MAXZAM Preview

Francis T. Kaira
Jhpiego, Zambia

11th October 2018
Outline

• Overview of Evaluation

• Enhanced Demand Creation Strategy
  › Human Centered Design Approach
  › Health Promoters Selection Criteria
  › Training and Supervision/Mentorship
  › Strategies Used to Identify & Recruitment High Risk Males

• Preliminary Results

• Challenges

• Way Forward
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

• **2 Phases** with a sample size of **8,000 high risk men per 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

• **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

<table>
<thead>
<tr>
<th>Segment:</th>
<th>% Population</th>
<th>% Circumcised</th>
<th>Level of Commitment</th>
<th>Likelihood of Advocacy</th>
<th>High Risk Sexual Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable Hesitant</td>
<td>10%</td>
<td>50%</td>
<td>Low</td>
<td>High</td>
<td>Very risky</td>
</tr>
<tr>
<td>Self Reliant Believer</td>
<td>9%</td>
<td>71%</td>
<td>Very High</td>
<td>High</td>
<td>Very Risky</td>
</tr>
<tr>
<td>Friends Driven Hesitant</td>
<td>19%</td>
<td>14%</td>
<td>Conflicted</td>
<td>Medium</td>
<td>Average</td>
</tr>
<tr>
<td>Socially Supported Believer</td>
<td>11%</td>
<td>56%</td>
<td>High</td>
<td>High</td>
<td>Very Risky</td>
</tr>
<tr>
<td>Indifferent Rejecter</td>
<td>27%</td>
<td>6%</td>
<td>Very Low</td>
<td>Very Low</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Scared Rejecter</td>
<td>17%</td>
<td>10%</td>
<td>Very Low</td>
<td>Very Low</td>
<td>Low Risk</td>
</tr>
<tr>
<td>Traditional Believer</td>
<td>6%</td>
<td>71%</td>
<td>Very High</td>
<td>High</td>
<td>Low Risk</td>
</tr>
</tbody>
</table>
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. **Use of illegal drugs** (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 Cascade**
- Placeagecirc Screened: 2417
- Risk Screened: 2196
- Enrolled: 2065
- Circumcised: 114

**Age Group**
- 18-29: 256 (11%)
- 30-34: 333 (11%)
- 35-39: 256 (11%)
- 40-49: 111 (5%)
- 50+: 11 (0%)
- (blank): 1 (0%)

**Risk Screening**
- HIV positive partner: 8%
- Sex while drunk: 32%
- STIs: 21%
- Drugs use: 26%
- Paid or pay for sex: 43%
- Overlapping sexual partners: 58%

**Relationship Status**
- divorced: 0%
- married-cohabitating-living together: 15%
- separated: 26%
- widowed: 55%
- never-married: 0%

**No of Risk Factors Met**
- (blank): 9%
- 1: 17%
- 2: 29%
- 3: 31%
- 4: 2%
- 5: 2%
- 6: 0%
MAXZAM Preliminary Results cont...

**Segmentation**

- **blue**: Self reliant Believers (16%)
- **brown**: Traditional Believers (17%)
- **green**: Friends driven Hesitant (11%)
- **grey**: Indifferent Rejecters (8%)
- **orange**: Knowledgeable Hesitant (12%)
- **purple**: Scared Rejecters (31%)
- **yellow**: Socially Supported Believers (5%)

**Recruitment by Venue**

- sports-ground: 54
- school: 68
- other: 397
- music-shop: 121
- market: 263
- house: 367
- health-facility: 73
- fishing-camp: 23
- church: 20
- cane-cutter-compd: 46
- bus-stop: 93
- brothel: 2
- bars: 408
- barber-shop: 198

- **Self reliant Believers**
- **Traditional Believers**
- **Friends driven Hesitant**
- **Indifferent Rejecters**
- **Knowledgeable Hesitant**
- **Scared Rejecters**
- **Socially Supported Believers**
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