Case Study 6: Working with Clinics to Improve Access to VCT and STI Services for Key Populations

Key Messages:

- Assisting key populations to gain access to medical, health and social interventions is a key component of effective HIV prevention and treatment programs.
- TL's referral system assisted key populations gain access to needed services.
- Providing sensitisation workshops and ongoing support meetings to service providers was essential for ensuring that services were accessible and acceptable to key populations.

Background

Tingim Laip worked with stakeholders and partners to support friendly sexually transmitted infection (STI), HIV counselling and testing (HCT) and HIV clinical and social services. TL helped to make these services accessible, available and used regularly by people from key populations. In 2011 the Tingim Laip team developed the TL STEPs model to assist locations to better tailor their interventions towards key populations.

Referring key populations to relevant services was a key component of this model:

- Level 3 – focus on STI, VCT and sexual and reproductive health (SRH) services
- Level 4 – focus on anti-retroviral treatment (ART) and support services for PLHIV
- Level 5 – focus on other relevant services: police, gender-based violence (GBV), addiction and recovery, and other counselling services

Tingim Laip conducted detailed mappings (Social Mapping, Stakeholder Mapping and Location Mapping) to help determine what HIV prevention and care services were available in each project location. The mappings helped to identify the availability of services and support networks to assist people affected by HIV. TL then developed location-specific strategies for working with clinical and social services including harm reduction and response strategies for both alcohol and gender-based violence.

Where appropriate, TL worked towards the establishment of a two-way referral system (project to service provider and service provider to project). Rather than

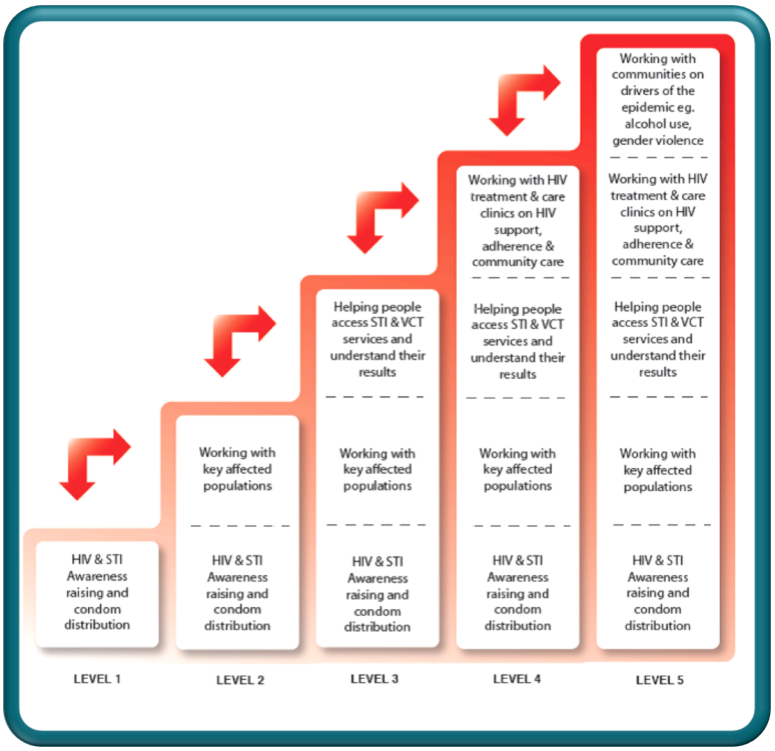


Figure 1 Tingim Laip STEPs Process for improving the range of on-site interventions

developing parallel or duplicate referral mechanisms, TL joined existing referral networks and collaborated with referral partners. In locations where a referral mechanism did not exist, TL undertook a process of identifying appropriate service providers, providing sensitization sessions to these providers, establishing a referral mechanism from TL to provider and from provider to TL- and maintaining provider partnerships through an ongoing review of the relationship.

Rationale

Supporting key populations to access relevant clinical and social service providers is a key component of effective HIV prevention and care interventions. The 2014 WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations recommends the following:

- Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.
- Screening, diagnosis and treatment of sexually transmitted infections should be offered routinely as part of comprehensive HIV prevention and care for key populations.
- Voluntary HCT should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing and counselling for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider-initiated testing and counselling.

Outcomes

- TL facilitated a series of short sensitization meetings with clinic staff and management as part of partnership development. The aim of these meetings was to increase understanding of the TL project for service provider staff; increase understanding of services for TL staff and volunteers; improve service provider staff understanding of working with key populations; build relationships between service providers and TL staff and volunteers; and, establish referral mechanisms. TL works closely with each service provider to try and develop a system that is best suited for both the provider and TL.

> "The work TL is doing with service providers is good because it strengthens the referral pathways for key populations."
>
> *– Member of True Warriors, PLHIV Network, Mt. Hagen*

- Various arrangements have been made in different locations to benefit TL peers. Some of these arrangements include TL referrals being given priority over other patients; designated days or office hours for key populations and, waiving of fees normally associated with a given service. For example, Anglicare in Central Province gave priority to accompanied referrals over other patients; Lopi Clinic in Goroka provided services specifically to key populations 3 days a week, on these days they gave preference to TL referrals over the general population; the nursing officers at Rabiamul Clinic in Mt. Hagen reported that when a patient went to the VCT clinic with a TL referral card the service they received was free, (normally a K4 patient fee was required).

> "Once we receive a referral from TL we see them there and then. The clinic has a lot of clients and it's really full but for the referrals that come from TL, we make sure we see them as a priority."
>
> *– Team Leader, Susu Mamas, Lae*

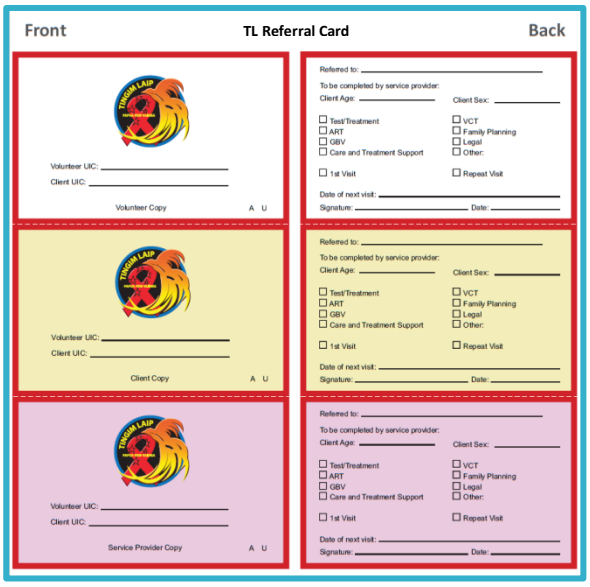
- As a result of sensitization workshops and meetings many TL staff, volunteers and peers reported feeling more confident to seek services and more satisfied with the services they received. Following the HIV and the Law training in Lae in which the field workers and police worked together, two volunteers reported writing statements for peers and bringing them to the police on their behalf. They said that the training helped them know their rights but even more it

showed them referral pathways to police and introduced them to a contact person within the police department.

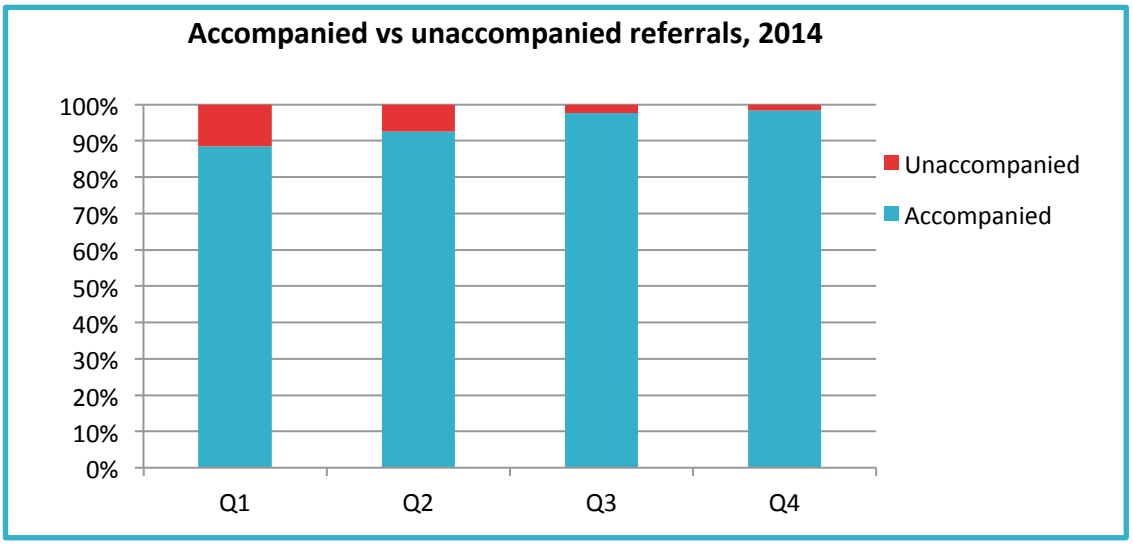
"At first the clinic staff weren't used to this (working with key populations), and every 2nd week we had sensitisation sessions with them to help them do a better job. They wanted to know who was a WES, but we said no, you don't need to know that, as long as you see them with a referral card, they are the people you need to work with. Now clinic staff know they need to provide a specialised service. They know the clients need to go through an STI check apart from VCT, they don't need to ask the clients.

- TL field workers provided accompanied and unaccompanied referrals to peers. TL worked towards providing accompanied referrals whenever possible as this provided an opportunity to assist peers to navigate the services and to provide pre and post service education and support.

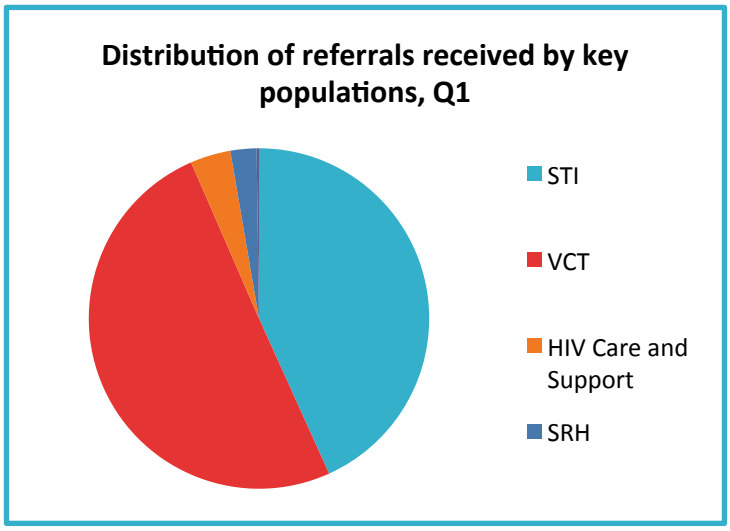
- For accompanied referrals, TL paid transport costs for field workers and peers for travel to and from the service and, depending on the duration of the visit, would provide refreshments or lunch to the peer. TL field workers often met with peers after service provider operating hours, or at times when it was not convenient for the peer to attend a service. In these situations, field workers gave referral cards to peers, encouraging them to attend relevant services.

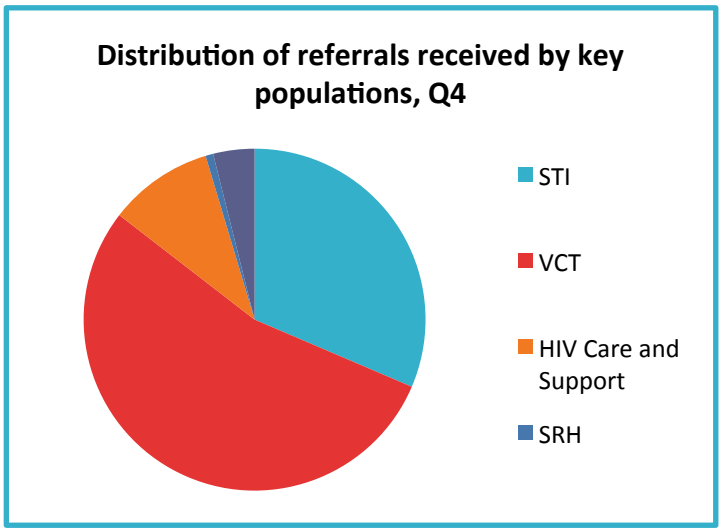


- Peers would then make their own way to the service provider at their own expense and according to their own schedule. TL referral cards were used during both accompanied and unaccompanied referrals for reporting purposes. The information collected on the referral cards was all basic demographic information. TL used a Unique Identifier Code (UIC) to monitor peer access to prevention and care services. The peer's code was written on the referral card, rather than their name, to ensure their privacy was maintained. With the UIC, TL was able to monitor the type of services accessed and the frequency with which they were accessed by each person. Over the 2014 year, as referral mechanisms were strengthened, TL was able to increase the percentage of accompanied referrals from 88% in Q1 to 98% in Q4.



The types of referrals TL provided in 2014 varied as TL strengthened relationships with clinics and social service providers. In Q1, 93% of referrals were to VCT and STI services. At the end of Q4 this was down to 85%, with referrals to HIV Care and Support up from 4% to 10% and to gender-based violence services up from <1% to 4%.





- In some locations the project had a designated clinic based field worker who worked in VCT or STI clinics assisting peers who came in for referrals, assisting the clinic staff, providing education, distributing condoms and providing condom demonstrations. This FO or volunteer was often a positive advocate living with HIV and provided pre and post-test support for TL peers. When peers received a positive result the staff was there to ensure they understood the scope of support that was available to them through TL.
- As part of TL's work to link key populations to clinic services the project organised and facilitated mobile clinics in select locations where voluntary HIV testing and counselling and STI testing was provided.
- TL understood the importance of not just establishing but maintaining the relationship with service providers through regular meetings and data feedback. Each month, the TL project officer visited partner service providers to collect the completed referral cards. This

"If you want a clinic to serve key populations well, awareness comes first. Pass the word that there will be a clinic like this (mobile clinic) and anybody is welcome, anytime during our hours. Treat everyone the same."

– Clinical Supervisor, Wabani Clinic, Mutzing Health Centre, Markham

provided an opportunity for the officer and service provider staff to have a short meeting. Many clinics TL worked with report against targets for reaching key populations to the Provincial AIDS council. Due to the fact that clinics rarely undertook outreach, they relied on TL and other organisations to reach key populations and bring them into the services. The referral cards and the monthly feedback provided by TL was appreciated by service providers as it assisted them in meeting their quarterly reporting requirements.

- In some locations, TL was able to make arrangements with managers of trucking and security companies to provide accompanied referrals during work hours. In Goroka for example TL worked closely with Guard Dog Security Company to provide outreach and mass referrals to VCT and STI services. Many of the guards TL worked with reported having never received HIV or STI tests prior to working with Tingim Laip. The Branch Manager said he did not think the guards would go to the clinic without TL because of the stigma of going to such clinics. He noted that when they go to a clinic as part of an organised project there wasn't that stigma or assumption that they must be positive or have an STI.

Challenges

- Some locations had difficulty storing the TL referral cards and reported losing them before TL staff collected them. There were also some reports of TL staff not collecting cards on a regular basis. Tingim Laip's M&E team reminded Project Officers of the importance of reporting referrals and worked with them monthly to improve data collection and reporting practices.
- Despite the initial and ongoing sensitization workshops and meetings provided to service providers, TL still had issues in some locations with clinic staff discriminating against TL peers or mistreating them in other ways. This was particularly challenging in locations with limited clinical services.
- In some locations clinical services were scarce and STI treatment was not available or expired. This was discouraging for TL peers and field workers as they often had to travel long distances to reach these clinics.

Lessons Learnt

- Providing sensitisation workshops and ongoing support meetings to service providers is essential for ensuring that services are accessible and acceptable to key populations.
- Many clinics reported being short staffed and struggled with mass referrals. TL worked closely with the clinics to try and reduce the burden of referrals. Strategies TL undertook varied from location to location but included calling clinics prior to bringing peers in to find out if they had time to see the peers; bringing peers to multiple clinics in town in order to reduce the number referred to one clinic; and arranging with clinics for preferred times or days and trying to provide referrals only during these times.

> "For the nursing staff, before TL they didn't take much notice of the whores ["raunraun meri"] or take any care of them, but now the service is there. And before, the police saw the women as nothing. But now with the HIV and the Law [training], now we have this strong working relation between these services and TL, these referral services. Before, not at all. The hospital staff used to ignore them, they saw us as nobodies, just something on the road."
>
> *– Field Officer, Markham*