

## Mobile HIV Testing for Men

<b>Country</b>	Guyana
<b>Partner</b>	National AIDS Programme Secretariat (NAPS)
<b>Target Population(s)</b>	All men
<b>Cascade Stage(s) Addressed</b>	Testing, linkage

## Summary

This intervention addresses gender disparities in HIV testing in Guyana through mobile testing units in locations frequently visited by men, including construction sites, road-building zones, bus terminals, ferry crossings, police and military locations, and barbershops.

### **Intervention Objectives**

- Increase access to HIV testing services for men in Guyana, particularly in underserved and high-risk populations.
- Reduce gender disparities in HIV testing uptake by introducing targeted interventions for men.
- Promote condom use and Pre-exposure prophylaxis (PrEP) as preventive measures alongside testing.
- Identify and link HIV-positive individuals to care and treatment services promptly.

### **Implementation Setting**

- Workplaces: Construction sites, road-building areas, and other labor-intensive environments
- Transport Hubs: Bus terminals and ferry crossings
- Public Sector Institutions: Police stations and military bases
- Community Spaces: Barbershops and other male-dominated spaces

### **Implementation Approach**

- Deploy mobile units equipped with trained staff and testing kits
- Collaborate with employers, law enforcement, community leaders, and barbershop owners
- Integrate with other services (condom distribution, PrEP education)

### **Demand Creation Approach**

- Community Engagement: Use community leaders and influencers to raise awareness
- Tailored Messaging: Develop gender-sensitive communication materials
- Incentives: Offer small incentives such as health kits or vouchers
- Media Campaigns: Leverage radio, TV, and social media platforms
- Workplace Advocacy: Engage employers to promote HIV testing as part of workplace wellness initiatives

## **M&E Approach**

### **Metrics/Indicators**

- Input Indicators: Number of mobile units deployed, outreach activities conducted, IEC materials distributed
- Output Indicators: Total tests conducted (by gender, age, region), men tested by location, condoms/PrEP distributed
- Outcome Indicators: Positivity rates, linkage to care rates, percentage of key populations reached
- Impact Indicators: HIV prevalence rates among men, proportion of men accessing testing, gender balance in testing

### **Data Collection Process**

- On-site data collection by trained healthcare workers using digital tools
- Routine reporting via daily logs from mobile units, regional summaries
- Community feedback from tested individuals and community partners
- System for follow-up and linkage for positive cases
- Regular data quality audits and validation checks
- Real-time dashboards enabling data for decision-making
- Integration with the National Health Information System

## Results

### Quantitative

- Male testing increased from 26,747 in 2023 to 28,433 by November 2024 (6.3%)
- Significant narrowing of gender gap: Men's proportion of total tests increased from 36.5% to 44.8%

### Qualitative

- Increased acceptance of HIV testing among men
- Reduced stigma associated with accessing HIV services
- Enhanced awareness of prevention methods including condom use and PrEP

## Resource Requirements/Training

### Staffing

- Healthcare workers: Trained HIV counselors and testers
- Outreach coordinators: For community-based activities
- Data entry and M&E officers
- Regional supervisors
- Community liaisons

### Training

- HIV Testing and Counseling Training
- PrEP and Condom Use Education
- Cultural Competency Training
- Data Collection and Reporting
- Stigma and Discrimination Awareness

## Infrastructure

- Mobile testing units
- Fixed testing sites in key locations
- Storage facilities for test kits and supplies
- Data collection devices and internet connectivity

## Stakeholder Engagement/Collaboration

- Collaboration with CSOs, NGOs, FBOs, community gatekeepers, and key populations in the implementation process.

## Timeframe

- Planning Phase (3-4 months)
  - Month 1: Needs assessment, resource mobilization, partnership development
  - Month 2: Strategy design, recruitment and training
  - Months 3-4: Infrastructure setup, community engagement
- Implementation Phase (6-12 months)
  - Initial Rollout (Months 5-6): Deploy mobile units, establish data collection
  - Full Implementation (Months 7-12): Expand to all locations, monitor and adjust strategies
- Results Timeline
  - Short-Term (3-6 months): Increased awareness and participation
  - Medium-Term (6-12 months): Significant increases in men accessing services
  - Long-Term (1-3 years): Sustained increases, reduced HIV prevalence