



Overview of Peer education, outreach and needle exchange in Vietnam

Supported by PEPFAR/USAID/FHI

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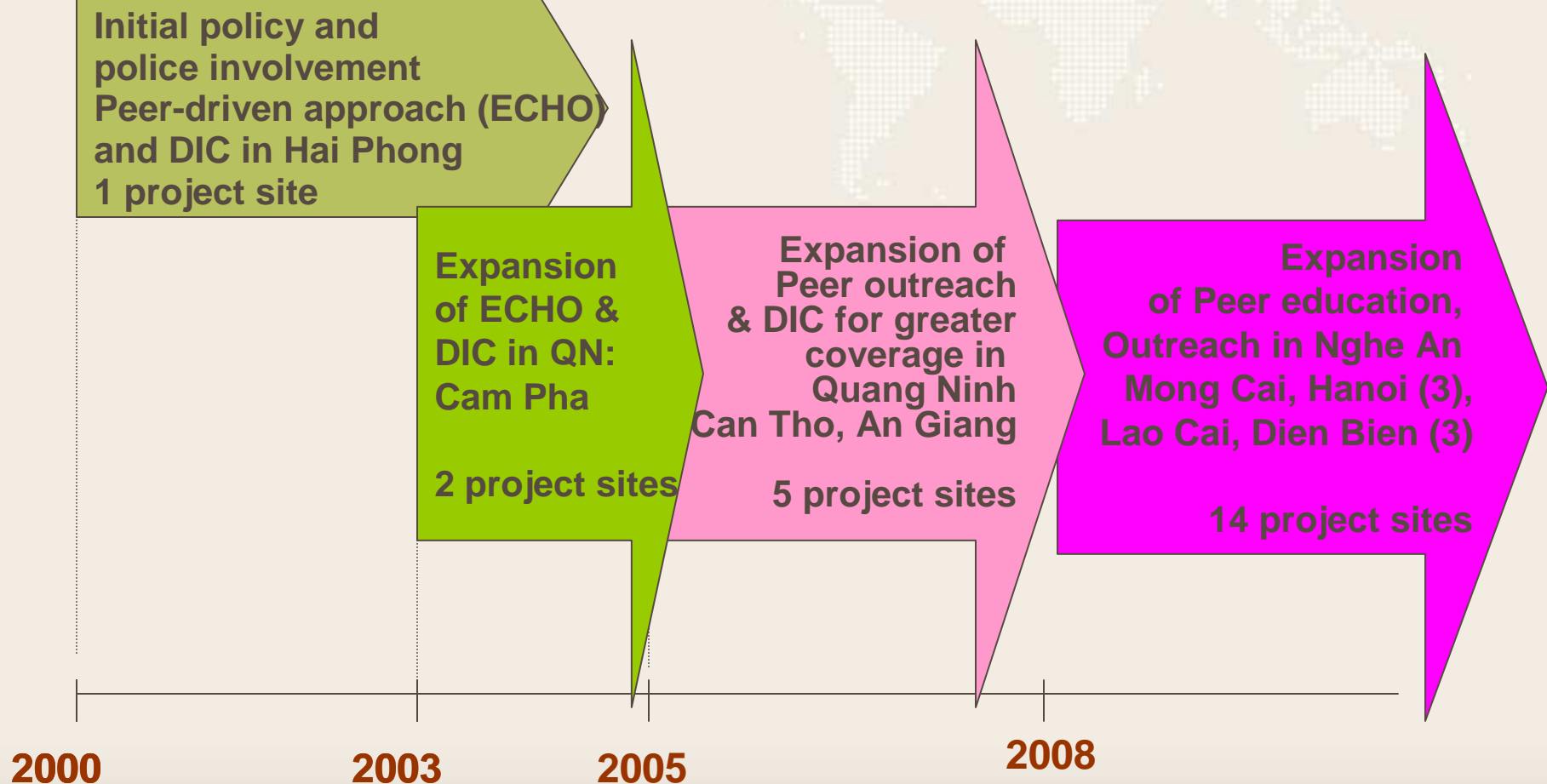
**IMPROVING LIVES
WORLDWIDE**



Topics in presentation

- Background on Peer education outreach interventions supported by PEPFAR/USAID/FHI
 - The expanded array of interventions offered for drug users
 - Peer education outreach
 - DIC based services
 - Needles exchanges
- Achieved results in 2010
- Challenges
- Recommendations

History of Peer education, outreach supported by PEPFAR/USAID/FHI



Goals and objectives



Goal:

Reduce risks related to injecting drug use including HIV/AIDS for IDUs and their sexual partners

Objectives:

- Establish and maintain peer education and outreach network to promote behavior changes among IDUs and their sexual partners
- Increase IDU's accessibility and uptake of health and social support services through DIC-based services and referrals



On the street



Integrated community peer outreach and drop-in center services

- Outreach as a platform for initial contact with IDU in locations where injection drug use occurs and where drugs are bought and sold

- Provide HIV risk reduction information including non sharing NSs and ABC messages.

- Updated mapping and reach monitor to estimate the coverage.

- Drop-in centers as a locations for more intensive interventions

- Provide BCC, condoms, entertainments activities

- Risk reductions counseling, addiction counseling

- Basic health check-up

- Referral to VCT, ART, OI, STIs, Methadone, Job placements



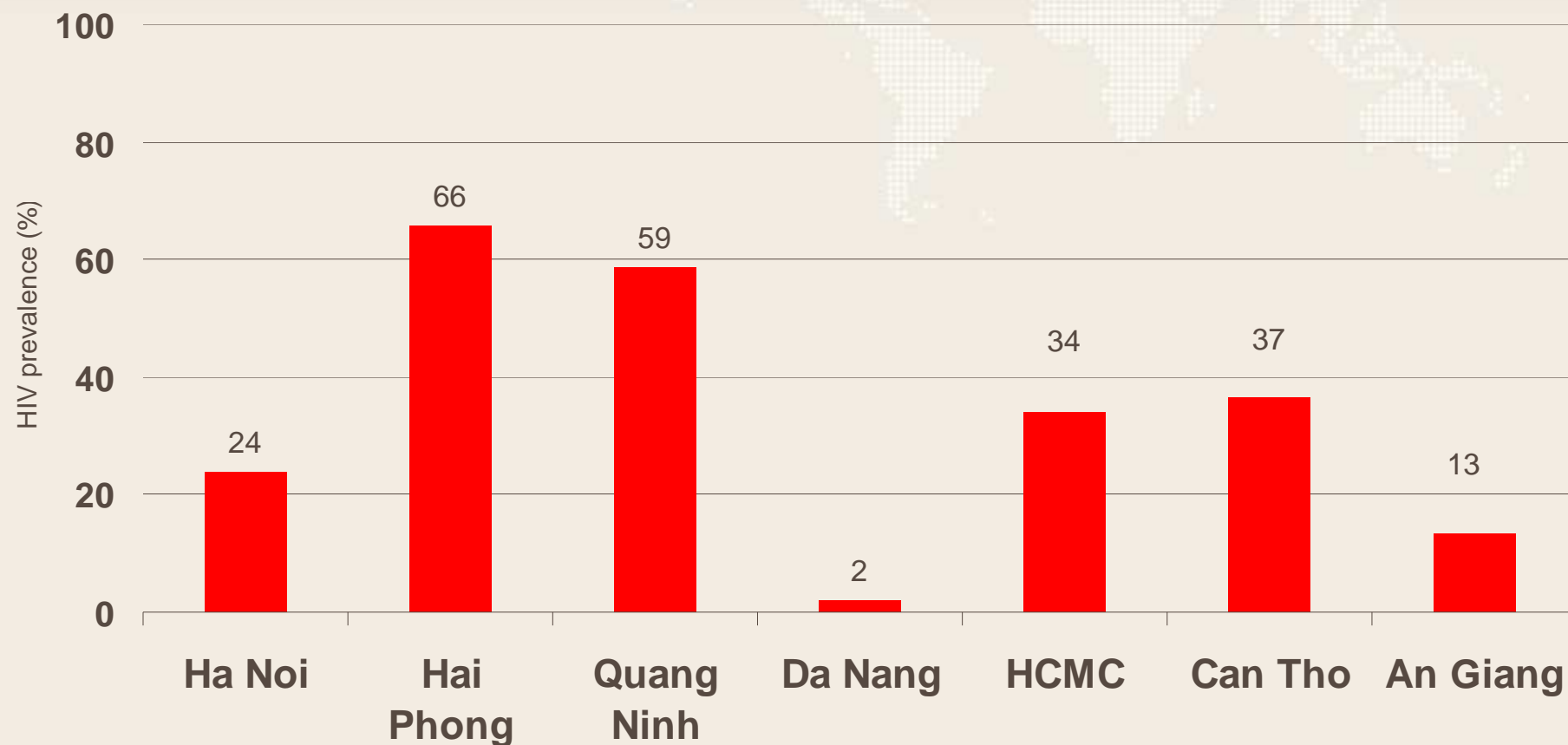
Structure and management

- Collaboration:
 - Provincial health services/AIDS control centers
 - Family Health International
 - Funded by PEPFAR/USAID
- Provincial project implementing agency:
 - Management Board:
 - Project manager: Director of District health centers
 - Project assistant/supervisor
 - Project accountant
 - Field staff:
 - Integrated peer education outreach and DIC based services:
 - 1 Club manager
 - 3-4 Health educators
 - 8-14 Peer educators
 - Peer education outreach:
 - 2 Health educators
 - 8-10 Peer educators

Injecting heroin is still the most concern currently

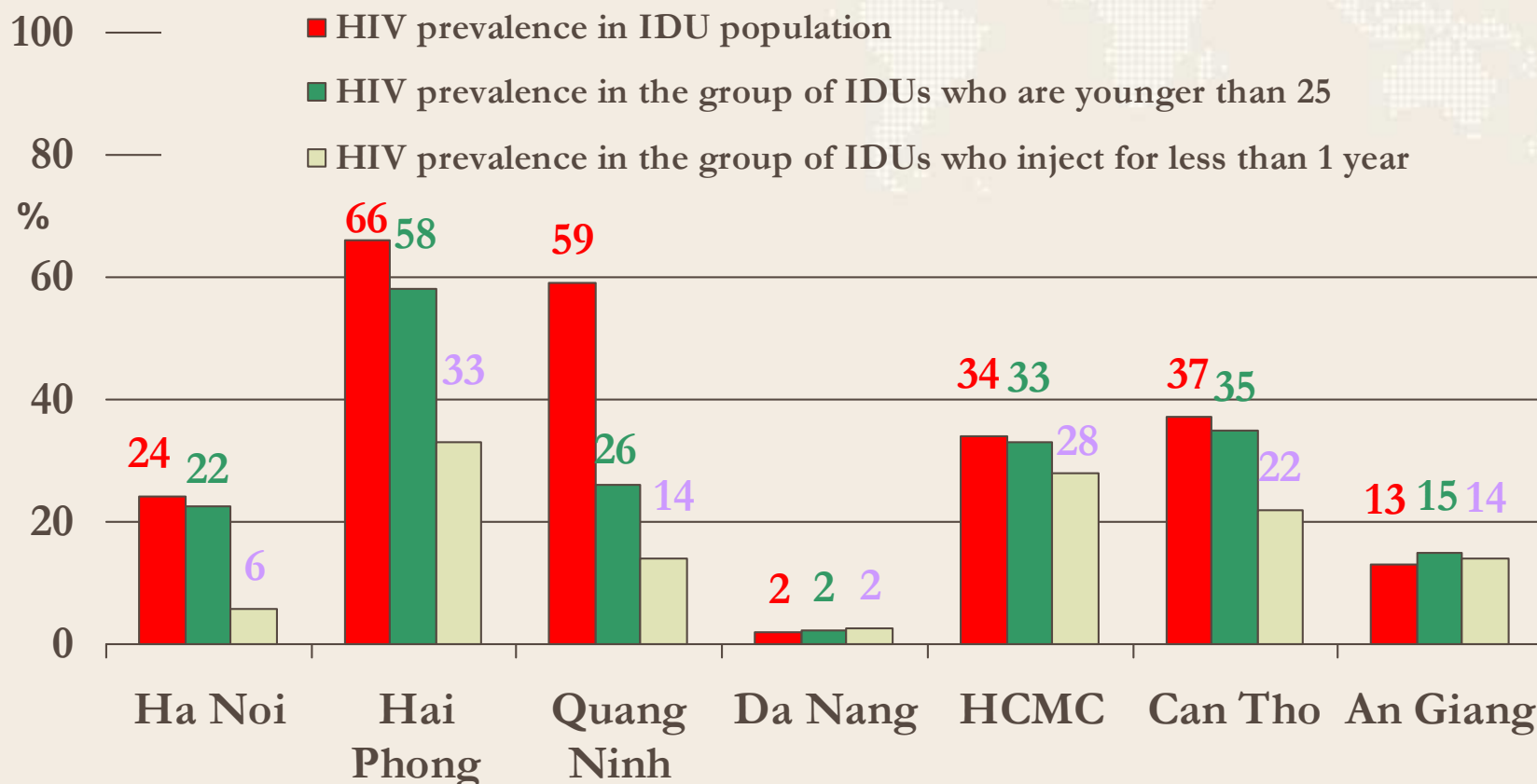


HIV prevalence among IDUs



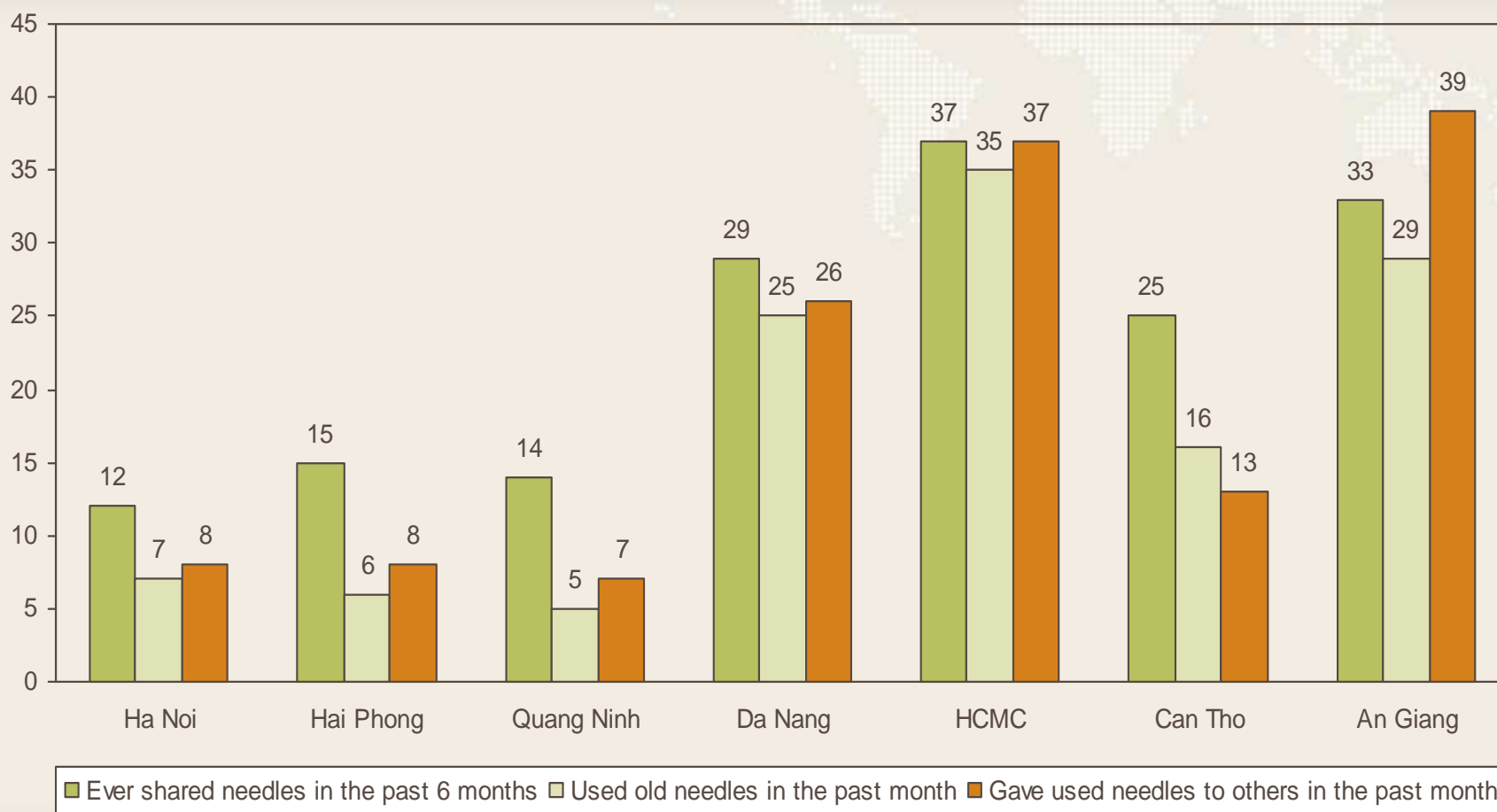
Source: 2005-6 integrated bio-behavioral surveillance, NIHE/MOH and FHI

HIV prevalence is very high among young and new injectors, signaling that HIV travels fast after drug initiation



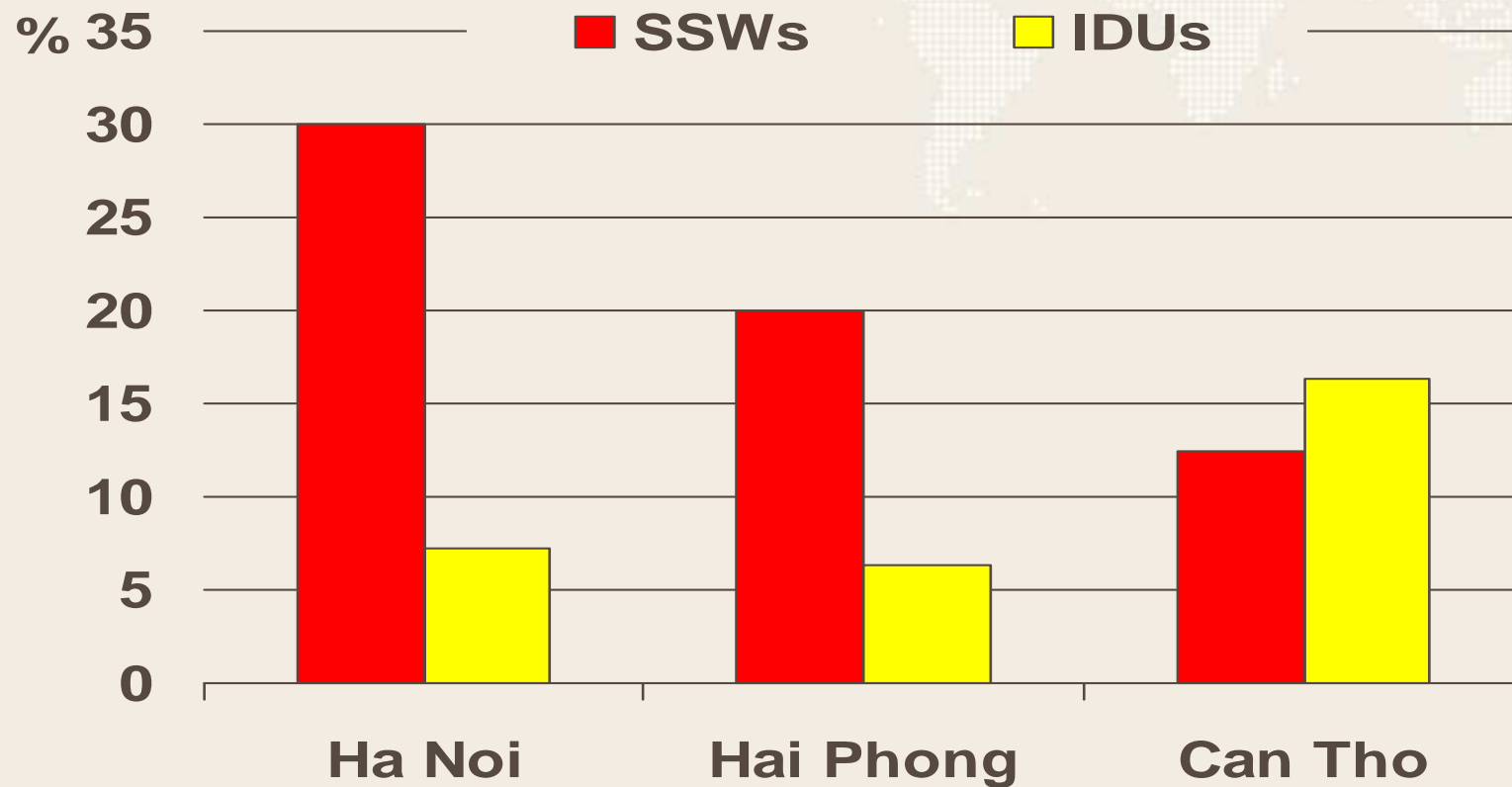
Source: 2005-6 integrated bio-behavioral surveillance, NIHE/MOH and FHI

Sharing needles syringes in the past month



Source: 2005-6 integrated bio-behavioral surveillance, NIHE/MOH and FHI

Sharing needles syringes in the past month: *Injecting sex workers have higher risks than male IDUs in some locations*



Source: 2005-6 integrated bio-behavioral surveillance, NIHE/MOH and FHI

Barriers to reducing unsafe injection

- IDU 'trust' for their sharing partner
- Limited finances
- Low access to clean needles, especially at night
- Stigma from the community
- Fear of discovery by family
- Fear of harassment/arrest by the police
- Lack of a sense of personal responsibility to prevent HIV

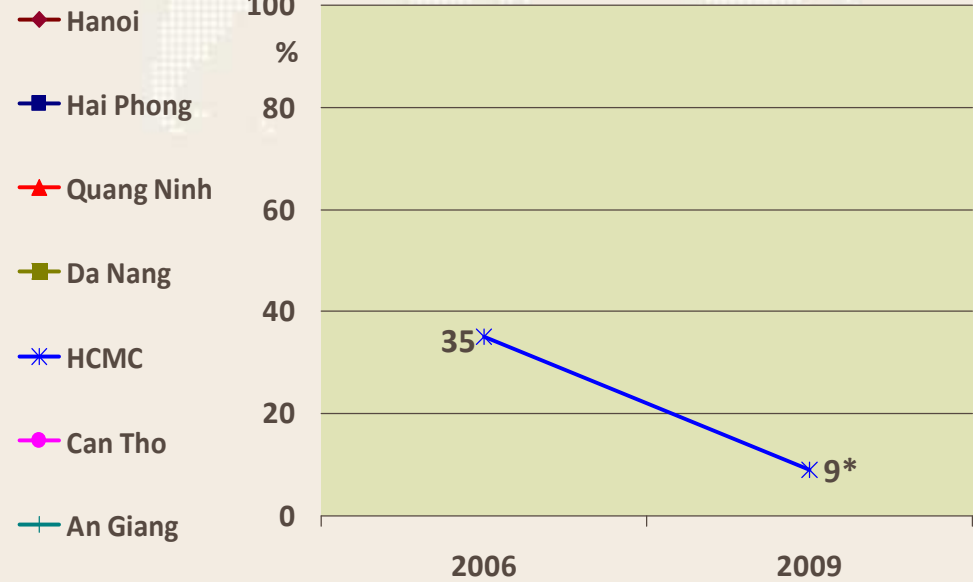
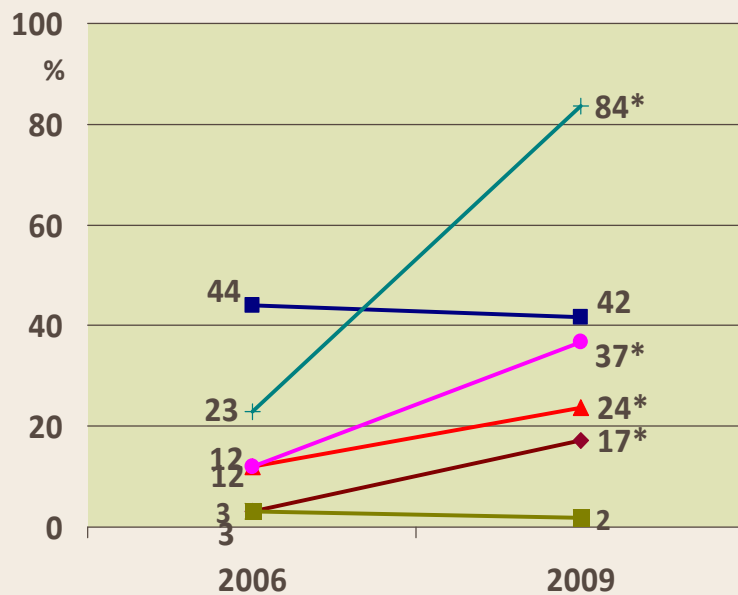
Source: Dialogue with IDU: Their Perspectives on Behavior Change for HIV Prevention-
PEPFAR/USAID/FHI- 2007

Community risk reduction sites as an effective strategy to increase IDU's access to N&S

- 43 risk reduction sites established, started up in Can Tho (14 sites) in June 2008 and expanded to An Giang (4 sites), Quang Ninh (7 sites) and Dien Bien (17 sites) in 2009.
- Attribution of 60-70% of the distributed clean N&S through all peer outreach
- Distribution hours extended over midnight
- Acceptance and support from community and authorities gained
- Risk reduction messages delivered



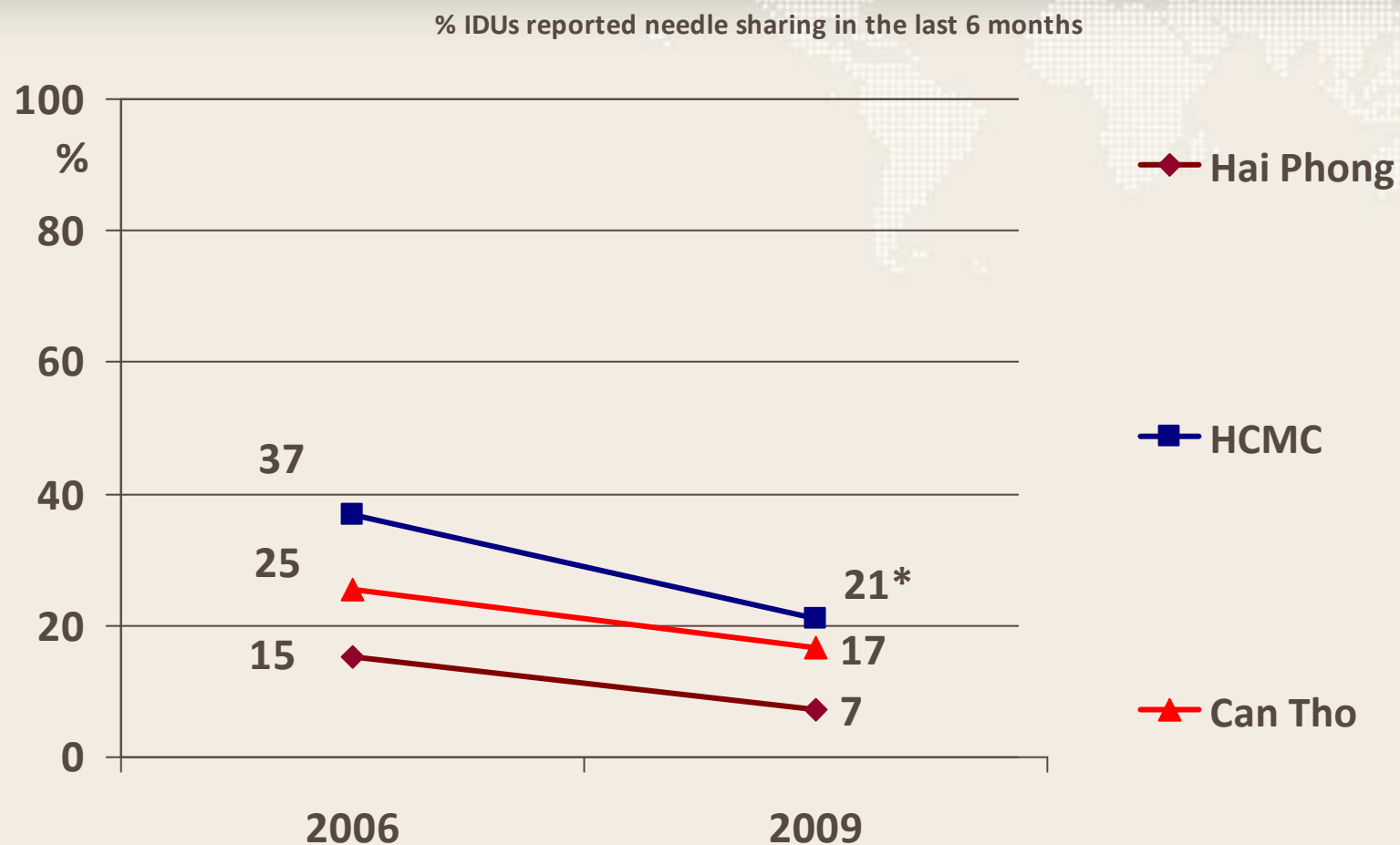
Exposure to needle/syringe distribution: comparison between 2006 and 2009 IBBS



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Source: Drafted IBBS round II- 2010, NIHE/MOH and FHI

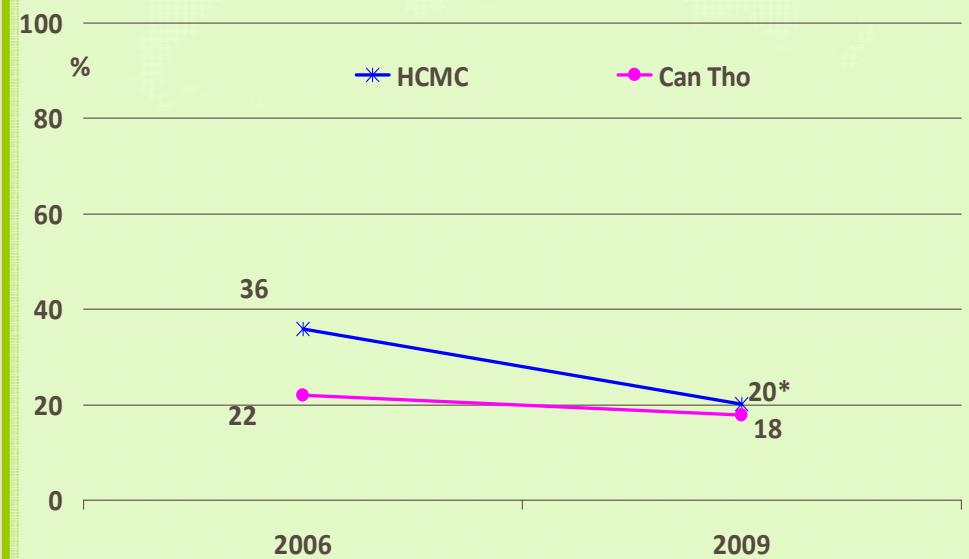
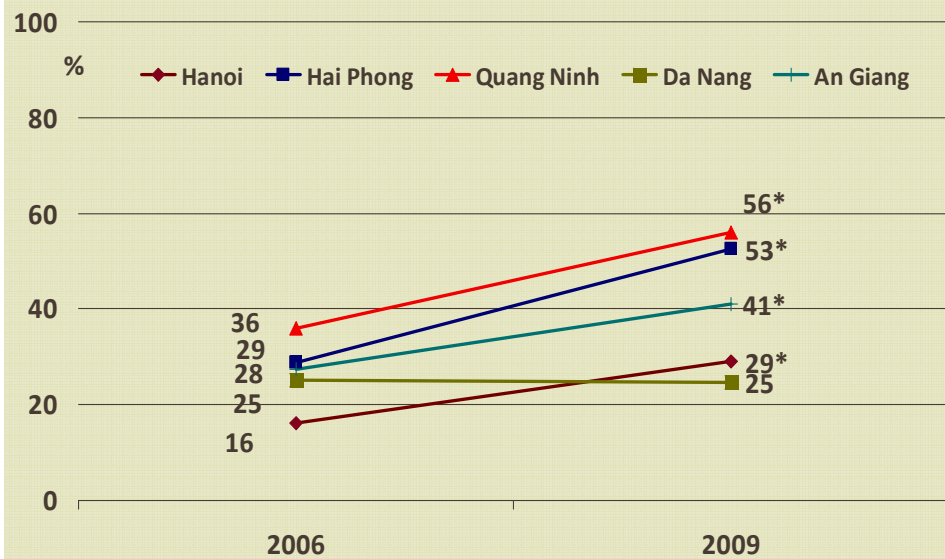
Trends in needle sharing behavior: decreasing in Hai Phong, HCMC and Can Tho



Source: Drafted IBBS round II- 2010, NIHE/MOH and FHI

$P < 0.05$

Trends in sexual behaviors: consistent condom use with regular partners in the last 12 months among IDU



Source: Drafted IBBS round II- 2010, NIHE/MOH and FHI

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GENERAL ACHIEVED RESULTS

(October 1, 2009 to March 31, 2010)

Indicator	Achieved
# outreach contacts	56,387
# IDUs reached	16,659
# IDUs referred and used VCT	3,002
# IDUs referred and used ART services	329
# project staff trained on outreach skills, HIV/AIDS and drugs & drug addiction, ...	106
# Outlets of risk reduction tools established for IDUs :	
- DIC based condoms and clean needles outlets	14
- Community based needles and IEC materials outlets	43
# condoms distributed	114,511
# needles distributed under National program through local responding resources	314,805

Challenges

- High rate of peer educators turn over due to sickness, campaign incarceration and death
- Limited local responding resources for needle exchange program
- Limited traditional peer education approach in reaching hidden and new teenage clients with increasing use of other illicit drugs than heroin
- Pending issues of stigma and discrimination toward IDUs

Recommendations

- Strengthening regular supportive supervision for field staff from provincial project management board
- Advocate for more resources of NSEP
- QI
- Rapid assessment and mapping
- Initiating non-traditional peer education outreach approaches
- Tightening coordination and collaboration with other interventions including methadone program, FSW, MSM, VCT, Care & treatment

Thanks

Vuong Thi Huong Thu, Program Manager

Simon Baldwin, Senior Technical Officer

IDU intervention team members

Other FHI teams: C&T, SBC, FSWs, VCT, M&E

Dedicated field project staff