



# Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

## IMPLEMENTING A COMMUNITY-BASED PWID-LED NEEDLE AND SYRINGE PROGRAM IN NIGERA

Aniedi Akpan

DAPHO/DHRAN

August 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery



# Nigeria Context

- Adult HIV prevalence ~ 1.4%
- 1.8 million adults and children living with HIV
- An estimated 80,000 people inject drugs (Nigeria Drug Use Survey, 2018)
- National HIV prevalence amongst PWID is 3.4% but is highly variable depending on location (IBBSS, 2014)
- PWID account for up to 9% of new HIV infections

*Source: National Guidelines for Implementation of HIV Prevention Programs for People who Inject Drugs in Nigeria: MOH 2020*



# Program Overview

- The Pilot Needle Syringe Exchange Program is funded by the Global Fund and implemented by DAPHO, Youth Development and Health Initiative (YDHI) and Good Heart for Health Organization (GHHO).
- Launched in Gombe, Abia and Oyo States in 2020.
- Package of services includes needle and syringe exchange, wound treatment services, HIV/STI services, Safe Injection Education, Condom distribution, Paralegal support.
- Targets:
  - Gombe = 720 people who inject drugs
  - Abia = 450 people who inject drugs
  - Oyo = 1200 people who inject drugs



# Creating an Enabling Environment: Key Turning Points – 1

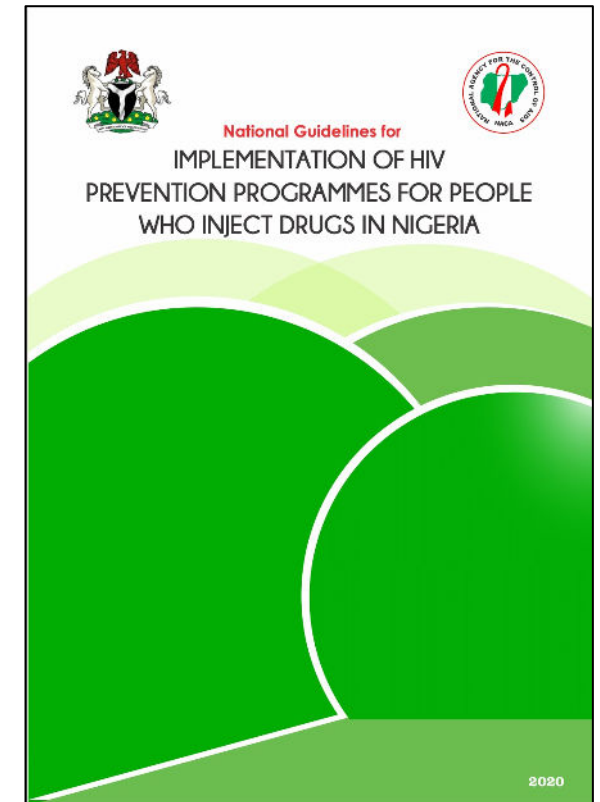
- Advocacy for the NSP at different fora by the Nigeria Drug User Network (DHRAN), YouthRISE Nigeria and the Community Intervention Network on Drugs
- Formation of the National Technical Working Group on Drug Demand Reduction and Harm Reduction by the Federal Ministry of Health with membership by the 3 foremost civil societies on drugs.
- GF-funded Study Tour on Harm Reduction to Kenya



**2019 Study Tour to Kenya**

# Creating an Enabling Environment: Key Turning Points – 2

- GF-funded survey of Injecting Drug Use in 9 States of Nigeria by The Society for Family Health (helped to identify pilot states)
- GF/WHO funded “Policy Dialogue” on Harm Reduction with Civil Society representation
- Development of National Guidelines for Implementation of the Needle and Syringe Program
- Formation of State NSP stakeholders forum in the three targeted states (Oyo, Gombe and Abia).



# Planning and Preparation: State Entry

- Capacity building of State stakeholders (State Ministries, Department and Agencies).
- Advocacy to relevant state and non-state actors by State NSP Committees to garner support for project implementation in the 3 states.
- Community Consultations with drug users and drug user gatekeepers
- Training of Outreach Workers (2) and Peer workers (10). Recruitment of peer workers (community facilitators) was based on lived experience of injecting drug use. They were chosen from each of the targeted hotspots.
- Community Needs Assessment: Acceptability of proposed needles and syringes.
- Advocacy with Law Enforcement Agents.
- Recruitment of program beneficiaries





# Community Based Implementation 1

- Peer-led community enrolment of beneficiaries:
  - 720 IDUs were assessed/recruited.

## Assessment

- Age
- Sex
- Preferred drug injected
- Injection equipment
- Body part injected
- Injecting venue
- Time
- Frequency of injection
- And other questions that helped assess community risk.



# Community Based Implementation 2

- Peer-led outreaches: The outreaches were to pilot acceptability of injecting equipment. The predominant equipment in the community was 2ml and 5ml syringes with corresponding needles.
- Peer-led community needle and syringe distribution: Syringes procured for distribution by the donor was the insulin (1ml) and 2ml and the corresponding needles. These were distributed to beneficiaries based on assessment of their injecting needs.
- No of Needle and Syringes distributed:
  - 1ml: 11,200 needles/syringes
  - 2ml: 4,400 needles/syringes
  - Total Numbers of Retrieved Needles and Syringes = 11,540





# Community Based Implementation 3

- Interpersonal communication: Used to support behavior change among peers. Inclusive of Information and Education on safe injection, overdose management, drug mixing, risks and services availability during needle and syringe distribution by trained peer workers. Undertaken at time and location indicated by the beneficiary during assessment.
- Peer and community-led clean up: To avoid risk exposure to non-injecting drug users and community and prevent push-back by the community, weekly pick-up of used needles and syringes not properly disposed was prioritized. This was done collectively by peer workers and beneficiaries of the service
- Community-based fixed sites: Because peer workers may not always be present at the community hotspots and beneficiaries may run out of stock of needles and syringes, 5 fixed sites (pharmacy) at proximate cluster of injecting drug use was chosen and equipment kept.



# Community Based Implementation 4

- Other Community-based services:
  - **HIV**
    - Testing: All participants were tested
    - Positivity: 11.90% out of which 62.5% were women
  - STIs: 25
  - Wound Treatment: 6
  - Condoms: 64,800 male/female condoms
  - Referrals & Linkages: Referrals were done to GF supported OSS and health facilities.



# Challenges and Mitigation

- Legal/Law enforcement issues
- Acceptability of injecting equipment
- Security risks within the community (Peer Workers)
- Opposition by State and National stakeholders
- Improper disposal of injecting equipment
- Delay in roll-out
- Low female participation
- Peer workers and drug dependency
- Lack of Drug Dependence Treatment



# Lessons Learned

- Effectiveness of community-based peer-led interventions for PWID
- Role of continuous advocacy in reducing legal and law enforcement consequences of drug use
- Effectiveness of multi-stakeholder engagement
- Peer-peer education is effective in behavioral change
- Availability, accessibility, and affordability of service is a factor in uptake



# Gaps and Suggestions for Improvement

- Need to prioritize injecting wounds, needle-stick injuries and abscesses
- Naloxone
- Sexual and Reproductive health and rights services
- Viral Hepatitis services
- Nutritional support
- Targeted Information, Education and Communication.
- Evidence-based Drug dependence Treatment Service





# Acknowledgement (Donors and Technical Support)

- Global Fund Against AIDS, Tuberculosis and Malaria (GF-ATM)
- Society for Family Health (SFH)
- APIN Public Health
- Frontline AIDS
- International Network of People Who Use Drugs
- Drug Harm Reduction Advocacy Network Nigeria

