
Role of Community Prevention Workers(CPW) in HIV prevention and Harm Reduction

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Speaker's Profile



Dr. Aung Kyaw Htet

Designation- Project Manager (Best Shelter)

- 6 years experience as Medical Doctor in HIV/TB field with Medical Action Myanmar(MAM) , Asian Harm Reduction Network(AHRN) and Best Shelter
- 3 years experience with project management in community base HIV/TB care in Best Shelter

Speaking Topic – Role of Community Prevention Worker(CPW) in HIV prevention and Harm Reduction

Rationale, Key Issues, and Objective of the Specific CBSD

NSP : Strategic Direction I: Reducing New Infections

I.1 Increase scale of effective combination prevention interventions for priority populations and promote community led approaches/initiative

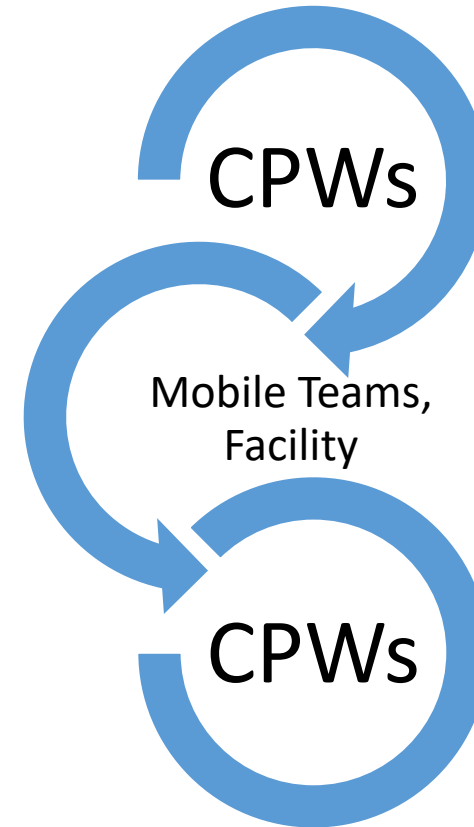
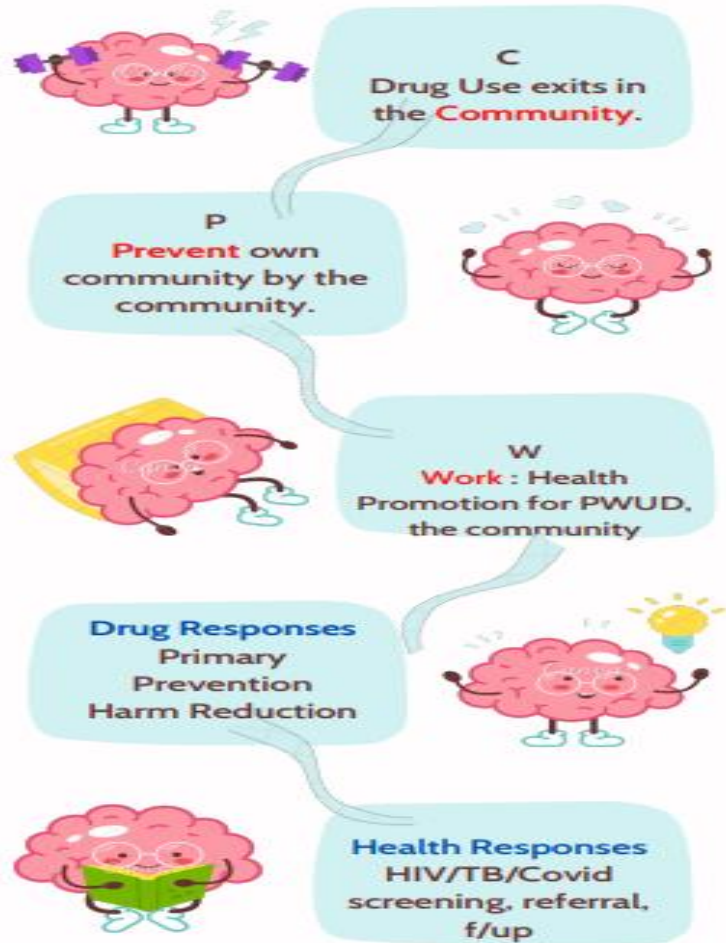
7. Expand Community based approaches

- a) Train community members
- b) Mobilize community involvement in service delivery
- c) Enhance involvement in improving enabling environment



Community Prevention Workers!

Drugs and Health Responses



Rationale, Key Issues, and Objective of the Specific CBSD

- Community based prevention staff can be mobilized to identify, engage, inform and assist drug users and their families to deal with substance use and its social and health consequences
- A community-based approach helps to reduce the stigma and discrimination experienced by drug users.
- CPWs are points of entry to health services and into community for the client.
- Community reintegration is very important after getting services, treatment.
- Community based prevention staff can be mobilized to identify, engage, inform and assist drug users and their families to deal with drug problem.
- CPW can provide door to door service to the clients if needed.



Description of CBSD Model and Approaches

Before the implementation, a mapping of the context and needs is required;

- how many clients can be covered;
- identify hidden clients (PSE),
- how (hidden) clients can be reached through CPWs;
- how many villages can be covered by CPW;
- Estimate HIV positivity rate;
- the proximity/distance between DIC and potential implementing village; and
- identify the current challenges of linkage to care.

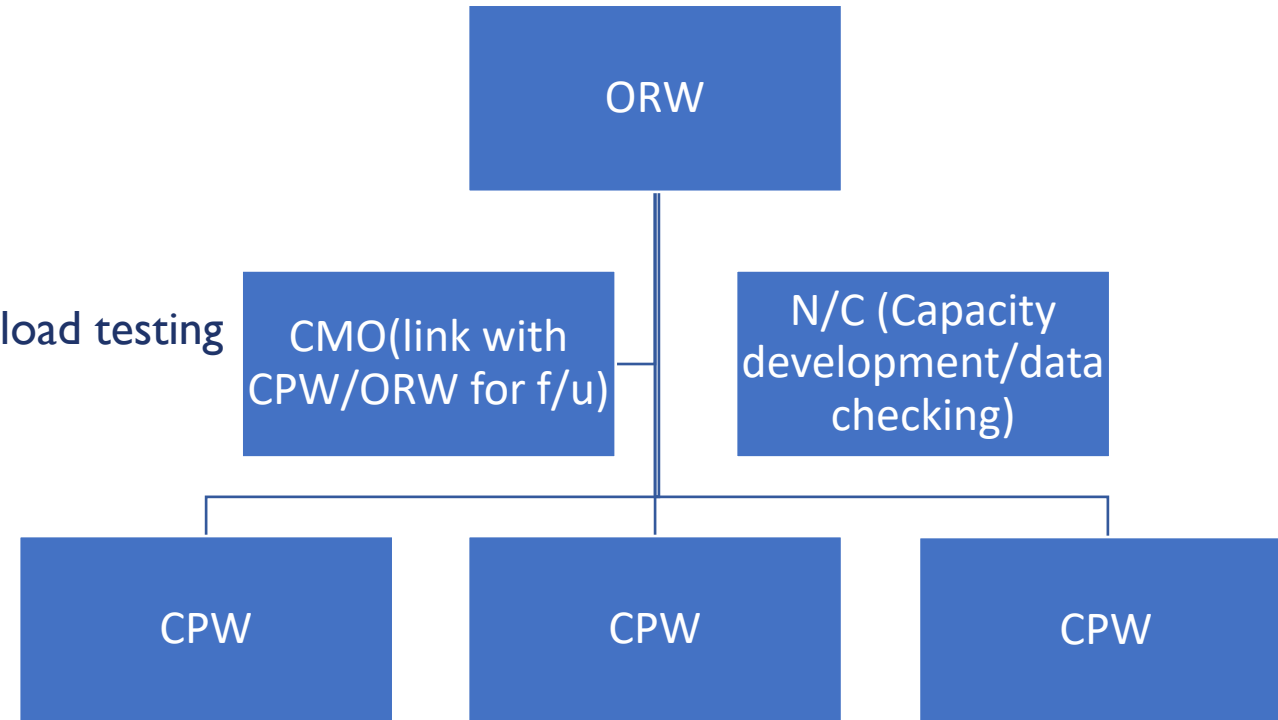
Need to feasibility assessment and service mapping



Description of CBSD Model and Approaches

Detail of Activities

- NSP (Low profile)/Condom Distribution
- Organizing the clients for HTS/Referral for TB screening
- Referral for ART and ART/TB follow up, remind for viral load testing
- Community Advocacy and Health Education
- Condom distribution
- Health Education



Operation Flow

- Day to Day Management and Data Entry by Outreach Workers
- Capacity Building for CPW by Nurse Counselors
- Overall Management by Project Manager



Linkage to Care

- CPW identify the clients
- Organize for HTS
- If positive, they will refer to DIC/NAP with accompany referral for ART.
- After receiving ART, CPW needs to follow up for adherence and viral load testing
- CPW play an integral role in linking patient to care who are diagnosed at community.
- CPW will support the initial linkage to care as well as ongoing retention and adherence



Description of CBSD Model and Approaches

Coverage areas, locations, and activity schedule

- Working hour is flexible
- Total CPW in June – 109
- Coverage Area and Location
 - In Sagaing – Homalin Township , Mawlaik Township , Kale Township , Tamu Township , Shwebo Township , Wetlet Township , Kan Ba Lu Township , Khin U Township , Ye-U Township
 - In Kachin – Chipwe Township , Waingmaw Township , Bhamo Township , Hpakant Township
 - In Shan – Lashio Township , Muse Township (Kyukote / Pangsang)



Description of CBSD Model and Approaches

- Vacancy announcement will be done at each village, with short deadline.
- Interview will be done by PM but need input from respective outreach teams.
- Basic Training and Technical Training and also refresher training will be provided
- In Basic Training – Basic Knowledge of HIV , HTC and Linkage to Care , Basic Harm Reduction , How to handle community Myths
- In Technical Training – Drug and its effect , Drug Overdose , Communication Strategy in Outreach Activity , TB and Malaria and Methadone Maintenance Therapy



Monitoring, Supervision, and quality control

- Target Setting for CPWs
- CPW have to fill Daily Record Books
- CPW have to participate in Two weekly meeting with PM and Outreach Team
- Monthly Report will have to send to PM
- CPW Quality control check-list (2 times per year)
- Material Checklist for CPWs



Achievements and Contributions of the model (either quantitative and/or qualitative).

In Jan-June (2023)

- HTC Refer / Client Reach for all client type – 4108
- HIV Testing for all client type – 3975
- Reach to Test – 96.7 %
- Newly HIV(+ve) for all client type – 299
- ART received in newly HIV(+ve) for all client type – 199
- Health Education session at the community Level – 1132
- Also participate in NS distribution and condom distribution.



Challenges and the way forward

Challenges

- CPW Turnover rate
- Data Quality
- Security Concerns of CPW
- Sometimes misunderstanding between community

Way Forward

- Asking feedback from CPW when resign
- Discuss the data issue when two weekly meeting
- Update the conflict information of local context and conduct advocacy if needed
- PM and teams advocate the community if needed



What was learned?

- CPW activity is only implemented for 3 years but there were many effectiveness in HIV and Linkage to Care. E.g – Before the political conflict was worsening , Linkage to Care of CPW activity in Mawlaik is very good achievement (95 %)
- Before CPW activities, if clients need assistance related to health problems, they wait for the clinic's opening hours and also have difficulties coming to the clinic. However, when CPWs are in the village, clients get help from CPW whenever needed.
- Due to the current conflict situation, ORWs couldn't go to the village for outreach activities. In such a condition, CPWs served in prevention services (NSP, Condom, IEC, etc.) and thus, clients are getting continuous prevention service
- In certain area where community resistance was encountered and roads are blockage, community prevention workers took the lead in initiating advocacy effort with local authorities. As a result of their efforts, harm reduction activities and other continuously service provision were successfully reinstated in those particular areas.





Health Education Session with Clients



Health Education Session to Community Member
Chipwi Township , Kachin State



Refresher Training to CPWs



Collection of Scattered NS



Provide Covid Care Kit to Community during Covid-19 pandemic

Thanks for your pay attention

