

Social mobilisation, ipc, ICT, incentives payment

PROMISING PRACTICE South Africa: CareWorks

INTRODUCTION

Key Promising Practices:

- The scope and scale of CareWorks's outreach to the corporate sector and its model of engaging companies in partnerships on VMMC by working through peer educators employed by the corporate partners. Workplace programmes such as this one offer an effective means to approach older men through trusted peers and provide a conducive environment in which there are fewer social barriers to uptake stemming from social status or age, such as unwillingness to queue with youth or boys.
- CareWorks also operates a call centre which makes outbound calls to potential leads that are generated by MMC Mobilisers working in both communities and workplaces. Through the bridge process Counsellors contact those men that have indicated that they are interested in more information on VMMC or would like to book a procedure. These men are called directly by Counsellors, using the appropriate local language. What appeals about this approach is that it enables CareWorks to follow up on leads over the phone, rather than incurring high travel and transport costs for Mobilizers or peer educators to follow-up with face-to-face conversations. This is noteworthy because many implementers have indicated that repeat visits by Mobilizers are often required in order to recruit men, particularly older men, but that these are expensive and Mobilizers are often reluctant to visit older men again given the opportunity cost of foregoing visits with youth, who are more likely to agree to VMMC.
- CareWorks is also planning to roll out a mobile application in April targeting 18 - 25 year old men in Eastern Cape, using a "please call me function" to encourage men to register around particular mobile phone towers, and in turn be called by staff from the call centre. Preliminary data (early May 2013) is promising.

Introduction

CareWorks is a South African company which provides HIV and AIDS workplace treatment programmes. CareWorks was awarded a contract from CDC to add VMMC to its existing HIV prevention activities in December 2012. CareWorks focuses on social mobilisation and generating demand for PEPFAR partners and Department of Health (DoH) clinics. It has a long track record working with the corporate sector in

South Africa around HIV prevention, testing and treatment related issues for workers, involving the mining, construction, agricultural and transport industry. It has more than 600 workplace peer educators in operation who can now incorporate advocacy for VMMC into their discussions. . These peer educators are employed by organisations and may work in a variety of different roles within the companies. Care Works notes that companies have huge power to mobilize employees to listen to talks on VMMC and to provide a conducive and encouraging environment for VMMC. Focusing on company employees is also an effective way to reach slightly older men.

Care Works also operates a call centre which makes outbound calls to potential leads that are generated by MMC Mobilisers working in both communities and workplaces. Through the bridge process Counsellors contact and follow through with those men that have indicated that they are interested in more information on VMMC or would like to book a procedure.

CareWorks's VMMC project is in its infancy, yet it has made very promising progress in a short space of time. The organisation makes use a sophisticated system of registering and tracking potential VMMC clients through its SQL database. It also employs field mobilisation, workplace and community education, VMMC counselling within HCT and media campaigns to generate demand. CareWorks has a group of approximately 100 field mobilisers.

Organizations involved

Lead

- CareWorks

Funding

- PEPFAR
- CDC

Other partners

CareWorks has a close working relationship with all PEPFAR partners where collaborative mobilisation strategies have proved successful.

Effective and regular interaction with the Department of Health, Western Cape, has opened up successfully in the Winelands, Overberg, Eden and Metro districts. A significant effort has been focused on establishing roving VMMC teams within these Districts.

In the Eastern Cape, CareWorks partners with CMT, TBHIV Care and the Provincial DoH to effectively mobilise clients into camps. This is a fairly challenging region. A huge effort has been focused on using roving mobilisers for demand creation and creating VMMC community events run jointly between the partners. Transport is arranged by the CareWorks local co-ordinator to get clients into the camps. Despite these innovations, uptake remains poor.

Who is carrying out demand generation activities?

- CareWorks, though often subcontracting to local NGOs, field marketing companies, training organisations and the DoH to manage the field mobilisation programme. Peer educators are employed by the company for which they work in another role but trained by CareWorks.

Management of demand creation

- CareWorks

VMMC ACTIVITIES

VMMC activities

CareWorks drives client demand for VMMC services which provided by other PEPFAR partners.

DEMAND CREATION ACTIVITIES

Demand Creation Activities

The focus of Care Works demand creation is on social mobilization activities in communities and in workplaces. Potential clients identified through mobilisation activities are then carefully tracked to support them in coming to then acting on a decision to undertake VMMC. Their network of peer educators and field mobilisers are key to this.

Workplace mobilisations through Peer Educators

Peer educators are employed by companies but trained by Care Works over a period of 5 days to cover all the necessary information relating the clinical aspects of VMMC as well as mobilisation strategies and administrative matters. Care Work also provides peer educators with training materials and resource kits which reinforce information and messages contained in their workplace marketing campaigns.

Thirty two full-time and 7 part-time Care Works staff members have also been also trained in mobilization and counseling techniques since the start of the project.

Since the initial training, Care Works staff members from Cape Town, Johannesburg and Durban have also been trained as trainers to ensure ongoing support to the Mobilizers.

Field Mobilisation

Care Works employs its 100 field mobilisers by sub-contracting local NGOs, field marketing companies, training organisations and the DoH. Some of these companies are specialized training organisations that carry out large-scale trainings on a range of different topics, such as financial literacy (training up to 40,000 people in a year). All peer educators are drawn from the area in which they work. They've also hired a dedicated manager in the Eastern Cape to reach out to traditional leaders to explain how VMMC can complement traditional circumcision.

Management of Field Mobilisers

Field mobilisers are focussing on Gauteng, KNZ and the Western Cape with other areas having some limited amount of coverage. They are run in teams of four which are managed by a local co-ordinator.

The VMMC field mobilisation structure includes 16 local team coordinators, six regional team leaders and four regional managers per province. A national field mobilisation Manager oversees the programme at a senior level.

Mobilisers are managed and monitored via daily phone calls from the local co-ordinators and a weekly phone call from headquarters. Monthly reporting is based on leads verses circumcisions to measure the conversion rate. All data is captured onto a central database and this is reviewed daily by management. Problem areas are immediately attended to.

Incentivisation Structure

CareWorks has shifted to a performance linked stipend for mobilisers in line with a PEPFAR directive. Field mobilisers now work to key performance targets which are stated and monitored weekly per province and by season.

CareWorks VMMC mobilisers are all employed under full contract. Their salaries fall into bronze, silver and gold ranges and are structured accordingly. So, for example, a mobiliser earning in the silver bracket would receive a salary of about R1 500 (these structures are based on the DoH standard rates for mobilisers/CPE's). The mobilisers who are working at the gold tier level are those who consistently bring in high levels of clients, who are reliable and punctual and who, in general, do their jobs very well. The bronze tier is for the under-performing mobilisers.

CareWorks' field and corporate mobilisers account for roughly 30% – 40% of any given cutting camp's capacity which means that the remaining 70% or so is generated via other routes. In KZN for example, there are billboards, taxi advertising and signage and radio adverts that are entirely unrelated to CareWorks' drives.

Mobiliser's Toolkit

A versatile and target audience-appropriate VMMC toolkit was developed in conjunction with Brother for Life and Bridges of Hope. This toolkit includes a clinical training manual, a letter of introduction, an A3 poster on HIV/VMMC, VMMC gatefolds, CareWorks business cards, an interactive game, a neon peak cap and mobiliser name tag, a demonstration model, condoms and a facilitator guide.

The literature within the VMMC tool kit is available in six languages and the toolkit messaging can be adapted.

Ice breaker Game

CareWorks has an ice-breaker game they have devised and which they use at taxi ranks and in work-places. It encourages discussion, and adds a fun and emotional element to VMMC education.

A mobiliser unfolds a single fold-up pole and lays it down on the ground. He explains that this is a person's bridge to the future, between now and a few years' time. He talks about the goals people may have in the future, such as a good job, a nice holiday, a home of their own. Then he lays down pictures of dangerous creatures (hippos, sharks, crocodiles) on either side of the 'bridge' which all act as impediments to our potential happiness. They represent financial debt, TB, HIV, and other life-obstacles.

The mobiliser talks about how, when we think of our goals and ambitions in life, we try to behave in a way that'll enable us to achieve these goals, such as:

- Save your money
- Abstain
- Be faithful
- Be sensible

Armed with these ideas, we begin walking along the bridge of the next four years of our lives. At this point the mobiliser starts to walk along the narrow pole. Because it is so narrow and he is 'alone' he often falls off. He explains

that although we fall off we can try again but even that doesn't work until we have some form of support.

He then unfolds another pole – saying that at this stage perhaps we should reach out for a little bit of help – and lays it parallel to the first pole. Two poles next to each other are easier to balance on. He then picks up a picture of a shield, explaining how this can be a further help for VMMC.

The mobiliser begins to walk towards his 'new' four-year goal with the support of the second pole, which represents all the structures like VMMC, which we could use to improve our prospects and help us achieve our aims.

The mobilisers report that this activity is extremely popular and beneficial and engages the crowds in a way that a simple pamphlet or a couple of sentences never could. People try to walk along the one pole themselves, others play around by pushing them off, and joking but after all the fun, the message remains as a potent image of what one has, what one wants, what one could stand to lose, and what one could use to help one achieve the desired goals and aims.

Tracking Clients

CareWorks receives lists of people that Mobilizers from communities and workplaces are talking to and a separate list of people who want to book a circumcision or who want more information. CareWorks runs a call centre which then contacts this second list, assigning staff with the relevant language ability to contact different language groups and to answer questions and promote VMMC. The call centre "Bridge" moves a potential lead into the next phase of the process. The Bridge Program is utilized to follow-up on leads established in the VMMC mobilization program and link them to a VMMC partner to undergo a circumcision. This includes post-operative follow-up where adverse events are proactively referred for medical attention and monitored. SMS texts are also sent out to these men as reminders. Willing leads are then booked into the nearest PEPFAR or DoH partner clinic. Care Works stresses that while the outbound call-centre is efficient it requires complex IT systems and software and is expensive.

When a mobiliser makes contact with someone who wants more information on VMMC, he or she has to get that person's name, ID Number, home language and cell number. He or she determines what the person is interested in and puts all this information into the register along with his mobiliser code and the date. The register is online, in the form of an SQL online page, so paper entries have to be entered into this register later by a data capturer.

This information is given to the specially trained call center operators who will

call the people on the register and either counsel them further or arrange circumcision operations at the clinic nearest to them. This call centre is based in Cape Town.

When the candidate is ready, CareWorks schedules the appointment with the appropriate partner and provides, where necessary, further support to encourage compliance with the follow-up procedure.

Intake registers that used by mobilisers in the field are matched to an electronic database that comes from the cutting camps. This requires active co-operation and data-sharing by the partners conducting the circumcision procedures and follow-ups to ensure consolidation and matching of referrals to actual procedures (IT and SQL frameworks). Any follow ups calls use a series of question to verify that the client is who the records say he is, to ensure privacy and accuracy.

All of this information (plus the original information on the register) is then captured and added to the lead database and can be used later to monitor the efficacy of field mobilisation and gauge the service levels and efficiencies of the mobilisers themselves. Each mobiliser has a code attached to his name and all data pertaining to him is captured with this code. It is therefore very easy to see the results of mobilisation drives.

19 000 leads were collected in this manner over between March and June 2013. The conversion rate of leads mobilised vs leads cut is 35% (official figures produced from CareWorks data analysis). CareWorks believes that the rate is closer to 50% and attributes the discrepancy to data integrity loopholes, including bad handwriting (intake registers), poor data input at the camps and poor data match pertaining to intake vs camp data. Further, intake registers do not always have all the names that have been to the camp. Intake registers don't take word of mouth communications into account and don't capture details such as clients bringing along a friend to the camp.

There are only a few PEPFAR partners that capture data electronically at this stage, the rest are paper based. This contributes to the challenges mentioned above.

As far as lead tracking goes, the unique lead number that is given to every lead that comes in from a mobiliser is put into the system so that at a glance one can see what the status of that lead is (did the person involved get circumcised, are they still waiting for a procedure, was more information sought and if so, was it supplied) and track it as a process from initial contact to successful circumcision and post-op support until the loop is closed when the client is fully recovered.

Information attached to the lead number includes the date contact was made, the code of the mobiliser who made the contact (good for monitoring mobiliser performance throughout the year).

Measurement is critical. The entire process is based on measurement, tightening of gaps and refining measures for maximum efficiency and results. CareWorks provides mobilisers with a report which categorises where his leads are on the system, all the way through from lead initiation to the cutting operation.

Every month CareWorks collects the data from its 'cutting partners' – those who perform the actual surgeries. They match this data back to their own records to make sure that all the information matches up.

The ability to record, measure, analyse and report VMMC lead processing data and link it to a cutting camp is well developed. Significant developments include the expansion of the SQL server reporting services to include increased sensitivity and versatility to report against live VMMC data in terms of patient category; impact of demand creation avenues (conversion rates); age analysis; ready to book; bookings and geographical profiling. Efficient scheduling and booking into CDC partner camps has reduced the 'ready to book' age analysis. Data linked to the performance management of field mobilisers or the success of a media campaign can be assessed in the same way.

As an example of this use of data to govern their work, CareWorks is about to put a three month Bathroom Programme in place using venues nationwide. Bathroom marketing initiatives include three types of venue. They are LSM category C shopping malls (10 venues, male only); Soweto night life (20 bars and restaurants, male and female) and university environments (17 venues, male and female). The level of interest from male or female bathrooms can be determined through a unique '*Please call me*' number. A full analysis of the programme will be available in late 2013.

This will mean CareWorks can measure not only the bathroom leads coming in but where those leads will go over the next six months. Data analysis will therefore be accurate and efficient and will enable CareWorks to measure, analyse and judge the impact of initiatives such as this and any others it runs.

IVR Services

CareWorks shares demographic profiling data with Hello Doctor, a cellphone application enabling users to connect with clinical support and services. Using the data that Hello Doctor has garnered, CareWorks is able to SMS large numbers of people at once (this can be a couple of hundred people, up to hundreds of thousands) using Interactive Voice Response (IVR). They are able to select a

target audience for the SMS broadcast based on demographic profiles and indicators. Roughly 15 000 calls are made per IVR campaign and the percentage success rate (calls turning to VMMC leads) is about 3–4%. These figures are arrived at using data analysis and capture. Every lead is followed from inception, through a range of categories until the actual circumcision. CareWorks has piloted IVR bursts at about 15 000 at a time so that the call centre is not swamped.

In 2013 IVR campaigns were activated within the Western Cape, Gauteng (Tshwane) and KZN (eThekweni). The total number of responses to the IVR campaign was approximately 3% (1185) with a 3% (39) verified conversion rate. A further 24% (284) leads are ready to book or booked. This is because the widespread nature of this approach results in leads throughout the country. The science behind IVR uptake is complex. Demographic profiling and regional trends are significant factors. Defining and customising the IVR message in terms of length, content and voice tone is critical to the target audience.

A recent IVR burst in Cape Town targeted 7000 people via an affiliate of Hello Doctor and received 80 responses, a hit rate of about 1%. However, the burst was activated at short notice and within a tight time frame which may have affected the outcome. One of the remarkable features of IVR is that it can target a specific population of men, based on their age, location and socio-economic status. Commercial marketers use IVR in precise and tailored ways and the data they make use of can be acquired by organisations like CareWorks.

The messages are recorded by well-known South African celebrities and usually last around 47 seconds. The messages offer the caller options such as ‘press 1 for yes, 2 for more information and 3 for no thanks’. CareWorks has found that if these messages are any shorter, not enough information is imparted, any longer and the listener will lose interest. Once people start responding to the calls, the responses are handed to the call centre counsellors who aim to respond to each call within 3 – 4 minutes (any longer and the lead will ‘die’ because the respondent will have lost interest or even forget he had answered and why).

Callers are then placed onto the Bridge system according to their needs and the follow ups are done as described in the next section.

One factor that may affect the rate of uptake following an IVR campaign is that people move around. A database may assign people to a community in proximity to a clinic that they no longer live in.

Cell phone technology appeals to CareWorks because of the huge numbers of

people that can be targeted by IVR bursts or SMS campaigns at a very low cost. The conversion rate will be improved if audience demographics are profiled accurately and messages released accordingly. CareWorks needs to analyse data before it is able to draw any official conclusions on this and this process will be done in December 2013.

The Bridge Call Centre

The 'Bridge' is a call centre of trained counsellors able to offer guidance and support on VMMC. The centre was initially dedicated to CareWork's HCT work. Employees are provided with support through Bridge following an HIV+ result during workplace testing. Previously, either through denial, fear or lack of knowledge, people would get their results and find themselves unable to take positive action. Now Bridge counsellors contact the person and advise him about either getting treatment through his Medical Aid, a Government Hospital, or a CareWorks Treatment Programme (some corporates pay for their staff to join the latter programme). Bridging also helps a person to deal with HIV stigma and discrimination.

The Bridge approach is highly relevant for VMMC where there are often gaps between awareness and action. In terms of VMMC, Bridge helps people move along the pathway from understanding or knowing the benefits of VMMC to undertaking the procedure and adopting safe behaviours afterwards.

As people arrive into the CareWorks system through one of the mobilisation efforts, their orientation to VMMC is recorded (for example as 'interested' 'willing' 'not yet', 'needs more information'). Along with this, the language and other details are recorded. This means that a call-centre operator who speaks that language and is able to match the caller's needs, can help the potential client make the next move. Because all this information is entered into an online database, it is possible to see exactly where all clients are in the process in real-time, utilizing a user-accessible online system.

Depending upon the specific level of interest shown in the VMMC programme, the call centre counsellors will make contact with the potential client and assist him to move forward. If more information is needed before the client feels comfortable making a decision to go ahead with VMMC, then the counsellor will provide as much information. In this way the Bridge programme uses the database to steer clients, step-by-step, towards VMMC, ensuring that the appropriate support and information is given at all times.

The 20 counsellors within the call centre receive VMMC training as well as IT training on protocol and data input methods. Further training on sales

strategies such as deal closing was recently added. The operators work shifts from 08h00 to 19h00.

The call centre counsellors arrange the circumcisions and then the person who is scheduled for an operation receives an SMS with a unique number and details of where he needs to go.

On the day before the procedure the call centre contacts the patient to remind him to go. 48 hours post-op another call is placed for service follow up, to ensure that he went and discuss any problems. A final call is placed three weeks later and that closes the circle that was opened by the field mobiliser's initial contact.

EVALUATION OF DEMAND CREATION ACTIVITIES

Evaluation of demand creation activities

Care Works' IT systems enable them to (i) measure the conversion rate of leads to snips; (ii) manage MMC mobilisers through performance appraisals and (iii) analyse the daily throughput of data in terms of MMC leads that are registered, scheduled; booked, closed or followed up.

In order to report accurately into the PEPFAR indicators a web-based database was developed. Key elements are the ability to handle large data volumes, and generate real time analysis to drive work flow and track the progress of leads generated through the mobilization work. The system allows profiling against inaccurate or incomplete information and prompts red flag data sets (for example underage males (<15) moving through VMMC. Future developments include an improved task management capability which will enhance the care, support and management services provided by the CareWorks call center. A challenge in terms of IT is accessing "clean" data from VMMC Partners through which "leads" can be matched to circumcisions. This will result in under-reporting of mobilization efforts. A standardized process across all VMMC partners would allow for far better data in understanding mobilization outputs. Until this time, matching remains a somewhat inaccurate process with much effort required in manual data processes.

CareWorks is seeing a conversion rate of 35% across all demand creation avenues, although under-reporting is associated with matching field data (intake registers) with actual camp data. In addition, well established partners (JHPIEGO, CMMB and SFH) do not record camp data electronically. This makes an accurate data match difficult. A more realistic figure is a 55% conversion rate which CareWorks aims to verify through the introduction of an enhanced self-report

system.

In KZN, leads increased by 33% from 2 589 (second Quarter) to 3 874 in the third Quarter of 2013. KZN has the largest contingent of mobilisers (18) and this figure represents an average of 215 leads per mobiliser.

Leads in Gauteng increased by 87% between the second Quarter (244) and the third Quarter (1924) of 2013.

Western Cape mobilisation commenced during the third Quarter of 2013. The Western Cape is a relatively difficult province for mobilisation because of the large Xhosa population.. 17 mobilisers created 735 leads during that Quarter, which is an average of 69 leads per mobiliser. In late June 2013 a three day campaign complemented the visit of Ambassador Goosby to the Woodstock Community Health Clinic. The demand creation strategy included a focused campaign within three discreet zones near the Woodstock clinic; working closely with the partners (SACTWU & TB HIV); activating taxi transport along specific routes; identifying well known landmarks as pick up points and coordinating the logistics through the CareWorks call centre. Despite time-related challenges, co-ordinated efforts resulted in the registration of 130 leads for this camp and close to 50 confirmed cuts.

LEARNING AND SCALE UP

Successes / Challenges

Successes

- In the corporate environment, challenges to uptake include reservations industries, like the mining industry, have about employee downtime, as each client has to take ten days off to recover
- CareWorks doesn't have enough field mobilisers at the moment. One hundred is far too small a number to achieve the kinds of numbers required. This is a frustration to CareWorks, as they have the systems and capacity to manage many more field mobilisers if more resources were available.
- At the start of the VMMC programme, CareWorks hoped to be recruiting clients at around R80.00 per circumcision but Gareth feels that they are operating at far higher costs than that. He estimates this to be closer to R120.00 to R150.00 and that's just to mobilise and create demand, it doesn't cover the cost of the operation itself.
- There is also the problem of delivering VMMC on site. Often men have to

leave work and go far afield for the service. They may have to use their personal leave days to have the procedures done. CareWorks helps bring services closer to workers seeking the VMMC procedure. Although CareWorks does not provide VMMC, they link workers to clinical partners who are able to provide the service.

- One of the challenges in this process relates to data integrity and the management of the information associated to each person that has been mobilized. Some partners keep handwritten records. Some do not carefully enter the information into the appropriate systems. So CareWorks has to constantly innovate to try and improve how information is managed across all the systems described above.