

Outline

- Overview of Evaluation
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 - Training and Supervision/Mentorship
 - Strategies Used to Identify & Recruitment High Risk Males
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Saving lives. Improving health. Transforming futures.



Overview of Evaluation

- This outcome evaluation is a quantitative assessment of a phased implementation of :
 - » an enhanced demand creation activity
 - » and financial compensation for missed work
 - » targeted at high-risk men > 18yrs old
- Pre-post evaluation of an enhanced demand creation strategy based on the human centered design (HCD)
- Evaluation Question:
 - » Does an enhanced demand creation strategy of targeted messaging at non-traditional VMMC recruitment sites with financial compensation for missed work increase VMMC uptake (circumcision within 3 months of recruitment) among high risk men >= 18 years?
- Primary Outcome:
 - » Total number (proportion) of high-risk men aged ≥18 years undergoing VMMC at the participating facilities during each Phase of the program



Overview of Evaluation

- <u>2 Phases</u> with a sample size of <u>8,000 high risk men per</u>
 phase
- Study Districts: Lusaka (4 sites) and Mazabuka (3 sites)
 - Including sites from these two districts will allow for the evaluation to include men from
 - » urban and peri-urban settings,
 - » daily-wage workers and
 - » seasonal, plantation-based workers,
 - all of which are groups who may be at increased risk of HIV infection

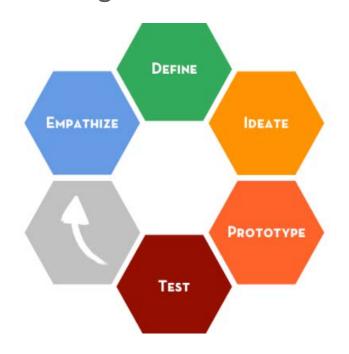
Baseline	Phase 1	Phase 2
Current Demand Creation strategy Routine program data collection	Enhanced Demand Creation 4 months data collection	Enhanced Demand Creation + Financial compensatio n (\$20 USD equivalent) for missed work 4 months data collection

20 Health Promoters (10 per district)



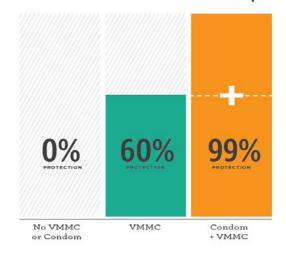
Enhanced Demand Creation Strategy: Human Centered Design (HCD)

- HCD listens and learns to build understanding and empathy between different audiences.
 - HCD approach mainly focuses on segmentation of target audience and giving them specific guided messages for their segments.

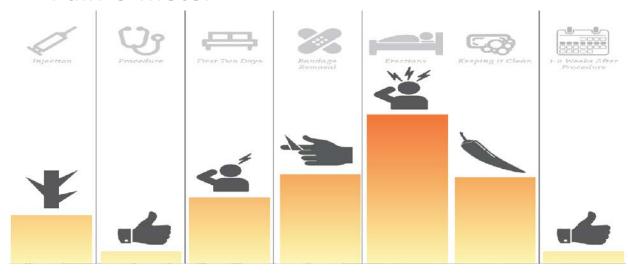


> 60% protection from HIV: Jar Concept





> Pain-o-meter



Segment Prioritization: Criteria By All Segments

SEGMENT:	% POPULATION	% arcumased	LEVEL OF COMMITMENT	LIKELIHOOD OF ADVOCACY	HIGH RISK SEXUAL BEHAVIOR
KNOWLEDGEABLE HESITANT	10%	50%	Low	High	Very risky
SELF RELIANT BELIEVER	9%	71%	Very High	High	Very Risky
FRIENDS DRIVEN HESTANT	19%	14%	Conflicted	Medium	Average
SOCIALLY SUPPORTED BELIEVER	11%	56%	High	High	Very Risky
INDIFFERENT REJECTER	27%	6%	Very Low	Very Low	Low Risk
SCARED REJECTER	17%	10%	Very Low	Very Low	Low Risk
TRADITIONAL BELIEVER	6%	71%	Very High	High	Low Risk



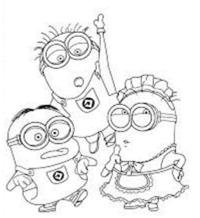
Health Promoters: Selection Criteria & Competencies

Criteria

- Be from within catchment area (e.g. CHWs)
- Speak local language
- Active volunteers who help at the local facility
- Command some level of respect and influential in the community.

Skills

- Interpersonal skills
- Self confidence
- Confidentiality
- Certificate in Counselling and knowledge of VMMC and HIV prevention an added advantage





Training

Length of the training is 5 days and the package is as follows:

- HIV/AIDS
- VMMC
- Community
- Participation and Listening
- Adult learning
- Behavior
- IEC vs BCC
- Education through Listening
- Audience Segmentation
- Field visit





Supervision

Importance of Supervision

- To observe first-hand how Mobilizers perform and to coach them so that they can achieve their full potential.
 - > To improve Health Promoter skills
 - > Investigate a performance problem

Supervisory Mentorship Visits

- A supervision tool is used when conducting supervisory mentorship visits
- The first visit informs the objective of the next supervisory visit to follow up on items from previous visit

Supervision Tool Domains

- Preparation
- Opening
- Targeting
- Segmentation
- Messaging
- Summary/Closing
- Deflecting Arguments
- Technical Accuracy





Strategies Used to Identify & Recruitment High Risk Males

- 1. Defining High-Risk Men 6 Criteria
- 2. Non traditional recruitment venues
- 3. Timing of Recruitment
- 4. Mapping of sites catchment for these venues & monitoring recruitment progress
- 5. Use of effective demand creation approaches



1. Defining High Risk Men

- High risk men are defined as men who answer 'Yes' to one of the following questions within the past 6 months:
 - 1. Treatment for an **STI** (or symptoms of an STI), including current STI or symptoms
 - 2. Participation in **transactional sex** (e.g., buying or selling sex for money, food, or favors)
 - 3. HIV-positive primary sexual partner (as defined by the participant)
 - 4. More than **2 overlapping sexual partners**
 - 5. Sexual intercourse when the participant or his partner were drunk
 - 6. <u>Use of illegal drugs</u> (e.g., marijuana, dagga, heroin, ecstasy, etc.)



2. Non-Traditional Recruitment Venues

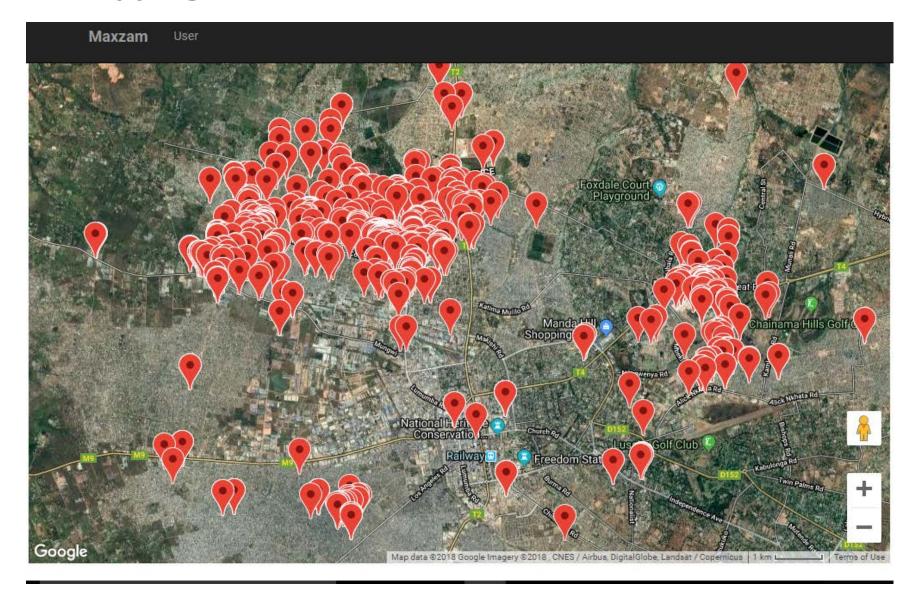
- Bars
- Brothels
- Workplaces (e.g., at or near sugar plantations, construction sites)
- Higher institutions / universities
- Markets
- Music Shops
- Barber Shops
- Fishing Camps
- Cane-Cutter Compound
- Sports Ground
- Bus Stops/Taxi Ranks

3. Timing of Recruitment

- The most effective recruitment times are from 16.00hrs to 23hrs on weekdays
- All day on weekends



4. Mapping of sites catchment for these venues & monitoring progress



Map showing current status of enrollment in Lusaka District



5. Effective Demand Creation Approaches

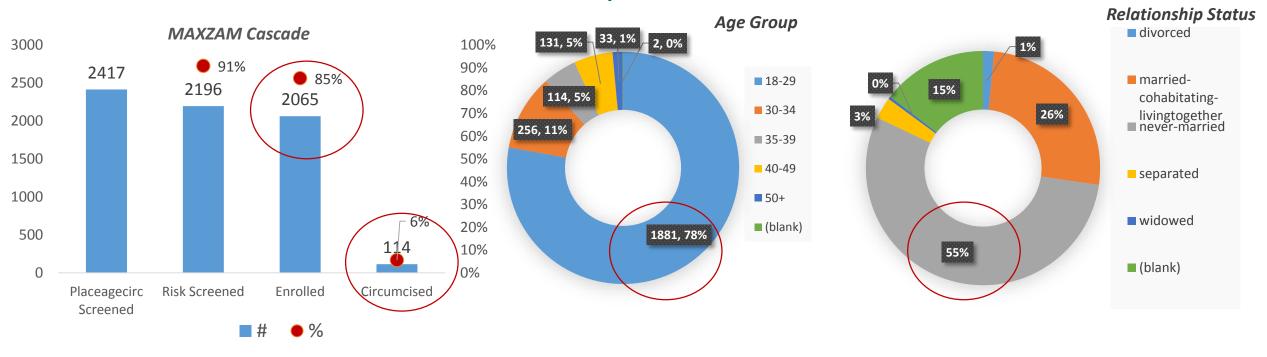
- The main demand creation strategy used is one to one and small group sessions using the HCD segmentation
- Most successful approaches so far:
 - > Peer to Peer approach using satisfied clients.
 - Facilitating group discussions in male student hostels in Universities
 - Identifying high risk men in bars and making appointments with potential clients for interviews at home when sober
 - Follow-up phone calls
 - Mobilizers follow the client across the VMMC continuum, from awareness to mobilization through recovery and then advocacy

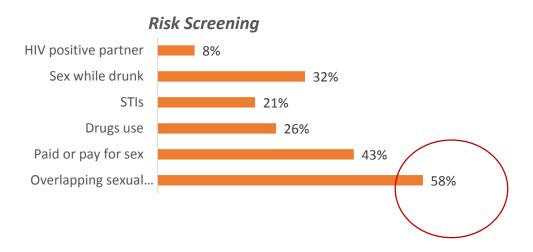


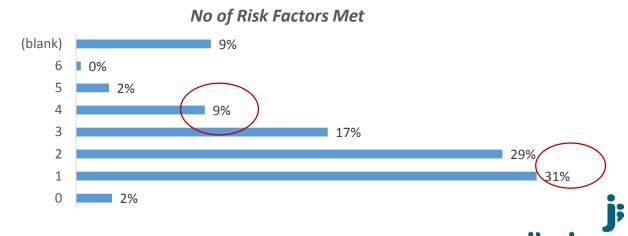


MAXZAM Preliminary Results

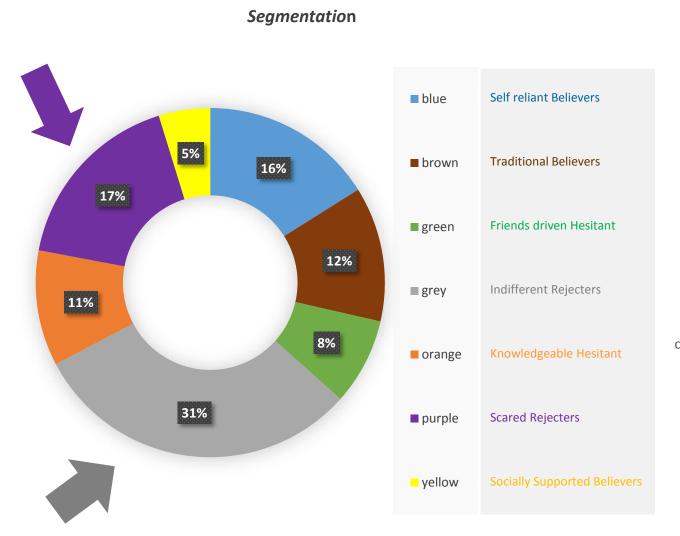
June 18th - September 30th 2018

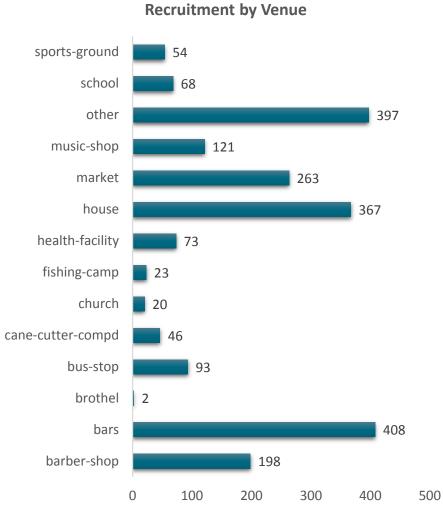






MAXZAM Preliminary Results cont...





Challenges

- Weather is hot, there is a perception that healing may take long (Traditional Circumcision)
- Recruiting during working hours is difficult
- Fear of HIV testing among high risk men
- Clients approaching multiple mobilizers in order to get free drinks
- Difficulties in recruiting men from STI clinics



Next Steps

- Assess the cost and cost effectiveness of the enhanced demand creation strategy and financial compensation for missed work among men aged ≥18 years
- Assess the enhanced linkage to STI/HIV treatment component of the project
- Phase 1 ends on 4th November, phase 2 starts 12th November 2018



Thank you



