June | 11

Final Report

Opening Doors

Increasing access to effective harm reduction interventions for vulnerable and marginalised young drug users

Supported by Aids Fonds Netherlands

Access Quality International (AQI)

Final Report

Project name
"Opening Doors", increasing access to effective harm reduction interventions for vulnerable and marginalised young drug users.

Funder
Aids Fonds Netherlands

Project number
2009054

Grant
€ 299,678

Project partners
Access Quality International, Chiang Mai, Thailand
National Drug & Alcohol Research Centre, University of New South Wales, Sydney, Australia

Implementing partners (and project sites)
Mitsampan Harm Reduction Center, Bangkok, Thailand
Yunnan Institute for Drug Abuse, Kunming, Yunnan, China
Youth Vision, Kathmandu, Nepal

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Date of submission
30 June 2011

Reporting period
12 August 2009 – 31 May 2011

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Introduction

The Aids Fonds Netherlands approved the project proposal "Opening Doors" on 12 August 2009. This report describes the progress that was made by 30th May 2011. It is assumed that the reader is familiar with the Progress Report over the first project year (until Sept 2011); this report therefore summarizes the progress made during the first project year and describes in more detail the period September 2010 until June 2011.

The project aims to aims to identify and minimize barriers to accessing and enhancing effective health and social care services for vulnerable and/or marginalized young drug users. Phase I was implemented in three sites: Bangkok (Thailand), Kunming (Yunnan, China), and Kathmandu (Nepal) by three different implementing partners (IP) under the guidance by the Project Team consisting of representatives of Access Quality International (AQI) and the National Drug Alcohol Research Centre (NDARC) of the University of New South Wales, Australia (UNSW).

The project team facilitated, guided, coached, monitored and supervised progress at site level through regular communication, site visits and site reports. The (three) site final reports were submitted to the project team in the first quarter of 2011 and all were approved by April 15th. In December 2010 the Project Team conducted the fifth and last round of site visits to physically check the veracity of the reported outputs and outcomes, to assist with possible issues, and to plan for the next steps.

In short, interventions at the site level have (re-)juvenated their services (facilities and processes) and have developed and implemented tools and mechanisms to improve access to and participation in harm reduction services for young people. Based on these experiences –and on work done by other organizations– we developed a Toolkit, which has been used for capacity building purposes in Phase II. The toolkit will be disseminated further during Q3 and Q4 of 2011 and beyond.

Phase II was set in motion in Q1 of 2011. The draft Toolkit was reviewed and revised and subsequently tried out during the first pilot training, Kathmandu, 22-23 Feb 2011. In March 2011 we conducted a training workshop with 22 participants from nine Asian countries. At the International Harm Reduction Conference (IHRC 2011) in Beirut the project and the Toolkit were introduced to a larger audience by means of presentations and a workshop.

While this report is named "Final Report", in fact, the report describes the project activities up until the IHRC.[1] The remainder of Phase II is described in detail in the Section "Next Steps". In short, the remainder consists of a Training of Trainers (ToT) workshop in Bangkok, with a number of promising young adult trainees (i.e. some under 26 years of age, and others 26 to 30), as well as national training workshops in Nepal, China, Thailand, Malaysia, Myanmar, Indonesia, and, quite possibly, Lebanon. We will report on these activities in October 2012 through an Activity Report, including possible future plans.

[1] This was done to facilitate earlier disbursement of project funds to AQI and subsequently to the project partners. AQI, NDARC, and IPs would like to express their gratitude for the flexibility and thoughtfulness that the AidsFonds, Netherlands has displayed in this matter.

Section I: Summary

Getting started

Immediately after receipt of the approval letter, AHRN appointed a part-time Project Manager and by 1 Sept 2009 AHRN had engaged the services of two (part-time) UNSW-NDARC staff members to complete the Project Team.

The three project sites and **implementing partners** had already been tentatively identified in the proposal development phase. Early on in the project PSI-China and somewhat later PSI-Thailand decided to withdraw from the project. This has led to a somewhat delayed site project in Thailand and a somewhat less hands-on project in Yunnan, China.

The Aids Fonds, Netherlands granted a no-cost extension to facilitate a more effective dissemination process in Phase II. Practically, Phase II of the project started with the finalization of the Toolkit and the related training workshops.

Table 1: Timelines

Date	Activity	Comment
12 Aug 2009	Approval letter Aids Fonds Netherlands	Thank you!
15 Aug	Appointment Project Manager	On time
1 Sep	Agreement AHRN and UNSW/NDARC	On time
27 Sep – 17 Oct	First round of site visits	As planned
30 Oct	Site Proposals submitted	As planned
15 Nov	2 Site Proposal approved, 2 MoUs signed	As planned for YIDA and YV
1 Jan 2010	1 Site Proposal approved, MoU signed	As per revised schedule for TTAG
30 Jan – 13 Feb	Second round of site visits	Revised site visit schedule
1 – 5 May	Third round of site visits cancelled	Unrest in Bangkok & Kathmandu
11 – 25 Aug	Fourth round of site visits	As planned
1-19 Dec	Fifth round of site visits	As planned
21-24 Feb 2011	Pilot training workshop in Kathmandu	As per revised schedule
28-31 Mar	Regional workshop and joint meeting IPs	As per revised schedule
3-7 April	Presentations at IHRC, Beirut, Lebanon	As Planned

Overall progress and results

Overall, the project has been implemented more or less on track at all sites. At all three sites, the activities that were initiated in the context of this project have gone on beyond the originally set timeframe and are likely to continue on further. In terms of sustainability, activities have become embedded in the organizations' mode of operandi and as such the project is having a lasting effect on the way the implementing partners approach and work with young clients. In short, they have become more aware of the need to work with young clients, and are better equipped to do so. They have greatly contributed to the development of the toolkit and facilitated several sessions at the regional training in Bangkok. In the coming months further national workshops have been scheduled.

The Toolkit has been finalized and is currently being translated into Thai, Indonesian, Malay, and Mandarin, and will possibly also be translated into Arabic and Russian. The latter two languages would be outside of the original scope of the project.

A ToT workshop is scheduled in September for experienced facilitators from Indonesia, Malaysia, and Myanmar. In addition –pending funding– participants from Thailand, Lebanon, Afghanistan, and Nepal might attend. In October, national workshops are being planned in Penang (Malaysia), Yangon (Myanmar), and Bali (Indonesia) under the guidance of the Project Team. The three IPs are conducting national level workshops by themselves in the coming months. Through these national activities an effort is made to 'give the Toolkit a home' in several countries; organizations take ownership of the toolkit, adjust and amend it where needed, and regularly use it for capacity building purposes.

In summary, it is safe to say that the project has put youth-friendly harm reduction on the map. At the start of the project, youth-friendly harm reduction was a concept hardly anyone was familiar with and very little was known about how it would actually work in practice. Through the project, the three implementing organizations reviewed, revised, and re-juvenated their projects, and in the process they co-developed a toolkit to enhance youth-friendly harm reduction. At the moment, national training workshops are being planned to disseminate the Toolkit in three further countries in Asia. Judging by the interest in the Toolkit at two related sessions at the International Harm Reduction Conference in Beirut, Lebanon, the project will have a lasting impact on the state of youth-friendly harm reduction in the Asian region and beyond.

1. **Thailand**

Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 Dec 2009)

In ***summary***, the Thai site project engaged with young people in and out of home who are involved in risky injecting drug us and amphetamine type substance use (ATS). The project has contributed to the ongoing services for people who use drugs with an increased focus on young people. Young clients have been 'recruited' and prepared for peer-led interventions that further open the Drop-In Centre's doors for young people.

In this reporting period, TTAG/Mitsampan focused on the implementation of Group-Led Interventions for Methamphetamine Users (GLIMU) groups, community-based outreach and education, liaising with police and health authorities, and helping develop and pilot the project's TOOLKIT in collaboration with the project team and the Nepalese and Chinese project partners. In addition, community consultations with youth leaders confirmed our "next steps" for the final phase of this project, to be completed by August 31, 2011. This plan is described fully in the "Next Steps" section.

A major accomplishment during this period was the training of our youth participants in a 2-day methamphetamine harm reduction training, as well as a 3-day training of youth leaders in the "Group-led Intervention for Methamphetamine Users," (GLIMU) created by Dr. Luciano Colonna. This model is one of the few methamphetamine-specific harm reduction interventions available and we brought this model to Thailand with a training by its creator, specifically tailored for our young Thai participants through a pre-workshop consultation and development process. Following the trainings, two full GLIMU 10-week courses were implemented with young people in our project.

TTAG/MSHRC has achieved access into a heretofore-untapped community of at-risk young people, who had never before heard of nor practised risk reduction behaviours in relation to their drug use. TTAG/MSHRC activities have provided information, skills and support as well as leadership-building

so that outreach, education, counselling, and basic referral can be conducted by youth, for youth, reaching even harder-to-reach youth in the MSHRC catchment area. Young methamphetamine users have been exposed to HIV, TB, viral hepatitis, reproductive and sexual health, rights, and drugs/harm reduction trainings and discussions and have helped develop solutions to their own community problems. Leadership capacity-building including communication and facilitation, decision-making, agenda-planning and other fundamental skills have been offered in training workshops, at the group level and through individual modelling. Young people report that for the first time ever they feel safe discussing their drug use and sexual behaviours in a supportive environment created by Mitsampan Center staff. Continuous services, support and opportunities are crucial for the development of a strong network of young people who can communicate and advocate their own issues.

2. YIDA, Kunming, Yunnan, China

Based on the baseline survey and needs evaluation, the project group carried out group intervention activities for young people in 3 MMT clinics and completed the clinic staff trainings on youth-friendly approaches. The method and contents of 'youth friendly services' to methadone maintenance therapy (MMT) young patients were explored, which laid the foundation for creating a platform of services that target young clients in MMT clinics. Besides, the project completed interviews with young people in Kunming who use ATS, to gain insight in the characteristics and needs of this group.

A video that targets young people has been produced for usage at the MMT clinics. It informs prospective clients on MMT and addresses misconceptions and myths that apparently have taken root in people's minds. In addition, a counselling tool (a flip chart)) has been developed to facilitate effective counselling with young clients. Introducing young clients to employment opportunities that specifically cater for young drug users has been tried, but has thus fare yielded few concrete results.

Before the project, the MMT clinics did not distinguish between young and adult clients. Through the project staff at the clinics have become aware of the specific needs of young clients and have developed tailored activities. Young people report high levels of satisfaction with these new approaches and are retained longer than before. The produced IEC materials are being used regularly and to good effect, and further dissemination of skills and materials are planned for the near future. Training and refresher courses for MMT staff now includes a section on developing and enhancing youth friendly services and approaches.

What young people need…

- Meaningful relationships with adults, peers and partners
- Structures and boundaries for behaviour
- Encouragement of self-expression
- Educational, economic and social opportunities
- Opportunities for participation with their contributions being valued
- Minimal risk of injury, exploitation, or disease

WHO/CAH

Supportive and facilitating policies and legislation make this task easier.

Toolkit, pg. 21

3. *Youth Vision, Kathmandu, Nepal*

The project was initiated with the intention to develop and modify the available services to the homeless, poor and unreached young drug users of Kathmandu valley. Initially, visits to the slum, temporary settlement areas and public places were made to acquire basic knowledge on the current situation and scenario of target population which was later continued with FGDs. Based on the outcomes we conducted a workshop with service providers and police authorities to develop an appropriate approach to reach and retain the young drug users. These interactions with the target group led to increased participation of young people in our various service centres. Through formal and informal discussions with them the service structure was modified by adding on components such as indoor games, sessions, entertainment-room with Internet facilities, library, movies and time flexibility. Further, the referral network was strengthened within the service providers to offering comprehensive and required services for the young drug users. The most visible changes were observed at Youth Vision's OST programs and to some less extent at rehabilitation centres.

Youth Vision participated actively in the development of the Toolkit and regularly trialled sessions in Kathmandu, and later in Bangkok.

At the start of the project, despite its name, Youth Vision did not target young people anymore, and did not really have a vision on engaging young people. Almost all clients were in their thirties or older and those that were younger were not treated any differently. By now, Youth Vision staff knows how to approach and retain young clients, and its centres are physically and 'mentally' more open to receive young clients. Youth Vision currently has about 20 young people in our rehabilitation centre, and at the DICs the number of young people has visibly increased. Also other organizations are now more aware of the necessity to address the specific characteristic and needs of young people (who use drugs).

What are barriers for young people to getting services?

You might consider:

- There are no services
- Location
- Hours and waiting times
- Procedures….. forms … appointments, 'drop in'
- Attitude of staff - at all levels (security at gate/door, reception, screening, treatment/ service provision)
- Staff not skilled in working with young people
- Adult oriented 'atmosphere'
- Age restrictions, laws
- Mix adults and young people – potential conflicts?
- Gender and race issues - all welcome?
- Lack of privacy/ confidentiality
- Cost
- Family not with them, or opposed to them seeking assistance
- Lack of support
- Not feeling 'entitled', welcome
- Services needed not available, and links to these not available
- and …………

Toolkit, pg. 18

Dissemination

Project progress has been continually documented and disseminated in various forums. Opening Doors has been presented at 11 national and international events and taking up a significant profile as such. Past (over the whole project period) and planned presentations include the following:

Presentations at Youth Vision Outreach Worker Training, Kathmandu, Nepal 9-11 February, 2010: Howard, J., Larney, S. *Young people and substance use: issues of young drug users; Treatment*

approaches for young drug users; providing youth friendly services for young drug users; managing behaviours of young drug users; role of community in providing services for young drug users.

Paper presented to 21st International Conference on the Reduction of Drug Related Harm, Liverpool, UK 25 – 29 April 2010**:** Howard, J., Larney, S., de Kort, G., Pandey, B., Joshi, S., Sharma, I., Luo, J., Kaplan, K. *'Opening Doors': a participatory approach to increasing access to and participation in youth friendly harm reduction*.

Paper presented to 19th World Congress of the International association for Child and Adolescent Psychiatry and Allied Professions, Beijing, China. 2 -6 June 2010**:** Howard, J., Larney, S., de Kort, G., Pandey, B., Joshi, S., Sharma, I., Luo, J., Kaplan, K**.** ***'****Opening Doors': a participatory approach to increasing access to and participation in youth friendly harm reduction.*

Poster presented at AIDS 2010 XVIII International AIDS Conference, Vienna, Austria. July 18-23, 2010**: Howard, J.,** de Kort, G., Pandey, B., Joshi, S., Sharma, I., Larney, S., I., Luo, J., Kaplan, K. *'Opening Doors': increasing access to and participation in youth friendly harm reduction in Kathmandu, Bangkok and Kunming*.

Paper presented at 2nd EFCAP Congress, Basel, Switzerland. September 7-10, 2010: Howard, **J.,** de Kort, G., Pandey, B., I., Luo, J., Kaplan, K., Larney, S. *"Opening Doors" – a participatory approach to increasing access to and participation in youth friendly harm reduction.*

Paper presented at ANEX 2010 Australia Drugs Conference, Melbourne, 25-26 October, 2010: **Howard, J.,** de Kort, G., Pandey, B., Jian, L., Zhang, C., Kaplan, K., Joshi, S., Suwannawong, P. *"Opening Doors" – a participatory approach to increasing access to and participation in youth friendly harm reduction.*

Poster presented at 14th Pacific Rim College of Psychiatrists Scientific Meeting, Brisbane. October 28-30, 2010**:** Howard, J., Pandey, B., Jian, L., Kaplan, K., Joshi, S., Suwannawong, P., de Kort, G. *"Opening Doors" – a participatory approach to increasing access to and participation in youth friendly harm reduction.*

Paper at APSAD 2010 Conference, Canberra, November 28 – 1 December, 2010: **Howard, J.,** de Kort, G., Pandey, B., Jian, L., Zhang, C., Kaplan, K., Joshi, S., Suwannawong, P. *'"Opening Doors": increasing access to and participation in youth friendly harm reduction in Kathmandu, Bangkok and Kunming.*

Paper presented to 22nd International Conference on the Reduction of Drug Related Harm, Beirut, Lebanon April 3-8, 2011: Howard, J., de Kort, G., Pandey, B., Joshi, S., Kaplan, K., Suwannawong, P., Jian, L., Zhang, C *"Opening Doors" – delivering youth friendly harm reduction in Asia";* **Workshop:** Howard, J., de Kort, G., Campbell Salazar, T., Oreoluwa, K. *"Building capacity for youth friendly harm reduction".*

Paper presented to 6th International **Conference on Drugs and Young People, Melbourne, 2-4 May 2011:**. **Howard, J.,** de Kort, G., Pandey, B., Joshi, S., Kaplan, K., Suwannawong, P., Jian, L., Zhang, C *"'Opening Doors': a participatory approach to increasing access to and participation in youth friendly harm reduction."*

Paper presented to Education and Social Integration of Vulnerable Groups International Conference, University of Macedonia, Thessaloniki, Greece, 24-26 June, 2011. Howard, J., de Kort, G., Pandey, B., Joshi, S., Kaplan, K., Suwannawong, P., Jian, L., Zhang, C. *"'Opening Doors'– delivering youth friendly harm reduction in Asia",*

Howard, J. (2011) 'Opening Doors' – Increasing access to youth friendly harm reduction. Centrelines Number 29: National Drug and Alcohol Research Centre, University of New South Wales

Project Steering Committee

The support from the Project Steering Committee has turned out less structured than intended. It appeared that too few of the members attended the key events that were envisaged as the background setting for live meetings. Also, the size of the group is such that it would seem ineffective to conduct teleconferences with all members at the same time. Instead, the members were consulted on a case-by-case basis on issues that pertained to the specific expertise of the participant. During the first round of site visits a face-to-face meeting with three members was conducted in Bangkok (at UNODC). The Project team met twice with the member from Youth Rise, twice with the member from UNODC, twice with the member from UNAIDS, once with the member of WHO and consulted with the other members by email. We conducted one-on-one meetings with three members at the IHRC, and discussed the progress of the project. The Project Team considers this an effective way of working and plans to continue in a similar manner. In August, a meeting is scheduled with the Bangkok-based members to report on finalization of the project.

Youth-friendly services…

You might consider:

- ASK young people, especially target youth!
- Consider physical aspects of facility - location, appearance, furnishing, image on walls, movement, waiting areas, staff style, music,…….
- Opening hours?
- Considering 'reception' and 'security'
- Observing staff interactions, mix and 'style'
- What activities comprise the 'programme'
- Ensuring capacity for participation in as many areas of service as possible - planning, service delivery, monitoring and evaluation
- Building staff capacity to become more 'youth friendly'
- Identifying what 'type' of staff (eg gender, mix, roles, etc.)?
- Identifying what information do staff need?
- What skills do they need?
- Employ Youth Peer Educators/Youth Outreach Workers?
- Who to employ?
- What training/ refreshing is needed?
- How to support and sustain (and protect) young staff?

And, remember, young staff 'grow up'! What are the implications of this

Toolkit, pg. 20

Steps ahead

At the project level, focus will be on translation and dissemination of the Toolkit through a ToT workshop and three national workshops in at least three new countries.

Implementing partners will conduct further training activities at the national level:

TTAG, Thailand is planning four further activities in the coming months (within the original site project budget):

1. Youth Assembly (Sept. 3-5, 2011):
2. Video Production: "Speak Your Story"
3. Policy brief on Youth and Methamphetamine in Thailand

4. Face-to-face advocacy with government, non-government, and UN agencies

YIDA, China is conducting the following activities (with additional funding from the project budget):

1. Translation of the Toolkit into Mandarin
2. Provincial level training on youth-friendly services to MMT staff outside Kunming
3. Provincial level workshop on youth-friendly services to a variety of stakeholders
4. Ensuring information on increasing access to MMT for young people, psycho-educational and other youth friendly activities for MMT clinics and staff, and youth friendly harm reduction are included in training – initial and updates – for MMT staff provided by YIDA. YIDA is the main MMT training institute for southern China.

Youth Vision, Nepal is planning to conduct the following (with additional funding from the project budget):

1. Continuation of programs and FGDs with young drug users
2. Further exploration for identifying partners for strengthening the referral network, and developing linked comprehensive activities and services for young people with drug use-related difficulties – especially those at risk of HIV and NCV, or already living with HIV/AIDS and/or HCV.
3. Two training workshops on youth friendly harm reduction approach to key service providers at border towns
4. Strengthening the mechanism for regular data collection, analysis and reporting mechanism
5. Continued monitoring and review of services to ensure young people are gaining access, and maintaining participation.

Section II: Activities and Progress

At the project level, emphasis has shifted to the Toolkit and related capacity building and dissemination. The Toolkit was 'finalized' in March 2011 and is currently being translated in several languages. Initial workshops have been conducted, and further workshops at the regional and national level are being planned.

For the Project Team, activities at site level consist of management, supervision, guidance, and assistance. Apart from the site visits there has been very regular contact by email and Skype calls between AHRN/NDARC and the implementing partners, as well as between AQI and NDARC. By and large activities have been implemented as planned.

1. ***Mitsampan Harm Reduction Center, Bangkok***

The activities against the planned activities in the progress report are as follows:

- ✓ Completed >75 intake questionnaires, and entered data into database. Analyses are underway.
- ✓ Held 2 focus groups to inform the development of a harm reduction/HIV/ methamphetamine curriculum for young people
- ✓ Developed training curriculum and implemented 2-day workshop on ATS use
- ✓ Completed phase I of service mapping
- ✓ Held ongoing harm reduction support groups/other meetings.
- ✓ Developing IEC, including video for harm reduction messaging (see "Next Steps")

***Overall*:**
Progressing as planned. On track (see "Next Steps").

2. ***YIDA, Kunming, Yunnan, China***

YIDA finalized Phase I by the end of November 2010

- ✓ Completed in-depth individual interviews with teen ATS users
- ✓ Submitted MMT research reports according to current baseline data before Oct 2010;
- ✓ Continually provided technical support and guidance for the working staff of 3 target clinics in the project implementation;
- ✓ Continued activities for 3 MMT clinics at least twice a month;
- ✓ Continued coordination with the director of Kunming Municipal CDC Clinic and lobbying for interventions to be carried out in this clinic to expand project coverage and influence;
- ✓ Developed a DVD on the myths and misconceptions on MMT;
- ✓ Develop MMT Brochure for Young People based on project activities;
- ✓ Provided course materials ion youth friendly approaches for YIDA's MMT training program;
- ✓ Finished 4 case studies; and
- ✓ Submitted Final Site Report on 14th Dec 2011

Overall:
Progress according to plan. All outputs were submitted in timely fashion. Activities for Phase II have been approved.

3. Youth Vision, Kathmandu, Nepal

- ✓ Developed several modules for providing essential services to young drug users. These were integrated into the Toolkit
- ✓ In connection to the above discussed lessons learned and adjusted approach accordingly
- ✓ Conducted a national workshop to try out 8 of the 16 sessions from the Toolkit in collaboration with the Project Team
- ✓ Increased access to and participation in youth friendly residential and non-residential services
- ✓ Analysed data that demonstrated decreased risk behaviours and improved mental and physical health
- ✓ Submitted Final Site Report in March 2011

Overall: All is well on track. Activities for Phase II have been approved.

Section III: Outputs and Deliverables

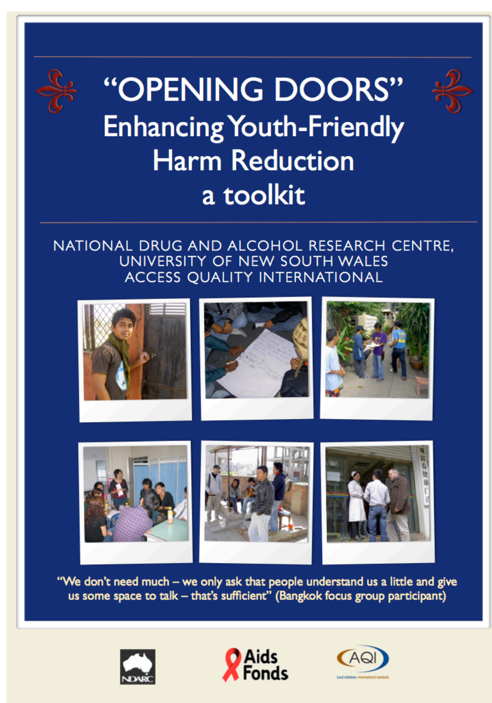
At the project level, outputs largely relate to the development of the Toolkit and related capacity building workshops. In addition the usual management, supervision, guidance, and assistance to the site project have continued.

In December 2010, the Project Team conducted the last round of site visits. During these visits, the site projects had largely come to an end, so the timing was right to assist with final evaluation, developing of Phase II and reporting issues. At this time, the site financial reports were also checked. On 21 Feb 2011, during the Joint Meeting prior to the Bangkok workshop, the final Site Reports were presented and approved. On 24 Feb –immediately after the regional workshop– we jointly evaluated the project and finalized the plans for the remainder of the project. Apart from the site visits and joint meetings there had been very regular contact by email and Skype calls between AQI/NDARC and the implementing partners, as well as between AQI and NDARC.

The Toolkit

The purpose of the Toolkit is to provide a set of training sessions to stimulate discussion that can lead to 'youth friendly harm reduction' services. This may entail review of services, their renewal and, possibly, re-design.

The Toolkit is provocative at times – tempting services to reflect on their current practice and explore options for enhancing or developing a more youth friendly approach to harm reduction. A secondary aim is to utilize any training provided to assist in building essential relationships and networks with key stakeholders and service providers. If a training provided includes representatives of essential key services, they should develop a better understanding of both young people who use drugs and youth friendly approaches to harm reduction.



By early December 2010 a 'full draft version' of the Toolkit had been finalized. The format originated at a four-day training provided during the project on youth friendly harm reduction by Youth Vision, Nepal in February 2009. It was adapted and other topics included based on suggestions from the three sites and observations and discussions during field visits. The final draft was tested in a national workshop organized by Youth Vision, Nepal in February 2010. A flexible delivery of the sessions is recommended, thus maximizing what an individual service or group of services believe they need to focus on,

and what could be seen as supplementary. The Toolkit is also in a format that makes it suitable for self-directed learning, or to be used by a 'learning circle/group' of individuals who wish to expand their knowledge.

The Toolkit (commonly in the shape of a soft copies on USB stick) consists of:

- The main text (PDF): Introduction & 16 sessions
- Worksheets
- PowerPoint Presentations to accompany sessions
- Resources (digital collection of 66 key documents/publications)

The sessions deal with the following subjects:

1. Youth friendly Services Part 1
2. Youth friendly Services Part 2
3. Harm Reduction
4. NSP, Outreach, Drop-in-Centres, Safety
5. Drugs, Withdrawal, Overdose, OST
6. BBIs, HIV, HCV, HBV, TB, STIs
7. Health and Nutrition
8. Mental Health and Wellbeing
9. Basic Counselling
10. Motivational Enhancement
11. Group Work
12. Relapse Prevention
13. Building Young Leaders
14. Activities
15. Essential Networks and Advocacy
16. The Change Process

Regional workshop

After a period of reviewing and revising, 8 of the 16 sessions (# 1-4 and # 13-16) were used to facilitate the first regional workshop in Bangkok, Thailand, 22-23 February. We invited NGO managers and/or field workers (ideally one of each per NGO) for NGOs from nine countries. Apart from the Project Team and AQI support staff, we had participation from Cambodia (2), China (2), Indonesia (2), Lao DPR (2), Malaysia (2), Myanmar (2), Nepal (2), Thailand (8), and Viet Nam (2), as well as representatives from UNICEF, UNODC, and UNESCAP.

UNICEF –EAPRO provided full financial support to one of the participants from Lao PDR, while The Nossal Institute from Australia compensated the travel expenses for the two Indonesian participants. (The remainder was covered out of the project budget.)

The IPs facilitated most of the sessions, assisted by the Project Team where needed. Two sessions were facilitated by the Project Team, and one by Dr. LucIano Colonna. In general, the workshop went very well: there was excellent participation, good discussion, and some innovative facilitation methods. The participants evaluated the workshop very positively (average of 4.2 on scale of 1 to 5), and many of the inputs have been incorporated in the 'Final' version of the Toolkit.

Dissemination at the International Harm Reduction Conference (IHRC)

The Project Team attended the IHRC, to 22nd International Conference on the Reduction of Drug Related Harm, Beirut, Lebanon, 3-7 April 2011. Apart from general networking and attending sessions, the Principal Investigator presented the Opening Doors Project on two formal occasions:

Paper: Howard, J., de Kort, G., Pandey, B., Joshi, S., Kaplan, K., Suwannawong, P., Jian, L., Zhang, C *"Opening Doors" – delivering youth friendly harm reduction in Asia";*
Workshop: Howard, J., de Kort, G., Campbell Salazar, T., Oreoluwa, K. *"Building capacity for youth friendly harm reduction".*

1. Mitsampan Harm Reduction Center, Bangkok, Thailand

The significant outputs for this reporting period are:

We have created a **database and coding** for our 75 questionnaires, and completed >50% of the data entry and preliminary analysis. This is the one area where the project is still behind on data entry and analysis. It is anticipated that data will be analyzed and incorporated into a policy brief by July 30 2011.

Two focus groups have been held to identify the flow and content of a specially-designed, Thai-young methamphetamine user-tailored **Methamphetamine and Harm Reduction Training Curriculum, including 2 days of Methamphetamine and Harm Reduction Education and 3 days of Group-led Interventions for Methamphetamine Users (GLIMU)**, conducted by the creator of this peer model, Dr. Luciano Colonna. All training materials were adapted to the Thai context and translated into Thai. An abridged version was also created. Materials are available upon request. TTAG/MSHRC worked with Dr. Colonna to create the agenda. 30 young people were trained in methamphetamine/harm reduction issues, and an additional 8 were trained (as peer-identified leaders) in the GLIMU model.

Two groups of ten young people participated in **2 GLIMU ten-week groups**. The groups were facilitated by MSHRC staff, plus a peer leader. The topics covered in each group, per week, included: HIV, harm reduction, rights, TB, viral hepatitis, methamphetamine, and police issues. Many issues of ongoing outreach, and their own drug use, and sexual/reproductive health, were also addressed. The youth reported experiencing these groups as crucial in their ongoing nature and wish making them ongoing. Under this project, while the groups are finite, we will work to develop a fundraising plan to allow many groups of 10 be able to experience the capacity-building, empowering, educational GLIMU groups, and document how they evolve, especially once peer leaders become stronger co-facilitators.

Areas that had previously been identified in focus groups as priorities for youth to acquire included counselling, deep communication, and confidence building for effective communication.

Service mapping: over the year, TTAG/MSHRC have carried out outreach to local agencies, to promote awareness about the project and objectives and to facilitate access for youth on an as-needed basis. These sites included community-based government health clinics, the police station, the local "community center," families, the hospital, schools (to help reduce stigma and help kids be able to return to school), etc. This area continues to need ongoing and deeper bridge-building.

The areas of health and education are of major interest to the young people. Experiences/traumas related to broken families are another area that require further attention. Income generation is also of utmost importance. These major areas require ongoing meetings of staff to strategize on what we can and what is beyond our capacity to offer.

Ongoing meetings/trainings – TTAG/MSHRC, whenever appropriate, invite youth to participate in ongoing harm reduction meetings and trainings. We have trained youth from this project in Overdose Prevention and Management, and have given them jobs in our Community-based Research Project, training them in ethics, outreach, survey questionnaire interview skills, etc.

Piloting the toolkit (March 2011)- 2 staff from TTAG/MSHRC assisted in the toolkit development and participated as presenters in a training with NDARC, AQI and the other two country program partners, for regional Asia providers and other key stakeholders working on youth/harm reduction issues.

Develop IEC material (educational video/animation for cell---phone communication) and video documentation by youth on harm reduction messaging by December: TTAG/MSHRC has developed a detailed plan for materials development by July 15 (policy brief) and August 31 (4-7 minute video). See "Next Steps" for details.

2. YIDA, Kunming, Yunnan, China

Below follows a description of the activities conducted from Aug 2010 onwards:

1. Individual counselling and tutorship
Clinic doctors and project staff continue to provide one-to-one counselling and telephone counselling to young clients. Topics include: How to face the urine test positive situation, Adjustment of methadone dosage, How to communicate with family, Prevention of Hepatitis C, How to nurture and educate children, How to adjust mood and so on. This is an example of the lasting effect that the project has had on the service delivery in the three MMT clinics.

2. Finalization of IEC materials
** Desk-calendar for counseling purposes*
Formulation of "Questions and answers in methadone maintenance treatment": the Q&A about MMT is incorporated into a "desk-calendar", so the doctors and patients can read and refer to it whenever one-to-one counseling with clients is conducted. The contents of the calendar including:
→ Does methadone erode teeth or not?
→ Does methadone erode people's bones?
→ Does methadone harm people's liver, hypothyroid and memory capacity?
→ Will methadone make people gain weight?
→ Are MMT patients still substance dependent?
→ Is methadone more difficult to detoxify than heroin?

→ Is maintenance treatment the same as detoxification treatment?
→ Will methadone influence the libido of male?

These questions also formed the content of the DVD and the leaflet below.

** DVD "The days being on methadone"*

The project team produced the DVD with real doctors and clients under the support and suggestions from experts (in Mandarin, with English sub-titles, about 20 mins). It describes various problems faced by a young male patient on MMT and misconceptions about MMT are cleared up with the help from peers, doctors and experts.

**Leaflet "our MMT life"*

Based on group activities and individual counseling, the topics and concerns were summarized and included in the leaflet, consolidating the knowledge for dissemination at the clinics and elsewhere.
The contents includes:

→ Common side-effects of MMT
→ How to face the positive urine test result
→ Pregnancy and relevant problems
→ How to address the occasional use drug during MMT
→ How to firmly adhere to the time-table of MMT
→ Methods of mood adjustment
→ Thematic activity: How to say "No"
→ How to communicate with family

3. Training

In addition, these materials support sessions on youth friendly practice that have now been included into the training and refresher courses offered by YIDA a the central training institute for MMT clinicians in China.

4. Individual cases studies

Project staff designed individual case research outline with the support from project consultants, and conducted three interviews with young clients to reflect upon the intervention process and effectiveness of project. See textboxes.

5. ATS Research

25 young ATS users were interviewed. The interview was divided into 2 stages:

- In April of 2010, in cooperation with "China National ATS Research Project", the project team conducted 20 interviews. However, the Research Project was come to a temporary halt because it could not recruit a new key person, so the work was temporarily put-off.
- In October 2010, cooperated with Kunming Remand Centre, another 5 cases of youth on ATS were conducted and lastly formulated the "Results of interviewing some young ATS users in Kunming". (see text boxes)

6. Project end-term evaluation

In November 2010, project staff and the investigators carried out end-term evaluation at the 4 participating MMT clinics. The end-term evaluation questionnaire was designed on the basis of "MMT Youth Clients baseline questionnaire", with some added some open-ended questions. (See elsewhere). Main findings include:

- Positive urine test results decreased somewhat
- Young clients state that methadone maintenance treatment has improved their physical conditions and quality of life in many aspects, particularly relationships with family, partners and friends has been significantly improved. Young clients have expanded their social contacts and have gained broader positive support.
- Project activities have greatly satisfied the needs of the young clients. They indicate that project activities not only changed the clinical service environment, but also helped them knowing more about MMT, learnt how to communicate with friends and family, mastered knowledge of Hepatitis C and other diseases, and changed their attitude towards looking for jobs.

3. Youth Vision, Kathmandu, Nepal

- Four Youth Vision service facilities have been improved to accommodate the needs of young people who use drugs.
- 60 percent of staff members at service delivery facility at Kathmandu have been orientated and trained in delivering the services with a youth-friendly approach.
- A referral mechanism established within 7 service providers with cooperation from other stakeholders to address the needs of young people who use drugs.

Section IV: Outcomes and Lessons Learned

For Phase I, outcomes at the project level are effectively the sum of the outcomes at the site level. At all three sites the IPs have gained understanding and skills to successfully engage with young people who use drugs. Their interventions have visibly changed and the number of young clients that they reach has increased dramatically. Staff capacity has improved and efforts are being made to disseminate these skills. Tailored IEC materials have been developed and widely disseminated. For details, see below.

Until now, Phase II at the project level consists of production of the Toolkit, the regional workshop in Bangkok, and dissemination at the IHRC. Related outcomes include:

- ✓ Translation of the Toolkit into: Thai (being done), Mandarin (being done), Indonesian (being done), Malaysian (to be done from the Indonesian version) and Arabic [the last three being provided at no cost to the project].
- ✓ Development of a strong working relationship with Youth RISE, including co-presentations at conferences, liaison, and young people YouthRISE participating in train the trainer workshops. This has also enhanced the potential for informed advocacy for the needs of young drug users.
- ✓ Links developed with key tertiary institutes – e.g. Universiti Sains Malaysia, and Impact project (including related University), Bandung, Indonesia.
- ✓ Inclusion of Toolkit and project materials in the training of MMT clinicians in China.
- ✓ Probable expansion of training into the Middle East and North African region.
- ✓ The increased recognition that services must cooperate to share resources and build comprehensive and linked activities to meet the needs of young drug users, which only a larger group can provide - given scare resources.
- ✓ The increased recognition of the necessity to provide young people with extensive opportunities to exercise their right to 'participation' enshrined in the Convention on the Rights of the Child, via participation in all aspects of service provision – shaping services, development of resources, provision of services and monitoring and evaluation.
- ✓ Increased recognition that not all service enhancement and re-organisation and rejuvenation involves money; much is possible with vision and re-organisation.
- ✓ The recognition that advocacy for the needs of young drug users is a very politicised area, invoking the need to address issues related to the status of minors at law, value systems, myths, violations of international conventions and treaties, and lack of useful data with which to prosecute the case. In addition, there is the need to ensure the safety of staff and young people in such endeavours.

Outcomes at the three sites are described in the sections below:

1. Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 Dec 2009)

The high level objectives of the project were defined as follows:

1. Increase access to appropriate HIV, viral hepatitis, and harm reduction information and tools for young people who use drugs
2. Increase access to appropriate HIV, viral hepatitis, and harm reduction services for young people who use drugs
3. Increase access to social, legal and other support for young people who use drugs
4. Provide a supportive environment for young people who use drugs to make informed choices to improve their health and rights situation
5. Conduct education and policy advocacy on the specific situation and needs of young people who use drugs in Bangkok
6. Develop an upskilled workforce capable of providing youth-friendly harm reduction services.
7. Increase access to appropriate HIV, viral hepatitis, and harm reduction information and tools for young people who use drugs
8. Increase access to appropriate HIV, viral hepatitis, and harm reduction services for young people who use drugs
9. Increase access to social, legal and other support for young people who use drugs
10. Provide a supportive environment for young people who use drugs to make informed choices to improve their health and rights situation
11. Conduct education and policy advocacy on the specific situation and needs of young people who use drugs in Bangkok
12. Develop an upskilled workforce capable of providing youth-friendly harm reduction services.

TTAG/MSHRC staff has learned an enormous amount from this previously un-accessed community. Young people who use methamphetamine are found all over Bangkok, yet no project currently addresses their needs, and no project offers non-judgmental, low threshold services, information, training and job opportunities. TTAG and MSHRC feel very grateful that we have, through this project, been empowered to develop mechanisms to engage and support young methamphetamine users. Being able to discuss youth issues in policy and programming forums across the country, as we work at the national as well as the local level, has been useful, especially in being able to share our research findings with other groups. It puts youth issues on the radar, and many NGOs are especially interested in the “drug-using youth” population but have no mechanism as yet to engage them. We hope in the long run to help them do this more.

TTAG/MSHRC has been able to support young drug users to access information, key skills, direct health services, and legal support through their participation in this project. TTAG/MSHRC will not stop offering services on an as-needed basis to youth, even though funding through this project has stopped. We will also work with the young people to advocate for youth-specific resource allocation for young people who use drugs as part of our advocacy plan in the extension phase of this project.

We will be able to report on our advocacy using youth-developed communication materials and direct advocacy by youth, after the Youth Assembly September 3-5, when we will also conduct a participatory evaluation with the youth. We are happy to have offered paid work for some of the youth, here at the center, where they have conducted community outreach, research, and GLIMU group facilitation among other things.

Another staff comments on his experience with this project as follows:

"It's a challenge. There are no other groups working with them. Drug use in Thailand is mainly among young people, but where are the models for working with them to address this? This project was a great first step in offering one."

One of the project staff says, of the opportunity to work with young people, "I could not have imagined how resourceful these young people are. They actually already know the solutions to their own problems. They have just never been asked, and I am proud to have been part of a process that prioritizes the consultation and involvement of young people in responding to their community and society's problems. In the context of the repressive drug war, it is crucial we don't forget that young people are also experiencing repression, violence, and social marginalization. We must try harder to engage with them."

2. YIDA, Kunming, Yunnan, China

The high level objectives of the project were defined as follows:

1. To improve the effectiveness of the ongoing MMT programme for young people, i.e. to reduce any associated harms, especially associated with ATS use
2. To gain insight in ATS use and associated harms amongst young people and to develop effective interventions
3. To pilot 'youth friendly' interventions for the two target groups.
4. Develop an upskilled workforce capable of providing youth-friendly harm reduction services.

The project group conducted baseline survey in 6 MMT clinics in Kunming through translating and revising questionnaires, providing trainings to the surveyors and making coordination with relevant government administrations in Kunming in charge of Methadone-related services. The project group also designed and conducted group activities in three target clinics (Fuchun, Maxianying and Xiyuan Road clinics) based on the findings from group discussions. We also conducted training workshops on how to provide friendly services to teenage clients for relevant staff at the three target clinics.

In addition, the project group also translated and revised the questionnaire for teen ATS users and conducted in-depth interviews with several teenagers.

After the previous project stage, the project group has gained the following experience, which will help us attract more teenagers into our activities and create conditions for effective intervention:

1. Suitable activities should be designed based on the needs assessment and in view of the real situation of the clinic and the resources in the hands of project group as well as the lives of the teenagers.
2. Mutual trust should be established with teenagers in view of their unique characteristics.

3. Interventions should be carried out based on group activities and teenager activity groups should be established to motivate their initiatives, sense of responsibility and sense of belonging.
4. The needs of young patients are diverse. We divided their needs to 2 parts:
   ✓ Skills
      a) Planning and managing finances?
      b) How to communicate with families?
      c) Vocational and skills training: computer operation, driving, making of cakes, training, tea
      d) How to deal with lapse and relapse?
      e) How to deal with high-risk situations?
      f) How to spend the day?
      g) Individual financial resources and expenditure?
      h) Financial planning, sewing, small business. (These needs were raised by young people, but during our project implementation, we found out that those skills did not help them to find job.)
      i) How to build positive attitude towards occupation?
   ✓ Health knowledge
      a) Side-effects of MMT
      b) Misconceptions of MMT
      c) Dental care
      d) Prevention and treatment of HCV
      e) Relevant knowledge on pregnancy and MMT
      f) Relevant knowledge of HIV/AIDS
      g) How to nurture child (new born baby and young child)
      h) Mother to child transmission of Hepatitis C

> Barriers for young people who use drugs to engage in an activity programme…
>
> - Transport
> - Any costs
> - Not have appropriate clothing
> - Under the influence of drugs
> - Not feeling 'comfortable'
> - Shy
> - Very poor self-image
> - Belief that they cannot do certain activities
> - Afraid
> - No equipment
> - Gender/sex mix of the group
> - Age mix
> - Religious concerns – eg for young women (eg for swimming or mixing with young men)
> - Disability
> - Poor basic literacy/numeracy
> - Difficulty in communicating in groups
> - Poor nutrition
> - Sickness – eg breathing difficulties with asthma or respiratory infection
> - *Energy level of programme low – staff tired, losing interest, feeling all will relapse and no point in providing the programme, etc … the programme is getting sick and needs rejuvenation!!*
>
> Toolkit, pg. 156

5. We think some key interventions are necessary to meet the identified needs of young patients:
   ✓ Participatory training: To improve the skills and knowledge of young people.
   ✓ Cooperation with relevant institution/project/organization: To obtain their support and provide relevant services, such as PACT.
   ✓ Strengthening the clinician's ability of offering friendly service to young people.
6. We now realize that increasing access for young clients is very important. Useful measures include:
   ✓ Work and communicate closely with clinicians and identify target groups through them.
   ✓ Identify peer educators among the young people and motivate other young people to participate activities through peer educators- this is not an easy job.
   ✓ Divide the young people into groups and nominate a group leader, then ask the groups to motivate other young people to join the project.

7. We gained more experience of how to maintain the participation of the target population:
   - ✓ The project activities should meet the needs of young people.
   - ✓ The project activities should be diversified, participatory and interactive.
8. It is very important for us to get support from other organizations and services. In our project, we cooperated with PACT and Xincheng Company, received support about changing attitude towards occupation for young people (see photo).

At the present stage, YIDA and three MMT clinics in Kunming have been cooperating in the implementation of the project: Fuchun clinic, Maxianying clinic and Xiyuan Road clinic. In the previous stage, the project group formerly planned to establish cooperation with Kunming Municipal CDC Clinic but they are too busy and still have doubts on the concept of 'youth friendly services'. Therefore, the project intervention has not been started at that clinic. Although we had been actively coordinating with them trying to make it happen, they could not organize the young patients to take part in the project activities.

Besides, for newly incorporated Xiyuan Road Clinic, the project group had conducted trainings for their staff on how to provide better and friendly services to teenage clients.

4. Youth Vision, Kathmandu, Nepal

The high level objectives of the project were defined as follows:

1. To rejuvenate Youth Vision (in terms of reached group and consequently in terms of approach, facilities, methodologies, and activities).
2. Increase access to and provision of a comprehensive range of harm reduction services essential for young drug users which aim to improve the health and wellbeing of young vulnerable drug users (e.g. improvements in physical and mental health, safe sex, sense of wellbeing and social inclusion; reductions in relapse, drug use and sexual risk behaviors, transitioning to injecting, crime and placement in closed settings, and increased participation in education, training and employment).
3. Demonstrate the utility of providing comprehensive youth friendly, participatory services to reduce the likelihood of placement of young drug users in closed settings (e.g. compulsory drug treatment centers, work camps, prisons and other places of detention) and return to such closed settings following release.
4. Develop up skilled workforces who are capable of providing youth-friendly harm reduction services.

Outcomes:

The project was initiated with one of the major objective to rejuvenate Youth Vision (in terms of reached group and consequently in terms of approach, facilities, methodologies, and activities) and hence the activities were carried out to fulfil the set objectives and to achieve the intended outcomes.

Listed below are the outcomes from the activities during the project period:

- Increase in the number of young people using drugs in over all facilities has been observed.
- Increased knowledge and skills of Youth Vision staff and other organizations on accessing and providing services to young drug users
- The service providers have been sensitized about the issues of young drug using population and are also made aware about the fact that this group needs special attention.
- The local police of the catchment area have been well informed about treating the drug using population and are convinced to some extent that the drug using population needs treatment.
- The staff members along with the outreach, counsellors and health care providers' individual capacity for dealing with young population has improved.
- The facilities at the service delivery sites are equipped with the youth friendly components (games, movies, entertainment media).
- Outreach service is now able to reach and interact with youth population in more effective and efficient manner.
- Sense of eagerness among Youth Vision, GOs (including law enforcement), and stakeholders with realization for the need of special attention required by young drug using population.

Weekly activity programme, Toolbox, pg. 155:

An example….

Day	**Morning 10.30 - 12.00**	**Afternoon 2.30 - 4.00**
Monday	**Check in:** – debrief room weekend *Facilitated open discussion*	**Vocational** - motor bike, phone repair, handicrafts
Tuesday	**Nutrition and health:** – health topic of choice, plus preparing, cooking lunch – and taking away food for next few days. A nurse may be available and conduct a clinic/health checks	**Recreation and fitness** - at centre or elsewhere – exercise and fun (eg gym, sport, music, video)
Wednesday	**Education** - eg computers, IT, literacy, English, numeracy, getting ready for 'education' – activities to increase concentration and memory	**Managing moods** - mental health support for dealing with depression, anger, frustration,…
Thursday	**Vocational** - motor bike, phone repair, handicrafts – and activities to increase concentration and memory	**Recreation and fitness** - at centre or elsewhere – exercise and fun (eg gym, sport, music, video)
Friday	**Nutrition and health:** – health topic of choice, plus preparing, cooking lunch – and taking away food for next few days. A nurse may be available and conduct a clinic/health checks	**Safety for weekend –** reducing risk/reducing harm *Facilitated open discussion*

Lessons Learned:

The project itself was a challenge for Youth Vision as the service provision was not limited to youth, instead it was designed to include all kinds of drug using population without special attention to age and it was also based on the treatment modules such as 12 steps and community therapy. Lessons learned during the project period are:

- It is essentially important to have the service facilities available during odd hours also as the drug using population is placed in more vulnerable position when unmonitored.
- Interaction is one of the key things that can bring the target population to the service line.
- The young drug using population are always looking for changes and flexibility in the program activities and hence the program should be semi–structured with certain degree of freedom for the service users to decide their own activities
- Mostly young drug using population are not likely to get engaged in abstinence-based program and hence harm reduction programs should focus on young users as they are more attracted to it.
- The information and education delivery to the young population must be done in interactive manner with active participation from them so as to draw their attention and to start with the things that they are interested in.
- Any service facilities and treatment programs must be designed for providing comprehensive services with continuum of care and most importantly social reintegration must not be excluded.
- Economic empowerment has been a major challenge for us in general, variety of skill development activities, linkage with the employment providers and engagement in the active income generation activities should be identifies and linked up with the service delivery facilities in order to effectively include the young, poor and marginalized drug using population.
- The service providers have to be motivated themselves for the implementation of the project.

Section V: Evaluation

Collaboration between AHRN and NDARC has been excellent, and the implementing partners unanimously laud the guidance and supervision offered by the Project Team.

Fortunately, the political unrest in Bangkok and Kathmandu appears to have subsided now, and the project was not significantly impacted by the small skirmishes during this reporting period. While for the time being all is relatively quiet now, matters remain volatile in both countries.

The table below summarizes impact at the project level against the aims were formulated in the project proposal.

Objective	Im-pact	Comments
1. Increase access to and coverage of a comprehensive range of harm reduction services essential for young drug users.	T: 3 C: 3 N: 3 O: 3	In two sites access to such services for young clients has increased significantly. In Kunming the targeted clinics have become more equipped to work with young people and are disseminating these skills and knowledge to their partners; numbers have remained the same there.
2. Improved health and wellbeing of young vulnerable drug users (e.g. improvements in physical and mental health, safe sex, sense of wellbeing and social inclusion; reductions in relapse, drug use and sexual risk behaviours, transitioning to injecting, crime and placement in closed settings	T: 3 C: 3 N: 3 O: 3	Initial analysis is showing that the ongoing engagement of young clients is having a positive impact. Comparison with baseline for China and Nepal show positive changes.
3. Develop a set of minimally required components for a policy environment that facilitates effective scaling up of youth-friendly harm reduction services.	T: 3 C: 2 N: 2 O: 2	The Toolkit has been finalized, including several sections that deal with policy environment issues. In Thailand, specific advocacy activities are planned, and in Nepal, networking efforts are beginning to show effect.
4. Build the capacity of the harm reduction workforce in Asia and support the scaling up of high quality low threshold services for young people who inject drug or who are at risk of doing so.	T: 3 C: 3 N: 3 O: 3	The capacity of the implementing partners has markedly strengthened. Staff training has been conducted at all sites, and one regional workshop has been conducted. Further dissemination is slated for phase II of the project. Toolkit being translated into Thai, Mandarin, Malaysian, Indonesian and Arabic
5. Demonstrate the feasibility of programmes to reduce initiation to injecting.	T: 2 C: 2 N: 2 O: 2	At MSHRC, no switching to injecting has been reported. At the targeted MMT clinics in Kunming, retention of young clients has

6. Demonstrate the utility of providing comprehensive youth-friendly services to reduce the likelihood of placement of young drug users in closed settings (e.g. compulsory drug treatment centres, work camps, prisons and other places of detention) and return to such closed settings following release.	T: 1 C: 2 N: 2 O: 2	improved. At Youth Vision retention at the rehab centre has improved. It is unclear, however, to what extent this can be attributed to the project. Anecdotal evidence suggests some reduction in placements in closed settings, but this has proved to be beyond the actual reach of the project to date.

T: Thailand, C: China, N: Nepal, O: Overall
0: No impact
1: Some impact, but insufficient for the current stage of the project
2: Sufficient impact for the current stage of the project
3: Significant impact for the current stage of the project

1. Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 Dec 2009)

Our participatory evaluation will take place September 3-5 at the youth assembly, with at least 30 youth involved in our project. Preliminary inquiries reveal an overwhelming desire by the youth to continue and expand the project. We want to hire a young person to coordinate the project, and will fundraise for this once the Youth Assembly has produced a costed plan to submit to potential funders.

During the reporting period, the project successfully implemented all of its requirements, namely holding focus groups and developing preliminary data collection tools while raising awareness and understanding in relevant communities about the need to integrate this work into our current harm reduction advocacy and service delivery strategies to the greatest extent possible.

Preliminary data describes a wide range of experiences across a diverse population of drug using youth, including a high rate of arrest and compulsory drug treatment experience, a lack of adequate information and awareness of the risks related to drug use, a lack of access to services related to reducing the negative consequences of drug use, a lack of a safe environment in which to discuss these issues, lack of skills to improve their economic situation and conceive of an improved future, etc. Clearly, there will be a broad range of needs that we will work to document and prioritize in the context of this project, ultimately developing services or materials directly responding to the most urgent needs that we have the capacity to address.

Following the youth assembly from Sept. 3-5, which will cover the key areas of harm reduction education, communication, and advocacy, the youth will have developed a plan to fundraise for new activities, and will develop an advocacy plan to integrate youth issues into existing policy frameworks and programs. Their plans will be shared through a targeted dissemination plan, including through small-group meetings with key intergovernmental, governmental and non-governmental agencies working on youth issues or in relevant area. For example, PATH, UNICEF, the Ministry of Public Health, and the Thai Country Coordinating Mechanism for the Global Fund will be visited by the youth with TTAG/MSHRC staff, to communicate their concerns and ideas for improving services for drug-using youth.

They will also utilize the short film they will make in July/August as an advocacy tool to help groups understand their issues.

At the Youth Assembly, they will discuss ideas for disseminating the film.

Finally, a policy brief based on the 75 intake questionnaires' data will be developed and mailed to key government, NGO and intergovernmental agencies, with an offer of meeting to discuss these issues further, with youth directly.

At the start of the project MSHRC was effectively 'growing old' with its clients: few efforts were made to reach new clients, let alone young clients. Through participating in the project, a new target group with new activities has been engaged (n=75), and one can safely say that the point of no return has been reached: Young people are now an integrated part of our work at the centre, and we will continue to seek innovative ways to support them in leading healthy and meaningful lives.

2. YIDA, Kunming, Yunnan, China

While roughly the same number of young people are being reached as before, these clients are retained better , have exhibited some positive behaviour changes, and have become more interested in our activities and services. Staff at YIDA and at the clinics have become aware of the necessity and the specificity of working with young people, and the lessons learned have been incorporated in the latest and upcoming activities. As such, the project has already been effective in opening doors for young people.

The project has greatly contributed to the development of a new, more youth-friendly approach towards young people at the participating MMT clinics. Staff has been trained and has become aware of the specificities of young people. Useful tools have been produced to further disseminate the findings and additional workshops are being planned.

Reflect on your own service…. How well can you provide for the following as they relate to young people who use drugs, given existing staff, financial and facility resources?

How well do you:

- ❑ Provide a safe environment – for staff and young people
- ❑ Provide an encouraging environment
- ❑ Provide appropriate activities
- ❑ Identify and manage Physical and Mental health issues
- ❑ Encourage and support nutrition and wellbeing
- ❑ Assist with appropriate housing/accommodation
- ❑ Identify and meet education, training and employment needs
- ❑ Know if you are making a difference – data systems
- ❑ Respect and provide for gender, sexuality, disability issues
- ❑ Assist with IDs, Health cards, …..
- ❑ Involve families (as appropriate)
- ❑ Supervise, support and develop peer educators/youth leaders
- ❑ Provide and make available equipment (eg NS, other equipment of injecting, condoms, etc..)
- ❑ Identify and engage key networks
- ❑ Identify, engage and link with key stakeholders
- ❑ Assist with legal issues
- ❑ Advocate for your centre/service, and young people who use drugs generally
- ❑ Recruit and maintain suitable staff
- ❑ Use acceptable IEC (ie acceptable to young people, their families, the community and the authorities – eg schools, public security)
- ❑ Assist young people in or coming from compulsory residential drug centres and other closed settings

Toolkit, pg. 158

3. Youth Vision, Kathmandu, Nepal

The project successfully implemented the proposed activities within the proposed time frame. Youth Vision is on the process of rejuvenating itself with key modification in terms of reached group, approach, facilities, methodologies and activities. Young people have linked with essential services which have increased access to and provision of a comprehensive range of harm reduction services essential for them to improve health and wellbeing. The service delivery has been modified by providing comprehensive youth friendly, participatory services to reduce the likelihood of mandatory placement of young drug users in closed settings. Similarly, an up skilled workforce capable of providing youth-friendly harm reduction services has been developed.

The workshop with service providers was very effective and as a result, the number of young people increased in the service centres. Similarly, the workshop with local custody staff has created a positive environment for providing treatment services for young users in custody, and as a result the users are referred from the custody to the treatment centres.

- Put youth at the centre
- Address multiple health problems
- Build on and link existing interventions in various settings
- Combine interventions
- Respect cultural diversity
- Create safe and supportive environments
- Encourage positive adult attitudes and behaviours

Toolkit, pg. 22

The workshop with stakeholders for creating referral mechanism was not as good as expected, however it did serve as an initiation for creating referral mechanism. The coordination meeting with the government authorities, police personnel and other concerned authorities was successful in disseminating the information regarding what needs to be done from their side.

At the start of the project, despite its name, Youth Vision did not target young people anymore, and did not really have a vision on engaging young people. Most clients were in their thirties or older and those that were younger were not treated any differently. By now, Youth Vision staff knows how to approach and retain young clients, and its centres are physically and 'mentally' more open to receive young clients. We currently have about 20 young people in our rehabilitation centre, and at the DICs the number of young people has visibly increased. Also other organizations are now more aware of the necessity to address the specific characteristic and needs of young people (who use drugs).

With the "Opening Doors" a beginning has been made only to address the needs of one of the most vulnerable sub-populations among young people: Young people who use drugs. More capacity building, more advocacy and more research is required to give these young people a voice and mitigate their risks to contract HIV, Hepatitis C, STIs and other infections during their period of vulnerability as well as providing them opportunities and hope for a better future!

Section VI: Issues, Challenges, Proposed action

In terms of the site project implementation, the political situation on both Thailand and Nepal remains volatile. Overall, the site projects have not been significantly impacted.

In the Progress Report we reported that in China, a minor concern is the fact that "the implementing partner has trouble connecting with young drug users. From contacts during the site visits, the Project Team has the impression that there are larger numbers of young drug users in Kunming than previously thought. The way government organizations work in China as a whole, seems to make them ill suited for actively engaging with young drug users. The project is being useful in impressing upon YIDA and its partner organizations that different methods and approaches are needed to engage with young people. This process has been set in motion, however, as can be expected, change will be slow…". We are pleased to report now that YIDA and the targeted clinics have successfully implemented relevant and effective activities.

Details per site are described below.

1. Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 Dec 2009)

Currently, the Thai government is implementing an aggressive law enforcement campaign to force 30,000 people who use drugs into compulsory treatment. In our catchment area, our participants, including young people, are at high risk of arrest. Some of our adult participants, including volunteers, have been arrested.

We have discussed this problem with PSI, the Thailand GFATM harm reduction project Principle Recipient, who has promised to work with us to develop an emergency response system including access to lawyers who can intervene immediately to protect the rights of any adult or young person arrested in our catchment area for drug use or possession. We are documenting violations that have already occurred, and are talking to the local police station on an ongoing basis to minimize the likelihood of their interference in the daily activities of our harm reduction drop-in center.

2. YIDA, Kunming, Yunnan, China

1. From MMT clinics in Kunming, 35 qualified young people could be found to receive the baseline survey. Because young people are busy with their subsistence and they are quite scattered in location with only a few willing to have the intervention, thus far only 20 young people have participated the activity and only 10 of them attend project activities frequently. Till August 2010, we could not find new young drug users in all MMT clinics. We think the most important reason is there are few new young heroin users in Kunming. So, it is hard for us to find new young clients for MMT.
2. The young clients are spread around in the 4 MMT clinics in Kunming, but because the clinics are distant from each other, so no matter the activities are implemented in any clinic, the clients from other 3 clinics all feel that is it not convenient.
3. Some clients who actively participated in project activities are local Kunming residents, with good economic situation and well off family. They have economy support either form parents or other sources, and not interested in the occupational trainings and employment opportunities offered by project.

4. Kunming CDC clinic is the clinic has more young clients, and they are come from other areas in Yunnan province. They travel between their hometown and Kunming, and are frequently referred to local MMT clinics for treatment. These young people usually make a living by working as casual workers, with poor economic condition, less leisure time and many of them have kids to take care of. As a result, they come to the clinic for methadone in haste, and have little time with project staff. Though project staff and clinical doctors tried many methods, it is still difficult to engage them.
5. We will try to get more young people into our activities through promoting our activities amongst young people. Under the current conditions, it is hard to carry out project activity depending only on clinic doctors.
6. Part of target group comes to the activity to gain economic benefits.

3. Youth Vision, Kathmandu, Nepal

In terms of the local implementing partners, the partners were not ready to take any responsibility for creating an effective referral network. We are planning to develop network and an extensive referral system with organizations working with young people through:

- Follow up coordination meeting with the service providers (to young drug users);
- Sharing the outcomes and findings from the data analysis, case studies and stories; and
- Presenting the changes that were made at Youth Vision service centres and their outcomes.

Modification in the program structure and behaviour of staff member is a complex and time-consuming process. We are planning further training, workshops and interaction programs with visits to the service facility with young user-friendly services.

In terms of implementing partners, the partners appeared to have not yet been ready to take enough responsibility for creating an effective referral network. We will continue to engage the partners and impress upon them the need to come to some kind of joint programmatic offer that targets young people.

Section VII: Collaboration and Support

On 1 November 2010 the project was fully transferred to AQI. There have been no complications whatsoever regarding this change.

1. Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 Dec 2009)

TTAG and MSHRC continue to have a positive and constructive relationship with NDARC and AQI, who provide excellent moral and technical support throughout the project. Their unique expertise, combined with a sympathetic understanding of work “on the ground” or in the field, so to speak, plus a clear understanding of our specific situation based on open communication and regular visits, makes us feel well-supported and able to consult NDARC or AQI on virtually any issue. Any delays with the project are mainly due to personnel challenges, but while a certain activity may be slightly behind in the plan, this is our responsibility and TTAG/MSHRC takes full responsibility. Our request for a no-cost extension is necessary due to this temporary staffing challenge. We are now on track and very excited for the final (extension) phase of the project! We hope we will be permitted to implement the final part of this grant!

2. YIDA, Kunming, Yunnan, China

In the process of project designing, implementation and evaluation, NDARC and AQI had supplied great support and help to YIDA. The technical experts from NDARC and AQI had gained a very good understanding to the actual situation in Kunming, and based on their baseline investigation and several times on-site visits and good communication with staff of YIDA, the experts gave many guiding and significant suggestions and comments to project activities, such as, the definition of our target population, groups activities designing, activity theme, working approaches, cooperation with other organizations and projects, how to expand project influence and so on. Meanwhile, NDARC and AQI introduced the concept of “Youth-friendly service s” in the intervention activities for our MMT Youth Project, hence greatly improved the treatment environment in MMT clinics.

Thanks to their technical support, this project achieved good success, though faced with the difficulties that the project has less target youth and the challenges of working with young people. The project has built up good cooperation relationship with several MMT clinics in Kunming, with PACT project, Xincheng Company, Sunshine Homeland in Xishan district and so on, thus laid a solid foundation for intervention programs for young people in the future.

3. Youth Vision, Kathmandu, Nepal

The support from AHRN/NDARC during the training workshops played an important role in capacity building of the staff members for adopting youth friendly approaches and understanding its importance. Further, we have been supported by AHRN/NDARC in developing the data collections tools and analysis and now the support has been also continued by AQI.

Section VIII: Next Steps

The plans surrounding the dissemination of the Toolkit have changed (again). After the first regional workshop and consultation with the IPs and other stakeholders at the IHRC, we have decided to organize a workshop for experienced facilitators from other countries, who will then be supported in their roll-out of national workshops. The following is suggested:

1. Three-day ToT workshop; Bangkok, Thailand, 20-22 September 2011

A number of experienced facilitators receive training on delivering sessions of their choice to harm reduction organizations in their respective countries. This slated to be a highly interactive and participatory workshop, where the participants will practice their skills and provide feedback to each other. A number of the participants will be under 30 years of age, and also some promising trainee trainers will be under 26 years of age.

Currently, we are expecting participants from:
Indonesia (n = 4: All from NGOs; 3 from Impact, Bandung, and 1 from YAKITA
Malaysia (n = 5): 2 from NGOs and 3 from a University HIV and Substance Use specific program
Myanmar (n = 3): 3 from NGOs, including 2 from AHRN-Myanmar
Nepal (n = 2): 2 from NGOs, who are also members of YouthRise
Thailand (n = 4): All from NGOs, including several from PSI-Thailand

In addition, we are hoping to invite further participants from Afghanistan and Lebanon, but at this time, it has shown challenging to secure funding for this. (The other participants are covered out of the Project Budget.)

2. Three two-day national workshops in Malaysia, Myanmar and Indonesia

Under the guidance of the Project Team, at least two of the three trained trainers are engaged to facilitate a two-day workshop on youth-friendly harm reduction. They would be expected to cover 6 – 8 sessions from the Toolkit. Translation into Malay and Indonesian will have been finalized by then. In Myanmar, the participants are expected to be proficient in English.

2.1 Two day workshop; Penang, Malaysia, 6-7 October

Conducted in collaboration with the University Sains Malaysia, Penang. One Professor and two young facilitators will attend the Bangkok workshop and will facilitate the workshop in Penang. The university graciously makes available the meeting room and translates the Toolkit from Indonesian into Malay.

2.2 Two-day workshop; Yangon, Myanmar, 10-11 October

Conducted in collaboration with AHRN Myanmar. Two young facilitators will attend the Bangkok workshop and will facilitate the workshop in Yangon.

2.3 Two-day workshop; Bali, Indonesia, 13-14 October

Conducted in collaboration with the Impact programme, Bandung. Three facilitators will attend the Bangkok workshop and at least two of them will facilitate the workshop in Bali. The Impact programme in Bandung, Java translates the Toolkit from Indonesian into Malay.

1. Mitsampan Harm Reduction Center, Bangkok, Thailand (From 1 June 2011)

In the final phase of this project, we will implement the following 4 key activities:

1. Youth Assembly (Sept. 3-5): The topic will be "Communicating our Issues for a Better Life" and will focus on harm reduction education, communication, and advocacy skills. We will also promote team-building, address challenges and accomplishments in the past year of the project (a participatory evaluation involving the youth), and come up with two plans: 1) a project and fundraising plan for activities youth hope to implement beyond the scope and duration of this project, and 2) an advocacy plan for meeting with at least 4 key agencies (GO, NGO, UN/GFATM) within 1 month of the Assembly's closing.

2. Video Production: "Speak Your Story" – TTAG/MSHRC will hold a video training and distribute Flip Video Cameras for the youth to collect footage and interviews on drugs and resilience and response in their community, with a special focus on the impact of this project on their lives (including family, community perspectives). We will hire semi-professionals to help us integrate this footage and get new footage/interviews and edit into a very short (4-7 minutes) video for advocacy and communication to a broader audience. This tool will accompany our face-to-face advocacy meetings, described in #4 below.

3. Policy brief on Youth and Methamphetamine in Thailand: Based on a template from NDARC, mid-July TTAG/MSHRC and the youth in our project will develop a policy brief based on the data from the 75 intake questionnaires and FGDs on priority advocacy issues. We will incorporate youth quotes and deeper case-study info as well as quantitative data, to provide current information in an advocacy-friendly format, 2-4 pages, for distribution at advocacy meetings and through targeted mailing.

4. Face-to-face Advocacy: Youth have been and will be (at the Assembly) trained in advocacy skills and effectively communicating their concerns. They will then get real-life practise in presenting themselves and their issues to a diverse audience, through meetings where they can directly advocate to government, non-government, and UN agencies to help improve services and the overall response to the youth drugs epidemic.

Phase II of he site project is slated to formally end in September. Final report will be submitted by the end of September 2011.

2. YIDA, Kunming, Yunnan, China

YIDA, China will be conducting the following activities (with additional funding from the project budget):

1. Translation of the Toolkit into Mandarin, probably finalized in August.

2. Provincial level training on youth-friendly services to MMT staff outside Kunming. Several

sessions from the Toolkit will be used for a two-day workshop on youth-friendly harm reduction within MMT clinics, August 2011.

3. Provincial level workshop on youth-friendly services to a variety of stakeholders, including MMT clinics, NESP projects, CDC, Provincial Office of the GFATM, Provincial Office of the China-Gates Project, and harm reduction related NGOs (2 days), Sept 2011.

Phase II of he site project is slated to formally end in September. Final report will be submitted by the end of September 2011.

3. Youth Vision, Kathmandu, Nepal

Youth Vision, Nepal is planning to conduct the following (with additional funding from the project budget):

1. Continuation of programs and FGDs with young drug users.

2. Further exploration for identifying partners for strengthening the referral network, and developing linked comprehensive activities and services for young people with drug use-related difficulties – especially those at risk of HIV and NCV, or already living with HIV/AIDS and/or HCV.

3. Two training workshops on youth friendly harm reduction approach to key service providers at border towns.

4. Strengthening the mechanism for regular data collection, analysis and reporting mechanism.

5. Continued monitoring and review of services to ensure young people are gaining access, and maintaining participation.

Phase II of he site project is slated to formally end in September. Final report will be submitted by the end of September 2011.