Increased uptake of HIV prevention services among people who inject drugs

Findings from the Hridaya impact assessment study in India

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Background
Injecting drug use remains a significant route of HIV transmission in India. The Indian government currently reports the population of people who inject drugs (PWID) to be approximately 200,000, with an estimated HIV prevalence of 9.9% (NACO, IBBS 2014-15). India HIV/AIDS Alliance operates the Hridaya programme in five Indian states as part of the international Dutch government funded Community Action on Harm Reduction (CAHR) initiative. The programme strengthens harm reduction services for PWID and their close contacts by providing additional services along with government-supported Targeted Interventions for HIV prevention among key populations, including PWID.

Methods
Cross-sectional baseline (2012) and impact assessment (2014) surveys were conducted following three years of programme implementation. PWID were selected for interviews through systematic random sampling using client information from partner NGOs at selected sites. A total of 600 semi-structured interviews and 50 case studies involving PWID were conducted.

Results

Respondent Profile
- Mean age was 31.7 years
- 51.4% were uneducated or had primary education
- 38.5% were unskilled workers
- 94.3% lived at home with a permanent partner
- 49.7% were married.

Increased HIV and Harm Reduction Services
Respondents received different services through Hridaya for an average of 12 months. Impact assessment reports showed significant increase in utilization of HIV-related services such as HIV testing, ART registration among HIV+ PWID, education/diagnosis of TB (51% to 81%), OST and de-addiction services in the past one year (Figure 1).

Association of Family Support with Increased Service Uptake
- Family support to PWID increased significantly from 12% to 61% through Hridaya’s additional outreach services. An association between family support and service utilisation was observed.
- Significant association between family support and HIV testing, registration with ART centers and OST uptake was also witnessed (p<0.001).

Conclusion
Complementary services resulted in increased uptake of HIV prevention, care, support and treatment services, including family support to PWID. Comparison with baseline figures shows a progressing trend, and continued efforts in this direction will ensure that additional services reach those in need.

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Service utilisation in the past year

<table>
<thead>
<tr>
<th>Service</th>
<th>Baseline</th>
<th>Endline</th>
<th>** p&lt;0.01</th>
<th>***p&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever tested for HIV</td>
<td>76%</td>
<td>88%***</td>
<td>85%</td>
<td>81%***</td>
</tr>
<tr>
<td>Registration for HIV care (ART centre)</td>
<td>51%</td>
<td>46%</td>
<td>51%**</td>
<td>45%**</td>
</tr>
<tr>
<td>TB education and TB testing</td>
<td>46%</td>
<td>51%**</td>
<td>45%**</td>
<td>57%**</td>
</tr>
<tr>
<td>OST</td>
<td>88%</td>
<td>92%**</td>
<td>97%**</td>
<td>92%**</td>
</tr>
<tr>
<td>De-addiction services</td>
<td>76%</td>
<td>88%***</td>
<td>85%</td>
<td>81%***</td>
</tr>
<tr>
<td>Family support to PWID</td>
<td>12%</td>
<td>61%</td>
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