

Mobile “moonlight” voluntary HIV counseling and testing for men who have sex with men in Kinshasa, Democratic Republic of Congo

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Introduction

In the Democratic Republic of Congo (DRC), traditionally stigmatized groups such as men who have sex with men (MSM) are among those most at risk of HIV infection and the hardest for service providers to access. In the first activity of its kind, the Integrated HIV/AIDS Project in the DRC (ProVIC) partnered with the local NGO Progrès Santé Sans Prix (PSSP) to assess the acceptability and feasibility of providing nighttime mobile voluntary HIV counseling and testing (VCT), or “moonlight” testing, to MSM using rapid finger-prick technology.

Why mobile moonlight VCT?

- *Mobile sites* increase access to HIV prevention services by reaching people where they live and operate.
- *Nighttime VCT sites* create a safe space to help reduce stigma and increase demand for services.
- *Nighttime testing* also means that people do not need to miss work to receive services.

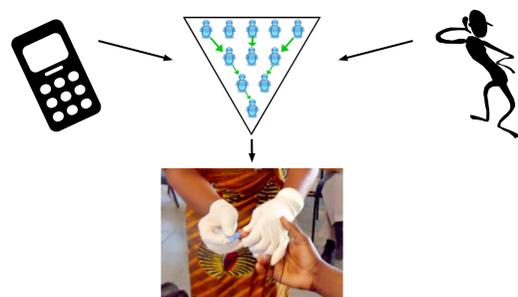
Intervention and Methods

- **Risk mapping** conducted at 15 sites in Kinshasa in 2010 to identify MSM.
- **Social networks and SMS texts** used by PSSP’s MSM peer educators to attract clients to mobile VCT sites and ease fears about testing.
- **Two mobile VCT teams**, each comprising two laboratory technicians, two counselors, and a supervisor, deployed to conduct weekly nighttime VCT clinics in different HIV hotspots over a one-month pilot intervention period.
- **On-site HIV counseling, testing, and test results** provided by mobile VCT teams during moonlight clinics; rapid finger-prick HIV testing allowed MSM to get results quickly.
- **Qualitative and quantitative data** generated through careful monitoring of mobile VCT attendance, and by soliciting observations from program staff.



Staff preparing to test a man for HIV using the rapid finger-prick method.

Figure 1. MSM peer educators rely on their social networks to create a cascade or “ripple” effect that raises awareness about HIV and the availability of moonlight VCT services.



“Peer education among MSM facilitates the transmission of awareness messages because we use coded language that gets passed along easily only in our circles.”

“And when, as a peer educator, I have already testified about my own HIV testing, this makes other MSM [seek these services] more easily.”

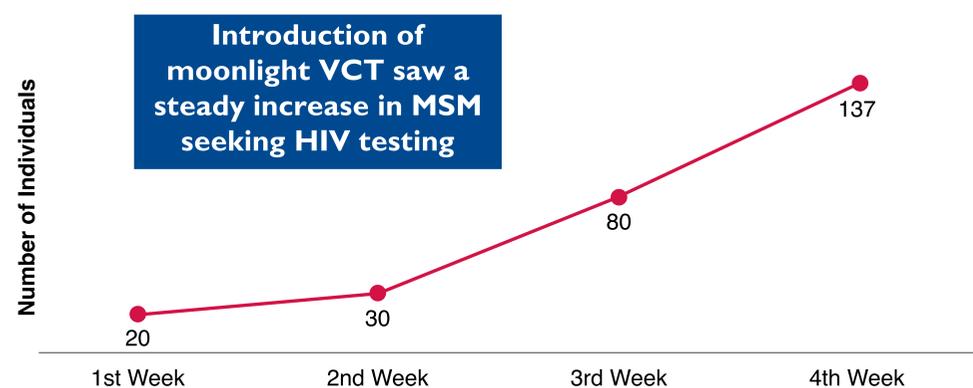
“We e-mail and text people. I e-mail one person [about the VCT services] and then they e-mail and text it to 10 of their friends.”

— MSM peer educator

Results

- **Initially low MSM attendance:** Only 20 MSM accessed VCT services per night.
- **Dramatic increase in MSM attendance:** An average of 80 clients accessed VCT services every night by the end of the one-month intervention.
- **Very high HIV seroprevalence:** A 30 percent rate among 267 tested MSM aged 20–30 demonstrates the importance of reaching MSM to help prevent the spread of HIV.
- **Critical role of MSM peer educators:** They generate demand for VCT by tapping into their MSM peer networks, creating a “ripple” effect of HIV awareness-raising. Mobile VCT pilot intervention teams reported that MSM peer educators played an important role in outcomes.

Figure 2. Rapid increase in MSM attendance at mobile moonlight VCT clinics.



ProVIC mobile moonlight VCT site.

“We prefer nighttime VCT because it’s the best time for us who are often stigmatized and rejected by the community.”

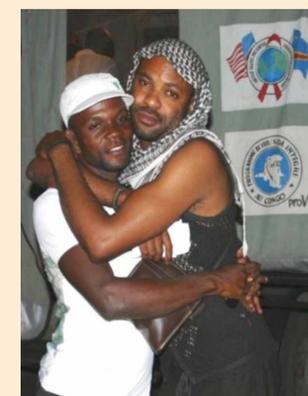
— MSM peer educator

Keys to success

- Peer education
- Rapid finger-prick tests and on-site results
- Nighttime service delivery
- Mobile clinics that reach people most at risk
- Use of SMS texting and social networks to expand outreach and increase demand for VCT

Conclusions

- **Rapid mobile moonlight VCT for MSM in Kinshasa led to increased service utilization** by expanding access to prevention services and increasing demand through peer education.
- **Client satisfaction reported**, as MSM were pleased to receive prompt, high-quality services without negative judgment.
- **MSM peer educators played a critical role** in demonstrating feasibility and effectiveness.
- **Mobile moonlight VCT for MSM expanded to two additional provinces** in 2012, building on the pilot’s success.



MSM peer educators at one of ProVIC’s moonlight VCT sites.

Acknowledgments

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