

Final Evaluation Report of Economic Rehabilitation of Injection Drug Users (IDUs)

JOBS
CREATING OPPORTUNITIES



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Final Evaluation Report
of
Economic Rehabilitation of Injecting Drug Users
(IDUs) Project

IRIS Center
University Research Corporation Inc. (URCI)
University of Maryland
JOBS, Bangladesh
House #1-A, Road #23
Gulshan-1, Dhaka – 1212

info@jobsiris.dhaka-bd.net

Acronym List

AIUB	American International University of Bangladesh
APEX	APEX Leather Craft and Fashion Accessories Company Ltd.
APON	Ashokti Punorbashon Nibash
BDT	Bangladesh Taka
BBRL	Bengal Braided Rugs Limited
CREA	CREA Prokolpo
DAM	Dhaka Ahsania Mission Prokolpo
EDBM	Entrepreneurial Development and Business Management Training
IRIS	Center for Institutional Reform and the Informal Sector
KII	Key Informant Interview
FHI	Family Health International
ICT	Information Communication Technology
IDU	Intravenous Drug User
JOBS	Job Opportunities and Business Support
SMMEs	Small, Medium, and Micro Enterprises
USAID	United States Agency for International Development
WDCE	Workplace Discipline and Congenial Working Environment Training

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Executive Summary

The pilot phase of the “Economic Rehabilitation of Injecting Drug Users” project has been carried out from July 2006 until June 2007, with an additional three month extension from July through September 2007. This project takes a unique approach to the rehabilitation of IDUs by identifying employment opportunities for rehabilitated drug users, bridging the gap between three rehabilitation centers CREA Prokolpo, and Dhaka Ahsania Mission Prokolpo (DAM), and Ashokti Punorbashon Nibash (APON), and two private sector partners, APEX Leather Craft and Fashion Accessories Company Ltd. (APEX), an export oriented shoe manufacturer, and Bengal Braided Rugs Limited (BBRL), an export oriented floor covering manufacturer. JOBS works closely with the clients, all rehabilitated IDUs, and the private sector partners for six to nine months after the relocation of the clients to facilitate their return to an independent productive life. JOBS offered training, housing, and employment (the basics of economic rehabilitation), but our clients used these opportunities to thrive in a drug free environment, prove they can be disciplined and reliable, regain the confidence of their families, and build up their confidence, self-respect, and a sense of responsibility.

This program has been a great success with a drop-out rate of approximately 16%, in contrast to the 90% recidivism rate reported by FHI for clients who have only completed a fourteen day detoxification program or a three month rehabilitation course. Throughout the implementation of the pilot phase of this project important lessons have been and continue to be learned about the reasons behind the clients’ motivations and areas of the project that can be strengthened in order to make the following phases of the project an even greater success. These lessons have been essential in improving the implementation of the project, having contributed to a lowering of the drop-out rate, and have been important in developing the design the project going forward.

Major accomplishments achieved during the pilot phase of the project have included:

- a) In a country where approximately 2 million people enter the ranks of the unemployed every year – that is, private sector has literally millions to pick from - JOBS felt that the toughest challenge would be to convince the private sector partners to open themselves to “higher risk” employees. However, JOBS was able to build on its relationships with the private sector to find private sector partners who willingly stepped forward to participate as long as they were assured that JOBS will be a facilitator during the process.
- b) Approximately 80 percent of the clients which were employed have stayed with their jobs. Albeit, notwithstanding some who received initial orientation but never joined the workforce, while others had to be “fired” due to behavioral and attitude problems. Excluding the clients which were “fired” 84% of the clients which joined the workforce are still active in the program.
- c) The performance (timeliness, dependability and motivation) of the clients improved remarkably within the first couple of months with almost all clients working an average of 40-60 hours of overtime per month by their second month and decreasing their sick days from an average of nearly 2.5 days per month per client to approximately 0.5 days per month per client within the first 2-3 months.
- d) Prior to participating in the project nearly 50% of the clients did not have any contact with their family members. Of the clients still active in the project, approximately 65% of the clients who had lost contact with their families have been re-accepted into their families. Additionally 2 clients have married and started new families.

- e) Participation in the pilot phase of the project has significantly increased the self-confidence of the clients. According to the rehabilitation centers, approximately 43% of the clients who have left the project have “poor” self-confidence, in comparison to only 15% of clients still participating.

While there have been numerous successes noted during the pilot phase, there are numerous issues which need further exploration in a follow-on project such as:

- a) The pilot project has shown that it is possible to successfully rehabilitate clients with a high degree of success. However, the numbers of beneficiaries have been too statistically minute (approximately 50) to draw substantial parallels or conclusions. It is necessary to continue the initiative and to increase the sample size to a minimum of one hundred clients to be able to draw substantial conclusions.
- b) The observation period has been too small to establish patterns or to gauge long term trends or benefits to the various partners. It is necessary to observe the placements over a longer period of time, at least 14-16 months, in order to gauge the long term trends and benefits.
- c) Although many of the clients have performed well in their current work environments and have proven themselves, many are ready for more challenging positions with a higher rate of compensation. During the next phase, JOBS needs to explore enhanced placement options for the clients who are ready to “move on”
- d) Many of the clients have noted an increased self confidence and have gained acceptability and trust of their families. It is yet to be explored if they can now transition back to jobs near their families and former home environments.
- e) There have been clients who had to be “fired” from their jobs due to behavioral issues. Arguably, coordinated and regular medical and counseling support has not been provided to the clients during the pilot phase. During a follow-on phase, the modalities of sustained support have to be established and the impact of such regular support on the clients adaptation and retention noted.

Implementing Agency Name	: JOBS Bangladesh
Project Title	: Economic Rehabilitation of Injecting Drug Users (IDUs).
Dates of Project	: 01 July 2006 to 30 September 2007

1. Introduction

Under Family Health International's (FHI) "Economic Rehabilitation of Injecting Drug Users" project, JOBS Bangladesh, hereinafter referred to as JOBS was contracted to provide technical services for creating employment options and capacity development of particular target clients, rehabilitated injecting drug users (IDUs).

The pilot phase of the "Economic Rehabilitation of Injecting Drug Users" project has been remarkably successful with many surprising successes along the way. The project was named "economic rehabilitation" but soon it was discovered the project provides much more than that. As our clients have revealed to us, this project is not just about "economic rehabilitation," it's about the start of a "better life." Our clients came into the project seeking a better life, the chance to start over and prove they are trustworthy to their families and can become productive members of society. JOBS offered training, housing, and employment (the basics of economic rehabilitation) but our clients used these opportunities to thrive in a drug free environment, prove they can be disciplined and reliable, regain the confidence of their families, and build up their confidence, self-respect, and a sense of responsibility.

The "Economic Rehabilitation of Injecting Drug Users" is one of the first projects of its kind in not only Bangladesh but also within the developing world. Worldwide one of the most frequent reasons for relapse after rehabilitation is the inability to find employment. In Dhaka there are rehabilitation programs available for clients in need of detoxification, but there is little assistance being offered for rehabilitated drug users after the first stages of rehab. FHI estimates the relapse rate of IDUs in Dhaka to be around 90%, quite a discouraging figure. The lack of skills and the limited access to earning opportunities are serious deterrents to the successful integration of recovering drug dependent people. What can clients completing rehabilitation do when faced with such discouraging odds? Due to the volume of clients, the centers cannot keep clients for more than a couple of months. Many former IDUs have difficulty finding employment that will keep them off the streets due to society's lack of faith and the private sector's reluctance to hire a former IDU. This is one of the steps towards a better life that is the most difficult to take.

JOBS has been able to work with three local Dhaka rehabilitation centers, CREA Prokolpo, and Dhaka Ahsania Mission Prokolpo (DAM), and Ashokti Punorbashon Nibash (APON), to train and identify clients who are ready to take these first steps. The Pilot phase of the FHI-JOBS "Economic Rehabilitation of Injecting Drug Users" has taken a different shape than first envisioned but has revealed many important lessons on the needs of our clients, the reasons behind their strong motivations to succeed and the areas that can be strengthened to make the follow-on phases of this project an even bigger success.

1.1. Background

FHI is a leader among nonprofit international public health organizations, managing research and field activities to meet the public health needs of some of the world's most vulnerable

people. FHI has an efficient and effective program to assist the IDUs through treatment and rehabilitation providing funding and programs to rehabilitation centers throughout Dhaka.

Job Opportunities and Business Support Project (JOBS), implemented by the IRIS center at the University of Maryland and originally funded by USAID, was launched in 1997 to support business development and generate sustainable employment in Bangladesh. Small, medium and micro enterprise support and development are the key result requirements of the project. JOBS has worked to identify potential growth sectors in Bangladesh and facilitate their development process. For the past seven years JOBS has played a major role in sector development in collaboration with numerous development partners such as NGOs, private sector businesses and business associations as well as other donor funded projects.

JOBS strives to develop enterprises in selected geographical locations and/or with targeted populations through a market-led, sector development approach. The prime goal of the intervention is to assist in the growth of these enterprises through partnering arrangements with key stakeholders and creating the vital linkages in the production chain between producers/working groups (“clusters”), lead buyers and markets. Since 1998, JOBS has generated over \$57 million in local sales and \$65 million in export sales, trained more than 70,000 individuals, created over 40,000 jobs, and implemented over 1000 projects and activities covering over 70 percent of the geographical area of Bangladesh.

The intent of the Pilot phase of the FHI-JOBS “Economic Rehabilitation of Injecting Drug Users” program is to match JOBS and FHI core strengths to provide recovering drug dependent individuals with real, income-generating opportunities. Through the application of JOBS strengths to the challenges of FHI’s client population it is our firm belief that the recovering drug dependent individuals will have every opportunity to start afresh and increase the odds of success in the long term.

At the invitation of FHI, JOBS, worked with three rehabilitation centers in old Dhaka to identify potential clients, CREA, DAM, and APON. Most clients come from the downtown area and prior income-generating activities were varied: rickshaw pullers, electricians, factory workers, vegetable business, slaughterhouse workers, and salesmen to name a few. Initially most clients were initially eager to return to their former occupations. However, JOBS felt that this was perhaps not the best option as they would also be in the same environment that motivated them to become drug users in the first place. For this reason JOBS recommended that all clients be relocated outside of their old environments. However, rehabilitated IDUs face many constraints in identifying new economic opportunities, namely due to their history and the private sector’s reluctance to hire high risk employees such as IDUs.

This inability to find new economic activities outside the environments where they had been using drugs speaks directly to the fact, as shared by FHI, that recidivism of rehabilitated IDUs is a staggering 90% among the rehabilitation centers that FHI works with. The lack of skills and the limited access to earning opportunities are serious detriments to the successful integration of recovering drug dependent people.

JOBS currently works with two private sector partners to place rehabilitated IDUs, APEX Leather Craft and Fashion Accessories Company Ltd. (APEX), an export oriented shoe manufacturer, and Bengal Braided Rugs Limited (BBRL), an export oriented floor covering manufacturer. Fifty-four clients were relocated to either APEX or BBRL during Batch 1 and Batch 2 of the project. Furthermore, seven clients were relocated to APEX in mid-August during Batch 3 of the project, and approximately ten clients will be relocated to APEX in late September or early October as part of Batch 4 of the project.

The first group of clients was relocated in January 2007. This group is approaching their 9-month milestone of employment at their particular location, with the majority of them



Batch 1 clients working at BBRL

exhibiting solid signs of adjusting well to their new positions. Batch 2 clients relocated to their new place of employment in May 2007 and are currently in the process of adapting to their new work environment. JOBS is conducting frequent client visits and working closely with their rehabilitation center counselors to monitor their progress. JOBS is also coordinating closely with private sector partners, especially factory managers and supervisors to assess each client's job performance and determine if any intervention is required.

In summary, JOBS has successfully created linkages with the private sector, identified wage based employment opportunities for selected rehabilitated drug users, and monitored the progress and performance of 61 clients, 39 of whom are still working at APEX and BBRL, and 3 who have either found other employment or started their own business but still communicate in the project. This work is continuing through the extension period of this project (July 1- September 30, 2007). This report evaluates these ongoing activities.

2. Overview

The “Economic Rehabilitation of Injecting Drug Users” project is a unique approach to the rehabilitation of IDUs in Bangladesh. Due to the high volume of IDU clients rehabilitation centers in Bangladesh have limited capacity and they cannot house clients beyond basic rehabilitation services. Once the rehabilitation is complete clients return to their lives, or the street, which makes them at high risk for relapse. The FHI-JOBS project has considerably cut down on this relapse rate by offering an alternative solution after rehabilitation.

2.1.1. What is different about this approach?

Traditionally in Bangladesh, rehabilitation generally ends once clients leave a rehabilitation center. They are thrust back into society with no continued support from the rehabilitation centers and having lost the trust of their families long ago, many clients receive no support from their families. With nowhere to turn for help most rehabilitated drug users return to the environments where they lived before beginning rehabilitation, exposing themselves to the same environments and behaviors that led to drug use in the first place. Furthermore, little scope exists for formal sector employment opportunities for rehabilitated drug users due to a lack of marketable skills and reluctance on the part of private sector actors to hire high risk individuals such as former drug users. Upon returning to their old environments, without the support of their families, and without an alternative livelihood many clients return to their old ways of life.

JOBS has been successful in leveraging the credibility it has gained in its nearly ten years of working with the private sector in Bangladesh to convince private sector partners to take the risk of hiring rehabilitated drug users. Furthermore, JOBS facilitated the clients' relocation to a new environment and provides the support critical in the first few months to help the former drug users remain clean and employed. More than sixty clients have received employment from two private sector partners, APEX and BBRL. However, many of our clients do not view this opportunity as simply a job, they see it as a chance to start over and begin a new life. This project has given clients the opportunity to prove to their families that they can be responsible and regain control over their lives. Some of our clients have restored relationships with their spouses and immediate family and others have been offered better employment opportunities elsewhere. All of them have experienced a boost and self-confidence and realized there is a better way to life than drugs.

2.1.2. Description of the project

To identify potential clients JOBS worked with APON, CREA, and DAM, three rehabilitation centers in Dhaka who are currently affiliated with FHI. Potential clients are interviewed by JOBS staff, and those clients showing the most potential are chosen to receive “Workplace Discipline and Congenial Working Environment” (WDCE) training, which was customized to help the clients mentally prepare for their new environment and transition smoothly into the workforce. The rehabilitation centers provide the training facilities, and JOBS facilitates the technical training in collaboration with the private sector partners to create opportunities for the recovering drug dependent individuals to increase the odds of their long term success.



Batch 1 clients received WDCE training prior to relocation to help them prepare for their new lives

Our private sector partners, APEX and BBRL, have been highly supportive; however, JOBS has had to continuously work with the partners to advocate on behalf of the clients and convince the partners to be patient. Eventually, the private sector partners began to understand the unique needs of our clients and contact JOBS if any complications arise. Thus far, the factory supervisors and managers have been pleased with our clients’ work performance. Most private sector enterprises would be reluctant to hire a former IDU because the risk of relapse is so high. Our partners are willing to take this risk because of the existing relationship between the private sector partners and JOBS and the fact that JOBS offers the first six months salary as a cushion for the factory owners, greatly reducing their risk of loss.



Imran Shauket of JOBS and Robert Kelly of FHI with three Batch 1 clients, working at BBRL, Nasima, Bonna, and Rani

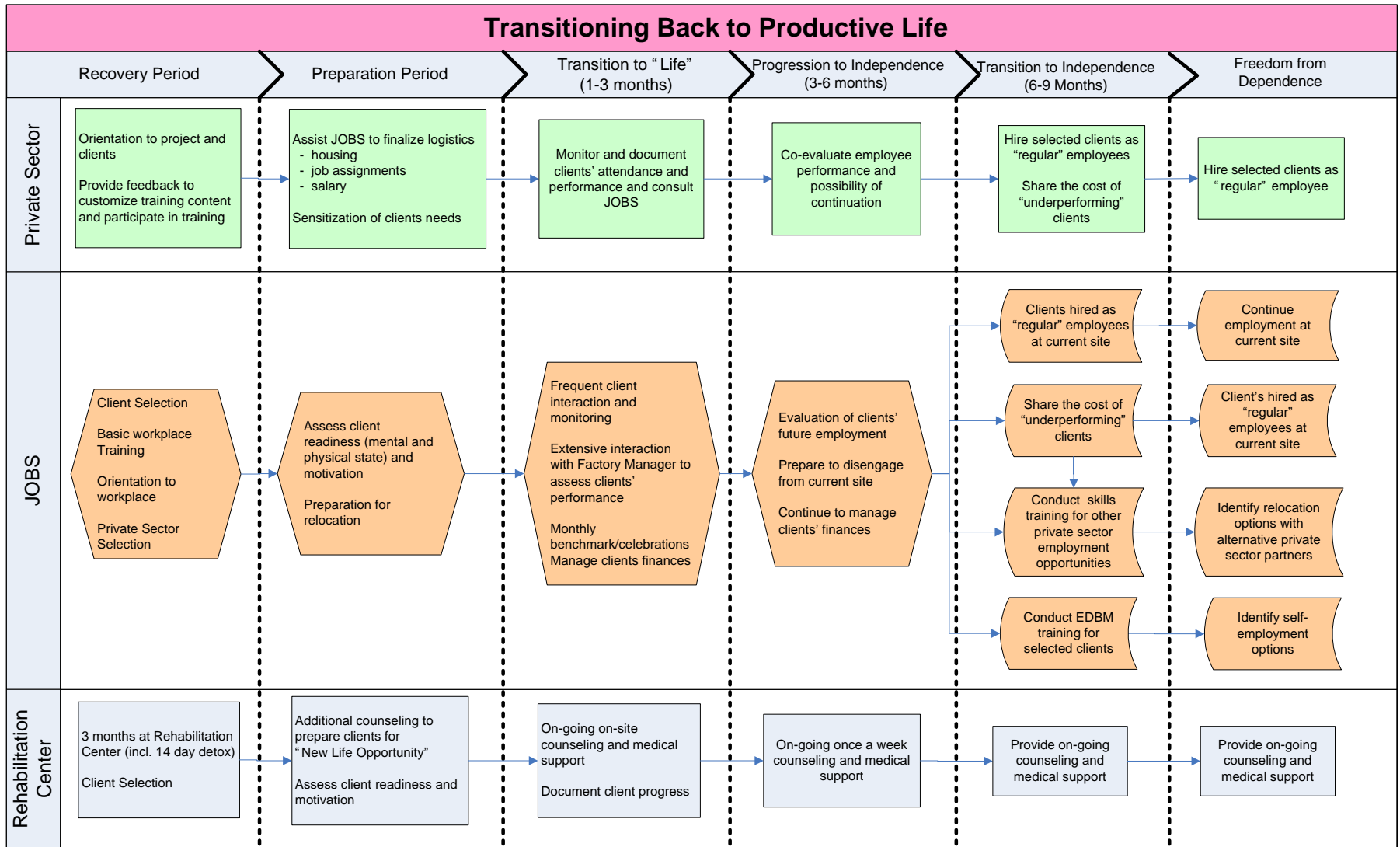
The clients have six months to prove their ability to work effectively. This amount of time allows for minor slip-ups and the chance to recover without being a stress to the factory managers. In an essence, it allows for built in “second chances.” During this six month period a JOBS staff member meets weekly with the clients and the factory managers, and JOBS Program Manager and staff are always on call to deal with unexpected emergencies or unexpected difficulties. This consistent contact builds trust between JOBS, the clients, and the private sector partners, which allows JOBS to act as an effective facilitator to solve the problems faced by the clients and the factory management.

3. The Conceptual Framework –Transitioning Back to Productive Life

The goal of the “Economic Rehabilitation of Injecting Drug Users” project is to facilitate the rehabilitated IDUs transition back to a productive life. Three groups of partners, rehabilitation centers, JOBS, and private sector partners, work with the clients for more than one year, including the three month rehabilitation course, to prepare them for a life free of dependence. The roles of each partner over the lifetime of the project can be seen in the conceptual framework below.

3.1. Conceptual Framework

Chart 1



3.2. Rehabilitation Centers

Three rehabilitation centers, APON, CREA, and DAM, all partners of FHI, are involved in the “Economic Rehabilitation of Injecting Drug Users” project. Clients stay at these clinics for either a detoxification period of fourteen days, or for a three month rehabilitation period. Following detoxification or rehabilitation, the centers help JOBS to assess the potential clients’ motivation and suitability to participate in the “Economic Rehabilitation of Injecting Drug Users” project. Prior to joining the project, counselors at the rehabilitation clinics work with selected clients to prepare them for this opportunity to make a life change and become a productive member of society. Traditionally support to the rehabilitated drug users ends after the completion of their detoxification or rehabilitation course, and initially this was when the rehabilitation centers ended their support to the clients. However, with the urging of JOBS, the rehabilitation centers agreed during the three month follow-on period to provide on-going counseling and medical support to the clients who have joined this program, although this support has been sporadic.

3.2.1. *APON*

Ashokti Punorbashon Nibash (APON) is a center for the treatment and rehabilitation of drug addicts of all ages. It was founded October 1, 1994 by Brother Ronald Drahozal, C.S.C. At the time he was still the Director of the first drug rehabilitation center in Bangladesh. The female unit of APON participated in this project.

APON’s target group continues to be poor and young addicts, but drug addicts from all socioeconomic backgrounds come for treatment and rehabilitation, from all over Bangladesh. They are attracted by the solid program at APON and all are welcome who desire admission. APON has never refused an addict the opportunity for treatment because of an inability to pay. APON’s clients pay according to their means, so many pay little or nothing.

Addiction is a multi-dimensional health problem, the whole person is sick physically, mentally, emotionally, and spiritually, so the whole person must be treated.

APON’s Goal and Aim

Goal: The creation of a healthy Bangladesh society through the establishment of a drug abuse free community.

Aim: Treatment and rehabilitation for drug addicts, and the delivery of related educational and prevention services to the community as a whole.

APON’s Objectives

1. Recovering addicts living in a healthy atmosphere, helping fellow addicts and their families to recover from addiction.
2. To disseminate knowledge of basic facts about drug abuse, addiction and the recovery process, including the Twelve Steps of Narcotics Anonymous
3. To provide an environment in which addicts review their lifestyle, develop healthy attitudes, demonstrate sobriety and form good habits in daily life.
4. To acquire sufficient skill training, education, and other preparatory knowledge that will lead to constructive and gainful employment
5. To enable recovering addicts to make a full, active, and positive contribution to family and society, living in a happy drug-free, crime-free, and STD/HIV/AIDS-free life, gainfully and constructively employed, motivating others to stay off drugs or to get off drugs and avoid high risk activities.

6. To provide drug prevention, motivational and life skill training for young drug addicts and high-risk youngsters, especially those from poor and/or dysfunctional families

3.2.2. *CREA*

CREA Prokolpo: Since its inception in 1999, CREA has remained committed to drug abuse treatment and rehabilitation. The main objectives of the organization are to rehabilitate the drug users and to provide post treatment services to promote physical, mental, and social well-being. CREA has two programs, one a 15 day short term detoxification program, and the second a follow-on 105 day program during which additional self-help training is provided, including basic vocational training intended to assist in the clients' re-entry into the desired workforce.

CREA offers a culture-sensitive, cost-effective scientific treatment program designed to educate and inform chemically dependent persons and families in order to ensure lower rate of relapse i.e., higher rate of treatment success. Under the Societies Act of 1860, section 21, the organization has expanded its interventions into a diverse area of developments comprising a group of skilled professionals such as counselor, psychologist, recoverees (former drug users), doctor, psychiatrist, clinical psychologist, social worker, family counselor, lawyer, ICT professionals and a pool of volunteers from varied backgrounds.

Mission and Vision:

CREA envisions a human society of healthy and creative individuals who are aware of their rights and responsibilities and are open to new ideas for actualization of their potentials.

CREA wishes to:

1. Uplift general and mental health status of individuals at community level.
2. Raise awareness of the mass on various health, women-children-adolescent and environment issues through education and advocacy. For example, under the KRIYA program, outdoor counseling and education for female drug users and their families are provided.
3. Participate in poverty alleviation process through the development of human resources of the country.

Goals:

1. Raise awareness on social realities such as drug abuse, HIV/AIDS, gender and children issues, general and mental health of the mass and conservation of bio-diversity.
2. Develop a number of health related service delivery system.
3. Develop educational facilities for the poor section of the society.
4. Develop knowledge-based social and scientific research.
5. Build network with national and international organizations with similar objectives and activities.
6. Establish an institution of integrated activities such as training, education, advocacy, research and publication.

3.2.3. *DAM*

Founded in 1958 with the aim to develop social and spiritual life of the entire human community, DAM works with basic thrust on poverty alleviation and socio-economic empowerment of the poor, specially the disadvantaged. Recognizing the economical and

societal consequences of drug and keeping in mind the spirit of UN Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances in 1988, DAM launched a program for preventing the abuse of drugs in 1990 which is known as AMIK (Ahsania Mission drug prevention and control program). Initially, several branch committees were formed at local level to create a national anti drug network for primary prevention among the youths.

Starting with the primary prevention program and keeping the changing circumstances always in mind, DAM also extended its program to many other dimensions including treatment and rehabilitation of drug users.

DAM has gained experiences and skills in the following areas:

1. Long term treatment and rehabilitation
2. Inpatient detoxification,
3. Community based detoxification
4. Home based detoxification.
5. Managing STIs
6. Voluntary Counseling and Testing (VCT)
7. Abscess management
8. Tuberculosis (TB) service through referral
9. Providing emergency health care support
10. Advocacy with the policy makers
11. Formation of self help group
12. Outreach activities for preventing the spread of HIV/AIDS
13. Organize training and
14. Materials development

In addition, various programs are organized on the occasion of World No Tobacco day and International Day against drug abuse and illicit trafficking to raise awareness among the common people. DAM has gathered practical experiences and expertise through implementing different interventions for prevention of drug dependence and HIV/AIDS.

1. Vulnerability of the youths and adolescents to drug abuse
2. Both family and social denial, stigma and discrimination
3. Lack of effective and adequate law & activities to address harm minimization
4. Lack of collective efforts for combating drug dependence
5. Lack of quality treatment facilities and service provision
6. Community are unaware of drug users multiple needs

Drug users and there sex partners, who are more vulnerable to HIV/AIDS, the youths and adolescents will be the beneficiaries of the program. Especial attention will be given to the lower socio – economic class people. The duration of first phase of five years when this program will address issues of 5,000 drug users in ten districts under Dhaka and Khulna Division. The program will gradually cover the entire country with the especial emphasis on the drug concentrated areas, particularly the divisional cities.

Goal: To reduce vulnerability towards STI/HIV/AIDS through reducing drug related harm among drug users and to keep the future generation free from drug abuse in any form.

Specific Objectives:

1. To raise awareness among the target groups about consequences of drug abuse and HIV/AIDS by changing drug use-related risky behavioral pattern.

2. To increase access to Behavioral Change Communication materials for encouraging behavior change.
3. To provide the harm minimization services to the drug users and their sex partners as well.
4. To increase active participation of religious leaders, community leaders, parents and policy makers for campaign against deadly consequence of drug and HIV/AIDS.
5. To create a common platform of actors to fight collectively against drug use and HIV/AIDS by sharing the knowledge and experiences, enhancing the effective referral mechanisms.
6. To provide supports in reducing the vulnerability of the drug users by effective treatment and creating economic rehabilitation opportunities through integrated livelihood opportunities.
7. To create facilities for consistent and correct use of condom, management of STIs and VCT services for drug users and their sex partners to reduce spread of HIV/AIDS.

3.3. JOBS

Job Opportunities and Business Support Project (JOBS), implemented by the IRIS center at the University of Maryland and originally funded by USAID, was launched in 1997 to support business development and generate sustainable employment in Bangladesh. JOBS has worked to identify potential growth sectors in Bangladesh and facilitate their development process. For the past seven years JOBS has played a major role in sector development in collaboration with numerous development partners such as NGOs, private sector businesses and business associations, as well as donor funded projects.

JOBS strives to develop enterprises in selected geographical locations and/or with targeted populations through a market-led, sector development approach. The prime goal of the intervention is to assist in the growth of these enterprises through partnering arrangements with key stakeholders and creating the vital linkages in the production chain between producers/ working groups (“clusters”), lead buyer and markets.

Since 1998, JOBS has generated over \$57 million in local sales and \$65 million in export sales, trained more than 70,000 individuals, created over 40,000 jobs and implemented over 1,000 projects and activities covering over 70 percent of the geographical area of Bangladesh. JOBS contributes successful linkages with the private sector and enterprise development training modules to capture interest in both wage-based employment as well as self-employment.

Working with FHI’s partner rehabilitation centers, JOBS identifies potential clients from among the pool of rehabilitated IDUs who have completed their three month rehabilitation and fourteen day detoxification programs. Clients are selected for their motivation and suitability to participate in the project, based on input from the rehabilitation centers’ counselors and one-to-one interviews conducted by JOBS staff. Many of the selected clients have spent years living on the streets, and have little to no experience working in the formal sector. In order to facilitate the adjustment process and help the clients learn how to act as an employee in the private sector, JOBS conducts WDCE for all selected clients prior to relocation from the rehabilitation clinics. This training teaches clients the basic workplace discipline necessary to work in a factory environment as well as basic life skills such as personal budget management.

Prior to relocation of the clients to outside of Dhaka and the clients’ previous environment, JOBS makes arrangements with the factory management, sensitizes the management to the special needs of the clients, facilitates room and board, and prepares for the clients’ arrival by locating suitable housing and providing household and kitchen items. Once all preparations have been made JOBS relocates the clients to one of two private sector partners, APEX and

BBRL. The choice of where the clients are relocated to is determined by gender, all male clients are relocated to APEX and all female clients to BBRL.

3.3.1. *The Road to a Better Life*

Rehabilitated drug users in Bangladesh have very few economic opportunities available to them. Many former IDUs have few marketable skills, and most employers are unwilling to hire such high risk individuals because of social and financial cost associated with doing so. During its nearly ten years for working with the private sector in Bangladesh, JOBS has developed trust and strong working relationships with many different private sector companies. JOBS has been able to leverage this trust to convince two of its private sector partners, APEX and BBRL, to accept the high risk involved with hiring rehabilitated IDUs.

The relocation of the clients to the factory sites is their first step on the road towards independence and a better life. Once the clients have been relocated to the factory sites, JOBS continues working closely with the clients and the factories' management for the next nine months. During their initial weeks and months at site JOBS works closely with the clients to help them integrate into the community and the workplace. Monthly "ceremonies" were held to motivate the clients. During these ceremonies JOBS staff explained the amount of money the clients had earned, how much they had saved, and worked with the clients to facilitate their integration into the community and the workplace. These continuous "reminders" and encouragement from the JOBS staff have been some of the key factors in the success of the project.



Saiful, a Batch 2 client, hard at work in APEX

During the first six months JOBS pays all the clients' salaries, helps manage their finances, offers career and financial guidance to the clients, and regularly interacts with both the management and the clients to monitor the clients' work performance, attendance, and works to identify solutions to problems faced by both the management and the clients. For instance, many of the clients have been using drugs for more than ten years, and consequentially face a significant number of related health problems especially soon after relocation. After negotiating with the factories' management, special dispensation has been given to the clients so they can take extra leave for medical and mental health purposes.

3.3.2. *Transition to Independence*

After the first six months many of the clients are performing well enough to become regular employees of the factories, and some have even received promotions! The private sector partners hire those clients ready to continue employment at the factory. JOBS considered this first employment opportunity with the private sector partners as a steppingstone. A stage where the clients could prove themselves to be disciplined enough before any alternative employment opportunities would be arranged. While some clients are eager to continue their employment at APEX or BBRL, other clients who are performing well are interested in either starting their own businesses or in changing careers. For those clients interested in becoming entrepreneurs JOBS conducts "Entrepreneurial Development and Business Management" (EDBM) training to prepare clients with the financial and management tools necessary for successfully managing their own businesses. Clients interested in starting a new career with higher earning potential receive further technical skills training, such as basic electrical

training. JOBS will then help these clients identify new employment opportunities with other JOBS private sector partners, such as with Energypac and electronics manufacturer.

Unfortunately not all of the clients are quite ready for independence. Underperforming clients receive salaries from the factory which are subsidized by JOBS. These clients continue to receive support from JOBS to help them improve their performance so that they too can become regular employees of the factories. Interested “underperformers” will also receive skills training to qualify them for other opportunities with JOBS private sector partners for which they may be better suited, such as Energypac or other JOBS partners.

3.4. Private Sector

Private sector partners identified by JOBS are a key component for the success of this project. Partners help to customize the WDCE training prior to the clients’ relocation to ensure the clients are as prepared as possible for their specific work environments. Partners also help JOBS to finalize the logistics of relocation including securing housing and identify specific job assignments. Prior to relocation awareness is also raised among the management of the factories about the special needs of the clients. During the first six months of the clients’ transition, the private sector partners monitor and document the clients’ performance and attendance, and share this data with JOBS. In order to sustain their own business the private sector partners have set a minimum productivity standard for their employees, and if clients are unable to perform at this level they do not qualify for regular employment. At the end of six months the factory management identifies clients whose performance qualifies them to be hired as “regular” employees of the factory, and promotes the best performing clients to higher responsibility positions. For those “underperforming” clients who have not managed to meet the minimum productivity standard at the end of six months the factory shares the cost of the salary with JOBS for the next three months. At the end of nine months any clients working at the standard of the partners’ regular employees are offered full regular employment in the factories.

3.4.1. *Successful Partnerships*

Currently two private sector partners participate in the “Economic Rehabilitation of Injecting Drug Users” project. Currently 31 male clients work at APEX Leather Craft and Fashion Accessories Company Ltd. (APEX) working in the export oriented shoe production unit, and 8 female clients work at Bengal Braided Rugs Limited (BBRL), an export oriented floor covering manufacturer. Both of these private sector partners are located outside of Dhaka, a key component for the success of the program. Furthermore, both partners have expressed the ability and willingness to host more clients in the future.

APEX

APEX has been a private sector partner of JOBS for more than seven years. The shoe factory participating in this project is located in Gazipur north of Dhaka and produces shoes for export to the European market. APEX currently hosts 30 male clients, and the ability to absorb many more clients in the future.

BBRL

BBRL has been a private sector partner of JOBS for more than seven years. The braided jute products, namely floor coverings, are manufactured for export to the American market. BBRL currently hosts 16 female clients, and is able to host more in the future.

3.4.2. *Other Attempted Partnerships*

Many potential private sector partners other than APEX and BBRL expressed willingness to participate in “Economic Rehabilitation of Injecting Drug Users” project; however, during the pilot phase of this project various constraints existed which precluded these partnerships from successfully bearing fruit. The level of JOBS’ direct involvement with the clients was much more intense than initially anticipated, due to a number of factors including the lack of consistent mental health counselors. This increased involvement, while essential to the success of the project, prevented JOBS from expanding the project to other private sector partners. Furthermore, while the potential private sector partners were willing to participate it is also true that they expressed concerns, such as the request for on-site counselors and medical facilities, which were not possible to satisfy during the pilot phase of this project. JOBS could not expose more of its partners to the increased risk involved in this project without gaining more experience and establishing the proper infrastructure to minimize the partners’ exposure to the risk. Other constraints included the location of the private sector partners’ operations and the need to keep the clients concentrated in a few sites to facilitate the continual monitoring of the clients’ progress. These potential partners can, however, play an integral in the project going forward as secondary employment opportunities after clients have completed the initial six to nine months program or as primary employment sites as the project expands.

Electrical Training

JOBS has been involved in the electrical sector in Bangladesh since 2001, and has identified developed relationships with a number of private sector partners active in this sector. Some of these partners, including Energypac, have expressed interest in training and hiring clients, and some clients have experience working as electricians. Currently identification of Batch 1 clients who are eligible and wish to receive training and work in the electrical sector is ongoing.

FOLK International / IT Training

JOBS has significant experience in the information communication technology (ICT) sector in Bangladesh, acting as country coordinator for the Cisco Network Academy Program (CNAP) since 2002 and the Sun Academic Initiative since 2006. During Batch 1 of the pilot project three female clients with at least an HSC education received basic computer literacy training. During the training these clients were mentored by student volunteers from American International University of Bangladesh (AIUB). The one-to-one mentoring was important to the clients because it was the first time in a long time, where “somebody” cared about them – the majority of the female clients have long histories of mental and physical abuse. The clients opened up to JOBS staff and the student volunteers. Trust, friendship, self-esteem, and communication skills were developed during the training – a vital first step towards regaining the necessary social skills for integrating back into society.

Initially this training was seen to be very relevant to build up the capacity of the partner NGOs, which have limited access to computer skills and have difficulty entering basic data and input the monthly reports required by FHI. The three Batch 1 clients received secretarial positions with FOLK International, an NGO based in Dhaka. Unfortunately, because these positions were based in Dhaka, the clients were not relocated as part of the project and immediately returned to their old environment. The return to their old environment proved too much of a temptation for the clients who relapsed, began using drugs again, and stopped showing up for work. However, in the future educated clients who relocate and complete six to nine months program and wish to increase their earnings potential will be eligible to receive ICT training and JOBS will help them to find employment in the ICT sector.

Service Sector

Many different employment opportunities exist for cleaners, messengers, security guards and other essential support services for commercial organizations. These services generate repeat business and recurring revenues since they are performed on an annual contract basis. With the existing inventory of commercial buildings, there is already a huge market for these services and advances in technology will not significantly diminish demand for quality services in these fields. Many of these positions are Dhaka based and require long hours and often night shifts, which are not the most conducive environment for clients immediately after getting out of rehab. Furthermore, due to the need to concentrate the clients to facilitate continual monitoring by the project staff it was decided to not place clients in the service sector. In the future, clients who relocate and have completed the six to nine month program will be eligible to receive training and JOBS-ICT will help them find employment with one of its private sector partners.

Self-Employment

Years of experience in the field of enterprise development/sector development has instilled the belief that entrepreneurial development and management is one of the prerequisites for the sustainability of any enterprise. An entrepreneur, as a self employed person, requires capacity development training to perform the planned business activities and run their business in an effective and efficient way in order to achieve sustainable growth and expansion. To help burgeoning entrepreneurs develop the skills necessary to run their own businesses JOBS developed an EDBM training module.

The WDCE training developed for this project included not only the basic skills necessary to live an independent life, but also basic elements of entrepreneurship and financial management. Once clients are able to prove they are able to manage their own lives by completing at least the first six months of the program to become eligible to take EDBM training. One Batch 1 client, Munna, has started his own business buying t-shirts in Dhaka and reselling them at the APEX project site in Gazipur. He has received some basic assistance from JOBS to start and manage this business and is eligible to participate in the next EDBM training conducted by JOBS.

Cluster Formation

JOBS develops the production and marketing capacities of enterprises in selected sub-sectors through its “cluster” concept. A cluster is a producer group comprised of homogeneous micro enterprises or a group of skilled workers taking advantage of market opportunities that require large production quantities and regular supplies according to the need of markets and lead buyers. The cluster model helps small, medium and micro enterprises (SMMEs) to meet market demand while creating employment and generating income for micro-enterprise workers. Under this program, cluster members are linked to markets and financial institutions. During the pilot phase of this program JOBS focused its efforts on making the BBRL and APEX placements a success, which required a lot of time and effort. Based on the success of the Batch 1 clients, it was also determined that it is best to have the clients first become familiar with a structured factory environment and have access to the support of a peer network. However, in the future following the successful completion of the first six to nine months of the project, JOBS will select interested clients and help them to form clusters, provide technical training, and establish market linkages between clusters and potential private sector partners, in small-scale agro-processing units, handicraft production, block-batik, dying, sewing and embroidery.

4. Pilot Project

The ongoing pilot phase of the “Economic Rehabilitation of Injecting Drug Users” project began in May 2006, with the first relocation of clients occurring in January 2007. The initial phase of the pilot project ended in June 2007, and the pilot was extended for three months from July 2007 through the end of September 2007. This project takes a unique approach to the rehabilitation of IDUs by identifying employment opportunities for rehabilitated drug users and working with the clients and their employers for the next six to nine months to facilitate the clients’ return to a normal life. As part of the pilot phase of this project thirty-nine rehabilitated drug users, thirty-one male and eight female, from three of FHI’s partner rehabilitation clinics in Dhaka are still working in two factories managed by JOBS’ private sector partners.

4.1. Identification of Private Sector Partners

During the design phase of the pilot project JOBS was focused on what was perceived as the most significant challenge – bringing the private sector to the table. With a population of literally millions from which to draw employees, JOBS perceived that convincing the business leadership to take on employees from a population of recovering drug users and prostitutes would be difficult. Despite the envisioned challenges JOBS was able to leverage its reputation to convince a number of private sector partners to participate in the pilot project. In fact, throughout the pilot phase, it became clear that there is no lack of interest on the part of the private sector partners.

Our partners for the pilot phase took a high level of interest in the “recovery” part of this program and in many cases, a very personal level of interest, looking out for signs of problems before things became too difficult for anyone and recommending solutions. In discussions to develop this follow-on program, JOBS has not encountered a single private sector business that lost interest in pursuing further possibilities for collaboration once they heard about the overall goal. In most cases, there have been offers of additional support in the form of introductions to others in order to disseminate the ideas and activities under consideration.

4.2. Relocation of Clients

All of the successful clients in the pilot phase of the program have been relocated to a project site outside of Dhaka, either BBRL which is located in Savar or APEX which is located in Gazipur. As part of the relocation, accommodation has been identified for the clients near to the factories where they will be working. Each client has also been given materials, such as kitchen utensils and bed sheets, to help them get started in their new environments. Efforts have been taken to make the factory management aware of the clients’ situation, and some arrangements have been taken with local businessmen to establish lines of credit for the clients so they can purchase necessary food and other household items.

4.2.1. *Need for Relocation*

The high rate of relapse of rehabilitated drug users, about 90% according to FHI, is due in part to the fact that following a detoxification or rehabilitation course the clients typically return to their previous environments. In these environments clients face the same conditions which led to or facilitated their drug use in the first place. Because of this fact, the relocation of the clients to a site outside of Dhaka has been an integral part of the successful implementation of this project. In fact, every client which was not relocated outside of Dhaka dropped out of the program after only a matter of days.

4.2.2. *Arrangements with Factory Managers*

The private sector partners face a dilemma – they want to participate in this program, but they do not want to damage the reputation of the company or products and they cannot sacrifice the balance within their system by giving too much preferential treatment to the IDUs over loyal employees that have worked in the factories for years. In order to help the private sector partners solve their dilemma, special arrangements have been made between JOBS and the factory managers prior to the relocation of the clients. JOBS pays the full salary of the clients for the first six months, and shares the cost of “underperforming” clients for the next three months. The factory managers have also been made aware of the special needs of the clients, including the extra sick leave the clients many of the clients will have to take in the first few months following relocation while their health improves and they adjust to their new lives. In the future, one potential arrangement with the factories management may be the donation of land to construct a dormitory, specifically for the female clients working at BBRL. This will decrease the problems faced by the female clients regarding their integration into the host communities.

4.2.3. *Integration into Host Communities*

In order to protect the clients’ confidentiality very little awareness was raised among the host communities about the nature of this project. However, there have been some issues with the host communities where members of the communities have become upset with the behavior of the clients. Most of the issues have surrounded the behavior of the female clients. Some female clients have been smoking cigarettes outside at local shops, despite cultural prohibitions in Bangladesh against females smoking in public. The largest problem, however, has been caused by the participation of some female clients in prostitution. The communities have become enraged at the “immorality” brought into their communities by the clients. The communities have threatened the clients’ landlord and the JOBS program staff. In the future, the female clients may need to live in a more controlled environment, at least initially, and negotiations have been held with the management of BBRL to build a dormitory on the factory grounds. Additionally, it may be advisable to be more open with community, local political, and religious leaders in the host communities to develop more awareness about the project and consequently more community buy-in to the project.

4.2.4. *Counseling*

Many of the clients have spent years living on the street and taking drugs and consequentially are ill-prepared for life as a factory worker outside of Dhaka. To help the clients adjust to working in the factories JOBS conducts WDCE training and continues to counsel clients about career and life skills, including appropriate behavior for working in a factory and developing personal budgets to facilitate savings. Without these essential life skills the clients will never be able to live independently without the continued assistance of this program or one similar to it.

As part of the relocation process the clients need also need regular counseling from a mental health professional. During the initial phase of the project no counseling of medical facilities were made available by the rehabilitation centers, and the clients relied completely on JOBS staff for these needs – despite the fact that JOBS staff have no expertise in mental health counseling. Arrangements were made during the extension of the pilot with the rehabilitation centers for a pool of qualified mental health counselors to visit the clients on a regular basis. This approach has met the immediate mental health needs of the clients; however, the counseling has still been inadequate to meet the full needs of the clients. Many clients report that counselor visits have been sporadic and expressed reluctance to share highly personal and confidential matters with a counselor who changed week to week. It is important for the clients to receive on-going motivation and to know that there is someone who really cares

about their well-being. In the future it will be necessary to secure a dedicated mental health professional who will be responsible for meeting regularly with the clients to facilitate their reentry into the workplace.

4.3. Clients' Performance

The overall performance of the clients has been extraordinary. The recidivism rate of clients participating in this program has been less than 25%, in contrast to the 90% recidivism rate reported by FHI for clients who have completed a fourteen day detoxification program or a three month rehabilitation course. The ongoing support of JOBS and the private sector partners allows the clients to adjust to their new lives and has allowed many to thrive both at work and in their private lives. Many of the clients now have hope for the future and are busy making long-term plans to improve their lives.

4.3.1. *Batch 1*

Batch 1 clients have participated in the project for eight months, having been relocated in January 2007. These clients have made significant strides in their professional and personal lives in just the short time they have participated in the project. All of the clients have expressed improved self-confidence and have begun making plans for a better life and a drug-free future. Over time the attendance rates of the clients has improved significantly, from an average of nearly 2.5 days per client per month to approximately 0.5 days per client per month. Their work performance has improved and four out of six Batch 1 clients have become regular employees of the factories after the initial six months program



Batch 1 client Munna started his own business

In their professional lives, some clients plan on continuing working in the private sector partners' factories, some have found other, higher paying, employment opportunities. After just six months working at APEX two clients, Soheli and Pappu, have been promoted to Assistant Supervisor, from worker/helper. This promotion entails the clients taking responsibility for managing the work of three to five workers. These clients have also received increased salaries to match their increased responsibilities. Another client, Munna, has even started his own business buying t-shirts in Dhaka and selling them at the project

site. Some selected clients who have demonstrated strong motivation, solid improvements, and who are seen as "ready for the next stage" will also receive further skills training, such as electrical training, and will begin working with Energypac, another JOBS private sector partner.

In their personal lives these clients have begun picking up the pieces of their lives. Most clients have reestablished connections with their families, who disowned them while they were using drugs. This contact includes sending money from their savings back to their families, some receive financial support from their families, and three have brought their families to live with them at the project site. One Batch 1 client has even married with the full support and blessing from both the bride's and groom's family members, and established new families at the project site. In terms of financial management some Batch 1 clients have been

"I'm happy that my relatives have started to trust me. Now they not only like me but they love me."

-Younus, Batch 1 Client

able to save money in order to purchase personal items such as mobile phones, ceiling fans, and even a CD player. One client contributed to his sister wedding, and another was able to contribute money to pay for his brother's medical treatment.

Many of the clients physical and mental health has improved since relocation. The first two months most clients spend recovering from their previous lives and adjusting to their new environment, and by the third months the clients have made significant improvements in their attendance and work performance. However, some clients do face long-term physical and mental health problems from their long term use of drugs, and require ongoing support.

4.3.2. *Batch 2*

Batch 2 clients have been at the project site for only four months. Most of the Batch 2 clients have performed well; in fact they have performed better than the Batch 1 clients at a similar point in the program. The Batch 2 clients also benefited from the informal counseling of the Batch 1 clients, especially during the initial adjustment phase.

At work the Batch 2 clients' discipline is better than the Batch 1 clients at a similar point in the project, as is evidenced by a much lower absenteeism rate during their first two months. One Batch 2 client has already used his newfound confidence to find employment outside the project site, as a security guard at a hospital.

In their personal lives, the Batch 2 clients are doing very well. Batch 2 clients contacted their families sooner than Batch 1 clients, within one to two months as opposed to two to three months, and their self-confidence increased at a faster rate than the Batch 1 clients. Another Batch 2 client has gotten married and established his new family at the project site. In terms of financial management Batch 2 clients are doing as well as Batch 1 clients. They too have been able to save money in order to purchase personal items such as mobile phones and ceiling fans. One Batch 2 client, Saiful, is also studying to pass his HSC exams, despite having stopped going to college while taking drugs. JOBS worked with this client to help improve his financial management skills, purchase the necessary books, and to do research in order for him to prepare him to take his exams.



Saiful receiving books to study for his HSC exams from JOBS

Similarly the mental health of the Batch 2 clients has seemingly improved faster than the Batch 1 clients at the same point in the program. However, without regular visits to the project sites by a qualified mental health counselor, this evidence is anecdotal.

4.3.3. *Differences between the two phases*

The Batch 1 clients acted as trailblazers for this project. They initially faced many difficulties, including integration into the workplace. During the conception of this project, it was assumed that the most difficult aspect of the project would be identifying private sector partners willing to host former IDUs. However, during the implementation of the project it was discovered that the integration of the clients into the workplace and adjusting to their new lives was actually the most difficult aspect of the project for the clients. It was necessary to meet regularly with the private sector partners to solve problems at the workplace as they arose. It was also necessary to make a number of arrangements with in the host communities,

such as arranging credit with local businessmen. These arrangements took time to develop and are continually evolving. The Batch 2 clients benefited from the fact that many of the problems faced by the Batch 1 clients had already been solved, which has eased their integration into the workplace and their host communities.

The main reason for the difference in performance between the Batch 1 and Batch 2 clients stems from the role the Batch 1 clients have played for the Batch 2 clients. Batch 1 clients have acted as role models, mentors, and informal peer counselors for the Batch 2 clients. The Batch 1 clients have shared their experiences with the Batch 2 clients formally at trainings as well as informally as advice. The Batch 2 clients were also able to see the positive performance of the Batch 1 clients at work, and they clients had significantly less absenteeism for the first months of their participation in the project than the Batch 1 clients did in their first two months. The Batch 2 clients have benefited from the informal peer counseling of the Batch 1 clients, resulting in a smoother adjustment to their new lives and a lower drop-out rate. Furthermore the Batch 1 clients helped the Batch 2 clients gain the confidence necessary to contact their families at an earlier stage than the Batch 1 clients. The positive role played by earlier clients as role models, mentors, and informal peer counselors is a key component of the tremendous success of the Batch 2 clients.

The Importance of Relocation

Relocation of the clients following rehabilitation is an important part of the success of this program. Helping the clients to start a new life necessitates helping them make a complete break from the life they lived as drug users. In practice this means relocating the clients outside of Dhaka. In fact all clients who were not relocated outside of Dhaka dropped out of the program and returned to their previous ways of life in less than a week. During the first phase of the project both male and female clients were relocated to APEX. However, the co-location of both male and female clients at a single project site caused a number of problems due to the behavior of the clients which led to two of the clients being permanently removed. This decision was made after full consultation with the counselors and was deemed necessary to avoid any further negative impact on the other clients. Following this incident it was decided that segregation of the clients by gender is necessary for at least the first few months.



Batch 2 clients receiving household items during relocation to APEX

Lag Time before Relocation

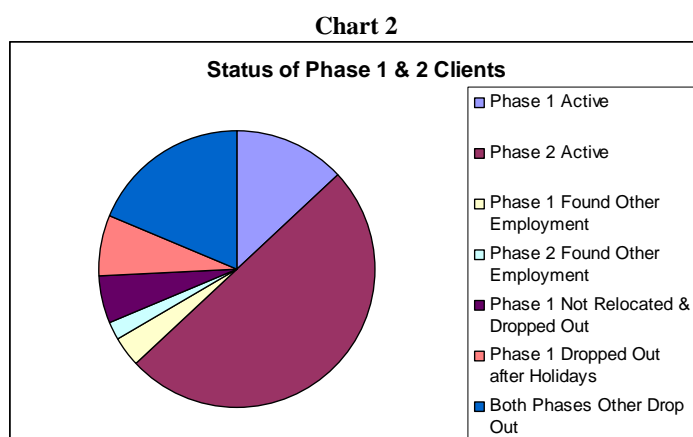
The Batch 1 clients were relocated in January of 2007. This timeframe was chosen to allow clients to celebrate the Eid-ul-Azha holidays before they were relocated. Unfortunately the rehabilitation centers could not house the clients during this period due to a lack of space. This lag time between the end of the rehabilitation and relocation allowed the clients to return to their former environments and led to more than 50% of the clients who had received training as part of Batch 1 to drop out of the program before even beginning work. Batch 2 and Batch 3 clients were relocated immediately after completing rehabilitation and both groups had much lower drop-out rates prior to relocation. In the future all clients will be relocated as soon as possible after completing of rehabilitation.

Orientation

During the first WDCE training the private sector partners were invited as guest speakers, and they showed pictures of the factory and the clients' new living facilities, but the program did not include a visit to the factory or their new environment. The Batch 2 clients did receive a one-day orientation as part of their WDCE training, where the clients visited the factory, met with the factory manager and the Batch 1 clients, and were able to see their new living facilities. This was a very important component to minimize the clients' anxieties about starting their new lives. It helped them become more motivated to work towards the goal of achieving a better life.

5. Keys for Success

The success of this pilot project has been due to the hard work of the clients and the partners. The participants of the pilot project have a much lower relapse rate than is typical in Bangladesh. Of the 54 individuals relocated as part of Batch 1 and Batch 2, 34



are still working at either APEX or BBRL, a success rate of more than 63%, compared to a relapse rate among IDUs in Dhaka of about 90%. However, the success rate improves to about 69% if the 3 individuals who have left the factories but still have contact with the JOBS staff are included. One of these individuals started a

business buying and reselling t-shirts at the APEX project site and 2 others have found higher paying employment elsewhere. If the six Batch 1 clients who were either not relocated or were relocated but did not return after the Eid and Christmas holidays are excluded from the total number of individuals relocated the success rate jumps to nearly 79%. Finally if the clients who were "fired" due to behavioral problems are excluded from the total, the success rate is 84%!

By any measure, this pilot project has been a huge success in providing economic opportunities to rehabilitated IDUs. The success of this project is due in large part to the constant and on-going work that JOBS staff has done to bridge the gaps between the rehabilitation centers, the clients, and the private sector partners. Many valuable lessons have been learned during the short pilot phase of this project, and this model can be replicated to benefit many more clients. However, due to the complexity of the issues faced by the clients and the private sector partners this is not a one-size-fits-all model. In order to draw strong conclusions about the factors contributing to the success of the project it is necessary to have a larger sample size. Despite these shortcomings some characteristics of both clients and partners have been identified which have potentially contributed to the success of the project.

5.1. Clients' Characteristics

All of the clients participating in the pilot phase of this project completed either a fourteen day detoxification course or a three month rehabilitation course at one of three FHI partner rehabilitation centers in old Dhaka, APON, DAM or CREA. Prior to selection, Key Informant Interviews (KIIs) were conducted by JOBS staff with all eligible clients of the

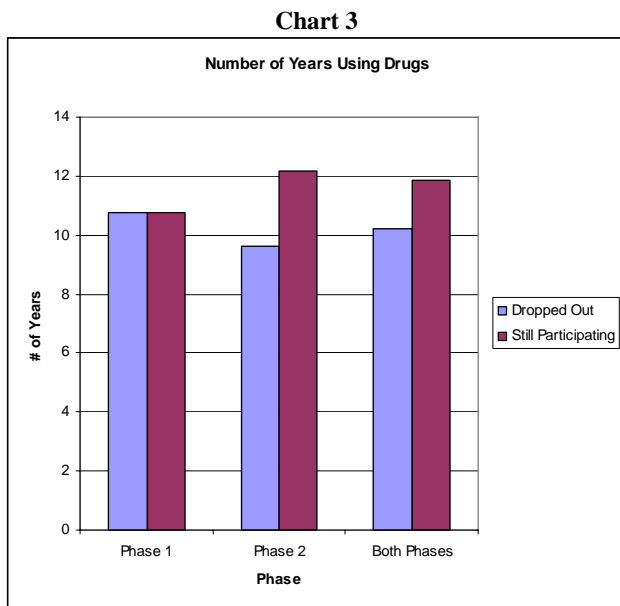
rehabilitation centers. Based on the results of the KIIs and with the input of the rehabilitation centers JOBS selects clients who are fully ready to participate in the program, physically, emotionally, and mentally.

5.1.1. *Statistics*

Background

Individuals participating in the KIIs come from a variety of backgrounds, and so do the clients that were eventually selected. Most clients come from the downtown area of Dhaka their prior income-generating activities were extremely varied. On average, clients participating in this program are in their early to mid 30s, have very little formal education, have been using drugs for more than 10 years, and have been through rehab more than once.

Although the backgrounds of the clients selected for the program are very much like their



peers, there are some important differences between clients who drop out of the program, and those who stay in. One of the most interesting findings is that clients who stay in the program have, on average, been using drugs 1.6 years longer than clients who drop out. In fact, Batch 2 clients who remain in the program have, on average, used drugs 2.5 years longer than those Batch 2 clients who have dropped out of the program. Similarly, of the ten clients who attended rehab three or more times only one had left the program, and she was actually fired due to behavioral problems. These findings suggest that individuals who have been using

drugs longer, and have tried a number of times to get off drugs recognize the unique opportunity this program offers them and are taking full advantage of this chance for a better life.

Performance

The clients' performance at work has exceeded all expectations. The factory management at APEX has been so impressed with the work of two Batch 1 individuals that they have not only been hired as regular APEX employees, but they have also been promoted to Assistant Supervisor, responsible for managing three to five workers. Two Batch 1 clients continue to be classified as "underperformers" and their salaries are subsidized in part by JOBS. These have consistently been considered the lowest performers by the factory management, but their performance has improved over time, albeit slowly. Batch 2 clients are also performing well, in fact on average Batch 2 clients are performing better at work than the Batch 1 clients did at a similar point in the program. In fact the

"12 out of the 20 Batch 2 clients are doing 'excellent', performing even better than our regular employees"

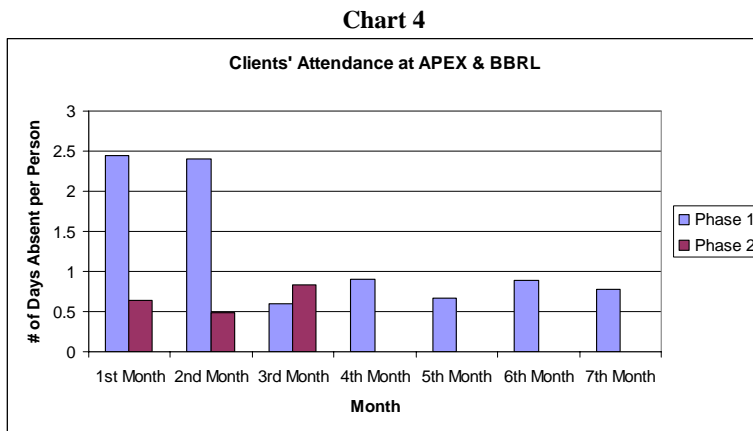
-Mr. Shorriful Alam,
Factory Manager APEX

management of APEX has rated 74% of the clients working there as either “good,” “very good,” or “excellent,” while only 11% have been rated as “not satisfactory.”

All of the clients at APEX work on average between 40 and 60 hours of overtime each month (working overtime is not an option at BBRL). In their first six months of working, the six Batch 1 clients working at APEX collectively earned 9,344 BDT. These overtime earnings contributed to their ability to collectively accrue savings of 5,394 BDT at the end of six months. This savings is despite a number of the Batch 1 clients taking advances from JOBS against their future earnings for various reasons, including sending money to their families. Batch 2 clients actually work even more overtime than the Batch 1 clients. In fact between July and August the Batch 2 clients worked on average about 7 more hours of overtime per month than the Batch 1 clients.

Attendance

One of the most important indicators of the clients’ performance at work has been their attendance rates. As can be seen in the chart below, the Batch 1 clients had an absentee rate of nearly 2.5 days per month per person in their first two months at site. According to the



Batch 1 clients the reason for this high absentee rate was due to illness which prevented them from going to work. Beginning in the third month at site, the Batch 1 clients’ absentee rate fell precipitously, and has remained at less than 1 day per month per person. The Batch 2 clients, on the other

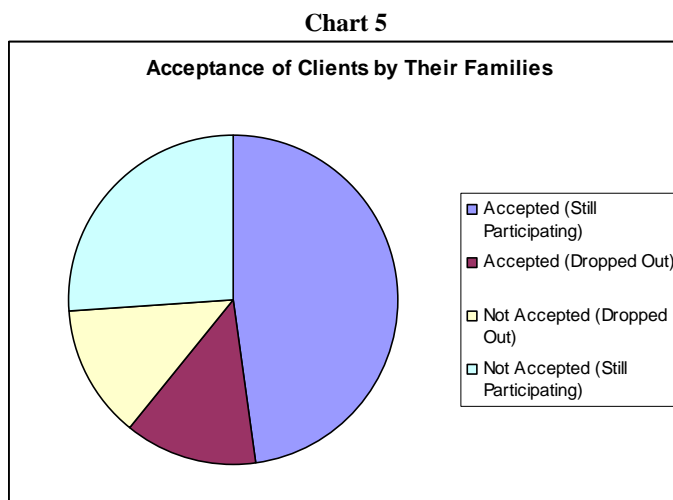
hand, had much lower absentee rates during their first two months at site than the Batch 1 clients did in their first two months, just around ½ day per person per month. Although this increased slightly in their third month (July 2007), it was similar to the absentee rate of Batch 1 in that same month (July 2007). This higher absentee rate was in fact due to issues faced by the female clients at BBRL. One of the female clients brought her children to live with her and so was unable to work everyday because of an absence of adequate child care facilities at the site. Furthermore, all of the female clients at BBRL were affected by flooding beginning in late July, which increased the overall absentee rate slightly.

Confidence

One of the most striking changes in the clients since beginning this pilot project has been the increase in their self-confidence. Self confidence is a concept that is very difficult to measure quantitatively because of its subjective nature. Despite the difficulty in measuring this concept quantitatively, an attempt was made to do so. The counselors at the rehabilitation centers were asked to rank their perception of the clients’ self-confidence as either “very poor,” “poor,” “good,” “very good,” or “excellent.” Approximately 43% of the clients who dropped out of the program, regardless of the reason, were rated as having “poor” self-confidence by the counselors, compared with only 15% of clients still participating in the program.

Family Acceptance

One of the most important factors in increasing the self-confidence of the clients has been the acceptance of their family members. Many IDUs in Bangladesh are disowned by their families because of the shame their behavior brings upon the family. According to the rehabilitation centers nearly 50% of the clients did not have contact with their family members prior to joining the pilot phase of this project. However, according to the rehabilitation center counselors, approximately 65% of the clients still participating in the project that did not have contact with their families prior to joining have now been accepted back into their families. This is in comparison with only about 50% of those who dropped out of the pilot project, for whatever reason.



5.1.2. Case Studies

The most important successes of the pilot phase of this project have been the changes we have seen in the lives of individual clients. As the clients begin to rebuild their lives, they begin seeing the value of hard work and gaining the confidence of their co-workers, and their self-confidence begins to grow as they become more independent.

Confidence

The self-confidence of all of the clients has increased significantly as a result of their participation in this program. One of the biggest successes in terms of improved self-confidence has been Nasima, a Batch 1 client working at BBRL named Nasima.



Nasima came back to the program for a second chance

Nasima was born in Tongi, an area of Dhaka where prostitution is very common. At a very young age she moved out of her house to work as a maid. When she was 13 or 14 years old, her stepfather came for her. He beat her and forced her to marry for the sole purpose of acquiring the dowry himself. Her new husband forced her into prostitution, and soon she was involved in a myriad of illegal activities. She was not only taking drugs, but she was also selling them. She was even involved in bomb making, and lost some of the fingers on her right hand when one exploded while she was working on it. She had been in and out of rehab a number of times, and had been living on the street before she completed a rehabilitation course at APON after which she joined the pilot phase of this project. She began working at BBRL in January 2007 as part of Batch 1 of the project. After a few weeks of working at BBRL, Nasima relapsed and left the program. However, after just one day back out on the streets, Nasima realized how important the opportunity to start her life over really was, and that she was throwing it away. Nasima had the self-confidence to realize that she had made a mistake and decided to take responsibility herself and work to rectify that mistake. She took it upon herself to return to APON and meet with her counselor. The counselor contacted JOBS staff

set up a meeting. JOBS staff met with Nasima and her counselor at APON, and Nasima explained how she had made a mistake and asked for another chance. Nasima received that chance, and since her return to BBRL she has been more assertive and more productive. She is taking full advantage of the opportunity she has been presented with.

Family Acceptance

Being accepted again by their families has been a great source of pride for many of the clients, and has been a key milestone on their path to a better life. Many of the clients send money back to their families, to help pay for a sister's wedding or a brother's surgery or just to prove that they too can contribute to the family's well-being. Some clients have brought their families to live with them at the project site, and others have even started new families, like Amir a Batch 1 client who fell in love with and married his supervisor at APEX.



Amir, a member of Batch 1, met his new wife while working at APEX

One of the biggest stories in terms of being accepted by his family has been Munna, a Batch 1 client working at APEX. While he was using heroin Munna stole money from his family to support his habit. His behavior became so bad that his family finally decided to kick him out of their house, and he spent the next few years living on the street. Munna began working at APEX after joining the program in January 2007. After a couple of months of working, his wife came to visit him. She was so impressed with his progress that she wanted to come live with him at the project site. After 6 months Munna had saved up enough money to support his wife and baby, who came to live with him at the project site in Gazipur. Since his wife and child came to live with him, Munna's self-confidence has grown. He decided that the salary he was making at APEX was insufficient to support his family even after receiving a promotion, so with the support of his wife he started his own business buying t-shirts in Dhaka and reselling them in Gazipur. His acceptance by his family, and his ability to bring his wife and child to live with him, has been the most important thing to have happened to him in his life.

5.2. Partners Efforts

All of the partners' efforts have been integral to the success of this pilot project. Each partner has taken their responsibilities seriously and has been willing to be flexible and adjust their activities as lessons continue to be learned throughout the implementation of the project. The biggest challenge during the implementation of this project has been the rehabilitation centers' ability to provide the necessary counseling and medical support for the clients, while some adjustments have been made by the centers; these have been insufficient to meet the needs of the clients. The hard work and flexibility shown by JOBS and the private sector to make up for these limitations have been key components of the success of this project.

5.2.1. *Rehabilitation Centers*

APON, CREA, and DAM have been very helpful in identifying potential clients. Furthermore, in the extension phase of the pilot project, from 01 July 2007 until 30 September 2007, they have provided some limited support to the Batch 1 and Batch 2 clients, despite their policy of discontinuing support following the normal rehabilitation program. Many of the problems shared with JOBS staff by the clients are of a medical or mental health nature, and JOB-IRIS staff are neither trained nor capable to provide the necessary medical and mental health services to the clients.

Medical

The average client has been using drugs for more than 11 years, and many of the clients suffer from severe medical problems as a consequence of their long-term use of drugs and the lives they lived as addicts. These medical conditions, some of them severe, range from withdrawal symptoms to chronic health issues. Unfortunately adequate medical facilities are not available for the clients at the project sites. In the case of BBRL factory, a medical doctor is available on-site for employees, but this doctor lacks any specific training to treat ailments commonly experienced by recovering drug addicts. At APEX, the situation is even more difficult because no doctor is provided for employees.

“I am very grateful to JOBS and FHI for the opportunity they have given me. I have overcome my biggest fear – not being able to quit heroin.”

-Nur Alam, Batch 1
Client

During the initial pilot phase of the project, whenever clients expressed concern for a specific medical condition or if the factory manager/supervisor witnessed any concerning symptoms, a JOBS representative was immediately contacted and would relay the information to the rehabilitation center counselors and implement their recommended intervention - either to temporarily bring the client back to the rehabilitation centers for intensive medical treatment or provide additional money to buy necessary medication, pay for medical procedures, or visit a nearby doctor. This required JOBS team members to visit clients in order to intervene on their behalf to make sure their issues were adequately resolved.

With the addition of a second group of clients, it was no longer feasible for JOBS team members to be responsible for coordinating efforts to address clients’ medical needs. In the interim the rehabilitation centers have made the use of their doctors available for the clients, if the clients are able to travel to the rehabilitation centers, but these arrangements have proved inadequate to meet the needs of the clients. Travel from both APEX and BBRL to the rehabilitation involves a long journey and is difficult for the clients to make.

It is essential that clients have at their disposal proper medical services to support and these medical services need to be provided at the place of employment. It is possible that this need could be met by providing additional training to build up the capacity of local doctors or a strategy devised to recruit medical staff with rehabilitation experience to these locations.

Mental Health

The JOBS team frequently conducts visits to each client, and as a result develops strong bonds with clients. Clients often confide many personal issues and struggles on topics ranging from daily anxieties and frustrations, to much more complex issues such as the effects of being labeled outcasts and feeling ignored by society. While this information provided by clients is important in allowing JOBS team members to assess a client’s progress, it has become clear that a more formal and structured counseling mechanism is needed. In its absence, clients have been looking to the JOBS team members for mental health services, services the JOBS team are not trained or capable to provide.

For this reason, during the extension of the pilot phase an effort to put together a pool of counselors and program officers from the rehabilitation centers that were trained to provide mental health services to meet with the clients regularly based on a rotating schedule. This was viewed only as a temporary solution, and while this approach addressed some of the immediate needs of the clients by providing much needed professional counseling, there were limitations to the approach. Many clients report that counselor visits have been sporadic and

have expressed reluctance to share highly personal and confidential matters with a counselor who changed week to week.

It is essential that clients have access consistently to qualified mental health professionals. A specific trained mental health professional should be responsible for making regular visits to a specific site, and be on-call to deal with any emergency counseling needs expressed by the clients.

5.2.2. *JOBS*

Throughout the implementation of the pilot phase of this project JOBS has worked closely with all partners and clients. JOBS works with the rehabilitation centers to identify potential clients, and prepare them for relocation. Prior to relocation JOBS works with the clients and the private sector partners to prepare for the clients' arrival. Once the clients arrive at the project site, JOBS staff continues to monitor the progress of the clients and work closely with the factory management to identify and solve any potential work related problems which may arise. JOBS staff also continues to work closely with the clients to improve their personal financial management skills and help them plan for the future – preparing them for independence.

Identifying Private Sector Partners

Initially JOBS perceived that convincing the business leadership to take on employees from a population of recovering drug users and prostitutes would be difficult. Two private sector partners with whom JOBS had many years of experience working with, APEX and BBRL, were identified which were very excited to participate in this project. JOBS staff worked closely with the factories management to prepare for the clients' arrival. The managers were made aware of the clients' special needs, and JOBS staff continues to work closely with the managers to monitor the clients' work progress, including attendance and productivity. Cooperation between the management and JOBS continues to be important to identify potential problems with individual clients as they arise and find solutions. Without an organization, such as JOBS, to advocate to the management on their behalf the problems faced by many of the clients would have precluded them from continued employment at the factories.

Career and Life Skills Development

All of the clients have spent significant amounts of time as IDUs, and therefore many lack the basic career and life skills necessary to be successful in their new lives. Prior to relocation to the project site JOBS conducts WDCE training. This training teaches the clients for how to behave and exist in a work environment, how to manage their personal budgets, and provides motivation to plan and prepare for their future. Once clients have arrived at site JOBS staff continues to work closely with them to help them manage their budgets and prepare them for a life of independence free from drugs.

5.2.3. *Private Sector*

The private sector partners, APEX and BBRL, have both been key components to the success of the program. Both partners have done more for the clients than just provide employment, the factory management has often taken a personal stake in the project and have worked closely with JOBS staff to identify and solve problems with the clients and have been willing to be flexible and accommodate the special needs of the clients.

Flexibility

The flexibility of the factory management has been essential to the successful implementation of this pilot project. The factory management has made a number of special arrangements to accommodate the special needs of clients. Extra leave has been made available for the clients, especially in the first few months following relocation, to allow them to adjust to their new environments mentally and to cope with and recover from their existing long-term medical problems. JOBS worked with the factory managers to ensure clients were not taking advantage of this privilege or disrupting the existing system within the factories. If the clients were judged by the factory management and JOBS to be behaving inappropriately the consequences of their behavior was explained to them. This was important to ensure that the regular factory employees did not feel that too much special consideration was being given to the clients, and to ensure that the program did not nurture a negative entitlement mentality, but imparted basic work ethics and prepared the clients for any future employment opportunities. Additionally the factory management at BBRL has agreed in principle to give land for a dormitory to be constructed on the factory grounds for the female clients. This will alleviate many of the problems that have arisen between the female clients and the members of the host communities.

5.3. Limitations of the data

The biggest obstacle to drawing conclusions is the small sample size, which prevents the drawing of strong conclusions. In fact only 9 individuals completed the first six months of the program at either APEX or BBRL as part of Batch 1. With the Second, Third, and Fourth Batch clients the sample size will increase and so our power to draw conclusions will increase, but the sample size will still be relatively small. Were this sample population broadened to several hundred or even to 1000 individuals and the project was extended for a period of years, JOBS could make more accurate hypotheses on the factors influencing the success of the project.

6. Lessons Learned

This pilot project is the first of its kind in Bangladesh working with the private sector in identifying employment opportunities and then providing the necessary linkages for successful placement of rehabilitated drug users, and new lessons are being learned everyday during its implementation.

6.1. Medical

Many of the clients suffer from severe medical problems as a consequence of their long-term use of drugs, and the lives they lived as addicts. Unfortunately adequate medical facilities are not available for the clients at the project sites. During the pilot phase of the project whenever clients faced a medical problem this information would be relayed to JOBS staff who would then immediately contact the rehabilitation centers. Clients in need of medical attention were brought back to the centers to receive treatment. Travel from the project sites to the rehabilitation centers involves a long journey and is difficult for the clients to make.

6.1.1. *Need for a Medical Professional on Retainer*

Travel to the rehabilitation centers from the project sites in order to receive medical care is very difficult for the clients to make, especially in light of the serious medical problems many of them face. For this reason it is necessary to provide adequate medical care to the clients at the project sites. It has been proposed for the follow-on project that a medical professional be hired by JOBS to provide medical care for the clients at the project sites. This person will

provide care *only* to the clients and will make regular visits to the project sites to assess the medical condition of all clients.

6.1.2. *Medical Expenses*

As a consequence of the medical problems many of the clients face, medical expenses have been an important part of the program which were not initially budgeted for in the project. Many of the clients need diagnostic tests, such as x-rays or blood tests, to properly diagnose their conditions. Many clients also need to regularly take medicine. In the follow-on project it is proposed that any diagnostic test or medicine prescribed by the medical professional on retainer be paid for by the project, as part of preparing the clients for a life of independence.

6.2. Counseling

The JOBS team frequently conducts visits to each client, and as a result develops strong bonds with clients. JOBS staff members have been engaged in on-going career and life skills counseling with the clients, and have often acted as default mental health counselors for the clients, *despite having no formal training in mental health counseling.*

6.2.1. *Career and Life Skills*

Basic career and life skills are initially taught to the clients as part of the WDCE training. It has been found that the clients need further counseling to help them prepare for the future. This training has been incorporated into the program and JOBS staff regularly meet with the clients to help them prepare personal budgets, learn how to save, and prepare for a life of independence.

6.2.2. *Mental Health*

Clients often confide many personal issues and struggles on topics ranging from daily anxieties and frustrations, to much more complex issues such as the effects of being labeled outcasts and feeling ignored by society. While this information provided by clients is important in allowing JOBS team members to assess a client's progress, it has become clear that a more formal and structured counseling mechanism is needed. In its absence, clients have been looking to the JOBS team members for mental health services, services the JOBS team are not trained or capable to provide.

For this reason, JOBS initiated an effort to put together a pool of counselors and program officers from the rehabilitation centers that were trained to provide mental health services to meet with the clients regularly based on a rotating schedule. Many clients report that counselor visits have been sporadic and expressed reluctance to share highly personal and confidential matters with a counselor who changed week to week.

It is essential that clients have consistent access to qualified mental health professionals. For this reason as part of the proposed follow-on project it has been proposed that a specific trained mental health professional should be put on retainer by the project. This counselor would be responsible for making regular visits to a specific site, and be on-call to deal with any emergency counseling needs expressed by the clients.

6.2.3. *Client Mentors*

One of the most important factors in the success of the Batch 2 clients has been the availability of the Batch 1 clients to act as role models, mentors, and peer counselors. The Batch 1 clients have shared their experiences with the Batch 2 clients formally at trainings as well as informally as advice, and Batch 2 clients were also able to see the positive

performance of the Batch 1 clients at work. For this reason in the follow-on project it has been proposed that we take advantage of the fact that the clients already at site play such a positive role in the rehabilitation of newer clients.

6.3. Special Issues Regarding Female Clients

Issues surrounding female clients have been among the most difficult to solve in the project. Initially female clients were relocated to both APEX and BBRL, but the co-location of male and female clients at a single site caused a number of behavioral problems which resulted in two clients being fired. Following this incident it was decided that the segregation of clients by sex is necessary for at least the first few months.

Currently the female clients are living outside the factory grounds in private housing arranged by JOBS. Unfortunately the behavior of some of the female clients has caused problems among the local community members. Some of the female clients have been smoking cigarettes in public, despite the strong social and cultural taboos against female smoking. However the largest complaint by the host communities has been the engagement of some female clients in prostitution. Some female clients have also brought their husbands, who have encouraged participation in prostitution and drug use, to the project site. This behavior has caused some members of the host communities to threaten the clients' landlord and JOBS program staff, and some of the clients have been fired because of their, or their husbands, behavior. In the future it may be necessary to house the female clients in a more controlled environment, at least for the first few months.

Child care is a serious concern for many of the female clients. One Batch 1 client, Rani, has already brought her children to live with her at BBRL, but no adequate daycare facilities currently exist at BBRL. In less than a week after her relocation, she built good relationships with her neighbors, who took care of her baby. However, she is still forced to take days off from work when her baby is sick, and this is not a sustainable model which can easily be replicated by all clients. This has made it difficult for her to work full time while providing adequate care to her baby. It has also discouraged other female clients from bringing their children to BBRL to live with them. If the female clients live in a more controlled environment it may be easier to help them provide adequate care to their children, perhaps by hiring a child care worker.



Batch 1 client, Rani, with her child. Rani has found it difficult to provide adequate child care for her child while working full time at BBRL.

Many female clients also have special medical needs because of their previous lives as commercial sex workers. For this reason, it may be necessary to secure a gynecologist, - preferably a female, to diagnose and recommend treatment for any on-going medical issues that the clients may be facing.

6.4. Relocation

Relocation outside of Dhaka, far from the environments where the clients' had lived as IDUs, has been an important part of the pilot project. Many lessons have been learned about the relocation process which will improve it in the future.

6.4.1. *Need for Relocation*

Helping the clients to start a new life necessitates helping them make a complete break from the life they lived as drug users. In practice this means relocating the clients outside of Dhaka. In fact all clients who were not relocated outside of Dhaka dropped out of the program and returned to their previous ways of life in less than a week. Relocating the later clients to the sites as earlier clients has enabled the earlier clients to act as role models, mentors, and peer counselors for the later clients, an unexpected bonus.

6.4.2. *Housing Issues*

Prior to relocation, JOBS staff arranged housing for the clients by renting houses in the local communities near to the factories where the clients would be working. This housing has been relatively expensive, and a number of problems have arisen with the landlords – especially in regards to the female clients. In the future if possible it would be better to set up dormitory style housing for all clients. The factory management at BBRL has agreed in principle to give land for a dormitory to be constructed on the factory grounds for the female clients, options to develop a male dormitory at APEX are being considered.

Additionally, the female clients located at BBRL were affected by flooding in July-August 2007. JOBS provided some material support, including extra household items and a stove, to help them cope with these extraordinary circumstances.

6.4.3. *Local Environment*

Due to the need to protect the clients' confidentiality little advocacy was done among the host communities prior to relocation. Some arrangements were made with local shopkeepers to arrange lines of credit, but no action was taken to explain to local community, political, and religious leaders the nature of the project. This has caused a number of problems, especially in regards to the female clients, as the behavior of the clients has upset local community members. In the future it may be necessary to strike a balance between the need to maintain the confidentiality of the clients and to raise awareness among the community leaders about the special needs of the clients.

6.5. Private Sector

Despite initial concerns it was discovered that finding private sector partners was not as difficult as originally feared. However, the success of this project has been greatly influenced by the factory management, many of whom have taken a personal stake in the clients' rehabilitation. JOBS staff has worked closely with the factory management to raise the awareness of the management about the special needs of the clients, and the flexibility shown by the factory managers in making accommodations for these special needs has been essential to the success of the project. As the project expands JOBS will need to continue working closely with the existing private sector partners as well as new private sector partners to continue to ensure that the special needs of the clients are taken into account.

6.6. Salary Structure

Throughout this project the structure of the salary has been a constant issue. Clients of this program make a larger salary than regular employees of the factories, causing tension among the regular employees. However, the clients do not have the same support structure as most regular employees, who live with their family and thus have a much lower individual cost of living. Regular employees receive their regular pay after a one month delay and their overtime pay after a three months delay, but the clients have also been receiving their salary and overtime without delay. This approach has made it more difficult for clients to adjust to

independence once they become regular employees. There continues to be experimentation with the salary structure to identify the best method of compensating the clients, and helping prepare them for independence.

6.7. Incentives and Recognition Ceremonies

Regular recognition of the clients has been an important tool to raise the self-confidence of the clients. Ceremonies have been held to mark the one month, three month, and six month milestones for the clients' participation in the project. During these ceremonies representatives for JOBS and FHI visit the clients and distribute certificates to mark their achievement. Clients also receive "incentive bonuses" at the one month and three month milestones as a means of recognizing their achievements and motivating them to continue to work hard. At the end of six months clients receive a "severance package" to help them get started in their new life of independence. There continues to be experimentation with the use of "incentive bonuses" and "severance packages" to identify the best method of helping the clients prepare for independence.

6.8. Word of Mouth in IDU Community

Batch 1 & 2 clients have been invited to act as guest speakers during the WDCE trainings of later batches. This has been an important motivational tool and allows the IDUs at the rehabilitation centers to see "one of their own" self-confident and content. This has helped the IDUs feel that they too can make the positive change in their lives, and it allows them to begin to look forward to relocating rather than building up unnecessary anxiety about such a large change in their lives. The participation of past and current clients in trainings as motivational speakers can be replicated in future trainings.

"Ever since the project started there has been more and more interest in the IDU community to participate in the FHI-JOBS program."

-Md. Dewan Masudur
Rahman, Center Manager
CREA

One of the most encouraging signs of the success of this program has been the positive response coming from the IDU community in Dhaka. Rehabilitation center staff has reported to JOBS staff that some IDUs are coming to the rehabilitation centers requesting to participate in this program. The positive response on the part of the IDU community in Dhaka illustrates the appeal of this type of program to members of that community, and bodes well for the future of the program.

7. Conclusion

The "Economic Rehabilitation of Injecting Drug Users" is one of the first projects of its kind in not only Bangladesh but also within the developing world. Worldwide one of the most frequent reasons for relapse after rehabilitation is the inability to find employment. In Dhaka while there rehabilitation programs are available for clients in need of detoxification, there is little assistance being offered for rehabilitated drug users after the first stages of rehab. FHI has measured the relapse rate of IDUs in Dhaka to be around 90%, quite a discouraging figure. Due to the volume of clients, the centers cannot keep clients for more than a couple of months. The lack of skills and the limited access to earning opportunities are serious obstacles to the successful integration of recovering drug dependent people. Finding a way to lower this recidivism rate would potentially save not only millions of dollars, but it would also save the clients the repeated agony of going through the rehabilitation program over and over again in a seemingly never-ending cycle of addiction.

The pilot phase of the "Economic Rehabilitation of Injecting Drug Users" project has been remarkably successful and many surprising successes have been discovered along the way.

JOBS bridged the gap between the partner rehabilitation centers, CREA, APON, and DAM, and the private sector partners, APEX and BBRL. Our clients came into the project seeking a better life, the chance to start over and prove they are trustworthy to their families and can become productive members of society. JOBS offered training, housing, and employment (the basics of economic rehabilitation), but our clients used these opportunities to thrive in a drug free environment, prove they can be disciplined and reliable, regain the confidence of their families, and build up their confidence, self-respect, and a sense of responsibility.

Major accomplishments achieved during the pilot phase of the project have included:

- a) In a country where approximately 2 million people enter the ranks of the unemployed every year – that is, private sector has literally millions to pick from - JOBS felt that the toughest challenge would be to convince the private sector partners to open themselves to “higher risk” employees. However, JOBS was able to build on its relationships with the private sector to find private sector partners who willingly stepped forward to participate as long as they were assured that JOBS will be a facilitator during the process.
- b) Approximately 80 percent of the clients which were employed have stayed with their jobs. Albeit, notwithstanding some who received initial orientation but never joined the workforce, while others had to be “fired” due to behavioral and attitude problems. Excluding the clients which were “fired” 84% of the clients which joined the workforce are still active in the program.
- c) The performance (timeliness, dependability and motivation) of the clients improved remarkably within the first couple of months with almost all clients working an average of 40-60 hours of overtime per month by their second month and decreasing their sick days from an average of nearly 2.5 days per month per client to approximately 0.5 days per month per client within the first 2-3 months.
- d) Prior to participating in the project nearly 50% of the clients did not have any contact with their family members. Of the clients still active in the project, approximately 65% of the clients who had lost contact with their families have been re-accepted into their families. Additionally 2 clients have married and started new families.
- e) Participation in the pilot phase of the project has significantly increased the self-confidence of the clients. According to the rehabilitation centers, approximately 43% of the clients who have left the project have “poor” self-confidence, in comparison to only 15% of clients still participating.

The Pilot phase of the FHI-JOBS “Economic Rehabilitation of Injecting Drug Users” has taken a different shape than first envisioned but has revealed many important lessons on the needs of our clients, the reasons behind their strong motivations to succeed and the areas that can be strengthened to make the following phases of this project an even bigger success.

8. Going Forward

Following the success of the pilot phase of the “Economic Rehabilitation of Injecting Drug Users” project, FHI and JOBS have prepared a proposal for a follow-on project. This follow-on project will build on the strengths and incorporate the lessons learned during the implementation of the pilot project to make the follow-on phases of the project an even greater success. During the follow-on project, JOBS will continue to work with and support the existing clients as well as help new clients begin their path to a better life. All clients will

begin their economic rehabilitation working with one of the two existing private sector partners in order to take advantage of the experience of these private sector partners in dealing with the existing clients, and to utilize the important resources that existing clients offer new arrivals.

- a) The pilot project has shown that it is possible to successfully rehabilitate clients with a high degree of success. However, the numbers of beneficiaries have been too statistically minute (approximately 50) to draw substantial parallels or conclusions. It is necessary to continue the initiative and to increase the sample size to a minimum of one hundred clients to be able to draw substantial conclusions.
- b) The observation period has been too small to establish patterns or to gauge long term trends or benefits to the various partners. It is necessary to observe the placements over a longer period of time, at least 14-16 months, in order to gauge the long term trends and benefits.
- c) Although many of the clients have performed well in their current work environments and have proven themselves, many are ready for more challenging positions with a higher rate of compensation. During the next phase, JOBS needs to explore enhanced placement options for the clients who are ready to “move on”
- d) .Many of the clients have noted an increased self confidence and have gained acceptability and trust of their families. It is yet to be explored if they can now transition back to jobs near their families and former home environments.
- e) There have been clients who had to be “fired” from their jobs due to behavioral issues. Arguably, coordinated and regular medical and counseling support has not been provided to the clients during the pilot phase. During a follow-on phase, the modalities of sustained support have to be established and the impact of such regular support on the clients adaptation and retention noted.
- f) Relocation has been found to be an important aspect contributing to the success of this project. However, the behavior of some of the female clients has caused problems in the host communities. In the future, one potential arrangement with the factories management may be the donation of land to construct a dormitory, specifically for the female clients working at BBRL. This will decrease the problems faced by the female clients regarding their integration into the host communities.

JOBS will continue to work with the three rehabilitation centers to identify new clients, as well as the current private sector partners. In fact, JOBS is already exploring other opportunities, including the start-up of new production units within BBRL and APEX developing products marketed domestically and internationally as “made-by rehabilitated IDUs.” This will give JOBS and the private sector partners even more flexibility in making accommodations to the special needs of the clients. Talks are also ongoing with Habitat for Humanity to develop a “community” program which would subsidize the cost of housing for the clients. This type of program would be ideal for clients who plan on working long-term in the new production units or to facilitate the formation of “clusters”.

JOBS has also already lined up two new private sector partners eager to participate. These new private sector partners, Energypac and Fibertech Mannequin offer the best performing

and most qualified clients an alternative employment opportunity. JOBS will continue to support these clients as they make the transition to this new opportunity. Alternatively JOBS will help support a small number of interested clients, who have proved themselves to be among the best performing and most qualified candidates, in beginning their own businesses, through providing EDBM training and some start-up capital. Unanticipated opportunities for the clients may also be incorporated into the project design as they arise.

The potential exists for this project to provide employment opportunities for many more rehabilitated drug users, more efficiently reintegrating rehabilitated IDUs into society than rehabilitation alone. However, these types of interventions involving private sector partners require long-term commitments on the part of all partners.

In summary, building on the strengths and lessons learned of the pilot project, the follow-on project promises to be even more successful. JOBS looks forward to continuing its work bridging the gap between the rehabilitation centers and the private sector in order to help new and existing clients get started on their path to a better life.

Annex: Charts

Chart 1: Conceptual Framework

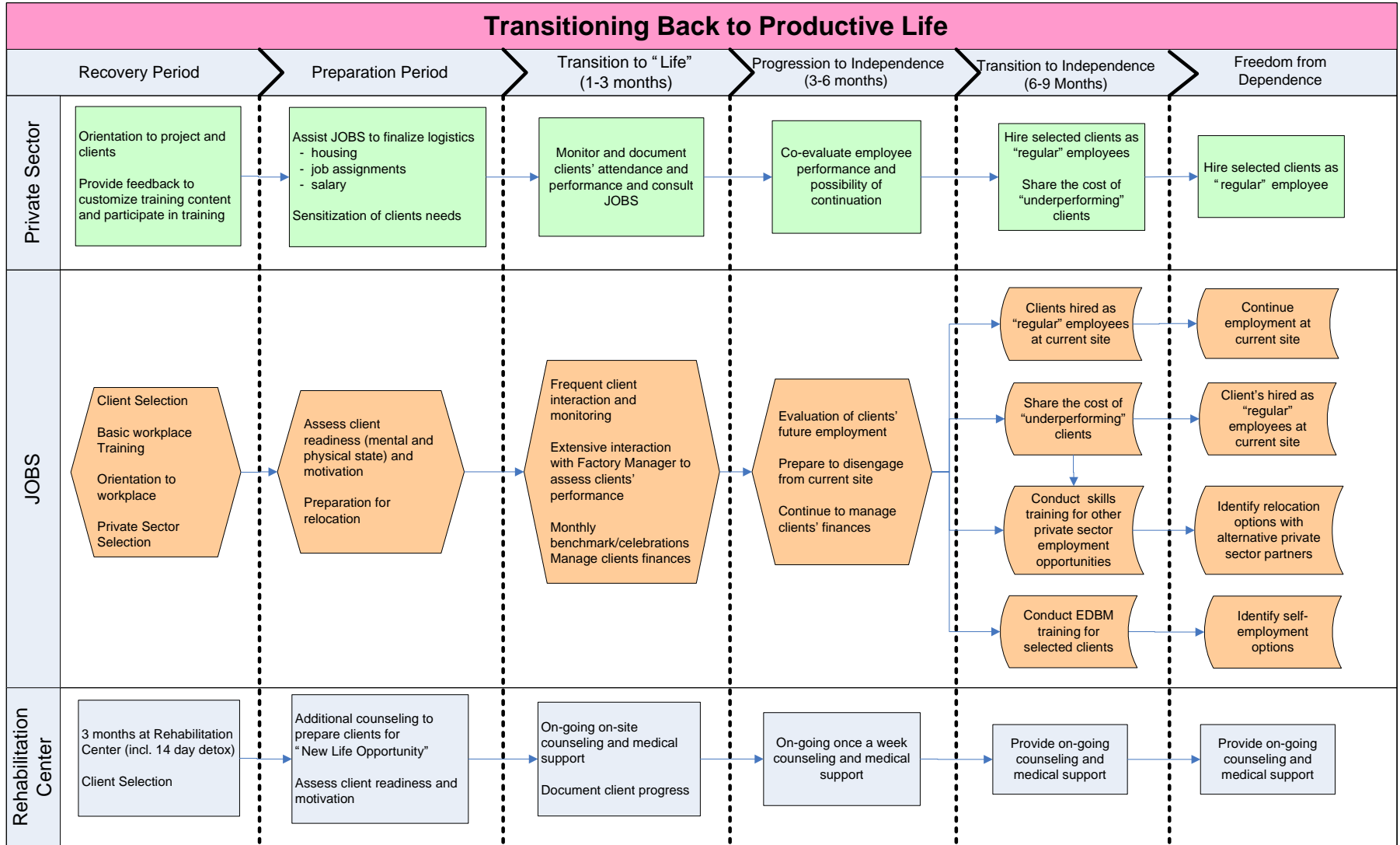


Chart 2: Clients' Status

Status of Phase 1 & 2 Clients

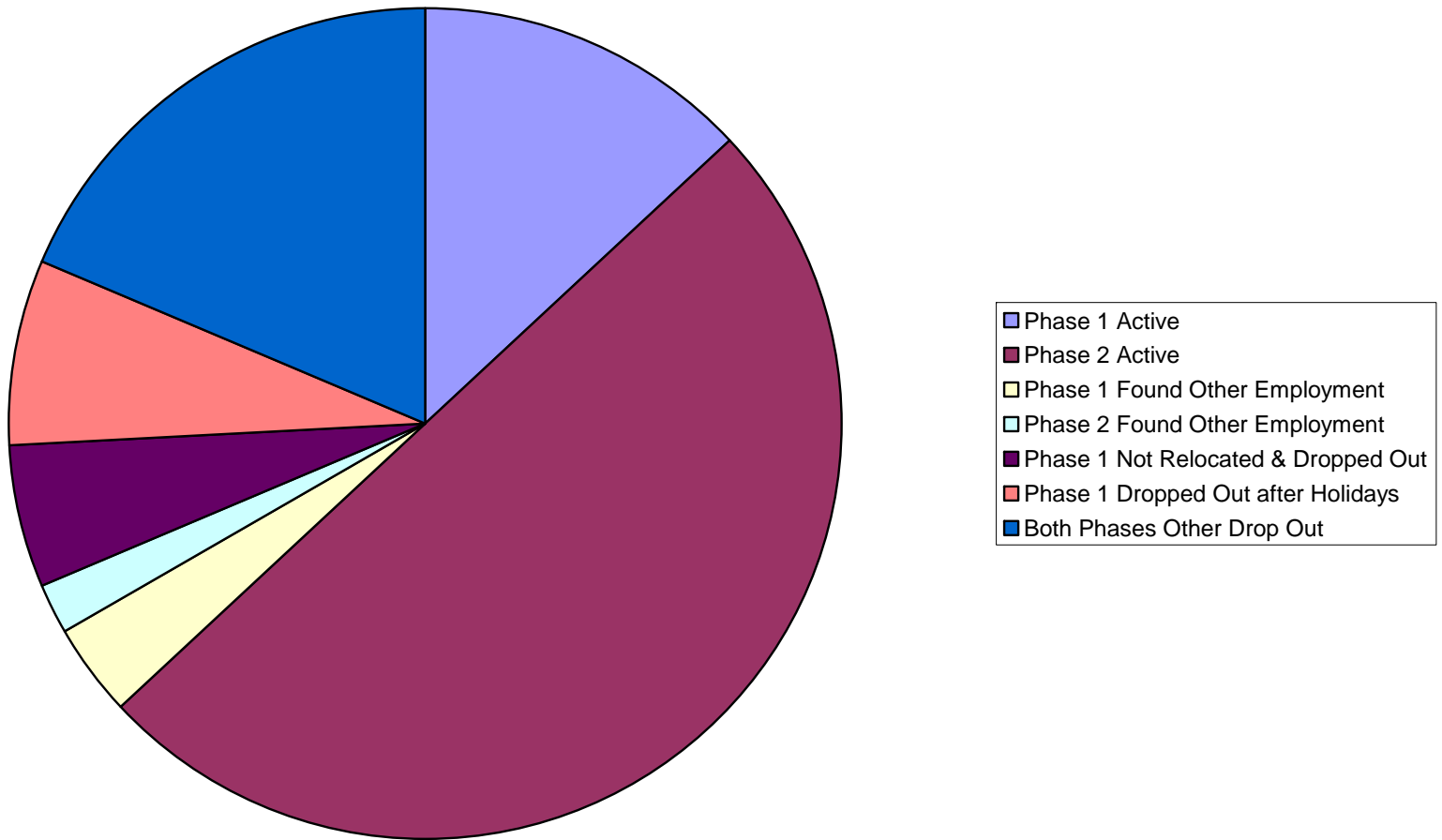


Chart 3: Clients' Drug Use

Number of Years Using Drugs

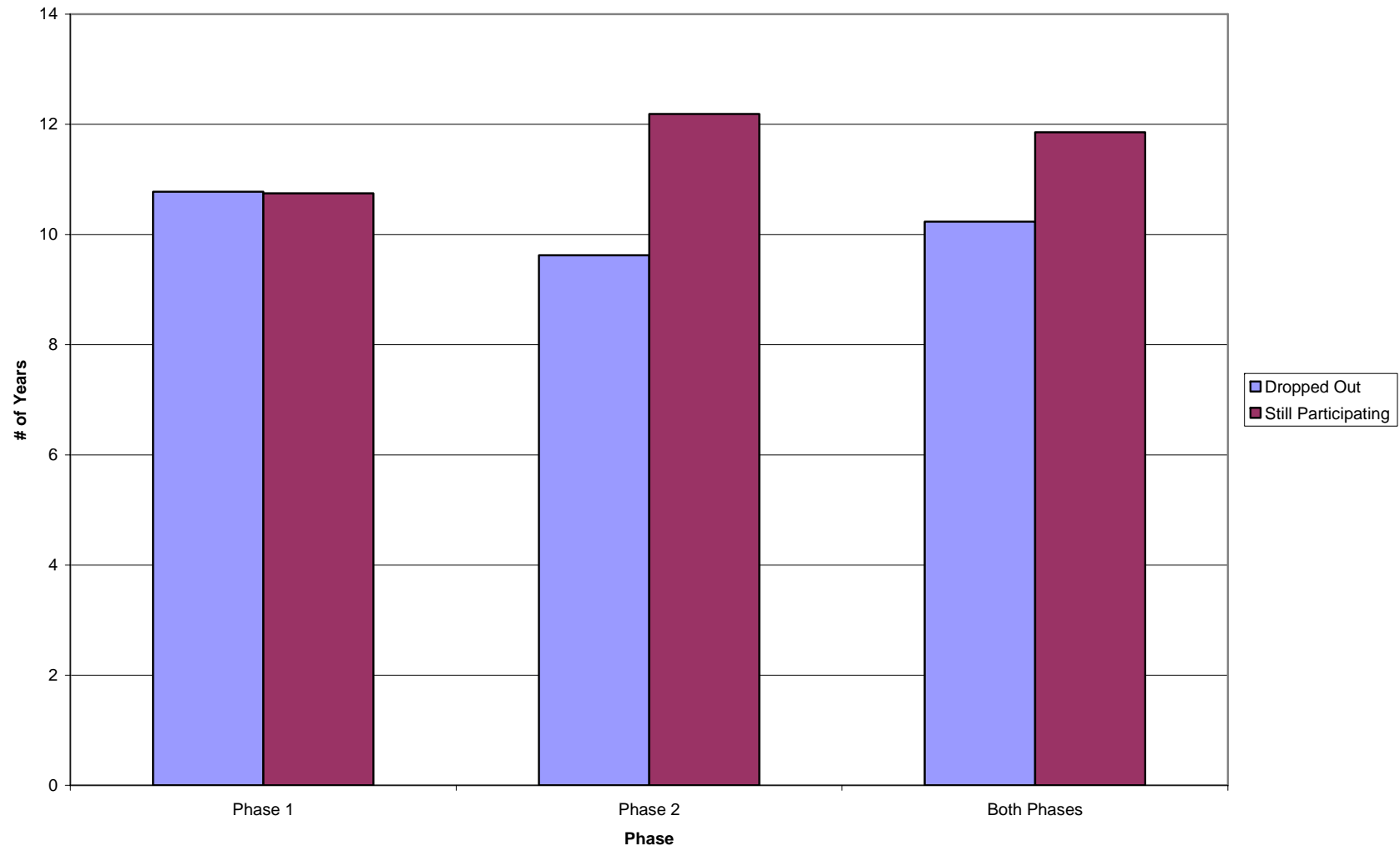


Chart 4: Clients' Attendance

Clients' Attendance at APEX & BBRL

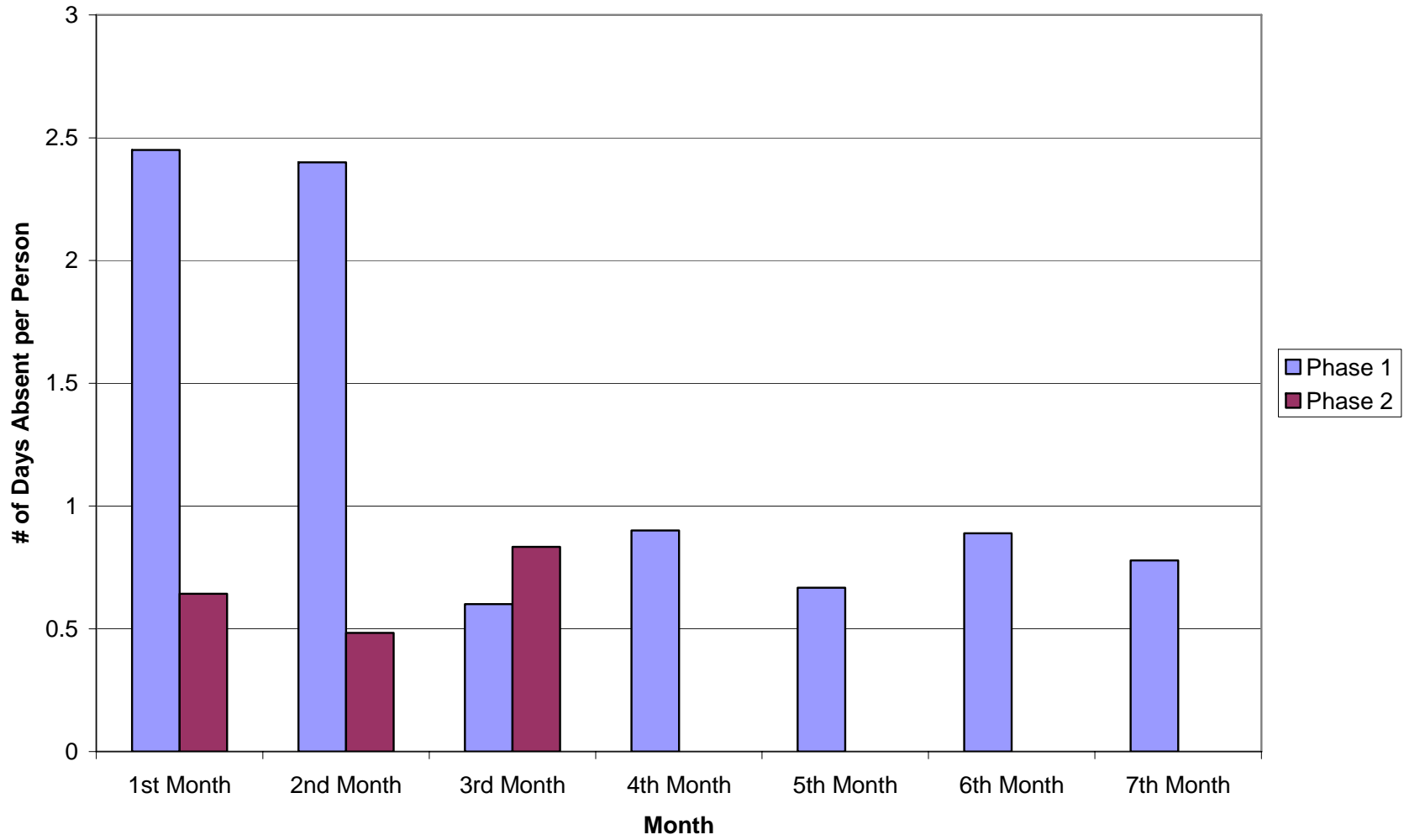


Chart 5: Clients' Acceptance by Families

Acceptance of Clients by Their Families

