

HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan

Mid Term Review – February 2010

By

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Abbreviations

ANF	Anti Narcotics Force
FSWs	Female Sex Workers
GoP	Government of Pakistan
HASP	HIV and AIDS Surveillance Project
HDI	Human Development Index
HIV	Human Immuno Deficiency Virus
IDUs	Injecting Drug Users
IG	Inspector General
MNC	Ministry of Narcotics Control
MSM	Men Having Sex with Men
NACP	National AIDS Control Program
PACP	Provincial AIDS Control Program
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Program
UNODC	United Nations Office Drugs and Crimes
WHO	World Health Organization

2 Executive Summary

The United Nations Office on Drugs and Crime (UNODC) is implementing a three country project on HIV prevention, treatment and care for female drug users, female prisoners and women living with HIV and AIDS in Afghanistan, Nepal and Pakistan.

The projects were started in 2008 with budgets and plans for two years. Various circumstances led to delays and the three projects now have funding until the end of 2010.

The three projects were subjected to a mid-term review in January and February 2010, with a one week site visit in each country.

UNODC launched two year HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan project, in May 2008. The project aims at enhancing 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 and in prison 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. In Feb 2010 UNODC commissioned the services to two consultants (one international and one national) to conduct the mid term review of the projects.

The methodology used by the team of consultants included desk review of the project and related documents, key informant interviews, project sites visits and meetings with relevant stakeholders and community representatives. The projects were reviewed on the basis of relevance, effectiveness of service delivery and a preliminary assessment of impact on beneficiaries.

3 Introduction

The two year *'HIV/AIDS prevention, treatment and care for female injecting drug users and female prisoners in Pakistan'* project, launched in May 2008, aims 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 and in prison 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. Key outputs include trained staff and outreach workers at existing harm reduction services, the establishment of gender-sensitive drop-in-centre services, three mobile units exclusively devoted to accessing female IDUs and at-risk spouses of male IDUs, institutionalization of a training course in gender-specific harm reduction service delivery for prison staff and prison peer counselors, and establishment of harm reduction services in female prisons.

As part of the initial planning a situational assessment was performed by Dr Asma Batool Bokhari in all the three countries and her findings are presented in a report *'HIV/AIDS Prevention, Treatment and Care for Female Injection Drug Users and Female Prisoners in Afghanistan, Pakistan and Nepal'*.

Dr Bokhari's report describes the situation country by country, but in the Executive Summary she ties the situation in Asia together: *'Drug use, especially injecting drug use, is considered to be one of the key factors in the expansion of HIV epidemic in Asia. Although women represent a small segment of drug users in Asia, their situation is of particular concern especially in context of stigma and discrimination.'*

The HIV epidemic in Pakistan is a concentrated epidemic among injecting drug users. The National Drug Abuse Assessment, conducted in 2006, estimates that there are 628,000 opioid users in Pakistan (0.7% of the adult population), of whom 77% are estimated to be heroin users. The estimated number of injecting drug users is 125,000. Little is known on the prevalence of drug use and injecting drug use among women in Pakistan. The UNODC project document (TD/PAK/J85) sites a study in Lahore which found that 15 to 20 % of spouses of male IDUs

inject drugs.

The data used for planning the current project are HIV surveillance data from 2005-2006. They show an overall prevalence of HIV among injecting drug users of 15.8 %, but with considerable variation among cities. The highest levels of infection were found in Karachi, Hyderabad, Sukkur, Quetta and Faisalabad.

The HIV and AIDS Surveillance Project has more recently published data from 2008 that show the same pattern, an overall seroprevalence of HIV among drug users of 21% with considerable variation among cities. The highest levels were found in Hyderabad (30.5%), Larkana (28.5%), Karachi (23.1%) and Sargodha (22.8%).

The prison population in Pakistan at the time of project planning amounted to approximately 85,000. Of these 1,700 were females, and 355 were in 2008 known to have drug problems (TD/PAK/J85 project document). Since the project was started the number of female prisoners has been reduced due to prison reform. The total number of female prisoners in Pakistan is now (December 2009) approximately 790. In Multan and Karachi there are separate female prisons, in other cities there are separate barracks for women inside male prisons.

UNODC (through its country office) is the executing agency of the HIV/AIDS prevention, treatment and care project, with local NGOs as local implementing partners in originally, three now four (Peshawar, Hyderabad, Karachi and Sargodha), cities of Pakistan. The government implementing agencies are Ministry of Narcotics Control and National HIV/AIDS Control Programme. The HIV advisor in the country office is providing direct oversight of the project and technical guidance of the project management.

The project is being executed as a precursor to joint programming under the "One UN" initiative with UNODC as the lead agency. The collaborating UN agencies in the project are UNFPA, UNAIDS and WHO. UNFPA has the expertise and knowledge of reproductive health while WHO excels in treatment of HIV positive people. UNAIDS has strength of monitoring and

evaluation of HIV/AIDS interventions.

The brief description of outputs envisaged in the project documents is given below:

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.

Output 2:

To develop an enabling environment, that 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 and female prisoners.

Output 3:

Establishment of physical infrastructure for female injecting drug users.

Output 4:

Capacity building and training for medical practitioners and service providers from governmental and civil society organizations, in provision of gender-sensitive services to female injecting drug users and spouses of male injecting drug users.

Output 5:

Direct service provision of the comprehensive package in a gender and culture-sensitive manner.

Output 6:

Service delivery to female prisoners.

Output 7:

Monitoring and Evaluation

4 Methodology

UNODC hired the services of a national and an international consultant for the mid term review of the project. The team of consultants conducted the desk review in February 2010.. The team undertook a review of the following types of documents

- Project Documents
- National Situation Analysis

- HASP Reports
- National Drug Control Master Plan (2010-2014) National AIDS Policy
- National HIV Law
- Monitoring Reports
- Research Document
- Project Reviews

The team of consultants conducted key informant interviews with a range of stakeholders. National stakeholders were met and interviewed in Islamabad while the project beneficiaries and local stakeholders were met on the project locations during the project visits. The list of the persons who were met during the review is given below:

- UNODC Project Staff
- Joint Secretary, Ministry Of Narcotics Control (MNC)
- NACP Representatives
- Inspector General (IG) Prison Sind
- Inspector General (IG) Prison Punjab
- Community Representatives and beneficiaries from all the projects

Meetings were also held with other stakeholders to get their feedback about the relevance and effectiveness of the project. These included:

- UNAIDS
- WHO

The desk review, meetings with the stakeholders and target communities and project visits by the national and international consultant revolved around the following questions;

- How relevant are the interventions?
- To what extent have they been effectively delivered?
- What impact did they have on the beneficiaries?

5 Findings

Individual Projects

The consultants visited the following four projects:

- Nai Zindagi in Sargodha
- Marie Adelaide Leprosy Center in Karachi
- Female prisoners at Central Women Prison in Karachi by Sukkur Blood and Drug Donating Society
- Al Nijat in Hyderabad

The consultants also met the team of Roshan Rasta and stakeholders implementing project activities in female barrack Kotlakhpat prison, Lahore

Nai Zindagi, Sargodha;

The objective of the project is to provide HIV prevention, treatment and care to the spouses of HIV positive drug users and female injecting and non- injecting drug users in Sargodha and its surroundings.. At least 300 (the target has been increased to 500) families would access services by the completion of the project. The services being provided include: Voluntary Counseling & Testing(VCT), Treatment of opportunistic infection(OIs), Basic Health care, Counseling and psycho social support, Home based palliative and supporting care, STI prevention, Diagnostic and Syndrome management, Nutritional and social support, Condom provision, Sterile syringes, Home based detoxification for spouses and Referral services.

The organization has developed very good rapport with the target communities and with the spouses. The linkages with the district health facilities were found to be weak and needed improvement. The provision of nutritional support to the families of HIV positive IDUs has been instrumental in developing the community support to the project. Sustainability of the nutritional support to the affected families beyond project is questioned by the consultants, however, they were of the opinion that this is a very practical approach to develop rapport with the community

Marie Adelaide Leprosy Centre , Karachi;

The objective of the project is to provide HIV prevention, treatment and care to the female injecting and non injecting drug users and spouses of HIV positive drug users in Karachi. 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 by improving female access to existing harm reduction services and developing new female-specific services and effective referral systems to female health service providers. The services include the establishment of gender-sensitive drop-in-centre, mobile services exclusively devoted to accessing female IDUs/DUs, at-risk spouses of male IDUs and families of HIV positive IDUs.

The drop in centre provides quality services that are needed and sought after by the drug users. The organization does however have to cover a very big geographical area, therefore coverage is and will remain a great challenge for the organization. The location of DIC is a great challenge as it is situated far away from the hot spots and DUs and IDUs may find it difficult to reach the centre. Therefore, it is imperative for the project to provide logistics support to the out reach workers so that services can reach the target community.

The care and support component of the organization needs strengthening and improvement, this could be achieved through increased training.

Sukkur Blood and Drug Donors Society, Karachi;

The NGO is providing the following services to female prison inmates in Karachi Centre Jail, drug and HIV prevention information to all female prison inmates, organization of drug abuse & HIV prevention orientation training courses for the female prison staff, routine medical check-up of the female prisoners and ensuring referral for advance medical/gynecological/surgical consultation and undertake the STI. The highlight of the project are the peer educators who were trained by the project staff on drug-related HIV prevention.

Prison staff was found very supportive of the project, however, there is a need of more coordination between project and prison staff. Prison staff were of the opinion that they were delays in getting the results of HIV tests of inmates. The prison staff strongly suggest that process should be accelerated.

Al Nijat, Hyderabad;

The objective of the project is provide HIV prevention, treatment and care to the female injecting and non injecting drug users and spouses of HIV positive drug users in Hyderabad and its surroundings. The services being provided include the establishment of gender-sensitive drop-in-centre, mobile services exclusively devoted to accessing female IDUs/DUs, at-risk spouses of male IDUs and families of HIV positive IDUs.

The organization has developed very good rapport with the target community and its access to female IDUs is very good. Hot spots identified by the organization through Rapid situation assessment helped in accessing the FIDUs. However the linkages and networking of the project with district health facilities has weaknesses that impeded effective referral of patients, and consequently needs improvement. Similarly the project staff needs some capacity building in the IPC and rights Based Approaches.

Roshan Rasta, Lahore;

Due to time constrain the consultants could not visit the female barrack of Khot lakhpat prion Lahore. However, consultants met the project team. The objective of the project is provide and manage comprehensive drug abuse & HIV prevention, treatment and care services in female barrack Kot Lakhpat Lahore. Roshan Rasta has to deliver drugs and HIV prevention services to female prisoners and their children.

The consultants were informed that the project has developed a manual for the training of the inmates but the manual was not available for the review of the consultants. It is strongly recommended that before moving ahead with the implementation of the manual, the manual should be comprehensively reviewed by the experts to see if it is covering all the relevant aspects in a professional way.

Relevance

In Pakistan a number of projects for harm reduction have already been launched for male drug users over the years. However, due to stigma and taboo attached with the issue, lack of data and information regarding female drug use in Pakistan, no project for the harm reduction among female drug users has been initiated so far. The project of UNODC 'HIV/AIDS prevention,

treatment and care for female injecting drug users and female prisoners in Pakistan' to date is the only project catering for female IDUs, which emphasizes its significance.

Though the mapping initiated by UNODC in twelve cities is not yet complete, yet the initial findings of the mapping are very revealing and informative. Previous studies like HASP and surveys conducted by other organizations had come up with very limited number of Female IDUs, because these studies were focused on mapping and identifying male drug users and mapping of women DUs and IDUs was not even part of these studies and surveys. Lack of data regarding female IDUs thus led to raising questions about the cost effectiveness of the project. However the Rapid Assessment and Mapping Exercise being carried out by another group of consultants reveals that the number of female IDUs is actually much higher than previously reported. The Mapping has identified as many as forty hot spots for female IDUs in one city which is in fact an alarming figure and shows the rapidly developing trends of injecting drug use and also of HIV epidemic which, if not checked right now when there is still a window of opportunity available, can take on serious proportion. The previous trends in history of drug use in Pakistan point to the fact the transition from drug use to injecting drug use is often very rapid due to a number of factors and same trends are being observed in case of female drug users.

The relevance of the project was also discussed in details during interviews and meetings conducted with various stakeholders and project beneficiaries. There was general consensus among the stakeholders and project beneficiaries regarding the relevance and need of the project. In fact with the developing trends of injecting drug use in the female populations the relevance has increased manifold.

The need to continue working with the spouses of the IDUs was also highlighted during the discussions and project visits. The spouses and children of IDUs remain highly vulnerable and marginalized and are not getting any support from the public sector or from the society at large. In cities where the HIV prevalence among IDUS is as high as 40% and majority of them married and with families, the need and relevance of the projects cannot be over emphasized.

The recent reforms in the legal system of Pakistan have led to the release of a very large number of female prisoners who were being on small crimes from the prisons. The number of female prisoners is now quite small. Despite this fact the interventions in prisons are considered very important and relevant by the stakeholders who see the interventions as a very good pre-emptive strategy.

Effectiveness of Delivery

The visits to the project sites and meetings with beneficiaries were organized to assess the effectiveness of the interventions. The projects were assessed on the basis of technical knowhow and skills of the project team, achievement of the outcome and output indicators of the project, rapport with the community and stakeholders and efficiency and efficacy of the services being offered.

Project Staff and equipment: All the project offices are fully staffed and have technically sound and motivated teams. All the drop in centres have skilled staff and are fully equipped. Similarly in the prison settings the interventions are being carried out by trained and skilled staff and are fully equipped and proper educational material were available for the distribution. However the consultants identified some training needs among the staff members which will be discussed in the Recommendations Section. The level of motivation in the staff was also worth appreciating.

Rapport with the community and stakeholders: the interventions have been able to develop very good rapport with the community and stakeholders and the communities have shown ownership of the interventions which is a good sign for the future sustainability of the projects. The rapport with the stakeholders for the projects in the prison settings is especially very good where senior police officials are very supportive of the interventions. IG Prison Sindh and IG Prison Punjab both were very forth coming and supportive for the interventions during the meeting. However it is recommended that senior officials in Lahore Prison need more sensitization regarding the Rights Based Approach.

Achievement of Project Outputs: It is still too early to reach some conclusion about the project impact and outcomes. However, the projects have started delivering the project outputs in an effective manner. Very good outreach work is going on to reach the hot spots and homes of drug

users and spouses of the drug users. The Peer Educators have been recruited from the community and have very good rapport with community and possess good communication skills.

The drop-in centres are also functional and providing VCT services, STI Treatment, PHC, support and referral to HIV and drug treatment as envisaged in the project. The staff in DICs is trained and skilled. However some training needs were identified which have been discussed in recommendations sections.

Advocacy with key influential has also been very successful and interventions have been able to generate support from the community notables and key stakeholders. Implementation strategies are appropriate to the national and local context as well as to the international best practice. The identification of female drug users, their hot spots and success in reaching the spouses of drugusers, despite numerous social and cultural barriers can be mentioned as prominent achievement of the projects.

In the prison interventions the greatest success of the project has been the development of excellent rapport with the senior prisons officials. Peer educators have been identified from the inmates and have already received proper training. On questioning, the inmates also showed good knowledge of HIV and AIDS and also about the positive behaviours. The package being offered is also comprehensive and appropriate.

The mapping of the 12 cities has started. Though the process is not yet complete, yet the initial findings have started to flow and providing valuable information about the numbers of female of IDUs and their hot spots in different cities. The mapping will also provide knowledge about behaviour, practices and extent of female drug use. This exercise will help in making interventions more adapted to the situation in each community. In fact this has already started happening as identification of hot spots has helped the outreach workers immensely in making contact with the target community.

Coordination with Development partners: Ministry of Narcotics Control and Anti Narcotics Force are fully on board about the project and are providing adequate support to the project. The

Federal Secretary Ministry of Narcotics Control and his team are well informed about the project and cognizant of its importance in the changing context of the drug use and HIV epidemic. National AIDS Control Program is also providing excellent support to the project. Appropriate coordination exists with different UN agencies to avoid overlap and to address gaps in projects for FDUø and females in prisons. On its part UNODC is also providing technical support to the implementing partners. UNODC has very good strategy to execute this project; the HIV Advisor is dealing with policy makers at national and provincial level while the project officer is dealing with implementing partners and providing good support.

A National Steering Committee has also been formed. It consists of representatives from MNC, NACP, ANF, UNODC, UNAIDS, UNFPA and WHO. The mandate of the committee is to oversee the implementation of the project and provide policy guidelines for the project. Along with that, the National Steering Committee also provides the platform for the coordination among various stakeholders of the project. The Committee has already met twice but it was felt that meetings of the committee should be held more regularly, and that the committee should visit project for on site monitoring.

Monitoring: UNODC has designed, and is implementing, a monitoring system which provides an excellent overview of achievements according to the project plan. The projects report regularly and the information is collected in a format which allows for continuous assessment of progress, identification of gaps and need for monitoring visits. This system could be modified to assist all three country projects in sharing monitoring data where relevant.

Impact on beneficiaries

As stated earlier, it is still too early to assess the impact and outcomes of the project. In the initial period time was consumed in advocacy with stake holders, identification of implementing partners, securing community support, training of project staff etc Delivery of the services has started very recently.

Despite the above mentioned factors the process outcomes were assessed by the consultants and the findings are very encouraging. Advocacy with the stakeholders has resulted in their

sensitization and been successful in generating their support for the project. Outreach work and peer education has increased the levels of information and knowledge among the target beneficiaries, which can subsequently lead to behaviour change in the target communities. Project beneficiaries are visiting the drop in centres regularly and utilizing the services being offered. It is believed that with the passage of time and maturity of the interventions, the outcomes will be more concrete and visible.

Gaps

During the course of interventions the consultants were also able to identify some areas which need improvement and support from UNODC as well.

Though the main beneficiaries of the project are female drug users and injecting drug users and female prisoners, it was felt that the drug rehabilitation services were not gender sensitive. One reason can be that there are no separate rehab centres for female population and the services are more geared towards male drug users.

The project staff needs training in certain areas like Rights Based Approaches, Gender and HIV, STIs and Inter Personnel Communications. The training in these areas can increase the effectiveness of the interventions.

Linkages with other projects in the area and parallel programs, is also an area which needs improvement. The linkages of the UNODC supported projects with existing services like DHQ, Micro Credit Schemes and Social Welfare department could provide increased opportunities for harm reduction activities for drug using women. The problems related to FIDU and FDU are complex and the target groups are difficult to reach. Linkages with such other services could broaden the scope of the project. Broadening the scope must be approached with care as it should not disturb the focus on the primary objectives and activities of this project.

The mapping of the cities has started, but the results of the mapping would be of limited value to the projects as the by the time the final findings of the mapping exercise are available, the projects would have entered its last phase.

The reliance of projects on providing nutritional support to the families of the DUs and IDUs may be detrimental for the sustainability of the projects. At present the provision of the nutritional support to the families is being seen as the major tool for development of rapport and linkages with the communities. However the consultants feel that over a longer period of time, this strategy may not be sustainable and after the closure of funding from the present project, it would make it difficult for the implementing organizations to continue providing these services to the communities and this would ultimately be harmful for sustainability.

The monitoring and reporting from projects to UNODC is effective and UNODC is following implementation closely. The need for stronger and more robust M&E from UNODC was however also felt during the project visits. More frequent and regular M&E visits could provide an opportunity for early identification of program implementation and development of mechanisms to provide technical support which the implementing NGOs need.

6 Recommendations

After the thorough review of the project documents, evaluation of the projects, receiving feedback from the project teams, variety of stakeholders and beneficiaries, the consultants have come up with following recommendations:

1. The project is providing knowledge (data), skills and services benefiting vulnerable populations, and UNODC should explore options for funding extending the two year period. The project is showing very promising results, in line with international experiences and experiences from Nepal and Afghanistan. Gaps in services to drug using women and women in prison could have a detrimental effect on drug injecting behaviour and consequently on the spread of HIV in Pakistan.
2. The projects have mechanisms for capacity building of the staff through trainings and the staff members working on the projects have received some training. This process should continue and be further strengthened. It is strongly recommended that appropriate staff members should continue to receive training at the least in the following three areas.

- Rights based Approach
- Communication Skills
- Syndromic Management of STI
- Refresher training on STI Management is also a very good idea.

3. UNODC should look at the intervention design and try to put in place mechanisms which reduce the dependence on provision of Nutritional Support as it may be counterproductive to the sustainability of the projects. Provision of vocational training and skills building of the beneficiaries is a useful option and should be encouraged through the projects as these initiatives would ensure economic independence of the families thus reducing their dependence on nutritional support from the project

4. The projects need to develop better linkages with the existing service providers and local stakeholders. If the local District Headquarters Hospitals (DHQs) are not providing the necessary support to the projects, it means there is lack of sensitization among the stakeholders and efforts should be jacked up with the to sensitize the stakeholders and to bring them on board for achieving the project objectives. Linkages with the ongoing micro-credit schemes by other civil society organizations and Social Welfare Department would ensure greater economic independence for the beneficiaries and their families. This would also contribute to the long term sustainability of the project.

5. Some of the DICs might need relocation once the mapping is complete and all the hot spots are identified. It was observed that some DICs were located in places which were not near to the hot spots and beneficiaries were facing problems in accessing the services of the DICs. After completion of the mapping it would be easier to identify the best suitable location for the DICs and these should be relocated to those places immediately.

6. As mentioned earlier, M&E system from UNODC needs further strengthening. There is need of more regular and robust monitoring of the projects to identify the gaps in implementation and technical assistance needs

