

Comprehensive prevention programs for people who inject drugs (PWID) and their partners

# Rapid Assessment on Impact of COVID-19 on PWID Intervention



## CARE BANGLADESH

June 2020



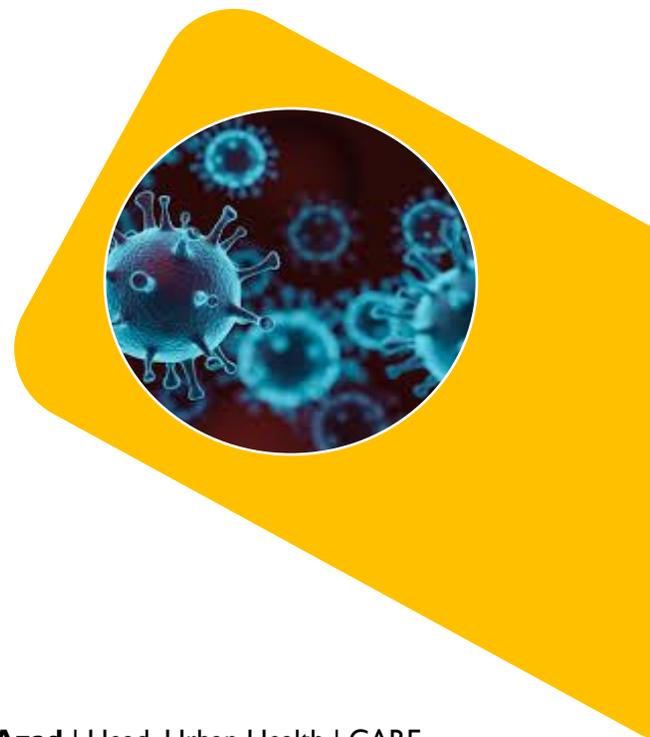
# Rapid Assessment on Impact of COVID-19 on PWID Intervention

Comprehensive prevention programs for people who inject drugs  
(PWID) and their partners

## Prepared by

**Md Tanveer Hassan** | Technical Coordinator-Capacity  
building and advocacy | PWID Project | CARE

**Md. Mamun-Ur-Rashid** | Technical Coordinator-M&E |  
PWID Project | CARE



## Reviewed by

**Dr. Md. Jahirul Alam Azad** | Head, Urban Health | CARE

**Akhtar Jahan Shilpy** | Team Leader | PWID Project | CARE

Contents

**ACRONYMS** ..... 1

**About PWID Project** ..... 2

**Executive Summary** ..... 3

**1. Introduction** ..... 6

**2. Methodology** ..... 8

**3. Findings** ..... 11

**4. Project initiatives during COVID 19 pandemic** ..... 35

**5. Future Consequences and Recommendations** ..... 38

## ACRONYMS

AIDS- Acquired immunodeficiency syndrome

ART – Anti-retroviral therapy

CDIC - Comprehensive Drop in Center

CO - Community Organizer

COPD - Chronic Obstructive Pulmonary Diseases (COPD)

CW - Case Worker

DIC - Drop in Center

HIV- Human Immunodeficiency Viruses

MA- Medical Assistant

N/S – Needle/syringe

NASP- National AIDS/STD Program

NPUD - Network of People who Use Drug

OST – Opioid Substitution Therapy

PWID - People who inject drug

SCI - Save the Children International

STD – Sexually Transmitted Disease

STI - Sexually Transmitted Infection

STO - Senior Technical Officer

UNIADS - Joint United Nations Programme on HIV/AIDS

UNODC - United Nations Office on Drugs and Crime

WHO – World Health Organization

## About PWID Project

Key Populations (KPs) have always been the cornerstone of the HIV program in Bangladesh. HIV prevention programs for KPs were initiated in Bangladesh in the mid-1990s and since then the services have been massively scaled up. The national response for HIV in Bangladesh is based on the HIV epidemiological context, '4<sup>th</sup> National Strategic Plan (NSP) 2018 – 2022 for HIV (NASP 2016)' and other documents such as the 'Investment Case' of 2016 and projections from the 'AIDS Epidemic Model (AEM)'. The government, in collaboration with NGOs, development partners and self-help groups, has been instrumental in supporting various prevention, treatment, care, and support activities. Most of the intervention programs are implemented through NGOs under the leadership of ASP. These programs are designed to focus on prevention initiatives among PWID, FSW, MSM, MSW, transgender (hijras), and their intimate partners, increase case detection and provide treatment, care and support services to people living with HIV. Geographical prioritization has recently been done in Bangladesh through the 'Investment Case', where districts with larger sizes of HIV positive cases and KPs are prioritized to receive focused attention. HIV testing services (HTS) are provided through the GoB and NGOs. Antiretroviral therapy (ART) and management of opportunistic infections (OIs) components of 'Treatment, care and support' are provided by the GoB. As part of 'Treatment, care and support', community based organizations (CBOs) and networks are engaged in 'Community component' to reach the people including KPs who are living with HIV.

According to the 4<sup>th</sup> NSP, the country target for PWID is 24,695 which is 75% of the estimated 33,067. In this Funding Request, 9,000 PWID (36% of the country target & also includes 400 females) will be covered, of whom 6,000 will be in Dhaka and 3,000 in other four priority districts, i.e. Gazipur, Comilla, Rajshahi and Chapainawabgonj. Another 10,000 PWID (41% of country target) will be covered by the GoB under the 4<sup>th</sup> health sector program. The overall coverage against the country target will be 77%. Under the Funding Request, PWID will receive services from 15 regular and 06 comprehensive DICs where ART and OST will be available. Community engagement will be assured through recruiting 'Spot Leaders' directly from the injecting spots, who will be the primary contact for PWID and will be supervised by Community Organizer. Community Organizers will further supervised by the 'Field Monitors'. Medical Assistants will provide clinical services at DICs and in hotspots through satellite sessions. DIC coordinator will be responsible for overall management, monitoring, supervision and reporting of both DIC and outreach based services. In addition, Female PWID will also receive services for SRH, PMTCT and GBV.

CARE Bangladesh Consortium (CARE Bangladesh, Mukto Akash Bangladesh, Ashokta Punarbhashan Sangstha) implementing the PWID project in 5 districts Dhaka, Narayanagaj, Gazipur, Rajshahi, and Chapainawabganj. Total targeted PWID is 8050 and the project duration is December 2018 to November 2020. The consortium leads 18 Drop in Centers (13 in Dhaka, 1 in Narayanganj, 1 in Gazipur, 2 in Rajshahi, and 1 in Chapainawabjanj) from where all outreach reach services (Health product exchange, Health Education) and clinical services for PWID.

The HIV prevention program under 'Funding Request (FR)' has three principal recipients: The Government of the People's Republic of Bangladesh/ Ministry of Health and Family Welfare/ National AIDS/STD Program; Save the Children and International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR'B).

## Executive Summary

WHO declared the coronavirus crisis as a global pandemic on 11 March 2020. As of June 9, 2020, the number of death due to Covid-19 was 930 and 68504 people were infected with COVID-19 whereas the number of death cases around the world is 406539 with 7119454 infected people in 188 countries. Bangladesh has been experiencing different degree of lockdown and restriction on movement from last week of March 2020. People who inject drug (PWID) faces additional risks during the spread of COVID-19 because of their health condition and lifestyle. The high prevalence of chronic obstructive pulmonary diseases (COPD) and cardiovascular diseases among PWID can be damaging during this period. Following the WHO guideline, the Bangladesh government has been declared public holiday to avoid any kind of social gathering, lockdown all public transportation, close all offices and industries as well in different degree from later March 2020. Since the harm reduction programme is crucial in preventing HIV transmission and providing essential support for PWID and HIV positive patients and their partners, Programme management has decided to prioritize initiatives to continue essential services of the programme during the critical situation in collaboration with Save the Children International (SCI) and National AIDS/STD Program (NASP). The border objective of this rapid assessment is to understand the impact of COVID-19 situation on PWID intervention. And the specific objectives are:

1. To understand the impact of the situation created by the COVID-19 pandemic on the operation of the harm reduction programme for PWID in the intervention areas
2. To understand the adaptations made by the harm reduction programme to tackle the situation inflicted by COVID-19 pandemic
3. To understand the impacts of COVID-19 pandemic on the injecting practices of PWID and their life

A mixed method study was carried out to achieve the objectives of the study. Quantitative surveys with the PWID and OST clients and qualitative interviews with both PWID, OST clients, service providers, program experts, drug experts and HIV specialists were also conducted.

According to the assessment, the pandemic impacted mostly on their income, food consumption, seeking health and movement. 100% PWID reported that the pandemic has reduced their income and 30% claimed they have lost all income sources and become dependent on charity of others due to this pandemic. Similarly, their injecting life was also highly impacted by the COVID-19 pandemic as well. Around 10% of the participants reported that they shared needle and syringes while injecting drugs at least once during previous month and which is for this pandemic situation. Among them 55% of the participants reported that they shared needle and syringes due to the higher price of drugs. Apart from that 35% of them shared n/s because of lack of n/s in that particular moments, and 10% reported other different reasons such as mobility. At the same time, 69% PWID reported that they have been harassed by law enforcement agency and community people during this pandemic. 54% Female respondent reported that they have experience of harassment as a drug user from local community and law enforcement agencies where 62% male participants reported their experience regarding harassment.

92% of the female participants said they faced gender based violence. The Female PWID who have experience of Harassment, among them 100% said they have experience of physical harassment, 58%

replied they have been harassed sexually, 25% said they have experience regarding mental harassment. Moreover, 84% replied that harassment has been increased

The program also has been conducting awareness building initiatives from the very beginning and it impacted that knowledge of the PWID as well. The survey shows that 99% of the participants knows about the COVID-19. 48% respondents know that coming to close contact of infected people can spread, 35% know that it spreads by touching objects or surfaces where the droplets exists. 12% participants of those who know about COVID- 19 mentioned that respiratory droplet is responsible for spreading COVID-19. 89% reported that they were following the message.

Like the life of the PWID, harm reduction program was also highly impacted by the pandemic situation. Distribution of health products at outreach suffered heavily in the initial period and it was overcome as time advanced. Outreach Workers has been harassed and, in few cases, brutally beaten up by community people and law enforcement agency. Needle/Syringe distribution through depots found very effective during this pandemic. 98% PWID said they had enough Needle/Syringe during this pandemic situation. 90% mentioned that their main source of n/s is direct contact of outreach. 93% said they are using condom during sex. Among them 99% said they are getting condom from Outreach Worker and 1% said they collect condom from DIC directly and most of them are OST user.

Despite challenges created by the lock down situation, 88% OST clients receiving OST regularly. The restriction of movement which caused an enormous obstacle of the service delivery for the OST clients. 24% of the participants claimed that they were harassed while coming to OST center for up taking OST. 2 OST center stopped provide OST service by Law Enforcement agency and community people at the initial period which were reopened as time advanced. 88% of respondent (who taking OST home dose) replied they do not face any problem to preserve the OST at home. Also, among the OST respondents 93% reported that they receive some sorts of counseling services though online and offline media. 74% claimed that they received psychosocial counseling and among them 95% said that they received this from the project. Similarly, the Counsellor and DIC based staff have done regular follow-up to the OST client specially who received the OST home dose. According to the assessment 98% replied they had been followed up by the project staff. Among them 37% said they had been followed by the Counsellor over phone and 63% alleged outreach workers followed them physically. 100% of ART client of the survey participants reported that followed up over phone or in person. Clinical service by STO and MA has been provided in case of Physical complexity of ART client. 41% of the participants responded that they received clinical services from the respective DIC staff. M&E unit of CARE Bangladesh has developed a comprehensive M&E plan along with PR (SCI). 1 PMU level staff has been assigned to supervise and monitoring for 2 C/DIC. Innovate the distance monitoring in the project. Innovate Virtual DQA at DIC level

Apart from that, program decided to start food support program for HIV-positive street based PWID. Everyday 150 clients of this category have been receiving a mid-day meal from the program. Along with the DIC staff, Network of People who Use drug (NPUD) a community based voluntary organization helped the program to distribute the food the clients. Besides, capacity building initiatives for the DIC and outreach based staffs and beneficiaries as well to fight the pandemic. At the same time, safety measures have been taken for the staffs; such as providing PPE, vehicle support, hand washing facility and etc.

Based on the interviews with program, HIV and drug experts it is anticipated that considering the current situation and lifestyle of PWID, COVID-19 might hit hard on PWID. Dispersion of PWID may cause disconnection from the Harm Reduction program. Unviability of drugs and higher drug price may increase the unsafe injecting behavior and may lead to higher transmission of HIV among PWID. At the same time, the use of poly drug (such as Benzodiazepum and Methamphetamine) may increase. New identification of HIV positive will be challenged and ART resistance may grow among HIV positive clients since they may be disconnected from the program. Low- or no-income opportunity will be creating devastating impact on their health and survival. The mental health impact of PWID and their family members may be severe. PWID may face biggest challenge in seeking health care from public hospital.

Similarly, the harm reduction program will also face many challenges during the upcoming period due to the pandemic situation, according to many experts who participated in the study. The number of COVID-19 cases among service providers may increase which will impact the service delivery and lack of staff due to quarantine may cause greater difficulty in service delivery. The dispersion of PWID will create difficulty in reaching PWID; thus, will impact negatively on achieving targets of the program. The achievement of 90-90-90 goal will highly impacted.

## I. Introduction

COVID-19 has been extended its web all around the world though initially started in China in the later part of 2019. On 8 March 2020 Bangladesh identified its first 3 cases while the virus cause death more than 3,500 people and infected more than 100,000 across 94 nations and territories (1). Meanwhile, WHO declared the coronavirus crisis as a global pandemic on 11 March. As of June 9, 2020, the number of death due to Covid-19 was 930 and 68504 people were infected with COVID-19 (2) whereas the number of death cases around the world is 406539 with 7119454 infected people in 188 countries (2). The country has been experiencing different degree of lockdown and restriction on movement from last week of March 2020.

PWID faces additional risks during the spread of COVID-19 because of their health condition and lifestyle. The high prevalence of chronic obstructive pulmonary diseases (COPD) and cardiovascular diseases among PWID can be damaging during this period (3). The use of poly drugs such as methamphetamine can cause pulmonary damages and at the same time presence of HIV, viral hepatitis, liver cancer and the misuse of opioids can lead to weak immune system which paves the way to higher impact of corona virus. The sharing equipment of PWID such as needle and syringes can be a source of spreading COVID-19 as well. At the same times, the sharing of other cannabis joints, cigarette, vapors and other equipment for sharing methamphetamine (yaba) can also cause the spread of COVID-19(3). In addition to that a significant number of PWID are homeless where maintaining social distance is difficult since they live in social space. The spread of corona virus also impacts the access to the essential services for PWID. The restriction of movement may cause shortage of service delivery staffs, essential medication such as OST, and clean injecting equipment. Also, the drug market may be displaced due to the spread of corona and which may cause dispersion of PWID and out of reach of the harm reduction programme (3).

Following the WHO guideline, the Bangladesh government has been declared public holiday to avoid any kind of social gathering, lockdown all public transportation, close all offices and industries as well in different degree from later March 2020. Adhering to the government advisory, PWID project has been implementing the essential services as the PWID intervention to curb the HIV transmission. Since the harm reduction programme is crucial in preventing HIV transmission and providing essential support for PWID and HIV positive patients and their partners, Programme management has decided to prioritize initiatives to continue essential the programme during the critical situation in collaboration with Save the Children International (SCI) and National AIDS/STD Program (NASP). The main aim is to provide essential services to PWID keeping in mind the safety and security of the service providers and the PWID.

No research has been conducted in Bangladesh so far to understand the impact of COVID-19 on PWID and the harm reduction program in Bangladesh. A scientific study may help the program implementers and policy makers to understand the current situation within which PWID are living and harm reduction program is being operated.

## Objectives of the Rapid Assessment

The border objective of this rapid assessment is to understand the impact of COVID-19 situation on PWID intervention. And the specific objectives are:

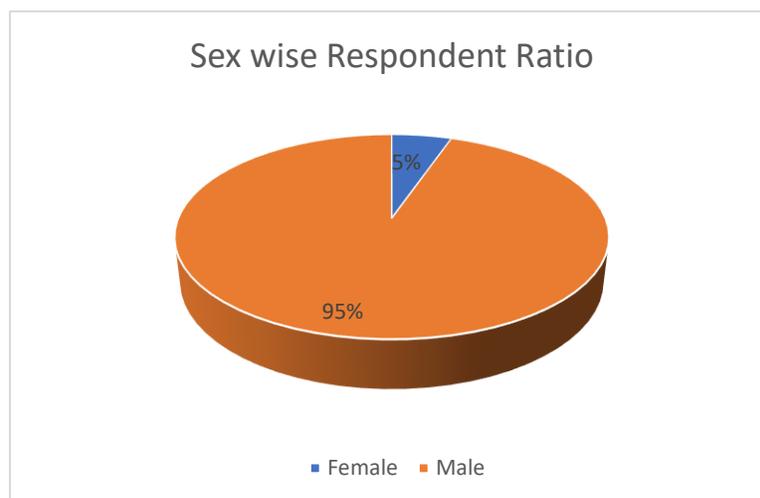
1. To understand the impact of the situation created by the COVID-19 pandemic on the operation of the harm reduction programme for PWID in the intervention area?
2. To understand the adaptations made by the harm reduction programme to tackle the situation inflicted by COVID-19 pandemic
3. To understand the impacts of COVID-19 pandemic on the injecting practices of PWID and their life

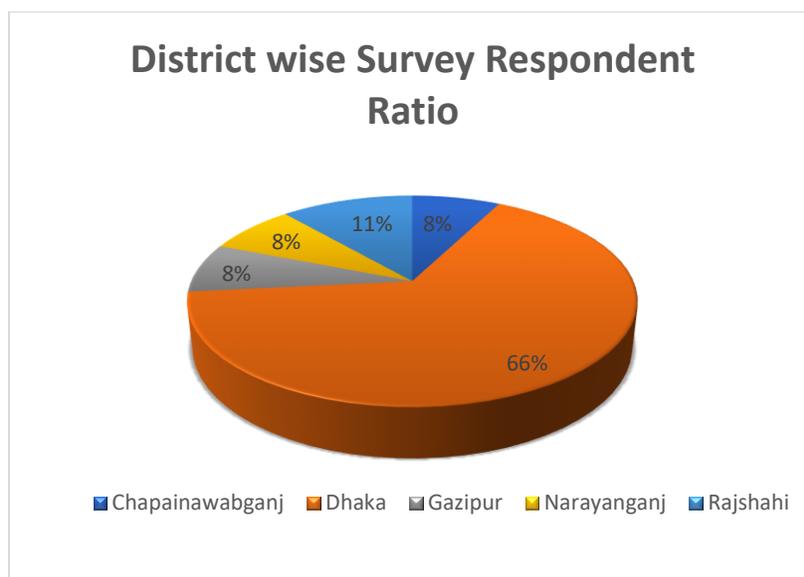
## 2. Methodology

The rapid assessment was undertaken to understand the Impacts of the COVID-19 situation on the harm reduction program and the life of PWID. To achieve the objectives of the rapid assessment, a mixed-method approach will be engaged where a quantitative and quantitative data collection and analysis will be incorporated. The aim of the quantitative part will be to outline the trend and pattern of injecting practices as well different consequences of the pandemic on their life. At the same time, qualitative interviews will help capturing the challenges, adaptations and strategies of harm reduction program during the pandemic. At the same time, some key program, HIV, and drug experts from different organization from UNODC, UNIADS, ASP, and etc. were also interviewed to see the future consequences and recommendations to address current problems. Apart from that different programmatic data and reports were also used. A structured survey questionnaire will be used for conducting the survey and evolving IDI and KII guideline will be used for KII and IDI.

### Data Collection:

The survey data were purposively collected from all clients available from mother list and enrolled in the OST program in different drop in center under PWID project between 05- 11 May 2020 where (n = 263) by using standardized questionnaires developed by the program. The participants were interviewed by the project staff and took approximately thirty-forty minutes to complete. It was not always possible to conduct face-to-face interview with clients. Most of the interviews were done over skype or phone to avoid contact or to maintaining social distance. Some interview was taken face to face after maintained proper social distance and using protective equipment. The qualitative data has been collected from selected PWID, OST client, project staff, and harm reduction program expert. And the data collection tenure was 01-20 May 2020.





The rapid assessment will follow the following sample size:

Data collection method	Number
Questionnaire Survey	263
IDI with PWID and OST clients	14
KII with service providers (different level)	14
KII with Harm Reduction Experts (Representative of ASP, UNAIDS, UNODC, SCI, CARE Bangladesh)	5

#### Sample Size Calculation for Survey:

Following sample size calculation formula has been used to determine the survey sample size where,

Population Size 8550 (Mother listed PWID)

Confidence Level 90%

Error Margin =5%

Z=1.65

$$SS = \frac{Z^2 * (p) * (1-p)}{C^2}$$

According to sample size calculation **263**, project beneficiaries (PWIDs) interviewed through a survey questionnaire.

### Respondent Category of Survey

PWID Type		Sex		Total
Injecting	OST	Male	Female	
224	39	251	12	<b>263</b>

Total 224 PWID and 39 OST clients have been interviewed for the survey. Among them 12 Female and 251 Male.

### Rapid Assessment Area:

The rapid assessment has been conducted in the implementation area. The survey data represents Dhaka, Narayanganj, Gazipur, Rajshahi and Chapainawabganj Districts. The data has been collected from 18 DIC area in the mentioned districts.

### Limitation of the study

The participants of the survey were purposively selected due to lock down situation and thus, they may not be the representative of the whole PWID community. In many cases, data was collected through phone call; as a result, rapport build up could not be achieved in many cases which may impact the quality of the data as well. Some of the participants were withdrawal driven during the data collection which also had impact their answers as well.

### 3. Findings

#### 3.1 Hardships of PWID during the pandemic COVID-19

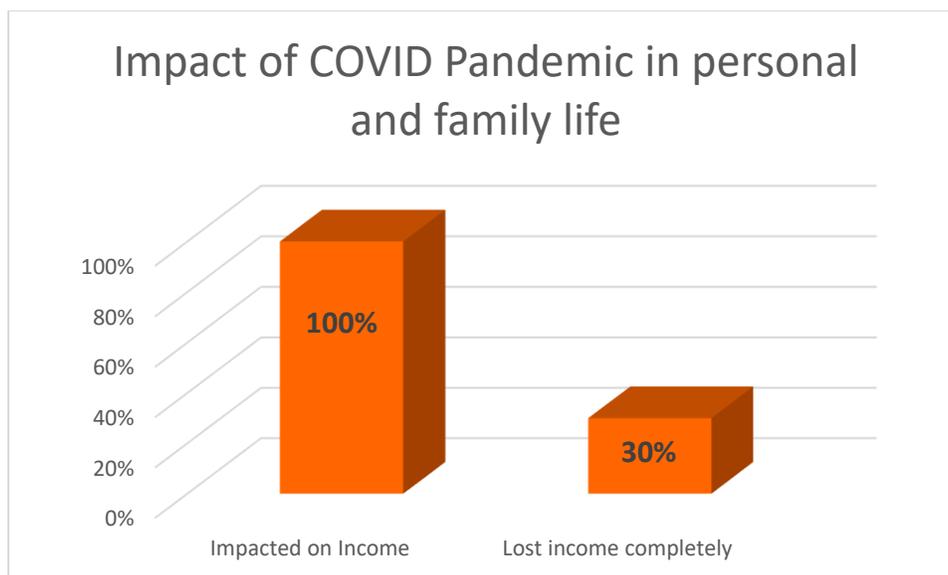
The Pandemic immediately impacted heavily on different aspects of PWID life; most notably their socio-economic status, injecting practices, health service uptake and so on. In this section, their different aspects of life which are impacted by the pandemic will be discussed.

##### 3.1.1 Impact on personal and family life

###### Key Findings:

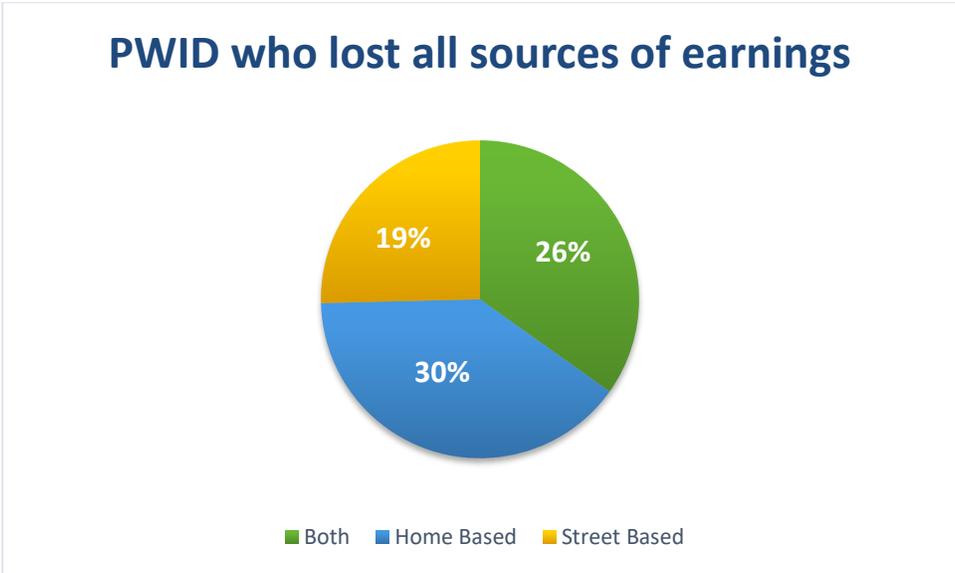
- ✓ The COVID-19 pandemic has reduced 100% PWID's income
- ✓ Overall 30% PWID lost their income completely
- ✓ 19% street-based, 30% home-based, and 26% both (who live street as well as home sometimes) lost their all source of earnings.

According to the assessment, the pandemic impacted mostly on their income, food consumption, seeking health services and physical movement. Lack of any earning sources was the main challenges during the pandemic and it highly impacted on their survival as well. 100% PWID replied that the pandemic has reduced their income and 30% claimed they have lost all income sources and become dependent on charity of others due to this pandemic.



It was a statement (in the right box) from a street based PWID when asked him about his earning opportunity and survival strategy during the pandemic. Similar to him, all of the PWID stated that during the pandemic they had either completely or significantly lost their earning sources. 30% of the PWID were completely devoid of any earning sources and living on the edge. The pandemic has stroke hard on the street based PWID as of 19% of the street based PWID reported that they lost all sources of earnings and completely relying on the charity of other people. In addition to, the condition of home based PWID were also similarly. 30% reported that they lost all sources of earnings. 26% reported that they lost of all sources of earning whose resident status were both (street and resident).

*“Previously I had at least some earnings sometimes by picking rags or begging, but now most of the vangari dokan (rag collection stores) are closed and not enough people are outside to ask for money. Only Allah (god) knows how I will survive”*



Many of the PWID during both qualitative and quantitative interviews mentioned that the only meal that received from the project, Network of people who use drug (NPUD) or any other charity organizations or people. One of the Street based PWID mentioned that,

*I am completely relying on the help of other people. If I don't get any food from the project or from other people, I will have to starve. I have no money to earn my living now. (Street bases OST clients)*



Food Distribution among PWID

Like street based PWID, many of the home based PWID also expressed same ordeal they were passing through during the pandemic. Most of the home based PWID also relied heavily on their daily earning previously. However, due to the lockdown situation many of them lost their daily earning opportunity, especially PWID who run small business-like tea stall and who work for transportation and other professions where they earn daily wage.

*I beg for my livelihood now and Allah protects us. I can eat one meal and have to starve in another meal. I eat puffed or flattened rice of 20 tk only. I worked as helping hands to others house before Corona virus. Now they don't give me work. (Street based female OST client)*

### 3.1.2 Impact on Injecting Practices of PWID

#### Key Findings:

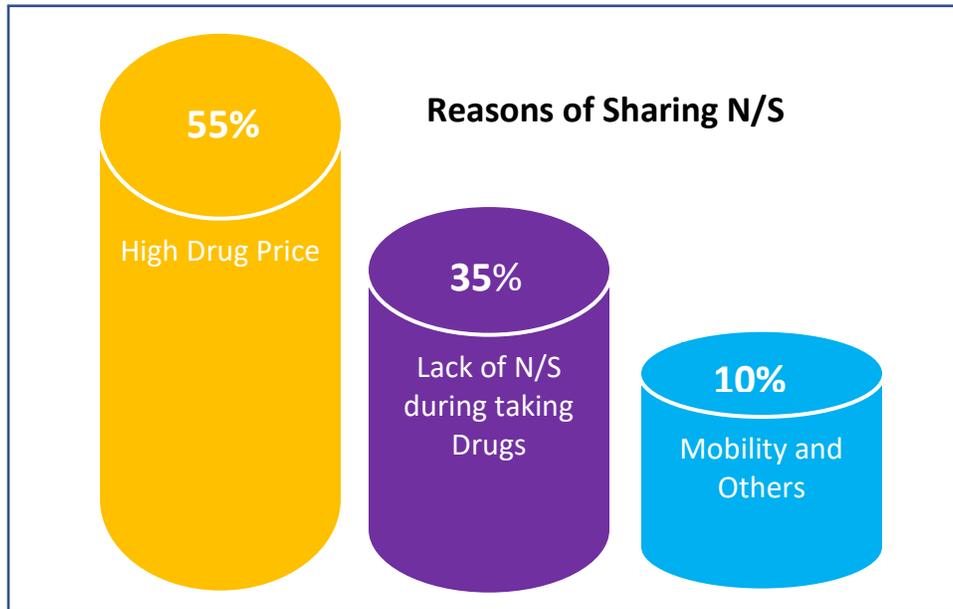
- ✓ 84% Reported that their injecting frequency was changed during this pandemic
- ✓ Among them 95% PWID reported that their injecting frequency changed due to the COVID-19.
- ✓ Around 10% of the participants reported that they shared needle and syringes while injecting drugs at least once for this pandemic situation.
- ✓ Among them (who share N/S), 55% said they shared the N/S due to high drug price in this pandemic
- ✓ 99% replied drug was not available as required in spots
- ✓ 80% PWID moved to other spots to collect drug

Their injecting life was also highly impacted by the COVID-19 pandemic as well. 84% of the PWID reported that their frequency of injecting has changed during the pandemic and 95% reported that their injecting frequency changed due to the COVID-19.

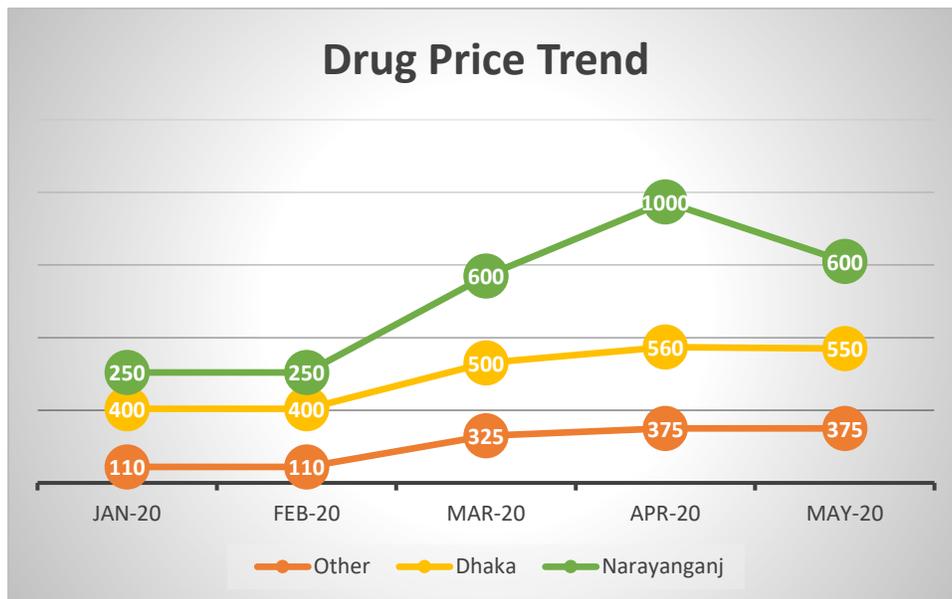
Around 10% of the participants reported about shared needle and syringes while injecting drugs at least once during the pandemic for this critical situation. Among them 55% of the participants reported that they shared needle and



syringes due to the higher price of drugs. Apart from that 35% shared n/s because of lack of n/s in that particular moments, and 10% reported other different reasons such as mobility, restlessness to quickly mitigate the withdrawal suffering etc.



The unavailability of drugs, higher price of drug and low purchasing capacity of PWID lead to situation where PWID were forced involve in unsafe injecting practice; such as sharing needle and syringes while injecting.



According to the drug price record at DIC level, the graph shows that drug price started sharply increase from March 2020 which was the beginning month of the COVID-19 Pandemic in Bangladesh. During the survey time the price was in higher than the before pandemic situation. 99% of the PWID reported that

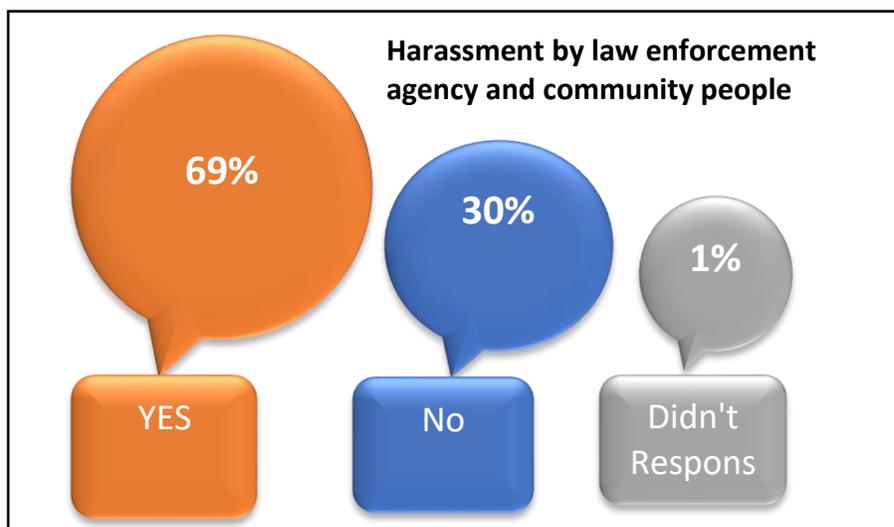
their usual drug collecting places do not have a regular peddler to sell drug and around 80% of them reported that they visited different places other than their signature spots to collect drug. As a consequence, they were sometimes disconnected from the outreach services and lack their access to needle and syringes from the harm reduction program.

### 3.1.3 Harassment on PWID

#### Key Findings

- ✓ 69% PWID reported that they have been harassed by law enforcement agency and community people during this pandemic.
- ✓ 54% Female respondent reported that they have experience of harassment where 62% male participants reported their experience regarding harassment by community people and law enforcement agency as a PWID.

Due to the lock down situation, high patrolling of law enforcement agencies and fear of transmission among the local community people, many PWID had to face harassment-sometimes violent- because of the fact that they were visible on the streets. A portion of the PWID reported that they have faced harassment and in some cases violence while staying at the streets and while coming to DIC for taking services. According the survey 69% of the participant responded that they have harassed either by the member of law enforcement agencies.



Among the female participants, 54% reported about harassment where 62% male participants reported regarding harassment.

While discussing about experience of harassment during in-depth interview, many of them expressed that the stigma associated with their life style deteriorated their condition even more during this pandemic. Both the service providers and PWID reported that even the local influential people created barriers in few cases while they sought to uptake services from the DICs. Violent attack on PWID were also noted by both community organizers were also mentioned, especially while collecting needle and syringes from

the community organizers at the field. Even in few occasions, they were driven away from their field. One of the PWID describes that,

*The police will not allow you to stay here in the spots. If they see us, they drive us away. Sometimes the local people also do not allow us to stay at the spots or in the street. In many times, we had to face humiliation and sometimes they threw abusive words (galigalaj kore). Some of us also faced severe beating. (OST clients, Street based)*

### 3.1.4 Vulnerability of Female PWID

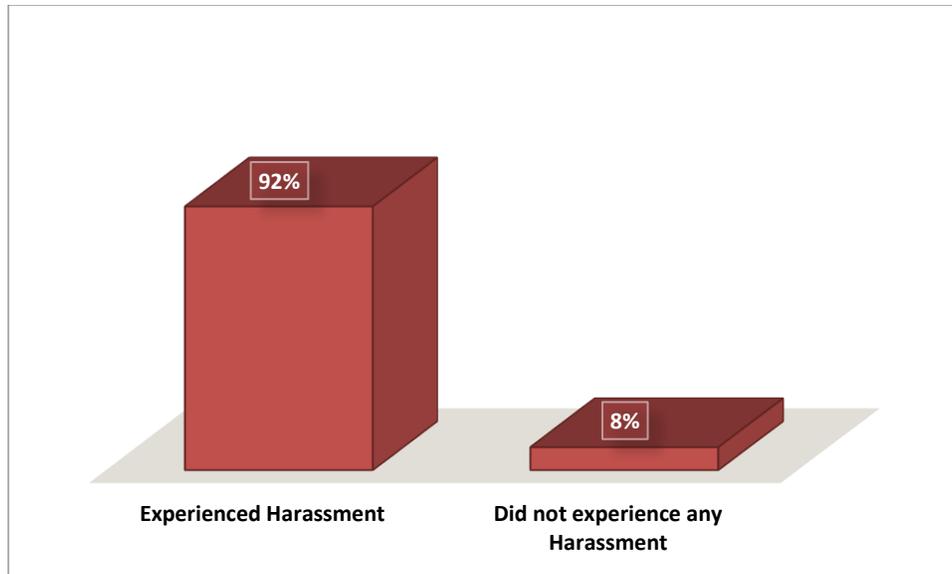
#### Key Findings

- ✓ 92% of the female participants said they experienced of gender based violence
- ✓ The Female PWID who have experience of Harassment, among them 100% said they have experience of physical harassment
- ✓ 58% replied they have been harassed sexually
- ✓ 25% said they have experience regarding mental harassment

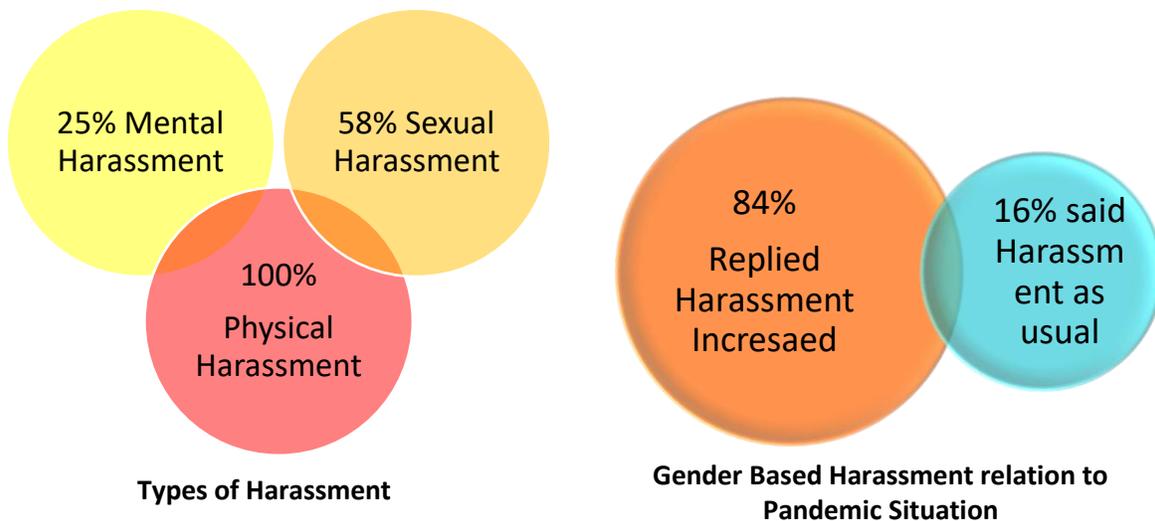
Evidence for HIV/AIDS intervention consider that Female PWID are more vulnerable than male PWID. And their report also reported that women were at higher risk of gender-based violence and sexual abuse<sup>1</sup>. From Rapid Assessment it is found that the female PWID were in double risk because of their identity as drug user and their gender. The survey data and qualitative data shown that, most of the female PWID leading very poor life than previous life. They were in food crisis, work crisis. And the Harassment was increased than before the pandemic. Among the respondent it was found that 20% of the female PWID lives at street, 37% lives at both places (home and street), and rest of the percentage live at home. Among the respondent 92% shared they have been harassed because of their gender.

---

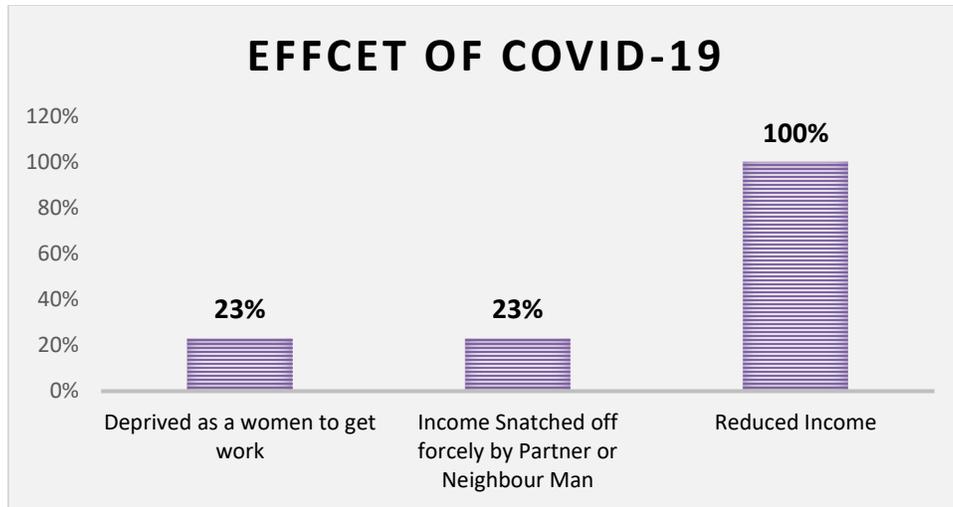
<sup>1</sup> FALLING THROUGH THE CRACKS: WOMEN WHO INJECT DRUGS FACE GREATER RISK, FEWER SERVICES;  
[https://www.healthpolicyproject.com/pubs/38\\_HPPPWIDModelBriefWomensIssues.pdf](https://www.healthpolicyproject.com/pubs/38_HPPPWIDModelBriefWomensIssues.pdf)



The Female PWID who have experience of Harassment, among them 100% said they have experience of physical harassment, 58% replied they have been harassed sexually, 25% said they have experience regarding mental harassment. Moreover, 84% replied that harassment has been increased in the pandemic tenure.



Income of female PWIDs had been decreased during this pandemic situation. In some cases, they were being deprived from work scope. 23% of the female participants respond that they had been deprived to getting work as a woman recently. 23% of the female respondent replied their income was snatched off forcefully by their partner or neighbor man (applicable for who lives at street) and 100% claimed that their income had reduced due to COVID-19 which crated difficulties to get food. Lastly, 38% of them said they have health risk for this pandemic situation as they were not getting access in any suitable place for their women friendly facilities.

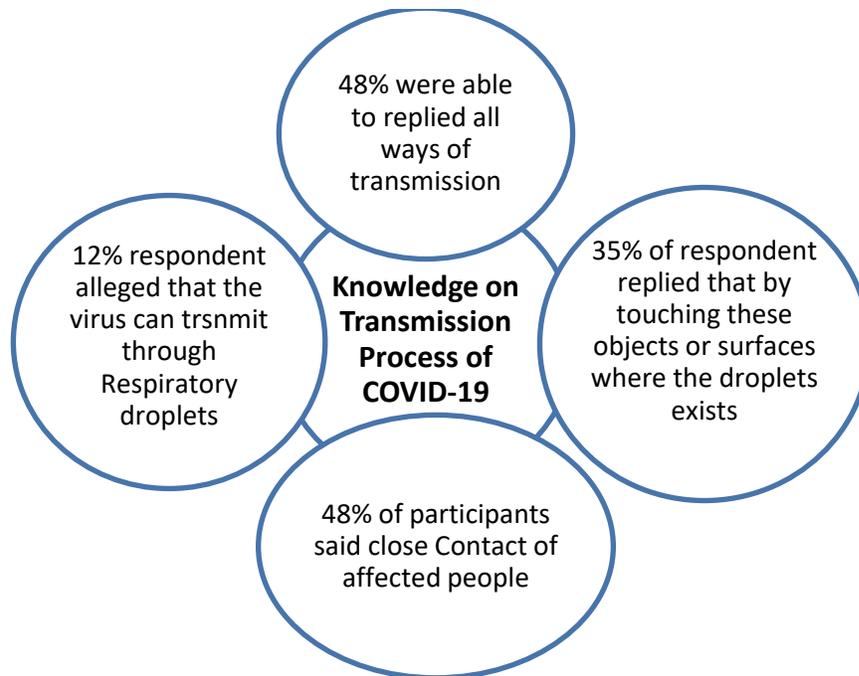


### 3.2 knowledge and preventive practices of PWID during COVID 19 pandemic

#### Key Findings

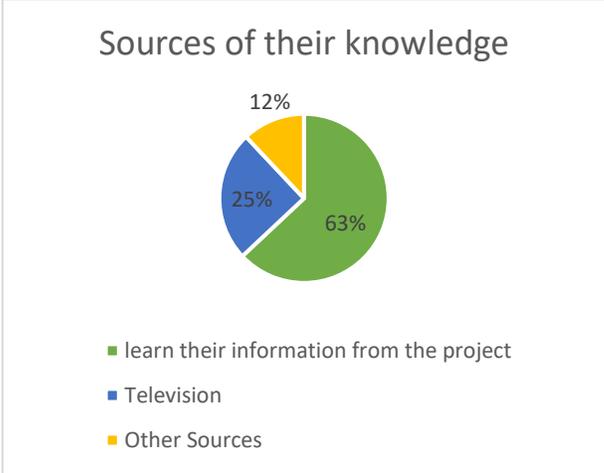
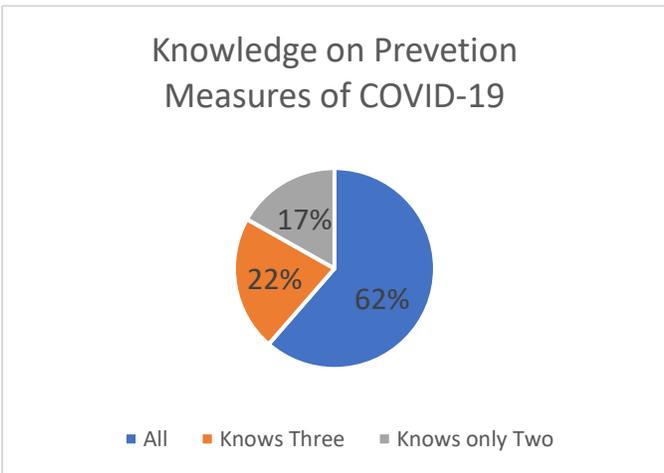
- ✓ 99% of the participants heard about the COVID-19
- ✓ Among the participants 63% learn their information from the project. TV 25%, other sources 11%.

The survey shows that 99% of the participants knows about the COVID-19. 48% respondents know that coming to close contact of infected people can spread, 35% know that it spreads by touching these objects or surfaces where the droplets exists. 12% participants of those who know about COVID- 19 mentioned that respiratory droplets is responsible for spreading COVID-19.

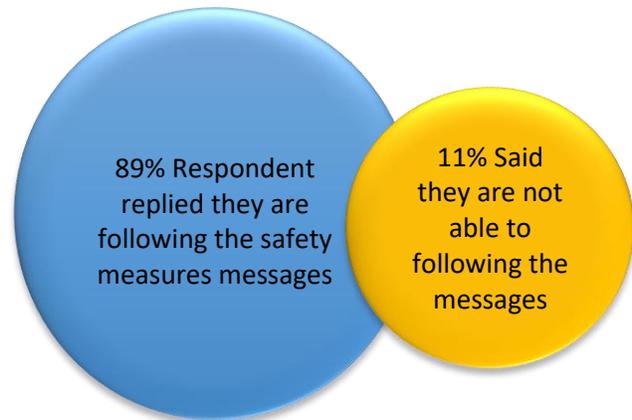


During the assessment the respondents were asked about the prevention measures of COVID-19. The data shows that 62% are aware about all prevention methods hand washing, staying at home, and maintaining social distance, and not touching nose, mouth, eyes by hands as preventive measures. 22% also mentioned these three ways preventive measures and 17% mentioned these two preventive measures as a whole. Among the participants 63% learn their information from the project, TV 25%, other sources 12%.

*I know about physical distancing, not to touch other and other's thing, not to go close to sick person, do not come out from shelter if I am sick, covers the mouth when sneeze and cough, wearing mask. Brothers from DIC (DIC staffs) told me that to protect myself from corona virus. I have visited DIC sometimes. I know some safety measures. So, Sumon bhai told me about this. I got to know the detail individually when I come to DIC. Sumon bhai gave me the masks to wear. (Female OST client)*



89% of the participants mentioned that they were able to follow the safety messages delivered to them. During qualitative interviews many of the OST clients and PWID reported that they find it difficult to collect masks due to its high prices and unavailability of the mask in the earlier time of the pandemic. At the same time, even though the programme tried to provide masks to PWID who have been trying to seek DIC based services.



Awareness build up for COVID-19 among the PWID and OST clients were also the part of the early initiatives of taken by the DICs and CDICs. In the early period, before the social gathering at DICs were restricted, some awareness build up sessions were conducted in the recreational room of the DICs.

As part of the outreach services in the initial stage, some COs also reached out to the PWID in their usual places and disseminate information about Covid 19 and preventing measures. These initiatives includes one to one sessions at field keeping social distance, spreading leaflets, pasting posters. However, when government enforced complete lockdown all over the country and regular outreach services were suspended, COs, FMs, Nurse, MAs, counselors reached out the PWID through mobile phone with essential messages of Covid 19.

*“It was both professional and moral obligation of us to aware the PWID about this pandemic”-STO*



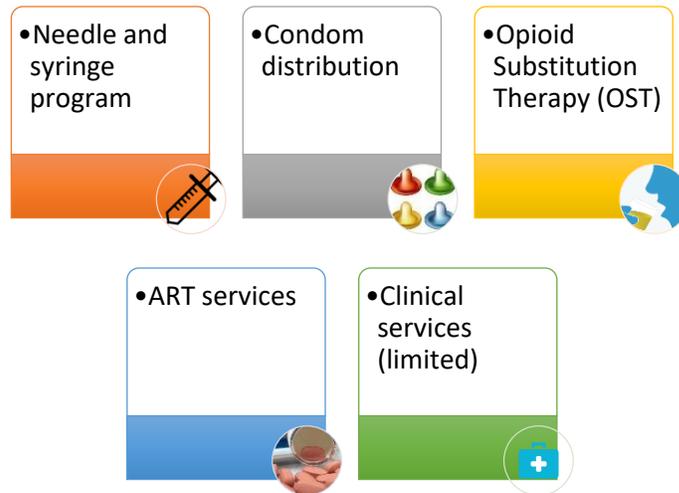
Awareness sessions at DIC and Leaflet Distribution at Outreach at the beginning face of COVID-19 Pandemic in Bangladesh

Though the GFPWID project focuses on the prevention HIV, during the pandemic the project strives at spreading knowledge of COVID 19 and how curb the transmission of it. As discussed earlier the COs, MA, FM, counselors were engaged in spreading knowledge of COVID 19 through both online and offline media. This impacted PWID’s level of knowledge as well.

### 3.3 Impact on the Harm Reduction program

In an attempt to minimize the harm of the staff and the service recipients, it was decided to minimize DIC based support and adapt new strategies to continue the services. However, from the very beginning of the lockdown situation, each and every components of the harm reduction programs were highly impacted. The following components have been continued from the very beginning of the lock down situation

#### Components of Harm Reduction Program in operation during the COVID-19 pandemic



#### 3.3.1 Challenges of Health Product distribution at outreach and new adaptation

##### Key Findings

- ✓ Several outreach workers were asked by the members of law enforcing agencies to leave the outreach spots in few occasions.
- ✓ Outreach Workers has been harassed by community people and law enforcement agency
- ✓ Needle/Syringe distribution through depots found very effective during this pandemic
- ✓ 98% PWID said they had enough Needle/Syringe during this pandemic situation
- ✓ 90 % mentioned that their main source of n/s is direct contact of outreach
- ✓ 93% said they are using condom during sex. Among them 99% said they are getting condom from Outreach Worker and 1% said they collect condom from DIC directly and most of them are OST user

Since the needle and syringe program is outreach based where community organizers (CO) visit and stays at different drug selling and injecting venues for distribution, this activity was also impacted heavily by the pandemic situation. Before the lock down situation and in the initial period of the lock down situation, needle and syringe were delivered in the usual model where PWID received their needle and syringe from the COs at the drug injecting and selling venues. Lack

*We understand the importance of the outreach services and this is why when many people are staying at home, we are still serving. Though we faced many problems, we continued to do it.  
(Community Organizer, Chankharpool CDIC)*

of vehicles for movements, strict lockdown set by the law enforcement agencies and local community, patrolling of the police on the street made it difficult for the COs to come and serve the outreach. Though DIC and outreach staff has been very cautious about the safety measures and security, there were few occasions when they faced some unwanted situations. Several outreach workers were asked by the members of law enforcing agencies to leave the outreach spots in few occasions. In severe cases, 3 of the Outreach Workers (OW) were violently beaten by the police and local influential people and asked them not to continue their outreach activities during this lock down. The injured staff were asked to take rests and alternative OWs were deployed to continue the service delivery. Also, OWs were asked to limit their movements to hotspots only and minimize their working hours and to avoid any kind of police contact. The following cases describe two of the incidences where COs faced difficulties in operating outreach work.

**Case I: Violent Hitting on COs**

**Incident 01 (28 March 2020)**

This was the 3<sup>rd</sup> day of the public holiday amidst Corona Virus and the Aganagar was partially lockdown. The CDIC area was still out of lockdown areas. There was a significant presence of law enforcement forces such as RAB and DB. As per the plan, two community organizers (CO), Rofiq, and Abu Sayed were doing their duty at Aganagar spot and PWIDs came to collect the needle and syringe. While distributing needle syringe at 9:45 of the morning, the local influential people interrupted the service and rebuked with slang words to stop the service and accused them of public gathering, not maintaining social distance and PWIDs not wearing the mask. One CO, Rofiq tried to show the working notice of CARE Bangladesh and he also showed the Bangla leaflet on COVID 19 awareness on Bangla and tried to convince the local people that they were raising awareness among PWIDs on how to prevent the spread of COVID 19. But the local people didn't pay attention to him and hit them with the stick. Both COs were injured, but Rofiq was beaten more in hand and back, and Abu Sayed was beaten on his hand only. Abu Sayed called Rubel, field monitor (FM), and informed the situation. He came and somehow managed to rescue them from the crowd.



A COs was violently beaten up by local mob

In several occasions, COs also faced challenges from member of law enforcement agencies as well. In those cases, senior DIC staff or management staff had to intervene to resolve those issues.

### **Case 2: Interaction with Law enforcement agencies**

As per the guidance from the management team, on 27<sup>th</sup> April 2020, one of the outreach worker (CO) named Haydar went to field with his bag for N/S distribution & follow up purpose. Near Chankharpul spot an Armed forces officer restricted his movement & Started to inquire about his bag & movement. He was asked by the officer to show what was inside his bag. Upon showing & describing his work the officer got too aggressive & asked him if he had any respect for Government orders & knowledge about COVID-19. He tried to explain the officer about the urgency of the outreach services for the PWIDs & also answered him that they have a thorough knowledge on COVID-19 given by CARE Bangladesh & they provide the necessary services ensuring proper safety protocols. The officer got furious, scolded him & came to hit him as he didn't have any previous idea of this harm reduction program. Luckily, at that heat of the moment there was a police officer assigned to ensure the security of that area. He came to the Army officer & wanted to know what the chaos was all about. Listening to the incident he personally explained the officer about Care Bangladesh's harm reduction program & also confirmed our CO Haydar is a known person to him & he had been working in that area for a long time. They wanted to know if there was any responsible person in CDIC & wanted to talk to him. So, CO called DICM Md. Sumon Ali & they had a conversation over phone. They asked our DICM to strictly follow the lockdown & maintain proper social distancing to avoid any gathering or even making one.

Later when the lock down situation was intensified, many depots were established for distributing needle and syringes with the help of COs, FM's and other staffs. Some pharmacies, glossary stores, influential PWID were engaged as depots to serve needle and syringes to PWID. At the same time whenever COs served at spots, they distributed needle and syringes to PWID in advance for several days.

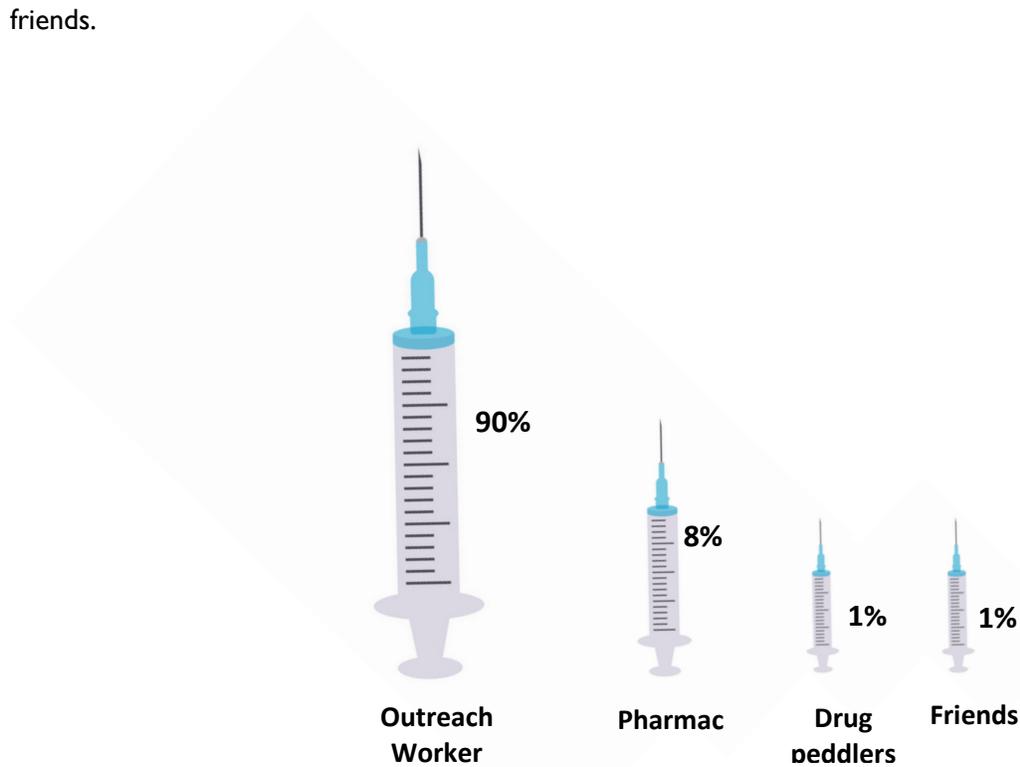


Depots for Syringe-Needle Distribution

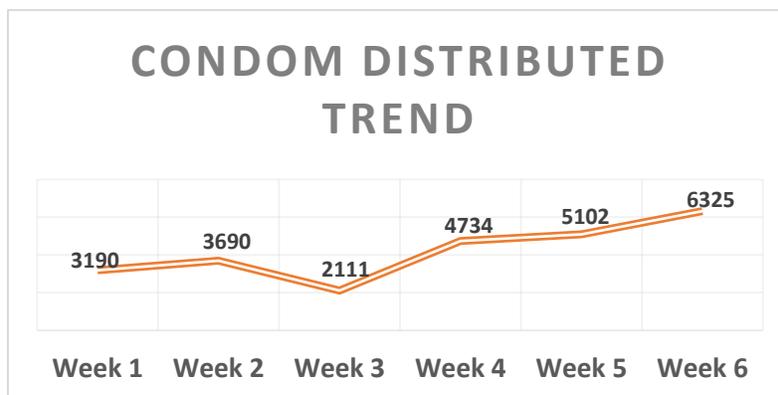
As a result, the distribution of the needle and syringes for PWID was initially low during the first week of the lockdown but because of the newly adapted strategies the distribution steadily increased during as time advanced, as depicted in the following graph



As a consequence, 98% of the PWID mentioned that they received or have enough needle and syringes with them. Among the participants of the survey 90 % mentioned that their main source of n/s is direct contact of outreach, 8% reported pharmacy used as depot, 1% said influential PWID, 1% mentioned friends.



From the assessment it is found that 93% PWID are using condom during sex among the respondent. In addition, among them 99% said they are getting condom from Outreach Worker and 1% said they collect condom from DIC directly and most of them are OST user. In the same manner as distributing needle and syringe, condom were also distributed through depots and distribution trend also follow the trend n/s distribution as depicted in the following graph.



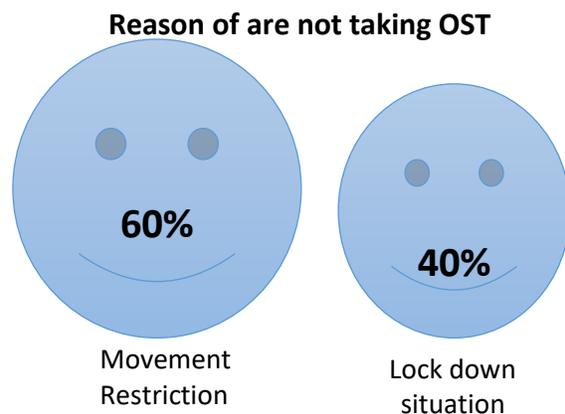
### 3.3.2 OST services and challenges

#### Key Findings

- ✓ 88% OST clients receiving OST regularly
- ✓ The restriction of movement which caused an enormous obstacle of the service delivery for the OST clients
- ✓ 24% of the participants claimed that they were harassed while coming to OST center for up taking OST.
- ✓ Community people do consider the OST services as essential health services during this Pandemic situation
- ✓ 2 OST centers stopped provide OST service by Law Enforcement agency and community people
- ✓ 88% of respondent (who taking OST home dose) replied they do not face any problem to preserve the OST at home
- ✓ 69% of the respondent reported that they face difficulties to come the DIC for the service.

As an essential service, OST has been operated from the very beginning of the pandemic. Despite that the fact that OST program was faced many challenges heavily, it continued with new adaptation which will be delineated later in this section.

According to the survey, among the participants 88% mentioned that they were received OST regularly either by take home dose or regular coming to DIC. Among the 12% who were not receiving OST regularly, 40% of them mentioned that they could not receive due to lock down situation in their own area and 60% accounted the restriction in movements. 24% of the participants claimed that they were harassed while coming to OST center for up taking OST.



One of the main challenges faced by the implementers was the restriction of movement which caused an enormous obstacle of the service delivery for the OST clients. Both the service providers and the OST clients reported that the lack of commuters in the roads made it difficult for them to uptake OST from the OST centers.

In addition to that the intense activity of law enforcement agencies and local influential people were also worth mentioning. The following two cases depicted in the following box.

### **Case 3: Raid by police at Nayabazar CDIC**

Police also raided the Nayabazar CDIC on 26 March 2020 and found that there were PWID available at CDICs for clinical support and OST uptake. The DIC staff tried to explain their approval of continuing service delivery from the government but they were unwilling to listen and started beating the staff and PWID. As a consequence, the Field Monitor, CO and GCC was badly injured and had to go to the Dhaka medical college hospital for seeking treatment. Police asked them not to continue the services at DIC and outreach during the lockdown. As a result, the Nayabazar DIC is closed temporarily and clients were asked to take their OST from Aganogor CDIC. The senior authority communicated with the police station but they were not willing to let the DIC continue its operation. This incident was informed to SCI and NASP. Initially, a decision was made to shift the OST dispensing activity to the nearest Mohanagar Hospital but the decision was canceled as a Corona virus-positive case was found at that hospital. Later the CDIC was shifted to another building of another area and was started to dispense from 8 April, 2020.



CO of Nayabazar CDIC injured by the Law Enforcement Agency

#### Case 4: Vandalism at Aganagar CDIC

At the same time, the Aganagar CDIC was also vandalized by the local influential people and threaten the DIC staff to close their DIC work on 29 March 2020 evening. A mob entered the CDIC and started vandalizing the DIC equipment without even providing a scope to the DIC staff to explain. The CDIC guard is also been beaten by them. The CDIC guard is also been beaten by them. Then Agangor CDIC also closed. After that day CARE management decided that clients of Agangor & Nayabazar CDIC will take their Methadone from Chankherpool CDIC.



Vandalism by Community People at staff room of Aganagar CDIC

Apart from that, some of the OST clients also reported that they were harassed during the movement towards OST centers. Since many of the members of the law enforcement agencies do not know about the harm reduction program, even if they were explained about the necessity of OST, they did not listen to them. Even many of the law enforcing agency know about harm reduction program of CARE, B and they were explained about the necessity of OST, they did not agree to allow them to move. One of the OST clients reported that,

*When the lockdown started, I tried to come to DIC for my regular OST on foot as there was no vehicles available. On the street some police saw me and asked me to go home immediately. They threatened me that if I don't back to my home, they will arrest me.*

In addition to that, both DIC level and senior management staff reported that staff shortage due to the lock down also crated challenges for services delivery. Many of the DIC staff (such as nurse and Medical Assistant) who are essential in delivering OST service were living at places which were completely locked down either by the law enforcement or local people. Some of the essential staffs were also trapped at their homeland and they could not move to Dhaka due to the restriction in movement. These impacted the work force essential for OST delivery.

As two of the OST centers had to be stopped (as discussed above), all of the OST clients started taking OST from two center which created extra crowd and caught the attention of local police and people. In few occasions, the DIC staff were threatened by the police and local influential to stop the CDIC. For one day, the CDIC of Chankharpul was closed and that created huge anger and agitation among OST clients, especially the street based OST clients. They created chaos and vandalism at the DIC premise as well. The following case depicted the incidence here.

#### **Case 5: Vandalism at Chankharpul CDIC**

Meanwhile, Aganagar & Nayabazar CDIC got locked down. On 8 April 2020 clients of Aganagar & Nayabazar CDIC came to take OST from Chankharpul and the next day all clients of Aganagar, Nayabazar & Swamibagh were advised to take OST from Chankharpul which created an unwanted incident that was uncalled for the project. The huge gathering provoked the local people & Law enforcement authority to pressurize to stop DIC services. Finally, on 10 April DIC was closed according to project management decision. In the same day, soon after stopping services, few clients and some local people tried to enter forcefully into CDIC to create a troublesome environment, but they failed. They formed a gathering in front of the CDIC which created a dreadful situation. They became so violent that they ended up breaking DIC windows glasses, 5 electric meters (3 were broken to the core) and our water supply line. Whole electricity supply was disconnected & water supply also got affected. For preventing more damage CARE management decided to reopen Chankherpool & Swamibag CDIC as per discussion with house owner.

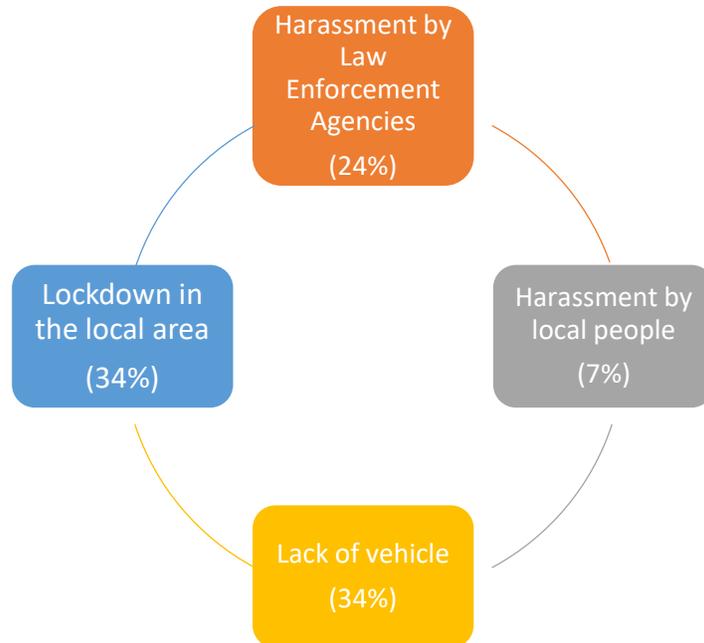


Vandalism by OST Client at Chankharpul CDIC

At the same time, crowd management became an alarming issue since each CDIC started serving double number of clients. However, in order to keep the service open and maintain the crowd with little number of DIC staff, the management decided to provide home doses for the clients to minimize the gathering CDICs. The OST clients were categorized as stable and unstable groups. The stable home-based group who have facility of preserving OST safely at home were provided to with 5-10 days of OST. The assessment data shows that 88% of respondent (who taking OST home dose) replied they do not face any problem to preserve the OST at home where as only 12% reported they faced problem to preserve the

OST at their home. On the other hand, street-based OST clients were divided into two categories; one group takes OST every day from the front gate of the CDIC and other group who have facility of preserving OST got 4 days of take home OST doses. In this way, the crowd was minimized at the OST clinics. At the same time, COs and NPUD volunteers were also engaged in delivering and maintaining distance among the street-based OST clients who come every day for OST.

69% of the respondent reported that they face difficulties to come the DIC for the service. The reported data shows that the difficulties are harassment by law enforcement agencies, harassment by local people, lack of vehicle, lockdown in the local area. Following chart shows the percentage of the difficulties.



### 3.3.3 Counseling and Follow-up Services

Counseling is a vital part of two major components of the harm reduction program that are opioid substitute therapy (OST) and anti-retroviral therapy (ART). Amidst recent COVID 19 situation, the face-to-face counseling service was minimized. Tele counseling modality was adapted to provide counseling, follow up, and psychosocial support to clients, especially for the clients who are taking ART & home dose of OST. Due to COVID 19 pandemic, clients received take-home OST doses who fulfilled the take-home dose criteria.



Among the OST respondents 93% reported that they received some sorts of counseling services though online and offline media. 74% claimed that they received psychosocial counseling and among them 95% said that they received this from the project.



The program established the follow-up mechanism of OST and ART take-home doses. After dispensing the take-home dose, the nurses send the list of clients of the take-home dose given to the counselor of that CDIC. The counselors then followed up with the listed clients on OST and ART follow up over the phone. They also followed up street-based clients (who do not have telephone access) with the help of the community organizers and caseworkers. Community Organizers went to the street shelters of the clients and connected them over the phone with the counselor. The counselor followed up and provided group tele counseling to them. Caseworkers also followed up with clients over the phone and visited clients' homes and street shelters if needed. The counselors immediately contacted the respective senior technical officer (STO) and nurses of CDIC if they find any issues related to dose adjustment, methadone diversion, withdrawal-related symptoms, and other medical concerns.

The Counsellor and DIC based staff have done regular follow-up to the OST client specially who received the OST home dose. According to the assessment 98% replied they had been followed up by the project staff. Among them 37% said they had been followed by the Counsellor over phone and 63% reported that outreach workers followed them physically.



As part of the client wellbeing initiative, counselors were providing psychosocial support to the clients for COVID 19 crisis. The counselors are providing tele counseling for a range of issues related to COVID 19, along with the regular issues. The counselors were facing challenges because of the changing modality of counseling.

*The counselor apa from DIC called me over phone through the CO. I don't have any phone; so the CO helped me to talked to her. She listened to my sorrows and she advised me what to do. I felt really good. (Female OST Client)*

As part of the staff capacity building during COVID-19 situation, CARE-B has provided online training on tele counseling for Counselors". The program also conducted 'Online Training on Tele counseling for Counselors' so that the counselors would be able to provide standard service of counseling to the clients. The training was three-hour-long and conducted via Skype. The participants were counselors from four CDICs.

After getting the training, the counselors were more equipped to provide tele counseling and psychosocial support to clients. They were facing fewer challenges to explore the clients' condition and possible solutions to their issues than before. The counselors were able to provide a more empathetic understanding to the clients and able to validate the clients' experiences. The counselors were more confident in providing tele counseling and psychosocial support amidst COVID 19 than before getting the training.

### 3.3.4 ART service and other clinical services

#### Key Findings

- ✓ 100% of ART client of the survey participants reported that followed up over phone or in person.
- ✓ Clinical service by STO and MA has been provided in case of Physical complexity of ART client
- ✓ 41% of the participants responded that they received clinical services from the respective DIC staff.

Initially before lockdown a decision was taken to provide one-month ART to clients who are regular stable clients both street based and home based clients. Other unstable clients have been provided daily dose by Case worker (CW). The OST clients who are also ART clients have been receiving ART along with OST every from the respective CDIC.



To maintain the adherence of the patients, CW, MA and counselors are engaged to follow up on the patients over the phone, who have access to mobile. A total of 686 PWID were provided with the ART. (For details about follow up service see previous section of counseling and follow up). **100% of the survey participants reported that followed up over phone or in person.**

According to the service provider, some HIV positive clients reported some physical problems to the MA and other DIC staff and in immediate response STO/MA visited them in person and in some cases communicate them over phone. In few cases of emergency, they were referred to specialized hospital/ nearby tertiary level hospital.

Apart from that, other clinical services such as abscess management and general health were provided in newly adaptive forms. The responsible service providers provided services over phone and sometimes in person both at DIC and outside DIC as well. 41% of the participants responded that they received other clinical services such general health, abscess management from the respective DIC staff.

### 3.3.5 Challenges of Monitoring and Supervision

#### Key Findings

- ✓ Physical supervision and monitoring at DIC level by Senior Technical Officer (STO) and Program Development Officer (PDO) has been hindered.
- ✓ Physical Monitoring by M&E team and Project Management Unit has been decreased at DIC level.
- ✓ Presence of DIC coordinators and Field Monitors disturbed at field and spot.
- ✓ Adapted virtual monitoring was challenging in many cases.

Due to the pandemic situation the monitoring and supervision has been affected. The DIC coordinator and Filed Monitors were not able to present at DIC and field regularly to supervise the outreach activities. The STO, PDO, and Program officer were not able to visit their respective DIC regularly. They had to communicate with DIC staff over phone and virtually. But in some cases during virtual supervision the internet connection dropped several times which make them discomfort to continue the guidance properly. On the other hand, DIC visit by PMU staff also hindered during this critical situation. They also conducted their monitoring virtually. However, the virtual monitoring is difficult to conduct in all DIC as in many DIC coordinator do not have smart phone.

*My residence area was locked down by the community people and I was not able to come office many days. That time I just followed up the Cos over phone. But I was not able to know real situation of spots by myself. (Field Monitor)*

## 4. Project initiatives during COVID 19 pandemic

### 4.4.1 Food program for Street-based HIV positive PWID

Not only ART, HIV positive clients also receive a mid-day meal from project activities. Initially when the lock down started, many of the PWID, especially street based PWID lost their earning sources. The HIV positive street based PWID became worst sufferer. They did not have any earning and food sources to survive.



Food service for HIV positive PWID

In that situation, program decided to start food support program for HIV-positive street based PWID. Everyday 150 clients of this category has been receiving a mid-day meal from the program. Along with the DIC staff, Network of People who Use drug (NPUD) a community based voluntary organization helped the program to distribute the food the clients.

### 4.4.2 Contingency Plan to Conduct Service Delivery

The GFPWID project took a proactive stand before the call for nationwide lockdown on 26 March 2020. Right after the identification of first case of Corona virus, the team started taking measures for the safety of the DIC and outreach staff and PWID. The team anticipated a lockdown beforehand and prepared a contingency plan to continue the service under “essential health services” in collaboration with the PR. The voice of the field staff was also reflected in the contingency plan since they will be the front line service providers. An evolving contingency plan was prepared with the provision of changing its elements according the situation of the surroundings. In the first contingency plan, a number of scenarios were anticipated and different plans of operations were formulated keeping those scenarios in mind. For example, one of the senior level participants described that in the earliest contingency plan, there were three assumed scenario; “usual situation”, “partial lock down” and “complete lockdown”. Based on these situation, the essential service delivery methods were also formulated and triangulated among SSR, SR, PR and ASP to finalize it. However, this contingency plan was also evolved over period adapting to the situation of the field.

### 4.4.3 Ensuring safety of staff and PWID

As per the guideline and advisory prepared by CARE Bangladesh and SCI, PPEs were provided to all the staff who are working in the DIC and outreach. DICs are also well equipped with handwashing facilities

for the staff and the clients as well. A hand washing basin with soap is installed at the entrance of every DICs. The commonly touched areas are being cleaned at regular intervals. Circle marks are drawn in the floor, stairs and front footpath/streets and guard and COs are deployed to maintain social distancing strictly. The clients were asked to wear masks and wash their hands before entering the facility. The senior officials are constantly communicating the DIC and outreach staffs to ensure safety measures. To ensure smooth movement, vehicle services are available for DIC staff who are willing to work and live away from the DIC area. A letter was issued with the approval of their movement and continuation of the service delivery from the ministry of health and family welfare to prevent any harassment from the law enforcement agencies. These letters were provided to the local police station. Special ID cards are also issued by the NASP which allows the service providers to work without hassles.



Ensured PPE to the DIC Staff



Hand Washing Basin at entrance of DIC

#### 4.4.5 Capacity building

Since the pandemic Covid 19 created an unprecedented situation for operating the harm reduction program, according to senior management participants, it was essential to build capacity of the staff about the safety measure and new way of service delivery. Based on the recommendation of the HR, 18 CDICs and DICs conducted mandatory training for their staff about the safety measures. Staffs participated those training both online and offline. Apart from that, in the beginning of the March 2020 when first case of Covid 19 identified, with the help of senior staff, STOs, PDOs, PMs started conducting trainings sessions for both staff and PWID to inform them about Covid 19 and safety measures.



Awareness Session on COVID-19 at DIC level by PMU Staff

In addition, based on the guideline developed by the SR and PR, training were also provided to the staff about the new service delivery modalities. For example, one of the STO described that the MA, Nurse and community organizers were most likely to be in close contact with the clients; hence they are trained about how to serve the clients maintaining the safety measures. Demonstration sessions were also conducted at DIC premises to train them in more effective way.

#### 4.4.6 Contingency Plan for Monitoring and Supervision

M&E unit of CARE Bangladesh has developed a comprehensive M&E plan to monitor the essential services during this pandemic situation as well as supervise the DIC staff. 1 PMU level staff has been assigned to supervise and monitoring for 2 C/DIC. The supervision and monitoring modalities also have been changed. Project management decided to do both physical and virtual monitoring. The PMU has done distant monitoring regularly to their assigned C/DIC according to the contingency plan, which encourages the C/DIC staff to do work with full enthusiasm. And they don't feel alone in their field for this regular attachment of the PMU staff. The M&E team of the Consortium conducting regular distant monitoring according to the contingency plan. They are doing data validation and monitoring the documentation through distant monitoring. M&E team also conducting virtual data quality assessment. Distant Technical Monitoring for OST and ART & clinical services regularly.

Physical and Distant supervision has been conducting during this pandemic situation. Some of the DIC Coordinator and Field Monitor has conducted distant supervision over mobile phone from their resident who worked with Work from home modality. PDO, STO, PO, and PM are doing distant supervision of their respective C/DIC regularly. To encourage and guide the front-line staff PR has visited the DIC regularly. Moreover, ASP also visited the CDIC to motivate and guide the front-line staff during this critical situation.



Distance Monitoring and virtual DQA

## 5. Future Consequences and Recommendations

### 5.1 Future Consequences on the life of PWID

Based on the key informant interviews with some program experts, HIV specialist and Drug specialist, future consequences of the pandemic on life of PWID are elaborated here in this section. All of the participants agreed that if the current situation continues, it will increase the unpredictable mobility of the PWID. As a consequence, a significant portion of the PWID might be detached from the harm reduction services. It may severely impact their service uptake; both DIC based and outreach.

At the same time, the unavailability of drugs and, if available, the higher price of drug may not allow PWID to buy full ampoule of drugs for themselves. Thus, sharing of drugs in same needle and syringes, use of residual drug might increase. This may in turn increase the transmission of HIV among PWID and their partners. At the same time-sharing drugs in the same needle syringe with unknown partner may also increase due to mobility.

Some of the experts also mentioned that, the use of poly drug use may increase in this situation. As there is dearth of income and unavailability of buprenorphine in the field, they may divert to use other drugs, especially Benzodiazepines which is cheaper is rate and more available at dispensaries. They might believe that it will relieve their withdrawal to some extent. On the other hand, methamphetamine is more available than buprenorphine in the drug market, which may increase the consumption as well. Once they are used to these drugs, in future when buprenorphine will be available at field, they will not be able to get rid of these.

Due to anticipated mobility in search food and money, many HIV positive clients may go beyond their range of outreach program. As a result, adherence of ART and OST will be challenging. The ART resistance can a severe future issue from here.

### FUTURE CONSEQUENCES ON THE LIFE OF PWID

Considering the current situation and life style of PWID, COVID-19 might hit hard on PWID

Dispersion of PWID may cause disconnection from the Harm Reduction program

Unviability of drugs and higher drug price may increase the unsafe injecting behavior and may lead to higher transmission of HIV among PWID

The use of poly drug (such as Benzodiazepum and Methamphetamine) may increase

PWID and their family are always marginalized, but they will be more marginalized. Their livelihood will become more challenged.

ART resistance may grow among HIV positive clients since they may be disconnected from the program

Low or no income opportunity will create devastating impact on their health and survival

The mental health impact of PWID and their family members may be severe

PWID may face biggest challenge in seeking health care from public hospital

Considering the lifestyle and low awareness among the PWID, according to the key informants, in future COVID-19 can hit hard on the PWID. At the same time, due to lack of earning opportunity, it may threaten their survival as well. Simultaneously, the mental health of the PWID and their family members can deteriorate to a further extent. Since large scale mental health support is missing. Moreover, considering the current situation of overburden health care system, PWID will be less likely to get health care facility due to stigma associated with them and drug use.

## FUTURE CONSEQUENCES ON HARM REDUCTION PROGRAM

- 90-90-90 goal will be highly impacted
- The number of HIV positive under the HR might increase due to the COVID 19
- The number of COVID-19 cases among service providers may increase which will impact the service delivery.
- Provide STI services and abscess dressing will be challenging.
- Training and capacity building will be needed more to prepare the staff to provide the community level service which is also cost effective
- OST DOT will be not possible in neo-normal time. On the other hand, Home dose diversion, over dose, miss used by child and other family member maintain will be more challenging
- Lack of staff due to quarantine may cause greater difficulty in service delivery
- The dispersion of PWID will create difficulty in reaching PWID; thus, will impact negatively on achieving targets of the program

## 5.2 Future Consequences on Harm Reduction Program

As of June 2020, Three front line staff members of the DICs were identified with COVID-19 and a number of staff were also living in quarantine life. Many of the key informants warned that it is just a beginning and the number may increase. Mandatory quarantine and isolation of the staff, in future, may put the program in biggest challenge. On the other hand, dispersion of the PWID and restriction on movement may also affect the service delivery as well. For example, distribution of needle and syringe and other health product is still challenging which may get worse when the mobility of the PWID will be higher. Most of the services of the harm reduction program entirely depends on the presence of the PWID at their respective spots. Tracking PWID during this lockdown situation may be, in many cases, very challenging. As a result, ART, OST, NSP, HTS and other important components of the HR will be compromised. This will severely challenge achieving the target of global fund.

The HTS services which crucial to achieve the 90-90-90 goals of HIV program, is threatened by it. Community based HTS will be difficult due to lack of presence of PWID and DIC bases HTS will be challenges due to PWID's lack of ability to visit DIC due to lock down and their mobility. As a result, other target such as ART enrolments will be massively impacted as well.

Along with that, many other services which requires close observation of the patients; such as abscess management, STI management, health screening etc. will be severely impacted by it due to the pandemic situation.

At the same time, many of the new OST centers are still pending to operate due to situation created by the pandemic. Enough logistic support many not be

provided to make the OST program functional in the new OST clinics. Also, due to the lock down situation, actual follow up of OST adherence, diversion, misuse will be hugely challenging in future.

At the same time, building capacity of the staff to ensure safety of the service providers and the clients will be highly challenging due to lack of funding. At the same time, new methods of service delivery to fight HIV and COVID-19 is a daunting task which requires time and resources to build capacity. But currently harm reduction program lack both of these to build capacity effectively among the staffs and PWID.

Above all, the perspective of the law enforcement agencies and local community towards the PWID will be even narrower due to the pandemic since panic spreads all the corner of the society. Unless there are sensitized during this pandemic

### 5.3 Recommendations

Scaling up food and cash transfer programs	Sensitizing the law enforcement agencies and local community to stop harassment	Decriminalization approach towards drug taking of PWID	Harm Reduction Program through Community Engagement
A strong Harm Reduction Network Platform	Connecting PWID with other relief and support program from GOs and NGOs	Special ID card for PWID for their safe movement to DIC for service uptaking	Strengthen awareness building and counseling about COVID-19 for PWID
More investment for Harm Reduction Program specially for PWID	Evolve the program in align with the situation and adaptive contingency plan	Providing safety materials for PWID and their family members	Increase collaboration with other GOs and NGOs for improving the quality of life of PWID
Ensure sufficient supply of PPE and build awareness on COVID-19 among service providers	Introduce COVID-19 symptom screening among PWID and strengthen the monitoring	Ensure uninterrupted service of OST, ART, NSP, HTS through innovative methods	Strengthen the tracking system of PWID's mobility

## References

1. *Prothom alo* <https://en.prothomalo.com/bangladesh/bangladesh-reports-first-coronavirus-cases>
2. *John Hopkins University Corona virus resource center* <https://coronavirus.jhu.edu/map.html>
3. *EUROPEAN MONITORING CENTER FOR DRUGS AND DRUG ADDICTION (2020)* EMCDDA update on the implications of COVID-19 for people who use drugs (PWUD) and drug service providers