What’s harming harm reduction?

Reducing HIV vulnerability among women who inject drugs in South Asia

The analysis of gender relations, roles, and identities is essential to the design of responsive programming for women who inject drugs.

Background
Globally, the number of women who inject drugs is increasing, along with HIV prevalence in this population. However, there are few services specific to the needs of these highly vulnerable women and inadequate access for them to harm reduction services, when available. Further research also suggests that there is disadoption with existing services as providers can be insensitive, and confidentiality at facilities is often not maintained. HIV vulnerabilities of women who inject drugs are further compounded as they are more likely to share injection equipment and engage in sex work; and they often experience related stigma and violence that undermine their self-esteem and capacity to demand appropriate services.

Methods
With the objective of strengthening capacity of organisations to support programmes for female injection drug users (FIDUs) and female partners of male IDUs across Asia, the Alliance Regional Technical Support Hub for South Asia developed a pool of 20 technical support providers (TSPs) from 10 Asian harm reduction organisations in Bangladesh, Cambodia, India and the Philippines as part of a UNDP-supported project. Through comprehensive trainings, the capacity of TSPs was built to address more effectively issues of gender and female IDUs. After the first training, TSPs were asked to pilot their learning in their work and organisations. After six months, refresher training was conducted for the same TSPs, enabling them to learn about each other’s progress and challenges during the pilot period.

Results
The project was developed to respond to the exclusion of FIDUs and the female partners of male IDUs in the global HIV response and more particularly in IDU programmes in the Asia region. The project also specifically aimed to fill gaps in technical capacity in the region to better address the gender dynamics that contribute to the HIV epidemic among IDUs and support the development of gender-inclusive and female-friendly IDU programmes. By building the capacity of a cadre of TSPs in Asia and training them to identify and address the gender-based needs of FIDUs and female partners of male IDUs, the project was able to increase the availability of high quality and regionally appropriate technical support. The TSPs trained under this project are now available to provide technical support to IDU organisations, UN agencies, national AIDS commissions and healthcare providers in the region.

Priority Interventions for women who inject drugs
1. Female-specific services such as sexual and reproductive health
2. Increased outreach to addressing self-stigma, women who inject drugs, in hotspots and places where they live
3. Expanded interventions to reduce stigma and increase support for women who inject drugs, including addressing self-stigma.

Conclusions
Increased attention to the needs of women who inject drugs is resulting in new initiatives in Asia and other parts of the world to improve their quality of life and decrease their vulnerability to HIV. The analysis of gender relations, roles, and identities is essential to the design of responsive programming for women who inject drugs. Strengthened technical capacity is necessary to deliver improved and appropriate interventions for these women.

The project highlighted:

- The need to develop a gender framework that considers gender norms in the design, implementation, and evaluation of IDU programs to make them equitable, effective and sustainable.
- The importance of capacitating project implementers, technical support providers and government officials to increase the reach of services for women who inject drugs.

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