Overview of Peer education, outreach and needle exchange in Vietnam
Supported by PEPFAR/USAID/FHI

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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

Initial policy and police involvement Peer-driven approach (ECHO) and DIC in Hai Phong
1 project site

Expansion of ECHO & DIC in QN: Cam Pha
2 project sites

Expansion of Peer outreach & DIC for greater coverage in Quang Ninh
Can Tho, An Giang
5 project sites

Expansion of Peer education, Outreach in Nghe An
Mong Cai, Hanoi (3), Lao Cai, Dien Bien (3)
14 project sites
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 though DIC-based services and referrals
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

Source: Drafted IBBS round II- 2010, NIHE/MOH and FHI
Trends in needle sharing behavior: decreasing in Hai Phong, HCMC and Can Tho

% IDUs reported needle sharing in the last 6 months

Source: Drafted IBBS round II- 2010, NIHE/MOH and FHI
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  
P<0.05
## GENERAL ACHIEVED RESULTS

(October 1, 2009 to March 31, 2010)

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