDCs in Chenghua and Jinniu continued their support to outreach activities led by peer groups, including delivering community behaviour change communication (BCC), counselling, referrals and psycho-social support related to safe sex and safer injecting techniques, MMT and VCT. As a result both coverage and quality of the community harm reduction work are being improved.

The pilot VCT intervention utilising rapid HIV tests initiated in 2011 has further expanded. Those who test positive are referred for diagnosis and treatment. The majority of PID who accessed VCT with rapid test were referred to this service by peer workers, although the testing itself is conducted in drop-in centres. The programme is working to address regulatory, safety and confidentiality constraints which restrict utilisation of rapid tests in community settings. The peer-groups involved in outreach activities

also conduct interactive activities at the MMT centres in Chenghua and Jinniu. These are designed to share service users' experiences, and to improve their understanding of essential harm reduction issues such as vaccination for the Hepatitis B virus (HBV), TB, SRH and MMT adherence, as well as overdose prevention, and to conduct group psychological counselling together with health care workers. The family members of PID are also sometimes invited to join these activities.

To better address some of the essential programming gaps, a baseline survey was completed in early 2012. The report provides details on local PID living conditions, behaviour characteristics and needs for harm reduction services and includes recommendations on strengthening CAHR's implementation in China regarding advocacy, psycho-social support, and diversification as well as the importance of providing flexible harm reduction services according to individual needs.

In the first half of 2012, CAHR China also completed a new stimulant survey, followed by a training workshop which included discussion of viable interventions. The stimulant users' needs for harm reduction were visualized and possible actions deliberated. The understanding of the gap between the traditional harm reduction services available and the changing mode of drug abuse is much improved and has paved the way to plan further actions to address the new stimulant risks in relation to HIV/AIDS. In June CAHR China also trained project field staff and peer groups on advocacy skills, participatory community assessment (PCA) methodologies and application of coded unique identification.

The 2012 review and re-planning (R&R) workshop was successfully carried out in September with objectives and actions reflected and discussed including outreach, coding system, rapid test and capacity building of local partners. In addition, there was also some deliberation on the innovative part of CAHR at the meeting, such as potential topics for in-country operational research and advocacy (including prioritisation and feasibility). The workshop's output included a clear plan and actions for the year ahead. Work in China will focus on increased coverage and quality of outreach and start support work for operational research and advocacy to strengthen support for

HIV positive PID to access treatment and care.

In 2012 a pilot in Chengdu strengthened efforts to enable a supportive environment through regular coordination meetings with multi-sectoral governmental departments, particularly the police department. In total the pilot reached over 100 influential officials who are prominent in affecting harm reduction practices. Agreement has been reached between CDCs and the police not to harass or arrest peers and PID while they are doing outreach work and or whilst attending MMT and Drop-in centres for services, despite the policy criminalising drug use remaining unchanged. Though the progress is obvious and there is continuing advocacy for supportive environments, further issues have been identified which need additional exploration and further action to support policy change: employability of outreach for rapid testing, increased availability of MMT and flexible costing, and, more broadly, access to employment and governmental living insurance.

In 2012, CAHR China stakeholders participated in a meeting of USAID projects in Nanning, Guangxi province at which community groups of peers and implementing partners of CDCs learned and shared their experiences with other PID groups from elsewhere e.g. Yunnan and Guangxi. Community peer groups from CAHR China refreshed and broadened their vision towards the project in Chengdu. A good practice manual for harm reduction was adapted and printed in middle of 2012 and the manuals were disseminated to partners and community groups. The CAHR China manager, PID advisor and peer leader in Chenghua jointed relevant meetings related to harm reduction in China e.g. the HARRP Project, USAID-PSI meeting etc. The shared experiences of implementing harm reduction were beneficial as well as the networking with stakeholders for ongoing resource sharing and future potential collaboration.

In 2013 under the new leadership of AIDS Care China, the project will expand its activities to reach to three new sites in two new provinces and introduce peer-driven intervention (PDI²) to research into the drug using scene and to reach the earlier unreached PID with outreach and OST services.

² PDI is an outreach model, developed for reaching and educating drug users from hidden communities to prevent HIV and reduce risks associated with drug use. It helps to reach existing peer networks, rather than individuals. This model was developed and piloted by Robert S. Broadhead and his colleagues in the USA, China, Vietnam, Russia and Ukraine.

Field notes from CAHR outreach work in Chengdu

By Zhao Liqiong, peer of Boat of Hope



Outreach work among people who use drugs has been prioritized since the beginning of our Boat of Hope Group, supported by Chenghua CDC and Forth People's Hospital of Chenghua District since late 2011 when Community Action on Harm Reduction project started in Chengdu.

Boat of Hope group has 9 members, they all have drug using experience. Our group is providing peer education, group activities and counseling services to peers both in Methadone Maintenance Treatment Clinic and Needle and Syringe Exchange Center. It makes me very happy each time I provide services to a peer and see changes, I know I make their and their families' life easier, and all of our group members feel the same. However, there are still a whole lot of people injecting drugs who don't know about our services and still practice risky behavior, and that worries me.

Aiming at those PID who don't know about our services or are afraid to come for our services, outreach is a really important and effective method. Our group has conducted outreach work assisted by Chenghua CDC several times last year, but things are a little different this year. Due to the reconstruction of the city, especially the reconstruction of the train station located in Chenghua District where PID usually gather together for injecting, we lost a lot of spots where we used to do outreach and felt the need to find out where the new spots that gather PID were located.

During our interview with some peers, we found out where the new spot was: not far away from our previous spot, but more hidden. And another question came out:

in our previous spot, PID were already used to have medical staff around to provide counselling and rapid testing and were not afraid of being arrested or harassed – all because we've done a lot of work explaining to them why those medical staff were there. More importantly, a lot of PID over there had used our services before, their word and trust eased a lot of tension towards those medical staff.

But this time, we are not sure. Going to spot we are not even familiar with, how will PID there react? Will it be dangerous for the medical staff to join us for the first time? After discussion with our group members and CDC staff, we decided we should go without any medical staff with us. And because it's the first time to go to a new spot, to avoid any unnecessary incidents because of too many group members showing up at the same time, we divided into two groups and went to two different spots respectively. It's an outreach, also an observation of a new spot.

This spot is in a bridge underpass surrounded by bunch of warehouses. Before my partner and I walked into the spot, we were extremely nervous. It's our first time to the new spot after all, and we have no idea what's the situation in there, from our previous knowledge, people can be very aggressive and paranoid when they see someone they don't know walking into the spot. But the minute my partner and I walked in, we were relieved. There were a lot of PID in that spot and we saw some familiar faces, because of their introduction, we quickly were able to do our work.

More than ten people were there, mostly male, only two female that time. The peers described them the services we provided, distributed syringes, condoms and IEC materials. IDUs there did ask for free methadone, we explained the national policy and how MMT clinic worked.

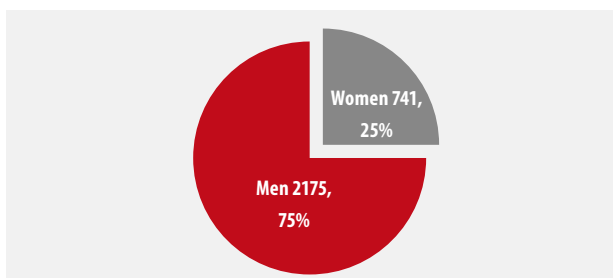
What surprised me was that they were actually very friendly to us, maybe because of the big smiles on our faces, maybe because the word we used made them believe that we used to be one of them and had the same experiences they had, maybe because of the sincerity they felt when we had our conversation. Several PID left their cell phone numbers and names to us.

I was very glad that outreach to a new spot this time was very successful.

Kenya



Kenya CAHR Profile		
Activities	NSP	
Sites of operation	Malindi, Mombasa, Kilifi, Ukunda, Nairobi (5 sites)	
Coverage PWID as of 01.01.2013	Male	2275
	Female	741
Coverage beneficiaries as of 01.01.2013	Male	8165
	Female	3387
Policy focus	NSP launch and community mobilisation	



In Kenya, 2012 saw the extended preparation for the long-expected development of the initiation of NSP. Preparatory technical support and the creation of an enabling environment was ensured by the CAHR partnership before the actual NSP launch in November 2012.

The Kenya AIDS NGOs Consortium (KANCO) CAHR programme successfully sub-granted to five implementing partners in January 2012. With a lot of enthusiasm all

these partners kicked off the harm reduction interventions (except for distribution of needles and syringes) for IDUs and their beneficiaries. From the outset, all the implementing partners exceeded the planned targets. All partners endeavoured to execute all activities captured on their workplans which was rewarded by the expansion in the number of drug users accessing HIV prevention, treatment, SRHR and other services for PID both on outreach routes and drop in centres.

INPUD in collaboration with KANCO undertook a two day scoping exercise to explore opportunities for meaningful engagement for PID in Nairobi. They also prepared and delivered a three day drug user organisation development workshop on 4-6 June. As a result of the workshop, Nairobi drug user activists have formed KeNPUD (Kenya Network of People who Use Drugs). The Network aims to promote meaningful involvement of people who use drugs in programmes targeted at PID.

KANCO in collaboration with Alliance Ukraine and the Alliance secretariat in Brighton successfully facilitated a four day workshop on harm reduction and key correspondent training in February; 17 participants were drawn from the five implementing partner organisations.

A training workshop for outreach workers on harm reduction and needle and syringe programmes was conducted on 2-5 April by KANCO in collaboration with Prévention Information Lutte contre le Sida (PILS) and Collectif Urgence Toxida (CUT), Mauritius. The training targeted 25 outreach workers from the five implementing partner organisations.

The aim of this training was to equip outreach workers with knowledge and skills on harm reduction and implementation of the needle and syringe programme in Kenya.

Programmatic M&E system and SyrEx service delivery monitoring software has been adapted for use by KANCO's five implementing partner organisations. The KANCO CAHR programme in Kenya in collaboration with the Alliance Ukraine organised a three-day training in June for 15 participants with the aim of familiarising participants with general M&E principles, data collection and reporting requirements for CAHR, as well as obtaining practical skills on SyrEx software use.

Advocacy meetings were held locally with police, religious leaders and the judiciary both by KANCO and the five implementing partner organisations. The programme recorded an increased number of stakeholders supporting harm reduction programme initiatives.

The CAHR programme manager in Kenya participated in an R&R exercise in Malaysia as well as a study visit to Tanzania. These two countries operate very vibrant (although small scale in Tanzania) NSEP in contexts that have many similar features to that in Kenya. In Malaysia, Islam is the dominant religion and the sheikhs and imams have supported harm reduction since 2006 by giving shelter to recovering problem drug users among other supportive interventions. Similarly in coastal Kenya, Islam is the dominant religion. Consequently the manager learned how to engage religious leaders in harm reduction programmes, e.g. involving them in all essential elements of PID programme design activities. In Tanzania, Islam is also the dominant faith; Tanzania offers methadone free of charge to clients seven days in a week in a clinic.

On November 13th, 2012, Nairobi hosted Harm Reduction Initiatives in Kenya: Donor Coordination Meeting, organized jointly by National AIDS and STI Control Programme (NAS COP) and KANCO.

The meeting was initiated by several donors and partners working in Kenya voicing concerns over risks of uncoordinated action in Kenya in the context of growing international funding to respond to HIV among drug using populations in Kenya.

The meeting gathered representatives from NAS COP, the National Authority for Campaign against Alcohol and Drug Abuse (NACADA), National AIDS Control Council (NCC), WHO, UNODC, Red Cross, CDC, International HIV/AIDS Alliance, IDPC, Medicins du Monde, Mainline, KANCO, OSF, GIZ, SAPTA, NOSET, Reachout, Teenswatch, MEWA, Omari and KeNPUD putting together local and national perspective over response programmes which allowed to make preliminary mapping of harm reduction interventions supported or to be supported in near future.

The discussion revealed the need for stronger systematic coordination of activities in Kenya and NAS COP suggested

to establish a separate IDU working group (which is currently part of MARPs broader group) to hold regular meetings on the progress and plans, which was well received by the meeting participants.

Project implementing partner NGOs seemed fully prepared to start NSP in early 2012.

But an accident drove back the project implementation for several months: media training by Internews 21-25 May, 2012, turned into a trigger of a massive media and public campaign against NSP in Kenya. At the end of the training a press conference was held to inform the public on the need for harm reduction among PID. After journalists aired out the event, there were notable mixed reactions from various individuals and groups locally and at the national level on the plans of the harm reduction organizations to roll out needle and syringe programme in the country. Both the NGOs and the Ministry of Health were publicly attacked by Muslim organizations, women's organizations etc. threatening to bring the government and implementing organizations to court for 'provoking drug use' in the communities. For several months afterwards even a word could not be spoken at any level about NSP.

In the meantime the implementing NGO partners, KANCO, and the international partners worked on making next steps on NSP. NGOs worked with communities to promote harm reduction, KANCO and international partners worked with WHO, technical support providers and the Kenyan government to facilitate the legal framing of the initiative through approval of standard operating procedures for NSP and start pilot interventions.

The CAHR programme procured a total of 16,200 syringes of different volumes, 32,400 alcohol swabs, 16,200 10 ml water for injection, 10,800 cotton balls, 4,650 Zip lock bags, 77 Sharps disposable containers in November 2012, to support pilot NSP across the five implementing partner sites for one month. Having no structured guidelines and standard operating procedures released from the government, the CAHR Programme in collaboration with the implementing partners developed temporary guidelines for staff at the NSP which included the organizational structure and staff roles and responsibilities in the NSP Programme, the guidelines also touched on the support to the NSP.

Because the NSP project was going to be implemented as discretely as possible, partners had small targets to report on. By the end of December, 2012 Teenswatch reached 35 PID with the NSP kit, MEWA reached 25, REACHOUT reached 30, OMARI reached 45. NOSET was yet to start. These seemingly small numbers represent a huge leap for the Kenya HIV/AIDS response making the long-anticipated progress on service delivery to PID a reality.

Having started NSP, KANCO became a source of important expertise on NSP to other national harm reduction

stakeholders and fed the overall development of programmes for PID in Kenya.

KANCO and international partners contributed to the WHO review of standard operating procedures on NSP in Kenya. The CAHR programme ensured that retractable syringes were not accepted as part of the specification for the NSP kit, but instead single use needles. This has since been adopted even though in the beginning there was a lot of resistance.

The Government of Kenya was initially cautious about KANCO and NGO partners starting NSP before the release of standard operating procedures (which has been pending for almost a year). At the end of December though NASCOP informed the stakeholders, that some organizations supported by the CAHR programme had started NSP implementation and rather than use this opportunity to castigate them, they should be welcomed to share their experiences on the ground. Teens Watch, Omari, Reachout and MEWA shared their experiences. It was very informative as now we had evidence that NSP can work in Kenya.

For the World AIDS Day commemoration, the CAHR programme sponsored a band and a volley ball game

organised for 50 PID. The band played songs that pulled the crowd to watch the match. Testing camps were also raised where 20 PID and 36 members of the general population were tested. The theme was: Zero HIV infections, Zero HIV deaths and Zero discrimination whether a PID or a member of the community.

At the end of 2012 KANCO worked on rolling out BCC training for outreach workers (December 17-19). The three day training involved 22 participants and 4 facilitators drawn from various projects, led by KANCO, including: The Omari Project, MEWA Rehabilitation and Treatment Centre, Reachout Centre Trust, Teens Watch, Kenya Network of People who Use Drugs and Nairobi Outreach Services Trust.

The CAHR programme in Kenya will continue to focus on the development of a well-functioning harm reduction model in 2013. There are other initiatives supported by different donors in Kenya and coordination of efforts is starting to take place via coordination and exchange meetings. Implementing partners of KANCO are also exploring services such as HCV and HBV screening and treatment/management options, the need for methadone, considering employment of active drug users.

What Kenya PWID community thinks about NSP?



Wambui from Ukunda, a female injecting drug user who does sex work for money to buy drugs and who became one of the first NSP project clients within CAHR through Teenswatch, says:

“Am grateful and happy for the NSP program in Ukunda. Before the program came I and my friends used to pick and recycle used syringes and at times even shared used ones which is dangerous. Like me for the last two years I shared a syringe with someone who was HIV positive thanks to God am still negative

but I have vowed not to let anyone share used syringes from now.

I have also received training on safe injecting practices and thus can train my peers on the same anytime when in the streets. I know the community is currently somehow against the NSP program but I wish to voice my appeal to the community leaders to empathize with us and allow the NSP program to roll out in Ukunda and the whole coast province.

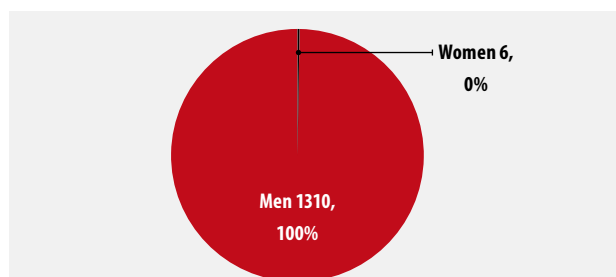
The reason why I really support the NSP is because the needles are free and clean; I get my kit as per my needs that is if I need for three days or a week's stock so that I don't need to lack. I also get in the harm reduction pack from Teenswatch some water for injecting, an alcohol swab, a dry swab and three syringes. This also saves me on money and mostly my life. We usually return the used ones when going to collect the fresh ones. We always sign for the syringes and needles we take.

Though some IDUs are still not using the swabs and cotton instead they still lick the blood in regardless of being trained on safer injecting practices at teens watch. I personally use blood to mix the heroine and thus usually never use the water.”

India



India CAHR Profile		
Activities	Family, HCV, overdose, crisis response, legal, SRHR	
Sites of operation	State of Bihar: Kaimur, Bhojpur, Bhagalpur, Buxar, Begusarai, Kaimur, Muzaffarpur, Sitamarhi, Saran + Siwan, Patna East, Patna West, Nalanda, Lakhisarai + Sheikhpura, Darbhanga State of Haryana: Gurgaon, Jind, Sirsa, Rohtak, Ambala, Hisar, Kurukshetra, Karnal, Yamuna Nagar, Sonapat, Kaithal, Faridabad, Bahadurgarh, Panipat, Panchkula State of Uttarakhand: Nainital (1), Nainital (2), Udham Singh Nagar (1), Udham Singh Nagar (2), Haridwar, Dehradun Delhi: Yamuna Bazar State of Manipur: Imphal East & Imphal West (37 sites)	
Coverage PWID as of 01.01.2013	Male	1310
	Female	6
Coverage beneficiaries as of 01.01.2013	5744	
Policy focus	Shaping national approach to comprehensive PWID related HIV response	



Due to prolonged negotiation with National AIDS Control Organisation (NACO), start-up of CAHR activities in India was delayed until March 2012. The conceptual framing of the project is to improve quality of the national response to HIV among people who use drugs through support of states with limited history of harm reduction in North-East India – Uttarakhand, Bihar and Haryana, as well as sites of excellence in Manipur and New Delhi.

The key 2012 highlights for CAHR India are:

- Assessment of front-line implementation partners;
- Orientation meeting with State AIDS Control Societies (SACS) on implementation plan of Hridaya³;
- Baseline assessment and abstracts publication at the International AIDS Conference in Washington;
- Induction and orientation meeting with the partners on programme, finance, M&E including SyrEx;
- Preparation of M&E manual and reporting format;
- Customisation and installation of SyrEx software with implementing partners;
- Revising the service combination;
- State level orientation meetings with Targeted Intervention (TI) partners and respective SACS;
- Contracting of partners;
- Negotiations with NACO on the revised implementation strategy and the strategy endorsement;
- Community involvement;
- Commencement of Drug User Pattern Assessment (DUPA).

3 Hridaya is the name given to CAHR project in India.

All 38 implementing partners have been assessed on programme, M&E, finance and administration capacity. The Hridaya team conducted the exercise for the state of Haryana and Uttarakhand. Community consultants were hired to assess partners for the state of Bihar. Simultaneously the Alliance India team carried out a briefing about the concept and implementation plan of Hridaya to the SACS of Uttarakhand, Haryana and Bihar.

The discussions with NACO have informed the project on the gaps of the national programme and the support needed from Hridaya which enables the national programme to address other issues of the PID community. Alliance India has ensured that Hridaya would not be a parallel programme but will complement the national programme and will implement the project through the existing TIs.

A baseline assessment was carried out during January-March 2012 at three sites, namely: Haryana (Sonipat), Delhi (Yamuna Bazar) and Manipur (Imphal) to capture the outcome indicators that are expected as a result of Hridaya project implementation. The total respondents in this assessment were: 61 PID from each site totalling 183. Three abstracts were submitted to the International AIDS Conference in Washington for wider dissemination: all three were selected for poster presentations.

An M&E manual including definition of indicators and reporting formats has been prepared and shared with the implementing partners. SyrEx software is customised to local requirements and implemented by the partners for data management. Technical support has been provided by Alliance to the partners on SyrEx.

Induction training with six contracted partners was conducted in Delhi from 27 February to 2 March 2012. During this training programme partners were oriented and trained on programme implementation, financial management and working knowledge on the formats and M&E procedures, as well as hands-on experience of SyrEx software.

A series of meetings was conducted with three SACS which resulted in revising the initial combination of services. An initial orientation meeting with all TIs, SACS and technical support units were planned and executed in Haryana on 6 July, Uttarakhand on 13 July and for Bihar on 18 July 2012. SACS as well as implementing NGO's also echoed the importance of providing additional support for the PID intervention in their respective states.

The India TS Hub contracted Nossal Institute who organised a community consultation with SASO on SRHR which was held at Imphal from 27 to 30 July 2012. Men and women who inject drugs took part in the group discussion. Spouses and women with past history of drug use from short stay homes also contributed to the consultation.

Based on the results of this consultation, SRHR training module has been developed and will be delivered in

a series of trainings to all CAHR implementing partners in India in early 2013. This will inform SRHR service delivery to project clients in India (client counselling, family counselling, referral to medical services, condom distribution) as well as form the ground for interventions in other CAHR countries in 2013.

The Alliance Regional Technical Support Hub for South Asia (based in India) also identified a consultant to develop a module on legal aid education. The process of developing the module is anticipated by January 2013. A workshop on Legal Aid is planned to be conducted in mid-2013.

Since the PID TI programming is centred on harm reduction that requires greater understanding of the global standards, skills building, handholding, mentoring, monitoring and supervision, the Hridaya team has been providing technical support to all the three states at SACS, district and TI level. The success of the pilots will then be disseminated and recommendations will be made in National AIDS Control Programme (NACP) IV with the aim to add more components into the current programming to strengthen the approach towards enhanced service delivery to PID populations.

The Hridaya project focuses on the involvement of the community at every level of programme implementation, ensuring saturation of coverage of PID and providing feedback to enhance the quality of implementation. Involvement of the Indian Drug Users' Forum (IDUF) and the Indian Harm Reduction Network (IHRN) not only facilitates the formation of networks at the district level but also leads to increased involvement of the community in the response to the PID issues. The community feedback mechanisms will also be helpful in identifying required innovations in service delivery and will ensure the required ownership and respect for the services among the community.

A Drug Use Pattern Assessment (DUPA) started data collection in December 2012 to understand the drug use pattern in Bihar, Haryana and Uttarakhand as the profile of drug users and their drug use patterns differ from one region to another.

A knowledge exchange study tour was organized for government officials from India from November 20 till 22, 2012, who visited Ukraine to learn from harm reduction programme implemented by International HIV/AIDS Alliance in Ukraine and its partners.

This delegation comprised of Dr. Neeraj Dhingra, Deputy Director General Targeted Intervention Division and Mr. Aditya Singh, Programme Officer from the National AIDS Control Organization (NACO), Ministry of Health & Family Welfare, Government of India, Mr. Charanjit Sharma, Programme Manager, and Mr. Francis Joseph, Programme Officer, representatives from India HIV/AIDS Alliance.

The visiting team was familiarized with: mobile clinic (ambulance) that caters to all groups of risk (IDUs, MSMs, FSWs including female injecting drug users who are also involved into sex work); apartment of a secondary syringe exchange drug using client; OST center in Kyiv Center for AIDS; NGO run drop-in-center that provides psychosocial support and other facilities to drug users; pharmacy-based needle-syringe programmes.

Dr. Dhingra concluded with: "The best part which we have seen is pharmacy distribution of needles and syringes. We don't have anything like pharmacy distribution; it is all done person to person in India, so this pharmacy based distribution with incentivization of the pharmacists or the pharmacy shop is quite interesting for us. That is the thing that we need to really look into."

Aditya Singh continued: "The civil society in Ukraine has the response of community and provides the facilities that we are providing through the government. You can see the genuine trust and faith that the community has in the services that you are providing and in the staff that is out there."

On World AIDS Day 2012 the India HIV/AIDS Alliance office organised an 'All India Run and a Cultural Event'. This event was aimed at raising awareness about HIV. More than 1,000 runners from the PLHIV, Transgender, MSM, PID and student communities participated in the All India Run. The run was followed by music and drama performances celebrating life and diversity in the face of the epidemic. The main highlight of the event was cultural event where three musical bands performed, each of whom were comprised of members of the PWID community. A street theatre group from Population Council also performed focusing on prevention through condom usage. This event was captured by 16 national newspapers; and was supported by sponsors including Citibank, Population Council and Delhi State AIDS Control Society.

In 2013 Alliance India will further expand its interventions to deliver the most effective components of additional services and will create a systematic model to shape the forthcoming national AIDS programmes and relevant funding allocation.

New services through CAHR make a difference in India

Sameera⁴ living in Dehradun, Uttarakhand state in India started experiencing excruciating pain in her abdomen during sexual intercourse one day. Unable to afford the doctor fee, she resorted to home remedies. When things got worse, she told her husband Raymond about it. But she knew he wouldn't be of much help; she recently realized, after three years into their marriage, that her husband has been injecting drugs since a very young age owing to peer pressure. He started with brown sugar (an opium derivative) and later switched to injecting pharmaceuticals. That explained why he never stuck to any job, and resorted to petty crimes once in a while. Sameera started to do odd jobs, such as washing dishes or doing chores for people, to make two ends meet. She tried dissuading her husband from taking drugs, but his habit was hard to break. His addiction led to desolation, anguish and stress among them. Now, with her paralyzing pain, she felt very helpless and hopeless.

What Sameera didn't know was that Raymond has been approached by a local NGO that provided free needles, syringes, condoms, and advice to people like him on safer injecting practices and safe sex. The NGO was implementing Hridaya Project, an initiative of CAHR project and implemented by India HIV/AIDS Alliance that builds the capacity of service providers, strengthens the national harm reduction strategy and makes it more gender-responsive, improves access to health services and advocates for the rights of injecting drug users. Prior to the project implementation, India HIV/AIDS Alliance ensured that each member of the Hridaya team is well informed and capacitated with the current and new information on issues related to drugs, sexual health, HIV, communication and counseling skills and on the existing services through thematic trainings.

A female outreach worker from the Hridaya Project kept in constant touch with Raymond. Very quickly Raymond realized that the outreach worker had required skills and knowledge about his condition and was sensitive towards his drug use and his concern for Sameera's health. Hridaya Project has an exclusive service component, especially for spouses/partners of drug users that provides outreach services, empowers them through peer support groups, and increases access to sexual and reproductive health and legal rights. Though a bit hesitant, Raymond invited the outreach worker home, she talked to Sameera and explained her about issues related to her husband's addiction and addressed Sameera's sexual and reproductive health concerns, including how she can avail medical treatment from the nearest district hospital to deal with her gynaecological concerns. Moreover,

the outreach worker accompanied Sameera on her every visit to the doctor to help her overcome her inhibitions. She also shared her mobile phone number with Sameera in case of any urgency.

The outreach worker generally begins her day with reporting at the Drop-in-Centre and later leaves for field visit either to spots where people who inject drugs congregate and/or do their drugs. Then after interacting with some of them, she is able to persuade at least one or two of them to escort her to their homes where she is able to interact with the family members of the people who inject drugs. This is her present mode of operating but has been a lengthy process thus far that is as listed below:

- A line listing of all married clients registered under Hridaya Project was prepared.
- Geographical area mapping of client was completed.
- Day wise visit plan was finalized for each site.
- Structured questions were developed for capturing details such as age, injecting episodes, living status, family details, religion, educational background, cultural norms, economic status, practice, etc., are considered before planning for outreach to the clients' home.
- Subsequently, tools were prepared that helped in planning and as well as in carrying out outreach activities.
- As the primary aim was to target males, outreach was planned as per the suitability and availability of clients in the field.
- Flexible timing was carefully considered to ensure availability of clients for delivery of services.
- Preference ranking was also done pertaining to risk of HIV involved due to injecting and also sexual practices of an individual client.
- The outreach design is need based rather than first come first serve basis.

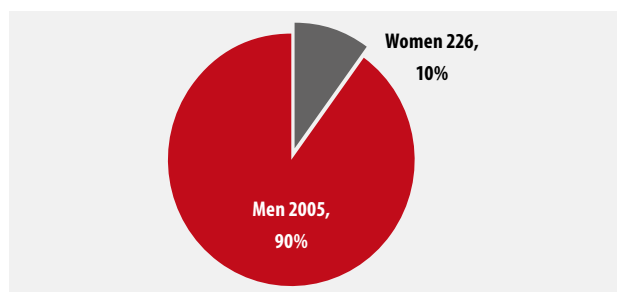
Sameera was grateful to the outreach worker and the Hridaya Project that helped her get treated and empowered her with more knowledge. Now, she is aware of her sexual and reproductive health needs and how to protect herself from HIV and sexually transmitted infections. She has adequate information on harm reduction and has better understanding of her husband's health needs. She also understands that drug use is a compelling psychological disorder and it is with love, care and compassion that she can help Raymond live with it. She is now optimistic that things will soon change for good.

⁴ Names have been changed to protect clients' identities

Indonesia



Indonesia CAHR Profile		
Activities	NSP, prison, MMT support	
Sites of operation	Bandung, Bogor, Cirebon, Sukabumi, Bali, Lombok (6 sites)	
Coverage PWID as of 01.01.2013	Male	2005
	Female	226
Coverage beneficiaries as of 01.01.2013	Male	3739
	Female	1502
Innovations	MMT psycho-social support, young IDU	
Policy focus	Diversion enforcement	



In 2012 Rumah Cemara, the Alliance partner in Indonesia, further extended basic harm reduction services to areas with limited harm reduction coverage (specifically, the islands of Bali and Lombok); extended the provision of psycho-social support for MMT clients to two more locations; and broadened pre-release support to imprisoned PID.

NSEP started operation in new sites – Bali and Lombok. Together with NSEP, Rumah Cemara was also promoting other interventions in the new areas, including self-help group meetings and prevention programmes in prison settings.

Rumah Cemara started provision of psychosocial support for MMT clients in Bandung, Cirebon and Sukabumi. In Bandung, two self-help groups of clients on MMT and their family members were organised. To fill the information gap around MMT, three types of information, education and communication (IEC) materials have been developed: about MMT for the new clients and those who are already enrolled into programme; a directory book for people who use drugs with important addresses and free tables to develop own schedule for the visit.

Despite the fact that Rumah Cemara started provision of psychosocial support to the clients on MMT, there is a lack of collaboration with government clinics. There is still a misunderstanding of MMT in the community, where people consider it as a way to quit drug use. As a result, there are not many people receiving therapy. For example, in Bandung the estimated number of PID is 2,500 and only 70 people are on MMT with one clinic providing these services. There are psychiatrists providing support to the clients, but they work in shifts, so the clients do not have a regular contact with one trusted doctor and would need to tell the story every time from scratch.

Rumah Cemara and their partner organisations refer PID to MMT programmes and other services, but limited number of people benefit from these services. There is a need for integrated services and case management and Rumah Cemara will be provided technical support in 2013 to further improve their approach to MMT support.

In early 2012 a technical support visit on M&E took place as a result of which changes in individual assistance tools (individual profile, daily report, 22 indicators) and computerised database system were made in order to improve daily client tracking mechanisms and resulting reported figures.

A pre-release programme operates in four prisons with regular sessions for prisoners and prison staff. Currently, Rumah Cemara supports a group of clients three months prior to their release; the prison personnel have expressed the need to educate those who are going to stay in the prison longer as well.

On September 8-15, 2012 the CAHR Programme Manager from Rumah Cemara together with 27 representatives from Indonesian National Narcotic Board, Indonesian National Police, Coordinating Ministry of Politics, Law and Security, Ministry of Social Affairs, National Drug User Network, National AIDS Commission, National Narcotic Board, Office of Attorney General, Indonesian Parliament, Ministry of Health, Australian government-funded HIV Cooperation Programme Indonesia (HCPI), UNODC, and Harm reduction network JANGKAR visited Portugal for a drug policy study visit aiming to understand the Portuguese experience and best practices in drug policy

and diversion issues. Following this visit a number of the visitors came to London and met with IDPC to discuss the joint policy agenda for Indonesia.

During the visit Indonesian representatives attended Lisbon prison, European Monitoring Centre for Drugs and Drug Addiction, Intervention on Addictive Behaviors and Dependencies (SICAD), Lisbon Dissuasion Committee, School of the Criminal police, Treatment Center Taipas, the National Parliament and National HIV Programme.

On December 19-21, 2012, Rumah Cemara organized "Burnout prevention training for CAHR implementing partners in Indonesia" involving 18 participants from four CAHR partner organizations and three self-help groups for IDU and people living with HIV/AIDS.

It was facilitated by experts from Maranatha University who have experience in working with drug users and PLHIV. The objective of the training was to increase the capacity of implementing personnel, such as outreach workers and volunteers from each partner organization, to facilitate strengthening of partner organizations in organizational areas.

In 2013 Rumah Cemara will continue support to NGOs delivering harm reduction services in three provinces in Indonesia as well as build on its developments in MMT and prison work. Rumah Cemara will strategize and further develop the models, as well as work on advocacy for diversion. The organization will also explore possibilities for piloting NSP in Indonesian prisons.

Partner community-based organizations in Indonesia expand their services through Community Action on Harm Reduction project

Harm reduction interventions in Indonesia started in 1999 when the pilot project was first initiated in Bali. In 2003, the programme started to spread across major cities and at present time is implemented by non-governmental organizations, community-based organizations and government institutions with the support of international funding. This funding generally focuses on major cities due to the limited amount of the funding and estimated numbers of PWID in Indonesia – priority given to the highest concentration sites of PWID.

However, to expand client reach in order to impact the HIV/AIDS epidemic development, to provide even basic services to PWID in more distant locations, it is crucial to reach out of the big cities. Within CAHR Rumah Cemara started to explore the outskirts of harm reduction in West Java through working in Bogor regency as well as in other provinces through harm reduction initiation on Lombok island.

PEKA Bogor

PEKA is a community-based organization based in Bogor city which has been implementing CAHR since 2011 with a focus on providing services in Bogor. Due to the urge and needs from the community in Bogor regency (outside city area), PEKA made an assessment in the area. As a result, it has been found that there is a very limited service for PWID in the area, while it is the biggest regency area in Indonesia with more than 40 sub-districts.

It was estimated in 2009 that there were 500 PWID living in Bogor regency with a focus on Cibinong district. Additionally, Cibinong is connected to Jakarta, Bogor city and Sukabumi through railways and other transportation systems which increase the possibility of drug distributions to this district.

Most of services for PWID such as Clean Needles and Syringes have been implemented effectively in big cities. However, the cities are located very far from the regency area. The services in local clinics in the regency area are not maximised and the AIDS Commission and stakeholders have not been effective in taking their roles. The community in regency area has had a lot of difficulties in accessing the services they require.

PEKA had a need to open representative office in Bogor regency in order to make intervention and services more accessible for PWID. They have started to gain

more information on the PWID's needs and the services availability. Interviews to individual PWID have been made along with other stakeholders.

Despite the success in Cibinong, Bogor regency is still a very big area and requires additional development services in order to effectively reach the community.

AKSI NTB

AKSI NTB is the only community-based organisation that implements harm reduction programme in Lombok. Therefore, the organisation has good relationship and network with the community of people who use drugs in Lombok. Since 2012, AKSI NTB has started working with Rumah Cemara within CAHR project which focuses in Mataram city and has reached 128 PWID.

CAHR project has proven to increase the scope of harm reduction services for the community of PWID, health service units and the stakeholders. However, a new problem arose from East Lombok. PWID in East Lombok had to travel for at least two hours to get to Mataram city to access clean needles and syringes. It is estimated that there are about 120 PWID in East Lombok, ranging from heroin users to liquid diazepam and petidin users. On their visit to East Lombok, AKSI NTB found that PWID had to search for used needles and syringes from hospitals and dumps and tried to clean them before they used them.

Additionally, psycho-social support and regular session meetings have been provided in East Lombok providing PWID with harm reduction information, HIV/AIDS and drug addiction knowledge.

CAHR project has helped a lot in the advocacy process especially in supporting the position of PWID in front of the local stakeholders.

These two localised community initiatives have proven effective in bringing the service to clients vitally in need. They did not require any extra funding, rather became a result of service provision restructuring – through decentralisation. Harm reduction programme managers should consider organisation of services to remote areas through outreach workers residing in these locations, trainings and distant mentoring. These efforts have the capacity to make a real difference to the local PWID communities and overall epidemic development.

Malaysia



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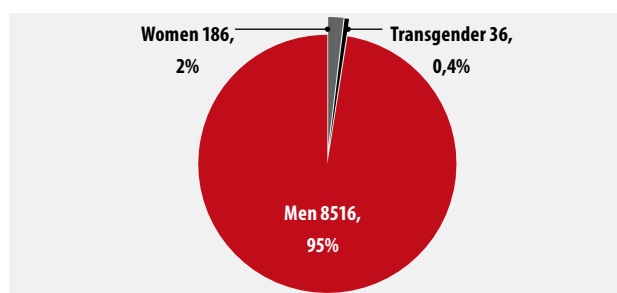
Malaysia CAHR Profile		
Activities	NSP, family, rapid testing, legal, medical	
Sites of operation	Jeli, Hulu Terengganu, Bahau, Kluang, Teluk Intan, Kuantan, Kuala Lumpur, Melaka (8 sites)	
Coverage PWID as of 01.01.2013	Male	8516
	Female	186
	Transgender	36
Coverage beneficiaries as of 01.01.2013	Male	67181
	Female	228
Innovations	BCC, PDI	
Policy focus	Decriminalisation	

In Malaysia, the Malaysian AIDS Council (MAC) have followed the plan to deliver national-level scale-up of HIV prevention programmes among PID by supporting four new sites which have no current harm reduction services and the addition of new complementary services to the current scope of four existing sites. The complementary services include working with families to mobilise support to PID; delivery of legal counselling and support; delivery of basic medical services by engagement of the relevant specialists; and improving detection of HIV cases in PID population through introduction of low threshold testing options based on utilization of rapid testing.

High quality BCC is one of the most essential improvements in the delivery of HIV/AIDS services in Malaysia. In 2012 MAC paid special attention to the introduction of a BCC component in harm reduction programmes which will be continued in 2013.

Two BCC workshops were conducted in December 2012: 'BCC & Teambuilding' for all CAHR staff and 'Induction to BCC' for NSEP Ministry of Health staff.

MAC partners have achieved an extremely high degree of rapport with the communities of PID which will be instrumental in further expansion of access to more intensive harm reduction interventions. Harm reduction services became available not only to people who use drugs, but to their family members as well. In addition



to the provision of condoms, MAC partner organisations help with birth certificates, benefits and provide legal support to family members of drug users.

MAC and its partner organisations built strong relationship with community leaders and religious authorities which can serve a good example to CAHR partners in other Islamic countries.

SyrEx software has been introduced in the country across projects funded by CAHR as well as those supported by the Ministry of Health and the Global Fund. NGOs started using the new monitoring system which made the reporting process easier and the data more accurate.

The proportion of women among clients of harm reduction services remains very low. It was planned to pilot an intervention targeting women who use drugs in one state in 2012. But there was a lack of evidence that the pilot project for women is needed in this area. It was decided to pilot the intervention in Kuala Lumpur in 2013 using the peer driven intervention (PDI) model. PDI is also expected to supply essential data effectively tailor the services for prospective female

clients. Technical support on peer interventions will be provided to MAC to facilitate the initiative.

On December 17-22, 2012 the Alliance Regional Technical Support Hub in Kiev together with MAC organised a training "Peer Driven Intervention (PDI) to prevent HIV among injecting drug users". The training is a first step on the way to development of PDI in Malaysia which will be implemented as part of CAHR project in 2013. More details on this training are provided under Objective 2 (see page 22)

As for pilot initiatives, MAC approached Centre of Excellence in AIDS Research (CERIA) and jointly they developed a pilot intervention on provision of medical services to deep-sea fishermen in Kuantan in the state of Pahang. The intervention will start in 2013. It is anticipated that after the pilot stage of the intervention the initiative will be taken over and fully funded by the government.

Therefore the issues prioritised for 2013 for MAC are PDI rollout, fishermen service expansion, prison harm reduction initiation and ongoing delivery for the existing eight harm reduction sites.

CAHR contributing to PWID employment in Malaysia

Drug use is criminalized in Malaysia and a criminal record is the biggest barrier to employment. Unemployment for months or years brings financial deprivation, poor living conditions and a further deterioration of self-esteem.

It is extremely difficult to overcome when you are refused in social acceptance.

Popular opinion also doesn't favour drug users as potential employees. Most Malaysian employers feel that if drug users are employed, they don't leave their problems at the door, but they are:

- more likely not to attend work;
- more likely to put themselves and others in danger during work;
- more likely to injure themselves or others in the process;
- more likely to make fake claims for compensation;
- not innovative resulting in counter productiveness.

At the midst of these beliefs we met an amazing individual who thinks different and resides in Kuala Terengannu and is affiliated with our partner organization CAKNA, Terengannu.

His name is Che Mat who owns 200 acres of palm oil plantation. In the middle of this plantation he has also started a greenhouse and a catfish rearing project.

About 20 years ago, Che Mat found his best friend Sulong (50 years old now) walking in the village with torn and tattered short pants. Sulong was using drugs and was totally disorganized. Che Mat felt pity for his old friend and offered him a job in his plantation. Then Che Mat decided to pay the friend an ample amount of money to stop him from stealing goods from other villagers.

After this Che Mat took several trips to Chow Kit, Kuala Lumpur where he found more drug using friends. He gave them some cash and invited back to the village with a job offer.

Nowadays there are about 20 male drug users working for him, 8 of them have been working for more than 20 years. The workers are paid RM 80-100 per day (USD 25-31), depending on hours and expertise. They have flexible working time.

The employees are all active drug users who are clients of CAKNA, Terengannu, a new site under the CAHR Malaysia programme.

At the moment the drug users are building the structure for the green house and the cat fish tanks. There is also a beautiful house at the farm site built by them. Che Mat uses his own money without any bank loan. The expenses for all projects he gets from his palm oil plantation.

The workers are staying in the house at Che Mat palm oil plantation. Food and clothing are provided by Che Mat. After the green house and the cat fish tanks are built all the drug users will be working for him at catfish farm, vegetables farm, cattle farm and goat farm.

Che Mat says: "They are good people, it's just that they appeared in such life situation. Now they are already doing well. Why should the law chase them? It only makes them run. We should help them to come to terms with life."

Working with drug users is not always easy for Che Mat. Sometimes parents and other family members of the workers come to his house with inquiries. There were police reports stating that Che Mat was a drugs supplier and the police and drug law enforcers had come to Che Mat house to search for drugs. Before CAKNA/CAHR started supplying needles for Che Mat, he used to buy them for the workers on his own and it made him afraid that the villagers or authority would think that he was an injecting drug user as well.

Despite all this, Che Mat remains committed to employing people who use drugs. He has even asked MAC to provide methadone in the farm area.

Independently from the outcome of this query, the people employed by Che Mat have the opportunity to live worthy lives, supporting themselves and their families.

Objective 2. The capacity of civil society and government stakeholders to deliver harm reduction and health services to IDU, their partners and children is increased in China, India, Indonesia, Kenya, and Malaysia

The focus of technical support delivery to the national implementation organisations and their front-line implementing partners was on harm reduction service delivery monitoring and further development of the technical skills required to introduce or improve the effectiveness of harm reduction services.

Key providers of technical support within CAHR were the initially identified project international partners: Alliance Regional Technical Support Hub in Kiev (TS Hub), AIDS Foundation East-West (AFEW), and Prevention Information et Lutte contre le Sida (PILS) together with Collectif Urgence Toxida (CUT) – two NGOs working in the areas of HIV/AIDS and harm reduction in Mauritius assigned with the role of technical support provision to Kenya.

In 2012 Kiev TS Hub devoted 694 consultancy days to provide technical support to implementing partner organisations from Alliance China, KANCO, India HIV/AIDS Alliance, Rumah Cemara, MAC and their sub-grantees. Technical support activities included organisation of trainings, working meetings, development of tools and systems in order to improve harm reduction programming in the countries. 23 organisations benefited from technical support provided by Kiev TS hub tailored individually to the needs of each country-partner.

One of the most significant achievements of capacity development efforts within CAHR is the introduction of SyrEx, the state-of-the-art client registration and service delivery monitoring software developed by the Alliance Ukraine. With the support of specialists from the Alliance TS Hub in Kiev, the software has been successfully adapted and launched by MAC, India HIV/AIDS Alliance and KANCO. The database has been adapted for three countries taking into account local needs and the requirements of partner organisations and has provided significant improvements to M&E systems. These organisations also received follow-up technical support from the TS Hub specialists who are available to provide required clarifications. Interactive and practical training workshops have been conducted for national implementing agencies and their service delivery partners in each of the three countries. The participants had an opportunity to test the actual reporting algorithm based on the specific CAHR indicators, and practiced all the required functions including generation of reports.

One of the participants reflected in the evaluation form: “The workshop was easy and flexible. The practice sessions of the SyrEx software were the most useful ones. The participatory methods had been very helpful. Practice sessions were good and helped in learning. The software will be helpful in report collection and data management.”

New to the harm reduction approach, KANCO partners from Kenya have also been introduced to essential M&E principles, data collection techniques, and reporting requirements for the CAHR project. The participants received information on service-related data collection (introduction of unique identifier codes, data tracking at the point of service delivery, further data aggregation and analysis, etc.) for efficient use of SyrEx and received examples of data recording and reporting formats that are supported by the software. The facilitators indicated that “the participants were highly motivated, since they were experiencing a need in a service provision data tracking instrument for a while at the moment of the training delivery”.

The two-day SyrEx training organised by India HIV/AIDS Alliance that took place in New Delhi was facilitated by Kiev TS Hub experts. The training was interactive and practical. Participants were trying to fill in the actual reporting forms with the list of indicators used in CAHR Project and trying out all functions and reports available in SyrEx. The overall feedback on the training was very positive and participants were looking forward to start using SyrEx in their daily work.

By the end of 2012 Kenya, India and Malaysia had a fully operational database for data collection. SyrEx has been adapted for three countries taking into account country partners’ needs and specific reporting requirements which help to utilize the database for programmes funded by different donors. These organisations received a follow-up technical support on request.

Indonesian organisation Rumah Cemara also received assistance on M&E. During the visit to Indonesia which took place in January 2012, Alliance Ukraine specialists assessed Rumah Cemara’s M&E systems as well as the capacity of their partner organisations. Recommendations included suggestions on improvement of client registration system, and Rumah Cemara received examples of client registration forms. After thorough consideration it was decided that the introduction of SyrEx in Indonesia should be considered at a later stage. A simpler database capable of responding to the essential needs of Rumah Cemara and their partners will be used for service delivery monitoring. The Alliance M&E specialists provided recommendations on how to make this database compatible with the growing needs of the organisation and facilitate reporting and data collections.

PID are the mainstay of any effective outreach effort and possess substantive expertise required for effective design and delivery of harm reduction services. The Alliance prioritises the involvement of PID and will promote awareness of this issue by the clinical facilities

and governmental agencies involved in HIV and drug use programming. Employing PID for outreach and the delivery of effective, demand-led effective services is the foundation of any further engagement. To increase the role of active drug users in programme implementation, a workshop on active drug users' involvement was conducted for Kenyan organisations in Nairobi. Outcomes of the workshop included appreciation of the vital role of people who use drugs in harm reduction projects and an understanding of different models of managing specific situations related to drug-use as a part of project work. Outreach workers, supervisors of outreach workers and harm reduction project managers also discussed an opportunity to develop a publication on active drug users' involvement and suggested the structure for this resource. The main outcome (as reflected in the assessment forms) was that the participants changed their attitude towards employment of active drug-users and agreed that active involvement of people who use drugs into programme development, implementation and evaluation is an essential element of a successful harm reduction programme.

Kenyan organisations also participated in the Key Correspondents workshop organised by the International HIV/AIDS Alliance. The workshop with KANCO and implementing partners' staff focused on documentation and promotion of challenges related to HIV and drug use, as well as harm reduction programmes. The purpose of the workshop was to improve specific documentation and journalism skills which will enable the writers to more effectively present the issues to their respective audiences. The

technical harm reduction sessions of the workshop were facilitated by a specialist from Alliance Ukraine. During this visit he also made a field visit to the coastal region to assess the progress of harm reduction projects and developed further recommendations. The specialist also studied risky injecting practices which helped to understand what additional services and commodities are needed for people who use drugs in Kenya.

One of the aims of the R&R visits that took place during the third quarter of 2012 was to assist the national partners in consolidating the programme results so far and defining the programme priorities as well as to develop specific action plans for the next phase of CAHR. The R&R exercise in each country involved the local experts, the Alliance specialists, as well as CAHR counterparts from other countries. Outcomes included introduction of innovative approaches that can be implemented by partner organisations in order to improve the quality and effectiveness of harm reduction programming. These are reflected in the proposed 2013 planning documents. The R&R schedules also included specific pieces of technical support related to priority technical subjects. Thus, during the R&R visit to Indonesia, a specialist from the Kiev Hub conducted a mini-training for Rumah Cemara staff on a peer education approach to working with prisoners. This should make the education programme implemented by Indonesian organisations more interactive and engaging. Together with this a description of the peer education approach on work with prisoners was translated and shared with Rumah Cemara and other organisations through the CAHR web-site.



A study on stimulant use in China identified the growing problem associated with the use of stimulants in the country. The TS Hub provided assistance to Alliance China with development of a training programme for outreach workers on how to provide effective counselling to people who use stimulants. In addition, Alliance China received support with development of IEC material about the risks of stimulant use.

Significant weaknesses in the organisation and content of both verbal and written BCC limit the effectiveness of HIV prevention and harm reduction efforts among PID. The Alliance will continue investing in the development of appropriate BCC strategies as well as promote utilization of effective BCC models across CAHR countries. The training of trainers on BCC for organisations from Kenya, India, Indonesia, China and Malaysia took place in November in Bali. The BCC workshop introduced approaches supporting behaviour change of drug users and strengthened the ability of local trainers to conduct seminars and trainings. Insufficient access to ARV treatment for people who use drugs is a common problem stated by all CAHR partners. The training module developed for Malaysia in 2011 was updated to cover the area of case management and counselling of HIV positive drug users to improve their access to ARV treatment. This training helped to scale up the training programme in the countries and prepare outreach workers in using BCC with their clients.

In evaluation forms the participants named what they liked most about the training:

"Training approach used by trainers. Never before trainers allocated separate session to provide feedback to each participants' performance and I personally feel this useful as I practice skills learnt from the training. More than enough opportunity was given for practice as well."

"I will adapt this process to do in the same way to improve outreach workers' performance in my place."

"The games were very good and needed for sessions. The role plays gave the participants a chance to internalize the skills in counselling."

"During the process, our team's knowledge and skills got practices, and moreover, through going through the documentary we understood what's to be improved further."

As mentioned above, on December 17-22, 2012 Kiev TS Hub together with MAC organised a training "Peer Driven Intervention (PDI) to prevent HIV among Injecting Drug Users".

The aim of the training was to adopt PDI model in order to address HIV epidemic in Malaysia. Its main focus was on adapting the model for the local context, educating relevant staff and development of all documents and tools required for the field work. As a result of the training

a list of practical recommendations was developed to support and sustain the model implementation in Malaysia. PDI will help to increase the coverage of active drug users and in particular female drug users, who are not reached by prevention activities so far.

The participants learnt about requirements for PDI site, discussed HIV prevention services which will be offered to their new clients recruited by the PDI model. Some sessions were devoted to practical skills development such as clients' screening and delivering education sessions to people who use drugs.

The participants appreciated the material presented, training methods and general atmosphere of the training.

During 2012, a distance learning training course on development of IEC for drug users started for representatives from all five countries. The main objectives of the course are:

- to develop participants' understanding of the importance and significance of information work on HIV/AIDS,
- to make participants familiar with IEC development process, methods and tools,
- to ensure quality of IEC materials development in the framework of CAHR project.

This interactive course helps to exchange experience and knowledge in the development of IEC materials among representatives of organisations from the five countries. The participants take an active part in the discussions through social media, Skype and e-mails, do individual and group assignments and practice in developing own information materials. The course consists of 10 lessons with tests, case studies and practical tasks and will be finished in 2013.

AIDS Foundation East-West (AFEW) continued its technical support on prison programming to Malaysia and Indonesia partners. On June 21-23, 2012, in Bali, Indonesia, the 2nd training on health promotion in penal system was conducted. The training focused on providing information and building up practical skills for implementation of the Health Promotion Programme in the penal system of Malaysia and Indonesia. As a result of the training a plan for development of social bureaus was worked out to provide after-care following the release of inmates (safer place/case management, referral to health service, especially MMT and ARV adherence, income generation skills) as well as plan of the project launch in Malaysia.

On 7-9 December, 2012, AFEW organized a study visit to the State Penitentiary Service of Kyrgyzstan and penal institutions of Bishkek city with the participation of representatives from Indonesian, Malaysian and Ukrainian state prison systems and NGOs working with prisoners.



The purpose of the visit was presentation of strategies, stages and results of the reform of the penitentiary system in Kyrgyzstan, familiarization with the methods of practical implementation of international standards of human rights in detention centres and prisons, familiarization with examples of good practice working with vulnerable groups of prisoners and detainees, especially with HIV/AIDS.

During the visit the delegation had a meeting with the Authorities from State Penitentiary Service of Kyrgyzstan; visited NGO "Radar" who run a social dormitory for former inmates; visited a rehabilitation centre for former inmates who are drug users. They also visited female penitentiary institution # 2 where tuberculosis patients are treated and there is needle exchange programme; a substitution maintenance therapy (SMT) programme was planned to be launched there on January 1st, 2013.

The delegation had the opportunity to familiarize themselves with the penitentiary system in Kyrgyzstan, with the preliminary detention system, and principles of working with adolescents and women who are serving sentences of imprisonment, as well as with correctional programmes for working with alcohol and drug addicts, convicted and sentenced and others.

Examples of Kyrgyzstan good practice on working with vulnerable people, who are in detention centres and prisons, will be analysed in terms of their possible application in the penitentiary practices in Indonesia, Malaysia and Ukraine. This primarily relates to the use of SMT, syringe

exchange programme, drug users' resocialization, and establishment of rehabilitation centres for former inmates.

AFEW will continue to support CAHR in building capacity for improved harm reduction programming related to the health of prisoners, building on their experience working in Eastern Europe and Central Asia.

In April 2012, the training for outreach workers of six organizations in Kenya was conducted by CAHR partners Prevention Information et Lutte contre le Sida (PILS) and Collectif Urgence Toxida (CUT) – two NGOs working in the areas of HIV/AIDS and harm reduction respectively in Mauritius. The goal of the training was to give the participants the possibility to familiarize themselves with principles of harm reduction and practical aspects of NSEP implementation, as well as principles of advocacy and BCC. Aspects such as outreach work, burn out prevention, stigma and discrimination of PID, networking and power mapping were thoroughly addressed. The collaboration between Mauritius and Kenya through the CAHR project has already given the opportunity for a Kenyan delegation to visit Mauritius in September 2011 for CUT's 2nd Conference on harm reduction, and to visit some NSEP in Mauritius.

Further technical support will be required in two main directions:

1. Further development of technical expertise and skills of front-line service providers and managers related to strategic outreach (including utilisation of the PDI methodology) and specific services such as the delivery of psychosocial support to clients, ensuring access of clients to clinical services along with service adherence and retention (with introduction of essential case management techniques), as well as further elaboration of verbal and written BCC methods;
2. Tightening the mechanisms and systems for managing sub-recipients involved in the delivery of front-line services. This component will include technical and financial sub-award management, technical and financial monitoring of sub-recipients, technical support planning and delivery management, as well as risk management.

Objective 3. The human rights of drug users, their partners and children are protected in China, India, Indonesia, Kenya, and Malaysia and advanced in global institutions

Community Action on Harm Reduction project frames its policy activities in two dimensions:

- level of operation (national and international agenda) and;
- content of activities (decriminalization and access to services for people who use drugs priorities).

		CONTENT	
		Decriminalization	Access to services
LEVEL	International	Support. Don't Punish Campaign	
	National	Malaysia, Indonesia	India, Kenya, China

International activities

In March 2012, the International Drug Policy Consortium (IDPC), the International Network of People who Use Drugs (INPUD), Harm Reduction International (HRI), and the International HIV/AIDS Alliance launched the 'Support. Don't Punish' campaign to call on governments to put an end to drug policies that lead to damaging health, social, economic and human rights outcomes. IDPC has since led on the campaign development, with major plans for a campaign re-launch in early 2013 – including bespoke branding and a new website (www.supportdontpunish.org).

'Support. Don't Punish' campaign

The message of the campaign reads as follows:

SUPPORT: Invest in effective HIV responses for people who use drugs

- We call on countries to scale up evidence-based HIV prevention measures for people who inject drugs, including programmes that prevent utilisation of used injecting equipment (needle and syringe programmes), and effective programmes for those experiencing problems with their drug use (opioid substitution therapy).

- We call on donors, UN agencies, and the Global Fund to redirect resources to close the gap between the scale of need, and current levels of investment, for targeted harm reduction and HIV programmes for people who use drugs.
- We call on international donors to fulfil the pledges they made to the Global Fund so that programmes essential for tackling HIV transmission amongst people who use drugs can achieve the required scale.



DON'T PUNISH: Improve policies and reform laws that undermine effective HIV responses for people who use drugs

- We call on governments to bring an end to the criminalisation and punishment of people who use drugs, and to the prohibition of needle and syringe programmes and opioid substitution therapy.
- We call on governments to ensure the provision of

voluntary, evidence-based and human rights compliant drug treatment programmes and put an end to imprisonment as a form of treatment.

- We call on governments to work with civil society and most-at-risk populations to gain a better understanding of the harmful impacts of drug laws and policies, and to develop appropriate and effective responses.

For more information visit: www.supportdontpunish.org

The campaign was launched in March 2012 during the 55th session of the Commission on Narcotic Drugs (CND), the UN policy making body responsible for international drug control. Representatives from IDPC, INPUD and HRI met with the 'harm reduction friendly' governments in the margins of the CND to discuss the campaign messages and the need for political leadership on HIV prevention, treatment and care for people who use drugs. IDPC also held bilateral meetings with the drug control agencies of Indonesia, Malaysia and India to discuss the CAHR project and national-level drug policy developments in these countries.

Ann Fordham, Executive Director of IDPC, provided an account of this year's meeting: "This year there were no HIV-specific resolutions. However, after much effort on the part of harm reduction-friendly member states, a resolution on women and drug use was passed that included language on HIV, gender and health. There was also a progressive resolution on preventing overdose. This felt like progress, despite much rhetoric about 'winning the war against drugs'".

CAHR partnership (INPUD, IDPC, HRI, Alliance, as well as EHRN, Youth RISE) also used other high level meetings such as the UNAIDS Programme Coordinating Board meeting and IAS in Washington to spread the project campaign 'Support. Don't Punish' message.

The 30th session of the UNAIDS Programme Coordinating Board (PCB) was held on 5-7 June in Geneva. PCB is the governing body of UNAIDS, and is made up of representatives of the co-sponsor organisations (WHO, UNDP, UNFPA, UNODC etc.), member states, and unusually for such a high level UN body, representatives of civil society with an interest in HIV. INPUD has held one of the two European seats for the last three years. During the discussion, Eliot Ross Albers, Executive Director of INPUD, spoke about how the global architecture of prohibition reinforces stigma and discrimination against people who use drugs.

Along with the Eurasian Harm Reduction Network (EHRN) INPUD supported the application of a candidate for one of the newly-vacant European seats on the PCB. The candidate, whose application was successful,

comes from a drug using background and so ensures that INPUD will have on-going representation on the UNAIDS PCB.

The 31st UNAIDS Programme Coordinating Board meeting took place in Geneva from 11-13 December.

Over the last year, INPUD, and its major partners have been voicing ever more hard-hitting criticisms over UNODC's inadequate engagement with civil society, and its often retrograde statements on HIV amongst injecting drug users. Messages from UNODC leadership, and in particular its Executive Director, Yuri Fedotov, have been diverging ever further from the agreed UNAIDS harm reduction messages on injecting drug use and HIV.

INPUD voiced these concerns in a letter to the Executive Director of UNAIDS, Michel Sidibé, about a month prior to 31st UNAIDS PCB meeting and raised the matter during the meeting. Following the report of the Executive Director, INPUD made a series of interventions that made clear how far astray UNODC has gone.

There was active policy work related to the 19th International AIDS Conference in Washington, including:

- Youth RISE joined the 'Support. Don't Punish' international campaign. Youth RISE called for removing criminal sanctions against young people who use drugs, an exploration of alternative approaches in addressing young people who use drugs, and encourages young people to be active in making their voices heard in this campaign;
- On 25 July, 2012, CAHR partner HRI launched The Global State of Harm Reduction 2012: Towards an Integrated Response to coincide with the 19th International AIDS Conference. The Global State of Harm Reduction compiles data on international developments for HIV prevention among PID, such as the availability of NSEP and OST. Of note, there were several CAHR case studies included in the report, and the opening remarks from Michel Sidibe used the campaign slogan 'Support. Don't punish'. As well as the launch itself, the report was highlighted through

sessions in the women's networking zone, the MSM networking zone and in a session on children and injecting drug use which featured in the main conference programme;

- A CAHR project dedicated session by Alliance and IDPC in the harm reduction networking zone outlined the project's recent developments in policy and research and selected country developments;
- In the session of Asia and the Pacific IDU community perspective of the HIV epidemic development in the region was presented by the panel speaker Charanjit Sharma, CAHR manager from India HIV/AIDS Alliance;
- Several posters on project approach, India and Kenya baseline study results, promoted evidence based services on reducing HIV and drug related harm in the project countries.

HRI has started development of 'Support. Don't Punish' report outlining the current status of drug policies, their enforcement and funding in the project countries. HRI also initiated research into the current state of harm reduction financing in low and middle income countries. A joint abstract entitled 'Resourcing harm reduction in a changing financial landscape: taking stock and future projections' was submitted and it is hoped will form part of a session on financing harm reduction at the Vilnius conference in June 2013.

At the regional level in relation to CAHR countries, IDPC has been active in both Africa and Asia. In Africa, IDPC presented at the African Union's (AU) 5th Conference for Ministers of Drug Control in Addis Ababa in October 2012, and emphasised the 'Support. Don't Punish' language in the expert session. This language made it into the approved meeting report, and is reflected in the new AU Plan of Action on Drugs. IDPC, INPUD and HRI all supported civil society representatives from Africa to attend the meeting. IDPC also produced an advocacy note with recommendations to the AU.

In September, IDPC presented at the Association of South East Asian Nations (ASEAN) meeting of Asian Senior Officers on Drugs (ASOD) to highlight the need to reconsider their target of 'a drug-free ASEAN by 2015'. IDPC also produced an advocacy note with recommendations for ASEAN that has been translated into Bahasa. In October, IDPC funded a Portuguese government official to attend the UNESCAP Regional Consultation on Compulsory Drug Detention Centres in Malaysia to present on the Portuguese model of decriminalisation and drug treatment.

Country activities

Project international partners join efforts with CAHR local partners to bring sustainable improvements to harm reduction implementation on the ground.

Malaysia

The Malaysian policy focus within CAHR is the **decriminalization of drug use** and facilitating the change in drug laws.

On 16 April 2012 in Kuala Lumpur, MAC conducted a meeting on Decriminalisation of Certain Aspects of Drug Offences with the aim to discuss the possibility of a decriminalisation law in Malaysia to address significant problems faced by persons who use drugs. The meeting was attended by eighteen participants from different organizations including the National Anti-Drug Agency (AADK), Royal Malaysian Police (PDRM), Human Rights Commission of Malaysia (SUHAKAM), Malaysian Crime Prevention Foundation (MCPF), Treatment and Rehabilitation Centre (PENGASIH), Scope Group Consultancy, Politician, and Centre of Drug Research (USM Pulau Pinang). The participants supported the idea of decriminalizing aspects of drug offences and have formed a working committee on Drug Decriminalisation.

In October 2012, MAC and IDPC arranged a high-level seminar on diversion from prisons in Kuala Lumpur, bringing a Portuguese government official to present on the Portuguese experience. There was also a private meeting with senior law enforcement officials, and IDPC is feeding into proposals to the Malaysian Attorney General's Chambers on the amendment of the Dangerous Drugs Act and Drug Dependents Act. At the same time, IDPC has developed concept training programme for AADK (the national drug control agency) on harm reduction, and is currently awaiting feedback from AADK.

Indonesia

The Indonesian priority within CAHR is impacting **enforcement practices** to prioritise drug treatment compared to detention.

In October 2012, IDPC delivered a range of high-level national policy meetings in Jakarta. These included a symposium on diversion and decriminalisation (co-hosted with BNN, UNODC and the Ministry of Health), and a civil society advocacy and capacity building workshop. In addition, relevant sections of IDPC Drug Policy Guide have been translated into Bahasa Indonesia, with a new preface written and translated to be used in the country. IDPC also had side meetings with Indonesian parliamentarians and civil society on how the diversion mechanism can be improved especially in relation to law enforcement involvement.

On September 8-15, 2012 programme team from Rumah Cemara together with 27 representatives from Indonesian National Narcotic Board, Indonesian National Police, Coordinating Ministry of Politics, Law and Security, Ministry of Social Affairs, National Drug User Network, National AIDS Commission, National Narcotic Board, Office of Attorney General, Indonesian Parliament, Ministry of Health, SIKIB, HCPI, UNODC, IKAI and JANGKAR visited

Portugal for a drug policy study visit aiming to study the Portuguese experience and best practices in drug policy and diversion issues.

Rumah Cemara has been advocating for the rights of its clients, with particular focus on diversion from prison. Rumah Cemara has been assisting a 52 year-old mother of a drug user in fighting to save the future of her 32 year-old son, known only as a suspect A, who is addicted to crystal methamphetamine. A is standing trial for possessing 1.7 grams of crystal methamphetamine. His mother accompanied by Rumah Cemara attended his trial process at the Country Court in Bandung, West Java and tried to persuade the Bandung District Court to put her son into rehabilitation centre instead of prison. A is supported by a legal team from the Bandung Legal Aid Institute that also consists of one Rumah Cemara's legal consultant who accompanies the client throughout the process. Rumah Cemara also provides counselling to A on his rights and makes sure that the process in the court goes in the right way. The organisation's representative has provided legal assistance and support to A as well as he has provided testimonies to the court stated that A is a drug user indeed and needs medical assistance and should be detained in rehabilitation centre. Rumah Cemara is planning to continue provision of legal support to its clients to facilitate the enforcement of progressive drug legislation change of 2009 which supported diversion efforts by means of prioritising community drug treatment to detention.

China

The China policy approach includes shaping of a province **model of harm reduction service provision in CDC that relies on peer approach, as well as advocacy to lighten the registration of PCB database of drug using citizens.**

The IDPC staff member permanently based in Asia visited China in September 2012 to meet local partners and begin a process of advocacy plan development taken the leadership change from Alliance China to AIDS Care China in 2013.

India

Within CAHR, India has focused upon **access to quality services for people who use drugs.** Three states have been chosen for the delivery of additional services to add to the basic harm reduction package. The aim is to improve the national approach to harm reduction and impact upon the next national programme to include the broader spectrum of interventions for people who use drugs and promote accurate key population estimation practices.

INPUD have agreed to provide technical and financial assistance to support the employment of a coordinator for the Indian Drug Users' Forum (IDUF). This network will enable the Indian drug using community to have a coherent voice, and to articulate its own advocacy

agenda. It will engage with, and has already contacted, Alliance India with a view to helping deliver the CAHR project in the country. IDUF's membership has recently increased fourfold representing a dynamic community ready to increase its capacity, and participate in grass roots user activism, and relevant national debates.

A funding agreement has been drawn up between INPUD and IDUF, and will be monitored on a quarterly basis. INPUD will be reviewing the arrangement on an annual basis for the duration of the CAHR project. The INPUD Executive Director travelled to India at the end of 2012 to participate in a two-day seminar being held to mark International Drug Users' Day, to re-launch the network, and to meet with IDUF leaders and activists for further discussions. Meetings were also held with NACO, Alliance-India, the UNODC country officer, and other relevant agencies.

Kenya

Within CAHR, the focus of policy-related activities with KANCO has been upon **shaping of national policies favouring harm reduction as well as building the capacity of local drug user networks.**

After the public questioning of NSEP that followed public announcement of harm reduction programmes in Kenya in May, KANCO launched the process of procuring the comprehensive package (including needles and syringe programmes) under the guidance of the Ministry of Public Health and in line with the National AIDS Control Council (NACC) Operational Plan. Advocacy work has been targeted at development and approval of Standard Operating Procedures that will shape the national approach to harm reduction and allow more partners in NSP delivery in the country.

INPUD has been actively supporting the capacity building and providing technical support for People who Use Drugs in Kenya. INPUD conducted a mobilization workshop for people who use drugs in June 2012 in Nairobi which resulted in the foundation of the Kenya Network of People who Use Drugs (KeNPUD). Subsequent to the INPUD visit, members of the network have held several successful meetings to establish their advocacy priorities, identify activities and strategic partners, and elect officers. INPUD are advising the group in the process of registering as a CBO and are providing ongoing technical and financial support. INPUD has advised on the developing of relationships, and have acted as an intermediary with key organisations such as Médecins du Monde and Liverpool VCT. Médecins du Monde has committed to assist in locating and providing an operational base within which KeNPUD can base themselves. INPUD are supporting the group's leader in his relationships with local organisations, enabling INPUD to bring its experience to bear in supporting KeNPUD to voice key advocacy objectives identified during the workshops in June.

KeNPUD's elected leader has since been able to represent the network at the 19th International AIDS Conference in Washington, and was also supported by INPUD to attend the African Union Conference for Ministers of Drug Control in Addis Ababa (October 2012), which was also attended by KANCO and IDPC.

On November 14-15, IDPC conducted a two-day civil society workshop on advocacy for drug policy reform in Kenya. The training was requested by the KANCO as part of the project. There were 17 participants from KANCO, the newly-formed KeNPUD, and several of the leading drug service providers from Nairobi and the coastal region. The workshop focused specifically on drug policy advocacy (an area of work that is particularly needed by local NGOs in the current political context) and covered:

- an overview of the international, regional and national drug policy situations;

- principles and examples of effective drug policies;
- how to advocate for harm reduction approaches;
- the role of civil society and the best ways to advocate for policy reform.

In 2013 the 'Support. Don't Punish' campaign will become fully operational developing genuine synergies between its international and country tiers. Additional resources have been attracted to enforce CAHR developments in policy through Asia Action on Harm Reduction (Asia Action) EC-funded project. Asia Action aims to build on CAHR and fulfil the objectives of the 'Support. Don't Punish' campaign by improving knowledge, increasing the evidence base and fostering support for harm reduction and evidence-based drug policy among policy makers across six countries: China, Cambodia, Vietnam, Malaysia, Indonesia and India over a period of three years (2013-2016).

Objective 4. The learning about the role of civil society in harm reduction programmes is increased and shared in China, India, Indonesia, Kenya, and Malaysia and globally

The CAHR supported programmes have achieved an unprecedented level of rapport between the front line service delivery agencies and the service users. The role of the civil society organisations in reaching out to potential service users as well as the role of community-based groups in supporting retention in services is now more appreciated by the clinical facilities and local public health authorities. At the same time the specific functions of civil society organisations and groups of people who use drugs have not been fully articulated, and the understanding and appreciation of these functions by the officials and clinicians remains limited. It is becoming more apparent in the CAHR countries and elsewhere that the role of civil society in harm reduction programming is building around the role of people who use drugs in the design and delivery of these programmes. The high level of rapport and accumulated practice of mutually beneficial collaboration between the users groups and service providers achieved within CAHR supported programmes provides a good platform for better understanding of the role of civil society and PID in the development and delivery of harm reduction programmes.

This conceptual framework shaped the approach to learning exchange and research activities within CAHR in 2012.

Learning publications and products

The web-site (www.cahrproject.org) developed in 2011 became a useful resource not only for CAHR partners, but also for an external audience. It is regularly updated with news and resources developed as a part of the project.

Country situation assessments which laid the foundations of country projects at the initial stage of CAHR programme led to the development of the report which was shared and discussed with CAHR partners before dissemination. Assessment findings and techniques are being compiled into a publication to become available on CAHR web-site.

A distance learning course on harm reduction (www.aidslessons.org.ua) developed by International HIV/AIDS Alliance in Ukraine was made available to CAHR partners. They received access to the English version and were encouraged to promote this resource among their partner organisations.

CAHR partners expressed their interest to participate in the training on the development of IEC for people who use drugs. Participants from Kenya, Indonesia, India, China and Malaysia received knowledge on the methodology of IEC development with involvement of the target audience during a distance learning course. This distance learning course was very practical and facilitated the development of materials by course students.

The practical toolkit "Reaching drug users with outreach services" has been reviewed by representatives from all five CAHR partner countries and INPUD. The reviewers evaluated the content and practical value of the publication highly, and provided their recommendations to finalise the resource. The resource was in the final stages of publication and shared among partner organisations in 2013.

The common issue identified by all CAHR partners was the need for guidelines on harm reduction employment that include advice on policies and procedures on employment of active, former drug users and people on substitution therapy; case studies and best practice examples from different countries. Harm reduction at work developed and published by Open Society Foundation was used as one of the sources for the guidelines, and practical examples and case studies were collected from developing countries including Kenya, Indonesia, Malaysia, Ukraine, Kyrgyz Republic and Russia. The concept for this publication has been developed during the meeting with Ukrainian NGOs and discussed with CAHR partners. The draft version of the publication is ready to receive comments and recommendations from CAHR partners and Ukrainian organisations and the finalisation process will take place in 2013.

In 2013 the project will continue addressing the learning needs of harm reduction organisations through adaptation and development of essential resources. The preliminary list of topics includes the specifics of service design and delivery to younger segments of PID population; practical organisation of BCC; software assisted service delivery monitoring and documentation; and management of sub-awards to front-line service providers.

Research activities

CAHR Research Advisory Committee has been created in order to provide necessary guidance for the development and implementation of research agenda. The committee involves the national CAHR managers responsible for M&E and research activities related to harm reduction programming as well as their partners from national academic institutions involved in HIV and drug use research.

The project has formulated its key quantitative and qualitative research initiatives.

The first part of the key quantitative study (baseline research) has been completed and the initial processing of results conducted with preliminary analysis presented.

The selected study design that was used for the baseline assessment and will be used for the future end-of-project evaluation is a cross-sectional survey before and after

intervention without comparison sites, where 'intervention' is the CAHR project. The study is being implemented in five CAHR countries, within CAHR implementation sites (approximately 3 per country). Quantitative data was collected using a structured questionnaire administered to PWID by a network of interviewers.

Inclusion criteria for participation in the study included being a person who injects drugs (the interviewer asked a number of set questions to ascertain this); living, studying or working in the given geographical area; willingness to participate in the survey and to provide data for the respondent identifier code (RID). An informed consent was obtained from each respondent before the beginning of the interview.

A local research agency was selected in each country to carry out the survey, with close coordination and quality control on the part of M&E Officers within the Alliance country offices/Linking Organisations (COs/LOs). Field Coordinators from the selected research agencies conducted quality checks of the data collection process by means of direct observation (of at least 10% of all interviews conducted at a given location) and control for double inclusion of the same respondents into the study. Additional independent quality checks were conducted by the Alliance LO/CO representatives by means of direct observation and exit-polls (secondary interviewing of the respondents when they exit the interview location).

The timeline of the baseline assessment was November 1, 2011 – February 1, 2012.

Data collection, data entry and aggregation, as well as quality control were done in countries by local research agencies. Field-level implementing partners of the Alliance LO/CO providing services to PWID played an important role in the study by means of providing the research agencies with access to the target population of the study and venue for conducting interviews. Alliance LO/CO representatives coordinated the study at all stages, and verified the adherence of the research team to the study design. Completed country data sheets were aggregated and analysed by the Kyiv TS Hub. Each of the five CAHR countries produced its own analytical report, which analyses country-specific assessment results, provides insight into the contextual factors that predetermined them, and outlines specific recommendations as to the improvement of programmatic activities within CAHR.

Quality assurance of the interviewing stage of the baseline assessment was carried out in order to ensure its compliance with the survey methodology. This included the following: (i) Sample quality control (avoiding interviewing the same respondents for the second time); (ii) Control for the adherence to the interviewing procedure, ethical standards and protection of the respondents' rights for anonymity and confidentiality; (iii) Secondary interviewing of the respondents when they exit the interview location in order to assure their correspondence to the inclusion criteria and correct

completion of the respondent identifier codes by the interviewer (carried out for at least 10% of the respondents at each site). The methods of quality assurance that were used included direct observation and exit-polls.

The preliminary analysis of the results was presented at the 2012 International AIDS Conference in Washington DC. The report will be completed and shared among CAHR partners in 2013.

SyrEx software generates databases which act as an important source of valuable data for harm reduction as well as HIV prevention and care programme development. Given that the software has already been introduced in three out of five CAHR countries, the partners will start generating a framework to utilise SyrEx generated data in 2013 and onwards.

On the qualitative dimension, a series of operational research will be conducted by the partners in 2012-2013 in order to resolve particular challenges related to programme implementation on the ground.

All five country partners suggested ideas for operational studies which will utilise qualitative methodology. The ideas have been discussed during the workshop in Bali and after receiving feedback from partner organisations and workshop facilitators, country partners made required amendments and submitted proposals for operational studies to be conducted in 2013.

MAC will implement the study **The Quality of Outreach Workers and the Services they provide for the NSEP program in Malaysia**. This study is to focus on factors influencing quality of services provided to PWID by the outreach workers through the NSEP. Therefore, a qualitative research will be employed to explore a very wide expression of information that can be obtained from the stakeholders or informants such as outreach workers, PWID and organizations that are providing NSEP.

India HIV/AIDS Alliance will study **Multiple vulnerabilities amongst PWID in different settings in India**. The study aims to acquire an in-depth knowledge on multiple vulnerabilities to HIV acquisition among people who inject drugs that includes unsafe injecting practice and unsafe sexual behavior with female and male partners in the states of Manipur and Bihar in India.

ACC will conduct a study **Factors Influencing adherence to MMT in China: A Qualitative Study focusing on expenditure borne by clients**. This qualitative study aims to understand the factors that influence the adherence of PID on MMT service in urban site and county site, based on the findings to conduct communication and understanding between MMT service providers (manager and staff) and recipients.

The research title of study that will be implemented by KANCO is **Determining the appropriate package for delivery of commodities and services for Needle Syringe**

programs in Kenya. This qualitative study will aim to describe the preferred needles and syringes, preferred number of alcohol and cotton swabs, volume of water for injection – whether 5ml or 10ml ampoules, stericups, filters and tourniquet for injecting drug users in Kenya based on the recent introduction of NSP in Kenya. This is an opportune time to inform future programs, and the scale up of this intervention. Is this ideal for blanket admission to all? This research will seek to answer this integral question.

Rumah Cemara will study psycho-social support program to understand benefits and social development process of methadone patients in Bandung, Indonesia. This analysis aims to find out how much does psycho-social support program benefit MMT patients and their closest environment. It will also investigate how significant are the benefits that occur in MMT patients and their closest social environment after participating in psycho-social support program and how much social development have they experienced.

On 16-19 November, 2012 in Bali, Indonesia TS Hub Kiev and Rumah Cemara conducted a workshop on Study Design, Data Generation and Interviewing for research teams from China, India, Indonesia, Kenya, and Malaysia. The workshop was organized prior to the launch of operational studies in 2013 and was facilitated by Professor Tim Rhodes from London School of Hygiene and Tropical Medicine, UK, and Doctor Alisa Pedrana from Burnet Institute, Australia.

The participants of the workshop had different experience in conducting qualitative studies. The group was very diverse: there were project managers, representatives from research institutions and field workers. For those who had not have any research experience before, it was “an eye opening workshop” (as stated in the evaluation forms), the participants from research institutions learnt how interventions targeting people who use drugs can benefit from qualitative studies. The future research teams from five countries had a chance to work together on their studies, discuss them in details and receive a feedback from their colleagues and facilitators.

A costing study has been conducted in Kenya. The results will be taken into account in further analysis of service unit cost concept in harm reduction programmes which is central to sustainability discourse. There is a discussion of potential focus for further explorations with one potential area being the relative feasibility of various models of MMT and psychosocial support organisation for MMT clients.

It has been agreed to introduce peer-driven interventions (PDI) as a means of boosting the coverage of MMT programmes in China and services tailored for women who use drugs in Malaysia. PDI has a powerful research potential for exploring sub-populations of PID who are not in contact with any existing services. Conceptualisation of the research dimension of PDI started at the end of 2012 and will be completed in the first quarter of 2013 coinciding with PDI training for local implementation teams.



