KHANA

ANACUT TMEI

(Action against AIDS in Communities to Maintain Effective Innovation)

Phnom Penh

October 2009 to December 2014

22 January 2015

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Abbreviations and Acronyms

AIDS	: Acquired Immunodeficiency Syndrome
ATS	: Amphetamine-Type Stimulants
BCC	: Behavior Change Communication
HIV	: Human Immunodeficiency Virus
IPs	: Implementing Partners
KHANA	: Khmer HIV/AIDS NGO Alliance
HTC	: HIV Testing Counseling
MARP	: Most-at-Risk Populations
MMC	: Mondul Meanchey Drop-in Center
MMT	: Methadone Maintenance Therapy
NACD	: National Authority for Combating Drugs
NGO	: Non-Government Organization
NCHADS	: National Centre for HIV/AIDS, Dermatology and STDs
NSP	: Needles-Syringes Programme
OW	: Outreach Workers
PMR	: Programming, Monitoring, Reporting Unit
PWID	: People who inject drugs
PWUD	: People who use drugs
SID	: Strategic Information Department
TWG	: Technical Working Group
UNAID	: Joint United Nations Programme on HIV/AIDS
USAID	: U.S. Agency for International Development
VCCT	: Voluntary Confidential Counseling and Testing

Executive Summary

Introduction

KHANA is the largest national non-profit organization providing HIV prevention and support services at the community level in Cambodia. Initially established in 1996 as a project of the International HIV/AIDS Alliance, KHANA became an independent NGO in 1997 and became an officially registered NGO in Cambodia since 2000. KHANA sponsored the ANACUT TMEI project with funding from DFAT/HAARP Cambodia as a response to the high prevalence of HIV in people who inject drugs (PWIDs) and people who use drugs (PWUDs). The purpose of the ANACUT TMEI project is to provide comprehensive harm reduction services to PWIDs/PWUDs and their sexual partners. PWIDs/PWUDs are vulnerable to contracting HIV and blood borne diseases due to their risk behaviors associated with drug use and overlapping sexual behaviors. The majority of drug dependent people in Cambodia are estimated to be methamphetamine users, with smoking as the popular route of administration. In 2005, an International Rapid Assessment Response and Evaluation (I-RARE) investigated drug use and sexual HIV risk patterns among PWIDs/PWUDs in two sites in Cambodia and found all the PWIDs/PWUDs surveyed, located in Phnom Penh, and reported re-using needles and syringes. The main factors that attributed to the re-use of needles and syringes include lack of access, high cost and low availability, and low levels of awareness in regards to HIV transmission through injecting drug use. Awareness of HIV transmission through injecting practices remains low in both illicit drug using populations and other vulnerable groups such as sex workers, factory and casino workers. There is a large need to educate PWIDs/PWUDs of the many negative health repercussions of sharing used needles/syringes and to provide health services to reduce risks. The ANACUT TMEI project has implemented many beneficial Programmes targeted at reaching hidden populations through outreach workers. The goals of ANACUT TMEI is to provide comprehensive package of community based harm reduction services to PWID, PWUD, and sexual partners in Phnom Penh; to build an enabling environment for harm reduction through collaboration with law enforcement officers, local authorities, and local communities; and to showcase best practices from evidence based research to provide appropriate training opportunities at IPs and DICs.

Programme Achievement

The ANACUT TMEI project has accomplished many achievements over the span of its five-year timeline with services covering outreach activities, needles/syringes and health kit dispensing, improvement of completion of referrals, and expansion of DIC services and coverage. The Needles-Syringes Program (NSP) and the Methadone Maintenance Treatment (MMT) program has received many newly enrolled clients and have educated PWIDs/PWUDs of the dangers involved in injecting mixed drugs and risks re-using needles/syringes. The enabling environment for PWIDs/PWUDs was expanded as there

were more regular meetings between government officials, stakeholders, current and ex-drug users, and HIV organizations; HIV awareness at national events; and the development of the Standard Operating Procedures for a Continuum of HIV Prevention Treatment and Care for Illicit Drug Users in Cambodia (SOP-CoPCT for PWID/PWDU). Capacity building allowed IP staff, local community members, local agencies and authorities, PWIDs/PWUDs to attend informational workshops and trainings that covered counseling techniques, HIV and STI education, HIV-related risks and risky sexual behaviors, condom use, behavior communication change methods, proper needle/syringe practices, and other HIV drug-related issues. Coordination amongst KHANA, IPs, programme staff, local authorities, and PWIDs/PWUDs improved relationships and partnerships as information sharing was better managed and consistent meetings were conducted to clarify confusions or discuss challenges. Size estimation on PWIDs/PWUDs approximated 1,300 in Cambodia with majority residing in Phnom Penh. Research on PWIDs/PWUDs also found HIV prevalence of 24.8% in PWIDs and 4% in PWUDs, but HIV prevalence rates were much high when solely examining PWIDs/PWUDs in Phnom Penh. Needle and Syringe sharing was low as 63% of PWIDs/PWUDs self-reported to never sharing the same needles/syringes with others in the past month. Drug use trends were seen to fluctuate dramatically as heroin and Amphetamine Type Stimulant (ATS) alternated popularity and may be dependent on law enforcement and government regulations. Involvement of current and ex-PWIDs/PWUDs as peer counselors and peer OW was very successful to recruit new clients and influence their peers to attend support help group (SHG) meetings and access health services. Clients utilizing the health services at the harm reduction programmes were more open to express their experiences, concerns, opinions as they felt more comfortable working with staff, many of whom have undergone similar experiences.

Conclusions

The ANACUT TMEI project has accomplished many successful achievements and underwent many hurdles and challenges, but harm reduction programmes have grown with the support of the local community, PWID/PWUD advocates, local authorities, KHANA, MMC, Korsang, and related agencies. There is a large need for additional funding to sustain the ANACUT TMEI project as government regulations and laws have significantly reduced international and global funding for harm reduction programmes. Without funding and resources, implemented projects initiated by ANACUT TMEI are at risk to being terminated, which may lead to increase HIV prevalence in the PWID/PWUD population and increase numbers of drug users.

Lessons Learned and Recommendations

Collaboration from local authorities, local police enforcement, and the community is important to establish mutual understandings and increase the public knowledge on drug-related issues regarding HIV and how harm reduction programmes highly benefit the PWID/PWUDs to quit their drug addictions. Media exposure spreading awareness of HIV and drug-related issues via radio, television, national events, and internet resources may desensitise the stigmas and discrimination the public population holds against PWIDs/PWUDs and focus on helping drug users overcome their addiction.

Programme Achievements

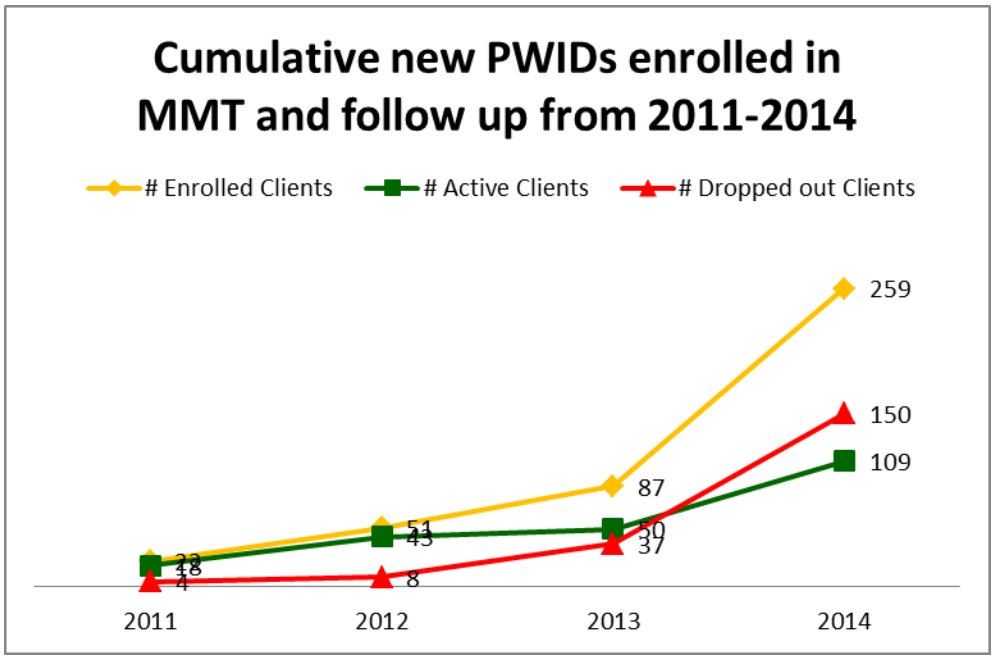
Service Deliveries

KHANA has implemented Needles-Syringes Programme (NSP) and the Methadone Maintenance Treatment (MMT) programme for people who inject drugs (PWIDs) and people who use drugs (PWUDs) to promote access to health services, emotional support, and appropriate referrals for PWIDs/PWUDs. Mondul Meanchey Drop-in Center (MMC) and Korsang has received NSP license and continues to renew their license in order to distribute clean needs and syringes. To ensure safe removal, peer OWs collected used needles and syringes from PWIDs/PWUDs during their outreach activities and discarded the used needs and syringes to the Cambodian Red Cross Medical Waste Management, who is contracted with MMC. The table below shows the trends of each indicator progressing through 2010 to 2014. The number of outreach contacts (9,458) and active individuals (353) were seen to increase in numbers. Similar results for the number of contacts (4,322) and number of individuals (226) were seen at DICs. The number of condoms dispensed peaked in 2012, but declined in 2013 and 2014. The number of Needles/Syringes dispensed overall increased throughout the five-year project with over 40,584 needles/syringe packs dispensed in 2014. The number of clients for methadone therapy and VCCT increased from 2010 to 2014 with 63 clients using methadone therapy and 134 clients using VCCT in 2014. Clients receiving primary health care dramatically increased zero clients in 2010 to 519 clients in 2014.

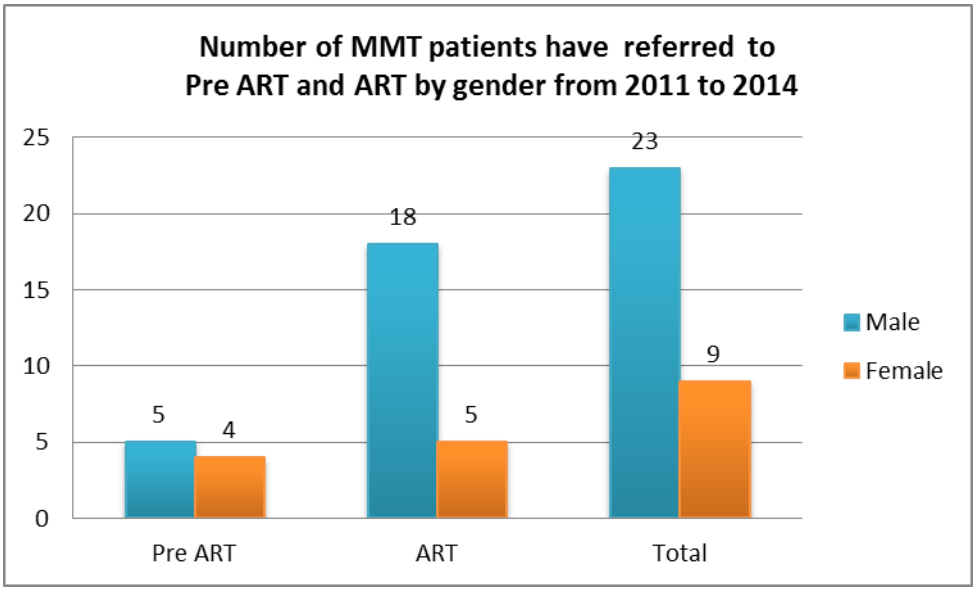
NEEDLE AND SYRINGE PROGRAMME (NSP) FROM 2010 TO 2014					
Indicators	**Jan-Dec 2010**	**Jan-Dec 2011**	**Jan-Dec 2012**	**Jan-Dec 2013**	**Jan-Dec 2014**
Outreach					
# Contacts	100	3,032	8,909	17,584	18,737
# Individuals (total)	90	235	284	313	353
# New Individuals (total)	14	145	92	52	54
# Contact Male Sexual partners/spouses of IDU	24	3	23	21	4
# Contact Female Sexual partners/spouses of IDU	1	26	49	38	16
Fixed Site/Drop-in Center					
# Contacts	55	4,497	7,900	7,701	7,736
# Individuals (total)	45	244	201	199	226
# New Individuals (total)	45	200	42	73	36
# Contact Male Sexual partners/spouses of IDU	1	3	4	8	4
# Contact Female Sexual partners/spouses of IDU	0	28	13	21	13
Safe Injecting and Safe Sex Equipment Dispensed					
# condoms dispensed	11,432	68,094	65,345	65,994	35,231
# lubricant packs dispensed	2,203	61,094	45,640	31,612	23,052
# needle/syringes dispensed	215	4,917	29,173	115,994	100,678
Completed Referrals	0				
Methadone Therapy	0	22	43	50	109
VCCT	27	96	84	145	134
STI service	38	480	278	102	279

Other reproductive health	0	1	11	4	28
ARV/OI & monitoring	1	15	51	53	49
TB treatment and monitoring	0	3	26	47	31
Primary Health Care	0	51	197	186	916
Education and Communication to…					
PWID/PWDU	461	22,920	62,977	N/A	
Community/Families	22	775	168	N/A	

The MMT programme was implemented during the second period of 2011 at the Mundol Meanchey drop-in center (MMC) and initially supported a small number of PWIDs. Throughout the five-year project, the MMT programme received increasing numbers of enrolled clients, but has also experience high dropout rates. To help retain MMT clients, MMC provided additional support in regards to adherence, psychosocial and emotional counseling, socioeconomic assistance, home visits, and encouraged behavior change. Discussion at the MMT programme covered how to reduce the risk of overdose caused from mixing drugs and information about methadone negative health impacts. MMC referred and followed-up with heroin injecting drug users to the MMT programme. The collaboration between MMC and the MMT programme ensured overall comprehensive case management of PWID/PWUD's wellbeing. Currently, MMC and Korsang attend weekly meetings to discuss MMT cases and case management of new client enrollment.



This graph indicates by year the cumulative numbers of new PWID enrolled at MMT clinic, current daily dose uptakes, and dropouts, from January 2011 to December 2014. In total, KHANA's Harm Reduction programme (through MMC and Korsang) has referred 259 PWID (including 42 females) to access methadone at MMT clinic, of which 109 (including 18 females) remain active while the other 150 (including 24 females) have dropped out by December 2014. The dramatically increase the number of MMT patients in 2014 due to the programme also included 143 MMT patients to provide care and active follow up after USAID-SAHACOM funding ended in September 2014.



The graph represents the total number of HIV+ among MMT patients that have been referred to health facilities and NGO clinics to access counseling, pre-ART, and ART for the January 2011–December 2014 period. Among the 32 patients (9 of whom are female), 23 (5 females) are on ART, while the remaining 9 (5 females) are on Pre-ART by December 2014. Unfortunately, the data on the number of PWID receiving HIV testing within the above period is not available because this information was not tracked by the previous report template.

Enabling Environment

Establishing an enabling environment for PWIDs and PWUDs increases their control over their health outcomes by providing them access to essential services as well as reducing stigma and discrimination. In order to effectively implement harm reduction programmes, KHANA and IPs are continuously and actively collaborating with local authorities, PWIDs/PWUDs, and the community by conducting pertinent meetings on a regular basis, which has been seen throughout the five-year ANACUT TMEI project.

For example, in 2010 HIV organizations were able to hold stakeholder meetings and organised public events such as World AIDS Day and Candle Light/Memorial Day with the cooperation from local authorities. Community educational sessions teaching HIV/AIDS and drug use health impacts reached out to 519 participants. In 2011, the first national workshop on harm reduction in Cambodia themed “Together We can Improve

Health for All" was held in Siem Reap Province, which was organised by the General Secretariat of the National Authority for Combating Drugs (NACD), the Ministry of Health, DFAT/HAARP, KHANA, FHI, United Nations, Nossal Institute of Melbourne University, government institutions, and other IPs. The 2011 harm reduction workshop brought in 191 participants from various sectors including law enforcement institutions, Health, Social Affairs, and Education Ministries, and provincial drug committees. More importantly in 2011, the development of the Standard Operating Procedures for a Continuum of HIV Prevention Treatment and Care for Illicit Drug Users in Cambodia (SOP CoPCT for IDU/DU) created objectives that increases access to various health services, improve coordination between HIV/AIDS organizations, monitor HIV prevention and treatment, improve data collection, and discussed many other activities specific to improving the health status of PWIDs/PWUDs. In 2012, the CoPCT-R model was developed and led by NCHADS, UNAIDS, WHO with the involvement from KHANA, FHI360, MS, and KS. The CoPCT-R model provided a mechanism for organizations to share information and discuss issues regarding drug use and HIV. One outcomes of the 2012 meetings produced quarterly newsletters on Sexual Reproductive Health (SRH) related issues aimed to increase awareness for most at risk youth. Not only were meetings amongst organizations more structured, there was more media exposure to raise awareness of HIV and drug use among the general population. For example, KHANA provided t-shirts and caps for HIV events in Phnom Penh and MMC started a Facebook webpage to post current news, events, and activities such as outreach, trainings, advocacy and publications related to harm reduction. In 2013, there were more effective meetings between HIV organization, local authorities, government agencies, stakeholders, and civil societies to improve drug treatment and rehabilitation, discuss need and syringe issues, update harm reduction challenges, and identify work plans on HIV prevention. Outreach workers attended PCPI trainings to learn how to better communicate with local authorities. The most current challenges of 2014 was balancing the relationships with local authorities and police officers as there were many arrests of PWIDs/PWUDs for drugs use and petty crime. The meetings in 2014 were mainly focused on building and maintaining collaboration with the community, neighbors, family members, local authority, and PWIDs/PWUDs.

Achievements from the five-year HAARP project has strengthened the relationships between PWIDs/PWUDs, HIV organizations, local authorities, government agencies, and the community, creating a supportive environment that is more sensitised to HIV and drug-related issues. Future prospects on further developing a strong enabling environment will be made possible by additional support, leadership, and innovations.

Capacity Building

Capacity Building is an important tool to train HIV organization staff and IPs to be more aware of HIV drug-related problems, become self-sufficient, and to effectively carry out activities. During the beginning of the ANACUT TMEI project, KHANA held training workshops for IP staff members on assessing community needs; basic knowledge of HIV/AIDS, HIV-related Drugs, and outreach activities; how to change risky HIV-drug related behaviors; and safe syringe practice, condom use, and Behavior Change Communication (BCC) approaches. To be better engaged on the current HIV drug-related issues, KHANA and its IPs attended international workshops in 2011; for example, the "Overdose Prevention" in Hanoi, Vietnam and the "Youth Friendly Harm Reduction Workshop" and the "Regional Monitoring and Evaluation Workshop" in Bangkok, Thailand. After learning international best practices for harm reduction, KHANA and its IPs were able to educate their fellow peer educators and staff members on safe needle and syringe practices, how to conduct counseling and increase motivation with PWIDs/PWUDs, better monitoring and evaluation management, increase referrals, and how to form stronger relationships with law enforcement. As KHANA and IPs were more fully informed about HIV/AIDS and drug-related prevention, the workshop trainings shifted to educating staff on harm reduction and law enforcement relationships, which was attended by local authorities, community members, and peer educators/facilitators. In 2012, the Police Commune Partnership Initiative (PCPI) was held over three days and reached out to 60 participants, including police officers. The PCPI increased awareness on HIV/AIDS, effects and impact of drug abuse, the Law on Suppression of Human Trafficking and Sexual Exploitation while also improving cooperation between local authorities and relevant partners and clarifying the roles and responsibilities of the police and community leaders in response to HIV/AIDS. As cooperation with local authorities strengthened in 2013, workshops focused on health care provider training covering HIV and Syphilis counseling and testing for lay counselors. The goal was to increase HIV prevention, care, and treatment for most-at-risk populations (MARPs), expand coverage and increase accessibility to care, strengthen technical capacity, and to provide basic knowledge on how to perform HIV finger-prick testing. Other meetings covered improvement of quality services for clients, Peer Support Group Network Leader Selection to run support groups, and to improve the knowledge and understanding of harm reduction programmes related to HIV prevention, TB, Hepatitis, and other infection. Currently, 2014 capacity building objectives focus on monitoring and evaluating (M&E) reporting system to include updated data collection tools and indicator definitions. Training for data collection

covered how to apply Unique Identify Code (UIC) for PWID/PWUD, ToT, and RQA data collection.

Overall, the various trainings and workshops attended over the past five years have made IP staff, local authorities, peer educators and facilitators, and community members more confident on reducing the stigmas and discrimination against PWIDs/PWUDs, increased awareness of the ongoing HIV drug-related problems, and have taught HIV organizations on how to better address the needs of PWIDs/PWUDs.

Coordination

KHANA and IPs are continuously fortifying their relationships with relevant stakeholders, local and international NGOs and government agencies. KHANA is a member of the National Technical Working Group (NTWG) and the TWG for the development of the SOP-COPCT-R for PWID/PWUD. Regular coordination meetings between KHANA, IPs, government agencies, and other organizations have led programmes, such as the Methadone Maintenance Treatment (MMT) programme and the Needs and Syringes Programme (NSP), to progress and flourish. In 2010, initial meetings and consultation from NACD, NCHADS, DFAT, KHANA, FHI350, MHSS, and IPs were held to discuss the implementation of the MMT and NSP programmes. This led to HAARP coordination meetings of 2011, which proposed programme implementations and updated current activities amongst participants from MMC, WHO, KHANA, FHI, FI, UNAID, and HAARP. Weekly and quarterly meetings between organizations discussed the challenges posed by the Village and Commune Safety Policy, issues in relation to VCCT and STI treatment access from family health clinics, health centers, and referral hospitals, and to resolve emerging client issues at MMT clinics. These meetings combated the ongoing problems occurring during implementation and tackle issues preventing the success of project activities. For example, a collaboration meeting between MMC and Korsang in 2012 was shown to be very productive as they discussed improvements to boost the provisions and coverage of the NSP and HIV Testing Counseling (HTC) and built mutual understandings related to addressing the needs of PWID and PWUD. In 2013 and 2014, KHANA, Korsang, and MMC attended bi-annual HAARP coordination meetings, authority coordination meetings, and NGOs coordination meetings, which led to learning more on updated harm reduction techniques, built strategic alliances, and technical inputs and advice for programme planning and policy discussion. Coordination meetings on a regular consistent basis were shown to increase productivity, introduce and update ideas, and reinforce relationship bonds between organizations, HIV programmes, IPs, government agencies, and local authorities.

Activities related to Research/Quality Data

Activities in relation to research and quality data have evolved progressively over the five-year ANACUT TMEI project. Starting in 2010, KHANA conducted a community needs assessment (CNA) in Steung Treang and Kampong Speu to identify and map the numbers of PWIDs/PWUDs and the places they gather to exchange information or purchases of drugs; identify the knowledge, attitude, and behaviors of needle and syringe practices; and to finally identify the needs and gaps of the intervention related to HIV and harm reduction. In 2011, KHANA produced data collection tools for IPs to collect quality data and information for reporting. At the end of each quarter, IP project officers collected the data/information from peer educator reports and organised data spreadsheets to be sent to KHANA for analysis. KHANA consolidated the data and performed data analysis to generate a full final report, which was disseminated to stakeholders, IPs, and relevant organizations. Preliminary analysis and findings of data collected from 2010-2012 saw comprehensive packages of harm reduction services had positive results for PWID/PWUD and MMC made new innovations of incorporating of SRH and gender into its services, improved coordination and collaboration with stakeholders at all levels to advocate political support for enabling environment, and involved PWID/PWUD as peer OW. Size estimation reported 1,626 PWID/PWUD across nine provinces using Respondent Driven Sampling (RDS). Key findings in 2012 estimated approximately 1,300 PWID/PWUD in Cambodia with majority residing in Phnom Penh (1,086). HIV prevalence in PWID was 24.8% and for PWUD was 4%, but HIV prevalence rates for PWID and PWUD in Phnom Penh were much higher. 63% of PWID reported to never sharing needles and syringes with other PWID in the past month. Consensus meeting amongst NCHADS, NACD, and KHANA derived the final number of PWIDs/PWUDs in Cambodia, which was presented at the HAARP steering committee with publication waiting for release and distribution by NACD. Research in 2013 expanded analysis to determine the effectiveness of harm reduction programmes in Cambodia and explored the methods to increase NSP coverage and MMT enrollment as well as to minimize MMT drop-out. As of 2014, research is more involved in tool development, discussions around challenges and solutions, better recording and tracking of everyday activities of OWs with the Peer Recording Book developed by MMC, and documentation on HIV testing through finger-prick tests.

Monitoring and Evaluation (M&E)

The Strategic Information Development (SID) of KHANA has developed a strong Database Management System (DBMS) and standardized M&E tools, which include: guidelines, M&E plan, work plan, monitoring report, and data collection tools for IPs to collect and capture information with relevant indicators. In addition, KHANA provided technical support during field-site visits to IPs in order to identify gaps, address challenges, and locate areas of improvement during the initial phase of IPs implementation on their projects. KHANA provided IPs face to face coaching and relationship building with local authority, police, and other relevant stakeholders. KHANA and IPs set their monitoring system individually. For example, at MHSS, the programme coordinator conducted monitoring with peer facilitators and OWs with regular meetings. During the meetings, peer facilitators and OW would discuss the challenges encountered and the programme coordinator would provide resolutions to issues and problems. The programme coordinator was also involved in field monitoring, verified target group, and provided on-site solutions. During Technical Support Visits (TSV), KHANA monitored the overall programme implementation and provided IPs any assistance necessary to ensure the quality of the data. The data collected was used to monitor progress or implemented programmes and determined future implementations. On a quarterly basis, KHANA and IPs are required to report to the Strategic Information Department (SID), who consolidated the information into a six-monthly report to DFAT/HAARP. In 2013, the Planning, Monitoring, and Reporting (PMR) unit of KHANA updated the data collection tools, including the beneficiary list, referral list, and self-help group list for the recording of detailed information of PWIDs regarding services received. The PMR unit worked closely with IPs to review and verify reports to ensure the quality of quantitative and qualitative data. Currently, as of 2014, MMC and Korsang have started to generate and apply UIC codes for PWIDs for tracking purposes.

Changes in Drug Use Trends

Drug use trends observed during the five-year period of the ANACUT TMEI project greatly fluctuated between the popularity of heroin and Amphetamine-Type Stimulants (ATS). In 2010, ATS, specifically Ice Yama, became very popular with wide spread use among PWIDs. According to the Harm Reduction Project, 30% of the target group switched their choice of drug from heroine to ATS. At the time, heroine was reported to be more expensive and more difficult to find than ATS. In Meanchy Drop-in Center, ATS (ice type) was the most popular choice among PWUDs while Yama pills were rarer to find than crystal forms. Heroine is still popular among PWIDs, but PWIDs occasionally

switched from injecting heroine to smoking ATS-Ice type and cannabis. PWIDs and PWUDs reported risky sexual behaviors and shared needles/syringes among their fellow drug user group. In 2011 at the Kampong Speu site, 40% of the target group reported switching from heroin to Ice due to the high cost and difficulty of obtaining heroin with the addition of increased arrests from police forces if caught trading, selling, or using heroin. Although reports of heroin being more expensive than ATS may be true for one group of PWIDs, others reported the price of Ice was more expensive than heroin—$5 worth of heroin has similar effects to $10 worth of Ice, but many methadone clients switched from injecting or smoking heroin to smoking Ice Yama. In early 2012, PWIDs reported it was easier and cheaper to purchase heroin. On average, PWIDs spent approximately 20,000 to 40,000 riel ($5-$10 USD) for one heroin injecting dose. Typically, PWIDs injected heroin three times per day and were often in need of money to fund their addiction habits. Since PWIDs lacked funds for their drug use, they resorted to illegal activities—stealing and burglary. In late 2012, many PWIDs reported switching from injecting heroin to smoking Ice Yama instead. Some PWIDs reported injecting themselves with a mixture of heroin and diazepam (called "Ropam") to induce increased sense of smell and high emotional sensations. In comparison to early 2012, late 2012 reports of PWIDs stated it was easier to purchase Ice than heroin. Late 2012 reports also found PWIDs to have improved hygiene and sanitation through BCC tools and placed their health as a priority. In 2013, IBBS reported 74% of PWID started using drugs by smoking and 18% of PWIDs first started using injecting drugs. 35% of PWUD in Phnom Penh reported injected drug use in the past 12 months, which is much higher than the prevalence of 2% injected drug use in other Cambodian Provinces. Furthermore, 81% of PWUD reported using Ice/Amphetamines, making it the most commonly used drug type, followed by Yama (46%) in the past 12 months. Among PWIDs, Ice/Amphetamine (78%) and heroin (61.9%) were the most popular drug type. "Ropam" was seen to be common and very popular among people who inject heroin in late 2013 reports as drug users thought it improved their sleep and that diazepam was a method to battle heroin withdrawal. Drug users are able to purchase diazepam at pharmacies at the affordable price of 6,000 Riel ($1.50 USD) per ampoule (2ml). Current trends seen in 2014 had similar observations as 2013 with Ropam remaining popular among people who inject heroin and heroin being cheaper than ATS. Frequency of drug injection was dependent on the availability and affordability, but majority of PWIDs reported injecting an average of three times per day.

Involvement of PWID/PWUD in project implementation

Engaging current and ex-PWIDs/PWUDs in the starting phases of project implementation was seen to be extremely beneficial for IPs as former and current drug users were able to provide valuable input on the challenges and solutions and recruit hidden target groups. In 2010, REDA and MHSS established IDU/DU Self-Help Groups (SHGs) as a forum for PWIDs/PWUDs to exchange concerns, share their experiences, and ways to improve self-care, risk related behavior, safer drug injection and sex practices, and increase health-seeking behaviors. Monthly meetings were conducted with SHG, KHANA, REDA, MHSS, and OWs to better understand the problems OWs face, their needs, and suggestions on how to get reports PWIDs/PWUDs. Drug users were encouraged to participate in significant events like World AIDS Day, Candle Light, public campaigns to educate the community and reduce stigmas and discrimination. In 2012, MMC and Korsang recruited PWIDs/PWUDs to work as staff members, peer OWs, and peer counselors at their programme. With PWIDs/PWUDs as part of the staff team, clients felt more comfortable to accessing services and there were reduced stigmas and discriminations against drug users. Weekly peer meetings and reflections at MMC updated drug-related information, achievements, challenges, and plans. The successful incorporation of using current and ex-PWIDs/PWUDs as peer OWs and peer counselors at MMC and Korsang brought more accurate feedback from the community that was used to implementing new ideas into programming. This led to KHANA initiating and facilitating the establishment of the "peer support group network" in 2013, which aims to building relationships with PWIDs/PWUDs and promote HIV prevention within and beyond their sex and drug networks. KHANA hopes the network will spread the knowledge of harm reduction, increased condom use with casual sex partners, and access to health services within the PWID/PWUD community.

Gender

KHANA and IPs have taken the human rights based approach, which includes decreasing gender disparities in society and power inequalities within relationships. KHANA has encouraged and supported men, women, entertainment female workers, men who have sex with men (MSM), and transgender (TGs) who are PWID/PWUD to access their provided health services. For example, through outreach programmes, OWs have built trusting relationships with female PWIDs/PWUDs and motivated them to access the available community health services. Community drop-in centers are gender sensitive as they have safe spaces for privacy, separated male and female bathrooms, and provide flexible options for clients to choose their medical providers and medical

assistant of their preference for health services. Health services provided at MMC and Korsang include: hygiene education, drug education, VCCT, HIV prevention, antenatal care (ANC), family planning, birth spacing methods, STI testing and treatment, PMTCT, sexual reproductive health, gender-based violence education, consultation and treatment, counseling, primary health care, and pregnancy testing. The drop-in centers staff is trained to be considerate of gender issues. Education and referrals made at the drop-in centers are respectful of the specific gender needs and take appropriate action. Peer educational classes at MMC integrate sexual reproductive health issues such as gender-based violence. Additionally, MMC provides health care services not only for their clients, but for their spouses or sexual partners of PWIDs/PWUDs.

Lessons Learned

There were many challenges and barriers apprehended throughout the five-year ANACUT TMEI project. Law enforcement was seen to be a constant barrier that inhibited projects and activities to be fully carried out. Therefore, PWUDs and PWIDs did not want to participate in the activities as they were afraid of being incarcerated if seen communicating with NGO sponsoring harm reduction programmes. For example, many PWIDs/PWUDs were arrested at the ASEAN meeting held in Phnom Penh because of police enforcing the Clean City Policy and the Village and Commune Safety Policy. Another challenge to reaching out to PWIDs/PWUDs was that they frequently relocated to avoid arrest for their illegal activities. HIV organizations faced ongoing challenges of limited funding and resources, inadequate medicine and clinical equipment, limited acceptance space for PWIDs/PWUDs to access clinic services, limited peer educators, and high turnover of PWIDs/PWUDs, which required repeated trainings to new staff members. On multiple occasions, there was a great need to provide incentives to maintain the employment of former and current PWIDs/PWUDs to work as peer educators and peer OWs to avoid high turnover rates. Transportation cost was a challenge as there was difficulty for the programme to reach target populations for referrals and for target populations to access health services. Private Pharmacy Outlet owners disliked collaborating with KHANA for the NSP programme and sometimes refused to provide services. The pharmacy outlet owners were afraid of being arrested by police and the impact of stereotypes and stigmas on their business with non-drug user customers if seen cooperating with NGOs that support harm reduction programmes. Within IPs, MMT clinic staff was often busy processing government work, which delayed methadone treatment and other health services. The dropout rate for methadone patients remain high due to the programme dropping clients if they miss five days of session, but clients are able to re-enroll if their absence is related to family matters or being arrested for petty crimes. Although there were many challenges and barriers, the weaknesses in the

programme have identified the gaps and limitations, which were used to create newer innovations and implementation to strengthen the programme. New innovations such as integrating PWID/PWUDs into programmes staff team was a great opportunity to improve understandings of the challenges and identify solutions by providing safe spaces for open discussions and network building. Drop-in centers attracted a lot of clients and increased awareness of drug use in regards to HIV infection, but programmes also made new innovations by teaching about sexual reproductive health, condom use, and behavior changes to decrease HIV risks. Peer counseling was an effective way for PWID/PWUD to reduce drug use and high risk behaviors, increased health seeking behaviors, and access to vocational training and livelihoods support. Referrals for VCCT were more effective in increasing testing service uptake and return results as well as linking HIV+ individuals with treatment. Snowball incentives were successful mechanisms for PWIDs/PWUDs to recruit friends and peers who inject drugs to DIC for services and testing. MMC and Korsang collaboration enabled female OWs to collectively identify hidden populations of PWID/PWUD (i.e. female drug users) and hot spots.

Recommendations

Media exposure is recommended to increase awareness of HIV-related drug use risks and increase community sensitivity toward PWIDs/PWUDs. As the public population is more aware and concerned about HIV drug-related issues and harm reduction programmes, stigmas and discrimination against PWIDs/PWUDs and NGOs sponsoring harm reduction may decline. This project found using up-to-date media outlets to reach hidden target populations led to more clients enrolling in NSP and MMT programmes. Training current and ex-drug users to become peer OWs and peer counselors with employment incentives may avoid high turnover rates of programme staff and reduce cost of training new employees. PWIDs/PWUDs were found to respond better to friendly and open services at drop-in centers and felt more comfortable sharing experiences with fellow peer OWs and peer counselors who have had similar experiences. It was recommended to promote VCCT and regular medical check-ups amongst PWIDs/PWUDs to encourage testing and treatment for HIV/AIDS, TB, and STI while also providing family planning, counseling, sexual and reproductive health education, and improve knowledge of gender-based violence. Regular consistent meetings at the local community level and at the national level are important to include and engage discussion among all stakeholders and related members.

Plans to sustain the programme

To sustain the programme, there is a continuous need for collaboration and cooperation from the government, local authorities, and related agencies. With government support and

involvement in the programme, PWIDs/PWUDs may feel more open to enroll with harm reduction programmes, discuss their concerns, and voice their opinions. Sustainability within programmes requires proper incentives to employ stable employees and recruit current and ex-PWIDs/PWUDs. Having a consistent team of staff may build stronger relationships with PWIDs/PWUDs as clients are more comfortable and trusting seeing familiar faces. Refresher workshops for trainers and educators on HIV-related drugs risks, prevention and treatment, and knowledge of health services may better clarify overall roles and responsibilities. Funding is greatly needed as the budget for harm reduction from the Global Fund has significantly decreased due to Cambodian laws and government procedures. The lack of funding has created strains in sustaining ongoing programmes and has resulted to miniscule harm reduction activities proposed in the future. In order to continue the progress of IPs programmes and the many beneficial health services such as outreach activities and counseling, funding and government collaboration is required.

Success Stories

Vuth's Successful Behavior Change

Vuth, a construction worker, dropped out of school and started using drugs in 1998. His main reasons for using drugs were from peer pressure from his friends and depression stemming out of family problems. Vuth sniffed heroin mixed with yama two times per day, costing him around $40. For five years he sniffed heroin and later switched to injecting heroin. In the beginning, he injected heroin two times a day, but his dose frequency later increased to four injections per day. Most of the money he earned was spent on buying drugs; however, his addiction expense became larger than his income. In order support his drug use habits, he started stealing and selling construction materials from his company.

Vuth sometimes used and shared unhygienic syringes at night as it was difficult for him to obtain clean needles. He had several sexual partners, but he mostly used condoms when having sex. During Vuth's period of drug use, his parents, relatives, and neighbors grew a strong discrimination against him.

In 2011, Vuth attended military training in Preah Vihear Province for over four months, in which, he did not use drugs. However, when he returned home, he continued his drug use habits—injecting heroin everyday as before. In August 2012, Vuth's close friend recommended him to visit KHANA's MMC where he received counseling and was educated about MMT clinic services. In September 2012, Vuth made the decision to access the services at MMT clinic.

With support from his family and staff from MMT and MMC, Vuth was able to quit his drug addiction in a short one-week time span. He currently receives his daily dose at MMT clinic

and has become a peer outreach worker for MMC. After his behavior change, his family, neighbors, and community praise him and have accepted him.

Community and Right-based Harm Reduction Programme Changes Life of Former Drug User

Carrying a bag with sterile syringes and condoms, Doch is delivering Health Kits and educating his peers, PWIDs, at a hotspot where people purchase drugs in Phnom Penh. Committed and determined, Doch is an outreach worker trying to bring a new and positive future to other PWIDs as he has once experienced the nightmares of being a drug user. In 1995, Doch was living alone on the streets and was influenced by his peers to start using Yama and smoke ICE. In 1997, he was diagnosed HIV positive due to having unprotected sex and doing drug-related risky behaviors. Doch's addiction grew as he began to inject heroin three to four times a day in 2011 and he "tried to do everything possible to find money to buy drug." In order to make a living, he had to scavenge for scrap material from a dumping site to feed his drug addiction. The money he received was never enough to buy drug, which made him resort to stealing and was inevitably arrested.

In February 2012, Doch went to an outreach activity and met outreach workers of Mondul Meanchey (MMC). He was introduced to MMC's drop-in center and decided to access their services. The outreach workers provided him counseling on the harmful impacts of using drugs and referred him to the available services at MMC. From then on, he regularly came to the MMC drop-in center to get clean syringes, attended educational sessions on HIV and harm reduction, and socialized with his peers.

After receiving counseling from MMC, Doch agreed to undertake MMT in March 2013. At the same time, he was also referred to receive Tuberculosis screening and DOTS. After great devotion and commitment to receiving MMC's services, Doch was successfully cured from TB and his 17-year drug addiction.

In January 2013, Doch was recruited to be an Outreach Worker attributed to his behavior change and commitment to bringing a new future to his peers. Doch takes great pride in the work he does and influences other drug users as a role model to overcome their addiction.