

# Effectiveness of Needle Syringe Program run by Kios-Atma Jaya Aids Research Centre, Jakarta, Indonesia

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## Introduction

Kios AIDS Research Centre at Atma Jaya Catholic University (Kios AJ) began implementing a Needle Syringe Program (NSP) in 2004. However there have been a number of issues regarding NSP implementation have needed to be resolved including:

- a low level of trust between government health services and Kios AJ staff
- the limited number of needles syringes (NS) that can be distributed by outreach workers
- the low numbers of used NS returned has brought criticism and has increased opposition to NSP from the local community

Kios AJ operates NSP at a number of fixed sites and satellites and uses mobile outreach workers to reach people who inject drugs (PWID) and to distribute NS. Kios AJ has developed close collaboration with the local health department.

According to the 2013 client survey of 749 regular NSP clients:

- 97% didn't share needles when they last injected drugs
- 10% have accessed Methadone Maintenance Therapy
- 95% have comprehensive knowledge of HIV
- 75% have had an HIV test

In 2013 Kios AJ

- distributed 216,165 NS
- collected 243,887 used NS
- monthly clean-up days with NSP clients
- established a local community-based organisation (CBO) *Gema Pulih* to run a health post for PWID with community support

Figure 1: Number of People Who Inject Drugs Accessed Kios Services by Month, 2013

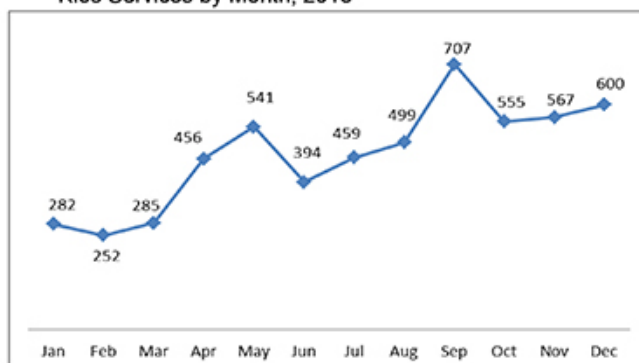
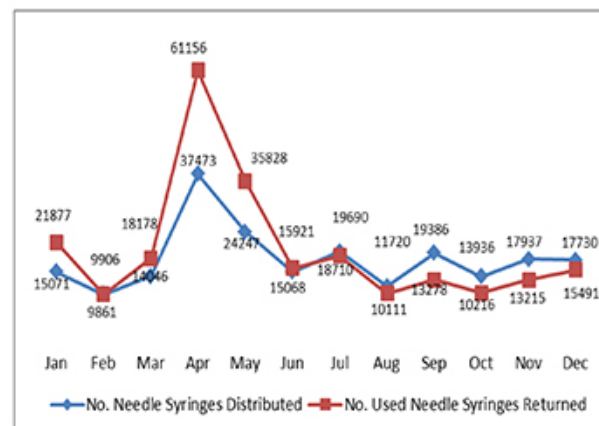


Figure 2: Number Needle Syringes Distributed and Returned to Kios by Month, 2013

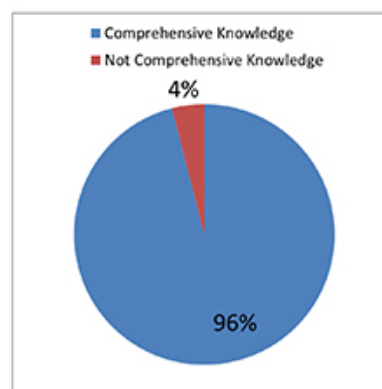


## Comprehensive Knowledge of HIV

Comprehensive knowledge of HIV is measured by getting five correct answers to the questions about:

- Not knowing if someone has HIV by their appearance
- You can reduce the risk of HIV by using a condom
- Being faithful to one monogamous partner reduced the risk of HIV
- You cannot get HIV from a mosquito bite
- You cannot get HIV from using eating and drinking utensils used by someone with HIV

Figure 3: Percentage Kios Clients with Comprehensive Knowledge of HIV, 2013



## Lessons Learned

Effective NSP requires good supervision of outreach staff.

Delivery of education and information by outreach workers can become monotonous for clients.

Low involvement/limited awareness of NSP objectives in neighborhood surrounding NSP hotspots can lead to lack of community support for program, local advocacy is an effective way to gain support of community and increase attention to HIV.

Implementing the newly revised National NSP policies and procedures can optimize distribution of NS by clarifying and strengthening the role of CBOs.

Involvement of peers to act as satellite NSPs to provide information, education and distribution of NS, contributes to higher rate of returned used NS.

Weekly monitoring and evaluation of outreach workers performance is necessary to ensure high quality of recording and reporting of NSP.

## Next Steps

Encourage West Jakarta Mayor to make Gema Pulih a legitimately registered CBO with funding support from local government.

Encourage and reinforce commitment to HIV prevention with community and local government.

Enhance advocacy to local government using reported data on NSP to support ongoing provision of NS to CBOs and CHC operational expenses.



The HIV Cooperation Program for Indonesia is an initiative of the Australian Government in partnership with the Government of Indonesia and is managed by GRM International and the Burnet Institute.

