

# THE LINK - NEPAL

Volume 8, July–September 2018

Special Issue

**WORLD AIDS DAY**  
1st December 2018

**COMMEMORATING  
30 YEARS**

## Know Your Status

Visit a nearby HIV testing center or log on to [www.merosathi.net](http://www.merosathi.net)

## USAID/Nepal

1993-2018:  
25 Years of Successful  
Partnership with the  
Government of Nepal to  
Fight HIV and AIDS



### USAID/Nepal's Journey Towards Epidemic Control

#### Key Achievements (1993-2018)



Reached **1.2 million** individuals  
with HIV prevention messages



Provided HIV testing for **361,400**  
individuals



Provided **142,100** individuals  
with sexually transmitted infection  
(STI) treatment services



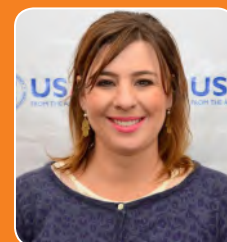
Distributed **117 million**  
condoms to key population  
individuals at higher risk of HIV



Trained **114,200** individuals for  
HIV-related stigma and discrimination  
reduction

### Message from USAID/Nepal Mission Director

The U.S. Government, through the United States Agency for International Development (USAID), has played a significant role in the success of HIV-related programming in Nepal for 25 years. It was USAID that introduced the first ever HIV-focused program for Nepal in 1993 in partnership with the Government of Nepal. Since then, we have designed and successfully implemented multiple evidence-based interventions targeting vulnerable populations (e.g. female sex workers, injecting drug users, and men who have sex with men) with HIV testing services, sexually transmitted infection management, and enrollment in clinical care.



Over this past two and a half decades, Nepal has seen remarkable progress in containing the HIV/AIDS epidemic. This is due to the focused leadership of the Government of Nepal, the sustained support by USAID and other external development partners, and the hard work and dedication of health professionals and development workers in direct partnership with local communities. I am confident that our collective efforts can support Nepal in its commitment to achieve epidemic control and end the AIDS epidemic by 2030.

**-Ms. Amy Tohill-Stull**

Mission Director, USAID/Nepal



**USAID**  
FROM THE AMERICAN PEOPLE



**LINKAGES**  
Across the Continuum of HIV  
Services for Key Populations

**fhi360**  
THE SCIENCE OF IMPROVING LIVES

# LINKAGES Nepal's Programs and Priorities to reach 95-95-95 and HIV Epidemic Control

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) is a six-year cooperative agreement funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by FHI 360 in partnership with Pact, IntraHealth International, and the University of North Carolina at Chapel Hill.

LINKAGES conducts a range of activities to reduce HIV transmission among key populations (KPs) — female sex workers (FSWs), men who have sex with men (MSM), male sex workers (MSWs), transgender people, and people who inject drugs — and to improve their enrollment and retention in care. LINKAGES is working to meet UNAIDS' global goal to end AIDS by 2030 by reaching targets of 95-95-95: ensuring

that 95 percent of people living with HIV (PLHIV) know their status, enrolling 95 percent of identified PLHIV in treatment, and achieving viral suppression among those 95 percent of PLHIV enrolled in treatment.

In 2016, LINKAGES Nepal partnered with the Government of Nepal to implement the National HIV Strategic Plan (2016-2021) to end AIDS by 2030. The Nepal team, along with 24 local implementing partner agencies (IPs), provides a range of HIV prevention, care, and treatment services for FSWs, clients of FSWs, and PLHIV in 17 districts and MSM, MSWs, and transgender people in five districts, with a focus on accelerating and intensifying strategies to identify, reach, refer, test, treat, and retain PLHIV.

## LINKAGES Nepal focuses on three main activities:

**HIV case-finding:** The project provides mobile outreach and static HIV testing, has introduced community-led testing for HIV screening of KPs, and promotes index-based HIV testing for increased case-finding. LINKAGES Nepal is also piloting HIV self-testing (HIVST) using OraQuick test kits, with plans to expand roll-out based on the findings of the pilot study. In order to close the treatment gap in Nepal, the project hopes to expand access to services to high-risk individuals who do not necessarily self-identify as KP members, partners of KPs, and children of PLHIV.

**HIV treatment enrollment:** LINKAGES Nepal aims to enroll at least 95 percent of HIV-positive KPs into care and treatment as soon as possible with the so-called "treat and test" approach. To achieve this, the team mobilizes peer navigators to refer HIV-positive clients to government antiretroviral therapy centers in the districts.

**Adherence to and retention in treatment for viral load suppression:** The project provides support through peer navigation to PLHIV in the community for adherence to and retention in treatment, which contributes to viral load suppression.

LINKAGES Nepal has also introduced innovative approaches to improve access to services for KPs including a pilot study of HIVST and pre-exposure prophylaxis (PrEP) and use of information and communications technologies.

## Contents:

■ Message from USAID/Nepal Mission Director	1	■ LINKAGES Nepal Project Achievements (October 2017 – September 2018)	6
■ LINKAGES Nepal Project's Programs and Priorities for 95-95-95 for HIV Epidemic Control	2	■ Important Activities and Events from July – September 2018	7
■ LINKAGES Nepal Project Approaches to Achieve 95-95-95 for HIV Epidemic Control in Nepal	3-5	■ Visitors Log	8

# LINKAGES Nepal's Approaches to Achieving 95-95-95 Goals for HIV Epidemic Control

## "Treat & Test" to Increase Links to HIV Testing and Treatment

LINKAGES Nepal promotes two referral models—voluntary partner referral (VPR) and risk-network referral (RNR)—through which PLHIV refer others in their networks for testing. Both models emphasize the voluntary nature of the referral, confidentiality, and safety as part of a "treat & test" approach to increase links between HIV testing and treatment. Among the adult general population in Nepal, HIV prevalence is 0.15 percent and HIV is most prevalent among KP groups. Despite high numbers of HIV testing, case-finding rates are lower than the HIV prevalence indicated in bio-behavioral surveillance surveys. Therefore, there is a need to move from this "high testing, low yield" approach to "low testing, high yield" approach. Index testing is a promising "low testing, high yield" approach, as 15,260 PLHIV are already enrolled in treatment in Nepal. Testing is initiated when an HIV-positive person who is either on treatment or is in the process of getting treatment refers someone else for treatment. Therefore, the approach is also called "treat and test" approach. We believe this approach will help close the treatment gap – there are still an estimated 15,760 PLHIV yet to be enrolled in treatment. Index testing is offered using two models of partner notification and testing:

■ The voluntary partner referral (VPR) model supports clients in a voluntary process of contacting their partner(s), disclosing their HIV status to them, and referring them for testing. VPR has demonstrated case-finding rates of up to 38 percent in FY18 (October 2017 – September 2018) in Nepal.

■ The risk-network referral (RNR) model offers KP individuals living with HIV broader options for physical and virtual coupon-based chain-referrals without having to directly contact the people in their social networks or disclose their status to their sexual and/or injecting partners. Following this approach, LINKAGES Nepal demonstrated up to 48 percent case finding in FY18.

LINKAGES Nepal is using both VPR and RNR models for partner notification and testing. Index testing has contributed up to 20 percent of overall case-finding in FY18.



**Index testing**  
**37.6%**

77 diagnosed HIV-positive out of 205 partners tested

## HIV Case Findings Through Different Approaches (October 2017 – September 2018)

### National case finding through general/standard testing approach (2017)

1,842 diagnosed HIV-positive out of 294,325 tested throughout the country in 2017.

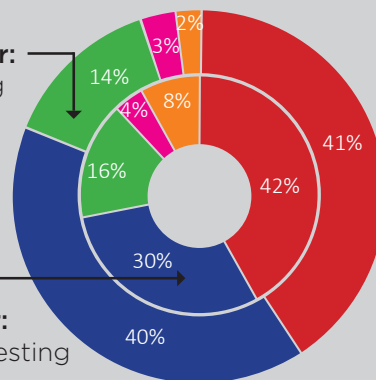
**0.63%**



**National**

### Outer layer: HIV testing

### Inner layer: HIV case testing



- Client of FSWs (0.51%)
- FSWs (0.37%)
- MSM/MSWs (0.55%)
- TG people (0.72%)
- Others (2.4%)

### Overall



**LINKAGES**

Across the Continuum of HIV Services for Key Populations

379 diagnosed HIV-positive out of 76,827 tested

**0.50%**

### General approach



276 diagnosed HIV-positive out of 75,145 tested

**0.36%**

15 diagnosed HIV-positive out of 281 RPR reactive cases tested

**5%**



**RPR reactive case**



# Bringing HIV Testing Services Closer to Communities

## 1) HIV Self-Testing

WHO defines HIVST as a specific process in which a person collects his or her specimen (oral fluid or finger prick/whole blood) and then performs a test and interprets the result, often in private or with someone he/she trusts. By offering an opportunity for people to test themselves discreetly and conveniently, HIVST may provide people who are not currently reached by existing HIV testing and counseling services with information about their HIV status. All individuals with a reactive self-test result should receive confirmatory testing with a trained provider using a validated test within the health care system (WHO, 2016).

LINKAGES Nepal conducted a pilot study on HIVST from June to September 2018 in the Lalitpur District. The study explored the feasibility and acceptability of using oral fluid-based HIVST for MSM, MSWs, and transgender women in the district.

A total of 440 people participated in the study and 12 were diagnosed HIV-positive, yielding 2.7 percent HIV case-finding. The preliminary findings of the study show that HIVST can be

an approach to increase availability of and accessibility to HIV testing services and increase HIV case-finding. LINKAGES Nepal will discuss the possibility of HIVST roll-out at the national level with the National Public Health Laboratory (NPHL) and the National Centre for AIDS and STD Control (NCASC).

## 2) Community-Led HIV Testing

Community-led testing is one of the approaches identified in the National HIV Strategic Plan (2016-2021) as a way to achieve greater reach at the earliest stage of HIV infection and a means to reduce waiting and travel time at fixed HIV testing sites. LINKAGES Nepal initiated community-led testing in August and September 2018 in all 17 project districts. In total, 480 people were tested and 12 (2.5%) were HIV-positive.



**HIV Self-testing 2.2%**  
12 diagnosed HIV-positive out  
of 440 tested (Jun-Sep 2018)

## Complementary Approach to Prevent HIV Transmission with PrEP

PrEP is the use of antiretroviral drugs by HIV-negative people to prevent the acquisition of HIV before exposure. WHO recommends that oral PrEP (containing tenofovir) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of a combination prevention approach.

PrEP is a potential complementary approach to existing prevention efforts such as condom use to prevent HIV transmission among KPs who are at high risk of HIV infection (particularly FSWs, MSM, MSWs, and transgender women). LINKAGES Nepal, in collaboration with NCASC and NPHL, is conducting a pilot study on PrEP in Lalitpur. The team received approval from the Nepal Health Research Council, the Protection of Human Subject Committee at FHI 360, and the Department of Drug Administration, Ministry of Health and Population to implement the study. The study will explore feasibility and acceptability of PrEP for FSWs, MSM, MSWs, and transgender women in Lalitpur, with a goal of enrolling 100 KPs on PrEP in three months.

## Peer Navigation to Increase Treatment Enrollment, Adherence, and Retention

Peers are people who share similar attributes, such as gender, sexual orientation, age, health condition, occupation/profession, socioeconomic status, and KP status. In the context of peer navigation in LINKAGES Nepal, a peer is an individual who is affected by or living with HIV, shares similar background characteristics with the beneficiaries being served, and is not a clinically trained health care professional. Peer-led interventions have become a standard approach in

many programs working with KPs and PLHIV. Peer navigation is a process of assisting peers in enrolling in and accessing care and treatment services and supporting them to identify and overcome barriers that interfere with achieving personal health-related goals.

LINKAGES Nepal is mobilizing peer navigators to support PLHIV, identified through LINKAGES' static and mobile clinics, and help them enroll in and adhere to treatment and care. LINKAGES first introduced peer navigation in February 2018. Since then, mobilization of peer navigators has been helpful for increasing treatment enrollment, adherence, and retention. Peer navigators are also contributing to an increase in partners notification and referral for HIV testing.

## Going Online to Reach and Refer Key Populations

### 1) MeroSathi

LINKAGES Nepal developed and launched an online risk assessment and appointment booking tool called MeroSathi ("My Friend") that aims to provide the most convenient means for users to determine risk, locate the nearest HIV testing clinic, and make appointments for HIV testing services at a convenient date and time. In addition, LINKAGES Nepal mobilized social media influencers to produce an informational video to be used in the online booking tool to motivate KPs to seek testing services. The tool was pre-tested by 134 beneficiaries and revised based on their feedback.

One of the pre-test participants said:

*"I really liked the MeroSathi website contents and information. [The website] is very simple, easy to understand, and it is easy to use on mobile phones. It helps to know about the services and it can be shared through social media platforms as well. This website can be accessed from anywhere, so I found this very useful."*



In September and October, MeroSathi had 96,478 site views from various social media platforms, primarily Facebook. 158 individuals participated in the risk assessment and subsequently booked HIV testing services in their area. Out of the 158 individual who scheduled appointments, 19 percent (30 individuals comprised of 6 MSM, 5 FSWs, and 19 other high-risk individuals) visited

LINKAGES Nepal clinics to receive HIV testing services. None were diagnosed with HIV; however, four were diagnosed with and treated for sexually transmitted infections (STIs).

### 2) Use of social media and online platforms

LINKAGES Nepal is using popular virtual platforms such as social media (Facebook), mobile applications (Viber, WhatsApp, imo, Facebook Messenger), and online dating applications and websites (Grindr, Hornet, Planet Romeo) to reach KPs who do not want to self-identify as KPs. Outreach workers interact with followers and members of these virtual hot spots to provide HIV prevention messages and refer them to testing. LINKAGES Nepal IPs and/or outreach workers also develop and post content on their own social media platforms. A mobile phone tablet has been provided to each outreach worker to enable them to use online platforms for reaching and referring KPs. In FY18, 1,037 individuals were tested for HIV and 23 individuals were diagnosed HIV-positive (2.2 percent HIV case finding).



### Online outreach

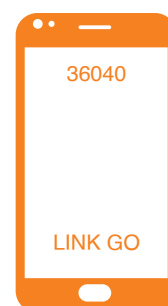
23 diagnosed  
HIV-positive out of  
1,037 tested

**2.2%**

## Service Quality Monitoring System via Short Message Services

LINKAGES Nepal rolled out the service quality monitoring system via short message services (SMS<sup>2</sup>) in seven districts to monitor KP individuals' experience of stigma and discrimination at health facilities, maintain a feedback loop between KP individuals and service providers with actionable data, and conduct behavior change campaigns with KP individuals and service providers. SMS<sup>2</sup> is operable through SMS on simple mobile phones and can generate facility service quality reports on a quarterly basis, which provides a feedback loop between service users and providers with

quality improvement interventions. The findings from SMS<sup>2</sup> were shared with IPs and action plans were developed. Some of the program adjustments were done as per the findings, such as shifting a counselling room to maintain confidentiality and orienting outreach workers and clinical staff to provide KP-friendly services. At the national level, SMS<sup>2</sup> is included as a monitoring tool to assess service quality.



## "Mero Data" to Strengthen Strategic Information and Online and Real-time Evidence-Informed Decision-Making

LINKAGES Nepal has customized the District Health Information System and named it "Mero Data (My Data)" to enhance the project's current strategic information system to capture and manage online and real-time project data. Mero Data allows the project to track online and real-time data

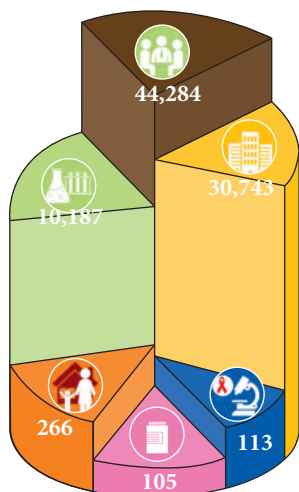
for continuous monitoring and improvement of program activities and outcomes, and to adaptively manage, prioritize, focus, and optimize efforts being made to reach 95-95-95 for epidemic control in Nepal.

# LINKAGES Nepal Project Achievements

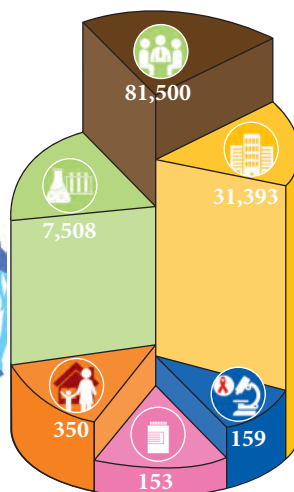
( October 2017 – September 2018 )



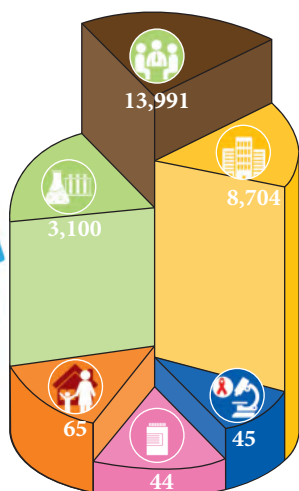
FSWs



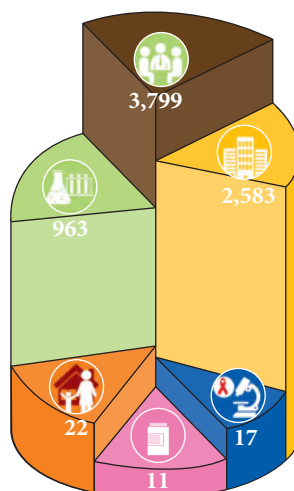
Clients of FSWs



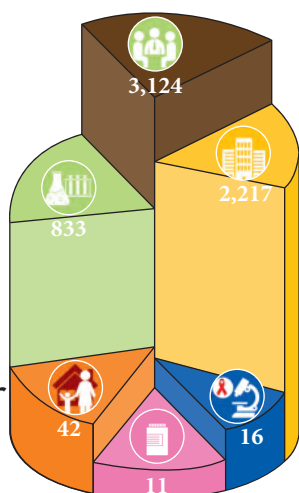
MSM



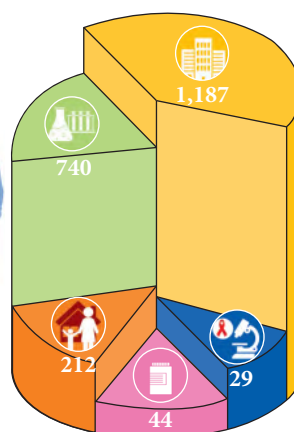
MSWs



Transgender People



Others



**146,698**

HIV Prevention Interventions



**76,827**

HIV Testing and Counseling Services



**379**

HIV Positive Diagnosed



**368**

HIV Positive People Linked to Treatment Interventions



**975**

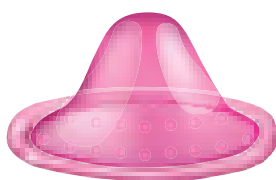
HIV Positive People Receiving Care and Support in Community



**23,331**

Screened for Sexually Transmitted Infections (STIs)

Condoms Distributed-4,6 Million



Male  
2,1 Million



Female  
2,2 Million



Transgender People  
155,878

Lubricants Distributed-643,752



Male  
507,297



Female  
-



Transgender People  
136,455





## Important Activities and Events (July–September 2018)

Led an orientation on LINKAGES Nepal FY19 strategic priorities, activities, and targets for IP project coordinators and management information system (MIS) officers



Conducted a refresher training on Mero Data for IPs and MIS officers to record, review, and report prevention, treatment, and care services in FY19

Held a training on online risk assessment and the appointment booking tool, “MeroSathi” (“My Friend”), to build the capacity of project and district coordinators and outreach staff from LINKAGES Nepal IPs



Provided technical assistance to conduct a data quality assessment and verification of LINKAGES Malawi for treatment-related PEPFAR indicators

Delivered the oral presentation, “Burden of STIs and prevalence of HIV among KPs individuals presenting with STIs in Nepal,” at the 22nd International AIDS Conference (AIDS 2018) in Amsterdam



Conducted a training on community-led testing and certification for 67 community-based supporters in coordination with NPHL and NCASC

Led a training on implementation of the HIV PrEP pilot study for FSWs, MSM, MSWs, and transgender women in Lalitpur for the pilot study team



# Visitors Log



Ivana Lohar, team leader, Family Planning, HIV and Social Marketing, and Nirupama Rai, development program assistant, Health Office, USAID/Nepal, observed the HIVST pilot study in Lalitpur. Gajendra Rai, Health Office, USAID/Nepal, and Dr. Krishna Babu Joshi and Sabita Thapa, USAID Monitoring, Evaluation and Learning (MEL) Project, conducted a data quality assessment in Banke and Rupandehi.

The chiefs, statistical officers, and HIV focal persons from the District Public Health Office (DPHO); representatives from local government bodies including health coordinators; and antiretroviral treatment centers in 10 districts observed prevention activities and mobile and static clinics run by LINKAGES Nepal IPs.



Dr. Tara Nath Pokhrel, director, NCASC, accompanied a microbiologist from NPHL, an assistant officer from NCASC, a nursing inspector from Tokha municipality, and a nursing officer from Bir Hospital on a visit to observe a LINKAGES Nepal clinical site in Kailali.



Paula Pazderka, associate director, Knowledge Exchange, and Kate Hilgenberg, senior technical officer, FHI 360, visited the FHI 360 Nepal office and facilitated sessions on knowledge management and knowledge exchange.



Ploy Udomsinka, senior executive and communications officer, Asia Pacific Regional Office (APRO), and Jessica Scranton, photographer, FHI 360, visited LINKAGES Nepal IPs in three districts for photography.



Andrew Sisson, director, Digital Technology Solutions, and Josh Woodard, technical advisor, MStar, visited the FHI 360 Nepal office and project sites in Kathmandu to provide technical assistance on digital solutions.

Virupax Ranebennur, senior technical advisor, M&E, and Michael Cassell, senior technical advisor, LINKAGES, provided technical assistance to the LINKAGES Nepal team on programmatic approaches and strategies and M&E systems with consideration of PEPFAR Asia's regional operational plan priorities. The team also visited LINKAGES Nepal service and outreach sites and conducted a debrief meeting with USAID/Nepal.



## Editorial Team

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*This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The content of this document do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. LINKAGES is a five-year cooperative agreement (AID-OAA-A-14-00045) led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.*

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