



Informal Progress Report: Community Action on Harm Reduction (30 October 2012)

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). CAHR aims to significantly improve HIV and harm reduction services for PID, their partners and children in China, India, Indonesia, Kenya and Malaysia. The project will introduce essential harm reduction interventions in Kenya; improve access to community-based support services in China; increase the quality of behavioural change programming in India and Malaysia; and expand 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 Malaysia, 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 October 1st, 2012, 14,687 PID and 49,923 beneficiaries¹ have been reached through the project.

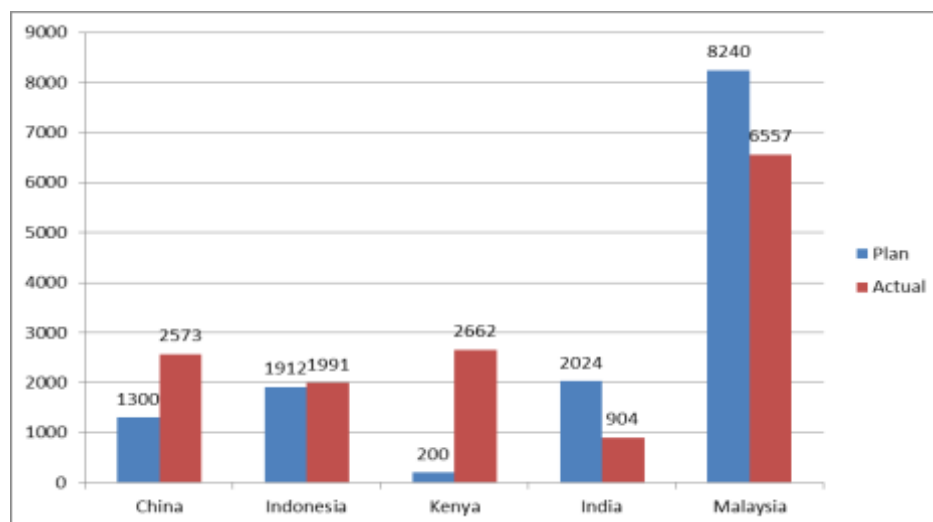


Figure 1 Number of PID who accessed CAHR-supported services by project countries (plans and actuals as of October 1, 2012).

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 special 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.

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

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 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.

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.

China

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 is expected to be completed by the middle of 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. As of October 1, 2012, the project has reached 2,573 PID and 7,643 beneficiaries. Over 120 PID have been successfully referred to MMT services and on-going support activities.

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 Hepatitis B vaccination (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. Alliance China will focus its work 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 IDU 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, IDU advisor and peer leader in Chenghua joined 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.

Kenya

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. As of October 1, 2012, 2,662 IDU and 10,731 beneficiaries have been reached by the project in Kenya.

Distribution of needles and syringes to clients has not yet started because of the initial reaction from surrounding communities that this service would fuel an increase in drug use. (This objection was most intense from Muslim religious leaders and women representatives who promised to sue organisations that distribute syringes.) KANCO, in close collaboration with government of Kenya officials, initiated the process of developing three key documents: a policy document promoting needle and syringe exchange programmes (NSEP); guidelines for harm reduction programmes in Kenya and the standard operating procedures for NSEP. All three documents are finalised and awaiting endorsement by the relevant health officials. The documents will provide an important legislative platform for future development of NSEP in Kenya. Based on the fact that there is no legislation explicitly prohibiting distribution of needles, KANCO has initiated procurement of needles and syringes that will be supplied to all implementing partners. A month's supply of syringes will be

tested with groups of existing PID across the KANCO implementing partners which will inform scaling up of this intervention.

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. Currently KeNPUD is preparing for incorporation as a community-based organisation.

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.

KANCO and IDPC plan to conduct a capacity building workshop on drug policy and advocacy. The training will target the KANCO advocacy team and partners. This training is scheduled to begin on 14 November.

The CAHR programme manager has 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.

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, exchange visits for key religious leaders in the community to successful NSEP in other countries.

India

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 Hridaya²;
- 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;
- Drug User Pattern Assessment (DUPA);

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 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

² Hridaya is the name given to CAHR project in India.

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 TSU 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.

Alliance India has entered into agreement with 14 TIs in Bihar, 15 in Haryana and 7 in Uttarakhand, 1 in Manipur and 1 in New Delhi. As of October 1, 2012, an overall 904 IDU and 2,707 beneficiaries have been covered by the project.

Technical support visits to partners were undertaken by the Alliance India team for those who started the implementation and were given orientation training. Visits were planned to SASO, Sharan and HCH to review and provide hands-on support for programme implementation, financial management and technical support on using SyrEx and daily registers under Hridaya.

The India TS Hub contracted Nossal Institute who organised a community consultation with SASO on SRHR which was held at Imphal from 27th to 30th July 2102. 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. A workshop on SRHR for all project partners will be conducted in November 2012.

The India TS Hub 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 by mid February 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 strengthening 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 in ensuring saturation of coverage of PID and providing feedback to enhance the quality of implementation. Involvement of the Indian Drug User's Forum (IDUF) and the Indian Harm Reduction Network (IHRN) would not only facilitate the formation of networks at the district level but would also lead 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) will be carried out in November 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. Alliance India will carry out this activity to provide evidence based information on the special and specific health and psychosocial requirements of the community.

A Project Advisory Committee (PAC) will be formed at the national level, chaired by NACO. The PAC will meet quarterly and review project progress, provide oversight at the national level and support as needed. The first PAC meeting is scheduled in the month of December 2012.

State Oversight Committee (SOC) is a state level body chaired by PD/APD of the concerned SACS and comprising of SACS, TSU, TI partners, civil society organisations, community members and has been formed as an oversight committee which looks at the monitoring of the programme through quarterly co-ordination meetings. The decisions taken during the meetings would be taken forward to strengthen the implementation. The first SOC meeting is scheduled in the month of December 2012.

Indonesia

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. All of the above elements of the project covered 1,991 PID and 4,209 beneficiaries as of October 1, 2012.

NSEP started operation in new sites – Bali and Lombok – where harm reduction projects were not in place before. 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 client 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.

Malaysia

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. As of October 1, 2012, 6,557 PID and 24,633 beneficiaries have been enrolled into the MAC CAHR project.

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

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.

As for 2012 pilot, 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 November 2012. It is anticipated that after the pilot stage of the intervention the initiative will be taken over and fully funded by the government.

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.

Further support will be required in two main directions (as reflected in the respective capacity development sections of the proposed 2013 plan):

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.

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 Regional Technical Support Hub in Kiev (TS Hub), 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 monitoring and evaluation 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”.

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 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 will take place in November in Bali. The BCC workshop introduces approaches supporting behaviour change of drug users and strengthens 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 will help to scale up the training programme in the countries and prepare outreach workers in using BCC with their clients.

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.

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. A study visit is planned for late 2012 to familiarize the two target countries with syringe exchange programmes in prisons.

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

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).

C O N T E N T		
L E V E L		
	Decriminalization	Access to services
	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 viral campaign re-launch in early 2013 – including bespoke branding and a new website.

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.

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 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. The current PCB includes members of two of the three key affected populations – namely men who have sex with men, and people who use drugs. INPUD has held one of the two European seats for the last three years and the next PCB meeting in December will be its last. 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. This both impedes the provision of necessary harm reduction services which can prevent the transmission of HIV amongst the injecting community, and, where those services do exist, stigma and criminalisation often prevent people from using them. He concluded by saying that "the epidemiology clearly demonstrates the link between repressive legal environments and high prevalence rates amongst injecting drug users as well as the converse. We know too what needs to be done to prevent transmission, and even reverse the epidemic amongst injecting drug users, the evidence supporting the efficacy of NSEP and opioid substitution therapy (OST) is irrefutable, and the role that stigma and discrimination play in marginalizing people who inject drugs and keeping them away from services, where they exist, is evident".

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 INPUD Executive Director will be attending the PCB meeting in December.

There has been active policy work related to 19th International AIDS Conference, 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 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.

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. The work of the CAHR project has been prominently featured in a number of high-profile global publications and resources – including the IDPC Drug Policy Guide and the HRI Global State of Harm Reduction.

Malaysia

In 1983 the Malaysian government introduced the Drug Dependents Act which promotes zero tolerance policy to drugs, including two-year mandatory treatment and rehabilitation for anyone who is considered drug dependent. In 2000, Malaysia committed to achieve a drug free society by 2015. In 2005 National Anti-Drugs Agency started to introduce harm reduction services and has been developing community based treatment alternatives. At the same time, drug policies and their enforcement undermine the efficiency of harm reduction programmes. Drug use, possession, trafficking and production are criminalized.

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

In 2009 legislation decriminalized drug use in Indonesia. At the same time Indonesia retains the death penalty for drug offences. In 2004 the AIDS Commission and provincial officials signed the first official agreement to support and implement harm reduction, and in 2009 police regulation outlined a special approach to women. However, in practice, the content of 2009 law and other regulations is not applied and law enforcement officers and courts continue to prosecute drug users. Indonesian laws do not provide guidelines for sentencing based on the amount of narcotics in possession, so judges have broad leeway to hand down heavy sentences.

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. Before the end of 2012, IDPC is also due to release a policy briefing outlining the situation in Indonesia which has been written in cooperation with civil society partners 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.

During the visit Indonesian representatives attended Lisbon prison, European Monitoring Centre for Drugs and Drug Addiction, SICAD, Lisbon Dissuasion Committee, School of the Criminal police, Treatment Centre Taipas, the National Parliament and National HIV Programme. After visiting Portugal, representatives from Rumah Cemara also met with IDPC in London. The role of Rumah Cemara will be to monitor the follow up of the visit from the people involved.

Rumah Cemara has also 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.

China

PID in China face detention for possession of needles, forced labour rehabilitation, publicly exposed registration lists, lack of access to clean needles and discrimination at the workplace. Anti-Drug Law of the People's Republic of China (2008) started to introduce public health approaches. Public Security Bureau is co-operating with Centres for Disease Control and civil society organisations to implement MMT and NSEP pilots. However, all these positive changes did not lead to the decrease of new HIV cases and criminalisation practices continue to dominate public health approaches. Civil society organisations (CBOs) heavily depend on the Government due to legal registration of community based organisations to receive funding and implement service delivery programmes independently. As a result, current service delivery model faces a lot of limitation and some CBOs are restricted to operate in certain geographic areas.

The China policy approach in the context of CAHR is currently under development. The potential approach includes shaping of a province **model of harm reduction service provision in CDC that relies on peer approach**.

The IDPC staff member permanently based in Asia visited China in September 2012 to meet local partners and begin a process of engagement.

India

The discriminatory policy undertaken by law enforcement agencies in India remains the major obstacle for implementation of harm reduction programmes in many states. The Ministry of Social Justice and Empowerment of India as well as the Narcotics and Drug Control Board claim to undertake "welfare" approach to drugs problems while at the same time applying punitive approach to reduce drug demand and supply. PID face discrimination and harassment from law enforcement agencies as well as insurgent groups in the North Eastern part of the country. The government is reluctant to undertake a reliable estimate of drug use prevalence in India which is currently at the level of 186,000 PID.

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.

A study tour is envisaged for India NACO representatives to Ukraine in late 2012 to become familiar with programming that includes a broad range of services.

INPUD have agreed to provide technical and financial assistance to support the employment of a coordinator for the Indian Drug User's 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 will travel to India by 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 will also be held with NACO, Alliance-India, the UNODC country officer, and other relevant agencies.

Kenya

The Narcotic Drugs and Psychotropic Substances Act (1994) criminalises drug use; it is illegal to possess syringes without a purpose, this can lead to criminal prosecution and imprisonment for four years. Thus far the response to drug use in Kenya has focused on drug control with little regard to its consequences for HIV. There are currently no government funded HIV prevention programmes for people who use drugs. The government is starting to recognise that current drug control related policies and practices work against its on-going effort to reduce the spread of HIV.

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, where NSEP are expected to commence once procurements are realised. It is anticipated that syringes will arrive in five CAHR partner NGOs by end-October 2012.

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 (an improvement on the current situation in which the group have to hold weekly planning meetings in a local football field). 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.

Regular technical assistance and communications are taking place in the form of twice weekly emails with the group's leader (who in turn acts as the conduit for further learning and educational materials to be disseminated among the KeNPUD membership). INPUD's 'TB Advocacy Guide for People who Use Drugs' has become central to the capacity building resources now ready to be

delivered within the CAHR project countries and with the group in Kenya.

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.

INPUD are also developing strategic plans to encourage the emergence of an East African regional network of people who use drugs (linking up the Kenyan with the Tanzanian group also seeded by INPUD). At the same time, IDPC and HRI are working with key civil society partners in Tanzania, Kenya and Uganda to support a nascent sub-regional harm reduction/drug policy network. These discussions were further developed at the African Union event in October, with plans for a communication platform to be created between the three countries to begin with.

In November 2012, IDPC will visit Kenya to participate in a two-day service coordination meeting with local partners, and will also deliver a two-day drug policy advocacy and capacity building workshop for KANCO staff and partners. IDPC is also due to release a policy briefing for East Africa by the end of the year.

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.

Learning publications and products

Country site assessments made 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 are 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 is in the final stages of publication and will be shared among partner organisations.

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 developed 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 quantitative baseline study has been completed and the initial processing of results conducted with preliminary analysis presented at the International AIDS Conference in Washington. More in-depth analysis is under way and will be published on CAHR website shortly. The partners will also consider the possibility of more in-depth analysis of some of the research questions found significant for further programme development.

A series of operations research will be conducted by the partners in 2012-2013 in order to resolve particular challenges related to programme implementation on the ground. The preliminary subjects include:

- Cost effectiveness of MMT: Cost to Client, Coverage and Service Quality (China)
- Harm Reduction Service Quality: Beneficiary Perspective (Indonesia)
- Complexity of PID Vulnerability to HIV Acquisition (India)
- Factors Affecting Condom Use among PID and Their Sexual Partners (Malaysia)
- Essential Requirements to Needles and other Prevention Commodities Utilised in Harm Reduction Programmes (Kenya)

The collection of data is will start in November 2012 and is expected to last for six to eight months. The analysis of data will be conducted in second and third quarters of 2013. The operations research will be supported through workshops on qualitative data collection (November 2012) and analysis (April - May 2013) in collaboration with the London School of Hygiene and Tropical Medicine.

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 will start at the end of 2012 and will be completed in the first quarter of 2013 coinciding with PDI training for local implementation teams.

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.