‘Choices and Opportunities Fund 2011 - 2014’,

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

This report was produced by International HIV/AIDS Alliance to summarize progress achieved in 2013 by the Dutch government-funded project ‘Community Action on Harm Reduction’

Design and layout: Vlad Kovalenko

Kyiv, 2014
ACRONYMS

ACC – AIDS Care China
AFEW – AIDS Foundation East-West
AIDS – acquired immunodeficiency syndrome
ARV – antiretroviral
ASEAN – Association of Southeast Asian Nations
ASOD – Asian Senior Officers on Drugs
ATS – amphetamine-type stimulants
AU – African Union
BCC – behaviour change communication
CAHR – Community Action on Harm Reduction
CDC – Centre for Disease Control, a primary healthcare setting (in China)
DAC – Department of AIDS Control (in India)
FSW – female sex workers
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV – hepatitis B virus
HCV – hepatitis C virus
HIV – human immunodeficiency virus
HRI – Harm Reduction International
IDPC – International Drug Policy Consortium
IDU – injecting drug user
IDUF – Indian Drug User Forum
IEC – information, education, communication
IHRR – Indian Harm Reduction Network
INPUD – International Network of People who Use Drugs
KANCO – Kenya AIDS NGO Consortium
KeNPUD – Kenya Network of People who Use Drugs
M&E – monitoring and evaluation
MAC – Malaysian AIDS Council
MARP – most at risk population
MMT – methadone maintenance therapy
NACO – National AIDS Control Organisation (in India)
NADA – National Anti-Drug Agency (in Malaysia)
NASCOP – National AIDS and STI Control Programme (in Kenya)
NOSET – Nairobi Outreach Services Trust
NS(E)P – needle-syringe (exchange) programme
OST – opioid substitution therapy
PCB – Programme Coordinating Board at UNAIDS
PCA – participatory community assessment
PDI – peer driven intervention
P(W)ID – people (who) inject drugs
PILS – Prevention Information et Lutte contre le Sida
PMTCT – prevention of mother-to-child transmission
PSS – psycho-social support
R&R – review and replanning
SACS – State AIDS Control Societies, local governmental bodies responsible for HIV/AIDS control (in India)
SASO – Social Awareness Service Organisation
SMT – substitution maintenance therapy
SRHR – sexual and reproductive health rights
ST – substitution therapy
STI – sexually transmitted infections
TB – tuberculosis
TI – targeted intervention, basic harm reduction service delivery site (in India)
VCT – voluntary counselling and testing for HIV
OVERVIEW

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

The project has four objectives:

1. Access to HIV prevention, treatment and care, SRHR and other services for people who inject drugs (PWID), their partners and their children is improved in China, India, Indonesia, Kenya, and Malaysia.
2. The capacity of civil society and government stakeholders to deliver harm reduction and health services to PWID, their partners and children is increased in China, India, Indonesia, Kenya, and Malaysia.
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.
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.

2013 has been an exciting year for CAHR. The project has reached to over 50,9 thousand PWID providing to them tailored (based on specific segments of drug users), varied (syringe exchange, rapid testing for HIV, support to substitution therapy, hepatitis C counselling), linked to broader health infrastructure services. A total of 211,3 thousand beneficiaries have been reached through the project allowing the broader family, community and professional support for behaviour change and improved health for people who inject drugs. Annex 1 contains project progress against its indicators as of January 1, 2014.

Operational research in project countries is helping to consolidate learning for further programme implementation and exploring broader implications, including such crucial issues as quality of harm reduction services; psycho-social support for MMT; drug use related risks and appropriate commodities.
Community mobilisation work is now in progress with drug users becoming organised and streamlined community voices with special effort in Kenya and more broadly East Africa, and India.

The ‘Support. Don’t Punish’ campaign has gained momentum and became a vibrant drug policy liberation call in over 40 cities around the globe. The EC funded Asia Action on Harm Reduction project commenced in 2013, building on CAHR policy initiatives, and will substantially enhance CAHR policy work in four of the project countries: India, Indonesia, China and Malaysia.

The core achievements of the project across all countries have built a platform for sustainable progress and led to some promising results, as well as defining a fundraising agenda for 2014. Kenya provides a good example: additional funding for NSP (initiated under CAHR) has been secured from Open Society Foundations and Mainline.

This report summarises project progress in 2013 against its objectives and within project countries.
OBJECTIVE 1. Access to HIV prevention, treatment and care, SRHR and other services for PWID, their partners and children is improved in China, India, Indonesia, Kenya, and Malaysia

CHINA

Key project achievements in 2013, as seen by country manager:

1. The access to Naloxone has been greatly improved through training and dissemination among PWID community, which has saved hundreds of lives of drug users from overdose. The Naloxone distribution programmes were highly acknowledged by the regional governments of Sichuan and Yunnan provinces.

2. The first Methadone take home pilot project in the country has been established and highlighted by the Yunnan police drug enforcement department to support for scaling up.

3. The advocacy for Methadone price cut down has been successfully adapted by six prefectures in Yunnan province, more than five hundred MMT clients benefit from it.

4. Methadone dosage increasing pilots established in Chenghua and Ruili MMT clinics in 2013, and the services have been successfully scaled up in 5 MMT clinics in Sichuan and 17 clinics in Yunnan province in early 2014.

In 2013 the implementation platform in China has shifted from the former Alliance country office to a newly accredited Alliance linking organisation – AIDS Care China (ACC). The shift from a localised agency perceived as a foreign agent to a truly domestic entity with a national ambition has significantly influenced the country strategy.
ACC places a strong emphasis on integration and collaboration with a particular focus on clinicians working alongside community members in order to integrate and increase the coverage of the available services. ACC prioritised the integration of NSP with MMT facilities, also linking the service delivery to HIV testing and care and essential health care services. A good example of the new integrated approach is shown by the newly established low-threshold integrated sites on the Myanmar border, where the service combination includes distribution of syringes and condoms; peer support; a community room with refreshments; easy access to MMT and essential health care services including HIV and TB treatment. ACC is working to optimise the use of available resources, for example, all medication utilised by the health care services is provided by the government.

ACC invested a significant amount of energy in designing a registration system that would not put people at risk of getting onto the police registers. The creative registration system uses fingerprints and randomly generated codes, assumes no police involvement, and allows ACC to serve the Chinese as well as a range of vulnerable ethnic minorities.

The funding model has changed from channelling support through the local Centres for Disease Control (CDC) to direct support of involved community groups alongside CDCs. This has allowed for clearer funding allocations between the government agencies and external contributions. The local CDCs have picked up some of the essential costs associated with harm reduction services such as ensuring that essential medicines are available to PWID, as well as costs associated with the peer outreach function, which is now acknowledged as an important mechanism for scaling up the MMT services.

ACC’s approach to policy and developments in practice emphasises improvements within the existing system rather than confrontation. For example, instead of directly opposing the nationwide network of the compulsory detoxification centres, ACC started by looking at possible ways of ‘softening’ the compulsory detox system by advocating for availability of MMT in the detox establishments, as well as for the shortening of the detention term. ACC found ways to change the established practice at a couple of pilot locations before bringing the policy change on the agenda using the empirical evidence from the pilot sites to back up their arguments. Local research agencies, such as Yunnan Institute of Drug Abuse (an academic institution, which has a role in conceptualising the government agenda on HIV and drug use), are important allies of ACC in providing evidence to support the policy agenda.

MMT is one of the essential harm reduction components and the core of the Chinese national response to HIV and drug use. ACC is working to scale-up access to MMT services by making them more affordable to clients. The current operations research conducted by ACC in partnership with Yunnan Institute on Drug Abuse is looking at how the cost of the service affects uptake and adherence. In 2014 ACC will continue exploring opportunities for cost reduction, utilising peer driven intervention (PDI) as an MMT outreach and marketing technique, as well as improving access to psychosocial support as a measure to improve adherence to substitution treatment.

«With the help of YIDA, for the first time in China history, a local MMT clinic in Kunming agreed to send methadone doses to the workshop venue so that the 7 methadone clients participating in the workshop did not have to waste time and money to travel to the MMT clinic for their dosage. This gave us all more reason to hope that the controls over access to methadone would gradually ease in the future—which is another joint goal of IDPC and ACC for harm reduction and drug policy advocacy.»
Slate Shi from AIDS Care China
Based on its exploration of community needs and challenges, ACC has placed a significant emphasis on their overdose prevention and management strategy, which includes utilisation of Naloxone as an essential medicine to prevent lethal opiate overdoses. Piloting this intervention in a couple of sites has quickly demonstrated its value and produced enough data to conduct a public stakeholder forum. This forum held in Beijing under the heading “Saving Lives”, successfully promoted overdose prevention and management with the use of Naloxone as an essential element of harm reduction interventions. Dozens of lives have been reported saved in each of the sites where Naloxone was introduced within the first few months of service. ACC developed highly effective training materials on overdose management with Naloxone, which were also included in the PDI educational module. PDI participants demonstrated great interest in the subject and a significant increase in Naloxone awareness. The initiative provoked a positive response at the national level and ACC is planning to advocate for the inclusion of Naloxone-based overdose management in the national harm reduction strategy.

ACC has enthusiastically employed PDI as an effective outreach mechanism, which allowed them to expediently and significantly increase coverage. A significant number of people, who had previously been lost to follow-up by the health system, have been rediscovered as a result of PDI. It has also proven to be instrumental in getting people into MMT programmes as well as facilitating progression to ART for those who tested HIV-positive during PDI intervention. The success of PDI in China has lead ACC to explore the possibilities of utilising this approach as an on-going outreach mechanism. ACC is already working with technical experts from the Alliance Ukraine on necessary adjustments to the original PDI methodology.

One of the significant challenges facing the scale-up of harm reduction programmes in China is the task of ensuring that PWID can access services without exposing themselves to law enforcement agencies. ACC has introduced an alternative coding of clients combined with the use of fingerprints, which allows them to enrol clients without actual identification.

ACC has assisted in the development – and mastered the use – of the Chinese version of the respected service delivery monitoring software, SyrEx, and organised very accurate recording of clients and service delivery.

The PDI intervention has also enabled the accumulation of invaluable data on PWID who have never used harm reduction services. This data will be analysed in 2014. ACC is considering the introduction of a qualitative arm of PDI data collection, which can be added to the standard PDI survey to gain insight into the current drug scene, injection sites, and injecting practice.

As of January 1st, 2014 CAHR in China has reached to 6,101 PWID and 13,045 beneficiaries.

In 2014 AIDS Care China will continue its efforts to modernisation of HIV prevention and care interventions in China. In 2014 ACC will focus on:

- Consolidating the successful utilisation of the PDI model as an outreach strategy and utilisation of PDI as a recurring outreach mechanism in the existing sites and PDI start-ups in two new sites;
- Humanising the state compulsory detoxification system by continuing to develop alternatives to compulsory facilities such as integrated HIV prevention and care sites as well as the introduction of MMT and advocating for shorter detention terms, based on the demonstrated success of community-based alternatives;
• Introduce improvements of MMT programmes through introduction of an acceptable mechanism to enable home-based MMT self-administration, revision of dosage, further price reduction efforts, and integration of MMT with NSP, Naloxone-based overdose prevention and management programmes, and essential health care services;
• Consolidating positive results of Naloxone introduction in China and development of operational guidelines for Naloxone-based overdose prevention and management programmes. Incorporation of these guidelines into the National Harm Reduction guidelines;
• Stronger focus on HIV care as well as HIV testing as a service-defining milestone. Establishing effective linkages between harm reduction and HIV and Hepatitis C Virus (HCV) testing and treatment services;
• Strengthen documentation and operations research activities focusing on the effectiveness of improvements in HIV prevention and care programming among PWID, as well as community-based alternatives to compulsory drug treatment.

These interventions will be implemented in two existing sites in Sichuan province and two existing and three new sites in Yunnan. ACC is working with Yunnan Institute of Drug Abuse on the development of community-based alternatives to compulsory drug treatment, which will be piloted in Yuxi and Zhaotong. The results of these pilots will strengthen ACC’s advocacy efforts aimed at reforming the government drug policy towards reduction or elimination of compulsory drug treatment and scale-up of community-based models.
Key project achievements in 2013, as seen by country manager:

1. For the first time, spouses and sexual partners of PWID have been brought into the programme – they were earlier unreached, ignored or kept away from the programme for various reasons. There have been remarkable benefits from recognizing their involvement as an essential component of the intervention. This has been formally acknowledged by the State AIDS Control Society officials of our 3 project states as addressing a long-felt gap.

2. In Bihar, Haryana and Uttarakhand, the first consultation with PWID to form drug user forums was their first time to ever meet collectively. Community members at that time were unsure if they had the right to speak up or provide feedback on available services. Within a year, with CAHR support, drug user forums have been established in both these states. In our most recent interaction with the forums, PWID demonstrated confidence and maturity, clearly articulating issues, listing advocacy priorities and formulating advocacy plans.

Inside the private sex working /drug using accommodations' in Manipur
Hridaya (the name given to CAHR in India) aims to complement and supplement the national harm reduction approach adopted by the Department of AIDS Control (DAC, formerly NACO) and supported by State AIDS Control Societies (SACS) in the states of Bihar, Haryana and Uttarakhand. There are 14 partner organisations in Bihar, 15 in Haryana and six partner organisations in Uttarakhand, as well as one partner organisation in each of the cities of Imphal (in Manipur) and New Delhi. This is being achieved by providing an additional package of services through the already existing Targeted Interventions (TI) programmes implemented by NGOs. The additional package of services (TI Plus) include: outreach for female partners of married PWID, HCV prevention & management, overdose management, positive prevention and PLHIV care, formation of peer support groups, SRHR, legal aid and formation of state drug user networks.

NACO acknowledges Hridaya project as one of the major interventions for PWID in India (together with GF Round 9) and allocates it a special role of building harm reduction capacities in the states of Haryana, Uttarakhand and Bihar where currently they are minimal. In 2015 Global Fund programme finishes in India and the country should be well prepared to fully implement harm reduction on its own.

At NACO’s request an additional state – Jammu and Kashmir – has been added to the Hridaya programme. The site is working with 400 PWID and will subsequently reach their spouses and families.

As of 1st January 2014, 36,811 project beneficiaries and 7,459 PWID were reached by CAHR in India.

Partner organisations received harm reduction training for newly recruited Hridaya staff based on the revised training curriculum published by DAC. A total of 105 Hridaya staff were trained on harm reduction and familiarised themselves with the DAC harm reduction programme. Induction training was also organised for all Hridaya partners in the months of February – March 2013. A total of 292 staff members participated in this five-day training.

In order to implement a robust TI Plus programme, Alliance India undertook a study on injecting drug use and its related health issues in order to capture profiles of PWID and better understand the drug use patterns in the four focus states. Ten community experts were recruited for field data-collection. Five teams were formed to maximize respective strengths of consultants. Each team had two members and was allotted an average of eight sites. Research experts conducted training on study methodology and data collection tools. The data collection began in the month of April, and was successfully collected across 36 sites in Bihar (14), Haryana (15), Jammu (1) and Uttarakhand (6). The data collection was followed by analysis, coding and report generation. A total of 1,091 semi-structured interviews were conducted; 65 Focus Group Discussions were completed with 452 PWID participating; Key Informant Interviews were completed with 34 health service providers, law enforcement personnel and other groups. The study findings will be finalised and disseminated by the Alliance India team in 2014.

The Alliance India Technical Support Hub has developed a training manual on ‘Sexual & Reproductive Health & Rights’ for Hridaya. This training manual consists of five
modules that focus on the various components of SRHR. These modules have been designed into a three-day training programme and rolled out to 93 participants from across three states.

India in-country experience was further adapted based on the other 4 project country needs. East Asia Hub refined the training module and delivered a training to CAHR project managers in December 2013 further developing SRH work in CAHR countries.

The Hridaya team were part of the discussion of the Annual Action Plan (AAP) at NACO that was developed by the state of Haryana. The Additional Secretary NACO acknowledged Hridaya presence in the state. The Hridaya team was allocated responsibility of technical support, capacity building of PWID TIs.

According to the national scale-up plan of institutionalizing Opioid Substitution Therapy (OST) services, a site feasibility assessment exercise was carried out across ten district hospitals in the state of Haryana and six district hospitals in the state of Bihar.

The Hridaya team participated in the International Harm Reduction Conference in June 2013. Findings from the Hridaya Baseline Study were highlighted in the Alliance India poster presentation on ‘Demographic and behavioural patterns that impact PWID injection practice’. An oral presentation featured Alliance India’s experience with the Chanura Kol project: ‘Positive Living Education among Female PWID living with Hepatitis C and HIV co-infection.’ Both sessions were well attended by people interested to learn from Alliance India’s experience.

June 26th, 2013 was marked by ‘Support. Don’t Punish’ the global advocacy campaign to raise awareness of the harms being caused by the criminalisation of people who use drugs. The Hridaya team called for action by conducting sensitisation programmes with PWID at its implementation sites in Delhi. This was followed by a demonstration where approximately 50 people, including representatives from groups of drug users, individuals from the drug using communities of the streets in Delhi, well-wishers and other supporters gathered at Jantar Mantar (a Delhi government approved location for demonstration and mass protests) and marched towards Parliament House.

About 35 PWID (both male and female) gathered for a session on Human Rights facilitated by Ms Tripti Tandon a prominent lawyer and activist from the Lawyers Collective (a group of lawyers in India working on drugs and HIV). Group of about 50 PWIDs joined them and shared their experience during the session which included a Q&A with Ms Tandon. She discussed both the law that includes harm reduction and the Narcotic Drugs and Psychotropic Substances (NDPS) Act highlighting that it does not have a clear demarcation of user and commercial quantities. Ms Tandon also mentioned that international technical experts have urged the Prime Minister of India to move away from the war on drugs. Alliance India will continue to follow up with decision makers to ensure that the movement towards policy and law reform for the drug using community will continue.

Alliance India in partnership with the Indian Drug Users’ Forum (IDUF) organised a national consultation on HCV. All relevant stakeholders from BMGF, WHO, UNAIDS, UNODC, ANPUD, MSF, Lawyers Collective and other implementing agencies were invited to share their views and opinions on taking forward the agenda of addressing HCV among PWID. A study done by WHO and Nossel Institute on HCV amongst PWID was shared with the participants that discussed the current status of infection amongst this particular group.
Lawyers Collective presented on the current policy on this health concern and the ministries to be involved. A plea was drafted at the end of this consultation aimed at involving the health ministry to take this into consideration.

Alliance India has been actively advocating for inclusion of TI Plus services into National AIDS Control Programme (NACP-IV) to ensure sustainability of CAHR developments that have proven effective for HIV prevention and community support for PWID. The programme is to be approved of in 2014 laying the framework for national prevention effort.

In 2014 Alliance India will continue service delivery and capacity building in Haryana, Uttarakhand, Bihar, Jammu and Kashmir, Imphal in Manipur and Delhi. Together with the EC funded Asia Action project, it will also focus on mobilising drug using communities in the four new-to-harm reduction project states – Haryana, Bihar, Uttarakhand and Jammu and Kashmir, encouraging them to form local drug users’ forums, similar to the national India Drug User Forum and to become the service drivers and quality controllers for national programme implementation. Another priority for Alliance India work in 2014 is documentation of the most successful innovations introduced by CAHR in India, and fundraising for service continuation in the four states.
Key project achievements in 2013, as seen by country manager:

1. As a result of operational research on MMT psycho-social support, we revised module which will be used for psycho-social support to methadone programme. We brought one MMT client to Mexico as team member of street soccer Homeless world cup!
2. Distributing harm reduction commodities in 3 provinces based on real PWID needs proven very successful. Within CAHR project PWID clients received the requested needles and syringes types. This stimulated other donors and government to distribute the right type of commodity - in 2013 we succeeded in bringing AusAID to provide the right type of needle for PWID on Bali.
3. Rising NSP in prison issue with national stakeholders through the round table meeting. It will be followed up by piloting through research in Banceuy prison in Bandung in 2014.

Rumah Cemara implements the CAHR project to improve the effectiveness of the existing programmes through service quality improvements. Since the start of the project, 3,094 PWID have been reached with a total of 9,524 beneficiaries. Rumah Cemara has expanded its success to six cities in three provinces: Bandung, Sukabumi, Bogor and Cirebon (all in West Java); Denpasar (Bali) and Mataram (Lombok).

In CAHR, PWID and beneficiaries are reached through different approaches: Rumah Cemara encourages and facilitates needle and syringe distribution as the top priority in all three provinces. Although this service is provided by the local government, commodities provided by Rumah Cemara serve the needs of PWID in the field. This means that it is more accessible and better suited to what the drug user community needs. As a result, since June 2013, the government of Bali has started to provide these types of needles and syringes based on the needs of PWID: these are different to those initially provided by the government.
Psycho social support for MMT clients started as a pilot project in Bandung, West Java. The aim was to increase the quality of methadone therapy and to promote changes in the lives of MMT clients. The programme includes individual and group counselling and involves collaboration with hospitals and medical practitioners, family, counsellors (psychology, spiritual and addiction). The programme has supported 50% of the 120 MMT clients registered at Hasan Sadikin Hospital, Bandung. Rumah Cemara also supports the development of KOMET, a community of MMT clients.

Prison intervention is also a key priority as there is a very limited range of services available for PWID in prisons and substantial number of PWID are being imprisoned. This intervention includes education and capacity building for PWID inmates in four cities: Denpasar, Bogor, Cirebon and Sukabumi, and a Prison Pre-release support programme in two cities: Bandung and Mataram. Additionally, capacity building is provided to prison staff in Bandung and Denpasar. The materials provided cover basic information on HIV/AIDS, Harm Reduction, Addiction and Cognitive Behaviour Therapy.

On December, 18th 2013, Rumah Cemara in collaboration with AFEW and HRI organized a round table meeting in Jakarta for 14 national stakeholders and organisations that work in penal system to see the possibility of developing/scaling up harm reduction programme in prisons, particularly Needle and Syringe programme for prisoners who inject drugs.

Prisons in Indonesia are overcrowded that makes very difficult to facilities to control sharing needles and syringes by the prisoners. This has led to the consideration to develop harm reduction services as there is a high risk of new HIV infections in prisons.

Nevertheless, there are some barriers to NSP implementation in prisons: running an NSP in a prison means acknowledging drug use inside the prison. There are also worries that needles can be used for weapon.

The meeting was attended by representatives from the Ministry of Health, General Directorate of Prison, Banceuy prison, National Narcotics Board (BNN), Human Rights National Commission, HIV Cooperation Programme for Indonesia (HCPI), UNAIDS, UNODC and National Network of People who Use Drugs (PKNI).

Most of the participants agreed to facilitate the improvement and scaling-up of HIV and Hepatitis prevention interventions in the prisons. However, actions need to be taken on how to advocate to the government and its institutions, prepare and educate the civil society about the importance of facilitating the setting up of NSP in prisons. These became the action points for Rumah Cemara for 2014.

Capacity building for CBOs is regularly provided by Rumah Cemara. It covers different aspects of the programme including advocacy training for legal assistance, Human Rights for PWUD, Training of Trainers in Cognitive Behaviour Therapy for outreach officers, Prison Pre-release training.

New services have been provided in remote areas. Rumah Cemara has consistently identified the gaps in service provisions available for PWID. Assessments have been done with two partner organisations to develop new services in new areas. PEKA, Bogor, responded to provide services for PWID in Cibinong, and AKSI, Lombok expanded its services to

«There is no need to wait for another year to launch NSP in prisons in Indonesia as it will leave us with more victims.»

Claudia Stoicescu, HRI

Community Action on Harm Reduction Project | 2013 annual report
support the community of PWID in East Lombok. Additionally, capacity building for the community of PWID was provided along with a programme of advocacy to service providers to make them aware of the local situation and enable them to better respond to the needs of the community of PWID.

Rumah Cemara has been supporting PWID self-help groups, such as groups of MMT clients, Chinese-Indonesian PWID group, and PWID group in prisons.

Youth capacity development among young people using drugs has been delivered as a pilot project in Bandung. This is a response to the changing trends of drug use from injecting drugs to other drugs among youth users. As well as outreach and referrals to other services, individual and group counselling are regularly provided to the youth community.

PWUD experience a high number of violations during the legal process – particularly during a trial. This is being supported through the documentation of legal assistance for PWUD. This service aims to promote human rights for all, and specifically for PWID and PWUD. This approach also hopes to minimise the violations that occur during the law enforcement process. The documentation is necessary to support stronger advocacy. This whole process involves legal aid organisations and lawyers.

Through CAHR, IEC materials have been developed on several topics including Harm Reduction, MMT and Service Directory Book for Prison Pre-release programme. IEC materials on Youth and Sexual Reproductive Health are also being developed.

In 2014 Rumah Cemara will continue service delivery to clients and beneficiaries. During 2014, Rumah Cemara will focus on:

- Conducting evaluation and development of MMT modules based on the operational research that has been done. The modules will be piloted in Bandung where its success will be distributed for adaptation in other cities.
- Working with the ‘HIV Cooperation and Partnership Indonesia’, who are funded by AusAid and have expressed their interest in adapting the modules for other cities.
- Developing and promoting the Prison pre-release module with other prisons to increase the quality of services for inmates during their pre-release period.
- Special effort will be dedicated to launching the NSP pilot in Banceuy prison in West Java.

In order to enhance and multiply the impact of harm reduction in Indonesia, Rumah Cemara is coordinating CAHR activities with the EC funded Asia Action on Harm Reduction project. This includes:

- Coordinating with law enforcement officers in all CAHR areas which are also supported by Asia Action;
- Involving of CAHR partners in Asia Action research on documentation on legal assistance for PWID;
- Increasing coordination in areas of legal issues to be followed up for advocacy at the national level;
- Organisational capacity building on advocacy for budgeting (planned for October 2013);
KENYA

Key project achievements in 2013, as seen by country manager:

1. Needle and syringe programme expanded including with other donors’ support and received recognition from the national authorities.
2. Dialogue on East Africa harm reduction joint effort continued in 2013 setting the ground for the establishment of true coordination and representation mechanisms.
3. KeNPUD became a real and well heard voice of people who use drugs in Kenya and even more broadly in the region of East Africa.

KANCO works locally in Kenya with five implementing partners: four in the Coast region – the Omari project in Malindi, Muslims Educational Welfare Association (MEWA) in Kilifi, Reachout Centre in Mombasa, Teens Watch in Ukunda – and Nairobi Outreach Services Trust (NOSET) in Nairobi.
In early December 2012, the first ever NSP programme was initiated in Kenya by four NGOs along the Kenyan Coast. The needle and syringe programme was implemented as a pilot. As there were no structured guidelines or standard operating procedures published by the government, the CAHR programme, together with the implementing partners, developed temporary guidelines based on experience gained from exposure visits to Tanzania, Malaysia, Mauritius and Indonesia.

Following the first harm reduction donor’s coordination meeting held in Nairobi in November 2012, there was enthusiasm and energy among the PWID subcommittee members to complete the standard operating procedures for NSP and MAT as well as comprehensive guidelines for the management of health risks among drug users in Kenya. These documents were finally completed and endorsed by the government in February 2013.

Following the approval of these documents in February 2013, the NSP programme was scaled up, and CAHR has reached with NSP 1,768 PWID by December 2013 through all the 5 implementing partner sites. Since the start of the CAHR project 6,419 PWID and 21,717 beneficiaries have been reached.

During implementation of PWID activities, the outreach workers requested more information on TB and HIV to enhance service delivery to their peers and the entire community. KANCO organized a three day training targeting twenty outreach workers and ten recovering PWID. The training covered: facts on TB transmission; the global and regional TB burden; the HIV/AIDS situation in Kenya; TB/HIV co-infection; drug resistant TB (DRTB) and its magnitude in Kenya; advocacy, communication & social mobilization and integrating TB HIV information into PWID programmes.

The London School of Hygiene and Tropical Medicine, working in collaboration with KANCO, conducted training for research assistants in the ‘Access to Care for People who Use Drugs’ study. The training was held to build the capacity of outreach workers from three out of the five partners in harm reduction. The three partners whose field workers were trained, and who are now implementing the study, are NOSET, Teens Watch and the Omari Project. The aim of the study is to describe the lived experiences of PWID in relation to their environment and HIV. The training was facilitated by the core research team of experts from the London School of Hygiene and Tropical Medicine and KANCO comprising the principle investigator Professor Tim Rhodes, researcher, Andy Guise, Sylvia Ayon, the CAHR Programme Manager, and James Ngerere, Research assistant at KANCO. The research has so far carried out interviews with 110 PWIDs and 27 policy makers interviews two waves; a third wave is planned. A poster presentation has been delivered at the International Conference on AIDS and STIs in South Africa in December, 2013.

KANCO’s partnership with St. Paul’s University, Bristol-Myers Squibb Foundation and National AIDS Control Council (NACC) set up an NGO Training Institute (NGOTI) in response to the increased need for specialized professional and certified training for effective management of HIV & AIDS programmes. The CAHR project supported 20 project staff across implementing partner sites including four members of the Kenya Network of People who use Drugs (KeNPUD) to attend the rigorous five-day training. The output is that there has been timely and quality reporting for programme and finance activities.

CAHR launched the ‘Support. Don’t Punish’ campaign for drug users in Kenya on June 26th, during the commemoration of International Day Against Drug Abuse and Illicit Trafficking. The campaign raises awareness of the harms caused to drug users because
of the criminalization of the drug use activity. These events were observed in the Kawangware area of Nairobi, which has the highest density of drug users in Kenya and in Watamu, where the Omari Project took lead in advocating for rights of drug users.

CAHR supported advocacy activities for KeNPUD in the following fora: PWID size estimates in Kenya; ‘Support. Don’t Punish’ Campaign; World Hepatitis Day awareness Creation and CSOs forum on Policy Advocacy in Kenya.

A regional harm reduction meeting was organized by KANCO in March 2013 which was attended by representatives from various organizations in Kenya including UNODC, NACC, NASCOP and NACADA. Regional harm reduction and drug user networks were represented by: Kenya Harm Reduction Network (KHRN), KeNPUD, East Africa Regional Youth Network, Uganda Harm Reduction Network, Tanzania Network of People who use Drug (TANPUD), Mauritius Harm Reduction Network. International representatives form the International Network of People who use Drugs (INPUD) also attended. The objective of the meeting was to share local experiences from the regions and to discuss the importance of establishing and strengthening the development for a resilient harm reduction network which will cover the Eastern Africa region. The database, SyrEx for reporting across SDPs was found to be excellent. Representatives from both Tanzania and Uganda expressed an interest in adopting it for their own reporting. Both the successful piloting of NSP and the increased work on follow up for TB cases was acknowledged and applauded by the meeting.

Discussions around regional harm reduction effort continued in ICASA conference in December 2013. The East Africa harm reduction coordination meeting attracted 27 people: a whole series of partners involved in harm reduction work and drug user organising in the region were engaged along with UNODC and UNAIDS staff and a number of INGOs. The participants worked through the perspectives and functions of a to be established East Africa Harm Reduction Network.

A total of 92 key gate-keepers and stakeholders were reached during advocacy meetings. Reachout Centre and Teens Watch, in collaboration with Muslims for Human Rights (MUHURI), conducted stakeholders’ forums in Mombasa and Kwale County on 20th and 22nd August 2013 respectively. The aim of the meetings was to advocate for harm reduction programmes in the Coast region. The Omari project also conducted a successful advocacy meeting: the team gave detailed field experience on how drug abuse has affected Malindi communities. The activity was supported by the Open Society initiative for Eastern Africa (OSEA).

In 2013 KANCO has been widely sharing information about the SyrEx database which is used by CAHR partners for reporting, as a result, the National authorities are thinking of adopting it. The unique identifier system together with the client cards has already been adapted by the programme.

Throughout 2013, the CAHR management unit has been actively working on extending support to NSP to cover more PWID as well as ensuring sustainability of NSP services initiated within CAHR in Kenya. A special intervention was made with the Global Fund (GF) harm reduction working group: the gap in coverage within the existing Round 10 programme was described; information was provided to the GF country team on the

“NSP attracted drug users to other HIV services!”
Caleb Angirra,
Programme Coordinator
for Nairobi Outreach Services Trust

“NSP attracted drug users to other HIV services!”
Caleb Angirra,
Programme Coordinator
for Nairobi Outreach Services Trust
most recent PWID community size estimates and CAHR NSP coverage. A letter was sent to the Kenya Red Cross, who are the principle recipient (PR) of GF funds for work with PWID, together with copies to the chair of the Kenya CCM Chair and the GF FPM, voicing deep concerns over the modest coverage of PWID within the GF programme, and highlighting the huge need for services. This was initiated by the CAHR management unit and supported by partner organizations: INPUD, OSF, Mainline, Medecins du Monde. After this joint intervention, the GF project has increased its target in their request of renewal for Phase Two, but then revised them back to initial targets based on appeals of PLHA community to ensure the necessary ART coverage and funding allocation. The project will continue its advocacy for expansion of harm reduction in Kenya with support from the Global Fund.

Since August 2013, additional organisations have also commenced operations on the coast with both OSF and Mainline providing additional funding for NSP and other interventions for PWUD. This is an important development to release resources to extend the limited services for PWIID in Kenya, which are in high demand.

On November, 18-20th, Kenya AIDS NGOs Consortium in collaboration with NASCOP and TS Hub Kiev conducted a 3 day workshop in Nakuru, Kenya, for participants from NASCOP, APHIA PLUS, Mombasa and Nairobi County Offices, Ministry of Health, Kenya Red Cross, The Omari project, MEWA, Reachout Trust, Teens Watch Centre, NOSSET, SAPTA, Medicine du Mode and KANCO.

The aim of the workshop was to build monitoring and evaluation capacity of Kenya governmental and non-government organizations that implement MARP programmes, especially harm reduction targeting people who inject drugs.

For many decades Kenyan government has been struggling to get realistic size estimation of PWID, MSM and CSW accessing health services in the country. Introduction of SyrEx database as M&E tool by Alliance Ukraine through KANCO harm reduction programme has enabled harm reduction implementing partners to register new clients with unique identifier into SyrEx database with minimal double reporting cases. With support from KANCO M&E department double registration cases in the country were identified and addressed.

An unanimous agreement recommended that all trained individuals would continue to implement the tool after the following: circulate SyrEx manual, harmonize MARP registration tools, come up with standardized unique client number, clean and reconstruct existing data, readjust SyrEx to make it a national comprehensive tool not just for MARP programme and realign other sections to meet Kenya data management needs.

In 2014 KANCO will:

- Continue providing NSP, and related support, through its five implementing partners;
- Additional effort will be dedicated to support the roll out of MMT (funded by USAID) in both Nairobi and the coast (planned to start in mid-2014);
- Support CAHR partners to help establish linkages between NSP outreach and the MMT programme as well as potentially pilot psycho-social support to clients in some of the sites;
- Advocate for the transition of its NSP sites to phase 2 of the Global Fund Round 10 programme which starts in mid-2014 with increased coverage targets for PWID.
Key project achievements in 2013, as seen by country manager:

1. Reaching out to family and friends of PWID is a new approach introduced by CAHR project whereby harm reduction services became available for beneficiaries and it has positive response to better healthcare seeking behaviour.
2. Malaysia has also introduced and educated PWID of the importance of using clean water to avoid infections.
3. First collaboration of NGO with Malaysia Prison Department: CAHR has introduced peer psycho-social support in prison which aims to scale up harm reduction programme in prisons; reduce risks of HIV, hepatitis B and C, TB and ST among prisoners that will be released from prison and return to the community.

Malaysian AIDS Council (MAC) focused on increasing coverage of harm reduction interventions and contributing to the implementation of the national strategic plan. At the beginning of 2012, MAC set a goal of reaching 23,000 PWUD and 71,000 beneficiaries by the end of the project in 2014.

The CAHR project was implemented in eight sites with 114 outreach points to achieve these targets and complement the National Strategic Plan, 2011-2015. Thus far, from 2012 to December 2013, the sites have reached a total of 27,803 PWUD and 130,218 beneficiaries. Based on monitoring and evaluation data, the target for beneficiaries has been over achieved; in addition MAC has reached 99% of the targeted clients (PWUD).

The approach to service delivery is based on a combination of measures designed to reduce PWID vulnerability to HIV, as well as services aimed at improving the quality of life.
of PWID, their partners and relatives (the project ‘beneficiaries’). The improvements introduced by MAC and its partners with support from CAHR include improved relevance and quality of behaviour change communication (BCC) delivered through outreach workers as well as the delivery of services to family members of PWID (psychosocial support, referrals for HIV and other testing).

MAC and its partners continue looking at ways to improve the quality of outreach work. This is the subject of the operations research study. The study focuses on factors influencing the quality of services provided by the outreach workers associated with NSP and explores the challenges faced by outreach workers while delivering services to PWID, as well as ways to motivate them for the delivery of better quality services. This study is expected to be completed by early 2014, and the findings will be utilised to further improve the outreach work conducted by MAC implementing partners. In 2013 MAC specialists intensified their interaction with outreach workers through training workshops and on-site communication. High turnover of outreach workers increased the demand for training and communication.

MAC has received recommendations to take a closer look at the relevance and utilisation of distributed prevention commodities, which resulted in the introduction of sterile water in four sites. In 2014 MAC will expand this service to all eight sites alongside adjusted peer counselling and IEC materials. MAC has also requested support with organising monitoring of the use of commodities by PWID.

Three stakeholders meeting were conducted at sites in order to share the outcomes of the CAHR programme and advocate for further initiatives. These included discussions to assess the capacity of the NGOs, cross-sensitization, monitoring of human rights violation cases and other related matters. Through these meetings, police officers are motivated to refer the PWID to relevant NGOs for engagement in MMT programme.

Efforts aimed at reaching out to women and young people who inject drugs have not been successful. The latest effort, based on a Peer Driven Intervention (PDI) model, started in July 2013, has not resulted in the expected uptake of female and younger clients. The project is considering a redesign of this intervention, as well as its possible application as an instrument to supply clients to governmental MMT facilities in 2014.

With support from AIDS Foundation East West (AFEW) MAC initiated a collaboration with the prison department on the introduction of harm reduction services in the prison system (TEMAN project). The programme focuses on pre-release inmates. Although the introduction of NSP is unlikely, closer collaboration between non-governmental sector and prison authorities may lead to positive developments in the future.

Another area of collaboration with law enforcement authorities is the current negotiations with police officials regarding police interference in the work of harm reduction facilities and availability of medicines in police custody (with focus on ART and MMT). This work, which is a joint activity of CAHR and the EC-funded Asia Action project, is complemented by a study of the role of police in harm reduction interventions. The study design is now complete and the data collection started in November 2013.

“«I FEEL THAT I BELONG TO THE ‘NORMAL’ PUBLIC AGAIN AND MOTIVATED TO ACHIEVE MY GOALS.»
PROJECT CLIENT WHO WAS RELEASED FROM PRISON”
In 2013 the programme implementation in Malaysia was affected by illness of the former CAHR manager and turnover of other staff, which caused delays in the development of some programme components such as PDI, which has not brought the expected results in 2013. Other challenges relate to the lack of experience of cross sector collaboration at the provincial and local level, which significantly limit the effectiveness of services provided by both community-based programmes and the government run clinical facilities.

In 2014 MAC and its partners will consolidate the experience of the project so far and finalise testing of several essential innovations and improvements. These relate to:

- more structured approach to information, education and communication work;
- improved offer (optimising the supply) of HIV prevention commodities (including sterile water and low dead space – LDS – syringes) based on regular reviews of the drug scene and injecting practice and complemented by the relevant communication interventions;
- basic harm reduction services in penitentiary institutions.

MAC will continue working with other stakeholders to ensure that innovations tested within CAHR are applied in other programmes, most importantly HIV prevention and care efforts funded by the Global Fund and the Ministry of Health. In 2014 MAC will place an extra emphasis on its collaboration with the Ministry of Health capitalising on the improved interaction in 2013, which specifically focused on CAHR related issues.

Additionally MAC will pilot:

- Improving quality of MMT programming through psychosocial support provided by peer supporters working alongside the clinicians,
- Introducing community-based HIV testing as a means to improve access to ART, and strengthening secondary service delivery.

MAC and its partners will contribute significantly to the National HIV conference by taking the lead on the part of the programme related to HIV prevention and care among PWID. Through a cross-sector advisory panel MAC will define the agenda focusing on achievements, challenges, and prospects of this important work in Malaysia and will follow up by leading the development of the national strategy for HIV prevention and care among PWID. The strategy is expected to become a significant tool for ensuring quality and sustainability of harm reduction efforts in the country.
In 2013 Kiev Technical Support (TS) Hub devoted more than 500 consultancy days to provide technical support to implementing partner organisations across the CAHR programme (ACC, KANCO, Alliance India, Rumah Cemara and MAC) and their sub-grantees. Technical support activities included organisation of trainings, workshops, development of tools and systems in order to improve harm reduction programming. A total of 28 organisations benefited from technical support provided by Kiev TS hub tailored individually to the needs of each country partner.

Peer Driven Intervention (PDI) is an outreach model, developed for reaching and educating drug users from hidden communities to prevent HIV and reduce risks associated with drug use. It helps to reach existing peer networks, rather than individuals. This model was developed by Robert S. Broadhead and his colleagues from the University of Connecticut (USA) and implemented in China, Vietnam, Russia and Ukraine. In order to adapt the model for China and Malaysia, Kiev TS Hub experts introduced it to country partners during trainings which took place in 2012 in Malaysia and in 2013 in China, discussed programme tools and approaches with country partners and made required amendments based on their needs and the country context.

From 14th to 16th August, KANCO together with Médecins du Monde (MdM) and the Kiev TS Hub organised a workshop Enhancing harm reduction services in Kenya. The aim of the workshop, which took place in Mombasa, was to improve knowledge of participants on key harm reduction components and approaches; discuss barriers in implementation of harm reduction projects and look for possible solutions

**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.
to current problems. Participants became acquainted with the new approaches and services in harm reduction, practised counselling skills and developed a list of monitoring and evaluation tools for harm reduction programme in Kenya.

Kiev TS Hub organised a technical support visit to Indonesia, building Rumah Cemara capacity in finance and grant management. The visit included assessment of grant and finance procedures to understand the areas that need improvement and a three-day training for staff of Rumah Cemara and their partner organisations on finance management and assistance with adaptation of grant and finance procedures.

CAHR partner organisations have been receiving regular technical support on their requests including: developing materials on self-support groups for PWUD and their family members for MAC; materials on PWID mapping and Subutex programmes for Rumah Cemara; materials on mental health and drug use for India Alliance, examples of IEC materials for PWUD for KANCO; and regular follow-up support to partner organisations using SyrEx from Kenya, India and Malaysia.

AFEW visited MAC and Rumah Cemara in April 2013 to assess the state of the prison-based activities and to discuss next steps in the project. In Malaysia, MAC started implementing transitional client management in one prison in autumn of 2013. The selected prison and its staff are motivated to support ‘throughcare’ and in particular the rehabilitation of people/prisoners who use drugs. In Indonesia Rumah Cemara continues to strengthen its transitional client management in four prisons. In Bandung Rumah Cemara will seek collaboration with a half-way house in order to enhance employment opportunities. Rumah Cemara needs to update their training manual and to train more social workers to do the job.

Technical support in 2014 will prioritise support to countries on their specific needs, including:

- Introduction of MMT in Kenya;
- Development of the national harm reduction strategy in Malaysia;
- Further development of service delivery monitoring software (SyrEx);
- Support for documentation and dissemination of best practice within the project to key international and national harm reduction stakeholders;
- Further adaptation and publication of employment guide for PWID in harm reduction programmes.
OBJECTIVE 3. The human rights of drug users, their partners and children are protected in China, India, Indonesia, Kenya, and Malaysia and advanced in global institutions

In 2013 CAHR has continued its collaboration with its international policy partners – IDPC, HRI, INPUD on international and local levels.

International policy and advocacy

<table>
<thead>
<tr>
<th>Key project achievements in policy work in 2013, as seen by IDPC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The sheer level of enthusiasm and uptake for the ‘Support Don’t Punish’ campaign. The reaction from partners around the world – including those in CAHR countries – has been amazing, as have the innovative ideas that have come through. The campaign has given people a banner to work under, and has enabled people around the world to stand up on an issue that is always difficult to raise. It has been a global show of force for drug policy reform.</td>
</tr>
<tr>
<td>2. The successful Drug Policy Workshop held in Kunming, Yunnan Province, China – one of the first of its kind in the country. According to Slate Shi from AIDS Care China, “some of [the participants] had previously held uncertain attitudes about drug use, [but] all claimed that they now found new confidence in participating in drug policy advocacy”.</td>
</tr>
<tr>
<td>3. Our experiences facilitating civil society engagement at the CND meeting in Vienna. This year we were able to work with CAHR partners to plan their advocacy, engage with policy makers, attend the meeting itself, and put the experience into action for their national advocacy work.</td>
</tr>
</tbody>
</table>

The international harm reduction conferences organised by HRI are a crucial platform for both policy and programming debate and learning. In 2013, the conference was successfully delivered in Vilnius; over 800 delegates from 73 different countries participated, including civil society representatives and harm reduction service providers, policy makers, donors and researchers. Plans to profile CAHR within the programme and providing space for side meetings began in 2012. In early 2013, following awareness-raising among the Conference Programme Committee, it was confirmed that a conference session would focus on the CAHR programme. A one-day CAHR project meeting was also held in the fringes of the Vilnius conference for review and planning future priorities. At the planning stages, the HRI staff team also worked closely with members of the Conference Programme Committee to ensure strong non-abstract driven plenary sessions for the Vilnius conference on harm reduction financing, the values of harm reduction, and drug policy reform, all of which were reflected upon as conference highlights.

The Global State of Harm Reduction 2012 (which includes CAHR case studies and the ‘Support. Don’t Punish’ language in the foreword by Michel Sidibe) was reprinted for the Vilnius conference and 450 copies were disseminated during the event.

A Global Fund Harm Reduction working group, including participation from HRI, IDPC, INPUD and the Alliance was launched at the Vilnius conference, with the aim of actively promoting a harm reduction focus within bids and reprogramming efforts.
In 2013, HRI worked closely with the CAHR Programme Managers and the five partner organisations to finalise the information gathering and text for the report entitled ‘Support. Don’t Punish: Experiences of community advocacy and harm reduction programmes’. The report provides a snapshot of field experiences around increasing access to voluntary, human rights-based harm reduction in challenging environments in China, India, Indonesia, Kenya and Malaysia. CAHR programme experiences are highlighted in each country within ‘story from the field’ sections. HRI coordinated the design and copy editing of the report. The report was launched on June 7th in time for the Vilnius conference and was disseminated through websites and newsletters of the CAHR partners, and later – during ICAAP.

International policy partners continued to have a focus on Vienna (UNODC and CND), Geneva (Human Rights Council and UNAIDS) and Brussels (EC). At the Commission on Narcotic Drugs in March 2013, activities included working closely with delegations to assist with HIV resolution negotiations (particularly pressing for strong UK positions), holding side meetings with UNODC on HIV and harm reduction and holding a side event on the death penalty for drug offences. HRI made one of the few NGO statements from the floor at CND. It highlighted the need for increased financial commitment to harm reduction, the need for affordable, generic medications to be available, and the need for a supportive legal and policy environment within which harm reduction can have an impact on HIV epidemics and the lives of people who use drugs – during this section the ‘Support. Don’t Punish’ campaign was specifically highlighted.

In 2013, IDPC led on the finalization of the ‘Support. Don’t Punish’ campaign alongside the other partners – including the logo, brand identity and website (www.supportdontpunish.org). An Interactive Photo Project was launched at the Commission on Narcotic Drugs in March, and currently contains more than 1,500 photos (see: www.supportdontpunish.org/photoproject) that have been submitted from all over the world. The website itself has received more than 50,000 visits since March 2013.

On 26th June 2013, activists in 41 cities around the world took part in the Global Day of Action – a collective show of force that illustrates an ever-growing support for policy reform. Partners from Kenya, India, Indonesia and Malaysia all took part in the campaign. Activities were planned to coincide with the UN International Day against Drug Abuse and Illicit Trafficking – a day that has been used by some governments to celebrate repressive drug laws and even publicly execute drug offenders.

In several cities protesters gathered outside of key landmarks or political buildings wearing Richard Nixon masks (chosen to illustrate that Nixon was the US President to first coin the phrase ‘war on drugs’, back in the 1970s), and in many cases they were joined by politicians as well. In Bosnia and Herzegovina the day was marked with street art, dance

“On behalf of TANPUD, I wish to express sincere gratitude. Your assistance enabled us to take advantage of this historic day and deliver the message of harm reduction and human rights at a national level. We have initiated a conversation and awareness about these issues that was not really there before. It is our genuine hope that this is only the beginning of a journey that will carry us to a place in the future where there will be less suffering in our country for people who choose to use drugs.”

Susan Masanjo, (formerly of) the Tanzanian Network of People who Use Drugs
performances and huge murals. In England around 100 protesters gathered outside the Houses of Parliament to make their voice heard, with drum music and a huge banner calling for an end to the war on drugs. In Indonesia actions took place in 13 cities with the involvement of several local networks of PWUD.

In Kenya, the Day of Action has led to more than 20 civil society organisations forming a dedicated Policy Advocacy Forum to champion the health needs of people who use drugs. In Indonesia, it opened the door for discussions between NGOs and the Chief of BNN (the national drug control agency).

In Autumn of 2013, the ‘Support Don’t Punish’ campaign continued to receive a high profile – including through sessions and presentations at the 11th International Congress on AIDS in Asia and the Pacific (ICAAP), the 2nd Middle East and North Africa Regional Conference on Harm Reduction, and the 17th International Conference on AIDS and STIs in Africa (ICASA). At ICAAP, the ‘IDU Networking Zone’ coordinated by local partners was branded with the campaign logo and slogan, with a ‘photo booth’ installed to allow people to participate in the Interactive Photo Project (see below).

More information on these activities can be found on the website: supportdontpunish.org/day-of-action
DPC have also continued to release high-quality resources including:

- the Drug Policy Advocacy Training Toolkit (an open access tool which is designed for use by partners around the world, available at: http://idpc.net/publications/2013/06/training-toolkit-on-drug-policy-advocacy);
- reports on ASEAN drug policy (http://idpc.net/publications/2013/09/idpc-advocacy-note-a-drug-free-asean-by-2015-harmless-rhetoric-or-a-dangerous-mantra);

International policy partners are coordinating and participating in a group of harm reduction advocacy organisations in the lead up to UNGASS 2016. The aim of this group will be to ensure some coherence between the advocacy calls made at national, regional and international level on harm reduction and to strengthen these efforts by joining them up.
**Country policy and advocacy**

Key project achievements in community mobilisation work in 2013, as seen by INPUD:

1. The development of KeNPUD into a true national network has been a dynamic and ambitious part of the CAHR project activities. This network has now developed from a small-localized group of members to what can be described as a ‘movement’.
2. India Northeast (Manipur) coordination work. INPUD has been able to bring together some 17 different drug user and former drug user networks to form a Campaign Working Group (CWG) whose initial project was to carry out a research documenting the human rights abuses in the De-addiction centres in Manipur and Punjab.
3. South-to-South fertilization in East Africa. Although Tanzania is not one of the CAHR target countries, INPUD has formed two networks. The relationship with the Kenyan network and the Tanzania networks are forming the pillars of the East African regional network.

**China**

ACC is promoting essential harm reduction innovations to become part of the national HIV and drug related agenda. Following the successful and expedient introduction of overdose prevention and management utilising Naloxone, ACC organised a public awareness event with national level stakeholders to explain the intervention, report on the initial achievements and promote the life saving service with officials. In 2014 ACC will advocate for the inclusion of Naloxone in the national harm reduction guidelines and allocation of government funding to support the intervention.

With support from Yunnan Institute on Drug Abuse ACC is positioning its integrated service delivery model as a community-based alternative to the compulsory detoxification centres. At the same time ACC is also exploring the possibilities to soften the compulsory system itself by making MMT available in detoxification centres as well as by reducing the term of compulsory detention. While ACC is working to improve the system from within and to design practical alternatives, our international colleagues, IDPC, are working to demonstrate the intrinsic fallaciousness of compulsory detention and mobilising local stakeholders to challenge it.

IDPC conducted an initial scoping visit to Beijing and Kunming in February, and used the opportunity to build constructive relationships with representatives from the National Narcotics Control Commission, the National Centre for Disease Control, UNAIDS, WHO, the European Commission, the Red Ribbon Forum, and several NGOs working with PWID. Discussions mostly focused on the phasing out of compulsory detention for drug users.

In November 2013, IDPC delivered a workshop in China to build the capacity of local civil society actors in drug policy advocacy, together with AIDS Care China (ACC). IDPC went to great lengths to ensure that only committed and strategic advocates were invited to the workshop, with the view of enabling the possible development of an advocacy strategy and network. The workshop was fully supported by the Yunnan Institute of Drug Abuse and provincial drug control agencies. The short-term advocacy strategies developed included take-home methadone and reduced travel restrictions for people who...
use drugs who are registered. AIDS Care China also invited the head of the provincial drug control agency for a session of dialogue with workshop participants, most of whom were people who use drugs or providers of harm reduction services. It gave participants a chance to put into practice advocacy lessons covered in the workshop, and afterwards a time of reflection on how future advocacy strategies could be developed to better target drug control agencies.

In addition to this workshop, IDPC has also received a first draft of the Policy Briefing Paper for China, which is planned to be published in early 2014.

**India**

IDPC met with local partners (Alliance India and IDUF) at the harm reduction conference in Vilnius – particularly to provide support for local activities on the Global Day of Action on June 26th. Around 200 people gathered for a protest march in Delhi, while other groups also coordinated activities in Chennai, Imphal, Longleng and Meghalaya – see http://supportdontpunish.org/day-of-action/2013/in.

The IDUF was formally invited by Alliance India to consult on how the IDUF can be strengthened and engaged in their advocacy and community mobilisation initiatives. It was agreed that the IDUF would play a critical role in the advocacy work and to mobilise and build local networks of people who use drugs in states where they are implementing projects.

In June 2013, the IDUF was officially invited by UNODC ROSA to lead in the strategy development for strengthening the existing four state level networks: CONE of Manipur, MEDUNET of Meghalaya, NUN of Nagaland and MZDUF of Mizoram. Two representatives from each of the networks along with representatives from IDUF were present. The consultation included delegates from NACO NERO, UNODC, ROSA and officials from SACS & Project Orchid. A dialogue with the officer in charge of OST in the National Aids Control Organisation (NACO) was held where questions were asked on why OST has not been scaled up, despite budget being available since 2007.

**Indonesia**

The Indonesian Network of People Who Use Drugs (PKNI) joined IDPC as a network member in June 2013. Events were held as part of the Global Day of Action in 13 cities (Medan, Bengkulu, Jambi, Palembang, Makassar, Jakarta, Surabaya, Bandung, Denpasar, Mataram, Pontianak, Sukabumi and Cirebon). The events focused on issues related to drug law enforcement – with groups gathering at police stations and attorney offices to call for changes in policing practices.

In August 2013, the Indonesia team at the Homeless World Cup in Poland were also partially sponsored by ‘Support. Don’t Punish’.

**Kenya**

KANCO are now a network member of IDPC, and IDPC was able to provide technical and financial support for their coordination of a first East African Harm Reduction Network meeting in March 2013 (detailed above). IDPC has produced a drug policy briefing for the country, at the end of 2013.
In addition, IDPC continued close engagement with the African Union Commission this year, with meetings held during CND, and joint activities planned at CND and ICASA.

INPUD delivered capacity building workshops to KeNPUD in January, and at the end of April, and held a ‘problem solving’ one day seminar in September in Nairobi. The latter with the aim of supporting the network’s new post holders, elected in its recent election. The opportunity was taken to meet with KANCO to discuss their recent evaluation and assessment of the group following the growing pains in the leadership of the fledgling and fragile network.

"The deeper penetration of essential harm reduction and network information is a must. This has proven to be most effective if initiated by a drug user network."
Michael Webb, INPUD
KeNPUD remains in a formative state, and support, particularly financial, has been limited despite the capacity building workshops delivered by INPUD. The group is looking at leadership, and organisational protocols and it is now beginning to articulate a strategy and decide precisely what they stand for. They are currently based in, and largely restricted to Dagoretti, in the Kawangware district of Nairobi, despite the fact that the NSP pilot sites and many potential network members are situated in the coastal region, some eight hours overland travel from Nairobi. Contact with the coastal groups is essential for the network’s development, and to be able to assist in the development, monitoring, and scale up of harm reduction services currently being piloted.

In November 2013 a team consisting of the INPUD, KeNPUD and TaNPUD Coordinators embarked on an ambitious network building initiative to increase membership of the Kenyan Network of People who Use Drugs. This was part of the KeNPUD work plan and key objectives developed during the “developing a strategic plan” component of the previous workshop. This project was initially to focus on involving the beneficiaries attending the NSP pilot sites.

The initiative was successful in increasing the KeNPUD membership significantly by working with peer representatives of the NSP projects, but also the key representatives of the maskani (using sites) from communities of people using drugs in Malindi, Ukanda, Diani, Mombasa Town, Bamburi, Shanzu, Mtwapa, Kisima, Kisauni, Mtongwa, Magodoroni, Likoni, and the Mombasa Docks.

INPUD continues to supply technical support via email and telephone communications, and has developed a schedule of contact to include the other leaders and members of the group. The cross-pollination and relationship between KeNPUD and the Tanzanian network (TaNPUD) continues to develop with regular communications between the Coordinators of the networks, enabling the sharing of strengths, and being able to act as a conduit for communications between each network.

Malaysia

Policy work in Malaysia focuses on further development of guidelines regulating the delivery of harm reduction services. In 2014 MAC is planning to develop guidelines regarding the delivery of behaviour change communication, as well as standard operating procedures for the delivery of services in penitentiary institutions. MAC will also assist the government in the development of national harm reduction strategy which will help to ensure the sustainability of harm reduction interventions.

The international partners’ work focused on raising awareness regarding imperfections of the existing drug policies and promoting alternatives. IDPC provided technical and financial support for Malaysia’s Global Day of Action, for which a large group gathered in Kuala Lumpur for a demonstration and public gathering, and to collect signatures of supporters on a large ‘Support. Don’t Punish’ banner (see http://supportdontpunish.org/day-of-action/2013/my for more information). In 2014 partners will focus on strategising the impact of the ‘Support. Don’t Punish’ campaign and the Day of Action on June 26th as well as build perspectives for future policy work and resource allocation on harm reduction complemented by the EC funded Asia Action project which will run up to 2015.
Table below summarises country level policy work and estimated degree of strength of its impact

<table>
<thead>
<tr>
<th>Country</th>
<th>Indonesia</th>
<th>Kenya</th>
<th>China</th>
<th>India</th>
<th>Malaysia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug legislation revision related initiatives</strong></td>
<td>Standard Operating Procedures on NSP and MMT !!!</td>
<td>Diversion to MMT instead of compulsory centers pilot !!!</td>
<td>White paper on legislation change !</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enforcement practices of drug policies related work</strong></td>
<td>Case management, documentation of diversion to treatment !!</td>
<td>Diversion to MMT instead of compulsory centers pilot !!!</td>
<td>Training police on harm reduction !!</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advocacy for National Funding for harm reduction</strong></td>
<td>Training on advocacy for local funding !</td>
<td>MMT dose increase !!! Introduction of naloxone !!!</td>
<td>DAC collaboration on extension of service package in NACP !</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community mobilisation</strong></td>
<td>KeNPUO establishment and support !!!</td>
<td></td>
<td>Drug user forums establishment !</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

! activity conducted, no major impact as of now

!! activity conducted, impact limited to certain localities

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

The International HIV/AIDS Alliance in Ukraine and Kiev TS Hub hosted representatives from the Alliance secretariat and KANCO in Kyiv to learn about the work of the Alliance Ukraine. Participants of the visit learnt about HIV/AIDS prevention programmes run by the Alliance Ukraine and visited local organisations implementing harm reduction projects in Kyiv oblast (region). Communication with Alliance Ukraine staff helped to understand systems of monitoring and evaluation, technical support provision, procurement and supply management and overall programming in Ukraine.

Attendance at the International Harm Reduction Conference in Vilnius was the ideal opportunity for the Alliance and its country partners to present the CAHR project to a wide audience. On June 9th, the CAHR Management Unit organised a meeting for CAHR partner organisations with the aim of bringing together those involved in the CAHR project who were attending the Conference. During the meeting participants discussed the project’s progress and specific areas of interest.

One of the Conference sessions on Multi-country HIV and harm reduction programming was devoted to presentations of programmes and studies implemented as a part of CAHR project. Results of baseline study in five countries, project achievements in Indonesia and Kenya, outline of policy barriers and work to address those have been presented and well received during the session.

Three publications have been developed as a part of the CAHR project in 2013 and have been made available through the CAHR website (www.cahrproject.org) and other resources:

- The report ‘Setting the scene: assessing and planning with harm reduction partners’ presents results of site assessments on HIV and drug use in China, India, Indonesia, Kenya and Malaysia. The assessments were conducted to guide planning for the CAHR project.
- The publication ‘Reaching drug users. A toolkit for outreach services’ provides tips on how to do outreach work among communities of PWUD, in particular among PWID. It includes suggestions on how to optimise the number of clients served by each outreach worker, in order to ensure cost effectiveness. The publication was printed and provided to CAHR partner organisations and distributed at the international events such as International Harm Reduction Conference, etc.
- The Baseline report for CAHR project provides results of the baseline assessment study conducted in the beginning of CAHR project implementation in five countries, offers analysis of the obtained results, as well as recommendations for further research agenda and improvements of access to quality harm reduction services. Results of the baseline report will be used for a development of article in a scientific journal.

An on-line learning course ‘Information materials development for people who use drugs (PWUD): Lessons for practice’ was designed in 2013. The course addressed CAHR partners’ interest in training on the development of information materials for PWUD. Participants from Kenya, Indonesia, India, China and Malaysia received knowledge on the methodology of IEC materials development with involvement of the target group.
As a result of the workshop on qualitative research that took place in 2012 in Bali, Indonesia, country partners developed and submitted proposals for operational studies, exploring the key programme areas. In 2013 country partners received technical support on the studies such as provision of advice on data analysis, assistance with report preparation, and writing up results for publications in academic journals.

The following topics have been identified for operational research: aspects of MMT programme (Indonesia, China), drug injecting practices and necessary commodities package (Kenya), quality of outreach work and behavior change communication (Malaysia) and multiple vulnerabilities of PWID in different settings (India).

CAHR website (www.cahrproject.org) has been functioning both as a resource to update audience about project recent developments, as well as a resource for harm reduction data. Overall during 2013, 2,314 people visited the website. Map above provides information about locations from where the site has been accessed in 2013 and intensity of visits.

2014 is seen as a critical year for CAHR programme evaluation, documenting and knowledge sharing. In particular, it is planned to finalise operational research in countries and disseminate the reports; finalise and develop publications on ‘Access to Care Study’ in Kenya; conduct endline evaluation to track the changes brought by the project as compared to baseline; conduct external evaluation of the programme. It is also planned to produce a short film motivating increased support and resource allocation to harm reduction globally, and finalise and publish ‘Employment Guide for PWID in Harm Reduction Projects’.
Annex 1. CAHR project results against indicators, as of January 1st, 2014

<table>
<thead>
<tr>
<th>#</th>
<th>Indicators</th>
<th>Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of advocacy activities for desired legal / policy reform implemented</td>
<td>382</td>
</tr>
<tr>
<td>2</td>
<td>Number of case studies that meet Alliance research and evaluation standards produced and disseminated</td>
<td>107</td>
</tr>
<tr>
<td>3</td>
<td>Number of drug users participating in design and implementation of harm reduction programmes</td>
<td>446</td>
</tr>
<tr>
<td>4</td>
<td>Number of existing tools for harm reduction activities locally adapted</td>
<td>117</td>
</tr>
<tr>
<td>5</td>
<td>Number of IDUs and sexual partners who initiated OST with the support from the project</td>
<td>1,033</td>
</tr>
<tr>
<td>6</td>
<td>Number of individuals who are benefiting from counselling, legal support, housing and income generation services</td>
<td>20,359</td>
</tr>
<tr>
<td>7</td>
<td>Number of individuals who are benefiting from SRH services</td>
<td>27,841</td>
</tr>
<tr>
<td>8</td>
<td>Number of individuals who received voluntary testing and counselling and received their results</td>
<td>9,841</td>
</tr>
<tr>
<td>9</td>
<td>Number of injecting drug users covered with CAHR-supported services</td>
<td>50,876</td>
</tr>
<tr>
<td>10</td>
<td>Number of non-government organizations / drug user groups provided with technical support</td>
<td>494</td>
</tr>
<tr>
<td>11</td>
<td>Number of policymakers reached</td>
<td>4,113</td>
</tr>
<tr>
<td>12</td>
<td>Number of project beneficiaries benefiting from CAHR-supported services</td>
<td>211,315</td>
</tr>
<tr>
<td>13</td>
<td>Number of project-linked surveys / studies conducted</td>
<td>67</td>
</tr>
<tr>
<td>14</td>
<td>Number of south to south learning exchanges conducted</td>
<td>42</td>
</tr>
</tbody>
</table>