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SUCCESS STORY

Mobile Clinics Boost Access to HIV Testing and Counseling Services for Key Populations in Nepal

With the introduction of mobile clinics, LINKAGES Nepal exceeded its reach target by 17 percent and its testing target by 36 percent.



Left to right: waiting area; registration; counseling session; HIV testing; distribution of information, education, and communication materials and condoms

HIV Testing: More Difficult Than It Seemed

For key populations (KPs) in Nepal—female sex workers, men who have sex with men (MSM), male sex workers (MSWs), and transgender people—getting tested for HIV has been inconvenient, at best. Take the example of Maya,¹ a waitress and sex worker in the capital city of Kathmandu.

Sometime after becoming involved in sex work, Maya met with a community-based supporter named Kusum from Nari Chetana Samaj, an implementing partner of LINKAGES Nepal. LINKAGES Nepal is part of the global USAID- and PEPFAR-funded Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV project that seeks to increase HIV prevention reach, HIV testing, and access to and retention in care and treatment. Kusum educated Maya about HIV, sexually transmitted infections (STIs), and condom use and referred her to Lagankhel static clinic to get checked for HIV and STIs. However, due to time constraints and objections from the owner of the restaurant where she worked, she could not find a way to visit the clinic, a problem also faced by her co-workers at the restaurant.

After learning of these constraints, the staff of Nari Chetana Samaj set up a mobile clinic on the premises of the restaurant, and all women who were interested could receive HIV testing services. Pleased with this more manageable access to services, the women then requested that “their mobile clinic” come again soon.

¹ Pseudonym

Until late 2016, LINKAGES Nepal and its local partners focused on providing HIV testing and counseling services to KPs at static clinics in centralized locations. Initially, the clinics were anticipated to be convenient for KP members residing in the district, but HIV testing rates were actually quite low. In fact, up to only 22 percent of the KP individuals reached in the community with prevention information got tested for HIV at the static clinics from 2006 to 2016.² The reasons for such low testing rates were travel distance to the clinics, clinic operating hours, and the time it took to get tested.

The Dawn of Mobile Clinics

In October 2016, LINKAGES Nepal responded to the call to make it easier to get tested for HIV by introducing mobile HIV testing clinics throughout its project districts. Accommodating those they aim to serve is at the heart of this mobile service delivery. The clinics are held during times convenient for KPs, such as morning or evening hours, and in strategic locations identified by community-based supporters as having high concentrations of KP members. As in static clinics, maintaining privacy and confidentiality is integral to the functioning of the mobile clinics. In addition, testing time is shorter, thanks to the coordinated efforts of the prevention and clinical staff teams. The prevention team identifies the location for the mobile clinic, conducts client education at the mobile site, supports registration, and provides accompanied referrals to antiretroviral therapy centers for clients found to be HIV positive. The clinical team, for its part, conducts the HIV testing and counseling. This includes the counselor providing pretest information to the group, followed by trained laboratory personnel conducting the testing. The clinical team also provides HIV test results and one-on-one post-test counseling to all individuals tested.

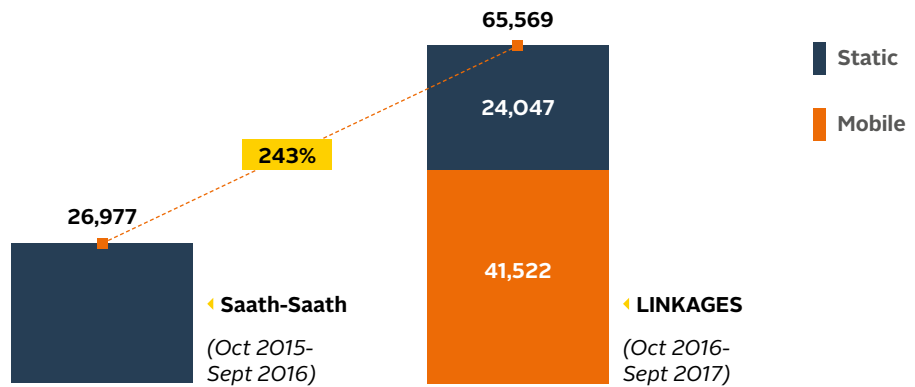
From October to December 2016, the first quarter when mobile clinics were in operation, LINKAGES Nepal tested 6,234 KP members through 206 mobile clinics, compared to 4,650 in static clinics during the previous quarter. This was a promising start, but HIV-positive case finding was still low, at 0.53 percent. LINKAGES Nepal then fine-tuned their mobile testing strategies to reach more KP members. These strategies included:

- Conducting mobile clinics at the top 10 hot spots
- Increasing the frequency of mobile clinics
- Holding more evening mobile clinics, in locations suggested by community-based supporters
- Conducting mobile clinics during weekends and at establishments frequented by KPs
- Using government health facilities to hold mobile clinics at health posts and subhealth posts
- Pairing with implementing partner agencies to conduct mobile clinics at their offices
- Mobilizing peers to encourage other KP individuals to avail themselves of HIV services and visit mobile clinics

Thanks to these new strategies, testing and case finding are on the rise. From October 2016 to September 2017, LINKAGES Nepal tested 65,569 KP members for HIV, which comprised 44 percent of those reached with prevention. Sixty-three percent of the total HIV testing was done in 1,307 mobile clinics (Figure 1). LINKAGES Nepal exceeded its reach target by 17 percent and its testing target by 36 percent, although case finding was still low, at 0.43 percent. In addition, during this period, the project tested approximately three times more than the total number of KP individuals tested the previous year (26,977) by the predecessor to LINKAGES, the USAID-funded Saath-Saath Project (Figure 1). This was 64 percent of the total annual number of people tested for HIV at the national level (not exclusive to KPs).

² USAID-funded Saath-Saath Project (2011–2016) and ASHA Project (2006–2011).

Figure 1. HIV testing services in static and mobile clinics October 2015–September 2017



Mobile Clinics Increase Access

Ajay Katuwal is a program officer at the Association of Medical Doctors of Asia–Nepal (AMDA–Nepal), an implementing partner of LINKAGES Nepal. Ajay explains the difference between testing at static versus mobile clinics: “In a static clinic, we serve six clients per day, on average, but in the mobile clinic we serve up to 35 clients, as we only provide HTC [HIV testing and counseling] services. In a short period, through the mobile clinics, we were able to provide HTC services to many KP individuals.”

Beneficiaries are pleased. One MSM related, “It was my first time to get HIV testing and counseling services from a mobile clinic. Since it was conducted near my residence, it was very convenient and comfortable for me. I also met some new friends of my [MSM] community in the mobile clinic. Hence, the mobile clinic has been helpful to know my health status and to increase my number of friends.”

Clients also appreciated the money-saving aspect of the mobile clinics, as explained by this beneficiary: “Going to get tested for HIV did not affect my wage, as I could use services in the mobile clinic near my workplace. It saved time so the owner did not reduce my salary.”

Another beneficiary agreed and offered a recommendation for expanding the services. “It is very good that we are receiving HIV testing services from mobile clinics. I was not able to find time to visit a static clinic to get tested, but a mobile clinic conducted near my house made it possible for me to get tested and saved me travel time and money. It would have been even better for us if the mobile clinic offered STI [sexually transmitted infection] services.”

Although facility-based testing continues to have its place, the addition of this community-based, mobile approach is producing the desired results. LINKAGES Nepal plans to focus next on increasing case finding by placing mobile clinics in locations, hot spots, or cruising sites where they can reach more KP members and/or those at higher risk of HIV. They will also focus on partner referral and testing to increase case finding.