

## MAPPING PWUD IN KATHMANDU, NEPAL

Experts from Pakistan, Nepal and the Netherlands combined their expertise in May 2016 to conduct a comprehensive mapping exercise in Kathmandu, Nepal. Because the people who use drugs (PWUD) in Nepal typically use drugs behind closed doors, we designed a specific methodology to reach them. The mapping allows us to better align the harm reduction services to the individual needs of drug users in Kathmandu.

### **Size estimate**

This mapping exercise studied the total number of drug users in Kathmandu Valley. One challenge in Nepal is that there is not an obvious 'street scene'. Drug use is home-based and rather hidden. Compared to other countries where people congregate in hot spots or drug dens, it has been difficult to estimate how many PWUD there are in Nepal. By designing a new method to reach PWUD, we now have a more exact estimate on the number of injecting drug users in Kathmandu: between 7,000 and 10,000 people inject their drugs. This is a lower number than what was estimated in the CBS survey in 2012 and the most recent IBBS that was conducted in Nepal (2015).

### **Mapping informs programming**

Importantly, the mapping exercise forced us to find new methods to reach PWUD. This method forms a basis for the outreach work that Youth Vision implements in Kathmandu and allows for a far more effective distribution of needles and syringes. Thanks to the experts, the local organisation is now able to perform the size estimation mapping themselves in other areas of Nepal.

### **Behaviour and HIV/HCV prevalence**

An important element in the exercise in May was the behavioural and biological survey amongst 100 PWUD who were identified during the mapping. The questionnaire was developed based on a focus group discussion. We assessed risk taking behaviour regarding both drug use and

sexual behaviour. All of the participants in the survey gave consent to be tested for HIV, Hepatitis C and Hepatitis B.

## Some interesting outcomes

- The survey shows a higher HIV prevalence among people with a longer drug use history which stresses the need for continuous harm reduction services.
- Most people (97%) report to have a place to stay. This explains the lack of a street-scene with homeless PWUD in Kathmandu.
- Only 37% of the respondents injected themselves daily. This indicates low rates of physical dependence on any drug and high levels of recreational - relatively functional - drug use. Respondents invariably reported troubles regarding responsibly disposing of their used needles.
- Police harassment and random arrest, or referral to rehabilitation, were often mentioned. HIV prevalence in our cohort was 7.8%. This is higher than presented in the 2012 survey from CBS and the IBBS survey in 2015. In addition, 27.8% of the respondents tested positive for Hepatitis C. This stresses a growing need for interventions to reduce Hepatitis C.
- Outreach workers now adjust their daily routes into specific working clusters. This increases the visibility of the team since 40.8% of the syringes are acquired through Needle and Syringe programmes from Youth Vision.
- Since 3.9% attended OST for the second time, Youth Vision will also work on increasing the retention rate of clients attending the OST services.

Want to learn more about our mapping exercise, the outcomes and the methodology we used? The full report is under construction and will be released in November 2016.

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