



**THE GLOBAL FUND GRANT CYCLE SIX**  
National Aligned HIV/AIDS Initiative (NAHI)

# **HARM REDUCTION INTERVENTION**

A GF NAHI efforts at reducing transmission of blood borne diseases among persons who inject drugs.



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## ACRONYMS

01

AHNi	Achieving Health Nigeria Initiative
CBOs	Community Based Organisations
CIHP	Centre for Integrated Health Programmes
CPHI	Centre for Population Health Initiative
DD/HR	Drug Demand/Harm Reduction
ECEWS	Excellence Community Education Welfare Scheme
FMoH	Federal Ministry of Health
FY	Fiscal Year
GoN	Government of Nigeria
HALG	Heartland Alliance Global
HIV	Human Immunodeficiency Virus
IHVN	Institute of Human Virology
KP	Key Populations
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NDLEA	National Drug Law Enforcement Agency
NHRC	National Human Rights Commission
NPF	Nigeria Police Force
NSCDC	Nigeria Security and Civil Defence Corps
OSS	One Stop Shop
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PWID	Persons Who Inject Drugs
SASCP	State AIDS/STI Control Programme
SFH	Society for Family Health
SI	Strategic Information
SOP	Standard Operating Procedure
SR	Sub-Recipients
TWG	Technical Working Group
UNGASS	United Nation General Assembly
UNODC	United Nations Office on Drug and Crime
WHO	World Health Organisation

The National Aligned HIV/AIDS Initiative, Global Fund Grant Cycle 6 (GF-NAHI GC-6) commenced implementation at a critical juncture for the Nigerian HIV response as it began immediately following the COVID-19 pandemic. The first year of the grant, 2021, presented significant challenges due to the ongoing impacts of the pandemic. To the credit of FHI 360 as Principal Recipient and the eight sub-recipients, the grant was implemented successfully such that by the end of the grant on December 31, 2023, the grant performance received a B-2 rating by The Global Fund.

The GF-NAHI GC-6 implemented several innovative and pathfinding interventions, including:

- Providing services to key and vulnerable populations.
- Identifying challenges to and developing strategies to improve the Prevention of Mother-to-Child Transmission (PMTCT) of HIV with significant learning on what worked or did not work.
- Removing barriers to service delivery for Adolescent Girls and Young Women (AGYW).
- Implementing harm reduction strategies for People Who Inject Drugs (PWIDs) to reduce the risk of HIV and other blood-borne diseases.
- Distribution of HIV self-test (HIVST) Kits to increase access to HIV testing services as an entry point in receiving HIV treatment and care.

This document is one of a series of products that has recorded the efforts of FHI 360 and its Sub-Recipients, which include the Achieving Health Nigeria Initiative (AHNI), Society for Family Health (SFH), Excellence Community Education Welfare Scheme (ECEWS), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), National AIDS and STDs Control Program (NASCP), and PEPFAR Implementing Partners such as Heartland Alliance LTD/GTE (HALG), Centre for Integrated Health Programs (CIHP), Institute of Human Virology, Nigeria (IHVN), and Centre for Population Health Initiatives (CPHI). It details the pathfinding services provided, lessons learned, challenges faced, and the innovative actions taken to address these challenges.

We acknowledge the contributions of all other project staff who contributed to the first draft of this report in November 2023. Special mention is made of the following people who worked tirelessly to complete these series of report in the closeout period.

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## EXECUTIVE SUMMARY

The Global Fund Grant Cycle 6 Nationally Aligned HIV/AIDS Initiative (GF GC6 NAHI) project, led by Family Health International (FHI 360) as the Principal Recipient, aimed to reduce HIV transmission among Key Populations (KP), including People Who Inject Drugs (PWID) and the general population, through provision of a minimum package of harm reduction services with regard to Needle and Syringe Programme (NSP) and management of opioid overdose with Naloxone. This report provides a comprehensive overview of the Harm Reduction Programme initiated by the Federal Ministry of Health (FMoH) in partnership with various stakeholders and implementing partners. The programme, aimed at reducing the transmission of HIV and other blood-borne infections among PWID encompassing several key components including NSP, opioid overdose management with Naloxone and Medication-Assisted Treatment (MAT). FHI 360 collaborated with the FMoH, NACA, UNODC, WHO and PEPFAR to implement harm reduction in seven states in the Grant Cycle 6 (GC6).

The NSP component focused on mobilizing **PWID communities to participate in activities that lead to safer use, managed use, withdrawal, and abstinence from drug use.** The intervention also aimed at increasing access to needle and syringes, beneficial services that reduce spread of blood borne infections, including Hepatitis B, C and HIV and creating an enabling legal, and service delivery environment that promotes harm reduction amongst PWID through the provision of clean needles and syringes. These were done alongside education on safer injecting practices and disposal methods and overdose management advice. Though the programme was scheduled to commence in January 2022, there was a delay in implementation following the approval. This delay was due to sourcing and procurement of commodities (1ml and 2ml needles and syringes), unavailability of low dead space 2ml needles and syringes in-country, delay in approval of scale up of NSP by the government, onboarding of Sub Recipients (SRs), recruitment and engagement of outreach workers and community facilitators, trainings, entry meetings and other national requirements for programme inception as recommended by the National

## Harm Reduction Technical Working Group.

The harm reduction programme eventually commenced in August 2022 in the SFH supported states of Gombe, Abia and Oyo, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) supported states of Akwa Ibom, Cross River, Rivers and Lagos commenced in November/December 2022. FHI360 partnered with Heartland Alliance, Centre for Integrated Health Programmes (CIHP) and Centre for Population Health Initiatives (CPHI) to implement in Lagos, Institute of Human Virology (IHVN) in Rivers, Heartland Alliance in Lagos, Cross River and Akwa Ibom.

Despite initial challenges in needle retrieval, improvements were noted, with a 77%

retrieval rate achieved by December 2023. Noteworthy achievements included Society for Family Health's (SFH) high enrolment rate and CIHP's significant distribution achievement. A total of 56,278 PWID were recruited into NSP services, achieving 98% of the set target for PWID enrolment between 2022 and 2023.

The Medicated Assisted Treatment (MAT) initiative, a critical intervention for opioid addiction among PWID, saw significant progress with stakeholder engagements, training sessions for law enforcement officers, development and launch of the MAT guideline, and facility assessments in preparation for the pilot phase in four



Needle retrieval rate achieved by December 2023.



PWID enrolment achieved between 2022 and 2023

states of Abia, Gombe, Lagos and Oyo. The procurement of MAT commodities by the FMOH, including Methadone and Buprenorphine, was underway as of 31st December 2023, with expectations of their arrival in 2024.

Training and development efforts were also robust, with orientation for key stakeholders, direct service providers, and healthcare workers conducted to ensure readiness for the MAT pilot. These sessions covered various aspects such as programme overview, drug use trends, roles of stakeholders and proper documentation processes.

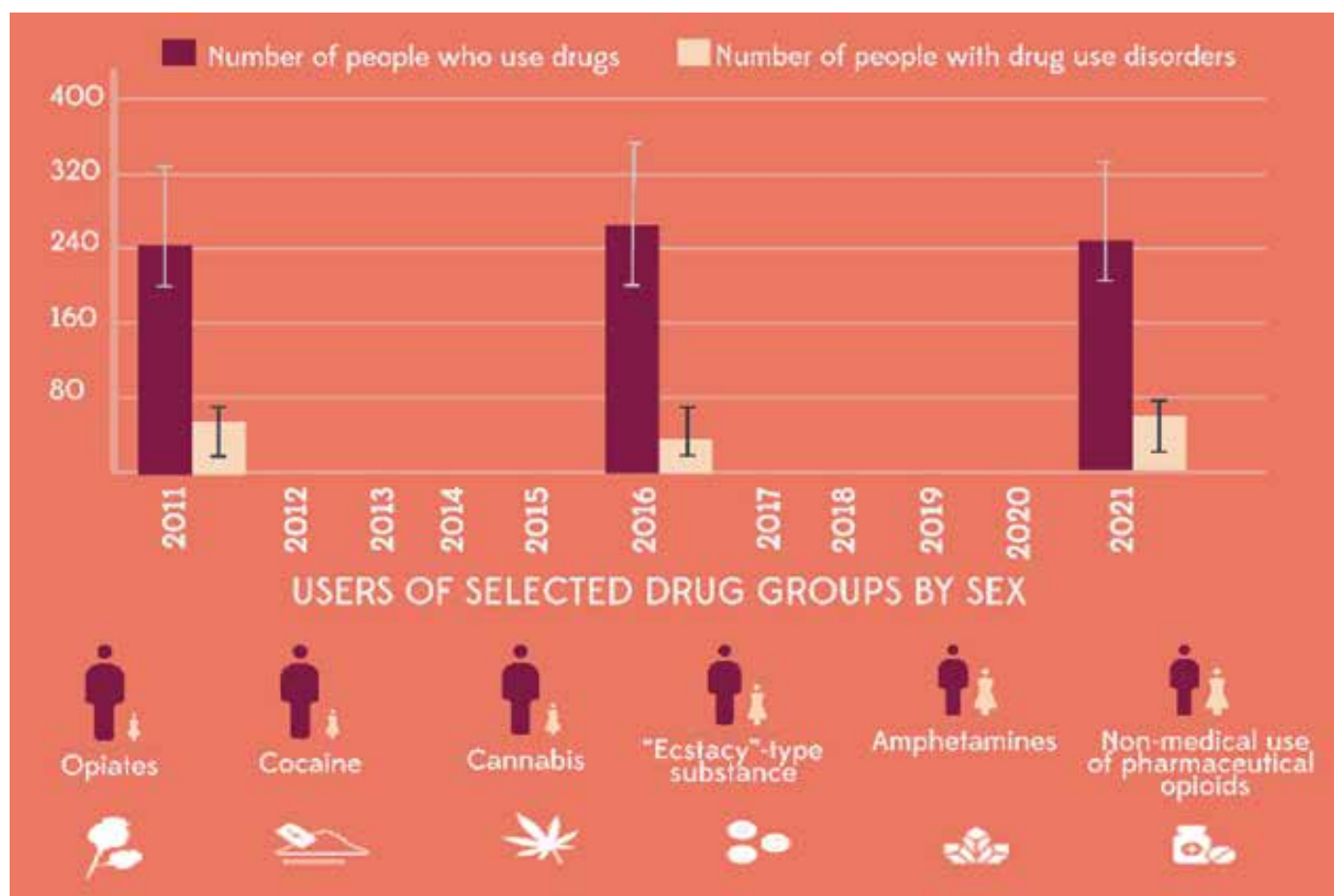
The National Technical Working Group (NTWG) played a crucial role in advising the FMOH on harm reduction strategies and improving service delivery to key populations. Joint Supportive Supervisory Visits (JSSV) were conducted to provide technical support, capacity building, and ensure proper documentation in implementation states.

The NAHI project made significant strides in planning, implementation and capacity strengthening for harm reduction interventions targeting PWID in Nigeria, signalling a concerted effort towards achieving public health goals related to HIV epidemic control and reducing the adverse effects of substance use. However, continuous efforts are needed to scale up needle syringe interventions, improve needle retrieval rates, and ensure the successful rollout of MAT to reduce HIV transmission and improve the well-being of key populations

## 4.1 BACKGROUND

Drug use continues to be high worldwide. In 2011, there were 240 million drug users worldwide. In 2017, there were 271 million, which grew to 296 million persons in 2021 (5.8 percent of the global population aged 15–64). In 2021, one in every 17 people aged 15–64 in the world had used a drug in the past 12 months. Cannabis continues to be the most used drug, with an estimated 219 million users (4.3 percent of the global adult population) in 2021 (World drug report, 2023). Opioids continue to be the group of substances with the highest contribution to severe drug-related harm, including fatal overdoses.

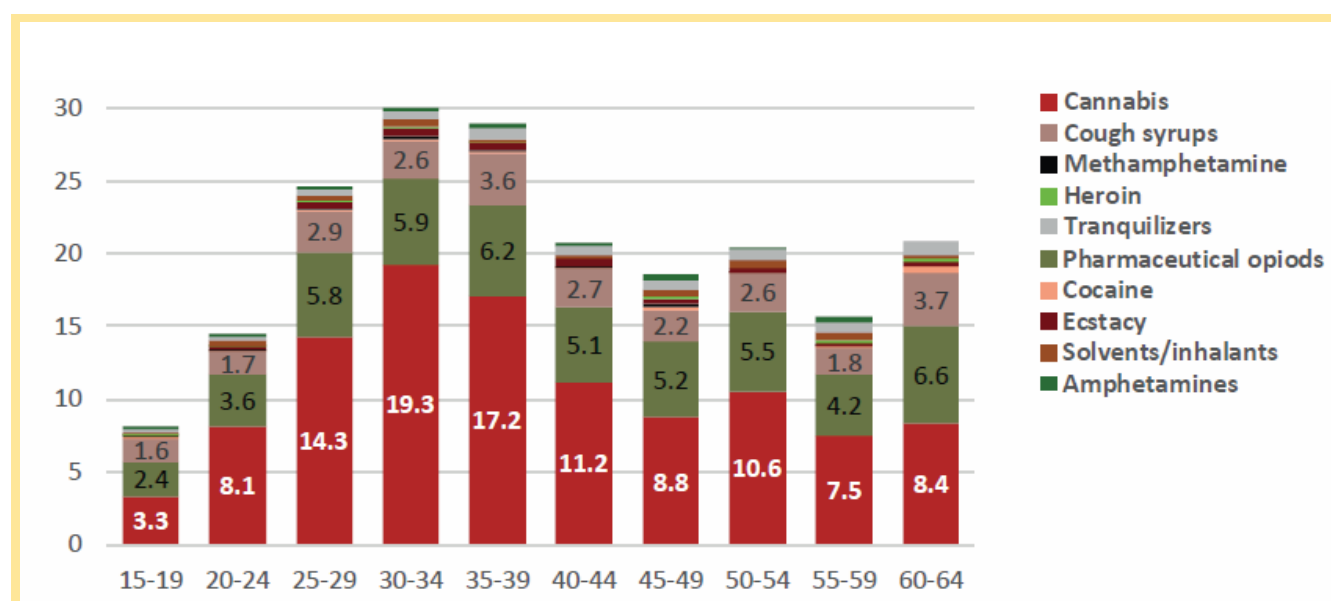
An estimated 60 million people engaged in non-medical opioid use in 2021, 31.5 million of whom used opiates (mainly heroin). According to the national drug use survey conducted in 2018, 14.4% of the general population uses drugs. Approximately 14.3 million Nigerians aged between 15 and 64 years used drugs (other than alcohol and tobacco) in 2017. There are about 367, 000 problematic users (high risk users) in Nigeria. High-risk drug users are defined as those who had used opioids, crack/cocaine or amphetamines in the past 12 months as well as used for at least five times in the past 30 days.



**Figure 4-1:** Number of people who use drugs and people with drug use disorders.



The majority of high-risk drug users were regular users of opioids. Seventy-five (75%) percent of injecting drug users inject opioids. One of five high risk drug users inject drugs. There were 80,000 injection drug users in Nigeria in 2017. About 40% of high-risk drug users wanted treatment but were unable to get it. While one in every four drug users in Nigeria is a woman, drug use was seen to be highest among the age range of 30-34, with cannabis among the highest drug of abuse.



**Figure 4-2:** Annual prevalence of drug use by age group and drug type

The report also revealed that there is a high number of injecting drug practices with increased risk of HIV and Viral Hepatitis transmission. The negative psychosocial and physical consequences associated with substance use increase the vulnerability of PWID to HIV, Sexually Transmitted Infections (Hepatitis), Gender-Based Violence, and other human rights abuses with HIV prevalence among PWID being 10.9% from the IBBSS, 2020. In addition, PWID and their partners contribute about 9% of new HIV infections in Nigeria annually.

The drive towards HIV epidemic control by 2030 would be far from being accomplished if this key population typology does not have access to public

health interventions that could help prevent them from acquiring blood-borne infections such as HIV. To this end, the FMOH in partnership with Implementing Partners (IPs) and other relevant stakeholders (including FMOH, NACA, UNODC, WHO, PEPFAR), set out to plan for the implementation of harm reduction services in Nigeria.

Prior to GC6, both U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund (GF) support to Nigeria involved harm reduction services for PWID. In 2016, Nigeria made a commitment alongside member states to provide comprehensive harm reduction intervention for PWID. Following a report of the Honourable Minister for Health's Technical Committee 2018, and the National Policy



Dialogue on Harm Reduction in 2019, the National Harm Reduction Programme commenced in 2019 with an NSP pilot in 2020.

Harm reduction is a set of policies, interventions, and strategies that are aimed at reducing the individual and public harm associated with drug use without necessarily stopping the drug use. Thus, the basic goal of harm reduction programmes is to prevent diseases and improve the quality of life for affected individuals and their communities. The harm reduction programme in Nigeria is focused on public health and human rights, HIV prevention and prevention of other blood-borne diseases.

There are 10 components of harm reduction, out of which nine are being implemented in

the country. Three missing components for comprehensiveness of services (including NSP, Opioid overdose management with Naloxone and medication assisted treatment) were identified at the onset of the intervention as gaps to be filled. FHI 360 provided support to the GoN through FMoH and NACA to implement the NSP and opioid overdose management with Naloxone since July 2022. Following the ministerial approval for the MAT component of harm reduction, the subsequent design of the MAT guideline and SOP was conducted, and MAT planned to be piloted in four states of Lagos, Abia, Gombe, and Oyo. The grant in GC6, implemented the preliminary activities for the roll out of MAT by conducting several trainings and orientations on MAT for key relevant

Harm reduction is a set of policies, interventions, and strategies that are aimed at reducing the individual and public harm associated with drug use without necessarily stopping the drug use.

stakeholders (training of direct service providers and implementers of MAT). Facility readiness assessment for the MAT pilot was also carried out, and the procurement processes for commodities (Methadone and Buprenorphine) completed. The commodities were expected in-country by the first quarter of 2024 as of 31<sup>st</sup> December 2023. The NSP intervention recorded positive impact, including:

**Improved service provision by clinical staff:** The training provided to clinical staff resulted in improved service delivery, ensuring that PWID receive quality and appropriate healthcare.

**Better understanding of overdose management at the community level:** The training on NSP model and overdose management equipped community participants with the knowledge and skills to effectively manage overdose cases, contributing to better outcomes for PWID.

**Minimized Harm:** NSP is a component of harm reduction initiative that involves the provision of clean needles and syringes to reduce HIV transmission and other blood-borne viruses such as hepatitis B and C. In addition to other interventions, information, education and communication services on safer injecting practices, safe handling, and disposal of injecting equipment, minimizing the harm done by drugs, advice on how to avoid and manage an overdose and referral to other health care services, as well as wider psychosocial support were provided under the NSP services provided on the grant.

**GEOGRAPHICAL COVERAGE OF THE HARM REDUCTION PROGRAMME**

The NAHI grant was a three-year GF project awarded to Family Health International (FHI360) as principal recipient (PR) and the following as sub-recipients: Achieving Health Nigeria Initiative (AHNi) Anambra State (KP & GP) and Taraba State (KP); Excellence Community Education Welfare Scheme (ECEWS) Ebonyi State (GP & KP) and Enugu State (KP); Society for Family Health (SFH) Oyo, Gombe, Edo, Kwara, Kano, Kaduna, and Abia states. FHI360 provided gap-filling intervention in seven states of which four were PEPFAR-supported states on harm reduction namely: Rivers, Cross Rivers, Akwa Ibom and Lagos states.



**Figure 4-3:** Geographical coverage

## 4.2 IMPLEMENTATION STRUCTURE

FHI 360 in the NAHI project (2021-2023) partnered with GoN, PEPFAR and other key stakeholders to implement NSP in seven states namely, Gombe, Abia, Oyo, Akwa Ibom, Rivers, Cross River, and Lagos. Eight SR implemented harm reduction.

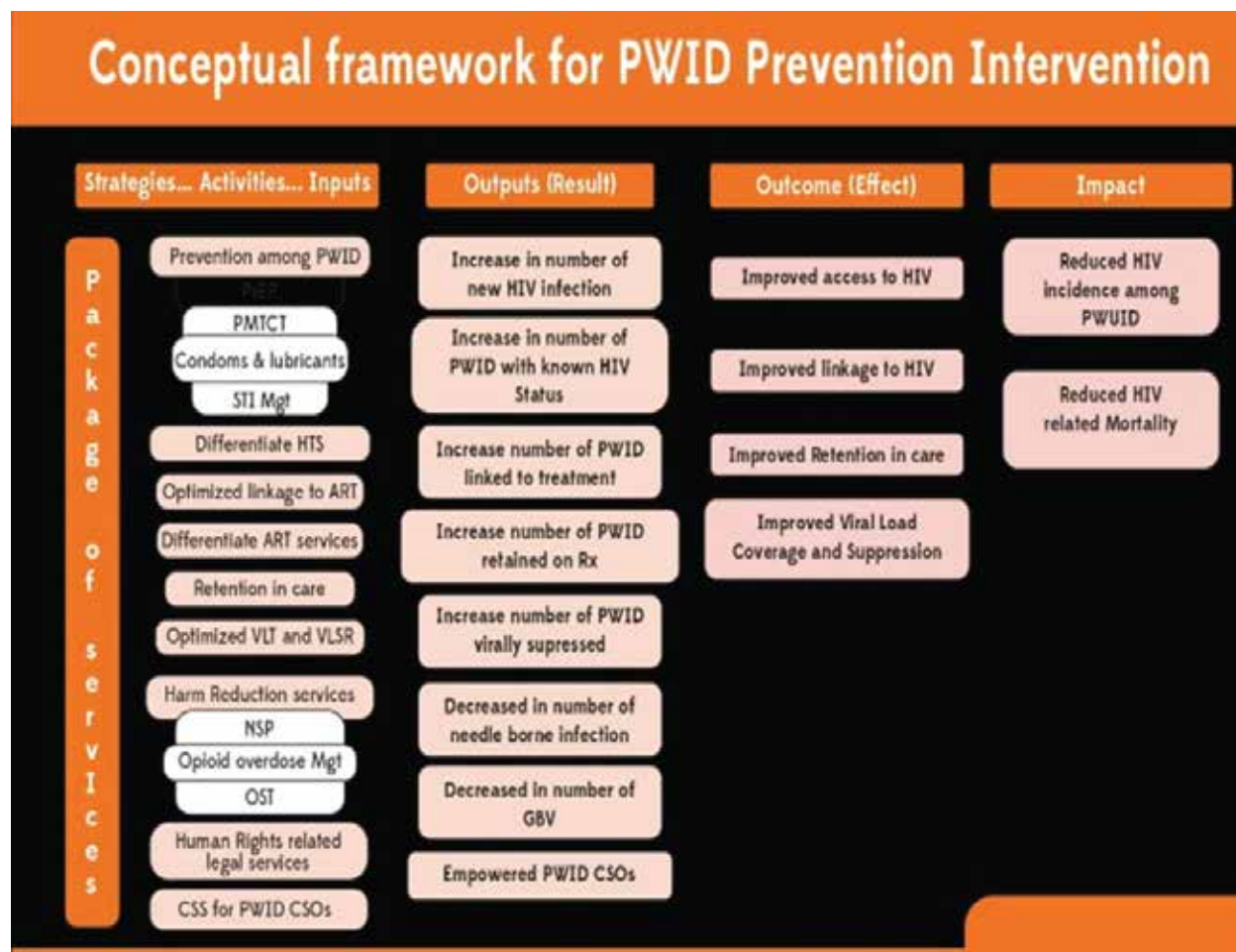
PEPFAR Implementing Partners (IPs) were selected to implement harm reduction in the four PEPFAR states based on their current work in delivering HIV services to PWID in states with high incidence of drug use in the country. These four IPs were:

1. Akwa Ibom: Heartland Alliance International (HAI)-USAID IP
2. Cross River: Heartland Alliance International (HAI)-USAID IP
3. Rivers: Institute of Human Virology of Nigeria (IHVN)-CDC IP
4. Lagos: Heartland Alliance International (HAI)-USAID IP, Centre for Integrated Health Programmes (CIHP)-CDC IP, Centre for Population Initiative (CPH IP) – DOD IP.

The support to the PEPFAR states was through a gap filling mechanism with the PEPFAR IPs engaged as sub-recipients to FHI360 for the implementation of harm reduction services. The implementation of the NSP involved a close working relationship with the bunk owners of the various mapped hotspots through the PWID community-based organisations. The social mobilisers were responsible mainly for advocacy and engagement with the respective PWID groups to provide enabling environment and pave way for implementation, while community facilitators were engaged to directly provide harm reduction interventions to community members. The number of community facilitators engaged were dependent on the PWID enrollee targets and actual number enrolled vis-à-vis needle distribution targets for various states and IPs and based on the estimation that one community facilitator will be responsible for 10 PWIDs. Service providers were given government licensed IDs for identification when necessary.

## CONCEPTUAL FRAMEWORK FOR PWID PREVENTION INTERVENTION

The conceptual framework for comprehensive HIV prevention services for PWID showcases key strategies, activities and inputs tailored to the context of the PWID sub-group. Implementation of these cascade of service package will lead to expected outputs such as increase in HIV case finding, increased linkage to treatment, increased retention to the care and treatment, increase in suppression, decrease in blood borne infection such a hepatitis B and C and HIV, reduction in gender-based violence and increased involvement of PWID CSOs in their programme. The overall impact of the PWID programme on the grant is a reduction in the incidence and mortality associated with HIV and hepatitis B and C infection among the PWID populations.



**Figure 4-4:** HIV & comprehensive services Framework for PWID

One of the preparatory inputs for the provision of quality harm reduction services was trainings and capacity strengthening sessions for the community facilitators, social mobilisers and other OSS and CBO staff involved in the NSP implementation to ensure standard practice in adherence to NSP guideline and global best practices. Additionally, monthly review meetings were held with the CBOs to evaluate performance and review quality of care being delivered to the PWID as well as quarterly State Implementation Team (SIT) meetings to drive the harm reduction implementation at state level.



### 4.3 GOALS AND OBJECTIVES

The goal of harm reduction intervention in the NAHI Project is to reduce HIV infection among injection drug users by providing them a minimum package of harm reduction services with regard to NSP and management of opioid overdose with Naloxone.

#### **Objectives:**

- To mobilize and involve PWID communities to participate in activities that lead to safer use and managed use.
- To increase the access of PWID to beneficial services that reduce spread of blood borne infections, including Hepatitis C, B and HIV.
- To increase access to needle and syringes exchange programme and other Medically Assisted Therapy (MAT).
- To create an enabling legal, and service delivery environment that promote harm reduction amongst PWID.

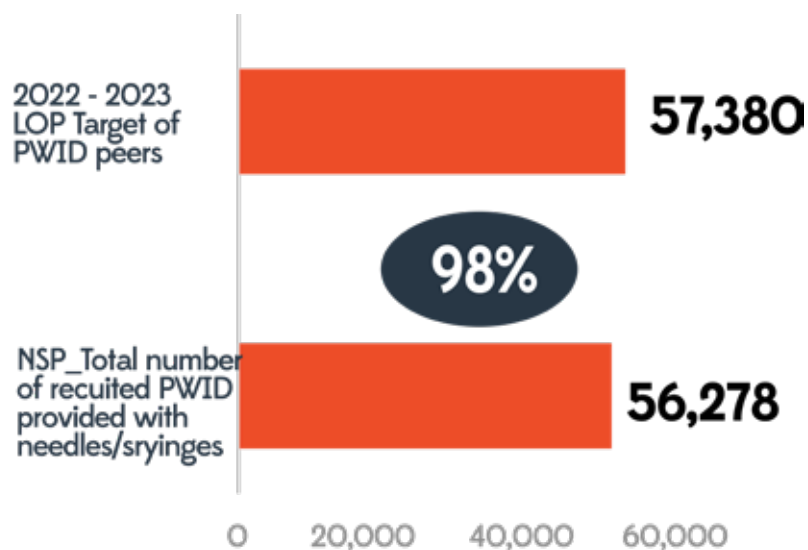
**Package of services:** The package of harm reduction services provided include:

- Needle and syringe programmes (NSP).
- Medication Assisted Treatment MAT.
- Community distribution of Naloxone.
- HIV testing services (HTS).
- Antiretroviral therapy (ART).
- Prevention and treatment of sexually transmitted infections (STIs).
- Condom programmes for people who inject drugs and their sexual partners (CP).
- Targeted information, education and communication (IEC).
- Prevention, vaccination, diagnosis and treatment of viral hepatitis B and C (Hep B & C).
- Prevention, diagnosis and treatment of tuberculosis (TB).
- Pre-exposure prophylaxis (PrEP).
- Provision of psychosocial and economic support to substance users.

## KEY PROGRAMMATIC ELEMENTS

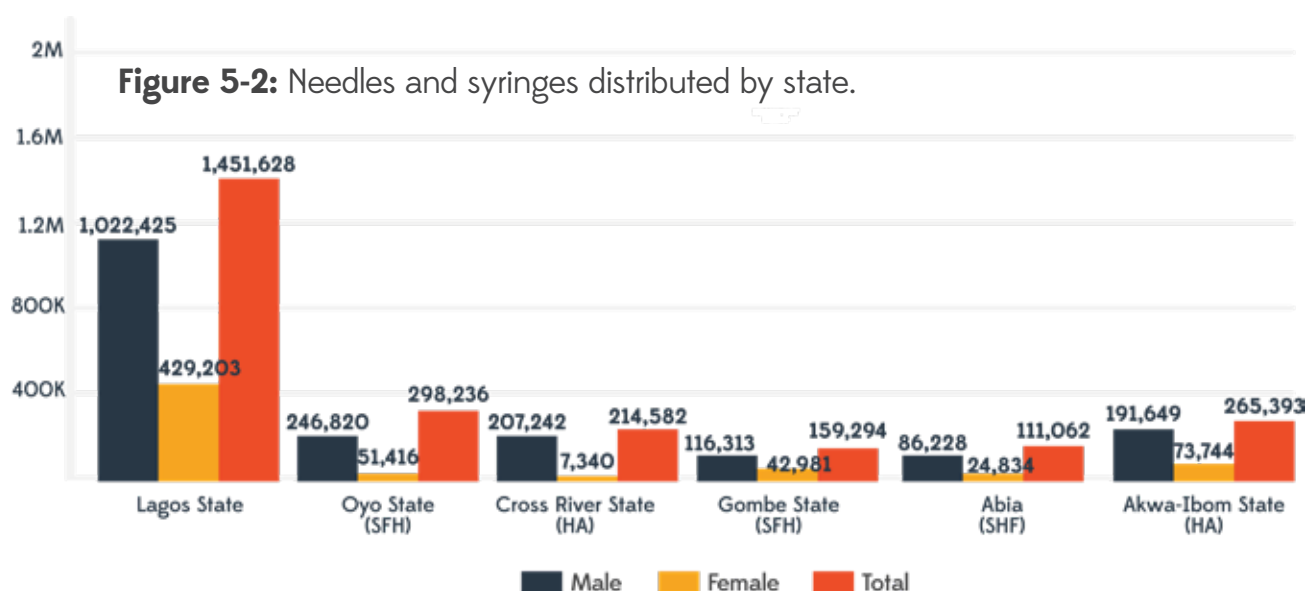
### 5.1 NEEDLE AND SYRINGE PROGRAMME IN GC6

The total number of PWID recruited by the end of the grant was 56,278 against a target of 57,380 giving an achievement of 98% between 2022 and 2023. PWID recruited had access to clean needles and injecting paraphernalia, information, education and communication services on safer injecting practices, safe handling and disposal of injecting equipment.



**Figure 5-1:** PWID Peers provided NSP Target (2022-2023).

The PWID were well equipped with information on how to minimise the harm done by drugs, avoidance, management, overdose and referral to other healthcare services such as wound management and psychosocial support following enrolment into NSP services. SFH had the highest enrolment rate at 178.4% being contributions from Gombe, Oyo and Abia with the lowest being HALG at 22.8% as achievement against assigned targets for Cross River and Akwa Ibom states (Figure 5-2).

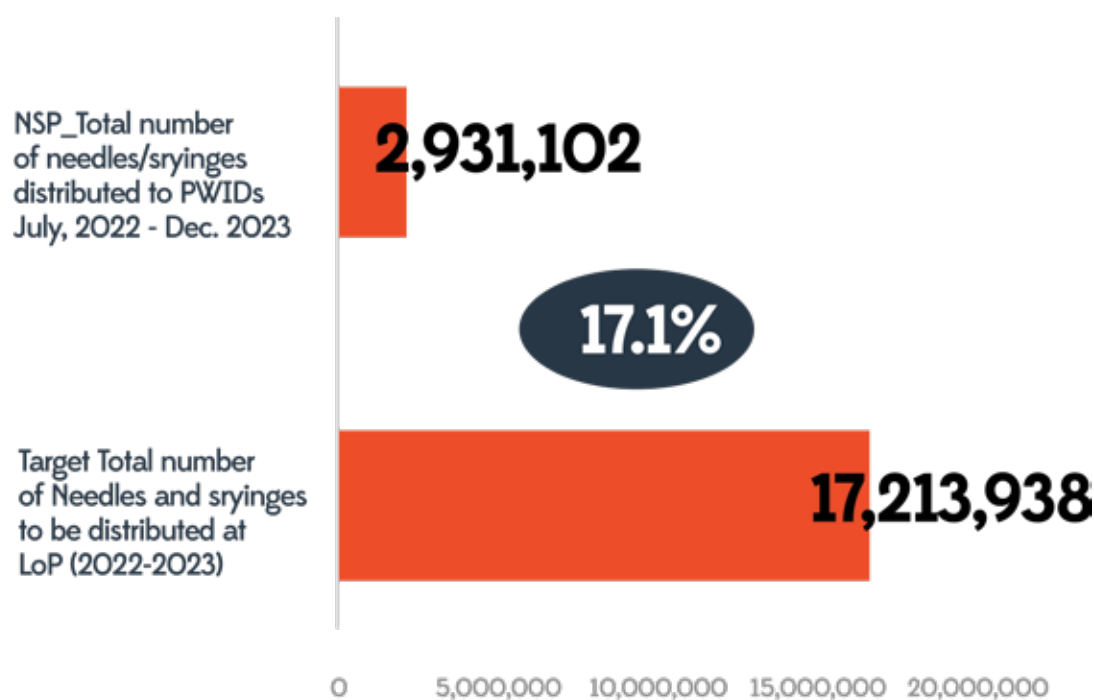


**Figure 5-2:** Needles and syringes distributed by state.

A needle and syringe distribution target of 17,213,938 was set at grant level between 2022 and 2023. The drive towards achieving this target was monitored through engagement and supervisory support to the SRs. The distribution of needles and syringes is contingent on the number of PWID recruited and time frame of their recruitment.

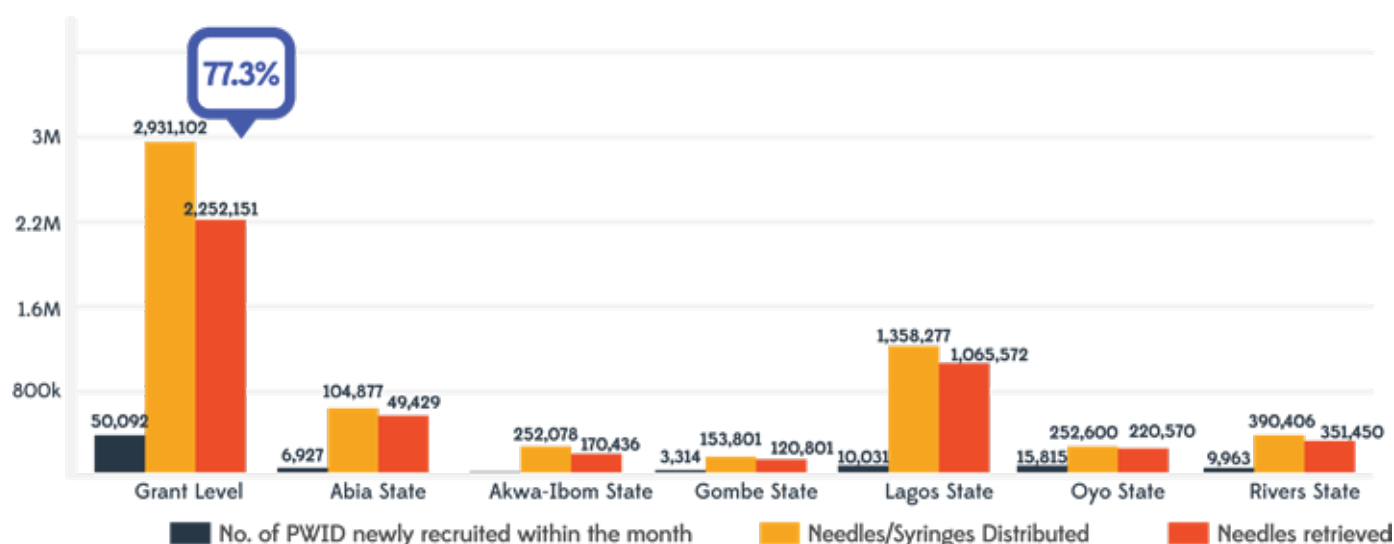
There was a delay in availability of the commodity for the programme due to reasons related to unavailability of low dead space 2ml needle and syringes in-country, delayed procurement process, delay in commencement of programme due to recommendations of the Harm Reduction TWG among others. The total achievement with needle distribution between August 2022 and December 2023 was 2,931,102 (2,220,199 Males, 710,903 Females) at 17% of the target of 17,213,938 (Figure 5-3). The highest distribution was in Lagos State with 50% of all needles distributed in the programme.

Though not being a Needle and Syringe Exchange Programme, the PR considered the public health significance of having distributed needles retrieved to avoid utilised needles disposed of indiscriminately. The Community Facilitators (CFs) were subsequently tasked with needle retrieval with adequate infection prevention and control measures in place.



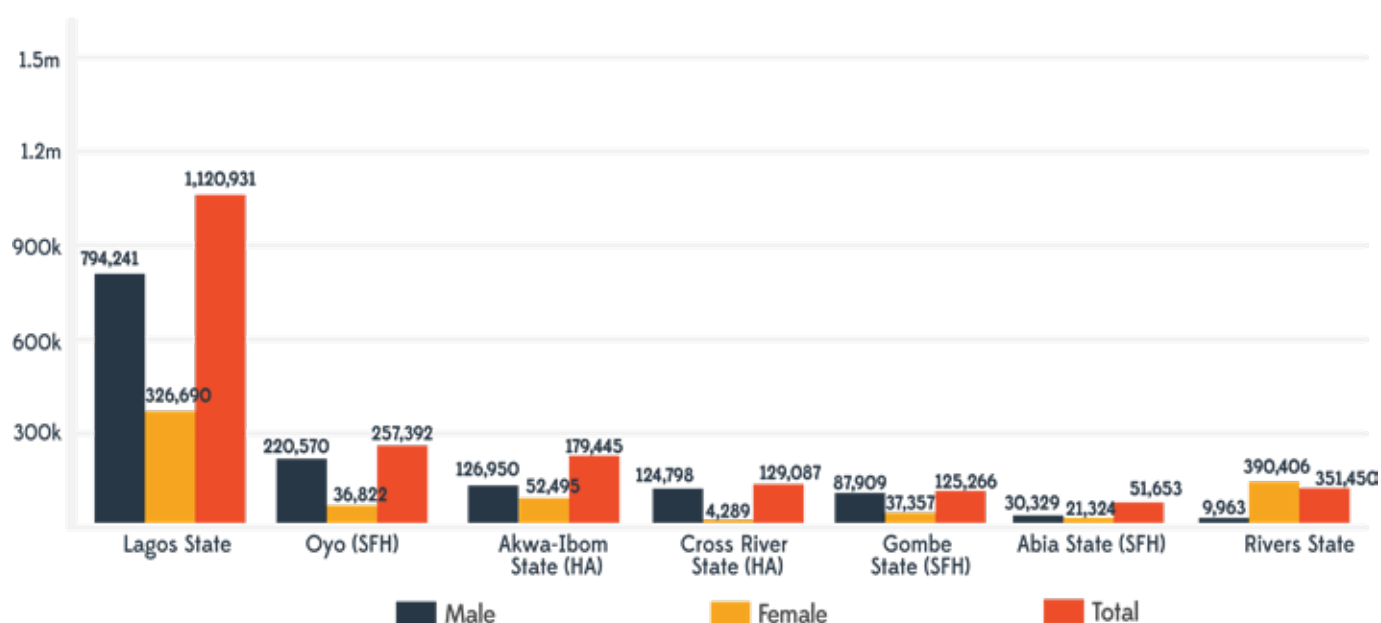
**Figure 5-3:** Total number of needles and syringes distributed vs target (2022-2023)

The retrieval of needles, however, did not serve as a prerequisite for the distribution of needles to PWID during service provision. The needle retrieval rate was low at the onset of implementation, but through cross learning and experience sharing during supportive supervisory visits and harm reduction technical working group meetings, the retrieval rates began to improve significantly from <40% initially to 77.3% retrieval rate as of December 2023 (Figure 5-4).



**Figure 5-4:** Harm Reduction needles distribution vs retrieval cascade August 2022 - December 2023

Highest needle retrieval was from Rivers State (90%) and lowest being Abia (47%) with the grant retrieval rate at 77.3%, a mark in line with minimum recommended retrieval rate of 60-70% (Figure 5-5).

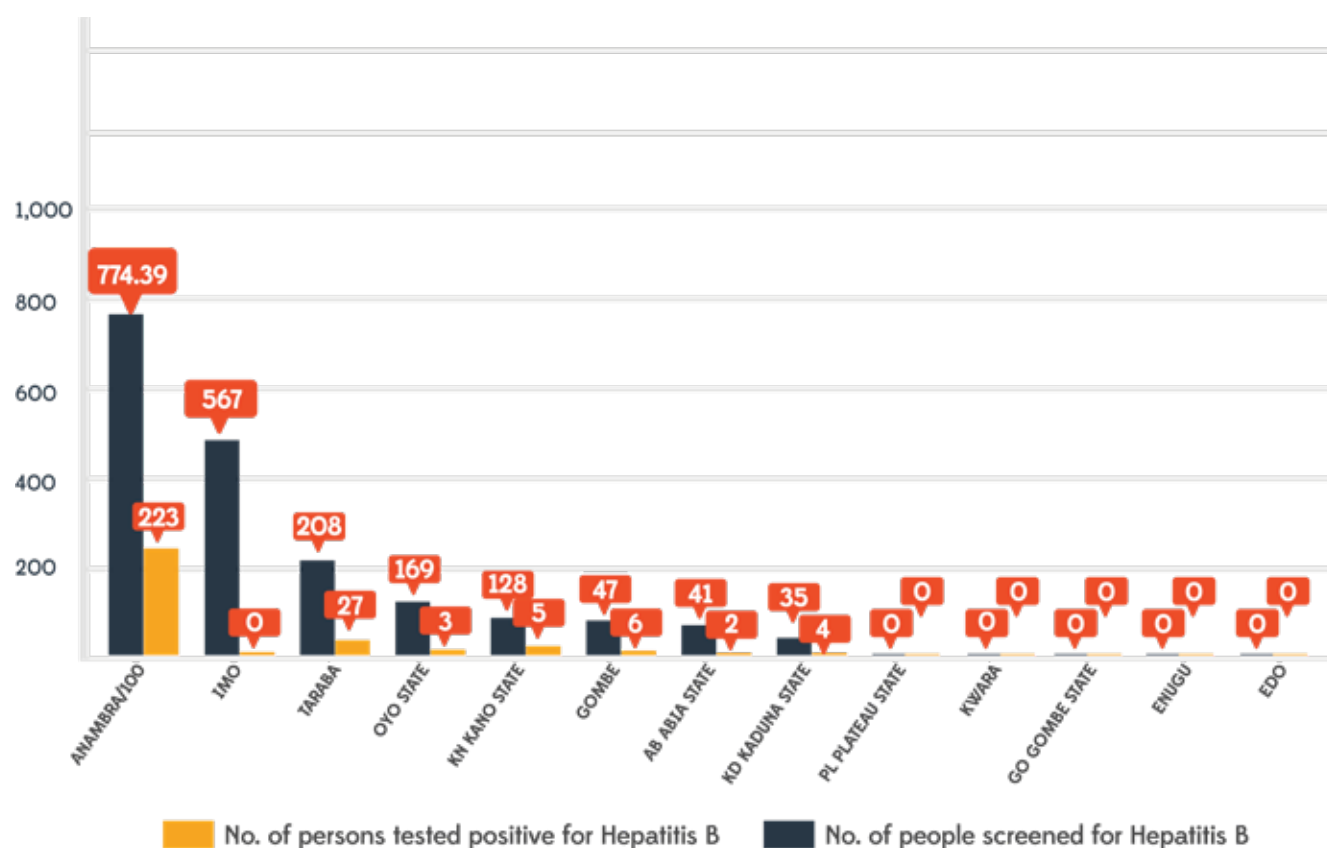


**Figure 5-5:** Number of needles retrieved by state

## 4.2 HEPATITIS B & C AND NSP

FHI 360 supported the sub recipients on the NAHI grant to provide testing for Hepatitis B for all PWID recruited on the grant. A key offshoot of this intervention was the commitment of The Global Fund to support NASCP to provide free hepatitis B treatment for all PWID tested positive in GC7 through FHI 360's advocacy efforts.





**Figure 5-6:** Number of persons screened for Hepatitis B Vs tested positive

### 4.3 WOUND MANAGEMENT AND SURVEILLANCE

Persons who inject drugs are at high risk for skin and soft tissue infections. Infections range from simple abscesses and uncomplicated cellulitis to life-threatening and limb-threatening infections (Visconti, 2019). A key gap observed at the onset of GC-6 was the lack of harm reduction services targeting this population and appropriate wound care to needle site infection which was one of the commonest complications among injecting drug users. Hence, there was the need to implement increased surveillance for injection related wounds in addition to referral for medical management for the associating complications. These services were provided by the OSS through the Community ART teams visiting the PWID bunks for targeted outreaches. The Nurses in the cART teams were responsible for provision of first aid services and client preparation for subsequent referral and linkage to health facilities for the management of complicated cases. A total of 32 (24M, 8F) wound cases were identified and managed. It is recommended that a strong surveillance system be put in place to ensure effective documentation of injection-related wounds in GC-7 and beyond.

## **5.4 MEDICATION ASSISTED TREATMENT (MAT) IMPLEMENTATION IN GC6**

### **5.4.1 PLANNING FOR MAT**

MAT is a key intervention for people who use drugs and one of the 10 comprehensive packages of harm reduction. It focuses on opioid substitution therapy for persons who use drugs and are having opioid addiction problems. The NAHI grant aimed at reducing HIV infection transmission among injectable drug users by providing them with a minimum package of harm reduction services including MAT.

As part of the plan to pilot MAT in the country, several preliminary activities were implemented on the grant. The activities included key stakeholder engagement with FMOH, NACA, NDLEA, NSCDC, NPF, Nigeria Army, NAFDAC, NHRC etc. An orientation on MAT was conducted for all the key stakeholders, and a formal training of the law enforcement officers organized thereafter. These were implemented in anticipation of the delivery of Methadone and Buprenorphine into the country in the first quarter of 2024 for the pilot in the four states.

### **5.4.2 DESIGN AND LAUNCH OF MAT GUIDELINES AND STANDARD OPERATING PROCEDURE**

MAT guidelines and SOP were developed with funding from the European Union (EU) under the framework of the UNODC implemented project -- Response to Drugs and Related Organised Crimes in Nigeria. Following the completion of the guidelines and SOP, FHI360, through the NAHI grant supported the launch by the Minister of Health who was represented by the Permanent Secretary of the Federal Ministry of Health.

The MAT guidelines are a holistic and evidenced-based national document for the provision of medication-assisted treatment for opioid dependence, in line with international best practices and adapted to the Nigerian context by Nigerian experts in the field of drug addiction. In addition, the guidelines will serve as a reference tool to monitor and evaluate the quality of drug treatment services available to drug users. The next step was to commence the procurement of Methadone through the FMoH and the MAT pilot in facilities that meet the criteria for MAT after the assessment.

### **5.4.3 FACILITY ASSESSMENT IN PREPARATION FOR MAT PILOT**

As plans towards piloting MAT continued, there was a need to conduct an assessment for facility readiness to implement MAT. FHI360 conducted the assessment of four facilities in Lagos State. These included OSS Mushin (CIHP), OSS

Yaba (CPHI), OSS Agege (HALG) and Federal Neuropsychiatric Hospital (Yaba and Oshodi annex). Assessment for MAT was also conducted in Abia and Oyo states in 2023. They included members of the harm reduction TWG, representatives from WHO, UNODC, PEPFAR, Lagos SACA, and SASCP. Assessment was done using a standardized MAT assessment checklist which was administered in each of the sites visited and responses were obtained from the lead on the site.

**The objectives of the MAT Assessment were as follows:**

- To sensitize relevant stakeholders on MAT pilot implementation in Nigeria, in the selected facilities to be assessed.
- To assess selected facilities in readiness for MAT implementation.
- To identify and address challenges towards MAT pilot in the selected facilities.

#### **5.4.4 ASSESSMENT ACTIVITIES**

There was a review of the assessment checklist to ensure all the necessary data elements that should be available were captured in the checklist. Some of the responses given to facilities visited, based on the findings, were about the need to install CCTV cameras, engage more security personnel, and other power sources (solar panels) to augment power supply from the national grid. The detailed findings from the assessment are attached to this report. The result of the assessment was disseminated during the Harm Reduction TWG meeting in Maiduguri (Q3 meeting) while the process of procurement of Methadone through the FMOH continued.

#### **5.4.5 PROCUREMENT OF MAT COMMODITIES**

FMOH, with support from NAFDAC, is responsible for the procurement of Methadone and has the authorization to import other controlled substances. The Narcotics and Drug Abuse Division in the Department of Food and Drug Services (FDS) in the Federal Ministry of Health manages the supply chain arm of Methadone while the Drug Demand and Harm Reduction (DD/HR) Unit of the FMOH ensures the availability and accessibility of Methadone for the states where MAT is going to be piloted.

FHI360, through support from GF commenced the process of procuring Methadone and Buprenorphine to be used in the MAT programme. It had requested a waiver from the Permanent Secretary of

the Federal Ministry of Health to procure Methadone, Buprenorphine, and Naloxone for a medication-assisted treatment pilot. This was done because funding for the MAT pilot from the Global Fund will only be available this year due to the timeline of the NAHI grant. Initiating and procuring the MAT medications under the ministry was going to significantly delay the commencement of the MAT Pilot. Therefore, the drugs are being expected by the first quarter of 2024.

#### **5.4.6 OPIOID OVERDOSE MANAGEMENT WITH NALOXONE**

Opioids are potent respiratory depressants, and overdose is a leading cause of death among people who use them. Worldwide, an estimated 69,000 people die from opioid overdose each year. The number of opioid overdoses has risen in recent years, in part due to the increased use of opioids in the management of chronic pain. Opioid overdose is treatable with Naloxone, an opioid antagonist that rapidly reverses the effects of opioids. Death does not usually occur immediately, and in most cases, overdoses are witnessed by a family member, peer, or someone whose work brings them into contact with people who use opioids. Increased access to Naloxone for people likely to witness an overdose could significantly reduce the high numbers of opioid overdose deaths. Opioid use can lead to death because of opioids on the part of the brain which regulates breathing. An opioid overdose can be identified by a combination of three signs and symptoms like pinpoint pupils, unconsciousness and difficulties with breathing.

In GC-6, FHI360 facilitated the utilization of Naloxone for management of opioid overdose in a total of seven (five males/two females) clients out of a total of 29 (7M/22F) cases of opioid overdose. The key challenge with the availability of Naloxone was the delay in commencement of the NSP programme, due to the need to comply with the requirements of the harm reduction TWG. These included the need to ensure adequate state entry meetings, training for outreach workers and community facilitators and provision of paraphernalia, information, education, and communication materials. Opioid overdose management commenced in the second quarter of 2022 in the three SFH supported states of Gombe, Abia and Oyo, and the four PEPFAR supported states of Lagos, Rivers, Akwa Ibom and Cross River commencing in the last quarter of 2022. The delay led to the expiry of the few available quantities of Naloxone provided by the FMoH in the last quarter of 2022. It is recommended that Naloxone be procured early and made available for community distribution for management of opioid overdose. There is need for advocacy to government agencies such as FMoH on the adequate use of the drug in this regard, increasing the preparedness of people likely to witness an opioid overdose to respond safely and effectively by providing them with Naloxone, training PWID on the management of opioid overdose, effective resuscitation, and post-resuscitation care for persons witnessing an opioid overdose.



## CAPACITY STRENGTHENING IN PREPARATION FOR MAT PILOT

06

### 6.1 TRAINING/ORIENTATION OF KEY RELEVANT STAKEHOLDERS ON MAT

A two-day residential training was conducted on MAT in the second quarter of 2023 with participants drawn from the PWID community, KP CSOs from seven states, programme staff involved in harm reduction from three states (Gombe, Oyo and Abia), as well as PEPFAR states (Lagos, Rivers, Akwa Ibom, and Cross River). Other participants were key stakeholders from GoN, NPF, NDLEA, NHRC, NSCDC, and consultant psychiatrists from Federal Neuro-Psychiatric Hospital, Yaba, Lagos. The training was facilitated by senior expert resource persons from FMOH.

The training aimed at sensitising stakeholders on MAT, providing overview of drug use trends and harm reduction strategies in Nigeria, evaluating MAT implementation options, addressing challenges and concerns related to MAT implementation and examining and clarifying the roles of diverse stakeholders in MAT implementation. Participatory adult learning methodologies were employed to keep participants engaged and involved all through the training. The high level of engagement of the training led to brainstorming sessions on the challenges of MAT implementation which were highlighted as the safety and security of the medication, proximity of MAT sites to beneficiaries, and issues with security operatives. An analysis of the pre and post assessment of the training showed a significant increase in knowledge with 87% of the participants scoring 70% and above and 23% recording over 30% increase in knowledge. Key offshoots of the training were the assessment of facilities in Lagos State that piloted the programme, the procurement of Methadone through the FMOH, and piloting the MAT programme in the facilities that met the criteria for implementing MAT following the assessment conducted.

#### **Training of Direct Service Providers on MAT**

A three-day residential training for direct service providers on MAT was held in September 2023. The 45 participants of the training included direct service providers in various One-Stop Shops (OSS) in the seven states where harm reduction activities are currently being implemented. These states include three SFH states (Gombe, Oyo and Abia), as well as four PEPFAR-supported states (Lagos, Rivers, Akwa Ibom and Cross River). As a best practice, the training was facilitated by experts from the FMOH using participatory adult learning methodologies of didactic sessions, presentation, brainstorming, question and answers and group work. The sessions covered what MAT is, how it operates, and its implementation, drug use and drug demand reduction strategies, logistical requirement for the distribution of Methadone, and dose adjustment. Key highlight of the discussions was the role of security personnel, religious leaders,

traditional leaders, and community leaders in the decriminalisation of drug use. An analysis of the pre and post test scores revealed all participants increasing in knowledge significantly. Some of the discussions centred on the logistical requirements for the distribution of Methadone. The training was based on principles of adult learning and featured question and answer sessions.

The training achieved the objectives of enlightening direct service providers of the basics of MAT, clarifying the roles of service providers in MAT programme implementation, capacity building of proper documentation process for MAT programme implementation, and addressing the challenges of MAT implementation in Nigeria and globally. At the end of the training, the participants (direct service providers) were tasked to identify eligible clients and begin advocacy to key stakeholders including religious leaders in their states by utilising the knowledge gained from the training.

## **6.2 TRAINING OF HEALTHCARE WORKERS ON MAT**

Healthcare providers drawn from different OSS across the four pilot states (Lagos, Oyo, Abia and Gombe) and the Federal Neuropsychiatric Hospital Yaba, Lagos were trained for five days on MAT. Main objectives of the training included to discuss the roles of healthcare workers in MAT programme implementation and to build their capacity on the proper documentation processes in the MAT programme. Methodologies used during the training included didactic sessions with PowerPoint presentations, interactive sessions, question and answer sessions. Pre and post tests were done as a knowledge assessment measurement. At the end of the training, all 43 participants were tasked with identifying eligible clients and to begin advocacy to key stakeholders including religious leaders in their states.

## LEVERAGING THE PLATFORM OF THE HARM REDUCTION TWG TO STRENGTHEN HARM REDUCTION PROGRAMMING

07

The National TWG (NTWG) on Harm Reduction in Nigeria, inaugurated in 2021, is saddled with the responsibility of advising FMOH on strategies for service delivery to KPs, especially PWID in line with the political declaration by the UN member states at the United Nations General Assembly (UNGASS) in 2016. The NTWG, through its quarterly meetings, reviews implementation across the country, identifies and advocates for removal of barriers to implementation of interventions and develops advisory documents which are presented to the minister of health to improve harm reduction services in the country. The meetings were organized by the FMOH in conjunction with NACA and funded by FHI 360.

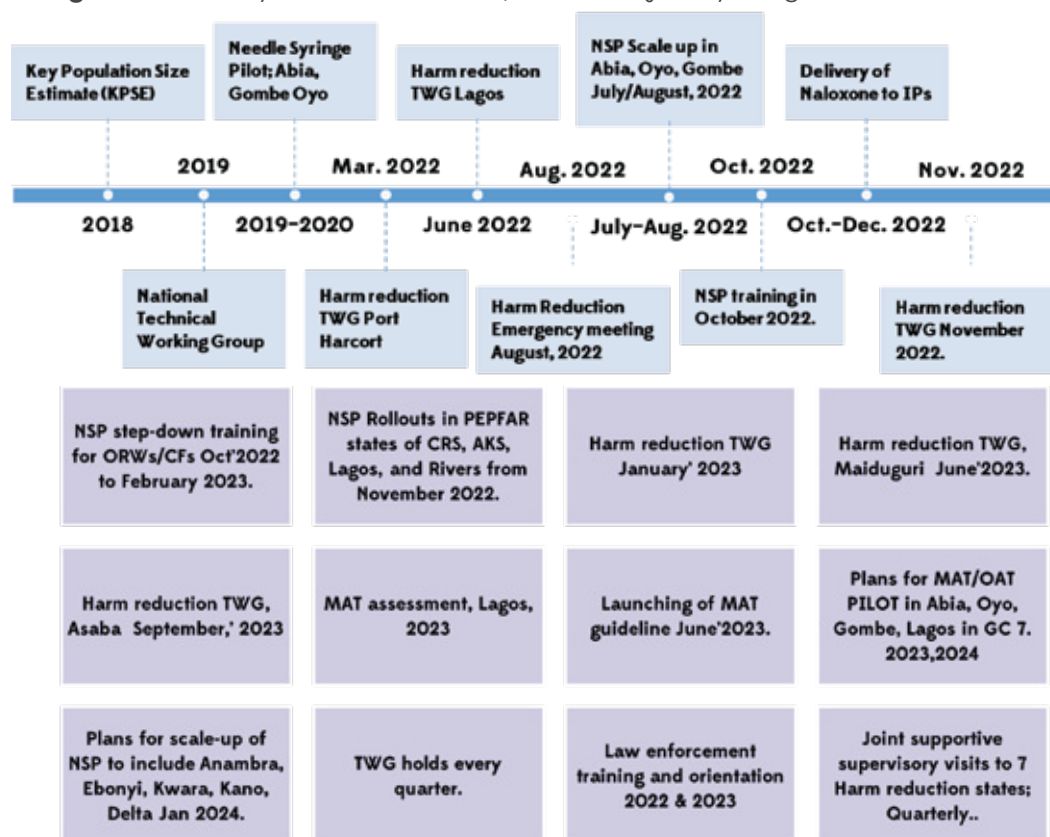
The PR team supported and participated in four NTWG with over 180 participants throughout the project's life. Key achievements on the grant that have improved harm reduction intervention through the harm reduction NTWG include:

- Service providers in all states of implementation accepted Identification Cards which mitigated law enforcement harassment of service providers during raids. Additionally, the grant provided branded bags and vests for easy identification of service providers.
- Quarterly sensitisation of law enforcement agencies on harm reduction services with the aim of educating and advocating for ownership and ease of implementation in states. FHI 360 went further to train law enforcement officers both at national and state levels on NSP programming and their roles as stakeholders in the process.
- The NSP programme was initially piloted in three GF states. Through the NTWG, the programme was scaled up to four PEPFAR states, where gap filling was done to complement the existing services provided to the PWID population in Lagos, Rivers, Akwa Ibom and Cross River states. Learning from the pilot and gap filling will be utilised to scale up the NSP programme to five more states of the federation in GC-7.
- A sub-committee was created from the NTWG to do a first review of the NSP national guideline. The first review of the guideline was done using learnings from the pilots in the three GF and four PEPFAR states during the final phase of the NAHI grant.
- Through the GF NAHI grant, the PR conducted quarterly Joint Supportive Supervisory Visit to the implementation states. The team(s) were composed of representatives from the FMOH, NACA, NDLEA, NPF and the PR staff. During the visits, the team provided technical support to the state implementer and

ensured proper documentation. On-site capacity strengthening of field workers on documentation processes and safer retrieval of used needles and syringes were also achieved. The law enforcement officer on the team regularly provided support on the steps to mitigate harassment of field workers.

- Community distribution of Naloxone was achieved to mitigate PWID deaths due to opioid overdose. Bringing such an emergency intervention closer to the community was a major milestone for the grant. The commodities were kept in possession of the community workers and gate keepers. The direct service providers were trained on identification of PWID with opioid overdose, dosing and administration of Naloxone. To achieve this feat, the NTWG sought waiver approval from the Government of Nigeria for community distribution of Naloxone for opioid overdose management.
- To ensure sustainability of harm reduction implementation in the states, State Implementation Teams (SITs) were set up with representatives from the state ministry of health, SACA, law enforcement agencies, implementing partners, religious leaders and community-based organisations. The SIT, like the NTWG, is also responsible for identifying and advocating for removal of barriers to implementing harm reduction interventions in the states.

**Figure 7-1:** Summary of Harm reduction implementation journey in Nigeria 2018 to 2023





## LESSONS LEARNT AND BEST PRACTICES

08

- **Use of peer-led programming to reduce self-stigma among PWID and increase service uptake:** The NAHI grant's harm reduction programme was peer-led in the sense that members of the community took the lead in enrolling injecting drug users into cohorts sessions, referring some to injecting site using ICT approach, as well as accompanied referrals to OSS and DICs for service uptake. Peers also take the lead in the retrieval of used needles for proper waste management at the facility level. In doing this, peers took the responsibility of sustaining the programme as well as supporting PWID throughout their journey towards behaviour change, as is evident in the success stories documented over the course of the programme. The cohort model also provided evidence-based service delivery for PWID as the peer educators themselves took responsibility for overseeing their cohorts, stepping down best practices and motivating PWID to be committed to bimonthly sessions and support the assessment of behavioural change for proper documentation of the highlighted success stories.
- **The establishment of structured supervised injecting rooms served as a measure for behaviour maintenance and attraction to other facility-based services.** The grant, over the years, had noticed a gap in availability of supervised injecting rooms in Nigeria for PWID which could serve as an entry point to other health related services at the OSS and serve as a pathway for addressing context specific needs for those presenting with injecting wounds. In bridging this gap, over 10 PWID disclosed hidden abscesses for management and were trained on how to inject safely.
- **Use of existing structures to accelerate three components of harm reduction programme.** Leveraging on existing MHPSS structures proved to be helpful in addressing the mental health related needs of PWID and gave room for internal referrals for both non-specialised and specialised MHPSS interventions. Similarly, the NAHI grant also benefited from existing GBV/Sexual Assault and Referral Centre to address legal issues amongst PWID, their children and sexual partners.
- **Quarterly stakeholder engagement and consistent advocacy to relevant stakeholders increased state-level acceptance and support for the NSP programme.** Through sustained partnership with relevant stakeholders in implementing sites, there were minimal

raids within the community. Available data from Police and NDLEA raids showed arrest and confiscation of opioids and other psychotropic substances from PWID at various locations within the implementing states. Thus, consistent advocacy and stakeholders meeting has helped to inform the law enforcement agencies of the need to support harm reduction services for PWID and not criminalise drug users and direct service providers. Government leadership and active participation in the harm reduction implementation in Nigeria is a major driving force towards the successes attained so far. Therefore, law enforcement agents at national, state and grassroots levels must be carried along to get their buy-in and reduce the incidences of arrests of drug users and service providers involved in NSP.

- Training on human rights of PWID across agencies such as NPF, NDLEA etc. is a vital component of a harm reduction programme as it is beneficial and enlightening especially for the law enforcement agents at state level who further stepped down the training to peers in their states on the NAHI grant.
- Effective state entry is key towards achieving success in the implementation of harm reduction in Nigeria.
- Participatory needs assessment for PWID using FGDs is valuable in identifying community needs and capacity gaps of field staff for effective implementation of the programme.
- Wound dressing training for service providers is a key aspect of a harm reduction programme because of its role in enabling timely intervention for PWID who develop injection wounds and abscesses before they lead to amputations and other irreversible health challenges.
- Evidence-Informed Needle and Syringe Quantification Using Programme Data is vital for the success of a Needle Syringe Programme. Based on the variations in the demand for needles by peers, there is need for future projection for NSP and MAT commodities including needle and syringe quantification to be evidence-informed reflecting the actual utilization and unique realities of the community and project participants.
- Prioritising NSP Supply Chain Management for Optimal Impact is an integral aspect of a successful NSP: Acceptance and utilisation of NSP commodities brought to bear the need to re-evaluate and prioritize 2-mil syringes rather than 1-mil which was not generally accepted by PWID across the three HALG project communities. Feedback given by peers through the cohort model identified 1-mil syringes to be suboptimal because they bend and blunt easily

thereby contributing to injecting wounds.

- Improving Health and Socio-Economic needs of PWID through Behavioural Change is valuable for intervention ownership, acceptance and uptake of harm reduction services. Addressing the health and social needs of PWID (especially female PWID) through a well-structured model of care within the OSS and leveraging on the sexual and reproductive health services of HALG KP-CARE 1 project to a large extent led to increased positive behavioural change among PWID, especially female PWID on the NAHI grant.
- Quarterly DQA is key to ensuring data quality and programme Improvement on a harm reduction programme. The weekly and monthly review of programme data and quarterly DQA by grant's SI units improved timely identification of programmatic gaps, troubleshooting, and proffering solutions on the grant, resulting in excellent service delivery that meets the needs of the target audience holistically.
- Quarterly bunk validation plays a pivotal role in creating access to new PWID communities including identifying peak hours and relocation spots of displaced PWID, thereby reducing lost to follow ups and cases of relapse on the behaviour change journey of the PWID. This led to the identification of additional bunks on the grant leading to greater coverage and reach.
- State led community entry is instrumental to improved outcome of NSP in the intervention states: The success of the NSP implementation in the intervention states was made possible due to state led community entry engagement that resulted in acceptance and ownership of the NSP. For example, at the planning stage of the NSP in Rivers State, there were reports of high raids, police arrests and poor engagement recorded by community facilitators providing services for PWID. The list of possible stakeholders was drawn up and inaugurated at the joint entry meeting in August 2023 which mitigated the arrests and raids.

## CHALLENGES/RECOMMENDATIONS

09

- I. Occasional delays in the supply of needles and syringes to the SRs due to procurement related challenges: The PSM addressed this by forecasting the quantity of needles and syringes needed to achieve the required target, and timely initiation of procurement processes to avoid delays.
- II. Periodic bunk raids and cases of arrest of PWID and service providers: Robust collaboration with law enforcement agencies in implementation led to prompt responses whenever arrests were made.
- III. Inflation leading to rise in cost of transportation for the field workers: Significant increase in the stipends and transport/communication allowances of the volunteers would go a long way in motivating the team.
- IV. Low acceptance rate for the use of 1-ml syringe among some users and concerns about needle retrievals: Some PWID raised concerns about the purpose of retrieving needles that have come in contact with their blood due to cultural beliefs. Service providers continued to provide necessary education to the PWID in this regard throughout the course of the project.

### KEY RECOMMENDATIONS FROM IMPLEMENTING THE HARM REDUCTION PROGRAMME FOR PWID INCLUDED:

- Staffing Ratio and Quality: Ensure that the ratio of field staff to PWID aligns with the global standard of 1:50 to ensure quality service delivery and attention to detail.
- Monitoring and Evaluation: Provide adequate monitoring and evaluation tools to facilitate effective service delivery, proper documentation, and data-driven decision-making.
- Staff Motivation and Retention: Improve the stipend for field staff to enhance motivation and reduce high attrition rates, ensuring the continuity and sustainability of the NSP intervention.
- Engagement with Stakeholders: Sustain engagement with law enforcement agents and other government stakeholders, continuously highlighting the health importance of NSP and fostering collaboration.
- Tailored Provision of Commodities: Provide NSP commodities based on the needs and preferences of PWID in each region to avoid wastage or rejection, ensuring optimal resource utilisation.



- Incentives for Community Gatekeepers: Offer incentives to bunk managers and other community gatekeepers to improve access to PWID hotspots, expanding outreach efforts and reaching a larger population of PWID.
- Ensure integrated approach to NSP that ensures effective collaboration between HIV testing services and NSP.
- Ensure incorporation of Hepatitis B and C testing, referral and management in harm reduction programmes.
- Need to intensify NSP and MAT programme among female PWID to address others basic needs that they face including SRH.
- It is recommended to continue the provision of harm reduction services to PWID to discourage the sharing of needles and syringes and ensure that PWID are not infected with blood-borne infections like HIV, Hepatitis B, and C.
- Commencement of the provision of medication-assisted treatment for PWID with opioid use disorder.
- Continuous advocacy visits to NDLEA, NPF and other relevant stakeholders to inform them of the harm reduction programme, reduce the criminalisation of drug use, and institutionalise harm reduction training in various law enforcement training schools in Nigeria.
- Promote e-access to harm reduction services across all social media platforms, as this will promote the uptake of harm reduction services in the one-stop shops and drop-in centres where harm reduction services are provided.
- There's a need to have more NSP equipment such as pickers supplied for needle retrieval.



## REFERENCES

Primary Care for Persons Who Inject Drugs (Adam J. Visconti, Jarrett Sell, Aaron David Greenblatt, 2019)

## Pictures from wound dressing programme



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