The International HIV/AIDS Alliance’s (the Alliance) project, Community Action on Harm Reduction (CAHR), was funded by the Dutch government (as project number 23389), and commenced on 1 January, 2011. The project involved HIV and harm reduction programming in six countries – China, India, Indonesia, Kenya, Malaysia and Myanmar (starting from 2015) – and engaged a number of international technical partners.

The project had four objectives:

- **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, Malaysia and Myanmar.**

- **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, Malaysia and Myanmar.**

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

- **The learning about the role of civil society in harm reduction programmes is increased and shared in China, India, Indonesia, Kenya, Malaysia and Myanmar and globally.**

In 2015 the project reached over 15,100 PWID providing them with services that are:
- tailored to community needs and based on specific segments of drug users,
- comprehensive, including syringe exchange, rapid testing for HIV, support to substitution therapy, hepatitis C counselling), and
- linked to broader health infrastructure.

A total of 58,000 beneficiaries were reached in 2015 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 December 31, 2015.

The focus of 2015 was on improving access to PWID to the essential harm reduction and SRH services and further HIV diagnostics and treatment options.
CAHR was driven by the local context and the combinations of services on offer in the project countries and needs of PWID sub-populations. The rational for services on harm reduction and SRH in 2015 in individual countries was:

- covering the gaps (in Kenya KANCO focused on the areas not covered by any harm reduction programmes – those in the Central and Western Kenya; likewise in Indonesia Rumah Cemara reached out to Batam island to prevent HIV and STIs with local PWID);

- piloting and developing systematic improvements in existing services that can extrapolate to the broader scale (the case in China, that worked on improving MMT programme to deliver take-home doses of methadone);

- additionality to reinforce the access to and impact of the smaller package of interventions (the case for India offering add-up services to the harm reduction basic package offered by the government of India through technical interventions with NGOs);

- piloting services that were not offered or with populations that were not reached earlier (prison project in Malaysia and community rehabilitation options in China);

- developing structural linkages in challenges across the border (in Myanmar CAHR worked alongside India-Myanmar and China-Myanmar borders to provide the continuum of services to PWID-regular border crossers).

The project has achieved significant success in generating behavioural changes in PWID reducing the risks of HIV. The end-of-project evaluation analysis conducted in 2015 has confirmed that one of the most important behaviour changes sought by the CAHR programme was a reduction in the use of used needles/syringes. As a result of the provision of consumables (sterile injecting equipment in particular) and IEC materials, by CAHR implementers, there was an average increase of 8.6 percentage points in the number of PWID using a clean, i.e. sterile, needle/syringe the last time they injected, rising from 81.5% to 90.1% over the duration of the programme, with support to the fledgling national efforts to introduce a NSP in Kenya of particular note. As well as the reported fall in the use of used needles/syringes during the last 30 days from an average of 21.7% at the start of CAHR implementation to an average of 10.3% by 2015.
In 2015 even more emphasis was made to achieve greater access of PWID to ART. Technical support and pilot demonstration projects were implemented across the countries.

The challenges still remain in achieving standards in safer sexual practices as well as access to ART for PWID. Despite the improvements in ART access, its level is still not sufficient and has to be significantly increased. Other challenges in 2015 were related to transition the elements of the programme to the local funding and bringing them to scale. In countries like India the existing level of governmental funding of harm reduction has been challenged by poor government support. This affects the potential for the scale up of interventions. In Indonesia, Myanmar and Kenya harm reduction service delivery strongly relies on the Global Fund grants and grants of other international donors. The Malaysian Government has been most dedicated to resourcing national harm reduction programmes, yet harm reduction programmes are not fully funded there.

The experience of CAHR has shown that working on service delivery and improvements and providing the necessary data to support this work (both through research and routine monitoring) is a strong argument in expanding the service reach. More effort is needed to develop the necessary level of ownership of harm reduction interventions with the national governments.

This report summarizes project progress in 2015 against its objectives and within project countries.

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<tbody>
<tr>
<td>Number of PWID</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>PWID accessing VCT</td>
<td>68%</td>
<td>78%</td>
</tr>
<tr>
<td>PWID self reported as HIV-positive</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>PWID registered for ART</td>
<td>29%</td>
<td>54%</td>
</tr>
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Table: Comparison of PWID HIV test and treatment registration data at baseline and end-of-project for CAHR sites in India, Indonesia, Kenya and Malaysia combined.
Access to HIV prevention, treatment and care, SRHR and other services for PWID, their partners and children is improved in China, India, Indonesia, Kenya, Malaysia and Myanmar.

**OBJECTIVE 1**

**AIDS CARE China (ACC)**

**NALOXONE INCLUDED IN HR PACKAGE AT NATIONAL LEVEL**

ACC started to distribute Naloxone to address overdose among PWID community through peers in 2013 to a few places in Yunnan province. During past two years, more than 200 overdoses were prevented. In 2015, this model was adopted and promoted officially by government in four provinces/regions, including Yunnan, Xinjiang, Guangxi and Sichuan, with government funds. Naloxone has been included in the harm reduction package at national level.

**COMMUNITY BASED TREATMENT INITIATIVE**

ACC’s community based drug treatment centre that has been supported jointly with Asia Action EC funded project has built a good collaborative working model with both the health department and law enforcement to work together. The model includes streamlining the performance indicators of health and law enforcement, referral mechanism and trainings for policemen on harm reduction, this has attracted national attention and has the potential and possibility to scale up in more places in China.

**TAKE HOME METHADONE PROMOTION**

PWUD on methadone need to daily visit the health facilities to get their drugs which makes them very dependent on the location and limited in the timing they can dedicate to employment or work-related travel. Therefore programmes promoting or making possible the take-home methadone doses are a vital empowerment tool for improving social integration of PWUD. AIDS Care China have been successfully promoting the intervention. Take-away methadone has been extended to Wuhan city, Hubei province in 2015, which means take-away methadone project is not only piloting within Yunnan province but starting to promote to central part of the country.

| Number of people who inject drugs covered with CAHR-supported services | 1,922 |
| Number of individuals who received voluntary testing and counselling and received their results | 1,282 |
| Number of people who inject drugs and sexual partners who initiated ART with the support from the project | 116 |
The Community Action on Harm Reduction project strengthened harm reduction services for PWID and their close contacts via government-supported Targeted Interventions (TI) for HIV prevention. Complementing features of the national programme, the CAHR programme components have contributed significantly to improving economic conditions, family and community support, and general quality of life, and have resulted in safer injecting behaviours for PWID. TI NGOs were capacitated by supporting field level implementation and by providing periodic guidance. Besides regular planned training CAHR also has conducted various very specific harm reduction trainings as requested by SACS and TSU on topics like enhancing the uptake of OST among PWID; building capacity of Peer Educators and SACS and TSU. This capacity building programme resulted in substantial improvement in the level of knowledge on harm reduction in the core government-funded implementers of PWID programmes in India and became the major sustainability mechanism to insure needs based and best practice driven programming responses.

**SPOUSES/PARTNERS SUPPORT**

With support from the CAHR project, the TI plus partner in Buxar district has formed two support groups in Bihar state of India. Out of the two a special female support group in Serenja village been formed with 18 members. The special feature about the group is that all the members enrolled in the group are either spouse/s of PWID who are/were also PLHIV or are themselves infected by HIV. This group meets once or twice per month in a confidential, private, and safe place inside the village. This way the project insured access to mainstream services like HIV testing, SRH counselling and ART to this often overlooked group. Under the scheme Bihar Rural Livelihood Promotional Society under Finance Dept. of Bihar state Govt. The members were first given training on small scale livelihood options skill building trainings. Small dairy farm, knitting, stitching etc skill building training was imparted to the participant members. Upon successful completion of the course the group was given a small amount to start up the intended small scale business. The group members could not start the business yet due to several reasons including poverty, poor health conditions etc, but is in the process of starting the self-help initiative and becoming self-sufficient.

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**STATE DRUG USERS FORUM**

In view of legal issues and visibility concerns, it is often difficult for PWID to develop organised networks, and be a part of formal advocacy units. It is with a firm belief that community involvement is crucial to ensure meaningful participation in decision-making processes that affect their lives, state drug-user forums (SDUFs) were institutionalised as advocacy platforms in Bihar, Haryana and Uttarakhand and trained 73 members of SDUF.

**Community Action on Harm Reduction project reached to 8 689 PWID and 46 893 beneficiaries in India in 2015.**
Rumah Cemara collaborating with NAC successfully organised a National meeting with the aim of re-activation of the Harm Reduction Task Force which consists of stakeholders and other CSOs in Indonesia. The meeting was attended by MOH, National Narcotics Board, Police HQ and other relevant stakeholders. The point of discussion was to talk about compulsory rehabilitation, CSO’s role in Harm Reduction programming and to discuss more about providing services to PWID. The Task Force is needed in Harm Reduction Programming in order for coordination between CSOs and stakeholders.

A National workshop to analyse a regulation for community based treatment was held in 2015. This workshop was held with the support from Asia Action project, CAHR project, National AIDS Commission and UNODC. The workshop was attended by CSOs, Police, Attorney General, Supreme Court and other related institutions. Its results were:

- Mapping implementation of community based treatment.
- Workplan for community based treatment.

Following these results, research to document the effectiveness of community based treatment was carried out under the Asia Action budget and with PKNI.

Peer Driven Intervention (PDI) was successfully running in Batam city. The objective of this activity is to decrease the number of ATS users who never been touched with Harm Reduction Programming. Based on information from Batam city Narcotics Board, the number of ATS users is high in Batam city, but this statement is not supported by data. Rumah Cemara concerned to this issue and through CAHR project and working together with Yayasan Embun Pelangi, agreed to invest small granting to provide PDI activity in Batam city.

100-150 ATS users were targeted for period of three months in this pilot project. After a technical assistance and small workshop conducted by Rumah Cemara and consultant from IHAA Ukraine, the project began. On PDI we wanted to know ATS users knowledge about HIV, drug use and other services related to testing. The participants came from different backgrounds, such as: MSM, TG, Sex workers and youth. It was an unexpected result, that it took less than two them to reach 200 ATS users. Most of them did not know about HIV transmission, other disease transmission or health services related to HIV, STI etc.

Based on the results, we realised that we had to deliver information and mobilise the community of ATS users. The following steps were to facilitate community into regular meetings once a month. The participants were encouraged to get HIV and STI testing; as a result 10 people were found HIV+ and 20 of them had STI diseases. Therefore the programme reached out to highly affected groups and linked them to the key treatment services.
One of the goals of CAHR project in Indonesia for 2015 was development of programme at city level. One of our partners in Surabaya succeeded going through this process. Involving mass media by doing a roadshow to mass media offices and facilitate workshop for journalists was the first step. The objective of these activities was to deliver balanced messages about drugs and other related issues, such as death penalty, harm reduction and how important decriminalisation of drug users is.

Before those activities, much of the news on mass media was not balanced, so society did not get the right message about these issues, because journalists were always looking for some resource people from government, like from police and provincial narcotics board so the news about drugs issues and harm reduction were always negative.

One of our champions in Surabaya comes from the drug users community. His name is Rudhy Wedhasmara also called Sinyo. He is a lawyer and is focusing his work on helping the drug users community who have had problems with the law. He facilitated the workshops at city level.

After the road show and workshop carried out for journalists, almost every news item related to drugs issues, detention and even death penalty or human rights based programme were clarified and confirmed by Rudhy as balancing resource person before the news was released into mass media.

This meaningful engagement from drug users community was successful to encounter unbalanced messages in media about drug issues and HR programme. And the impact from this process was that drug users community now became important point for government to design and develop HR programme in Surabaya.

**MEANINGFUL ENGAGEMENT OF PEOPLE WHO USE DRUGS INTO MEDIA AND HARM REDUCTION POLICY DEVELOPMENT**

Number of people who inject drugs covered with CAHR-supported services 1,669

Number of individuals who received voluntary testing and counselling and received their results 304
KANCO introduced harm reduction programmes to new areas in Kenya, namely: Nyanza areas in Kisumu and Migori counties and Central areas in Kiambu county reaching 550 new PWID with harm reduction services.

PREVENTION OF TRANSITION PILOT LAUNCHED

KANCO introduced a new HIV pilot — HIV prevention programme focusing on the prevention of transition from smoking to injecting. The aim of this intervention was to promote less risky routes of administration (smoking) and creating a supportive environment for this behaviour. The programme distributed commodities to non-injectors which included foils, cigarette papers and cigarette filters. IEC materials were also provided. The number of PWUD reached was 315. The programme is currently evaluating the pilot with a view to scale up based on recommendations from the evaluation report. People who use drugs expressed great appreciate for an intervention that was not just focused on injecting.

INTERVENTIONS TO IMPROVE ACCESS TO ART

KANCO also implemented a new intervention called the Community Initiated Treatment Intervention to improve access to HIV care and treatment services for PWID. These services ensured that HIV-positive clients received case management support until they are prescribed ART. The project provided VCT services to 1613 clients. 352 clients received positive HIV results. 297 were prescribed cotrimoxazole prophylaxis and 55 accessed antiretroviral therapy. In total all 352 clients were supported to access HIV care and treatment including adherence counselling and CD4 count monitoring.

UNGASS ADVOCACY

Advocacy efforts were focused on the coordination of civil society position paper for the for the UNGASS on Drugs meeting in 2016. This provided guidance to the Kenyan government to support harm reduction. The CSOs position paper also called for domestic financing for harm reduction and for the review of punitive drug policies.

| Number of people who inject drugs covered with CAHR-supported services | 1,706 |
| Number of individuals who received voluntary testing and counselling and received their results | 1,613 |
| Number of people who inject drugs and sexual partners who initiated ART with the support from the project | 55 |
TEMAN project is an HIV/STI/hepatitis risk reduction programme for people returning to the community after incarceration. The programme includes six programme sessions with clients and works with them one-to-one to serve as a 'bridge' for their return to the community. The main goal of TEMAN project is to reduce HIV, sexually transmitted infections and hepatitis risk behaviours in the client’s life after incarceration. Initially piloted in Seremban Prison, the project expanded to four other prisons (Pengkalan Chepa Prison, Penor Prison, Kluang Prison and Seberang Prai Prison). As of December 2015, a total of 271 clients have been enrolled into the programme. Preliminary results of the Teman project were presented in the 11th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bangkok, Thailand and 24th International Harm Reduction Conference in Kuala Lumpur, Malaysia.

STRENGTHENING THE CAPACITY OF PWID COMMUNITY IN DESIGNING AND IMPLEMENTATION OF HARM REDUCTION PROGRAMME

The Welfare Association of Recovering Drug Users (WARDU) is the only national network of people who use drugs in Malaysia.

Formally re-established and revitalized in March 2014, the network recognizes approximately 80 members – people who use drugs, ex-users and their family members – who are guided by eight democratically
WARDU seeks to improve quality of life of people who use drugs in Malaysia and to meaningfully involve people who use drugs and their families in all decisions that impact their lives. Currently, WARDU focuses on facilitating access to social care services for PWID, including access to food and education, as well as on drug policy advocacy to improve access and coverage of harm reduction services in Malaysia. Under the CAHR project, MAC worked closely with WARDU to strengthen organizational structures and management capacity as well as drug policy advocacy capacity, communication, reporting and proposal development. Rumah Cemara in Indonesia provided south-south support to WARDU in the development of the most recent steering committee elections. MAC has also provided support to WARDU in reaching out to international partners, including the International HIV/AIDS Alliance, the Asian Network of People who Use Drugs (ANPUD), IDPC and HRI. WARDU was featured during the opening ceremony of the 24th International Harm Reduction Conference, in Kuala Lumpur, Malaysia, on 18 October 2015.

### Community Action on Harm Reduction Project

The Community Action on Harm Reduction project reached to 224 PWID and 301 beneficiaries in Malaysia in 2015.

### Objectives

#### Objective 1

- **Number of people who inject drugs covered with CAHR-supported services**
  - 224

- **Number of individuals who received voluntary testing and counselling and received their results**
  - 9
National Drug User Network in Myanmar (NDNM) with support of CAHR project organized an Annual General Forum in March 2015 together with community consultation workshop for drug policy review. This Forum hadn’t been conducted for three years due to lack of support. 69 participants from eight townships attended the forum and NDNM could hold the election to select its governing bodies and new area representatives from other townships to strengthen their network. All network members could share their experiences from each township, get general agreement on their constitution and plan for annual work for each town as NDNM network members. The support provided by the project became a critical development support to build capacity of NDNM as a stakeholder in national PWID programming and drug policy.

**ESTABLISHING SYREX MOBILE DATA BASE SYSTEM**

CAHR project established SyrEx mobile data base system for registering reached clients and provided services. The SyrEx allows field workers to extend time interacting with clients and providing services.

**ORGANIZING ‘SUPPORT. DON’T PUNISH’ CAMPAIGN**

Together with IDPC, Alliance Myanmar supported National Drug User Network and organized ‘Support. Don’t punish’ campaign at People Park on 26 June 2015. 110 participants attended this event representing key stakeholders and affected community.

**STARTING DISTRIBUTION OF LOW DEAD SPACE SYRINGES**

Alliance Myanmar started distribution of low dead space syringes in Tamu area jointly with PSI. CSF in Tamu distributed 1cc Syringe and needle (LDS) in Moreh for both Myanmar and India citizens. Muse CBO reached more than their target because there were many PWID communities that could not be reached by other NGOs.

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<tr>
<th>Objective</th>
<th>Description</th>
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<tr>
<td>1. Mobilising Drug User Community</td>
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<tr>
<td>1.1 Establishing SyrEx Mobile Data Base System</td>
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<tr>
<td>1.2 Organizing ‘Support. Don’t Punish’ Campaign</td>
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<tr>
<td>1.3 Starting Distribution of Low Dead Space Syringes</td>
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</table>

| Number of people who inject drugs covered with CAHR-supported services | 937 |
| Number of individuals who received voluntary testing and counselling and received their results | 183 |
| Number of people who inject drugs and sexual partners who initiated ART with the support from the project | 11 |

**Alliance Myanmar**

901

**Female PWID**

**Male PWID**

Community Action on Harm Reduction project reached to 937 PWID and 1 167 beneficiaries in Myanmar in 2015.
643 days were devoted to the provision of technical support to CAHR partners in six countries by Regional Technical Support Hub for Eastern Europe and Central Asia (Hub).

**ORGANIZING CASCADE OF HIV TREATMENT SERVICES FOR PWID LIVING WITH HIV**

Regional Technical Support Hub for Eastern Europe and Central Asia conducted trainings for representatives of local organisations in Kenya and Indonesia to equip them with knowledge and skills enabling them to launch HIV treatment case management projects as a part of harm reduction outreach programmes. Objectives of the trainings were: to prepare a pool of case managers to provide case management and follow-up support to people who use drugs who need HIV treatment; develop project documentation and monitoring tools and develop plan with specific indicators as for the number of clients on anti-retroviral therapy (ART). These trainings were focused on in-depth coaching of the country teams to launch a Case Management Project with a prime focus on bringing and sustaining PWID clients on ART.

The participants of the workshop in addition to theoretical knowledge could develop case management and follow-up skills and practice documentation. As a result of the trainings partner organisations in Kenya and Indonesia improved their models of services provision to people who use drugs living with HIV.

As a result of the training which was organised for CAHR partners in December 2014, the team of trainers developed a training module ‘Access to HIV care and treatment for people who inject drugs’. This three day training module can be used to build capacity of service providers aiming to improve access to care and treatment for HIV positive people using drugs. The training module is available for a download http://www.cahrproject.org/wp-content/uploads/2015/07/Training-module.pdf

**LAUNCHING HARM REDUCTION IN NEW SITES OF KENYA**

In order to equip representatives from KANCO’s partner organisations with knowledge and skills enabling them to set up and manage harm reduction programmes, KANCO together with the Regional Technical Support Hub for Eastern Europe and Central Asia organised a training ‘Planning and management of harm reduction programmes’ which took place on 2-4 March, 2015 in Nairobi.

Projects managers, outreach workers and peer volunteers from community based organisations received skills and knowledge on the principles of harm reduction and management of harm reduction programmes. Most of participants have never been exposed to harm reduction training and worked mostly with general population, sex workers, men who have sex with men and never provided services to people who use drugs. Results of knowledge assessment in the end of the training showed that their knowledge on harm reduction principles improved greatly and participants were able to launch harm reduction services in new sites.

**PREVENTING TRANSITIONS TO INJECTING IN KENYA**

Results of the Access to Care Study implemented by the Kenyan AIDS NGOs Consortium (KANCO) and the London School of Hygiene and Tropical Medicine (LSHTM) showed the need to reach people who are not injecting drugs with harm reduction programming. Staff of harm reduction
programmes supported by KANCO mentioned that people who do not inject drugs at this moment preferring alternative routes of drugs administration feel excluded from the programme, despite the fact that they have access to testing, counselling and advice. It has been discussed for a couple of years the need to launch intervention for people who use drugs, but do not inject at this moment.

Providing technical assistance to KANCO on piloting the intervention to prevent transitioning to injecting in Kenya, TS Hub team together with the consultant John-Peter Kools helped with the design of informational material, conducted regular Skype consultation for KANCO staff involved into the pilot and developed M&E plan for the intervention.

As a result of technical support provided by KANCO together with CSOs such as KenPUD, Teenswatch and NOSET piloted the intervention reaching people who use drugs but do not inject regularly in three sites in Kenya. The intervention confirmed high prevalence of smoking of mixture of tobacco, cannabis and heroin with most injecting heroin at some point. Many drug users are ‘seasonal users’: injecting AND non-injecting, depending on the environmental/personal circumstances.

Components of the intervention included: distribution of non-intravenous commodities; distribution of information and education materials on Pros and Cons of various sorts of administration; training for outreach workers; advocacy targeting key stakeholders. Results of the pilot and project evaluation have shown that there is a big opportunity for health promotion supporting through preventing transition towards injecting among non-injectors transition away from injecting among injectors. The commodities were highly appreciated. Additional components to be considered were education, employment, educating community, methadone, medical services.

**LAUNCHING CAHR PROGRAMME IN MYANMAR**

Alliance Myanmar together with the Regional Technical Support Hub for Eastern Europe and Central Asia organised a coordination meeting of CAHR partners in order to design an approach to harm reduction programming in Myanmar. Representatives from Alliance Myanmar, India HIV/AIDS Alliance, AIDS Care China, International HIV/AIDS Alliance, Alliance for Public Health, International Drug Policy Consortium, and National Drug User Network Myanmar (NDNM) spent three productive days discussing results of assessment visits to bordering area of Myanmar, India and China and planning activities in order to start the programme.

It was decided to start harm reduction services in Tamu, Muse, Leige and link them with those provided in the bordering areas of India and China which will give PWID an opportunity to access HIV and harm reduction services across the countries without any boundaries. Monitoring and evaluation (M&E) experts from the TS Hub conducted a visit to the implementation sites across borders of Myanmar, India and China and provide technical assistance on M&E which will help to track clients receiving services across the borders. Client tracking is conducted with the use of smartphones with SyrEx cloud installed that will scan the clients’ cards containing bar codes linked with unique identifier code (UIC).
Community Action on Harm Reduction programme was widely presented during the 24th International Harm Reduction Conference in Kuala Lumpur, Malaysia. Alliance Centre for HIV, Hepatitis C and Drug Use, and Alliance Ukraine Consultancy (AUC) were leading organisation in making sure the Alliance family is presented well during the conference. All preparatory activities such as making visuals, communication with Alliance family participants, organisation of events during the conference was coordinated by AUC Alliance Centre for HIV, Hepatitis C and Drug Use, and Alliance Secretariat.

The Conference was hosted by Harm Reduction International and Malaysian AIDS Council (MAC) which is the lead partner of CAHR project in Malaysia. The Conference provided an opportunity to demonstrate successful implementation of the programme through different channels.

A number of sessions gave a chance to make oral presentations describing results of interventions and studies implemented as a part of CAHR programme. A series of poster presentations also demonstrated lessons learnt from the programme.

During the dialogue space meeting Charanjit Sharma (India HIV/AIDS Alliance) and Mat Sothwell (CoAct) launched The Good practice guide for employing people who use drugs: http://www.cahrproject.org/resource/good-practice-guide-for-employing-people-who-use-drugs/

Another dialogue space meeting was devoted to the discussion of peer based needle exchange programme. This session was done in technical support collaboration between CoAct, the International HIV/AIDS Alliance, Community Action on Harm Reduction programme and the UK National Needle Exchange Forum. CoAct has also produced a series of videos documenting examples of peer based NSP with injectingadvice.com which can be viewed here http://co-act.info/index.php/resources/peer-led-nsp-project

A CAHR partners meeting took place on 21 October. People involved in the implementation of the five year programme could discuss its achievements, challenges and identify further steps for the development.

A reception at the Dutch Embassy gave a chance for representatives from the countries to meet the funder of the programme and present a short film showing the key results. The film can be viewed here www.cahrproject.org/news/community-action-on-harm-reduction-film/
In 2015 CAHR has continued its collaboration with its international policy partners – IDPC, HRI, INPUD on international and local levels.

On 26th June – the UN’s International Day against Drug Abuse and Illicit Trafficking – the Support Don’t Punish campaign hit new heights around the world as people in more than 160 cities, and on social media, made a stand for drug policy reform.

The campaign was launched in 2013 to raise awareness of the harms caused by the criminalisation of people who use drugs. It calls for an end to criminal sanctions for people who use drugs, and for greater investments in harm reduction and health-based approaches.

In June 2015, activists gathered in Argentina, Australia, Belgium, Benin, Brazil, Bulgaria, Burkina Faso, Burundi, Cambodia, Canada, Colombia, Costa Rica, Denmark, Egypt, France, Gambia, Georgia, Ghana, Greece, Guinea-Bissau, Hungary, India, Indonesia, Ireland, Italy, Ivory Coast, Kazakhstan, Kenya, Lebanon, Liberia, Lithuania, Macedonia, Malawi, Malaysia, Mali, Mauritius, Mexico, Moldova, Montenegro, Myanmar, Nepal, New Zealand, Niger, Nigeria, Norway, Philippines, Poland, Portugal, Puerto Rico, Romania, Russia, Senegal, Serbia, Sierra Leone, Slovakia, Spain, Switzerland, Sweden, Tajikistan, Tanzania, Thailand, Tunisia, Ukraine, the United Kingdom, Uruguay, the USA, Uzbekistan and Zimbabwe.

The actions varied in size and design: from small gatherings of supporters in countries as diverse as Guinea and Kazakhstan, to larger protests in France and the USA, and a range of music events, dance displays, flash mobs and sport tournaments. Seminars, debates, workshops and meetings were held in Australia, Benin, Brazil, Colombia, Denmark, Gambia, Ghana, Malawi, Mali and Thailand, among others – including a Parliamentary Meeting in London, UK. In Denmark, supporters promoted the campaign messages at a national political festival on the island of Bornholm, while partners in Australia, Puerto Rico, Uruguay and the UK used graffiti, large murals and street art to highlight the need for reform. In Egypt, advocates visited key tourist sites dressed as Support Don’t Punish pharaohs!

The campaign once again had a major impact on local media and social media, demonstrating the global show of force for policy reform. For example, the campaign reached 6.7 million people on the 26th June on Twitter alone, and now has nearly 6 000 ‘likes’ as part of its Interactive Photo Project – a kind of photo petition which will be used at the UNGASS itself to demonstrate the global nature of the calls for reform.

The human rights of drug users, their partners and children are protected in China, India, Indonesia, Kenya, Malaysia and Myanmar and advanced in global institutions.
CAMPAIGN IN CAHR COUNTRIES

INDIA

India HIV/AIDS Alliance, Indian Drug Users’ Forum (IDUF), Delhi Drug Users Forum and community partners organised a rally at Jantar Mantar, New Delhi to promote respect for the human rights of people who use drugs and raise awareness of the harms being caused by criminalisation. Petitions were submitted to heads of Police and Healthcare and Administration departments highlighting stigma and discrimination faced by PWID at healthcare facilities, the need for increased access to OST services and client friendly treatment facilities. There were more than 100 participants in each of the state events.

Following the solidarity rally, a panel discussion was held at the Constitution Club of India. The main focus of the discussion was on ‘Solutions to the Drug Problem: what’s working and what’s not working in India’. The day’s events brought together policymakers, government representatives, representatives of UN agencies, media, civil society organizations and concerned individuals.

In Bihar, Haryana and Uttarakhand, our harm reduction project teams together with SDUF Members and NGO partners organized state level actions that included rallies, signature campaigns, street plays etc to promote respect for the human rights of people who use drugs and raise awareness of the harms being caused by criminalisation. More than 200 people participated. A petition calling for drug law and policy reforms was submitted to the Prime Minister’s Office.

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The Technical Brief recommends that drug policy be ‘fit for purpose’ and therefore must, among other things, redefine drugs as primarily a health and social issue, include alternatives to criminalisation including diversion to health and welfare services and propose a realistic and pragmatic substitute to the ASEAN drug-free target.


KENYA

The activities for the ‘Day of Action’ in Kenya were supported by Kenya AIDS NGOs Consortium, through the International Drug Policy Consortium and were held at Kawangware - one of the most populous residential areas in Nairobi. It is a mixed mid and low income area. Kawangware is also one of the areas that have a high population of drug users and the homeground for Kenya Network of People who use Drugs (KeNPUD).

Members of KeNPUD assembled at a spot that was designated in Kawangware wearing ‘Support. Don’t punish’ T-shirts with banners, walked around the Kawangware town, chanting ‘Support. Don’t punish’ slogans. All this was geared towards reminding community members of this important day, and discussing the theme, ‘Support, Don’t Punish’. The messages adopted locally for the banners for the event were ‘empowered communities, healthy people’. The ask for KeNPUD members was requesting for work opportunities for drug users, especially the ones on methadone programme who need a sustainable livelihood programme. They addressed the gathering, highlighting issues of drug use and the importance of health services for people involved in drug use, as well as efforts to control drug use.

The procession was then flagged off officially, and went round with performances and messages on the need to be supportive to drug users and assist them in accessing the necessary health services. Overall, the attendance was great, and drug users were given a chance to discuss setbacks they face in accessing health services.
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.

INTRODUCING PEER DRIVEN INTERVENTION IN INDONESIA

CAHR programme continued to support innovative approaches to outreach and helped country partners in Indonesia to set up peer driven intervention – an outreach programme targeting hard to reach networks of people who use drugs. After introduction training on peer driven intervention which took place in Indonesia in 2014, the Regional Technical Support Hub for Eastern Europe and Central Asia together with Rumah Cemara, Indonesian Drug Users Network (PKNI) and Oxford University organised a training session in Jakarta for representatives of organisations starting PDI in Bali, Batam and Jakarta. The aim of the training was to prepare participants to implement PDI in their respective sites and train them to use the SyrEx PDI database for tracking coupons and rewards. Participants learnt about PDI concept and history; its implementation steps, developed practical skills arranging agreements with clients, conducting screening and interviews and providing education based on educational modules specifically designed for the intervention. As a result of the training, PKNI and Rumah Cemara introduced the intervention which not only provides services, but studies behaviour and needs of PWUD.

PRESENTING KENYA PROGRESS IN HARM REDUCTION

A number of achievements were made as a part of the CAHR programme in Kenya: Such as, the launch of needle and syringe exchange programme (NSEP); capacity building of implementing partners through a number of workshops, seminars, development of tools and instruments; advocacy progress building collaboration between national stakeholders, development of standard operating procedures and public discussions of harm reduction programme.

At the moment harm reduction programming is accepted by the government, there is an increasing financial support for NSEP from the donors, established M&E system and regulating documentation, experienced organisations implementing harm reduction programmes on the ground. A case study presenting achievements and challenges introducing harm reduction in Kenya was documented: http://www.cahrproject.org/resource/implementing-needle-and-syringe-programmes-in-kenya-changes-opportunities-and-challenges-in-hiv-prevention/. The primary target audience for this case study: civil society from Eastern African countries developing and launching harm reduction programmes and representatives from the government of these countries.

BASELINE-END LINE STUDY RESULTS COMPARISON

In 2014 a study examining knowledge, attitudes and behaviour of PWID in relation to HIV/AIDS, their well-being and quality of life, satisfaction with HIV prevention services that are being offered, relations with the police, etc was conducted as a part of the CAHR programme.

The study has been conducted in all five countries involved in the CAHR project by AIDS Care China, India HIV/AIDS Alliance, Malaysian AIDS Council, Kenyan AIDS NGOs Consortium, Rumah Cemara from Indonesia and their research partners. The target group of this study was people who inject drugs.

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Organisations used individual structured face-to-face interviews as a study method using almost the same questionnaire as during the baseline study with some minor changes. Results of the end-line study were compared with results of the baseline assessment to understand the impact of the project.

The CAHR programme has been instrumental in advancing the right to health for PWID in all six countries. Specifically, CAHR has supported implementation of the comprehensive package of services recommended by WHO, UNODC and UNAIDS for HIV prevention, treatment and care among PWID. Such support has included technical and material assistance to needle/syringe programmes (NSP), opioid substitution therapy (OST), HIV testing and counselling (HTC), prevention and treatment of sexually transmitted infections (STIs), condom programmes, targeted information, education and communication (IEC), and the prevention, diagnosis and treatment of tuberculosis (TB).

One of the most important behaviour changes sought by the CAHR programme was a reduction in the use of needles/syringes that had already been used by other PWID as the use of contaminated injecting equipment is one of the most effective methods of transmitting HIV as well as other communicable diseases, including hepatitis C (HCV).

A further key achievement of the overall programme has been the reported fall in the use of ‘used’ needles/syringes during the last 30 days from an average of 21.7% at the start of CAHR implementation to an average of 10.3% by 2015. Across the CAHR implementation sites, there has been an increase in the availability of, and access to, harm reduction supplies and services by PWID and access to sexual and reproductive health and rights (SRHR) services for female PWID, and especially for female spouse of PWID in some countries, such as some programme implementation sites in India. This has further strengthened the holistic approach to HIV prevention for the family of PWID and for the broader community.


PROMOTING BEST PRACTICES FOR EMPLOYMENT OF PEOPLE WHO USE DRUGS IN HARM REDUCTION

The Good practice guide for employing people who use drugs has been finalised and shared among CAHR partners. It was also launched during International Harm Reduction Conference in Malaysia and received lots of interest. The Guide can be accessed here www.aidsalliance.org/assets/000/001/841/Employment_Guide_final_2_original.pdf?1445508430

It draws on the experience of CAHR partners and also other harm reduction organisations that have pioneered the employment of PWUD. During development of the guide CAHR partners had an opportunity to review and reflect on the current job policies and practices regarding employment of people who use drugs and improve them. The best examples are presented in the guide. They are not limited to CAHR countries, practical examples from other organisations and countries are presented in this tool as well.
Community Action on Harm Reduction programme was widely presented during the 24th International Harm Reduction Conference in Kuala Lumpur, Malaysia. Alliance Centre for HIV, Hepatitis C and Drug Use and Alliance Ukraine Consultancy (AUC) were leading organisations in making sure the Alliance family is presented well during the conference. All preparatory activities such as making visuals, communication with Alliance family participants, organisation of events during the conference was coordinated by AUC Alliance Centre for HIV, Hepatitis C and Drug Use, and Alliance Secretariat.

The Conference was hosted by Harm Reduction International and Malaysian AIDS Council (MAC) which is the lead partner of CAHR project in Malaysia. The Conference provided an opportunity to demonstrate successful implementation of the programme through different channels. A number of sessions gave a chance to make oral presentations describing results of interventions and studies implemented as a part of CAHR programme. A series of poster presentations also demonstrated lessons learnt from the programme.

During the dialogue space meeting Charanjit Sharma (India HIV/AIDS Alliance) and Mat Sothwell (CoAct) launched The Good practice guide for employing people who use drugs: [http://www.cahrproject.org/resource/good-practice-guide-for-employing-people-who-use-drugs/](http://www.cahrproject.org/resource/good-practice-guide-for-employing-people-who-use-drugs/)

Another dialogue space meeting was devoted to the discussion of peer based needle exchange programme. This session was done in technical support collaboration between CoAct, the International HIV/AIDS Alliance, Community Action on Harm Reduction programme and the UK National Needle Exchange Forum. CoAct has also produced a series of videos documenting examples of peer based NSP with injectingadvice.com which can be viewed here [http://co-act.info/index.php/resources/peer-led-nsp-project](http://co-act.info/index.php/resources/peer-led-nsp-project)

A CAHR partners meeting took place on 21 October. People involved in the implementation of the five year programme could discuss its achievements, challenges and identify further steps for the development.

A reception at the Dutch Embassy gave a chance for representatives from the countries to meet the funder of the programme and present a short film showing the key results. The film can be viewed here [www.cahrproject.org/news/community-action-on-harm-reduction-film/](http://www.cahrproject.org/news/community-action-on-harm-reduction-film/)

### ANNEX 1. CAHR PROJECT RESULTS AGAINST INDICATORS IN 2015

<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>374</td>
</tr>
<tr>
<td>2</td>
<td>Number of case studies that meet Alliance research and evaluation standards produced and disseminated</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>Number of drug users participating in design and implementation of harm reduction programmes</td>
<td>555</td>
</tr>
<tr>
<td>4</td>
<td>Number of existing tools for harm reduction activities locally adapted</td>
<td>47</td>
</tr>
<tr>
<td>5</td>
<td>Number of PWID and sexual partners who initiated OST with the support from the project</td>
<td>1 925</td>
</tr>
<tr>
<td>6</td>
<td>Number of individuals who are benefiting from counselling, legal support, housing and income generation services</td>
<td>17 017</td>
</tr>
<tr>
<td>7</td>
<td>Number of individuals who are benefiting from SRH services</td>
<td>3 720</td>
</tr>
<tr>
<td>8</td>
<td>Number of individuals who received voluntary testing and counselling and received their results</td>
<td>5 209</td>
</tr>
<tr>
<td>9</td>
<td>Number of injecting drug users covered with CAHR-supported services</td>
<td>15 147</td>
</tr>
<tr>
<td>10</td>
<td>Number of non-government organizations / drug user groups provided with technical support</td>
<td>352</td>
</tr>
<tr>
<td>11</td>
<td>Number of policymakers reached</td>
<td>1 737</td>
</tr>
<tr>
<td>12</td>
<td>Number of project beneficiaries benefiting from CAHR-supported services</td>
<td>58 006</td>
</tr>
<tr>
<td>13</td>
<td>Number of project-linked surveys / studies conducted</td>
<td>77</td>
</tr>
<tr>
<td>14</td>
<td>Number of south to south learning exchanges conducted</td>
<td>82</td>
</tr>
</tbody>
</table>
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
IHRN – 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