



WINNING TRUST AND SUPPORTING PEOPLE WHO USE DRUGS

SHWE ZAYAR'S COMMUNITY-BASED APPROACH TO HARM REDUCTION IN MYANMAR

In Myanmar, there are around 93,000 people who inject drugs and approximately 240,000 people living with HIV¹. Like in other parts of the world, these two issues intersect and around 34%² of the estimated 93,000 people who inject drugs are also living with HIV. The rates of both HIV infection and drug use are highest in Northern Myanmar and it is here that Shwe Zayar, a community-based organisation based in Sagaing has been concentrating their efforts.

Founded in 2009, Shwe Zayar focuses on supporting people living with HIV. Its work includes treatment support; peer counselling services; education support for children from families affected by HIV; and financial and nutritional support for people in need. In 2014, Shwe Zayar became aware of the increasing need for harm reduction programmes particularly among internal migrants often returning from working in mining areas or border trade. Shwe Zayar began working with people who use drugs and has done so ever since, with programmes that are rooted in the community.

This briefing highlights some of the work that Shwe Zayar has undertaken on harm reduction. It includes feedback from staff members, participants in the programmes and community members.

ABOUT US

ALLIANCE MYANMAR MAHAMATE

Since 2004, Alliance Myanmar Mahamate has been providing technical and financial support to community-based organisations and networks to deliver low-cost, high-impact, sustainable, community-led HIV programmes.

FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalized people face, and innovate to create a future free from AIDS.

ACKNOWLEDGEMENTS

Our deepest thanks to all the clients, community members, project staff and Board members of Shwe Zayar who agreed to be interviewed for this study. We have tried to reflect the voices and perspectives of the people we serve. All names have been changed and the appearance of individuals in this publication gives no indication of HIV status.

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Cover photo: A meeting at Shwe Zayar Centre with clients and their families and visitors from UNODC. © Shwe Zayar CBO, 2020.

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WHY TAKE A COMMUNITY-BASED APPROACH TO HARM REDUCTION?



Harm reduction programmes have been implemented in Myanmar since 2005. Funded by international donors and NGOs, these programmes have since expanded across five states. The majority of these programmes are based in health facilities and the services are provided by health professionals including doctors, nurses and counsellors. The programmes focus on meeting quantitative targets such as the number of people reached, number of HIV tests completed. However, this conventional approach to harm reduction makes limited use of peer educators and does not always take into account the need for community acceptance and involvement.

Community-based harm reduction models are centred around people who use drugs and their needs. Peer leadership is the most critical element and people who use drugs are involved at every level from designing and planning the intervention, to leading and delivering the programmes. These programmes not only recognise the health consequences for people who use drugs but also their social, economic and psychological needs and seeks to address all of this. There is also an appreciation that people who use drugs are members of the communities they live in and can make a positive contribution to society.

Both approaches to harm reduction offer the essential service packages recommended by the WHO³, including needle and syringe programmes, condom programmes and referrals for diagnosis and treatment of HIV, hepatitis B and C, and tuberculosis. However, it is now recognised that investing in community empowerment is not just the right thing to do, it helps make programmes more relevant, effective and sustainable⁴. With HIV prevalence among people who inject drugs continuing to increase in Myanmar, it is critical to support greater community-based and peer-led approaches to harm reduction.



Dr Htoo Khine from Alliance Myanmar Mahamate explains to the UNODC visitors how Alliance Myanmar Mahamate supports Shwe Zayar. © Shwe Zayar CBO, 2020.

SHWE ZAYAR'S APPROACH TO HARM REDUCTION



At the heart of Shwe Zayar's work is the commitment to empower and involve people who use drugs and to engage the wider community in order to make the work sustainable. The services they offer (either directly or through referrals) include health education, condoms, counselling and testing for HIV, referrals and adherence support for methadone maintenance therapy (MMT) and anti-retroviral treatment (ART) as well as treatment for hepatitis B and C, home-based care and a safe space for people who use drugs.

During 2019 the frequency of centre attendance was 9370 with 890 clients reached in total and 788 referrals made for HIV testing.

Shwe Zayar has been receiving technical and financial support from Alliance Myanmar Mahamate to implement community-based harm reduction work since 2016. Shwe Zayar has four main objectives:

1. to improve the physical and mental health of people who use drugs;
2. to reduce the social, economic and health-related harms that are a consequence of drug use;
3. to assess existing services, identify the service needs, and provide additional services which meet the diverse needs and expectations of people who use drugs;
4. to reduce and stop drug use through effective drug treatment and to ensure social reintegration of people who use drugs.

“ The clients are reluctant to access the health services in most circumstances. We address it by offering referrals accompanied with peers and engaging with health care providers. It works!

(Project staff)

“ I noticed the different approach between current Shwe Zayar and other harm reduction partners. Shwe Zayar really focuses on community participation through health education session, community mobilization and advocacy here, which I think is the key step to move forward.

(Community member)



UNODC visitors at the Shwe Zayar community-based harm reduction centre.
© Shwe Zayar CBO, 2020.

→ **EMPOWERING PEOPLE WHO USE DRUGS**

Shwe Zayar does not view people who use drugs as simply recipients of their interventions, instead they are involved in every stage, they help to identify the problems needing to be addressed and are part of the solution. People who use drugs are involved in oversight, planning and supervision in roles that range from being a board member to a project lead. Others have taken on service delivery roles and work as counsellors, educators or outreach workers.

Shwe Zayar is strengthened by their involvement, and as a result it is better placed to understand the concerns of individuals who use drugs and to provide services that meet their needs. People who use drugs feel safe accessing services from Shwe Zayar and trust the organisation as they see their own peers represented there.



A meeting at Shwe Zayar Centre, with clients, their families and UNODC visitors.
© Shwe Zayar CBO, 2020.

” I used to use drugs before and stopped since a couple of years. Now, I became a Buddhist monk and I am acting as a board member of Shwe Zayar. I sometimes provide counselling to the clients to share my experience and information.
(Board Member)

” Before I met with peer staff, I was quite reluctant to get health services. Now, I'm more comfortable to interact with the service providers and I've been taking MMT for 1 year.
(MMT Client)

→ ENGAGING THE WIDER COMMUNITY

Shwe Zayar is a community-based organisation, governed by a board with 11 community members including local leaders and people who use drugs. These community representatives play a key role in shaping and guiding the work of the organisation.

Shwe Zayar also works hard to reach out to and engage with the wider communities around their clients, including families, neighbours and community leaders. Each month sensitization meetings are held where board members, project staff and people who use drugs engage with these communities. Representatives from Shwe Zayar share their experiences and talk about the organisation's work and the services they offer while people from the local community are given the opportunity to share their experiences and outline the needs they have identified. Community members have also been involved in assessing the services provided by Shwe Zayar and helping to mobilise resources for the interventions.

“ We have been working very closely with the community to gain their acceptance, and as a result, some community members are bringing their family members and friends to our centre to seek assistance. I am happy for that.

(Project Manager)

“ I am happy to volunteer for charity work and my wish comes true under the organisation's lead. I feel more relaxed and confident to stay in the community.

(MMT client)

The staff at Shwe Zayar also hold meetings that bring together a wide range of community-based actors so that they can address the complex health and social problems faced by people who use drugs – this includes community leaders, religious leaders and representatives from other community-based organisations. The nature of drug use and the negative health, social and economic impacts on society are explained and ways to address these issues are discussed during the meetings.

As a result of this approach, Shwe Zayar has found that there is less resistance to their work and even the police are more understanding of the challenges faced by people who use drugs and less likely to arrest them. In addition, some community members have begun to refer people they know to the Shwe Zayar centre to access the services and support.

Community members are now supportive of efforts of people who use drugs to become involved in social activities and charitable work – activities include repairing roads, raising donations to religious offerings and events and cleaning public places – and their contribution to the places and communities they live in.

→ **OFFERING SERVICES TO MEET A RANGE OF NEEDS**

Shwe Zayar offers a wide range of services for people who use drugs, including:

OUTREACH AND CASE MANAGEMENT TO SUPPORT TESTING AND TREATMENT

Shwe Zayar uses a case management approach to identify, reach, test, diagnose HIV and enrol people into ART. Project staff make every effort to ensure that anyone who is at risk knows their HIV status and as a result 95% of people reached agree to testing which is a very high ratio. When a person is diagnosed with HIV, a peer educator accompanies them to a public health facility where they can start ART.

“ I worked in other places before as migrant worker and I had acquired HIV when I resettled in my hometown. This organisation helped me a lot and counselled me many times to start ART. Finally, I stopped using street drugs and I am taking both MMT and ART. I am also working again and focusing on the progress.

(ART client)

“ I tell the clients to communicate by phone if they want prevention materials like needle and syringes, condoms because these are important for HIV prevention. Once they ask, I try to reach out them as soon as possible.

(Peer Educator)

Shwe Zayar also supports people who are beginning methadone maintenance therapy and helps them adhere to the treatment. Peer supporters help counsel the individual and their family and refer and accompany clients to an MMT centre.

Peer educators also provide other outreach services within the community, such as needle and syringe distribution, and education and information on health.



A group photo of Shwe Zayar Board members, clients of the centre and UNODC visitors.
© Shwe Zayar CBO, 2020.

COUNSELLING, MOTIVATION AND SUPPORT

The peer counsellors are thoroughly trained and well-experienced. They engage with the clients to understand their drug use behaviour, motivation, psychosocial problems and the factors influencing their continued drug use. They then discuss their wishes and goals and together create a treatment and care plan. For those trying to reduce their drug use, the counsellor will outline a way to reduce or remove the triggers or aggravating factors. For those who are diagnosed with HIV and ready to start treatment, the peer counsellor provides pre-ART counselling and connects them to the public ART centre. Finally, the peer counsellors provide MMT counselling sessions for clients and family members, if requested.

As well as individual counselling, the peer counsellors organize self-help group meetings. For example, they have monthly group meetings where people come together and share the challenges they face while taking MMT to help them stay in the MMT program, and to give them opportunities to join in social activities with their peers.

“ It was terrible for me to take ART before I knew the right information about HIV and ART. Then, I realized that the counsellor is a peer, which released my fear. Within a few months, I could decide to enrol into the ART program.

(ART client)

“ For me, I think I can quickly address the problems when clients approach me. I can feel their experience with my heart.

(Peer counsellor)



The Shwe Zayar Chairperson speaks about community-based harm reduction during an advocacy event, held in Tamu Township. © Shwe Zayar CBO, 2020.

PROVIDING A SAFE SPACE FOR ALL INCLUDING TAILORED SUPPORT FOR WOMEN

Alongside the specific services on offer, there is a centre that acts as a meeting place and safe space. Coffee, snacks and noodles are on offer and there are also showers and a supply of personal hygiene commodities for clients. Here people relax and take part in recreational activities including watching TV, playing guitar, listening to music, or playing games. Most importantly, people can spend time together, and share their experiences.

Shwe Zayar has also designed its programme to make it accessible and safe for women who use drugs who are welcomed on their own or with their partners. Female project staff offer sexual and reproductive health services such as providing information about how to avoid unwanted pregnancies (e.g which contraception methods are more effective when using drugs), provision of contraceptive injections and diagnosis and treatment of sexually transmitted infections (STIs).

” It feels good to see that the clients are enjoying our centre.

In addition, we have an opportunity to see their needs and to encourage them to access health services.

(Project staff)

” I heard about this facility from my partner and I was a bit afraid of before I came here. After visiting two or three times, I became familiar with this place, and the staff are also friendly.

(Woman who uses drugs)

” I have no place to go after taking methadone. So, I come here to meet with my peer friends and watch movies.

(MMT client)



A group photo of Shwe Zayar members, local authorities and other CBO representatives taken after an advocacy session about youth in Sagaing Township. © Shwe Zayar CBO, 2020.

PRACTICAL SUPPORT SERVICES AND HOME-BASED CARE

The centre also serves as a place where people can come to access very practical support. This includes: a needle and syringe programme; free condoms; nutritional support for people who use drugs and have HIV/TB coinfection; and transportation support so that people can get to health facilities to access treatment.

Shwe Zayar provides home-based care to people on ART and MMT. Peer educators accompany them to health facilities and visit their homes to support them during the initial phase of treatment. They check for adverse reactions to ART treatment, engage with the client's family members to seek their support and remind them when they have appointments.

“ Once I was sick and unable to go to methadone clinic, I informed my peer educator from Shwe Zayar and I was hospitalized eventually. (MMT client)

PROSPECTS FOR THE FUTURE

The need for community-based harm reduction programmes is evident. Shwe Zayar is an example of a community-based harm reduction programme that is based on the collaborative effort of people who use drugs and the families, neighbours and community members they live with. The involvement of peer educators and peer outreach workers helps to maximise the reach of harm reduction services even in remote communities. These community-based programmes can be responsive, effective and provide tailored services that meet the diverse needs of people who use drugs. By investing in local people, the programmes are investing in community interest in success and greater sustainability.

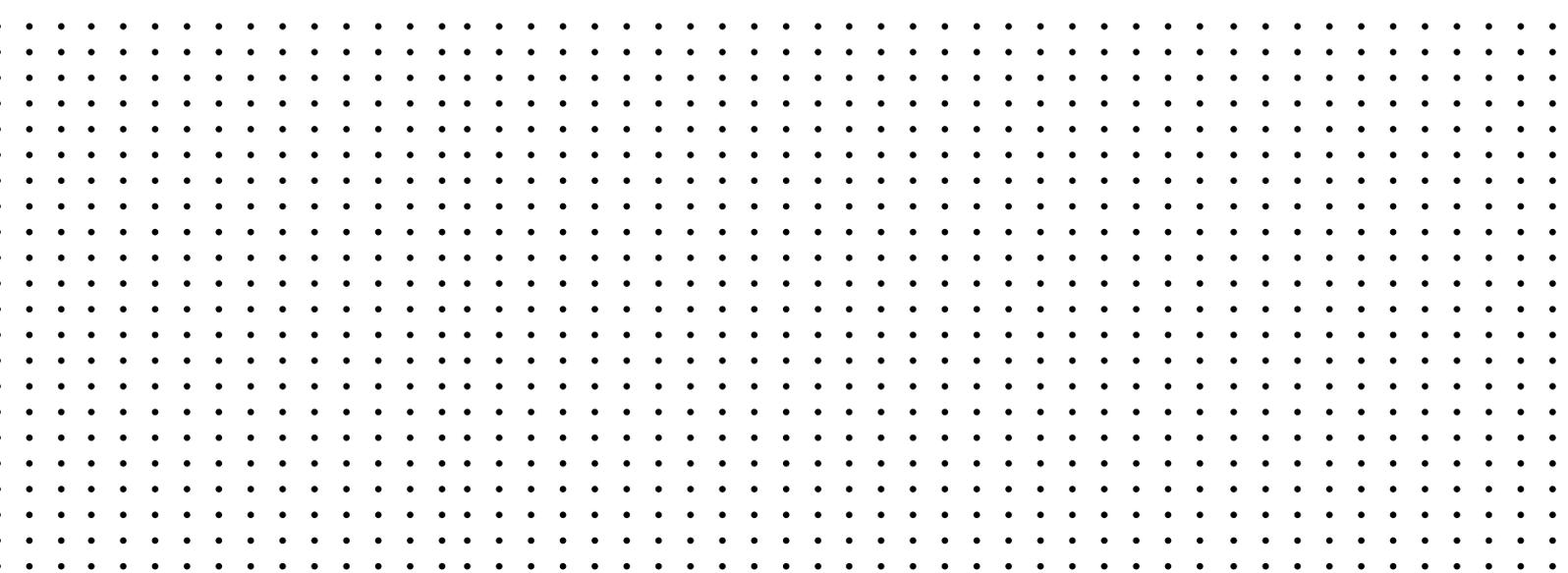
However, despite their cost-effectiveness, funding for community-based organisations providing harm reduction services remains very low. Also, the national guidelines state that only one partner should be working in one area, which can make it hard for local community-based projects to operate alongside formal health facility-based ones. These challenges must be addressed if community-based harm reduction programmes are to succeed in reaching and supporting greater number of people who use drugs across Myanmar.



Members of the National Drug Users Network-Myanmar and Shwe Zayar. © Shwe Zayar CBO, 2020.

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