Operationalizing Social & Behavior Change: From theory of change to lessons learned

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Behavioral and social science is a cornerstone of the [HIV] response
- Amb Nkengasong, Speech at PEPFAR Annual Meeting and IAS 2022

When we apply behavioral insights, we are much better equipped to make a difference.
- USAID Administrator Power, June 21, 2021
Behavioral Science in a Reimagined PEPFAR
Operationalizing Social & Behavior Change: From theory of change to lessons learned

- Botswana: Tebelopele and the Cookie Jar - Social Media for AGYW Demand Creation in Prevention. Tshepiso Molete
- Guatemala: Engaging youth in HIV self-care: Results from the launch of an HIVST strategy. Dr. José Carlos Quiñónez
The Cookie Jar

I am a member of The Cookie Jar Facebook Group. You can be one too!
The HIV Incidence among persons aged 15-64 years is estimated at 0.2%, which corresponds to approximately 2,200 new cases of HIV per year among adults (BAIS V, 2022).

According to BAIS V (2022), HIV prevalence is higher among young women aged 15 – 24 years:
- 9.4% prev among females
- 4.3% prev among males
The Kgatelopele Mo Botsogong Project provides tailored, integrated facility specific support to close the gaps related to HIV / AIDS, treatment and care among AGYW (Adolescent, Girls and Young Women) and men.

Their geographic focus includes:
Gaborone
Kweneng East
Francistown.
• The Cookie Jar was established in 2017 by Fhi 360, which at the time served as the custodian, under the Advanced Partners and Communities 2.0 project.

• Focused group discussions - a situational analysis was conducted to determine the preferred medium to be used for health promotion activities and social interaction among AGYWs.
In October 2021, Tebelopele became the custodian of The Cookie Jar Facebook group.

Since the cookie jar Facebook group was founded in 2017, there has been a significant gap in reporting the amount of youth-friendly services used by AGYWs.

To close the reporting gap of referrals made from the cookie jar Facebook group, 3 Health Care Educators were employed and stationed in 3 Tebelopele clinics mainly, Gaborone, Molepolole, and Francistown, as of November 2021.
### AGYWs being linked to Tebeloolele’s Youth Friendly Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Referral Completed November 2021 -October 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of AGYW Enrolled on Cookie Jar Facebook Group</td>
<td>782</td>
</tr>
<tr>
<td><strong>Linking AGYW with health services from The Cookie Jar Facebook Group</strong></td>
<td></td>
</tr>
<tr>
<td>Number of AGYW referred to HIV testing</td>
<td>256</td>
</tr>
<tr>
<td>Number of AGYW referred for contraceptives</td>
<td>92</td>
</tr>
<tr>
<td>Number of AGYW referred for DREAMS</td>
<td>157</td>
</tr>
<tr>
<td>Number of AGYW referred for GBV services</td>
<td>27</td>
</tr>
<tr>
<td>Number of AGYW referred for PrEP</td>
<td>209</td>
</tr>
</tbody>
</table>
**Theory of Change**

**PROBLEM**
There is a high rate of new HIV infections amongst AGYWs in Botswana that range from ages of 15 -24.

**BARRIERS**
- Lack of trust in health personnel.
- PrEP Stigma and discrimination amongst peers, parents, intimate partners, and community.
- Intergenerational Relationships – sexual relationships.
- Multiple Concurrent Partners

**INTERVENTIONS**
- Collaborate with different stakeholders – Ministry of Health, NAHPA
- Media Campaign (social and traditional) and brand experiential activities (mocktail sessions, community mobilization)
- Promoting:
  - Sensitizing the community about PrEP
  - Good sexual health conduct
  - Uptake of PrEP.
- Condom use education – encourage AGYWs to carry their own condoms.
- Contraceptives.

**OUTPUTS**
- Youth-friendly services or corners, i.e., we have an AGYW Corner at Tebelopele
- Maintain a constant supply of PrEP pills in rural and urban areas.

**OUTCOMES**
- Increased knowledge about HIV Prevention Services – PrEP & PEP

**IMPACT**
- Decreased prevalence of HIV new infections amongst AGYWs.
- HIV free generation.
The concrete steps to programming The Cookie Jar

1. Situational analysis to establish preferred media to be used for health promotion activities and social networking amongst AGYW, done through FGDs amongst AGYW

2. Recruitment and training of content managers (12) on content management, Facebook rules etc.

3. Launching of the page in September 2018 and recruitment of members
Lessons Learnt

• Social media platform alone isn’t enough to mitigate the rise of the HIV new infections amongst AGYWs, we ought to implement an in-person Peer-led program which will create demand and uptake for the HIV prevention services that Tebelopele offers.

• AGYWs find social media interaction monotonous, but they enjoy activities that foster a relationship with the content managers, such as picnics and mocktail sessions with health-related information.

• Although there are Facebook badges that identify the content managers, the closed Facebook group does not have an inbox option like the open Facebook groups, which is a barrier for girls who would like to ask for help. Utilising another platform, such as WhatsApp, would assist with reach and engagement amongst AGYWs.
Conclusion & Recommendations

- Enhanced training in interpersonal communication skills for health care educators, with an emphasis on quality and empathy.
- Strategies for consistent adherence assistance, such as automated reminders, frequent follow-ups, and support groups, are necessary for AGYW.
- Helpline / Toll free number – for assistance with issues such as Gender Based Violence and also partner with other focused organisations for such issues.
Expanding PrEP for Greater HIV Prevention

4th Annual Global Health Local Partner Meeting
November 11, 2022

USANASE Charlotte
MEL Director
AEE, RWANDA
In Rwanda, HIV prevalence among persons aged 15-64 years is estimated at 3.0% (RPHIA 2018-2019). HIV prevalence is higher in urban (4.8%) than rural settings (2.5%) and higher in females (3.3%) compared to the males (1.8%).

- RPHIA (2018-2019) also showed that HIV prevalence is more than two times greater among AGYW aged 15-24 years compared to their male counterparts (1.2% vs 0.5%) (RPHIA 2019).

- AGYW are more vulnerable to HIV infection than boys and men of the same age due to structural and social determinants, including early sexual debut, higher rates of gender-based violence, and lower rates of school completion.
In 2018, the Rwanda Ministry of Health (MoH) introduced the provision of oral (PrEP) to HIV negative people who are eighteen years old and above for key populations at high risk of HIV infection including, female sex workers, men who have sex with men and sero-discordant couples.

Through consultations between PEPFAR and MoH, AGYW from 18-24 were also considered as a priority group to be offered PrEP services beginning in fiscal year (FY) 2021 and the national HIV guidelines have been updated accordingly.

Eligibility criteria for AGYW on PrEP HIV negative AGYW in serodiscordant couples where the HIV+ partner is not on ARV/not virally suppressed HIV negative FSW who do not consistently use condoms AGYW who engage in transactional sex, without consistent use of condoms.
**Theory of Change**

**Demand Creation**

*If* peers are provided with the right training, and supported to give their peers within “Safe Spaces” the trusted information;

**Community Engagement**

*If* Parents and community leaders and health care workers are educated on PrEP as an HIV Preventive approach, and are engaged in the health care decision making;

**AGYW Participation**

*If* AGYW are facilitated to access health services, are engaged in decision making forums, input on program design/implementation and empowered to educate others;

**Expected Outcome**

Then this combination approach (Demand Creation, Community Engagement, AGYW Participation) will lead to an increase in PrEP uptake by AGYW, and;

**Expected Impact**

The rate of new HIV infections among AGYW will decrease.

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4th Annual Global Health Local Partner Meeting
Comprehensive HIV prevention through DREAMS to empower AGYW:
• Social asset building
• Economic strengthening
• SRHR/Violence prevention
• Access to health services
• Keep in school

Peer Support Groups, Mentorship, Champions Education and Adherence Support, Counseling and Reminders

PrEP education to AGYW 15-24
• IECs materials
• Active linkage and referral of all sexually active AGYW 15-24 for PrEP eligibility to Health facility

Active Counter-referrals & Linkages
• Follow-up support
• Joint supervision

Determine PrEP eligibility, counsel on adherence and assess ability to take daily oral PrEP
• Initiate PrEP with combination prevention
• PrEP re-fills

Joint monitoring supervision
ACHIEVEMENTS

AGYW newly initiated on PrEP FY22

<table>
<thead>
<tr>
<th>Quarters</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>30</td>
<td>117</td>
</tr>
<tr>
<td>Q2</td>
<td>47</td>
<td>117</td>
</tr>
<tr>
<td>Q3</td>
<td>135</td>
<td>484</td>
</tr>
</tbody>
</table>
On going actions

Increasing Uptake and overcoming Stigma through Demand Creation Strategies beyond Safe Space

Community Level Interventions:

❖ DREAMS ambassador: Advocates using PrEP champions
❖ Community education forums
❖ Positive parenting skills (Families Matter! Program) – targeting parents and caregivers
❖ Male engagement sessions

Health Facility Level Interventions:

❖ IEC materials: Posters and flyers
❖ Phone calls: Nurses and peer PrEP Champions
❖ Health facility talks – building interpersonal communication skills
❖ Continuous sensitizing health care providers for AGYW friendly services
❖ Teacher Mentor education and sensitization about PrEP
Lessons Learned

- Engaging, informative, and appealing PrEP messages
- Peer-led program: higher demand creation and uptake
  - Peer educators taking PrEP potentially very beneficial in supporting uptake
  - Create an enabling environment for service delivery & ensure continuous follow up and support
- MOUs with health facilities empowered peer PrEP Champions to work effectively.
Recommendations

• Intensified training of providers and health care workers to build interpersonal communication skills, focusing on quality and empathy.
• AGYW require consistent adherence support strategies such as automated reminders, frequent follow-ups and support groups.
Prevention Services against HIV in Central America
Engaging youth in HIV self-care: Results from the launch of an HIVST strategy in Guatemala

November 2022

Dr. José Carlos Quiñónez
Regional Strategic Alliances and Special Projects Manager
PASMO Regional
Who we are

- Asociación PASMO (Pan American Social Marketing Organization)
- Local organization with branches and offices in Guatemala, El Salvador, Honduras, Nicaragua, and Panama.
- Currently implementing PEPFAR and USAID’s “Prevention Services against HIV” in Central America.
- Other health areas:
  - Sexual health, including HIV and other STI prevention
  - Gender-based violence prevention
  - Stigma and discrimination-reduction interventions.
  - SBCC for Zika and COVID-19
  - Comprehensive health for trans women.
- Independent members of the Population Services International (PSI) network.
Prevention Services against HIV

- Cooperative agreement from October 2020 to September 2025 implemented by PASMO as prime and PSI as a sub.
- This activity works in El Salvador, Guatemala, Honduras, Nicaragua and Panama focused on supporting countries in reaching the **first two pillars of the UNAIDS 95-95-95 targets** by 2030.
- As the epidemic in Central America is concentrated in key and other at-risk populations, the emphasis of the activity is on reaching high-risk individuals (HRI) with comprehensive prevention services and community-focused high yield testing strategies, as well as strengthening the linkage for positive-diagnosed individuals to care and treatment.
- The activity also seeks to promote innovative approaches to increase demand for quality services for HRI and address key structural barriers by addressing stigma and discrimination.

*emphasis on “hidden” and other difficult access groups*
HIVST roll-out timeline

- Policies and regulations analysis
  - 2018

- Market size estimation
  - 2018

- HIVST Client acceptance qualitative study
  - 2019

- Validation of PRISMA HIVST services model
  - 2020

- Launching of HIVST services in the framework of the “self-care month”
  - 2021
HIV testing barriers and intent in MSM
2021

Barriers
• 72.4% fears lack of confidentiality
• 63.7% says that it is annoying to go back for test results
• 50% do not feel comfortable with the staff in health care settings

Intent
• 77.9 % intend to be tested
• 94% would self-test for HIV if available
## Theory of Change

<table>
<thead>
<tr>
<th>Access to HIVST</th>
<th>Key interventions</th>
<th>Expected outcome</th>
<th>Impact</th>
</tr>
</thead>
</table>
| **If** the availability of new forms of HIV diagnosis increases, more people will know their diagnosis. | • Generation of local evidence.  
• Development of national regulations.  
• Development of the HIVST PRISMA program.  
• Awareness, information, and demand generation campaigns.  
• HIVST delivery.  
• Follow-up of positive cases for confirmation and linkage to ARV. | **Then** the number of people who know their HIV status will increase. | Increase in the number of people who know their HIV diagnosis and make health decisions for their treatment in case of being positive or taking preventive measures in case of negative results. |
PRISMA

• Model
  – Technology-based hybrid model
    • Non-supervised self-administration.
    • Cyber-educators provide information, vouchers and send the PRISIMA kits.
    • Cyber-educators provide follow-up using social media.

• The kit
Communications

• Cyber-educators
• Educational material
• Social media
Service delivery

Filter → Registration

Delivery method:
- Pick up
- NGO’s
- Door-to-door

Follow-up
Results FY22

- In El Salvador: Tests are being used in the field by PASMO staff.

Age distribution FY22

<table>
<thead>
<tr>
<th>Age Range</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>7%</td>
<td>23%</td>
<td>31%</td>
<td>20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>9%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Method of distribution FY22

- GUA: 1,336 Kits delivered
- El Salvador: 847 Kits delivered
- 4 positive cases

- Stockout
- Delivery service
- PASMO Staff
- Pick up

Origin of the contact (FY22)

- Instagram: 05%
- WhatsApp: 16%
- Telegram: 03%
- Facebook: 08%
- TikTok: 6%
<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Ability</th>
<th>Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>Knowledge</td>
<td>Intention</td>
</tr>
<tr>
<td>Attractive brand</td>
<td>Self Efficacy</td>
<td>Product expectations</td>
</tr>
<tr>
<td>Brand quality</td>
<td></td>
<td>Locus of control</td>
</tr>
<tr>
<td>Quality of service</td>
<td></td>
<td>Willingness to pay</td>
</tr>
<tr>
<td>Social norms</td>
<td></td>
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Closing the gaps

• Youth and adolescents access.
• Online approach effectiveness.
• PRISMA is 100% confidential.
• Testing – confirmation – linkage to ART.
• Variety of bands and tests.
• Variety of delivery methods.
• Use in the field as a restricted method – the case of El Salvador.
Key challenges and lessons learned

• Lack of guidelines and protocols, long time and bureaucracy for their development. Getting actively involved in technical groups for guideline development is a must.

• Authorities are not totally convinced with the implementation of HIVST services. Sharing information about the market size for HIV testing and the advantages of self-test has to be included in the process.

• Supply chain is not efficient now that the demand is low. Developing tools for HIVST estimations and place purchase orders with the manufacturer in advance to ensure supply.
More than 25 years changing behaviors and improving lives in Central America
Contact our presenters!

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