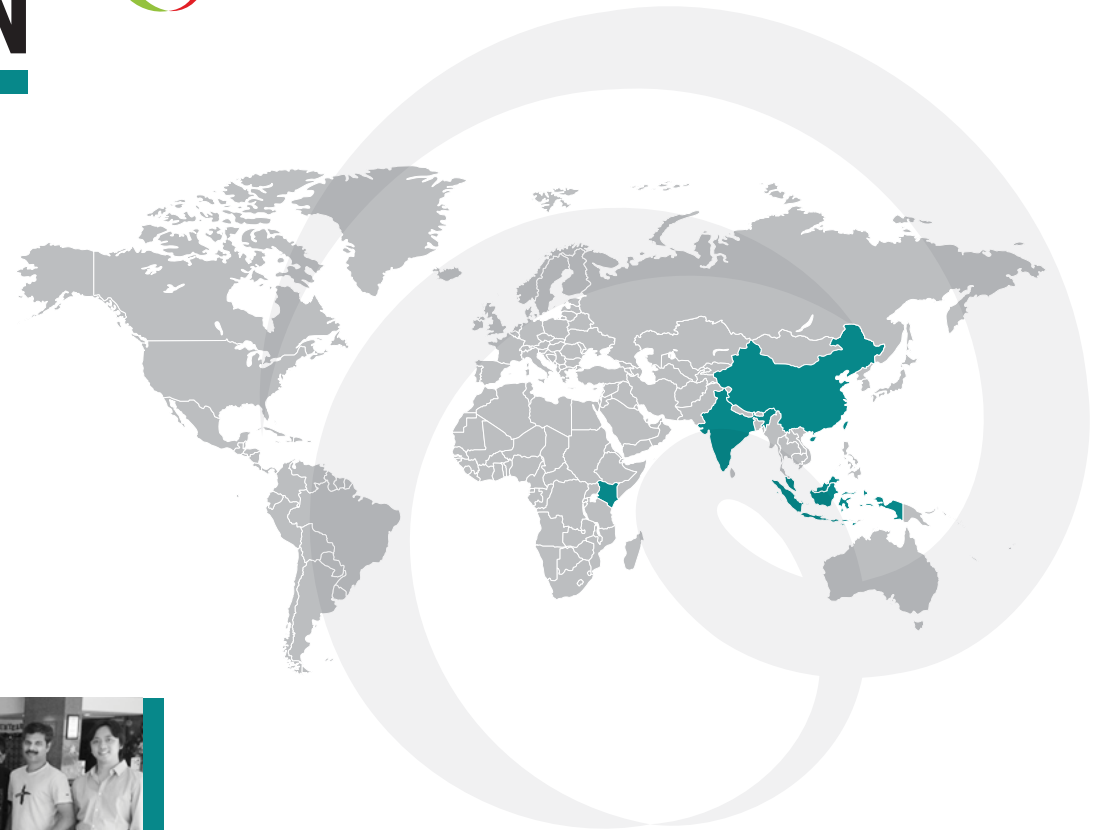


COMMUNITY ACTION ON HARM REDUCTION



2014 Annual Report



Government of the Netherlands

2014 PROJECT SUMMARY

The project has led to impressive health outcomes recorded through end-line research in 2014:

- Kenya injecting practices substantially improved through CAHR: 88% PWID reported using a clean syringe in last injection in 2014 compared to just 52% in 2011.
- Reduced needle sharing in India: from 78.7% in 2011 to 91% in 2014 used clean needle in the last injection.
- In China 71.1% of respondents on MMT supported by CAHR had their dose increased. 60% reported less side-effects thanks to that.
- Indonesia expanded to unreached PWID populations: for 45% CAHR was first contact to services.
- In Malaysia blood-filling reduced from 89.3% to 42.5%. Sharing of water that was 8 times more prevalent than sharing needles was addressed with clean water intervention.

CAHR project overachieved its targets and at the end of 2014 reached to over 264,000 beneficiaries in five countries including over 77,000 people who inject drugs (compared to the planned 180,000 beneficiaries and 30,000 drug users); sexual and reproductive health services were provided to over 62,000 persons. CAHR reach in national context ranges from several percent of estimated drug using population in China to almost half of estimated drug users in Kenya.

This became possible thanks to the implementation based in the existing national partnership and needs-based planning, critical technical support provided and rigorous research programme that helped to drive the project. In 2014, 760 days of technical support were focused on improving outreach through innovative peer-driven intervention practices, extending harm reduction to new locations, improving access to treatment, developing employment options for people who inject drugs.

An impressive policy campaign has helped to create more favorable policy ground for project implementation and put together the voices of PWID and harm reduction activists internationally – ‘Support. Don’t Punish’ campaign united 100 cities in global call to decriminalization of drug use and need for sustained service delivery and funding for harm reduction.

Challenges remain in front of the project:

- Drug users’ access to anti-retroviral treatment is still very low. Less than 5% of the estimated HIV-positive injecting drugs users in the project countries are linked to ART. Further action is needed to improve HIV cascade for people who use drugs!
- Policy change is not happening fast. Policing practices are still strong towards drug users in project countries and globally, and even more harsh attitudes towards people using drugs are observed in Indonesia and Malaysia.

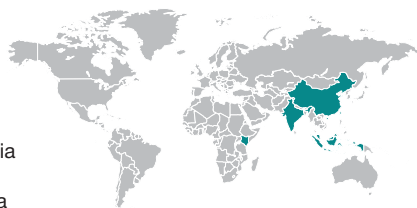
OVERVIEW

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 – China, India, Indonesia, Kenya and Malaysia – and engages a number of international technical partners.

The project is a unique horizontal partnership that brings together experiences from the communities, country level civil and governmental players, international technical experts. In the course of four years, the programme significantly reduced the risks of HIV transmission among people who inject drugs (PWID) communities and their close environment in the five countries; it built capacities of civil society and governmental stakeholders to deliver effective harm reduction interventions; it worked towards reducing policy barriers to implementation and funding of harm reduction interventions.

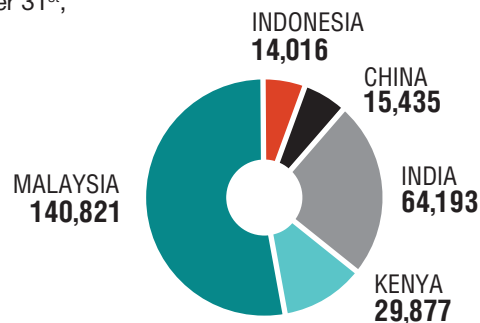
CAHR

China
India
Indonesia
Kenya
Malaysia



NUMBER OF PROJECT BENEFICIARIES (PWID AND THEIR CLOSE ENVIRONMENT)

as of December 31st, 2014



THE PROJECT HAS FOUR OBJECTIVES:

Objective 1.

Access to HIV prevention, treatment and care, Sexual and Reproductive Health and Rights (SRHR) and other services for people who inject drugs, their partners and their children is improved in China, India, Indonesia, Kenya, and Malaysia.

Objective 2.

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

Objective 3.

The human rights of people who use drugs (PWUD), their partners and children are protected in China, India, Indonesia, Kenya, and Malaysia and advanced in global institutions.

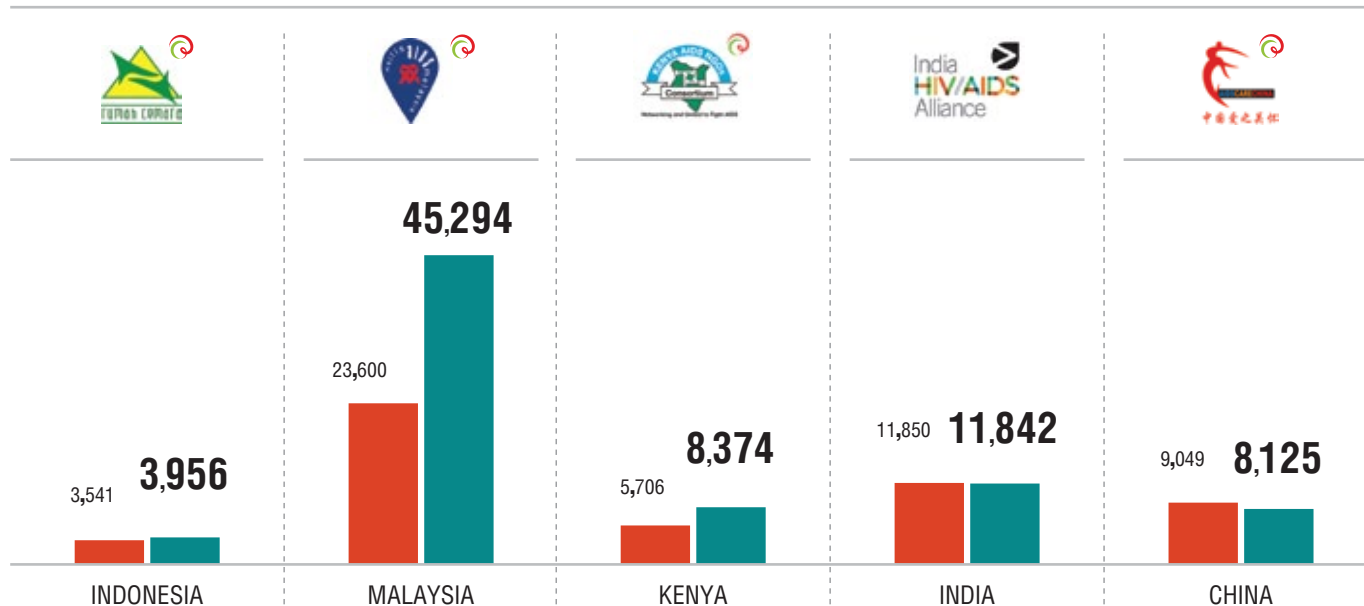
Objective 4.

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.

NUMBER OF PWID COVERED WITH CAHR-SUPPORTED SERVICES

as of December 31st, 2014

■ Plan ■ Actual



CHINA



Picture: Christmas party in community based drug treatment centre

KEY PROJECT ACHIEVEMENTS IN 2014

Promoting community treatment alternatives to humiliating compulsory treatment

CAHR Community Drug treatment programme is now piloted in Yuxi city, Yunnan province of China. The programme aims to replace the compulsory detox with community-based treatment of opioid dependency and is implemented in close collaboration with local police authority, which greatly assists in testing the model. 138 PWID have been released by the police from compulsory detox centres and referred to harm reduction services. The community-based harm reduction centre provides PWID with access to peer support, essential food, basic medical services, methadone substitution treatment, as well as other harm reduction services.

Improving access to and effectiveness of methadone maintenance treatment (MMT)

The first MMT project that has allowed patients to take the medicine away and use it at home has proven successful. The innovation received recognition from the bureau of drug enforcement, which enabled further dissemination of this model. Initially operated in 1 clinic for 11 clients the project expanded to 70 clients in 5 clinics.

The advocacy for methadone price reduction has resulted in greater affordability of this essential service. The cost of MMT to patients has already dropped significantly by 50% from 1,5 USD to 0,7 USD per day in four prefectures of Yunnan province. MMT clients can get partial reimbursement of MMT fees by the New Rural Cooperative Medical System (NRCMS). More than 500 patients already benefit from this policy improvement.

Saving lives with Naloxone

Following introduction of Naloxone, a lifesaving antidote for heroin overdoses, AIDS Care China (ACC) continued with further scale-up of its overdose prevention programmes. Dissemination of the effective overdose management approach has been implemented in both Yunnan and Sichuan provinces. The service is now available in 24 project sites, including compulsory detox centre, MMT clinics and ACC's red ribbon centres for people living with HIV.

PROJECT IMPACT:

In China **71.1%** of respondents on MMT supported by CAHR had their dose increased. **60%** reported less side-effects thanks to that.*

*based on end-line evaluation, 2014



AIDS Care China

PWID reached: 8,125

Beneficiaries reached: 15,435

IMPLEMENTATION SITES

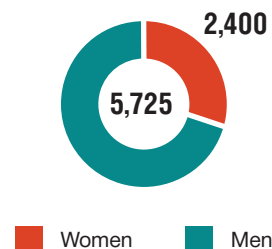


SERVICES

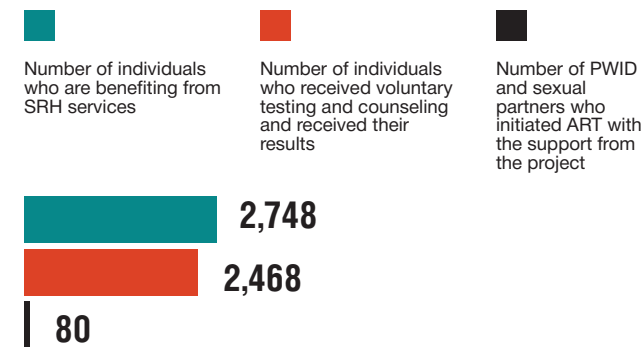
- NSP
- OST
- ART
- Overdose prevention
- HIV testing
- Referral to SRH services

PWID REACHED

as of December 31st, 2014



RESULTS



INDIA



Picture: play positive – super soccer between UNODC and drug users' teams

KEY PROJECT ACHIEVEMENTS IN 2014

Promoting human rights and decriminalisation of PWID at all levels

On 2nd December 2014 to mark World AIDS Day, the Executive Director of United Nations Office on Drugs and Crimes (UNODC), Yury Fedotov, attended a football match organised by UNODC, Day Spring and Indian Drug Users Forum. A team comprised of PWUD and people living with HIV (PLHIV) gained a victory 4-1 against UN staff team. Mr. Fedotov officially started the match by kicking the ball. He also talked to players and community leaders about their experiences and activities. In the conversation the Alliance India CAHR manager highlighted the benefits of decriminalisation of PWID and support to the programmes for healthy communities.

Increasing access to Hepatitis C treatment

Advocacy efforts and negotiations with INTAS Pharma Company have resulted in reduced price for Hepatitis C treatment from USD 300 to USD 200 per month. This achievement will open access to the lifesaving medicines for PWID in the Indian states covered by CAHR. The Alliance India partners received thorough training on Hepatitis C essentials and are now fully equipped for introducing the treatment for their clients.

Saving lives of PWID and consolidating PWID community

The technical partner in North Eastern India formed a group named Drug User Manipur (DUM) with the sole objective to attend to cases of overdose in the field and at the health care facilities. The team of trained members has circulated their contact information at local health facilities as well as at the hotspots where all PWID congregate for drug injecting. 249 overdose cases were successfully managed by the team. Based on the results of end-line study, around 50% of respondents received assistance last time they experienced an overdose.



India HIV/AIDS Alliance

PWID reached: 11,842
Beneficiaries reached: 64,193

PROJECT IMPACT:

Increased use of clean needles in India: from **78.7%** in 2011 to **91%** in 2014 used clean needle in the last injection.

*based on end-line evaluation, 2014

IMPLEMENTATION SITES



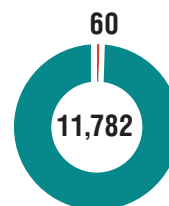
- Kaimur
- Patna
- Nalanda
- Buxar
- Muzaffarpur
- Dharbhanga
- Sitamarhi
- Bhagalpur
- Bhojpur
- Siwan
- Gurgaon
- Jind
- Sirsa
- Rohtak
- Ambala
- Hisar
- Kurukshetra
- Karnal
- Yamuna Nagar
- Sonapat
- Kaithal
- Bahadurgarh
- Panipat
- Nainital
- Udham Singh Nagar
- Haridwar
- Dehradun
- Imphal East & Imphal West
- Jammu

SERVICES

- Family support
- Hepatitis C counselling
- Overdose prevention
- Crisis management teams
- Sexually transmitted infections (STI), HIV counselling and referral

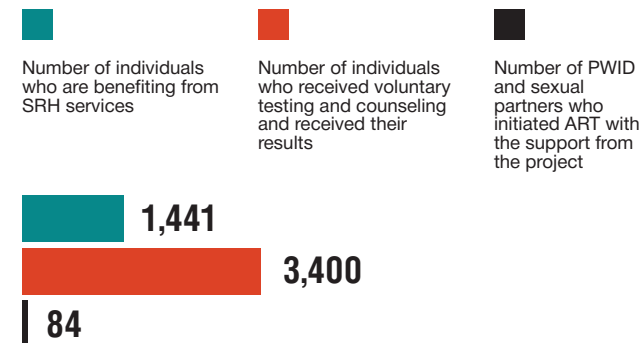
PWID REACHED

as of December 31st, 2014



■ Women ■ Men

RESULTS



INDONESIA



Picture: consultative meeting with CSO, UNODC, UNAIDS, WHO and other government agencies

KEY PROJECT ACHIEVEMENTS IN 2014

Increasing HIV testing among PWID

Rumah Cemara and their partner organisations were implementing activities to improve voluntary counselling and testing (VCT) uptake. As a result, CAHR partners referred more than 50% of clients providing them knowledge to encourage receiving VCT services. A substantial increase in VCT testing was recorded in Bogor, where mobile VCT services were introduced in prison.

Facilitating national harm reduction dialogue

CAHR project along with the National AIDS Commission is also working to facilitate the re-activation of the national Harm Reduction working group in the National AIDS Commission. The working group composed of government agencies across sectors who work in various fields such as police, prosecutors, health ministry, social ministry, etc. as well as civil society organizations (CSOs) working in the field of harm reduction. The active harm reduction working group helped to gather key stakeholders for the discussion of burning harm reduction issues.



Rumah Cemara

PWID reached: 3,956
Beneficiaries reached: 14,016

PROJECT IMPACT:

Expanded coverage of previously unreachable PWID populations: **45%** of PWID approached received their first services through CAHR.

*based on end-line evaluation, 2014

IMPLEMENTATION SITES

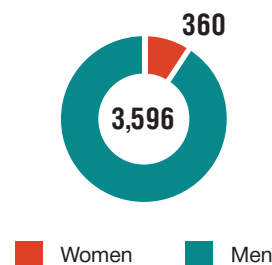


SERVICES

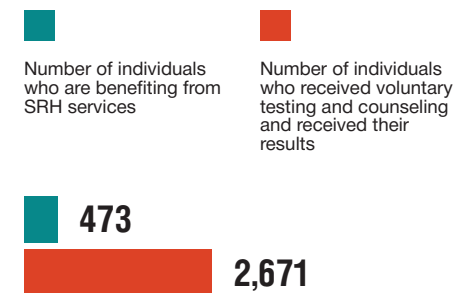
- NSP
- Referral to SRH and HIV services

PWID REACHED

as of December 31st, 2014



RESULTS



KENYA



Picture: staff from NOSET interact with partners from new sites in Nyanza and Central Kenya in the company of a female client on methadone, Caroline

KEY PROJECT ACHIEVEMENTS IN 2014

Harm Reduction spreads to East Africa!

The support for the larger Eastern Africa community to deliver harm reduction programming through the submission of the regional proposal on harm reduction to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) will help to ensure sustainability for harm reduction services when CAHR programme is over and build collaboration and knowledge exchange between East Africa harm reduction communities. CAHR team supported the development of successful expression of interest and concept note to the GFATM.

Consolidating the voices of drug using community in East Africa for improved programmes and rights

KeNPUD, TaNPUD and INPUD continued PWID mobilisation in Kenya. During February 2014 mobilisation visit to Nairobi took place reaching out to the hardest to reach PWID residents of Nigeria 'maskani' (drug using area with high concentration of PWID). The harm reduction movement, hand in hand with the peer led community based network development in Kenya and Tanzania is having a considerable impact. The combined membership of the Kenya network alone is reaching some 9,000 members. This ensures high level of community involvement into design and implementation of harm reduction programmes and becomes a strong advocacy platform for improved policies and services for PWID.



KANCO

PWID reached: 8,374
Beneficiaries reached: 29,877

PROJECT IMPACT:

Kenya injecting practices substantially improved through CAHR: **88%** PWID reported using a clean syringe in last injection in 2014 compared to just **52%** in 2011.

*based on end-line evaluation, 2014

IMPLEMENTATION SITES

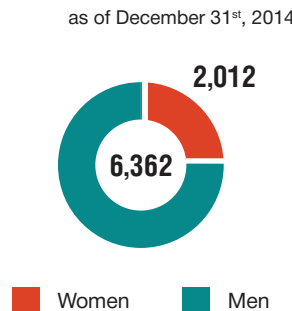


SERVICES

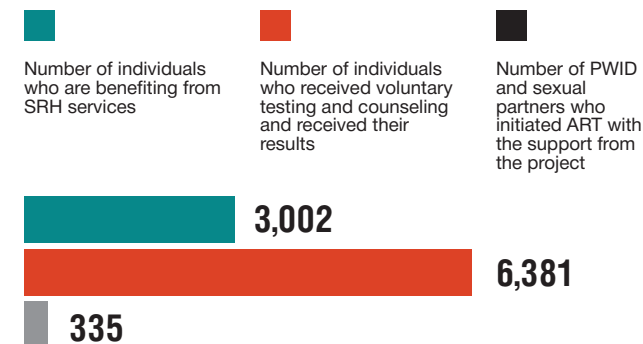
- NSP
- Overdose prevention
- Referral to SRH and HIV services

PWID REACHED

as of December 31st, 2014



RESULTS



MALAYSIA



Picture: service delivery

KEY PROJECT ACHIEVEMENTS IN 2014

Integrating HIV and Tuberculosis services for improved health outcomes

The harm reduction programme in CAKNA has extended services to PWID by piloting the HIV-TB community based screening. The civil society collaborated with local government health clinic to conduct laboratory testing and treatment. CAKNA was provided with the required equipment by health district clinic to collect sputum during outreach activities in order to conduct TB screening for PWID. Outreach workers are trained in sputum collection, labelling, documenting etc. Within 2 days after screening, the TB clinic informs outreach workers on clients who are tested positive for TB.

As a follow up, outreach workers bring the positive client to the TB clinic for confirmation test and for treatment. In 2014 CAKNA has collected sputum from 419 clients. Those who tested positive were referred to TB clinic for treatment. This builds a strong model of effective integration of the two health systems and gives effective client reach and infrastructure solution for improved health outcomes.



Malaysian AIDS Council
PWID reached: 45,294
Beneficiaries reached: 140,821

PROJECT IMPACT:

In Malaysia blood-filling reduced from **89.3%** to **42.5%**.
 Sharing of water that was **8** times more prevalent than sharing needles, addressed with clean water intervention.

*based on end-line evaluation, 2014

IMPLEMENTATION SITES

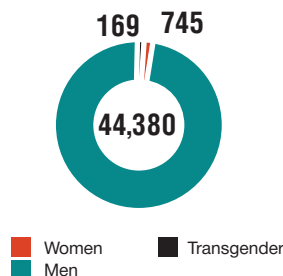


SERVICES

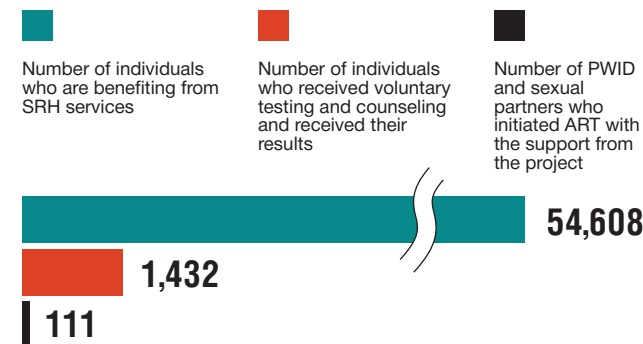
- NSP
- Rapid HIV testing
- Referral to SRH and HIV services

PWID REACHED

as of December 31st, 2014



RESULTS



760

DAYS WERE DEVOTED TO THE PROVISION OF TECHNICAL SUPPORT TO CAHR PARTNERS IN 5 COUNTRIES BY REGIONAL TECHNICAL SUPPORT HUB FOR EASTERN EUROPE AND CENTRAL ASIA (HUB)

Improving the reach of outreach in Indonesia

Rumah Cemara and their partners in Indonesia received support with development of Peer Driven Intervention (PDI). PDI is an innovative outreach model involving people who use drugs to increase access to harm reduction services and reach greater numbers of PWID, especially those who have not been reached before. This approach differs from traditional outreach model by using respondent driven sampling technic to attract people who use drugs to harm reduction services. Receiving extensive education and harm reduction package, PWID are given coupons to distribute among their peers together with information they have learnt. This model also gives rich research opportunities, as in order to get registered for the project, PWID get through screening and interview.

On 2-7 February, 2014 Indonesian Drug Users Network, Oxford University, Australian Injecting, Illicit Drug Users League and Rumah Cemara organised training in Jakarta. The Ukrainian expert reviewed all in-country documents and materials, had meetings and discussions with the country experts that helped to adapt the training agenda to the local needs. During five days of the training participants got a better understanding of PDI model and its principles, usage and application of SyrEx software (tool for clients' and services' tracking), ways of application of PDI model for various groups. PDI model in Indonesia will be also linked to the study accessing behaviour and needs of female drug users. This will allow substantially increasing the reach to PWID not covered by harm reduction services and highly vulnerable to HIV.

Promoting best practices for employment of people who use drugs in harm reduction

CAHR programme continues promoting employment of people who use drugs in harm reduction. It developed a best practice guide helping managers to employ PWUD in harm reduction programmes successfully.

On April 8-10, 2014 Regional Technical Support Hub for Eastern Europe and Central Asia together with India HIV/AIDS Alliance and COACT conducted a workshop on Employing people who use drugs in harm reduction in Bangkok, Thailand. The participants had a chance to exchange their knowledge and practices on employing people who use drugs in harm reduction programmes and share personal experiences.

The aim of the workshop was to promote the employment of people who use drugs in the Alliance family and to extend current practice based on the Guide to Employing People who Use Drugs in Harm Reduction.

Topics discussed during the workshop included: developing a workplace charter around the employment of PWUD, hopes and fears of employing PWUD, setting minimum workplace standards, burnout prevention, etc. Practical sessions allowed participants to develop skills on

dealing with challenging situations that can arise when managing harm reduction programmes. The participants found the workshop useful and it helped them to set up goals on improving the system on employing people who use drugs. As a result of the workshop, the Draft version of the Guide on Employing people who use drugs was discussed with country partners and country case studies were written.

It is anticipated that the guide will help to build awareness of the need to employ drug users in harm reduction projects, will provide real tools to support managers working with PWID and will lead to increased employment of PWID.



Extending harm reduction to new sites of Kenya

Following request from KANCO for launching harm reduction in new sites, a technical support visit was arranged to Kenya by Ukraine Hub TS manager in August – September 2014.

Achievements from the visit were:

- information on local scene related to drug use, HIV/AIDS and other drug-related harms in order to launch harm reduction services;
- mobilised key stakeholders to support harm reduction programmes to be launched and initiate policy change;
- mobilised PWID and civil society representatives in order to involve them at all stages of harm reduction programmes development, implementation, monitoring and evaluation.

4 sites were visited as a part of the assessment (two in Western and two in Central Kenya). As a result of the visit recommendations were made for KANCO which are navigating the programming in 2015.



Increasing access to ART for PWID

Access to care and treatment for PWID is a critical gap for all country partners and on 16 – 18 December, 2014, they met for a workshop on Access to Care and Treatment for People Who Inject Drugs. The aim of the workshop was to provide participants with up-to-date information about the most effective models of improving access to antiretroviral therapy for PWID with a special focus on CAHR countries (China, Kenya, India, Indonesia, Malaysia and Myanmar (new CAHR country from 2015)).

As a result of the workshop, participants understood the role of community-based outreach model in organising access to ART for PWID, discussed opportunities and approaches for integrating ART component into harm reduction projects and developed country specific plans.

The participants became interested in implementing community initiated treatment (case-management) approach and needle and syringe exchange programme (NSP)-based treatment initiatives. The most useful topics that the participants indicated were the treatment cascade in general, the combination of treatment and prevention and the process of reaching out to new clients and engaging them into the further steps of the cascade, developing and sustaining adherence and the integration of services (one-stop shopping in particular).

Participants developed their plans as to improving access to care in their countries which will be implemented in 2015 and will facilitate the increased access to ART for PWID and retention in care. It is anticipated that effective models of harm reduction and care integration will be developed and will allow to be rolled out in the project countries beyond CAHR.



SUPPORT DON'T PUNISH CAMPAIGN —

international dimension of CAHR policy work that translates in every CAHR country and far beyond



On 26th June – the UN’s International Day against Drug Abuse and Illicit Trafficking that was reshaped by the CAHR partnership into the drug policy campaigning day – the ‘Support. Don’t Punish’ campaign hit new heights around the world as people in more than 100 cities, and on social media, made a stand for drug policy reform.

It is led by the CAHR partner, International Drug Policy Consortium (IDPC) and calls for an end to criminal sanctions for people who use drugs, and for greater investments in harm reduction and health-based approaches.

The actions included press conferences, graffiti and art displays, protests, processions, music events, workshops and seminars, flash mobs, dance displays, football matches, and even a boat show on the Nile! The one thing that tied them all together was the ‘Support. Don’t Punish’ message – that the heightened risks faced by people who use drugs can no longer be ignored.

7,000,000 
total ‘reach’ on Twitter from 20th-27th June

350
tweets per hour at the peak on 26th June

4,000 
page likes on Facebook in the week of the campaign – reaching 230,000 people

3,500
photos received for the Interactive Photo Project

Celebrities also got involved: in the UK, Russell Brand, Sir Richard Branson and Sting joined 90 signatories on a letter to the Prime Minister calling for reform; in Russia, members of the infamous punk band Pussy Riot joined for photos; and in Indonesia the rock band The Changcuters participated in activities. This helped the campaign to reach unprecedented levels of media coverage – with radio, television and newspaper features around the world (such as special feature on BBC World).



Russell Brand



Sir Richard Branson



Sting



Pussy Riot

As thousands took to the streets in a collective show of force, politicians and policy makers took notice. In London, Deputy Prime Minister Nick Clegg stated that

‘we are losing the war on drugs and I think we need to think afresh... dealing with people who are addicted to drugs as a health issue’



Nick Clegg

In Australia, the campaign earned a commendation in Parliament. In Zimbabwe, the Special Health Advisor to the President and Cabinet supported the campaign’s calls.

Time will tell what impact these actions have, but the momentum is continuing to build ahead of the UN General Assembly Special Session (UNGASS) on drugs in the summer of 2016. The Global Day of Action was an incredible show of people power, but we need to keep this pressure on and keep pushing for reform. If we do, we can change the public and political rhetoric around drugs.



SUPPORT DON'T PUNISH CAMPAIGN —

country highlights

Malaysia



The 'Support. Don't Punish' campaign in Malaysia began with a press conference launching the Day of Action and the HIV and Human Rights Mitigation 2013 report. This report, detailing complaints lodged with MAC in 2013, included issues of HIV discrimination, arbitrary arrest, and employment discrimination. All panellists emphasised that drug use should be dealt with primarily as a health issue and not as a criminal justice issue.

A music and cultural event was held in Central Market, Kuala Lumpur, where a live band played local music and drug user community members also took part in this event. Flyers on club drugs including ephedrone, ecstasy and methamphetamine were distributed. Condoms were also given out.

Indonesia



In each city the campaign was conducted under the different concept for the same issue. It started in Semarang on June 1, 2014 as a part of a player selection for the Homeless World Cup 2014. During the selection the 'Support. Don't punish' message was spread with the purpose to involve general population, especially football fans to understand drugs problem through football activities.

PKNI in Makasar held street campaign with music media and theatre show involving 40 PWID.

Rumah Cemara conducted public discussions on the theme of 'War On Drugs' involving 100 people who use drugs and 200 civil society activists.

Kenya



In Kenya, 'Support. Don't Punish' campaign was held in three locations: Nairobi, Mombasa and Malindi. The main emphasis for the campaigns was PWID access to services and bringing down criminalisation that had acted as big impedimenta to harm reduction services. In all three areas the following HIV activities were held: counselling and testing camps, community dialogues forums, law enforcers key note speeches, processions with the 'Support. Don't Punish' banners, T-shirts and leaflets.

In Nairobi, KeNPUD together with NOSET mobilised for HIV testing and counselling in Mathari, a region where there is a large population of people who use drugs and highest incidences of stigma.

CAHR country projects are effectively linking resources with EU funded Asia Action for Harm Reduction project to raise some of the most challenging drug policy and harm reduction themes. In 2014 the major topics were:

- 1 resourcing harm reduction (a dedicated report was published by Alliance Secretariat and a movie developed to stimulate donor and governmental funding allocations to harm reduction);
- 2 mobilising drug user communities (through community mobilisation work in CAHR implementation states in India and in Kenya);
- 3 developing community treatment and diversion options for drug using communities (building precedents and providing legal support in Indonesia and offering community treatment in Indonesia and China).

Despite some progress in particular areas outlined above, there is a growingly challenging drug policy context with some of the world's biggest governments showing repressive actions towards PWID (among them the most appalling Russian cut of opioid substitution programme in the annexed Crimea in Ukraine and exercising of the Indonesia death sentences in 2015). CAHR is responding to these challenges through prioritising programme-linked policy work that is focused on concrete pragmatic aspects of service delivery rather than open confrontation with the major national and international policy makers.

RESEARCH AND EVALUATION

Endline findings

The purpose of the end-line study was to examine knowledge, attitudes and behaviour of PWID in relation to HIV/AIDS, their well-being and quality of life, satisfaction with HIV prevention services that are being offered, relations with the police, etc.

The study has been conducted in all five countries involved in CAHR project by partners from countries as well as their research partners. The target group of this study was people who inject drugs. Organisations used individual structured face-to-face interviews as a study method with almost the same questionnaire as during the baseline study with some minor changes.

Results of the end-line study were compared with results of the baseline assessment to understand the impact of the project.

China

Recommendations from the end-line in China suggested strengthening of MMT accessibility by means of expanding methadone take-away, dose increase and covering costs through national medical insurance scheme. It is recommended to pilot an NGO run MMT clinic which can be scaled up if being successful which will be done in 2015. ACC will continue working with the Public Security Bureau (PSB) closely so that it can gradually embrace the community-based rehabilitation model which was already initiated in some of the CAHR sites.

AIDS Care China (2014), End-of project study report. Available at: www.cahrproject.org/resource/results-of-the-end-of-project-assessment-in-china/

India

NACO has adopted a harm reduction strategy under the National AIDS Control Programme (NACP) to prevent HIV amongst PWID and has scaled up services through targeted interventions (TIs) implemented by NGOs. More than 85% of PWID reported using a clean needle the last time they injected, a rise of 7.8% and less than 5% injected with a used needle in the past 30 days. This correlates with the percentage of PWID who accessed HIV testing in the past year rising by 8% to 91% whilst the number of PWID who self-reported being HIV positive fell by 15.3% to just 5.7% of the sample size. Furthermore, just over one-third of HIV-positive PWID self-reported being registered for ART, an increase of 7% since the baseline survey. Such positive results may indicate that the CAHR supported interventions by Alliance India through its TI implementing partners is having an impact, at least in terms of sterile needle/syringe use and its linkages with HIV testing and treatment.

It is recommended to continue implementing TI which will be done in 2015. It is advisable to train PWIDs for different types of employment opportunities, continue mobilizing the community and train project staff. Communication on injecting drug use and production of IEC materials is one of the areas for development.

India HIV/AIDS Alliance (2014), End-of project study report.

Indonesia

Rumah Cemara prioritized expanding basic harm reduction services to the areas where they do not currently exist; the provision of psycho-social support for MMT clients in Bandung due to high dropout rates and very limited psycho-social support services; and pre-release support to PWID imprisoned in Bandung. The use of sterile needles/syringes appears to be quite high with 92.6% of PWID self-reporting the use of a clean needle the last time they injected, an increase of 2.1% on the baseline survey.

It is recommended to improve tracking risk behaviours over time and improve monitoring and evaluation system. In order to do this SyrEx database will be introduced in 2015. Intensifying outreach methods will be done by introducing peer driven intervention. The report brought attention to the need for partner or couples sex/HIV education and better understanding of sexual and parenteral transmission for all clients. Capacity building of Rumah Cemara partners on SRH issues will be done by India HIV/AIDS Alliance in 2015.

Rumah Cemara (2014), Community Action on Harm Reduction Endline Evaluation Report. Available at: www.cahrproject.org/wp-content/uploads/2014/08/CAHR_Final_Report_Rumah-Cemara.pdf

Kenya

The percentage of PWID who used a clean needle/syringe the last time that they injected has risen significantly - by just under a half (41%) - over the period of CAHR implementation in Kenya, with over 90% of PWID surveyed self-reporting the use of clean needles/syringes. Equally, the number injecting with used equipment in the past 30 days has dropped to 7.4%, meaning that less than 10% of PWID are now using potentially infected needle/syringe and related equipment for drug injecting. The high reported knowledge, at more than 90%, of how to prevent HIV through avoiding the use of used needles/syringes confirms that BCC interventions with innovative IEC materials are having an impact on the drug injecting communities of Kenya overall. 83.7% of PWID who self-reported as being HIV-positive are registered with an ART centre compared with 66.7% at baseline, an increase of 25.5%. Efforts by KANCO and its partners, through CAHR funding, has contributed to a reduction of 35.5% in the number of PWID who have experienced an opiate overdose during the last 12 months, falling from 49.5% of respondents at baseline to 31.9% at the end of project.

It is recommended that more efforts by the programme team need to be put in place to ensure that all PWID in programme areas access clean injecting equipment. There is need to ensure sufficient quantities of water for injection provided for each PWID to avoid sharing of water for injection. There is a need to scale up provision of Naloxone at the community level through the established network of outreach workers to ensure that PWID who experience overdose are treated onsite and to ensure scale up provision of needles and syringes to cover new areas that are not covered by the current project to ensure further risk reduction of HIV infection among PWID. Harm reduction in new sites will start in 2015.

KANCO (2014), End line evaluation Report For the Community Action on Harm Reduction Project in Kenya. Available at: www.cahrproject.org/wp-content/uploads/2015/01/CAHR-End-line-Evaluation-report-20150102.pdf

Malaysia

The percentage of PWID who used a clean needle the last time they injected has not changed and more than 90% PWID consistently claim that they did so. This corresponds with a modest increase of 6% in the number of PWID who claimed that they knew that using a shared needle even once can increase the risk of HIV transmission, and an increase of 11.1% in the number who report that they know that not using another person's injecting equipment reduces the risk of HIV. While there has been an increase to close to 100% in self-reported knowledge by PWID of HIV prevention through condom use with all types of sexual partner (permanent, casual and commercial partner), the actual self-reported use of condoms during the last time PWID had sex with any form of partner has fallen to below 10%. Although the percentage of PWID arrested for drug-related crimes in the last year has fallen by 13.3% to 45.4% in the end-of-project survey, this is contrasted with a rise of 14.4% in the percentage of PWID who have been kept in compulsory drug detention centres in the last year, which is now at almost one-quarter of all PWID interviewed.

It is recommended to scale up onsite testing on TB for PWID. There needs to be an increase in awareness and education programmes on the early testing of STI as well as the importance for proper medical treatment. There is a need for more education on MMT; as well as a need to review and revise guidelines for MMT, including methadone dosage to standardize the procedure of starting PWIDs on MMT. Naloxone is currently available only in the emergency response room. It is recommended that Naloxone be more widely introduced as a treatment for drug overdose. Continued advocacy interventions are needed to bring about change in policing practices towards PWID.

MAC, University Teknologi Mara (2014), Community action on harm reduction (CAHR) project: end of project baseline assessment for Malaysia. Available at: www.cahrproject.org/wp-content/uploads/2014/08/Malaysia_cahr.pdf

RESEARCH AND EVALUATION

Access to care study in Kenya

Access to care study in Kenya – a qualitative study that was implemented by the London School of Hygiene and Tropical Medicine (LSHTM) and KANCO in partnership with Nairobi Outreach Services Trust (NOSET), Teenswatch and The Omari project. The Kenyan National AIDS and STIs Control Programme (NAS COP) and the National AIDS Control Council (NACC) were key partners directing strategy and implementation of the study. The aim of the research was to understand how people who inject drugs experience HIV care and harm reduction, and how social contexts influence this.

The research was using in-depth interviews and observation of the community settings in which PWID live and access care. These approaches allow PWID to talk openly about their experiences and for the research team to understand the range of factors involved in people's use of drugs, and how care is accessed. The study was completed in 2014 and followed with the number of papers submitted to scientific journals.

On 27 December, 2014 the National Key Population Dissemination Forum was held in Kenya to disseminate results of the Access to Care Study for discourse on PWID evidence and practice, from an international, regional and national perspective. This became an important part of the regional East African dialogue around harm reduction and reinforced the need to substantially increase harm reduction services delivery in the region.

Access to care study is available at: www.cahrproject.org/research/the-access-to-care-qualitative-research-study-in-kenya/

External evaluation

An independent evaluator was hired through the Secretariat of the International HIV/AIDS Alliance in Brighton, UK to conduct an external evaluation of CAHR programme.

The evaluation attempted to look to which degree the objectives of the programme have been achieved; to understand the epidemic and vulnerability factors and adjusting the responses, including the development of context and sub-population-specific outreach mechanisms; to see specific improvements in the design and practice of HIV and drug use programmes as well as specific policy changes at various levels including legislation and operational policies; to learn about the role of civil society in the development and implementation of national responses to the HIV epidemic among PWID; to study experience of international collaboration, benefits and management of multi-country project.

Objectives of the CAHR programme have been achieved and many of them have far exceeded their original target. As a result, CAHR is a practical demonstration of the approaches recommended by WHO, UNODC and UNAIDS for the prevention, treatment and care of HIV for PWID. Overall, all components of the comprehensive package have been successfully introduced and many are in the process of being taken to scale in some of the CAHR implementation countries. The support provided by CAHR has made it possible for the five countries to share lessons learnt, good practices and approaches to innovation in overcoming challenges faced in service delivery and through advocating for an enabling legislative and policy environment for harm reduction services.

The CAHR programme has brought innovation and technical excellence to the delivery of sterile needle/syringe programmes and opioid substitution therapy as the most important interventions to prevent HIV transmission among PWID. The use of peer-driven interventions (PDI) to find new networks of PWID and to link them with services has allowed many more people to

access NSP and OST. The country partners have also worked in supporting harm reduction outreach in a manner whereby PWID can be supported in referral to the broader national HIV testing, care and treatment strategies of each country in order to increase the potential to take health interventions for PWID to scale in the future.

It is recommended to continue funding IDPC to continue to innovate and expand the campaign for 'Support. Don't Punish' at a global scale, and for such work to continue until at least the UN General Assembly meeting on drug use in 2016. The CAHR website (<http://www.cahrproject.org>) should continue to operate even beyond the life of BUZA funding, possibly as a component of the Alliance TS Hub Kiev website, or the Alliance Secretariat website. The wealth of material on this website will be of considerable interest and benefit to a wide range of stakeholders worldwide for a long time to come. To the extent possible, further support should be provided to local implementing partners in putting into practice the recommendations of the guideline on the employment of active and former drug users as part of an overall strategy of enhancing the meaningful involvement of PWUD, including PWID, in the delivery of services to their peers in all environments; specific guidance adapted to each CAHR country could also be of use in this regard.

Graham Shaw (2014), Independent evaluation: community action on harm reduction (CAHR) is available at: www.cahrproject.org/wp-content/uploads/2014/12/Independent-Evaluation-CAHR.pdf

Operational research in the project countries

India HIV/AIDS Alliance conducted an operational study on Multiple vulnerabilities among PWID in India. Two states have been identified for the operational study: Manipur from North East India and Bihar from Eastern India. A cross-sectional qualitative study was conducted to gain in-depth knowledge on multiple vulnerabilities to HIV acquisition among PWID in the states of Bihar and Manipur who may practice unsafe injecting practices and unsafe sexual behaviours.

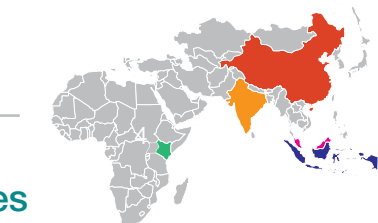
Dynamics of vulnerability and drug use is available at: www.cahrproject.org/wp-content/uploads/2014/12/Research-Brief-PWID.pdf

India HIV/AIDS Alliance also conducted a study on Drug use patterns among those receiving services from targeted interventions for people who inject drugs. This study attempted to document field level realities that contribute to tailoring interventions and outreach strategies for people who inject drugs. The findings of this study helped to understand the vulnerabilities of PWID in Bihar, Haryana, Jammu, and Uttarakhand as well as enhance the quality of interventions.

Drug use patterns among those receiving services from targeted interventions for people who inject drugs is available at: www.cahrproject.org/resource/drug-use-patterns-among-clients-receiving-services-from-targeted-interventions-for-people-who-inject-drugs/

KANCO through the operational study determined an appropriate package for needle and syringe exchange programme in Kenya through description of the preferences of people who inject drugs for injecting paraphernalia provided in the needle and syringe program, and the mode of delivery used in issuing these commodities. The study was qualitative, involving in depth interviews with PWID, outreach workers, government representatives and chemist attendants, focus group discussions with PWID and observations done in drug using sites and drop in centres which provide NSP services. This study helped to tune the package of harm reduction commodities based on the current needs of PWID in Kenya and a package of commodities was purchased based on clients' needs and feed-backs.

Determining the appropriate package for delivery of commodities and services for Needle Syringe programmes in Kenya is available at: www.cahrproject.org/wp-content/uploads/2013/12/Determining-the-appropriate-package-for-delivery-of-commodities-and-services-for-Needle-Syringe-programmes-in-Kenya.pdf



Rumah Cemara from Indonesia conducted a programme evaluation to increase the quality of psychosocial support for methadone clients in Bandung as a part of the operational research. The study aimed to discover the process, problems and supporting factors as well as the benefits of psychosocial support programme for methadone clients in Rumah Cemara, therefore, improvement and development of modules have been done based on the evaluation, the needs of clients and the capacity of the organisation.

Psychosocial support programme for methadone clients is available at: www.cahrproject.org/wp-content/uploads/2014/04/PSYCHOSOCIAL-SUPPORT-PROGRAMME-FOR-METHADONE-CLIENTS.pdf

Malaysian AIDS Council conducted a study on the quality of outreach workers and the services they provide for the NSP programme in Malaysia. This study focused on factors influencing the quality of services provided to the PWID by the outreach workers through the NSP. Qualitative research was employed in order to explore a very wide expression of information that can be obtained from the stakeholders or informants, particularly from outreach workers, PWID and organisations that are providing NSP. Recommendations from the study were taken into account when planning harm reduction activities in Malaysia for 2015.

The quality of outreach workers and the services they provide for the NSP programme in Malaysia is available at: www.cahrproject.org/wp-content/uploads/2014/08/CAHR_Report-CAHR_Malaysia_06_08_MB.pdf

AIDS Care China studied the impact to urinary morphine positive rate and the number of days of retention by increasing in methadone dosage in methadone maintenance treatment. This study was a randomised, controlled (Matched pair design) intervention study, through changes in the participants before and after the intervention of the various performance metrics to analyse the effect of the intervention on MMT.

ANNEX 1. CAHR PROJECT RESULTS AGAINST INDICATORS, AS OF DECEMBER 31ST, 2014

#	Indicators	Plan	Actual
1	Number of advocacy activities for desired legal / policy reform implemented	215	720
2	Number of case studies that meet Alliance research and evaluation standards produced and disseminated	18	142
3	Number of drug users participating in design and implementation of harm reduction programmes	150	10,998
4	Number of existing tools for harm reduction activities locally adapted	57	209
5	Number of PWID and sexual partners who initiated OST with the support from the project	200	2,360
6	Number of individuals who are benefiting from counselling, legal support, housing and income generation services	7,121	34,191
7	Number of individuals who are benefiting from SRH services	330	62,272
8	Number of individuals who received voluntary testing and counselling and received their results	4,500	16,352
9	Number of PWID covered with CAHR-supported services	29,900	77,591
10	Number of non-government organizations / drug user groups provided with technical support	174	834
11	Number of policymakers reached	1,560	6,051
12	Number of project beneficiaries benefiting from CAHR-supported services	180,000	264,342
13	Number of project-linked surveys/studies conducted	7	117
14	Number of south to south learning exchanges conducted	14	135

ACRONYM LIST

A – I

ACC — AIDS Care China
 AIDS — acquired immune deficiency syndrome
 ART — anti-retroviral therapy
 CAHR — Community Action on Harm Reduction
 CAKNA — Komuniti Cakna Terengganu
 CSO — civil society organization
 DUM — Drug User Manipur
 GFATM — Global Fund to Fight AIDS, TB and Malaria
 HIV — human immunodeficiency virus
 HR — harm reduction
 IDPC — International Drug Policy Consortium
 INPUD — International Network of People who Use Drugs

J – S

KANCO — Kenya AIDS NGOs Consortium
 KeNPUD — Kenya Network of People who Use Drugs
 LSHTM — London School of Hygiene and Tropical Medicine
 MAC — Malaysian AIDS Council
 MMT — methadone maintenance therapy
 NACC — National AIDS Control Council
 NASCOP — National AIDS and STI Control Programme (in Kenya)
 NOSET — Nairobi Outreach Services Trust
 NRCMS — New Rural Cooperative Medical System
 NSP — needle and syringe exchange programme
 OST — opioid substitution therapy
 PDI — peer driven intervention
 PLHIV — people living with HIV
 PWID — people who inject drugs
 PWUD — people who use drugs
 SRHR — sexual and reproductive health and rights
 STI — sexually transmitted infections

T – Z

TaNPUD — Tanzanian Network of People who Use Drugs
 TB — tuberculosis
 UNAIDS — Joint United Nations Programme on HIV/AIDS
 UN — United Nations
 UNGASS — UN General Assembly Special Session
 UNODC — United Nations Office on Drugs and Crimes
 VCT — voluntary counselling and testing
 WHO — World Health Organisation