





# HIV/AIDS prevention, treatment and rehabilitation for female injecting drug users, drug users and their Spouses in Multan funded by UNODC.

#### PROJECT COMPLETION REPORT



## PAKISTAN LIONS YOUTH COUNCIL-MULTAN

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#### **PROJECT TITLE**

HIV/AIDS PREVENTION, TREATMENT AND CARE FOR FEMALE INJECTING DRUG USERS/DRUG USERS, SPOUSES /FAMILIES OF HIV POSITIVE DRUG USERS IN MULTAN.

#### **PROJECT OVERVIEW**

#### **BRIEF DESCRIPTION :**

The primary goal of this project is to enhance the quality of services available to female injecting and non-injecting drug users (including those involved in sex work and spouses of male drug users) in the community settings by improving female access to existing harm reduction services and developing new female-specific services and effective referral systems to female health service providers.

#### **OBJECTIVE OF THE PROJECT**

To provide and manage comprehensive drug abuse and HIV prevention, treatment and care services to female IDUs, DU and spouses of male IDUs in Multan.

#### TARGET AREA:

Multan

#### **TARGET GROUP:**

Female Injecting/non-injecting drug users and spouses/families of HIV Positive drug users.

(At least 110 (50, 60) Female Injecting/non-injecting drug users and spouses/families of HIV Positive drug users will be accessed ) 50 females will be tested for HIV/Hep B/C, STIs and opportunistic infections and 60 female will be provided drug detoxification.

## **EXECUTIVE SUMMARYB**rief background to the project and a short narrative describing the project's performance and its outcomes.

It is evident from the findings of the HASP study that Pakistan no longer has a 'window of opportunity' to act in advance order to prevent the transmission of HIV/AIDS among people injecting drugs. With constant hype in HIV prevalence among people injecting drugs in Pakistan, the price of 'in-action' would be immense. We can no longer deny that although we had to act 'yesterday', we MUST at least act NOW in order to minimize further damage.

There is sufficient evidence and proof that in settings similar to ours, where people inject drugs and share syringes prevalence can reach pandemic proportions in just a matter of few months. To address this very serious public health threat, lip service, tokenism and pilot boutiques will not work. We need to take stock of what works and what does not and based on experience scale up services and interventions to reach at least 60% of those at risk.

Like most Asian countries, in Pakistan people injecting drugs are highly stigmatized and criminalized. Access to generic health and social care is denied and often not available particularly

for those who are also HIV positive. This further disfranchises affected and infected persons. Considering that approximately 50% of the people injecting drugs are currently married and sexually active, secondary transmissions due to un-protected sex to their spouses or casual sex partners (mostly female sex workers), is inevitable. Young people are the future of a Nation. A significant proportion (10%) of people injecting drugs are young people between 18-24 years of age. Early HIV infections due to injecting and sharing of syringes will result in large number young persons infected resulting in loss of human resource and additional burden of disease on an already overburdened health and social care system.

In short, the stage for a large scale pandemic ignited by injecting drug use is already set to move into the general population, if it has not already happened. In order to minimize damage and to curb the pandemic we need to decide at a policy level to immediately initiate and/or scale-up street based comprehensive harm reduction interventions to prevent HIV among people injecting and those closely associated. Policies need to be pragmatic, least bureaucratic and need to keep in mind the urgency of the situation. Interventions to prevent HIV/AIDS among people injecting drugs need to be mainstreamed within the health care system of the Government in close partnership with civil society organizations and networks affiliated with the affected communities. In short, we can summarize this situation in a statement way that

Like in most of Asia, the HIV/AIDS epidemic in Pakistan will be injecting drug use driven.

## LOGICAL FRAMEWORK ANALYSIS

From Project Proposal

	VERIFIABLE INDICATORS		RISKS AND
OBJECTIVES		VERIFICATION	ASSUMPTIONS
GOAL			-
To enhance the quality of services available to female injecting and non-injecting drug users (including those	<ul> <li>Reduction in prevalence of STIs including HIV among Female IDUs, DU and drug users and their spouses in Multan.</li> </ul>	Base line surveillance data	Continued support from UNODC for preventative programmes.
involved in sex work and spouses of male drug users) in the community by improving female access to existing harm reduction services and developing new female- specific services and effective referral systems to female health service providers	<ul> <li>Trained staff and outreach workers at existing harm reduction services, the establishment of gender- sensitive drop-in-centre services.</li> </ul>		Adequate and continued donor support for preventative programmes in Pakistan.
OBJECTIVE			
The project will reduce the vulnerability of female injecting drug users, Drug User and female partners of drug users and in this way	<ul> <li>HIV incidence rates among female IDUs, DU and spouses in Multan.</li> </ul>	Base line surveillance study Government VCT data	Adequate and continued donor support for preventative programmes for Multan district.
contribute to reversing the overall feminization of the HIV epidemic in Multan	<ul> <li>STI prevalence and incidence detected through referral system from Nishter Hospital.</li> </ul>	OPD record	Other methods of transmission do not rise significantly in target groups.
			Accurate surveillance data is available on a regular basis.

OUTPUT 1 To determine the characteristics and service needs of female injecting and non- injecting drug users, spouses of male injecting drug users and female prisoners, for provision of comprehensive HIV prevention, treatment care and support.	<ul> <li>Registration of Target Community.</li> <li>In depth interviews with female IDUs, harm reduction service providers, outreach workers for IDUs and FSWs, drug treatment centres, other medical practitioners especially female specific services.</li> </ul>	Rapid situation assessment and need analysis of female injecting drug users, Drug User and spouses. PLYC MIS	Peer outreach and mobilization is not compromised by external factors. Treatment and preventative measures are taken by sexual partners.
OUTPUT 2 To develop an enabling environment, which provides conditions that support gender and culture sensitive approaches to HIV prevention, treatment, care and support services to female injecting and non- injecting drug users, spouses of male users	<ol> <li>Good Liaison with Stake holders.</li> <li>Establishment of Drop In Centre.</li> <li>Formation of Peer Group.</li> <li>Provision of harm Reduction Services.</li> </ol>	Pictures, Meeting Minutes, One to one meeting with peer group, Assignment records and activity reports	Cooperation from Stake holders.
OUTPUT 3 Capacity building and training for medical practitioners and service providers from civil society organizations, in provision of gender- sensitive services to female injecting drug users and spouses of male injecting drug users.	<ul> <li>Training on STI management.</li> <li>Record of STI Tretament.</li> <li>Number of VCT referrals to Nishter VCT centre Multan.</li> </ul>	<ul> <li>Training Snaps</li> <li>OPD record.</li> <li>VCT Record</li> </ul>	

<b>OUTPUT 4</b> Service Delivery to Female Injecting Drug Users, Drug Users and Services of Mele Drug	<ul> <li>OPD Record.</li> <li>Counselling Record.</li> <li>PrImary Health Care Services.</li> </ul>	OPD register. Psychologist Register Medicine Register
Spouses of Male Drug Users.	<ul> <li>VCT Referral.</li> <li>Test Results.</li> <li>Lab Tests.</li> </ul>	Reports of VCT referral. Test Results of Lab Tests

Summarise here the issues/risks that arose during the lifecycle of the Project and what action was taken to resolve them.

### **PROJECT ACTIVITIES:**

#### **HIRING OF STAFF:**

Soon after the Contract signing, PLYC hired the experienced staff for the smooth implementation of the project activities .Staff was selected through the recruitment policy of the organization.

#### **ORIENTATION OF STAFF ON THE PROJECT:**

Pakistan Lions Youth Council (PLYC) organized two days project orientation meeting with the staff members hired for the implementation of the project. They were oriented about all project activities, work schedule was shared with them and three months plan was prepared with the help of the staff members.

#### MAPPING OF TARGET AREA:

Pakistan Lions Youth Council (PLYC) project team conducted a complete mapping of the area. During these mapping, Female IDU, DU, and Male IDUs were identified and registered.

#### **MEETING WITH LINE DEPARTMENT:**

Pakistan Lions Youth Council (PLYC) project team arranged a meeting with the Executive District Officer Health and completely orientate him about the project activities and scope of work. He really admired the scope of work of the project as well as need assessment of the project in the target area. He also ensure his complete support and guidance for smooth implementation of project.

#### **MEETING WITH STAKEHOLDERS:**

Pakistan Lions Youth Council (PLYC) project team arranged a meeting with the stakeholders of the project in the target area of the Multan. They receive a complete orientation about the project activities and scope of work. PLYC team also requested them to ensure their support, guidance and positive feedback regarding identification of female IDUs in the target area.

#### ONE TO ONE MEETING WITH FEMALE IDUS:

Pakistan Lions Youth Council (PLYC) female project team met with female IDUs individually. They were completely orientate them about the real soul of the project and ned assessment of the female IDUs. They were told about the prevalence of HIV/AIDS in the IDUs cases which were further got very serious shape in case of Needle Sharing.

#### **SESSIONS WITH MALE IDUs:**

Pakistan Lions Youth Council (PLYC) project team met with the group of male IDUs and completely orientate them about the project and the steps needs to be taken on how to manage themselves abut rehabilitation procedure. They were also convinced about adopting safe sex methods as well as complete medical check ups of themselves and their wives.

#### **RAPID SITUATION ASSESSMENT & NEED ANALYSIS:**

An in-depth situation assessment was carried out with the target population to identify the magnitude of the problem and to identify needs. Assessment consisted of in-depth interviews with female IDUs, harm reduction service providers, outreach workers for IDUs and FSWs, drug treatment centres, other medical practitioners especially female specific services. The assessment determined both needs and the barriers to access to services for female IDUs.

#### **ESTABLISHMENT OF DROP-IN CENTER:**

For Provision of HIV Prevention services to female Injecting Drug users/Drug users, Spouses /Families of HIV Positive Drug users in Multan, PLYC project team established a drop in Centre in the heart of the target area for better access and smooth implementation of the project.

#### COMMEMORATION OF WORLD DRUG DAY:

world dug day with the theme " **Think Health Not Drugs**" was commemorated on 25<sup>th</sup> of june at al-hamra art council multan. a very large number of target population as well as community notables were participated there as well. Speaking on the occasion , participants express their views as follows.

#### PRECIOUS THOUGHTS FROM DR.QAISER JAVAID

Dr.Qaiser Javiad, said that This was a positive step took forward in promoting greater awareness and behavioral change. I found this event very useful for the people. I must say this was a great event at community level. The UNODC campaign reaches out to young people, who often talk about the "highs" induced by illicit drugs but may not be aware of the many "lows". Illicit drug use is a concern because it poses a threat to their health. Negative effects vary depending on the type of drug consumed, the doses taken and the frequency of use. All illicit drugs have immediate physical effects, but they can also severely hinder psychological and emotional development, especially among young people. We at plateform of PLYC tried our level best to aware people and also to provide services at our drop in centre to detoxify and rehabilitate the female addicts to become a healthy member of society.

#### PRECIOUS THOUGHTS FROM SHADMAN AZIZ

PLYC Project Director Mr. Shadman Aziz specking on the event also expressed his thoughts that leading a healthy lifestyle requires making choices that are respectful of body and mind. To make these choices, young people need guidance from role models and need to get the facts about drug use. The international campaign provides young people and others with tools to educate themselves about the health risks associated with illicit drug use.

He also shared that UNODC also contribute a lot in this project by Capacity building and training for medical practitioners and service providers from civil society organizations, in provision of gender- sensitive services to female injecting drug users and spouses of male injecting drug users.

#### PRECIOUS THOUGHTS FROM PROFESSOR HANEEF CHAOUDHARY

Chief Guest Professor haneef Choudhary speaking on the event that Drug Addiction is recently a dilemma for our society. With the passage of time, the rate of drug addiction is increasing

alarmingly in our country in which most prevalent community is our youth and females. I would like to grab this opportunity to urge Governemnt of Pakistan to take urgent multisectoral steps to halt the spread of drug addiction. I also congratulate UNODC for strating this projectin Multan and also PLYC for implementing this project as it is really a need of the day. Most of the times such efforts are not being appreciated due to lack of knowledge and awareness but combined approach & concrete hard work made it the need of the day.

#### **REFERRAL LINKAGES DEVELOPMENT WITH HEALTH FACILITIES**

Referral linkages were developed with VCT Nishter Hospital for testing and other referrals. Nayi Zindagi Nijat centere was also visited by the field staff to develop their linkages with the centre and detoxification as well as rehabilitation methodologies were acquired from them.

#### **MEETINGS WITH MEDIA PERSONNEL AND INFLUENTIALS:**

PLYC Team arranged a project inception meeting with the media influential. Media personnel were encouraged to perform their positive role for prevention of HIV/AIDS and promotion of project activities.

#### **ORGANIZING MEDICAL CAMPS:**

Medical camps were organized in the target area of the project to attract the people at DIC and also for registration of female IDU. I these camps, needle and syringes were provided to IDUs and HIV testing, screening for hep B & C, HIV/AIDS were conducted.

#### **ISSUES/CHALLENGES FACED:**

- Too much scattered population.
- Lack of response on part of target community in the beginning.
- Demanding Materialistic gains on part of target community either in cash or in kind. e,g Drug demand.
- Rude behavior of law enforcement officials.
- Mobile community, so quite difficult to approach for follow ups.
- Problem in finding female IDU s.
- Misconception of target community about the drug as well as syringe sharing.

#### **ACHIEVEMENTS/SUCCESS:**

- Establishment of drop in center in the heart of the target area.
- Establishment of referral system with Nishtar Hospital.
- Good liaison building with the stakeholders of the target community for smooth implementation of project activities.
- Easy access of target community towards quality health care services (drop in center) in their area.
- Identification of 5 new cases of HIV\ AIDS.

For each Project Milestone or Phase, identify what worked, what didn't work and ways to improve the process the next time.

Outline how you will apply the key lessons learned to future projects.

