



PEPFAR



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

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Behavioral Science as PEPFAR and USAID Priority



Behavioral and social science is a cornerstone of the [HIV] response

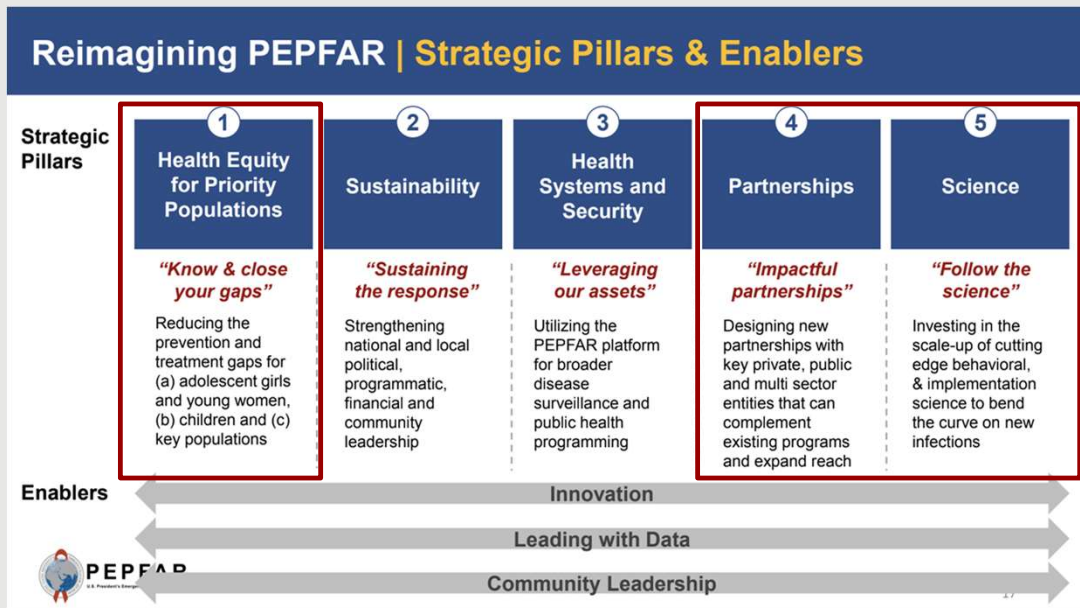
- Amb Nkengasong, Speech at PEPFAR Annual Meeting and IAS 2022



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



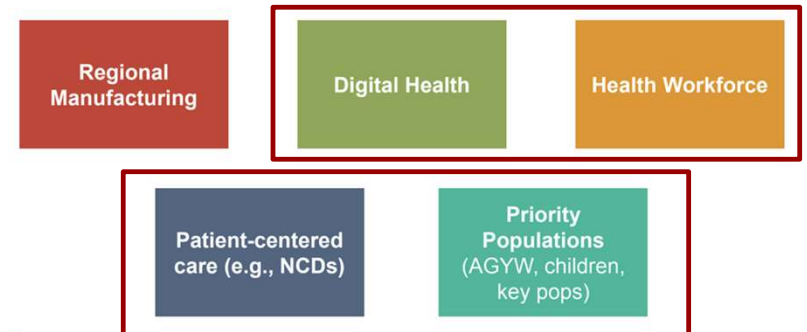
5 Science | How

- 1 Behavioral Science**
Identify and scale-up innovative, evidence-backed interventions in behavioral & social science in order to enable prevention programming to reach priority populations and reduce the stigma
- 2 Implementation Research**
Identify and fund research in order to reach the most difficult pockets of HIV infections while building the capabilities of local partners to run implementation science-based programs
- 3 Market shaping**
Identify critical product innovations (in partnership with NIH and others R&D funders) and utilize volume guarantees to lower prices and ensure rapid scale-up – starting with CAB-LA
- 4 Sustained HIV Impact**
Work with international / regional technical bodies (e.g., UNAIDS, WHO, Africa CDC etc.) to define a clear scientifically sound definition, roadmap and targets for the next decade of HIV control



39

Areas we are actively seeking to expand our collaboration



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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
- ❖ Rwanda: Expanding PrEP for Greater HIV Prevention: Keeping at-risk AGYW healthy with Peer PrEP Champions. Charlotte Usanase.
- ❖ Guatemala: Engaging youth in HIV self-care: Results from the launch of an HIVST strategy. Dr. José Carlos Quiñónez



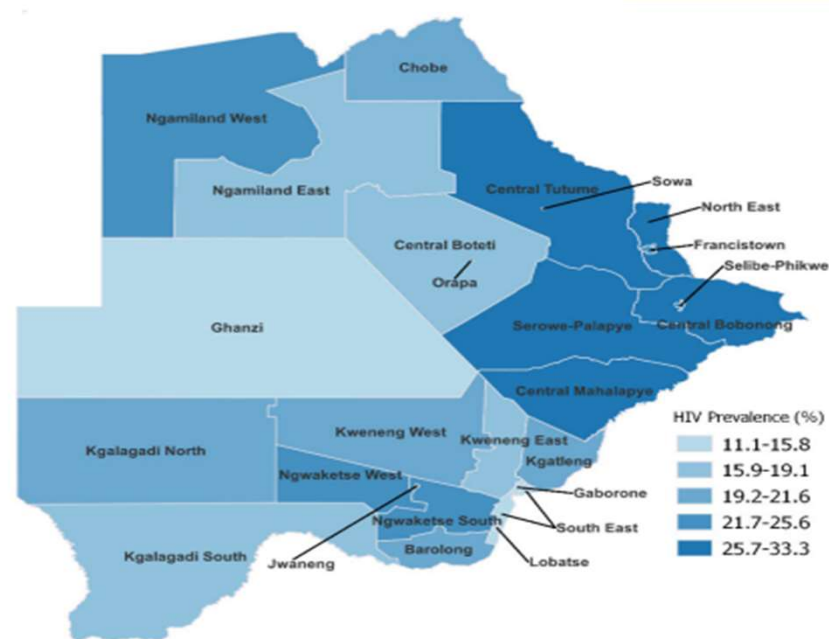
The Cookie Jar





Background

- 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





Cont.

The Kgatelopele Mo Botsogong Project provides tailored, integrated facility specific support to close the gaps related to HIV / AIDS, treatment and care among AGYWs (Adolescent, Girls and Young Women) and men.

Their geographic focus includes:

Gaborone
Kweneng East
Francistown.



KGATELOPELE
Mo Botsogong



Cont.

- 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 AGYW.s.





Cont.

- 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 AGYW.
- 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.





AGYW's being linked to Tebelopele's Youth Friendly Services

Indicator	Referral Completed November 2021 -October 2022
Number of AGYW Enrolled on Cookie Jar Facebook Group	782
Linking AGYW with health services from The Cookie Jar Facebook Group	
Number of AGYW referred to HIV testing	256
Number of AGYW referred for contraceptives	92
Number of AGYW's referred for DREAMS	157
Number of AGYW referred for GBV services	27
Number of AGYW referred for PrEP	209





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 Tebeloapele

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.



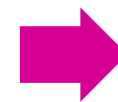


The concrete steps to programming The Cookie Jar

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.





Keeping at-risk AGYW healthy - (Peer PrEP Champions)



USAID
FROM THE AMERICAN PEOPLE

Expanding PrEP for Greater HIV Prevention

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

USANASE Charlotte
MEL Director
AEE, RWANDA



4th Annual Global Health Local Partner Meeting



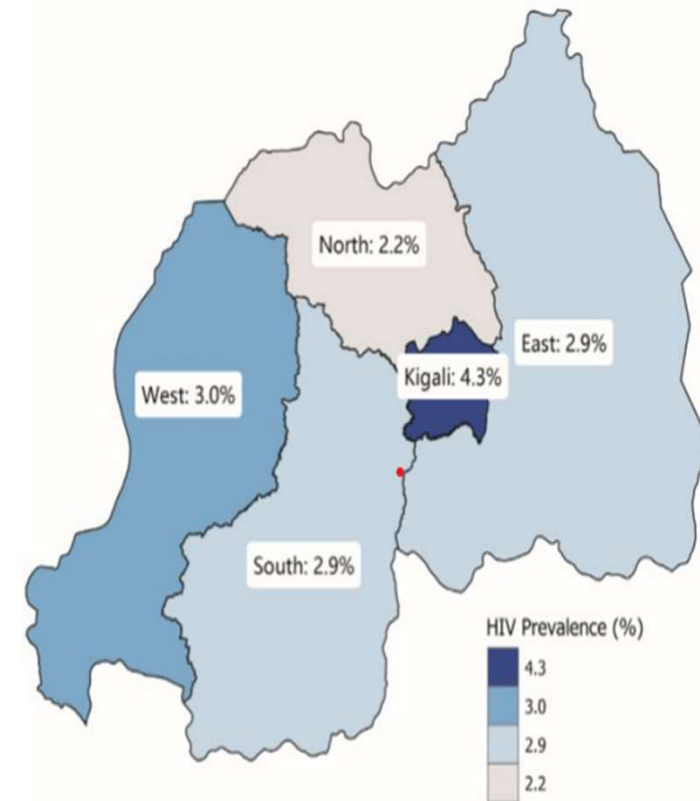


Background-HIV Prevalence in Rwanda



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.





Background – PrEP implementation in Rwanda



- ❖ 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

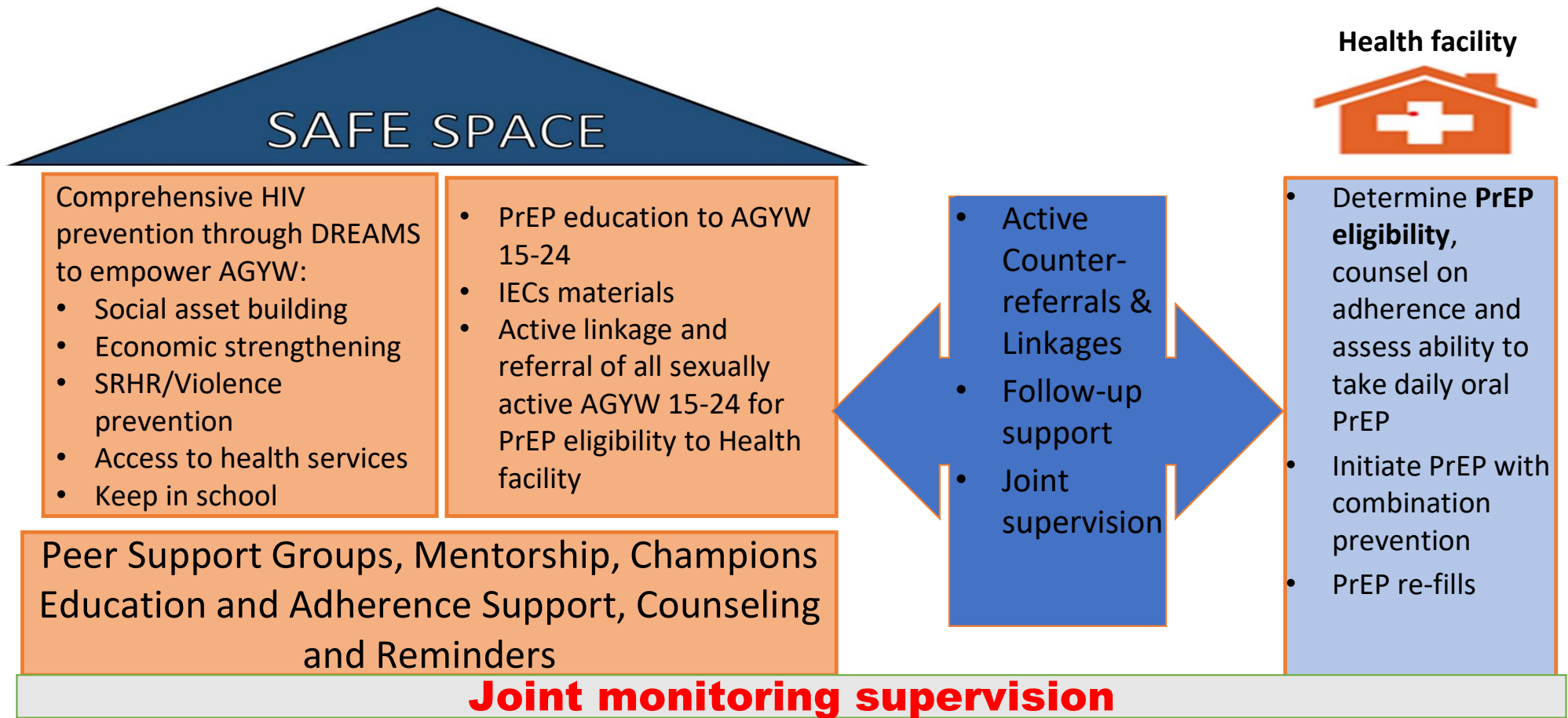
Then this combination approach (Demand Creation, Community Engagement, AGYW Participation) will lead to an increase in PrEP uptake by AGYW, and;

EXPECTED IMPACT

The rate of new HIV infections among AGYW will decrease

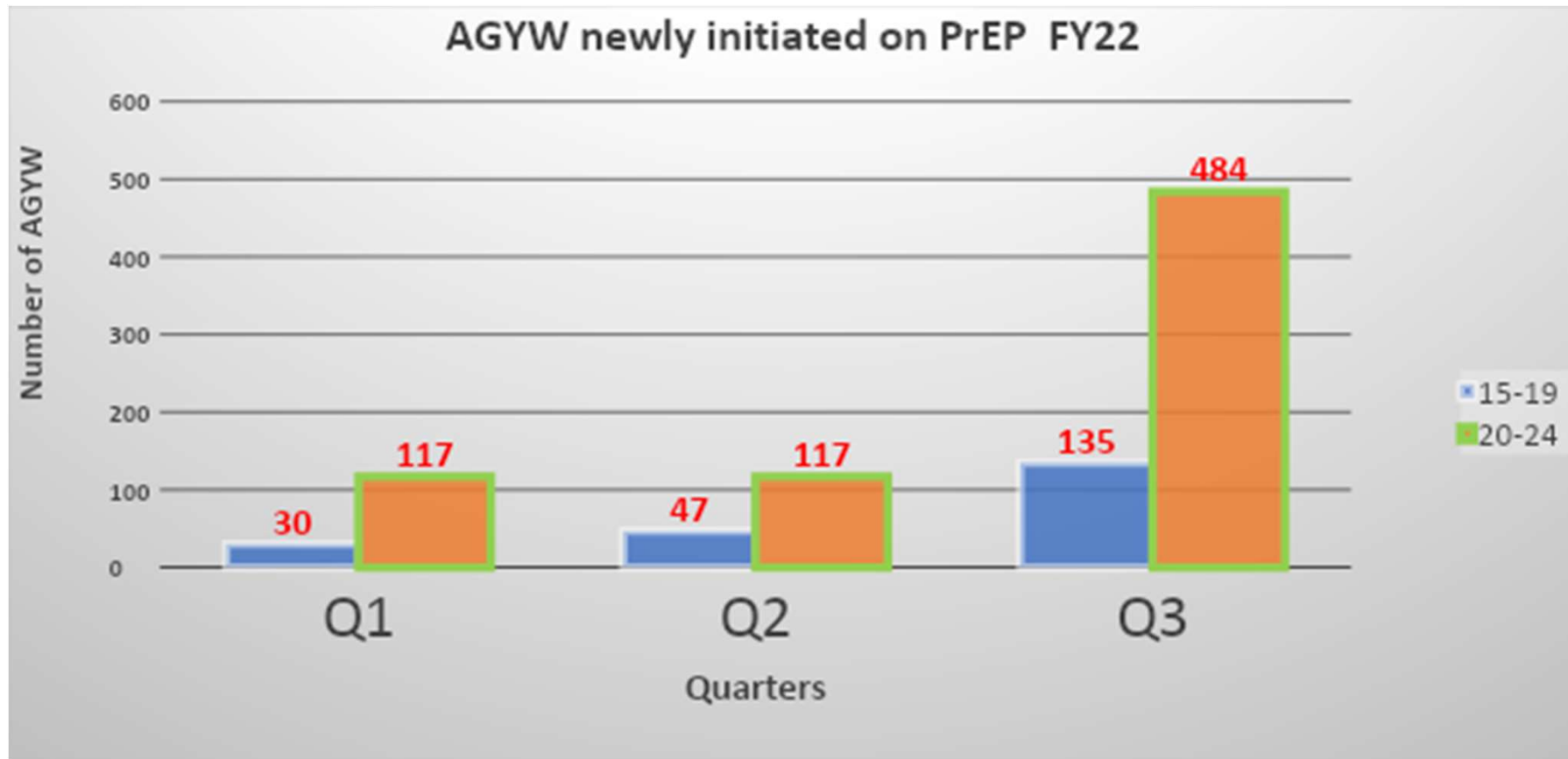


Program approach





ACHIEVEMENTS





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





Keeping at-risk AGYW healthy - Peer PrEP Champions Expanding PrEP for Greater HIV Prevention



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.





Keeping at-risk AGYW healthy - Peer PrEP Champions Expanding PrEP for Greater HIV Prevention



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*



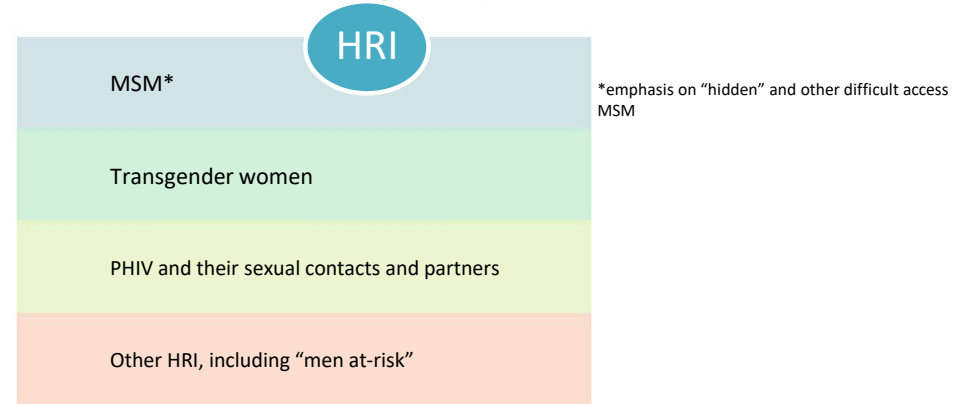
Who we are

- 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.

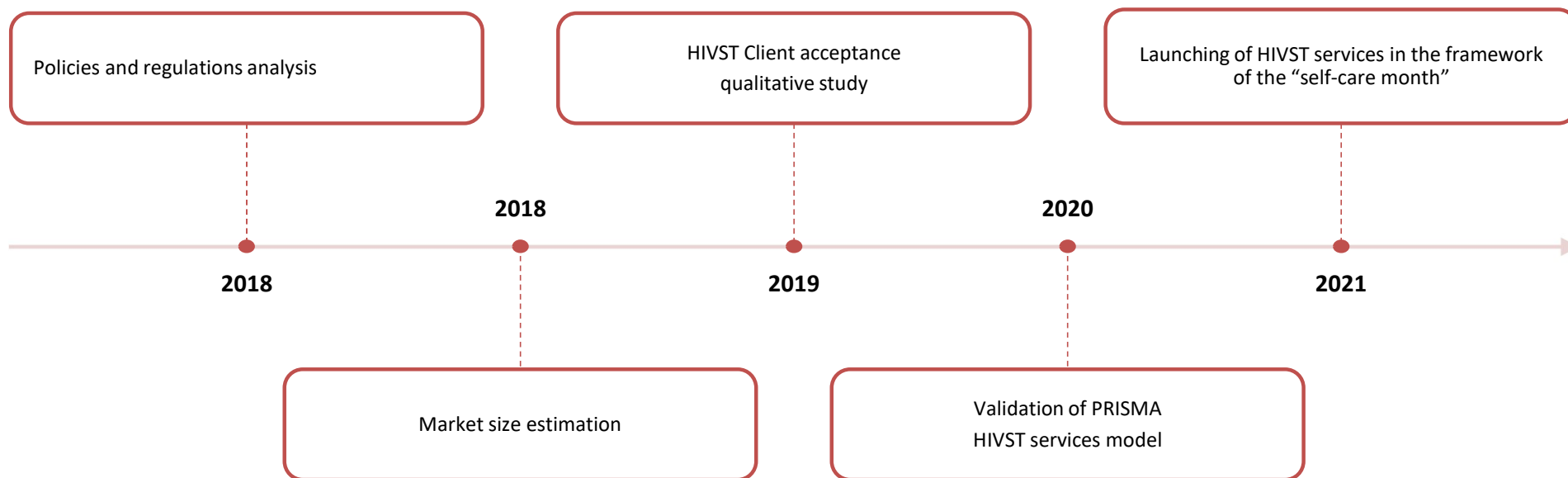


Prevention Services against HIV

- 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.



HIVST roll-out timeline



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

Access to HIVST	Key interventions	Expected outcome	Impact
<p>If the availability of new forms of HIV diagnosis increases, more people will know their diagnosis.</p>	<ul style="list-style-type: none"> • Generation of local evidence. • Development of national regulations. • Development of the HIVST PRISMA program. • Awareness, information, and demand generation campaigns. <ul style="list-style-type: none"> • HIVST delivery. • Follow-up of positive cases for confirmation and linkage to ARV. 	<p>Then the number of people who know their HIV status will increase.</p>	<p>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.</p>

PRISMA

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

- The kit



Communications

- Cyber-educators
- Educational material
- Social media



asociación pasmo org

¿Las autopruebas de VIH son confiables?

VERSATI

versati_ca · Siguiendo

versati_ca Todas las autopruebas cuentan con la misma calidad y exactitud que las pruebas de laboratorio.

Para obtener un resultado correcto y confiable, es importante seguir los pasos tal como indica el instructivo de la prueba y esperando el tiempo indicado (generalmente 15-20 minutos) para leer el resultado.

¿Tienes dudas? Escríbenos.

37 sem

sonia.alonzo Hola, cuál es el costo de las pruebas? 35 sem · Responder

dayanara__07 También quiero información sobre las pruebas 37 sem · Responder

12_aguilar Yo tambien escribi en privado 37 sem · Responder

juve_mendoza Más que la calidad de la prueba, Considero es más importante el apoyo emocional que podría brindar un profesional al momento de darle a una persona un resultado

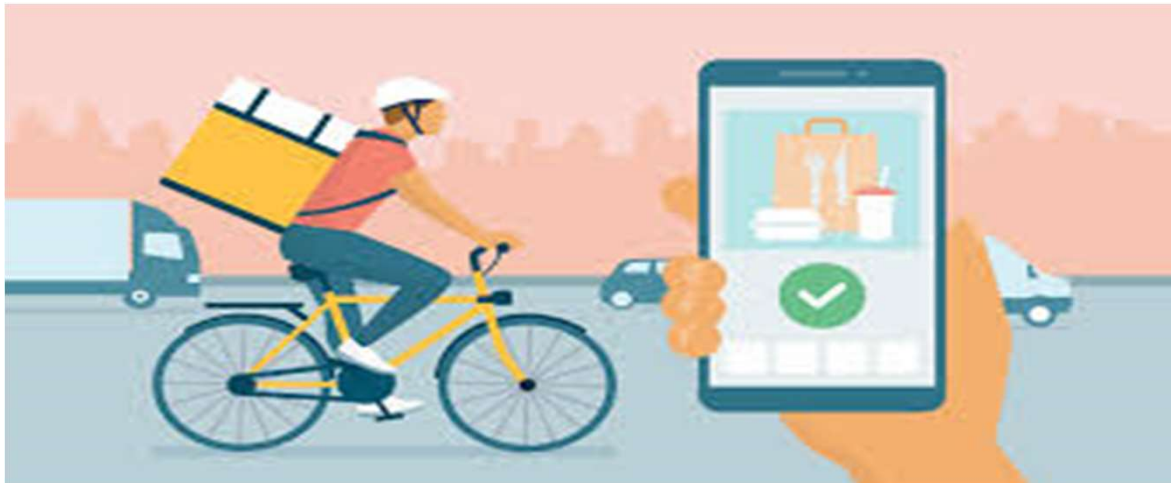
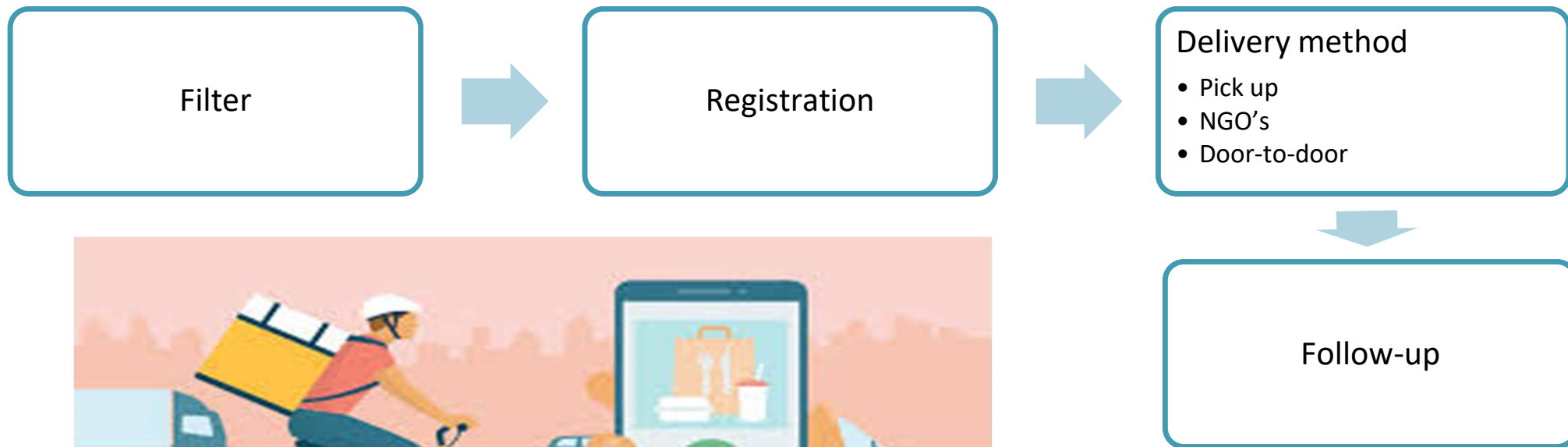
Les gusta a carlos_gt502 y 75 personas más

SEPTIEMBRE 16, 2021

Agrega un comentario... Publicar



Service delivery



Results FY22

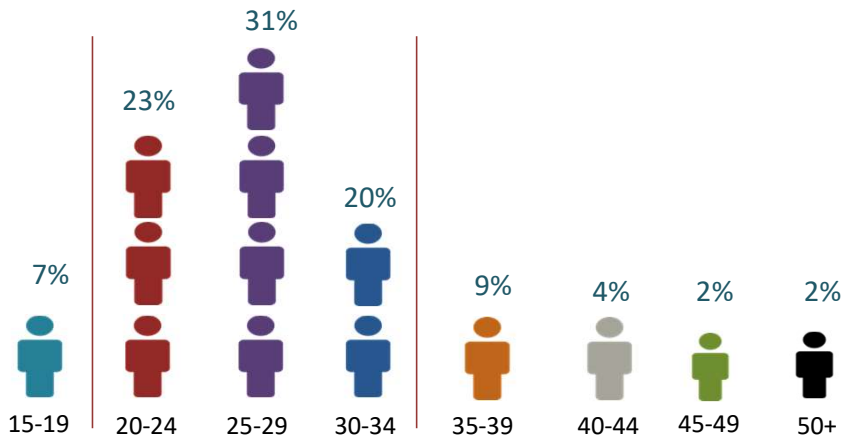


El Salvador: 847 Kits delivered
4 positive cases

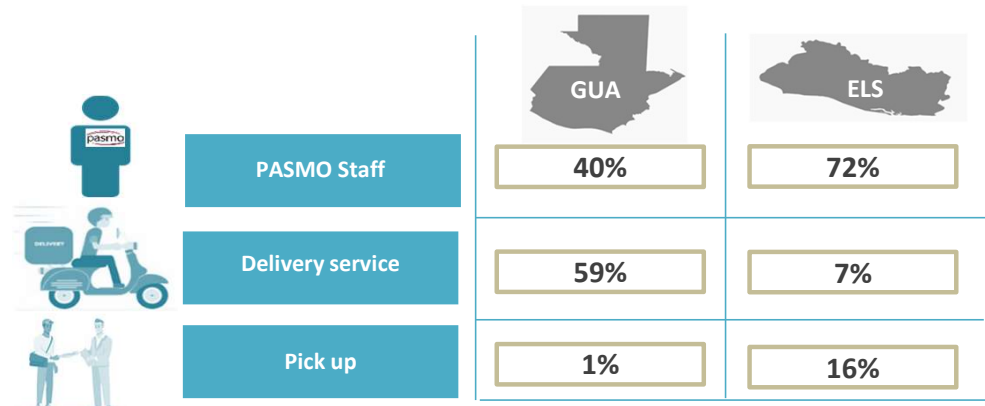
GUA: 1,336 Kits delivered
17 positive/ 15 linked

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

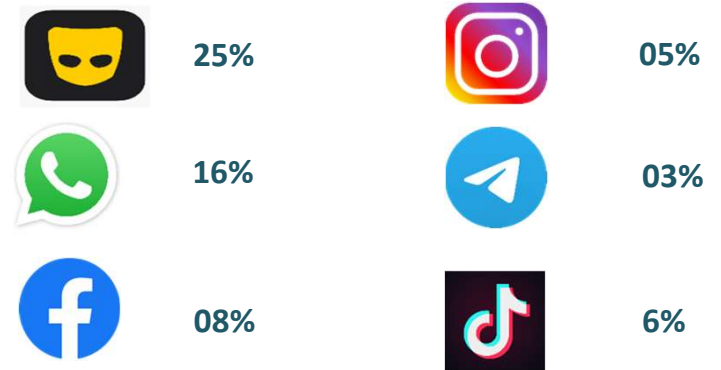
Age distribution FY22



Method of distribution FY22



Origin of the contact (FY22)



Opportunity	Ability	Motivation
<ul style="list-style-type: none"> <li data-bbox="155 537 638 678">Availability <li data-bbox="121 688 688 829">Attractive brand <li data-bbox="138 839 672 980">Brand quality <li data-bbox="79 990 720 1131">Quality of service <li data-bbox="163 1141 648 1282">Social norms 	<ul style="list-style-type: none"> <li data-bbox="806 548 1291 690">Knowledge <li data-bbox="806 699 1291 841">Self Efficacy 	<ul style="list-style-type: none"> <li data-bbox="1457 537 1942 678">Intention <li data-bbox="1457 688 1942 894">Product expectations <li data-bbox="1386 904 2013 1045">Locus of control <li data-bbox="1377 1055 2024 1196">Willingness to pay



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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