

SPARSHA NEPAL^d



✓	Needle and syringe programme
✓	Opioid agonist therapy
✓	Tuberculosis screening, testing and treatment
✓	HIV screening, testing, treatment and counselling
✓	Sexually transmitted infection screening

✓	Hepatitis C screening, testing and treatment
✓	Opportunistic infection treatment
✓	Temporary accommodation
✓	Linkage to health services

Background

SPARSHA Nepal (Society for Positive Atmosphere and Related Support to HIV and AIDS in Nepal) has its origins in a peer support group of people living with HIV in 2002 in Lalitpur, Nepal. They registered as a non-governmental organisation in 2004, and began to lobby for community-based anti-retroviral therapy (ART) at a time when the government only had capacity to treat 30 people at a time. The organisation’s funding is primarily international and non-governmental, though their ART and tuberculosis (TB) treatment is funded by the national and local government.

Integrated services

SPARSHA’s integrated services grew in accordance with the needs of their clients. First and foremost, integration is a recognition that people require a range of services, and these were most easily accessible in a single ‘one-stop shop’. They found that integration reduced confusion and supported adherence, by simplifying the process of accessing several different health services at once. From its origins as a peer support group, SPARSHA has always been based in and led by the community. The services they provide emerged in response to the observed and experienced needs of people living with HIV and people who use drugs. With each new service, more clients were reached with different needs, which the organisation adapted to meet.

Peer-led outreach is the means by which the vast majority of clients are first reached, mostly through the needle and syringe programme (NSP) or community-led testing. From that initial point of contact, clients are referred to the other services SPARSHA can offer according to their needs. For example, if someone tests positive for HIV, TB or hepatitis C, they are linked to SPARSHA’s primary health services at the drop-in centre. Volunteers are also available to accompany people to services where appropriate. Outreach is complemented by ‘in-reach’ – where peers can refer people in contact with one of SPARSHA’s services to another. For example, a client on ART may be referred to the opioid agonist therapy (OAT) programme if it is appropriate to their needs and aims.

At the ‘one-stop shop’ drop-in centre, the medical and social support team work together to assess the health and psychosocial status of each client, and develop individual plans that respect the client’s wants and needs. This might include testing, treatment or counselling for HIV, hepatitis C or TB, as well as OAT. Care is co-ordinated where there are comorbidities; for example, for someone who tests positive for both TB and HIV, ART may be delayed until after TB treatment in accordance with international guidelines.

SPARSHA is the only non-governmental organisation in Nepal that provides an ART clinic. Before the COVID-19 pandemic, multi-month dispensing of ART was already available for those for whom it

^d With thanks to Prawchan KC, Senior Programme Manager at SPARSHA Nepal.

was necessary, either from the drop-in centre or through home delivery by the outreach team. This was expanded after the pandemic, and there was also a shift from clinic-based distribution to home delivery. In normal times, to support adherence and habit-building, there is also the possibility for clients initiated on HIV or TB treatment to stay overnight at the drop-in centre.

From 2015, SPARSHA has provided OAT. In the early period, integrating OAT into the other established health services raised community concerns about the congregation of people who use drugs in the area. However, once the OAT programme was established, these concerns were quickly assuaged by the professional delivery of the service and its positive impact not only on the lives of those accessing it, but also on perceived crime and disorder in the neighbourhood. OAT is usually provided through daily attendance at the clinic (providing another opportunity for linkage to other services), though during the COVID-19 pandemic take-home doses for up to seven days were permitted by the Nepali Ministry of Home Affairs for the first time. Despite the success of this programme, SPARSHA expect this to be limited again by the government once pandemic-related restrictions are lifted. OAT clients meet once per week with a trained counsellor, and regularly see a doctor who can monitor or adjust their dosage according to their preferences.

Integration with other organisations

SPARSHA place significant emphasis on the integration of their services with the wider community, and their role in reducing stigma and discrimination towards people who inject drugs and people living with HIV. This is done partly through 'social marketing': providing education and awareness-raising to local people and institutions, such as the police or during festivals. For

example, during religious festivals SPARSHA have collaborated with youth clubs to provide free HIV testing and information on SPARSHA's activities and clients.

SPARSHA also maintain strong links with other health services. They collaborate with teams of doctors to provide HIV testing services in resource-limited settings and rural areas outside the range of their outreach teams. In those cases, the doctors inform clients about SPARSHA's drop-in centre and the services they provide, including HIV, hepatitis C and TB prevention testing and treatment as well as harm reduction. More broadly, SPARSHA refer their clients to other health services where issues cannot be addressed internally.

Women make up around one in ten people who inject drugs in Nepal. Recognising that harm reduction services in Nepal are largely targeted at men, and that coverage among women was extremely low, SPARSHA recently expanded their offer for women. They opened a specific drop-in centre for women, serving almost 200 women. However, they have since handed over the management of this centre to a women-led organisation, recognising the importance of being able to understand the needs and concerns of clients in order to provide them with holistic care.

Key lessons

- Integrating services makes them easier for clients to navigate, and can support them to engage more effectively.
- Collaboration in multidisciplinary teams can ensure that integrated services are complementary.
- Sometimes it is necessary to recognise the limits of integration under one roof: some services might be better delivered separately.



Photograph courtesy of: Society for Positive Atmosphere and Related Support to HIV and AIDS in Nepal (SPARSHA Nepal)