



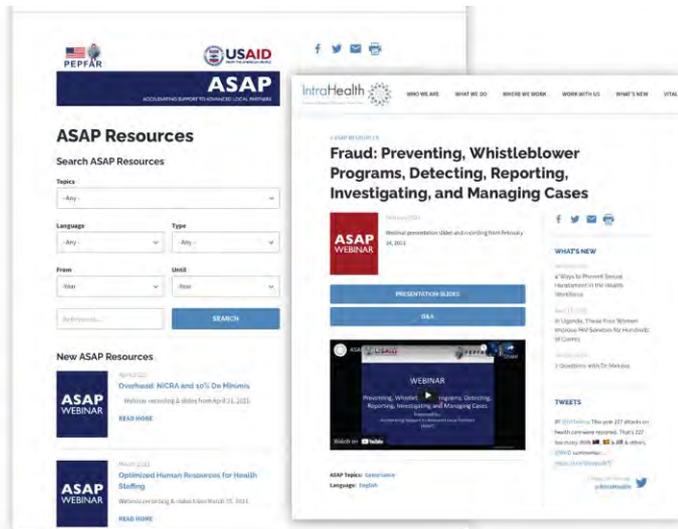
USAID/Accelerating Support to Advanced Local Partners
WEBINAR SERIES

Supporting Prevention and Clinical Outcomes
through Social and Behavior Change:
Technical Guidance and Case Studies

January 13, 2022

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By Keywords...

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Writing Abstracts



July 2021

Webinar recording and presentation notes from July 8, 2021.



WHAT'S NEW

July 26, 2021

What Does It Take to Keep HIV Services Available in Tanzania during COVID-19?

July 08, 2021

Quality Improvement: The Quiet Hero of Global Health Programs

July 02, 2021

New Regional Advisors Will Guide Frontline Health Workers Coalition's Policy and Advocacy Work

TWEETS

Safina meets w/ expectant mothers (who often walk 5+ kms to see her) during #COVID19. Our

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in upcoming webinars?**

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TODAY'S PRESENTERS

USAID's Office of HIV/AIDS

Jacqueline Devine

Senior SBC Advisor

Esther Braud

Senior SBC Advisor

Suzanne Leclerc-Madlala

Senior SBC Advisor

Kaitlin Powers

Program Analyst

TODAY'S PRESENTERS

Jhonny Celicourt

SBCC Specialist, PANOS Institute

Godfrey Mwanakulya

SBCC Specialist, T-MARC

Beloved Manasidze

Project Coordinator, ANOVA Men's Health Services



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Supporting Prevention and Treatment Outcomes Through Social and Behavior Change *Technical Guidance and CaStudies*

ASAP Webinar
January 13, 2022



“The central premise of behavioral science is simple. To make progress, we have to understand human behavior, not on the basis of intuitions, but using new findings and concrete data. We must learn how the people we hope to serve act or do not act in response to everyday challenges. And rather than making assumptions or applying what works in one culture to another, we need to gather evidence and data from the specific communities in which we serve.”

**Administrator Power, Excerpt from Keynote Remarks
At The United Nation’s Behavioral Science Week, June
21, 2021**



Objectives

- Highlight how social and behavior change (SBC) supports the entire HIV Continuum
- Highlight three case studies: Institut Panos (Haiti), T-MARC (Tanzania) and ANOVA (South Africa)
- Provide broad technical guidance and key principles



Session Content

- Welcome and introductions:
 - Jacqueline Devine, Esther Braud, Suzanne Leclerc-Madlala and Kaitlin Powers at USAID/Office of HIV/AIDS
- Background
- Supporting clients' journey across the HIV continuum through SBC
- Case studies:
 - **U=U Media Campaign** - Jhonny Celicourt, Institut Panos (Haiti)
 - **SBC Community Engagement to Support Healthy Behaviors Among PLHIV** - Godfrey Mwanakulya, T-MARC (Tanzania)
 - **Coach Mpilo : Applying the Principles of Effective SBC to Reach and Retain Men in South Africa on HIV Treatment** - Beloved Manasidze, ANOVA (South Africa)
- Reflection on key principles of effective SBC
- Q&A and discussion
- Some resources (not presented/end of deck)

Background

- No dedicated section in COP22 Guidance on SBC
- Guidance provided here is drawn from best practice in the field and recommendations based on technical assistance provided
- SBC is traditionally associated with prevention and demand generation for condoms, PrEP and VMMC but there are opportunities to apply the same tools and approaches throughout the HIV continuum of care
- Proxy terms for SBC in public health include IEC, SBCC, BCC, health communication, health promotion, and behavioral sciences, among others

Social and Behavior Change Defined

Activities or interventions that seek to change health-seeking behaviors and the social norms that enable them. Such interventions may be grounded in a number of different disciplines, including social and behavior change communication (SBCC), marketing, advocacy, behavioral economics, or human-centered design.

Behavior Change Defined

- Individuals' responses to interventions or program activities whether at facility or community
- Behavior change interventions motivate and support actions, decisions or practices that are directly linked to an outcome (e.g. viral suppression)
- Behavior change can be observed when a new practice is **adopted** (initiating ARV treatment), an undesirable behavior **abandoned** (such as taking ARV holidays), an existing behavior **maintained** (such as adhering to treatment) or **resumed** (such restarting ARVs)

IEC

Behavioral Interventions

**Social and
Behavior
Change**

**Social
Marketing**

SBCC

**Health
Promotion**

**Behavior Change
Communication (BCC)**

From IEC to SBC

- **IEC (Information, education and communication):** old paradigm using a “transmitter” model (emphasis on the knowledge by the transmission of information)
- **Behavior change communication (BCC):** systematic application of communication approaches that are based on theory and research to bring about a change at the individual level
- **Social and behavior change communication (SBCC):** systematic application of communication approaches that based on theory and research to bring about change at the level of individual, community and societal levels.
- **Social and behavior change (SBC):** Similar to SBCC but involves a larger range of interventions.

Supporting the HIV Continuum Through SBC



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SBC Supports the Entire HIV Continuum

Client-centered approaches in all key areas...

- Demand creation for VMMC, PrEP, condoms
- Prevention literacy; HIV risk awareness, avoidance and reduction
- Community engagement to change harmful socio-cultural norms
- Integration of programs that address economic inequality, education, and other structural factors
- Mental health and social support integration

- Effective linkage to treatment
- Uptake of index testing including pediatrics and partners
- Addressing sero-discordance

- Community-based ART support
- Provider behavior change
- Supportive services (motivational counseling)
- Mental health strategy support and strengthening

Identify Priority Populations

Prevention

HTS

Diagnosed PLHIV

Initiate ART/ Re Engage

Sustain on ART

Suppress viral load

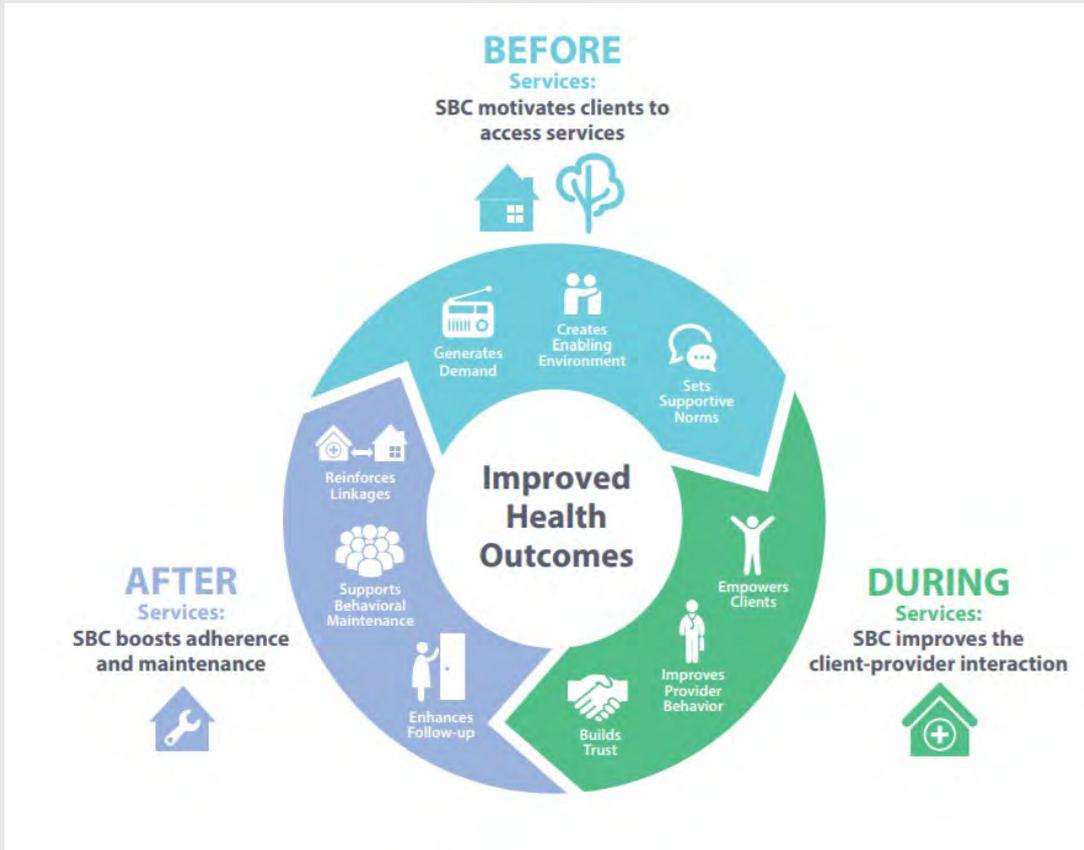
- Community mapping efforts / geographies
- Engaging men
- Root cause analysis
- HCD

- Self-testing communications
- Targeted demand creation for HIV testing
- Pre- and post-test counseling for a test and treat era
- Linkage to treatment and prevention
- Strategic marketing to reposition living with HIV including U=U

- Treatment literacy
- Awareness raising around Test & Start
- U=U
- Psycho-social determinants in predictive analytics

- Treatment engagement over time
- Adherence support
- Demand creation for viral load testing

Supporting Clients' Journeys Through SBC Along The HIV Continuum



Demand Creation for Testing

Valor (RISE/Nigeria):

- Virtual peer-navigation to create demand for testing and to support linkage among young adult men
- Audience insights collected through human-centered design (HCD) “lite”
- Creative agency used to translate insights into concepts which were refined through iterative process
- Social media partner placed PSAs
- VIP Guides trained to engage with men and support client journey



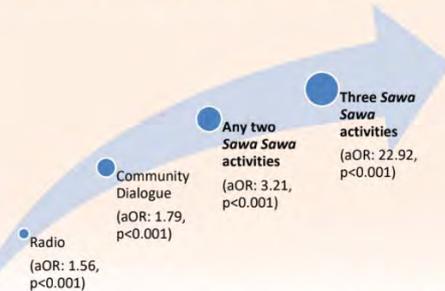
Addressing Stigma to Support Service Uptake

Sawa Sawa (Mozambique):

- Integrated SBC project to address stigma
- Included radio, dialogues and testing at community level as well as facility focal points
- Increased odds of HIV testing among men associated with the intervention (OR: 1.32; 95%CI: 1.01-1.74; $p=0.049$)



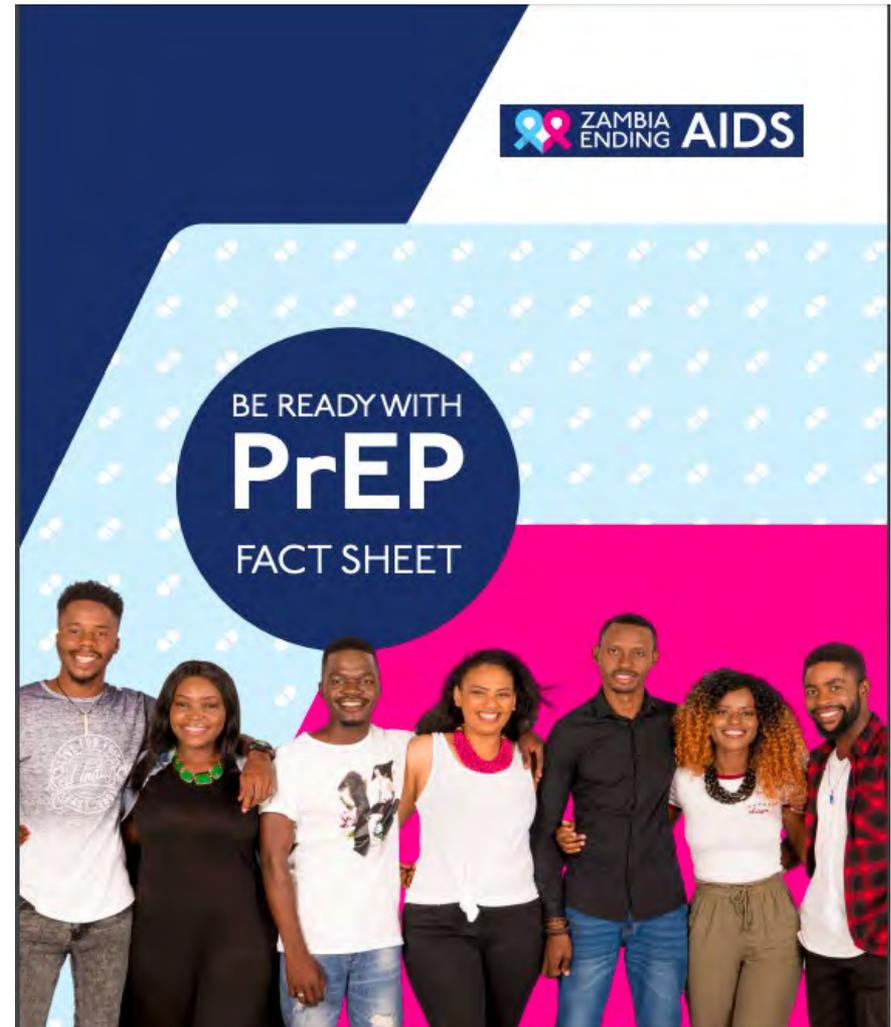
Intervention impact: HIV testing among men associated with Sawa Sawa



Demand Creation for PrEP

USAID DISCOVER-Health (Zambia):

- SBC to promote PrEP uptake and adherence
- HCD to support rapid expansion of PrEP services
- Digital solutions for demand creation (PrEP management system, electronic adherence support, automated appointment reminders, and a toll-free telephone information service)



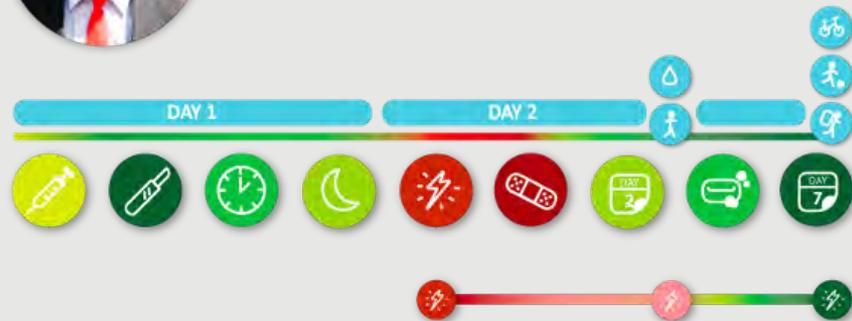
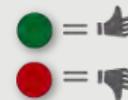
Demand Creation for VMMC

VMMC for older men (Malawi):

- Focus on demand creation resources using well-trained and well equipped CM
- IPC through long-term skilled mobilizers to address barriers to behavior change
- Use of job aids to address myths and misconceptions
- Use of community mobilisers and targeted outreach communication as catalysts
- Partners and friends are primary motivators as men decide to undergo circumcision
- Change in mobilization strategy resulted in reaching 105% against target



VINCENT: MY VMMC EXPERIENCE



Job Aids to Nudge Provider Confidentiality

Ni Zii (Breakthrough-ACTION Zambia):

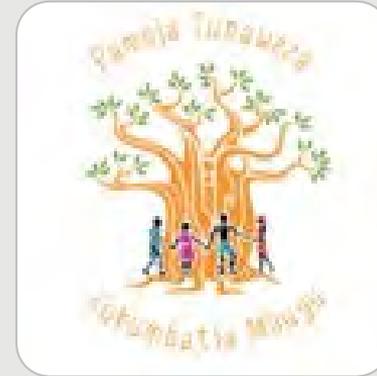
- HCD and behavioral economics applied to identify relevant insights around confidentiality among men and adolescent clients
- Job aids designed to provide environmental cues (reminders) for HCW and provider pledges to drive commitments
- Short training to support use



Creating a Norm for Continuity of Treatment

UC Berkeley (Tanzania) :

- HCD used to profile client journeys and develop personas
- Behavioral economics used to inform intervention of 3 “nudges”: a social proof, a prime and a cue
- PLHIV exposed to the intervention were significantly more likely to be in care after 6 months (87% vs. 79%, ORa = 1.73, 95% CI: 1.08, 2.78, $p < 0.05$)
- Note: This was NOT PEPFAR-funded



Reframing ARVs and Living with HIV to Support Adherence

S/GAC's Flip the Script Initiative (Malawi and Zimbabwe)

- Early stages of development
- Private sector engagement
- Builds on insights garnered through HCD
- Uses segmentation and strategic marketing
- Initially targeting PLHIV of low adherence



Key Insights about people living with HIV

- **Knowledge of treatment benefits is narrow:** while most people had heard of viral suppression, almost no one knew that ART prevents transmission. Whilst there was recognition of being able to live a long life, less so was known on how to live a fulfilling life
- **ART = HIV:** taking treatment comes to equal having HIV. Discontinuing pills feels like a break from being HIV positive. The urge to stop grows when people feel and look healthy. ART can also feel like a punishment and virtually all participants reported keeping their medications a secret.
- **Nurses could help but often miss the mark:** people often cite nurses as credible sources of information, but sometimes perceived as being callous, hard to relate or rushed.
- **Language matters:** the medical terms used in the clinic can be confusing increasing the urge to distance oneself from treatment.
- **Secrecy compounds everything:** despite the fact that large numbers of people on ART, the ongoing secrecy around it leaves people feeling isolated and fearful.



Key Insights about Healthcare Workers

Press Esc to exit full screen

- **Disconnect in perceptions:** many nurses believe that stigma against HIV is "not that bad." This can lead to a minimizing of patient concerns and missed opportunities to address challenges with ART.
- **Judgement over empathy:** while most HCW feel care and concern for their patients, some also feel judgemental, assuming that PLHIV acquired the virus because of "sinful behaviour."
- **Language matters:** the use of medical terminology is an important way for HCW to feel and be perceived as professional, even though it may confuse and alienate patients.
- **Distrust of patients and of self:** HCW often don't communicate that ART prevents transmission because they don't trust patients to use the information safely or because they don't feel confident that they can communicate it clearly.



Case Studies



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HAITIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR



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ÈD PÈP AMERIKEN

U=U MEDIA CAMPAIGN

**A Behavior Change Campaign to Increase ART
Awareness and Adherence in HAITI**

Designed and implemented by PANOS Institute,
a local partner funded directly by PEPFAR/USAID

Jhonny Celicourt

January 1st, 2022





Background

As of today, HIV and AIDS continue to be one of the biggest threats to the Haitian people and to human development

- Approximately 154,000 PLHIV in Haiti [PEPFAR FY21Q4], of which 93% are receiving antiretroviral therapy (ART).
- 91% know their status.
- Around 87% achieved HIV viral load suppression.
- Very high number of loss to follow up: 30,000. [PNLS, 2019]
- For each 3 new people enrolled on ART, 2 are LTFU [UNAID Country report]

Much effort is needed to achieving the "2nd and 3rd pillar 95% goal" of the HIV epidemic control



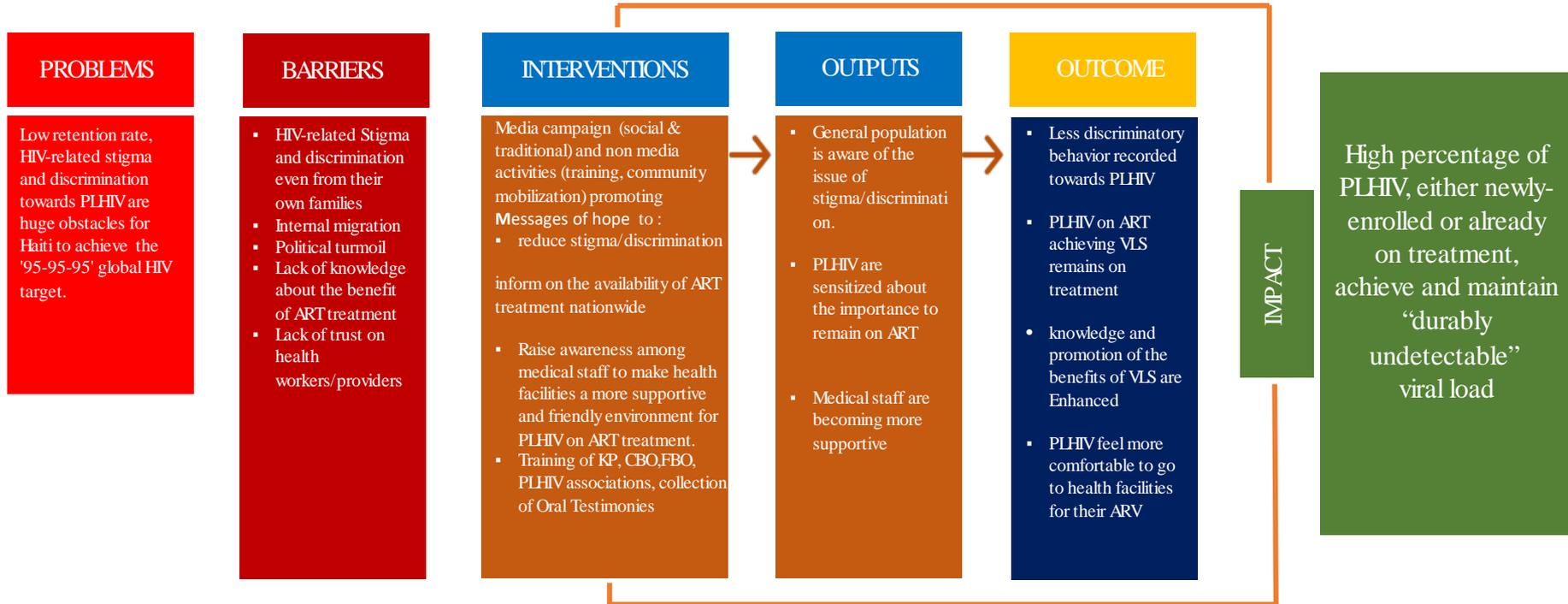
Driving Forces

Document and literature review as well as focus groups conducted across the targeted departments with PLHIV prior to launching the U=U campaigns in 2020 revealed some of the root causes of loss to follow up and non-adherence in antiretroviral therapy :

- Constant social stigma and discrimination from a very broad cross-section of the society as well as within their own families, triggering constant worry and fear.
- Recurrent internal migration resulting from persistent natural disasters and political turmoil.
- Lack of knowledge about ART treatment and its benefit on their emotional and physical well-being.
- Lack of trust from health care workers/providers who sometimes exhibit disrespectful behaviors towards them either in the hospitals or health facilities.



Theory of Change





Campaign Launch

Institut Panos launched the PEPFAR/USAID-funded U=U campaign in April 2020 with the aim of :

- *increasing the awareness on ART treatment and addressing the root causes that prevent PLHIV from achieving HIV viral load suppression*



U=U is being implemented in close partnership with health partners, particularly HIV/AIDS social organizations and the National AIDS Control Program (PLNS), a directorate at the Ministry of Public Health and Population



Audience Segmentation

- PLHIV achieving undetectable viral load to remain on ART treatment
- Patient-Related Risks for Nonadherence to Antiretroviral
- Loss to follow up to resume ART treatment
- Medical staff
- General population to address and reduce stigma and discrimination towards PLHIV



Media Strategy

PANOS Institute is implementing media and non-media activities by:

- Using social & traditional media to reach out to its audience (radio, TV, Facebook, Instagram and YouTube)
- Working with social media influencers, famous musicians to get the messages out to the different components of the target audiences
Focus groups further revealed musicians have positive influences on our audience
- Collaborating with faith-based leaders across the targeted departments and PLHIV organizations during the message designing process to better achieve the **Message Audience Fit**





Pretesting

- Pretested the media materials with PLHIV groups from different socioeconomic and education background, living across the targeted department.
- Pretest also held with youth associations and medical staff
- Inputs from those individuals contributed to better produce well-tailored media contents for each segment of the audience.



Media Reach and Coverage



Young folks doing raising awareness activities in the street with posters

- Key messages for spots and PSA collected from **12 focus groups** including **80 PLHIVs**
- **7 spots and PSA** available at www.eegal.com, also broadcast on TV and Radio (22,325 combined broadcasts) Over **200,000 combined views** on social media Hundreds of Billboards posters, shirts, face masks and over the street banners
- Around **125,000** people sensitized through different non-media activities (music festivals, faith-based gathering, etc.).
- **53 E=Videos spots** screening and training sessions reaching directly **1,826 participants** including women, PLHIV, religious/community leaders, journalists, MD, high school students and healthcare workers



Media Reach and Coverage

- Launch of **“Info VIH/SIDA”** the very first live streaming show on social media (Facebook, IG and YouTube) exclusively dedicated to share information on HIV/AIDS with the social media community.
- PLHIV organizations, medical doctors, USAID and PEPFAR IPs are among the guests.





Lessons Learned

- Working directly with PLHIV by putting forward their own voices, testimonies and experiences brings credibility to the messages, achieve *MessageAudienceFit* and demystify the fear of HIV/AIDS
- The SBC messages makes everyday health partner task easier in ensuring the continuity of treatment
- The messages well received based on positive feedbacks. Moreover, the general population has now a better understanding of the effectiveness of ARV and the perverse consequences of direct and indirect forms of discrimination against PLHIV (*Testimonies sicked on our social media networks*)



Ongoing Actions

From those lessons learned, PANOS is improving the second phase of the campaign by:

- Getting more actors from PLHIV associations involved in the materials designing and production process to produce well-tailored communications materials.
- Putting more emphasis on non-media activities to reach out to more people across the country with non or limited access to mass media and social media.
- Working more closely with faith-based organizations to get this particular group having a better understanding of the importance of the ART for PLHIV as well as the community.



E=E ENDETEKTAB = ENTRANSMISIB

**PRAN MEDIKAMAN ANTIRETWOVIRAL YO
CHAK JOU SAN RATMAN**

YON TI KRAS = ZEWO
VIH NAN SAN TRANSMISYON



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T-MARC TANZANIA

Serving Communities, Improving Lives

DESIGNING AND IMPLEMENTING EVIDENCE BASED SBC INTERVENTION, TANZANIA EXPERIENCE OF FURAHA YANGU CAMPAIGN

PRESENTED AT USAID LOCAL PARTNERS MEETING ON JANUARY 13, 2022

GODFREY MWANAKULYA-SBCC SPECIALIST





Furaha Yangu Campaign Overview

Furaha Yangu! (My Happiness!)

- National test and treat campaign
- Tackle one of the most challenging behaviors: HIV testing, along with an immediate start of antiretroviral (ART) medications
- To increase awareness and uptake of the new Test and Treat services at the national level
- Developed by GoT in collaboration with local and international stakeholders through FHI360 under PEPFAR funding.





Campaign Objectives

The objectives of the campaign were to contribute to the GoT's efforts in achieving the 90-90-90 goals for testing, treatment, and suppression of HIV/AIDS among Tanzanians, by

1. Increasing awareness levels of this new service modality and demand for Test and Treat services, among those at risk for HIV, shifting norms around HIV as a death sentence to that of a chronic disease
2. Transform gender norms that clinics are for women and that accessing health services is a sign of weakness for men
3. Increase treatment normalization and the reduction of HIV-related stigma and discrimination, and
4. Generate community advocacy and engagement in the delivery of campaign interventions

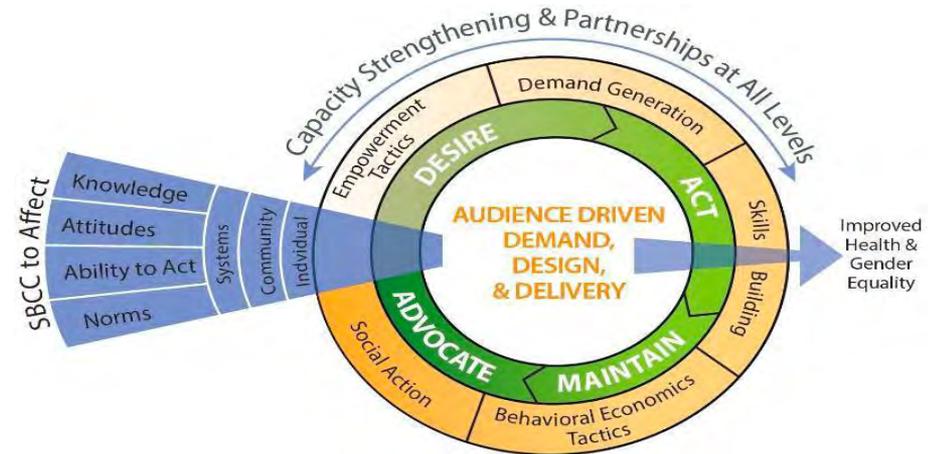




Theoretical Framework for Furaha Yangu Campaign

Furaha Yangu is evidence based and is guided by a theoretical model, the ADDED theoretical framework which addresses behaviour determinants different levels;

1. Increase desire or demand for healthy behaviors, products, and services (e.g., HIV testing, ART, viral load testing);
2. Move audiences from intention to action;
3. Support behavioral maintenance (e.g. ART adherence); and
4. Facilitate individual and community advocacy for change.





Campaign Guiding Principles

- **Participatory**

GoT stakeholders, Implementing partners, Beneficiaries

- **Consensus based**

Behaviours prioritization and activities agreed by all stakeholders

- **Audience centred**

Audience's view points, emotional drivers

- **Evidence based**

Data driven, guided by theories





Campaign Systematic Approach

Campaign

Creative concept – My happiness “Furaha Yangu”

Built around people's emotions and how emotions may drive behavior uptake.

- **Belonging:** People want to feel accepted by their family and community
- **Control:** Community people are always watching, guessing, discussing, and gossiping about those who may be HIV+. Getting tested and immediately taking medication allows HIV+ people to stop/lessen symptoms, and put a stop to the gossip and innuendo
- **Re - Invention** - To help people move from fear to action, HIV testing and immediate ART needs to be framed as a time of reinvention, a time when hopes and dreams can still come true

Design





Implementation Approaches



In Y1, insights informed the development of SBC materials and messages that appealed to their pulse points.

- Posters, Billboards, Brochures
- Interpersonal Communication (IPC) session toolkits
- Radio Spots (e.g., National , Regional)
- Service invitation coupons

In Y3, programmatic adaptations were made to effectively reach audiences through targeted approaches

- Deployment and training of treatment advocates (TA) who are more appropriate and relatable for PLHIV and LTFU clients.
- Linking these treatment advocates across 33 health facilities within PEPFAR high volume sites
- One on One IPC sessions, PLHIV small group dialogues
- Regionalized mass media (e.g., community radios)



Photo above: Poster talks to control as an emotive value

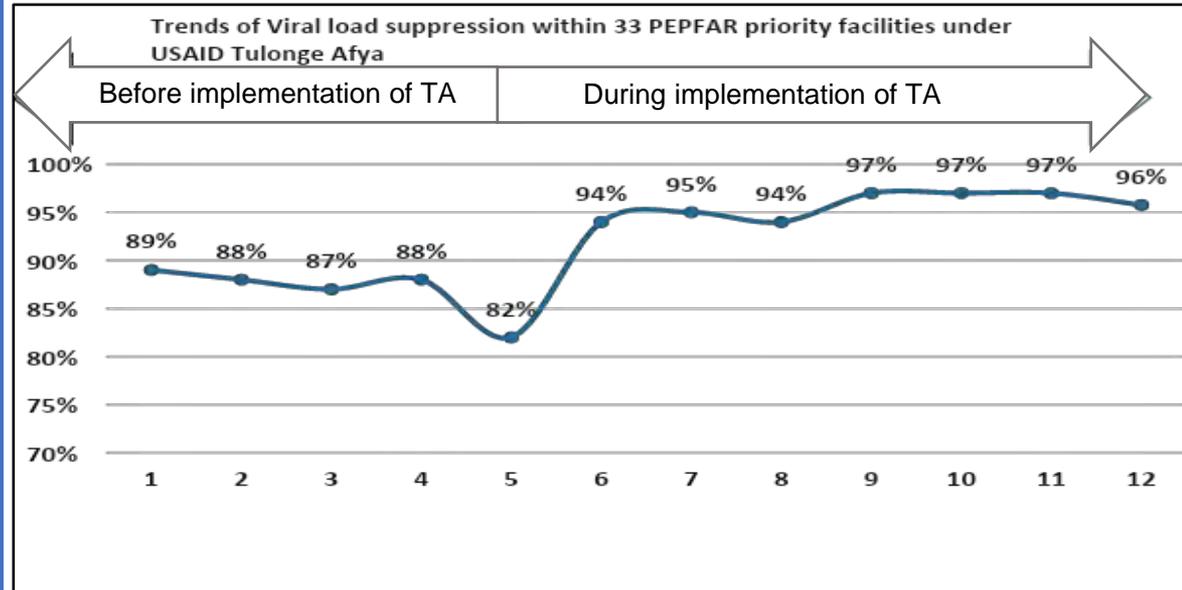


Photo above: TA conducting one on one session



Achievements

- 119 TAs have been trained
- TAs conducted 4,576 IPC sessions
- Reaching 44,845 PLHIV (16,684 males and 28,161 females)
- 4,233 LTFU clients have been linked back to services (Linkage Case Management Model)
- Great coordination between facilities and Treatment Advocates (TAs) in tracing LTFU clients





Lessons Learned



- GoT ownership with coordination at all levels
- The treatment advocate approach points to the important contribution that SBC can make as part of larger HIV/AIDS efforts. SBC activities need to be continually harmonized with service delivery to maintain the gains achieved
- Theories and data will guide your SBC intervention and determine if you're making milestones
- Linking SBC community activities with service provision is key to the success of the campaign, in this case treatment advocates had links to health facilities.





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THANK YOU



Coach Mpilo:

Applying the Principles of Effective SBC to Reach and Retain Men in South Africa on HIV Treatment

Lessons from City of Johannesburg Health District, South Africa

Beloved Manasidze

Project Coordinator - ANOVA Men's Health Services

Health4Men - Background and programme overview

Who are we?

- Health4Men is an Anova APACE programme which was established in 2009 (under the USAID funded grant before APACE) to provide services to men
- Originated in the City of Johannesburg Health District, but has expanded to four other districts across three provinces
- Collaborate with Department of Health to ensure HIV epidemic response targeted at men, in line with UNAIDS 90-90-90 strategy

Overall Aim

- To provide personal and confidential environment designed to encourage the discussion of men's most sensitive health issues — issues that are often more complex
- Provide quality men's health services through setting up of men's clinics – Health4Men Centers of Excellence (CoEs) and Peer-led interventions
- Provides cross-cutting men's health solutions through Comprehensive PHC services, Community Bases psychosocial interventions including Community HTS, Work Place, Male peer to peer engagements SBC Communication through In Facility, Community Based engagements –Mass Media, MINA and

Coach Mpilo

This presentation will focus on the Coach Mpilo model.

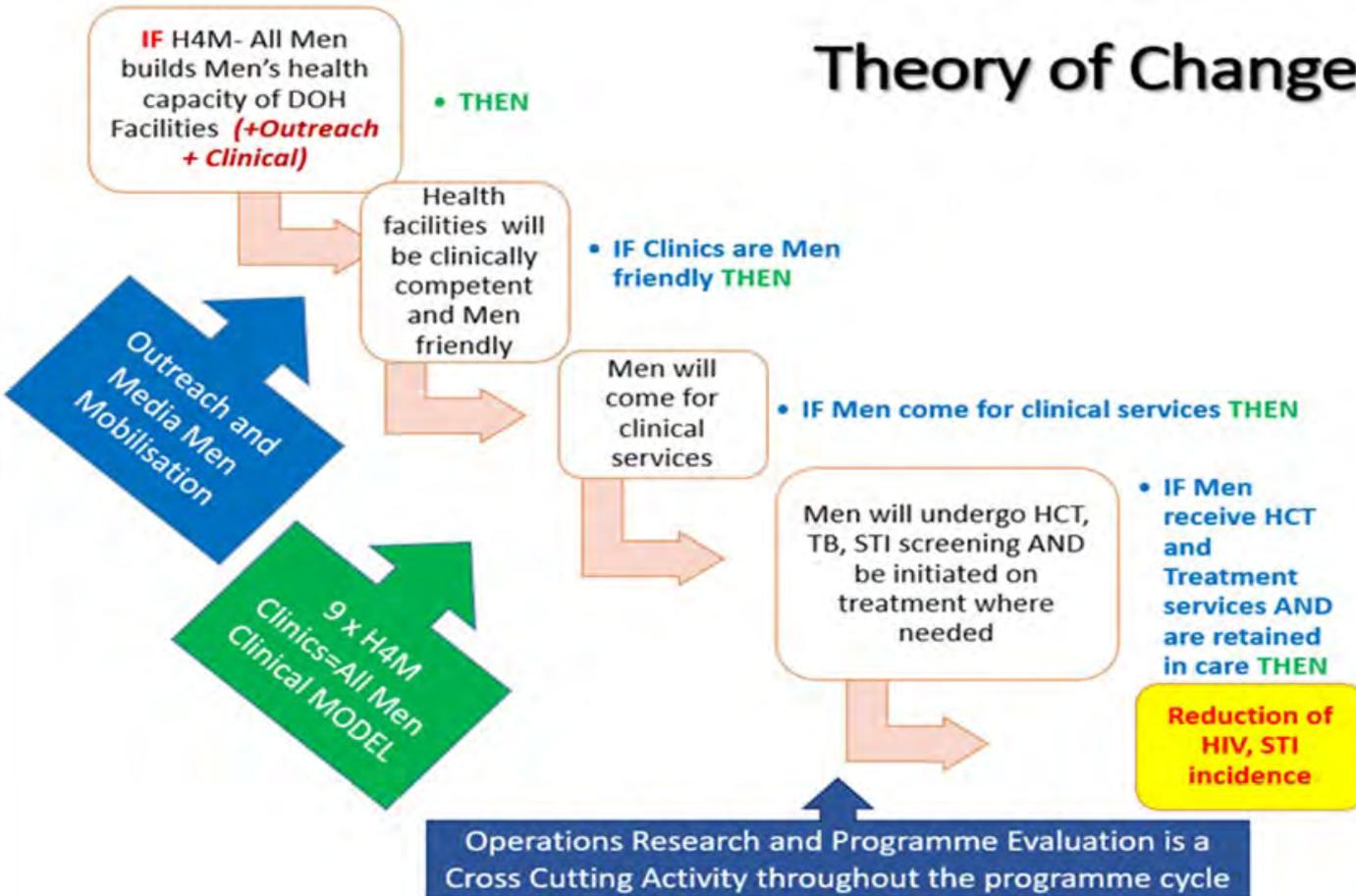
THE SOUTH AFRICAN NATIONAL INTEGRATED MEN'S HEALTH STRATEGY 2020- 2025



National Department of Health
South Africa, December 2020

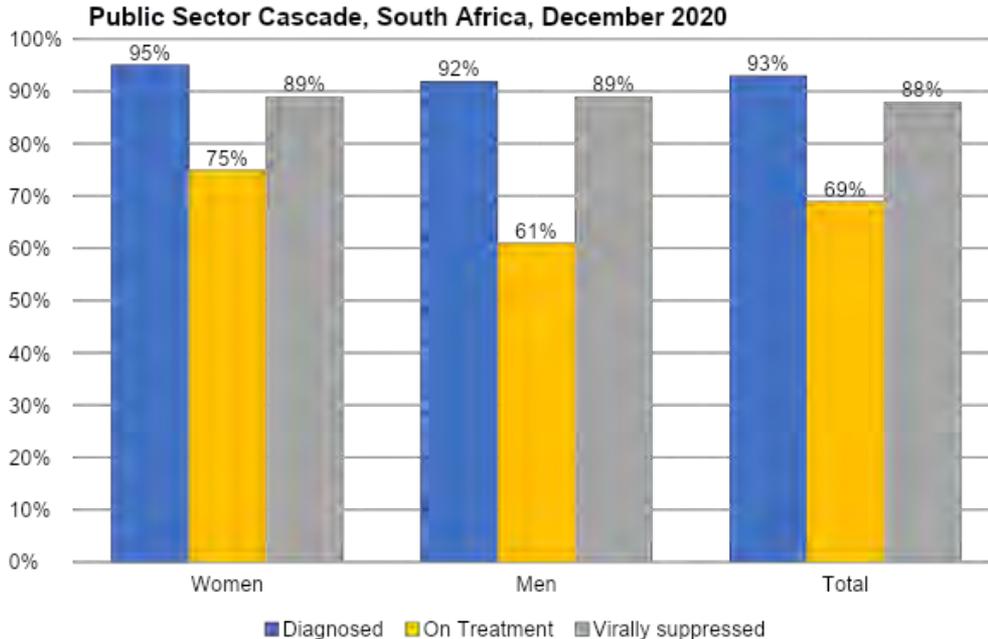


Theory of Change



Note: The ToC presented here is for Men's Health. Coach Mpilo is to be viewed within the broader Men's Health Strategy and NOT in isolation.

In SA, the HIV cascade for men lags behind that of women, particularly on the 2nd 90.



Rationale for Men's Strategy

- Male deaths outnumber female deaths.
- Only 92% of men know their HIV status, with 61% on treatment, compared to 95% and 75% for women.
- No health-seeking culture among men and lack of entry points into the system for men.
- Programmes are not men friendly.
- VMMC has lacked adequate referrals to other services.
- No outreach on men's clinical services.⁵⁸



Understanding and Reaching Men – Research and Design Methodology

Research

- Conducted in South Africa in 2018/2019 in two provinces (KwaZulu-Natal and Mpumalanga)
- Study sites selected in collaboration with provincial and district government officials
- Ethnography (18 men, 4 healthcare providers)
- In-depth interviews (58 men, 64 providers)
- Quantitative survey (2019 men, no providers)
- Led by Ipsos using interviewers from similar demographics in respondents' preferred language
- Jointly interpreted by PSI, Ipsos, Matchboxology, and the external project advisory board

Design

- Conducted in South Africa in 2019/2020 in two provinces (KwaZulu-Natal and Mpumalanga)
- Three design workshops, two in KwaZulu-Natal, one in Mpumalanga (82 men, 40 other stakeholders)
- Male participants recruited from the two priority segments identified in the quantitative survey
- Led by Matchboxology using male facilitators, with discussion taking place in participants' preferred languages
- Jointly interpreted by PSI, Ipsos, Matchboxology, and the external project advisory board



Understanding and Reaching Men - Qualitative Findings

Key takeaways:

Men experience both practical and psychosocial barriers to HIV testing and treatment. Psychosocial barriers are rooted primarily in fear and anticipation of loss.

- Chronic pressure and uncertainty in life → HIV as another source of stress and anxiety
- Disconnect between aspirations and reality → HIV as another source of failure
- Fear of physical sickness and death → HIV as a reminder of mortality
- Fear of social and sexual death → HIV as a trigger of stigma and discrimination
- Loss of joy and pleasure → HIV as the end of intimacy, connection and enjoyment
- Loss of masculinity → HIV undermines strength, self-sufficiency and fearlessness
- Loss of self-esteem → HIV prompting feelings of failure, shame, guilt, and inadequacy
- Loss of status and respect → HIV exposing a man to poor treatment in the clinic
- Loss of personal autonomy → HIV robbing a man of control over their own health decisions
- Loss of time and income → HIV forcing a man to incur cost and endure inconvenience

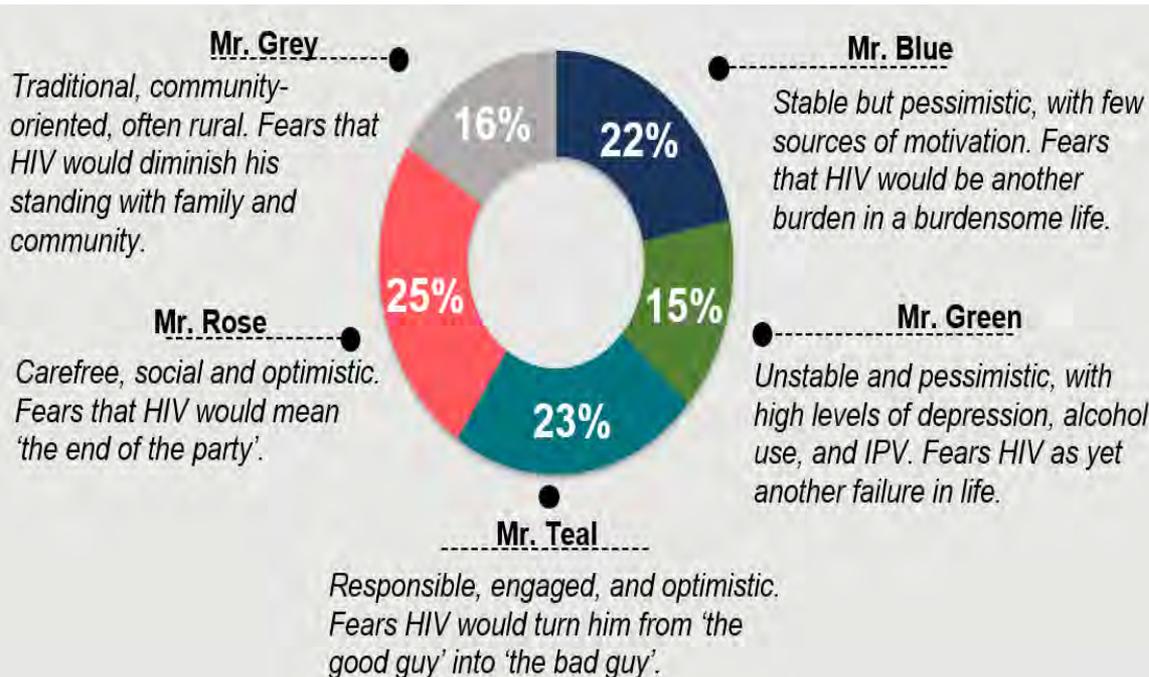


Understanding and Reaching Men - Quantitative Findings and Segmentation

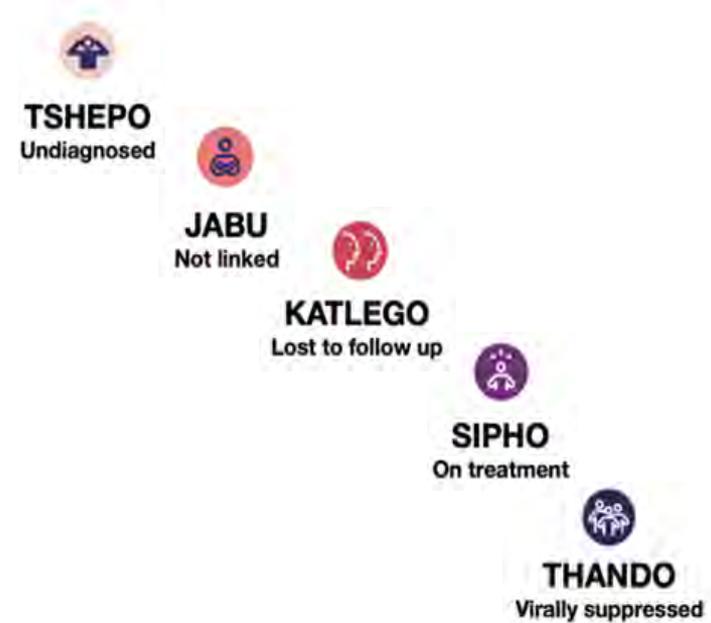
PSI and Ipsos developed a psychographic segmentation, based on underlying attitudes and beliefs about HIV.

MINA developed a journey-based segmentation, based on where a given man is in the HIV journey.

PSI/Ipsos psychographic segmentation



MINA journey-based segmentation

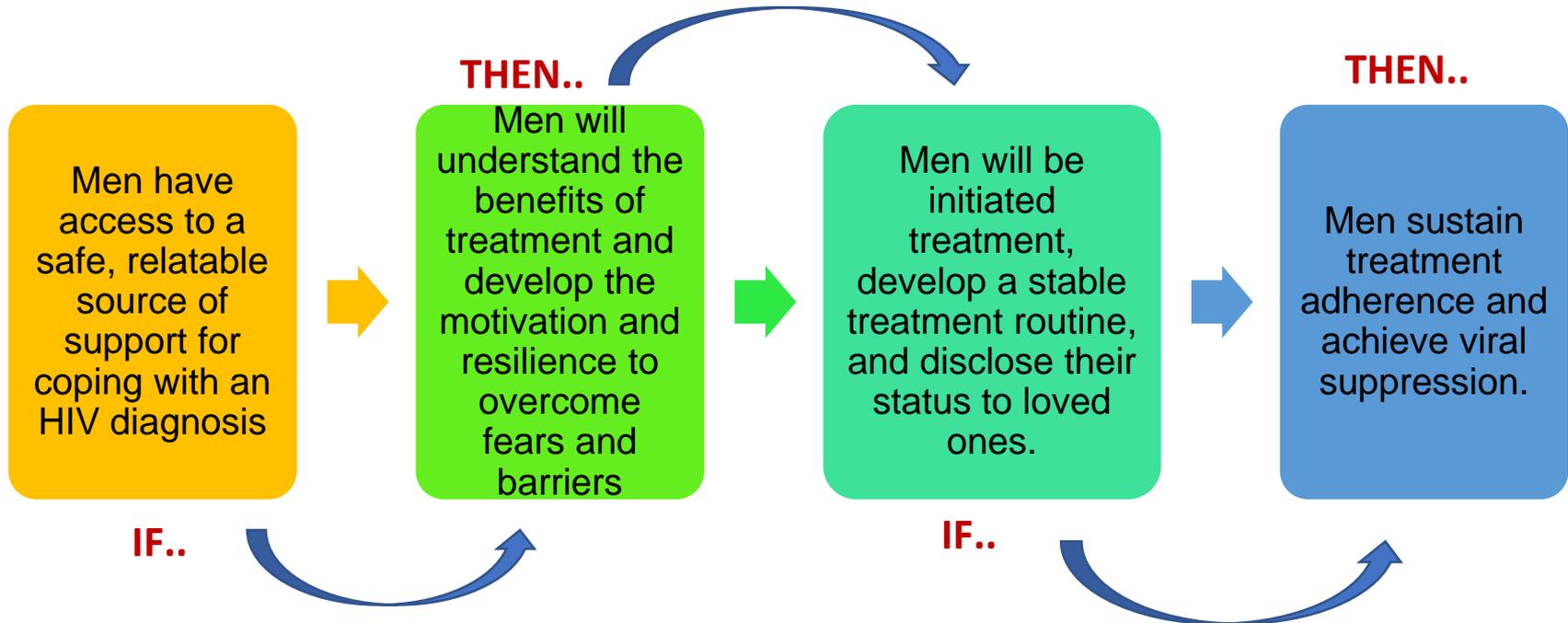


What is Coach Mpilo?

- A peer support model that employs men living with HIV (MLHIV) who are stable on ART and have overcome their fears and challenges, as coaches of men who are coping with a new diagnosis or otherwise struggling to stay on treatment.
- Coach Mpilo is a departure from traditional case management in that coaches draw primarily on their own lived experience in advising and supporting other men.
- Coaches are based in the communities where they live and linked to Health4Men CoEs and MINA implementing facilities.
- Coaches focus primarily on ART adherence, but also mobilise men to test for HIV and support linkage to treatment if positive.
- Coaches also play a pivotal role in community-based interventions focusing on broader Social Determinants of Health (SDH).
- Coaches are an effective vehicle for U=U messaging, not only to other men but also to the broader community.



Coach Mpilo - Theory of Change



The Coach Mpilo model draws on several behavioral theoretical frameworks:

- COM-B theory of behavior change
- Integrated behavior model
- BEST relationships model
- GROW problem-solving model



Coach Mpilo - Design and testing of the intervention

The Coach Mpilo model

- Emerged from a series of design workshops with 82 men
- Prototyped and pre-tested for two months with 8 coaches
- Piloted and evaluated over 7 months with 63 coaches and 3848 clients in 3 districts, in collaboration with two PEPFAR partners

Pilot results

Reach	→	3848 men supported by a coach
Linkage	→	3696 men (96%) linked or returned to ART
Retention	→	3511 men (95%) retained at pilot endline



I CAN HELP YOU GET BACK IN THE GAME

LET ME HELP YOU STAY ON YOUR MEDS.

Having the courage to get tested is great. Knowing that HIV is not the end of the world is even better. I know because I've been there. I took charge of my health, stayed on my meds and asked for support. Today, I'm doing better than ever. And if you let me, I'll show you how you can deal with it too.

Contact me

No judgement. Private. Confidential.
Take my number and let me help you.

MIND
For Men Per Health

COACH MPILO
2014-2015

PEPFAR
U.S. Agency for Global Health

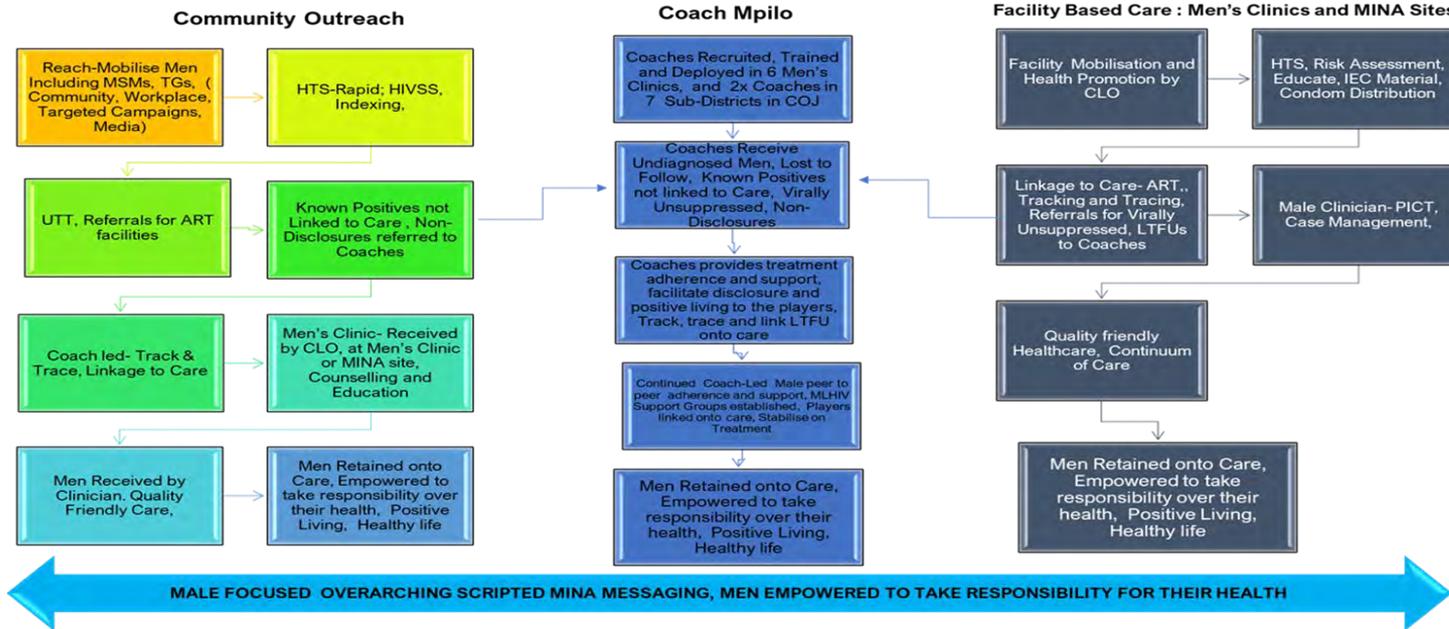
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Coach Mpilo - Implementation, monitoring, adjustment

- Integrated into Anova's Health4Men program
- Adapted and scaled by six other PEPFAR partners in South Africa
- Ongoing participatory reflective sessions with coaches
- Ongoing routine data collection and analysis
- Ongoing learning and exchange among PEPFAR partners on results and lessons
- Ongoing adaptation for additional health areas (HTS, TB, etc.)

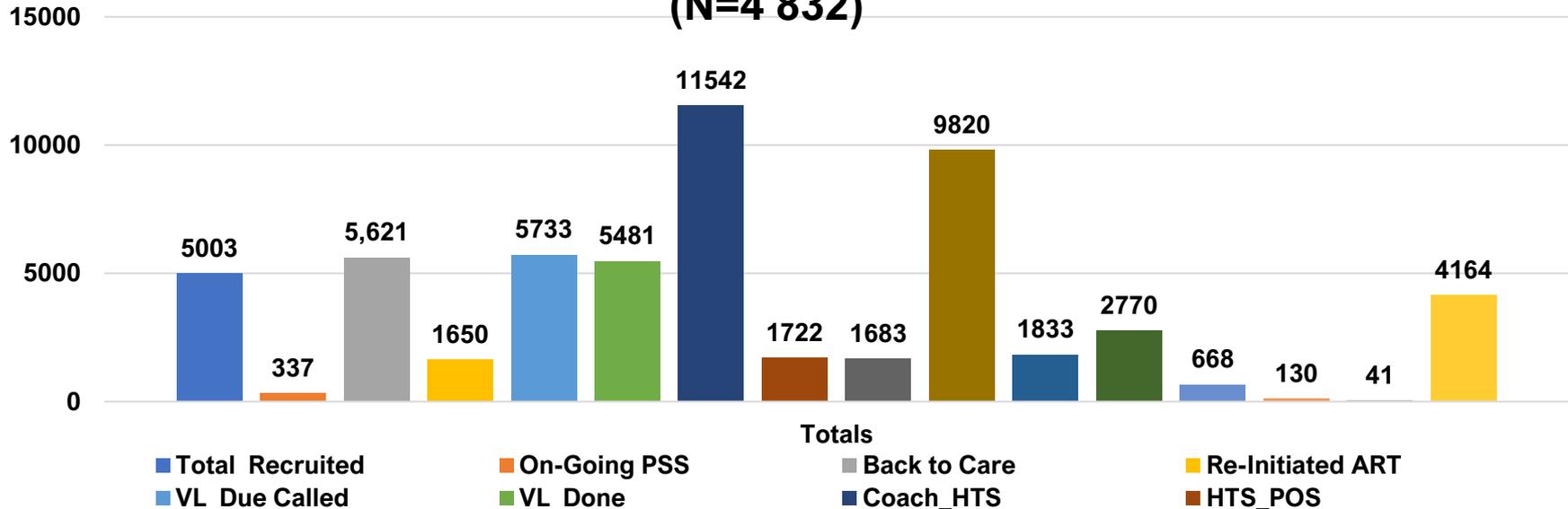


Integration of Coach Mpilo into Men's Health and other mutually reinforcing activities



- **Health4Men Centers of Excellence-** Coaches Strengthen clinical service delivery in men's clinics
- **Men Connect-** Linking men to the Men Connect platform for continuous PSS
- **Welcome Back Campaign-** re-engage men onto care
- **Digital Mobilisation-** Facebook, WhatsApp etc
- **Community HTS-** Peer to Peer engagement, HTS mobilisation, Twilight activations

97% Retention for Health4Men Coach Mpilo Q1-Q4 2021 (N=4 832)



- 4 832 (97%) of the 5 003 men recruited are currently retained in care and active on ART (includes 668 decanted)
- 5 621 men have been returned to care, of which 3980 were Early Missed while 1 641 were uLTFU
- 11 542 men reached with Coach-led HTS, with a high positivity yield of 15% (1 722)
- ART Linkage has also been successful , 98% (n=1683)
- 96% (5 481) of 5733 men with VL due had their VL test done



Key Success: Stakeholders and Technical Expertise

Key stakeholder for Technical Support, Oversight and Implementation

National Department of Health – member of the Technical Working Group (TWG), provided national policy and strategic framework

Provincial and District Departments of Health – member of the TWG; provided national policy and strategic framework, a conducive environment for implementation, facilities, and infrastructure

PEPFAR/USAID – Funding the project, member of the TWG, strategic oversight and technical support

PSI, Project Last Mile, Menstar Coalition – Members of the TWG, strategy and technical support; development of IEC material and media content - Coach Mpilo and MINA strategy

Matchboxology – training and capacity building-Coach Mpilo Model

Anova Health – member of the TWG, strategic planning, oversight and implementation

Other key stakeholders include – Communities - Men structures and Traditional leaders, Ward Counselors, Private Sector, Media Houses, NGOs, CBOs, FBOs, General Communities, Coaches, Health Facilities- Public and Private



Lessons Learned

- Health4Men CoEs provided fertile ground for the Coach Mpilo roll-out.
- As a peer-led SBC intervention, Coach Mpilo has been effective in increasing knowledge and changing attitudes, practices and behaviors of men, in alignment with MINA messaging on men taking ownership of their own health
- Training, capacity building and continuous mentoring of coaches and nursing staff is key to effective implementation and integration.
- Stakeholder engagement and buy-in across all levels was essential to implementation and results.
- Use of MenConnect, Facebook, WhatsApp, Radio, TV and other social media platforms by coaches is a promising case study for development of integrated digital HIV strategies for SBC communication.
- Participatory M&E and continuous Learning Process Approach (LPA) with all stakeholders, including coaches, is key to Continuous Quality Improvement, (CQI)
- Coach Mpilo as an SBC model can likely be adapted for cross-cutting interventions in women and girls.





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Reflection on Principles of Effective SBC



PEPFAR



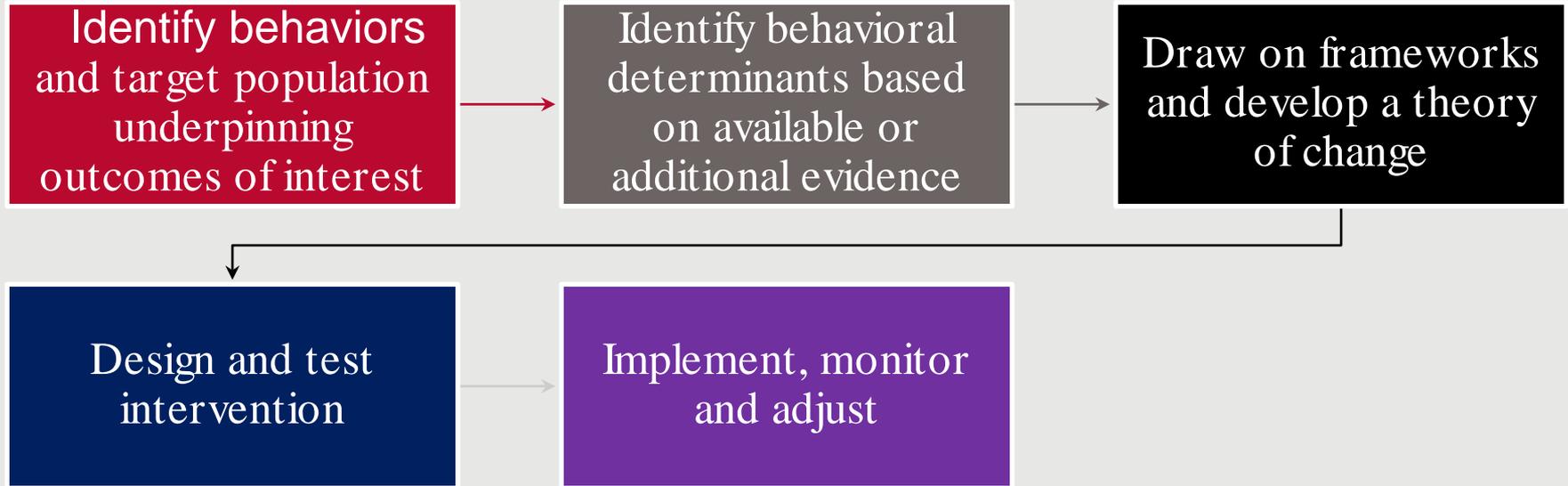
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Key Principles of Effective SBC: A Quality Checklist

- ✓ Clarify the desired behavior(s)
- ✓ Clarify and segment audiences
- ✓ Use best available evidence on barriers and drivers
- ✓ Recognize the role of emotions, norms, and nonconscious drivers, and social norms
- ✓ Develop a theory of change
- ✓ Get the right expertise at the table
- ✓ Use mutually reinforcing interventions
- ✓ Pre-test materials with target audiences
- ✓ Allocate sufficient budget
- ✓ Plan for and implement monitoring and evaluation



A Systematic Approach







Additional Reference Slides



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Some Resources If You Want to Learn More

- [PEPFAR Solutions](#)
- [Menstar](#)
- [PreP Watch](#)
- [Breakthrough ACTION-RESEARCH](#)
- [Health Communication along the HIV Continuum](#)
- [Engage HCD](#)
- See slides at the end of this deck

A Range of Options for Collecting Insights on Barriers and Drivers



DESK REVIEW



SPOT/
TARGETED
RESEARCH



FULL STUDY

*Ethnographic
research*

QI/QA and CLM

Observation

*Focus group
discussions*

*Key informant
interviews*

*Human-centered
design/deep dives*

Surveys

What Do We Mean by a Theory of Change?



Rationale for Using Conceptual Frameworks

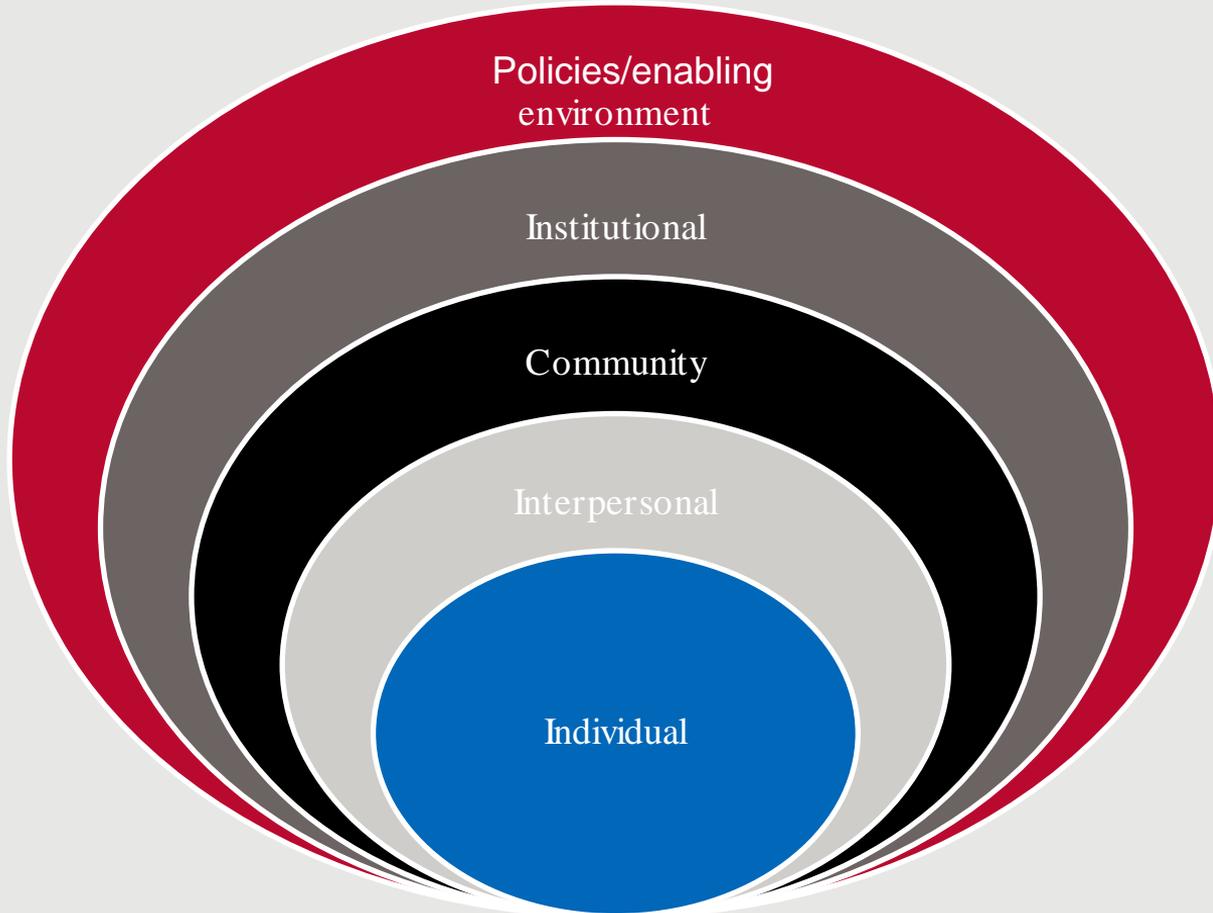
- Knowledge and access are not sufficient to drive the behaviors underpinning outcomes
- Using well established, evidence-based models and theories can help unlock additional barriers and drivers
- Informs theory of change
- Reflects best practice in behavioral sciences, regardless of approach

Why use theories and models?

Theory can guide the design, implementation of evidence-based programs, and evaluations. Adequately addressing an issue may require more than one theory, and that no one theory is suitable for all cases (Glanz, Rimer, and Sharyn 2005).

- Answers to key questions
 - What problems exists
 - Why a problem exists
 - Whom to select
 - What to know before taking action
 - How to reach people with impact
 - What strategies likely to cause change

Socio-Ecological Model (SEM)



Capability, Opportunity and Motivation - Behavior (LSHTM's COM-B)

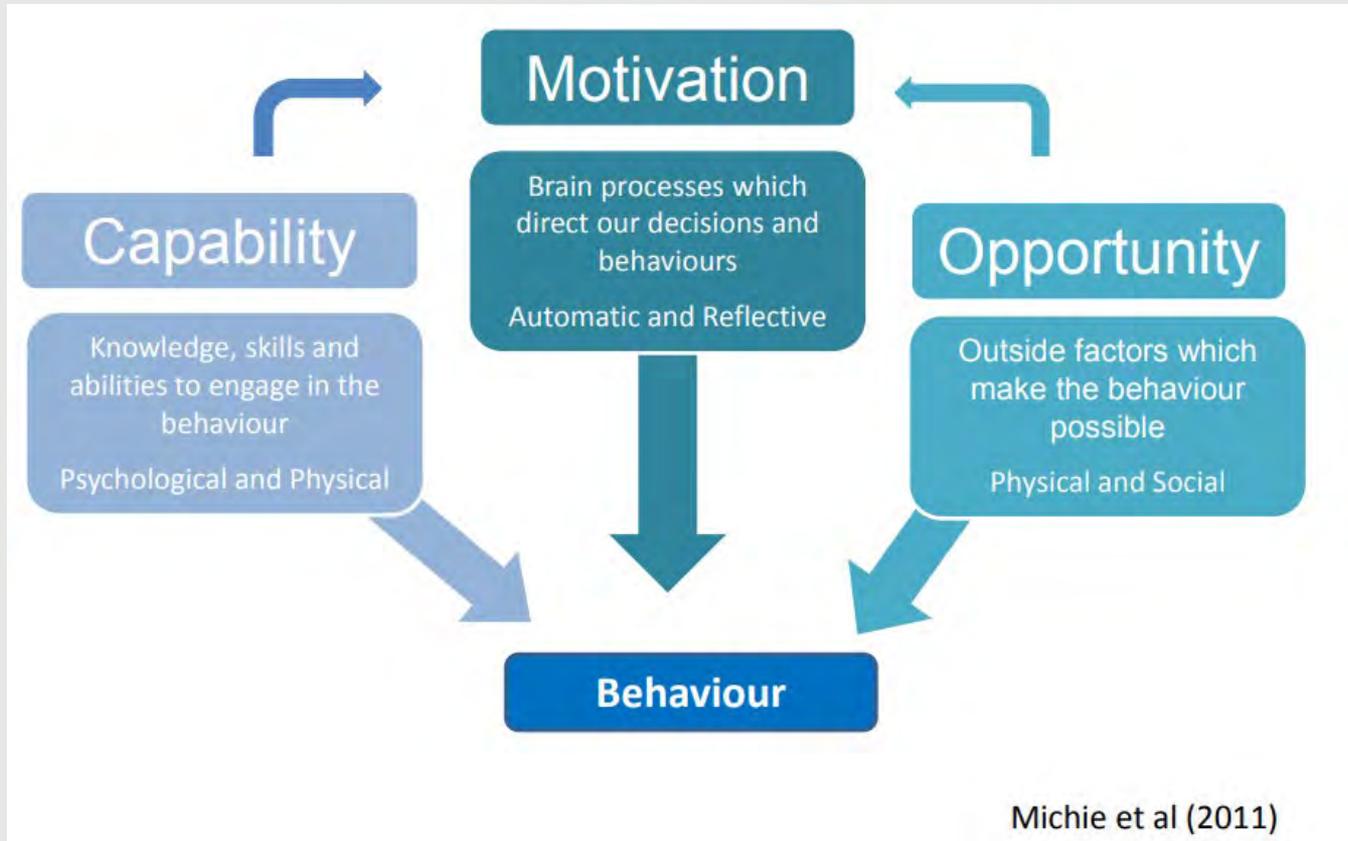


Table 1. *Applying COM-B to factors associated with adherence*

CAPABILITY	MOTIVATION	OPPORTUNITY
<i>The individual's physical and psychological capacity to engage in the behaviour*</i>	<i>All brain processes that energise and direct behaviour</i>	<i>All factors lying outside the individual that make performance of the behaviour possible or prompt it</i>
<p style="text-align: center;">Psychological</p> <p style="text-align: center;"><i>Capacity to engage in necessary thought processes</i></p>	<p style="text-align: center;">Reflective</p> <p style="text-align: center;"><i>Evaluations and plans</i></p>	<p style="text-align: center;">Physical</p> <p style="text-align: center;"><i>Physical opportunity provided by the environment</i></p>
<ul style="list-style-type: none"> •Comprehension of disease and treatment •Cognitive functioning (e.g. memory, capacity for judgement, thinking) •Executive function (e.g. capacity to plan) 	<ul style="list-style-type: none"> •Perception of illness (e.g. cause, chronic vs. acute etc.) •Beliefs about treatment (e.g. necessity, efficacy, concerns about current or future adverse events, general aversion to taking medicines) •Outcome expectancies •Self-efficacy 	<ul style="list-style-type: none"> •Cost •Access (e.g. availability of medication) •Packaging •Physical characteristics of medicine (e.g. taste, smell, size, shape, route of administration) •Regimen complexity •Social support •HCP-patient relationship / communication
<p style="text-align: center;">Physical</p> <p style="text-align: center;"><i>Capacity to engage in necessary physical processes</i></p>	<p style="text-align: center;">Automatic</p> <p style="text-align: center;"><i>Emotions and impulses arising from associative learning and/or innate dispositions</i></p>	<p style="text-align: center;">Social</p> <p style="text-align: center;"><i>Cultural milieu that dictates the way we think about things</i></p>
<ul style="list-style-type: none"> •Physical capability to adapt to lifestyle changes (e.g. diet or social behaviours) •Dexterity 	<ul style="list-style-type: none"> •Stimuli or cues for action •Mood state/disorder (e.g. depression and anxiety) 	<ul style="list-style-type: none"> •Stigma of disease, fear of disclosure •Religious/cultural beliefs