Health Communication and Demand Creation

Approaches to increase demand for HIV services and to change social norms around HIV – VMMC and PMTCT case studies

Presented by Patrick Devos, Johns Hopkins,

CIHO project: RUMOS DA COMUNICAÇÃO PARA SAUDE

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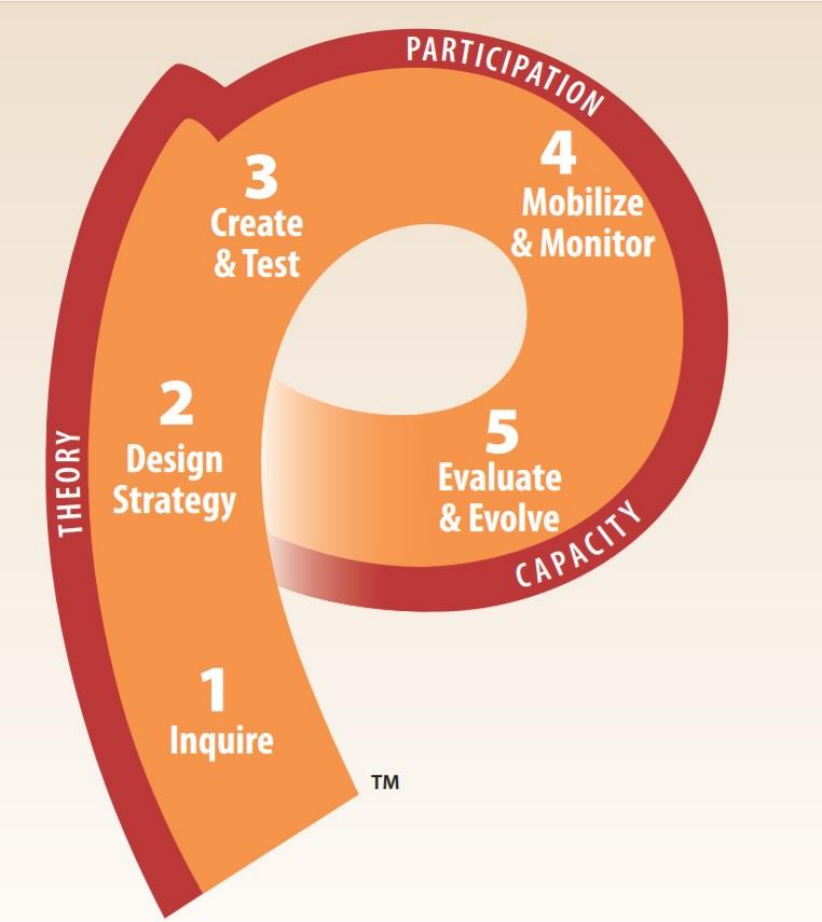
OUTLINE PRESENTATION

- GENERAL
- CASE STUDY: VMMC
- CASE STUDY FOR LONGER TERM INTERVENTIONS
- REFERENCES PUBLICATIONS

SBC MODEL

- Depending on the health topic, the behavior/norm to be changed
- Depending on the time available
- Depending on the funding available
- SBC tries to follow certain steps to achieve results and impact

P-Process



http://www.thehealthcompass.org/sites/default/files/strengthening_tools/P%20Process%20Eng%20%26%20Fr.pdf

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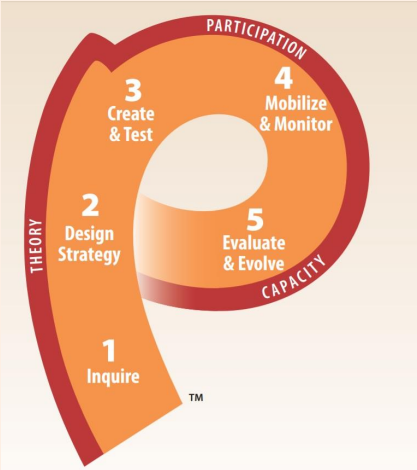
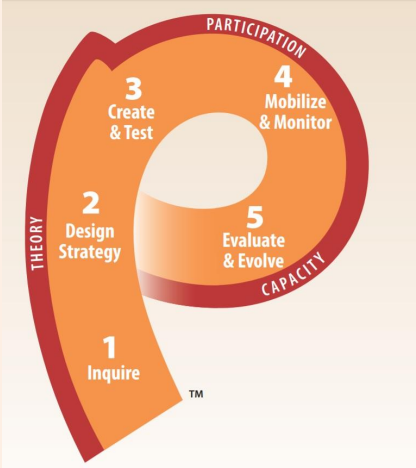
Inquire



- Define the problem
- Define the audiences
- Desk review
- Qualitative data
- Quantitative data
- Formative research
- Program implementation knowledge/experience

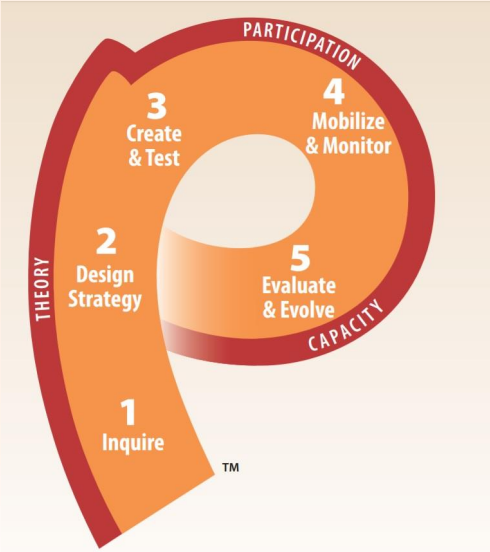
Design Strategy

- Use a systematic approach to outline the different activities (for example the Pathways model)
- Apply principles from Social Marketing
- Design interventions based on
  - Research findings
  - Use Human Centered Design approaches
  - Use Behavioral Science approaches
  - Use approaches that have evidence of impact



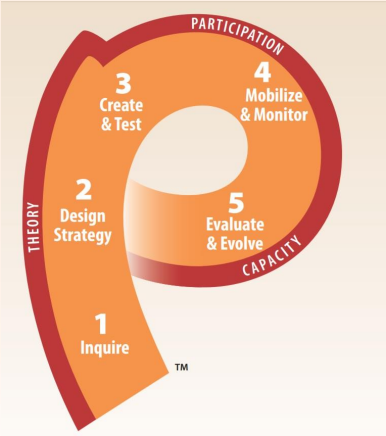
Create and Test

- Process of development of Materials
  - After design and first contents.
  - Consultations with Partners and MISAU/CNCS
  - Incorporation of comments
  - Pre Testing in the field
  - Incorporating test results
  - Presentation of final version
  - Approval by the relevant authorities



Mobilize Monitor

- Define implementing partners, train them, update them on implementation.
- Monitor activities, preferably real-time
- Apply adaptive management principles



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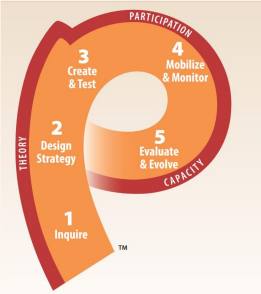
Evaluate - Evolve

- Measure outcomes (survey and other techniques)
- Disseminate results
- Look to the future: opportunities, apply lessons learned, follow up where needed, scale up.



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Case Study VMMC

- CCP has been involved in VMMC activities;
  - At National level during PACTO (2010-2015)
  - At Provincial level with HC3 in Manica and Tete in coordination with Service Partner (2015-to date)

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Enquire

- Conduct Desk review,
- Analyze local policies
- Conduct Formative research

RELATÓRIO FINAL

PACTO

Prevenção Activa e Comunicação para Todos

Pesquisa Formativa sobre a Circuncisão Masculina em Moçambique

30 de Março de 2013

Preparado por:

Rosa Said, Emídio Gune, Maria Elena Figueroa, e Patricia Poppe

http://pdf.usaid.gov/pdf_docs/PA00KXQ3.pdf

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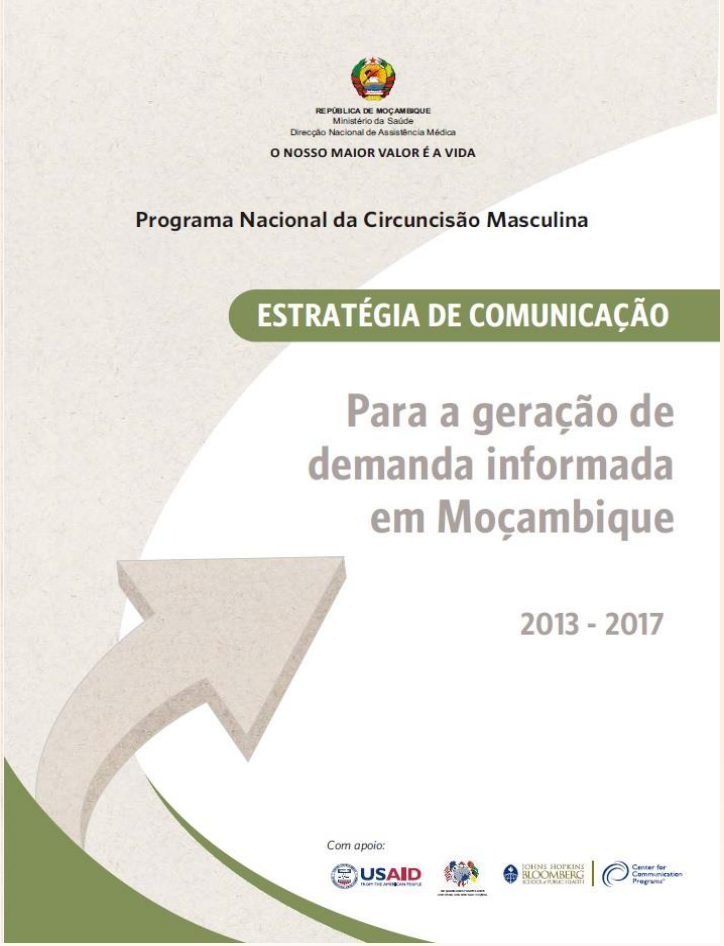
Communication Strategy for VMMC



https://www.dropbox.com/s/l7yy894w4sy6p4i/PlanoEstrategico%20Cricuncisao%20Medica%20Mocambique.pdf?dl=0

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PILAR 1: PACOTE DE MATERIAIS DE COMUNICAÇÃO PARA OS SERVIÇOS				
Audiência	**Objectivos de comunicação**	**Formato**	**Conteúdos/Mensagens**	**Como será usado**
Material: FOLHETO 1 (Geral)				
Jovens e adultos não circuncidados	- Dar informações sobre a CMM - Estimular a procura dos serviços de CMM.	(01 dobra, a 04 cores) Textos breves com destaque para as ilustrações. ***(Ref.: Brochura, Namibia, mas lá muito texto)***	- O que é a CMM, - Benefícios. - Desconstrução de mitos e crenças incorrectas. - Ênfase nos comportamentos de prevenção às ITS/HIV. - Que é feita por pessoal treinado. - Que a CMM é gratuita. - Locais onde os serviços são oferecidos.	A ser distribuído: - Nas US - Nas actividades de advocacia na comunidade - Nas instituições públicas e empresas privadas. (ECOSIDA nas empresas).
Material: FOLHETO 2 (sobre Pós-circuncisão)				
Jovens e adultos circuncidados	Reforçar as instruções sobre o pós-operatório.	(01 dobra, a 04 cores) Ilustração: Para cada instrução. ***(Ref.: ver fotos materiais SA)***	- Instruções sobre o pós-operatório, com as respectivas razões para cada uma. - Reforçar informação sobre sexo seguro (uso consistente do preservativo), e redução de parceiros. - Reforçar que a CMM não protege completamente contra o HIV, que é mais uma medida de prevenção importante.	A ser entregue aos utentes após a circuncisão.
Material: CARTAZ FOLHETO 3 (para Mães/encarregados/acompanhantes)				
Mães/encarregados/acompanhantes de crianças a partir de 10 anos de idade	Proporcionar informações correctas sobre os cuidados com a criança no pós-operatório.	(01 dobra, a 04 cores) Ilustração: Mãe a cuidar da criança no pós-cirúrgico, entre outras.	- Informações básicas sobre os cuidados com a criança no pós-operatório.	A ser entregue às Mães/encarregados/acompanhantes após a circuncisão das crianças.

Design tools, testing and approval

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Mass Media Campaign

http://pdf.usaid.gov/pdf_docs/pa00kxs2.pdf

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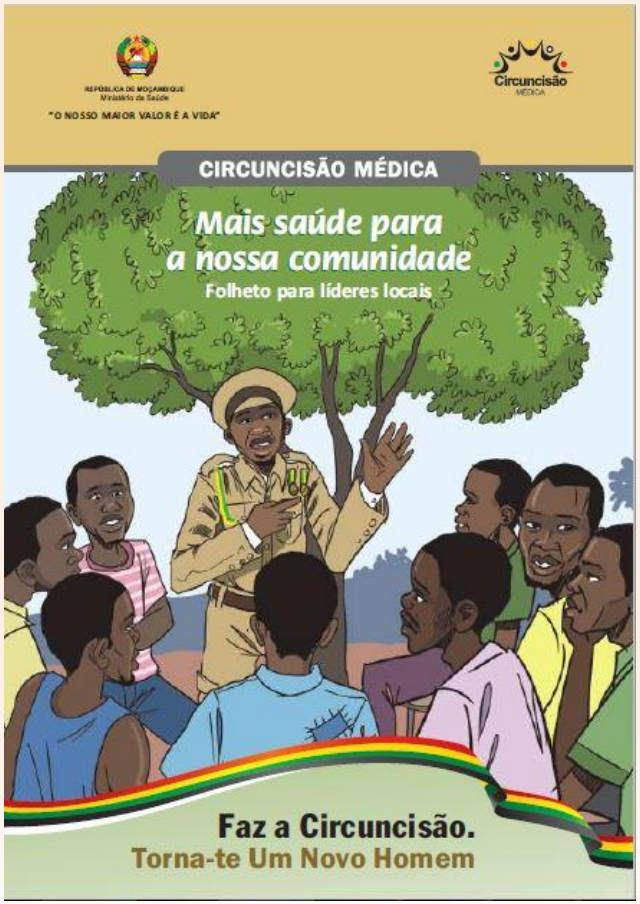
Application in the field

- Close coordination with Service Partner.
- Creation of Demand for VMMC.
- Reach the priority age group of 15-29 years old.
- Training of all staff during the whole continuum of care, tools and counselling in in-service communication.
- Training of mobilisers for specific audiences.



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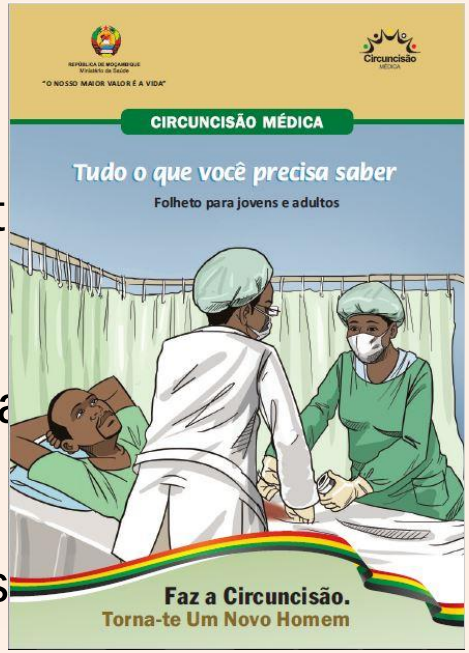
Target priority age group - activities

- Get to know your audience, profiling and testimonies
- Target in specific locations
- Adujst activities: short, primal concerns first
- Follow up of positives, not one intervention
- Support transport
- Use of Community radio, link to mass media campaign
- Use of testimonials
- Work with local mobilisers, local companies Local community leaders and government leaders (DPS, schools, administradores distritais, etc).



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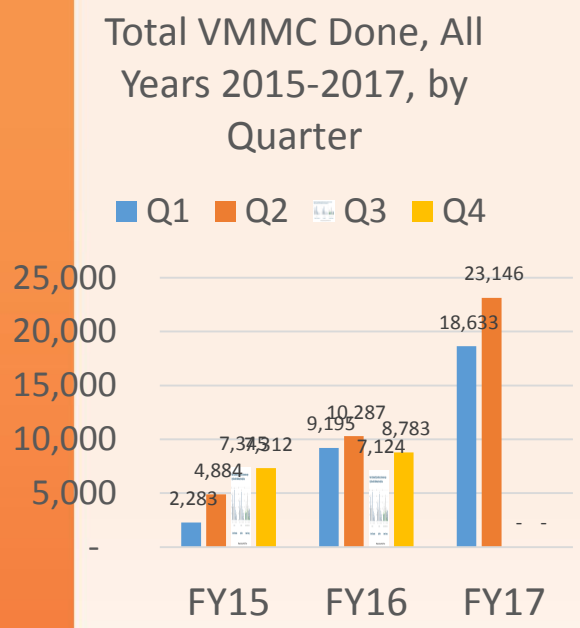
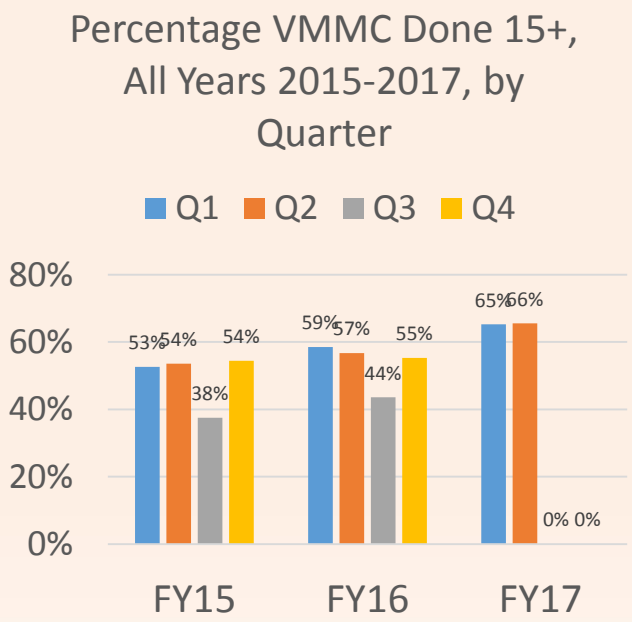
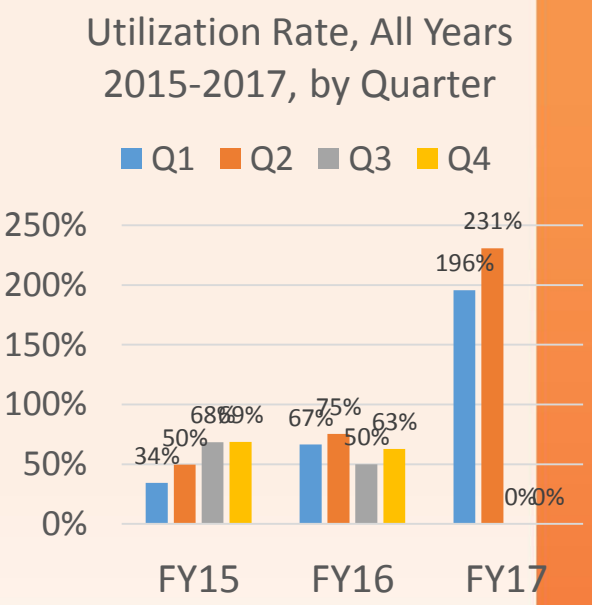
Progress in Manica & Tete Provinces







PEPFAR funded USAID Project SOAR VMMC Site Capacity-Utilization Tool

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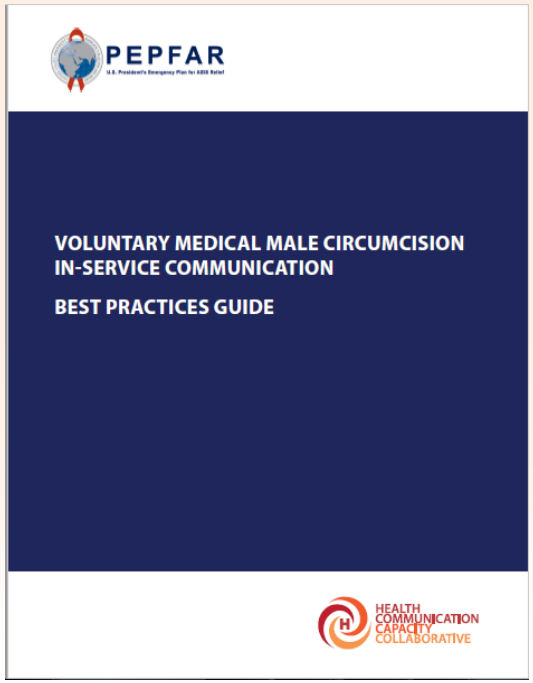
Follow up

- Adjust interventions using the new PEPFAR Counseling guide for VMMC
- Include more HIV/AIDS information during the counseling



http://healthcommcapacity.org/wp-content/uploads/2016/10/VMMC-Counseling-Guide-FINAL_8-15-16-1-1.pdf

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SBC for longer term changes

- SBC can create demand and referrals
- SBC can lower thresholds to seek services
- But for some health service challenges SBC can offer more.
  - Treatment, PTV, etc require a lot of changes in behaviors of the patient
  - SBC can help at literacy and counselling (CIPA)
  - Patient centered information
  - Support mechanism, peer groups
  - Counter referral to community Services
  - Community supportive to desired health outcomes

Ecological model

"Besides helping to clarifying these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention".

https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

Case study PMTCT

- If we consider VMMC a one-off, then many other health issues require a different approach of longer duration.
- PMTCT: during the inquire faze, more deep causes for problems to demand creation, retention, adherence and literacy are identified.
- These barriers can be addressed with different types of interventions

REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE

DIRECÇÃO NACIONAL DE SAÚDE PÚBLICA

PROGRAMA NACIONAL DE CONTROLE DA ITS-HIV/SIDA

DEPARTAMENTO DA SAÚDE DA MULHER E DA CRIANÇA

Estratégia de comunicação para ampliar o acesso, retenção e adesão aos serviços de PTV e TARV pediátrico em Moçambique

Versão Final

Instituições Colaboradoras:

Ministério da Saúde – Direcção Nacional de Saúde Pública – DNSP

Centro de Programas de Comunicação da Johns Hopkins Bloomberg School of Public Health - Moçambique

UNICEF - Fundo das Nações Unidas para a Infância – Moçambique

Financiamento: PEPFAR/USAID/UNICEF

Março, 2017

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https://www.dropbox.com/s/1rlokc50zskeeed/Estrat%C3%A9gia%20de%20comunica%C3%A7%C3%A3o_PTV_TARV%20Ped_final_Mar%C3%A7o%202017_MS.pdf?dl=0

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Exemples of Defining barriers

Barreiras Estruturais
• Orientação de alguns provedores para abrir ficha no pré-natal com mais de quatro meses de gravidez, somente quando a gestação é visível; • Uso de termos técnicos e siglas pela equipa de saúde; • Longo tempo de espera na US; • Dificuldades para obter os medicamentos na farmácia; • Organização dos serviços (fluxogramas) e localização dos serviços; • Carga pesada/poucos funcionários para atendimento personalizado; • Falhas na comunicação com as utentes; • Falta de insumos, testes e/ou equipamentos laboratoriais para o acompanhamento clínico das grávidas; • Falha na informação sobre a importância de seguimento da criança depois do parto; • Demora no retorno de resultados do teste “PCR DNA” para o Diagnóstico Precoce de HIV-1 • Fraco registo de faltosos e abandonos nos livros da farmácia; • Má atitude e negligência por parte de alguns provedores de saúde.

No âmbito da comunidade

- Falta de informação sobre os benefícios da PTV;
- Falta de informação sobre efeitos dos anti-retrovirais na gravidez;
- Falta de envolvimento dos parceiros/familia nos cuidados de saude da mulher;
- Fraca coordenação entre a US e as estruturas influentes da comunidade relacionada às intervençoes para a PTV (Lideres comunitários, PMT, parteiras tradicionais, etc.);
- Estigma e discriminação às PVHIV (ter que esconder a medicação/frascos dos vizinhos).

Individuais/ sócio-culturais

- Falta de informação sobre a partir de que mês a mulher deve procurar a US para iniciar o pré-natal - a percepção de que a mulher só deve iniciar o pré-natal quando têm "certeza" de que está grávida, isto é, quando ela já consegue sentir os movimentos do bebé ou quando a menstruação não acontece por mais de dois meses;
- A percepção de que entre quatro a cinco meses é o tempo certo para a identificação da seropositividade e tratamento da mulher;
- Desconhecimento da sigla PTV/confundida com HIV, por mulheres e principalmente por homens parceiros de mulheres seropositivas;
- Falta de suporte da família, no caso de mulheres seropositivas;
- Dificuldade de seguir a rotina do regime de tratamento devido a não revelação do estado de HIV ao parceiro e família;
- Fraco poder de decisão da mulher em relação ao seu próprio tratamento (deve consultar ao parceiro);
- Resistência do parceiro ao tratamento da mulher (não vê a necessidade de a mulher ser medicada quando ela não está doente/negação do próprio estado de HIV/desinformação sobre os benefícios do PTV para a mulher e a criança);
- Receio por parte da mulher de ser discriminada na comunidade por frequentar a unidade de saúde/ser vista na farmácia;
- Falta de compreensão sobre as recomendações médicas para seguimento do bebé no pós parto;
- Conflitos entre a orientação da família (tradição) e as orientações dos provedores de saúde sobre gravidez;
- Falta de confiança nos provedores;
- Receio da reação dos provedores de saúde em caso de não cumprimento do calendário de seguimento clinico (falta à consulta, perda de receitas);
- Dificuldades de conciliar os afazeres diários com o tratamento/seguimento clínico (obrigações domésticas/ trabalho/viagens);
- Dificuldade de compreensão da razão de uso das medicações durante a gravidez/dúvidas sobre que medicamentos podem ou não ser usados por mulheres grávidas;
- Efeitos secundários da medicação;
- Dificuldade de cumprir com as recomendações sobre a alimentação da criança e de fazer o desmame da criança no tempo recomendado pelos provedores de saúde;
- Tendência da mãe a interromper o próprio tratamento depois que a criança recebe alta da Consulta da Criança em Risco (CCR), a sugerir que a preocupação com a própria saúde não é valorizada.

Exemple of strategy

Acesso, Adesão e continuada à PTV				
Objectivos de comunicação	Beneficios/factores motivacionais	Canais/ Meios/ Formatos	Mensagens prioritárias	Apelo/Tom
- Estimular os parceiros a apoiar as mulheres a cumprirem com as consultas pré-natal e ao PTV. **- Estimular o envolvimento dos parceiros nas consultas de Saúde Materno Infantil.**	- Serem vistos como pessoas de bem, que sabem se cuidar e que cuidam de sua família.	- Cartazes nas US - Spots de 60s para TV - Spots de 60s para rádio - Inserção do tema em programas voltados para a saúde	- Um homem que encoraja a parceira a cumprir com orientações da unidade sanitária e a tomar todos os dias os anti-retrovirais está, inclusive, a proteger-se da infecção caso não tenha o HIV. No caso de ter ele próprio ter o HIV, está a proteger-se da reinfecção, isto é, de aumentar a carga de vírus no seu corpo. - Não basta levar a parceira à unidade sanitária. É importante que participe das consultas para compreender as orientações médicas e poder apoiar melhor a mulher e, logo, a criança.	Emocional

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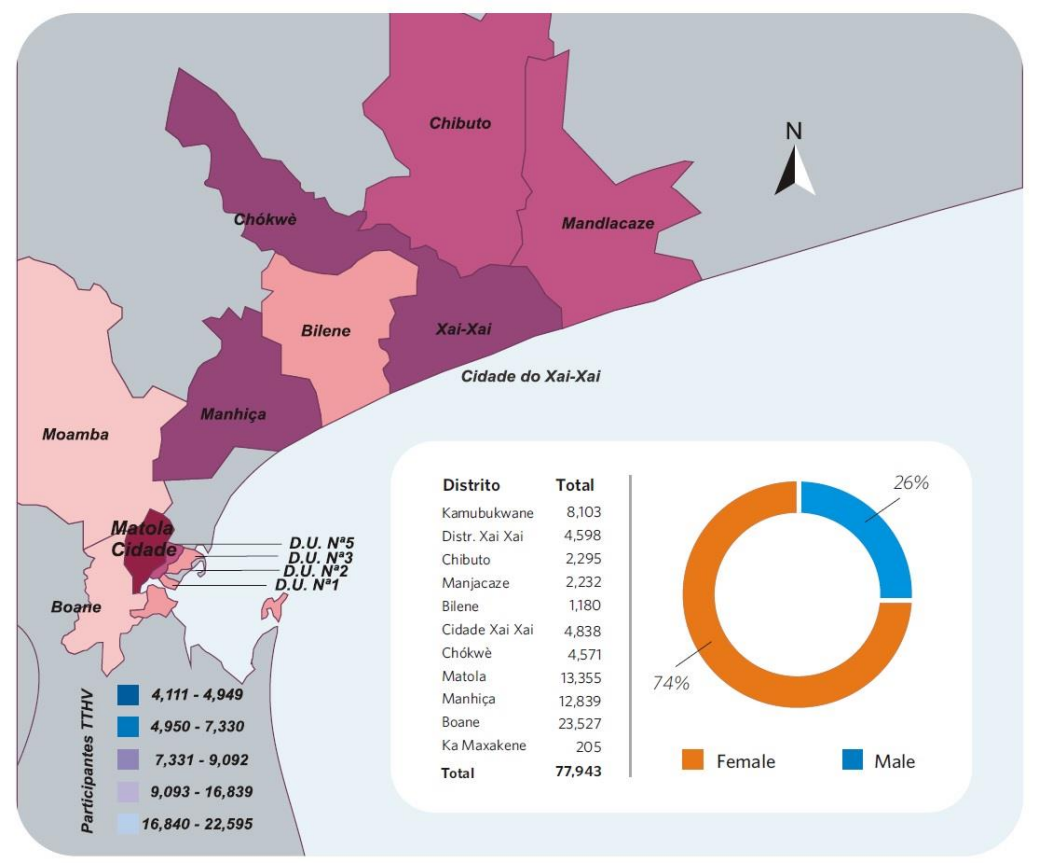
SBC for longer term

- SBC will need to focus on Individual, Social and structural barriers.
- Community level SBC tools for behavior change could to be applied.
  - Mobilizing Community leaders
  - Using Community dialogues tools: Groups more than 5 sessions of at least 2 hours.
  - Referrals and follow through of referrals
- Address obstructing social norms, gender (male engagement, stigma, cultural beliefs, …)

Continuum of Care - Counter referrals to community

- Patients require support in the community to maintain a healthy behavior
- Strenghten Linkages with service
- Use of SMS to send reminders
- Trace defaulters
- Link to hotlines – Alo Vida

Example of PP in the community (PACTO)



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PP sessions

SESSION

1. Reducing risky behaviors: Reduction in the number of sexual partners; correct use of condoms in all sexual relations; sexually transmitted infections
2. Disclosure of sero-status; partner testing; sero-discordant couples
3. Adherence to HIV services (increase uptake of ART, family planning, PMTCT, diagnosis and treatment of STI's); TB/HIV co-infection
4. Complying with the recommendations of PMTCT during pregnancy, childbirth and breastfeeding; Option B+ in health facilities
5. Reduction or elimination of the consumption of alcohol and other drugs
6. Reduction of gender based violence; gender norms
7. Accessing or creating support services in the community (e.g. GAAC - Grupos de Apoio a Adesão Comunitária)
8. Referral of GBV cases to services so as to guide the victims of violence to reference services and minimize occurrence of these cases among HIV-positive women; Interpersonal communication skills

Estudo de Caso PP

- Foram no total 143 casos analisados com base numa lista aleatória da base de dados do SmYes Saúde. Dessa lista buscou-se pessoas que passaram pela PP, depois confrontou-se os dados com a lista da unidade sanitária com base nos nomes que constavam da lista da base de dados.
- Daí obtivemos os resultados abaixo.

Tipo de caso	Aderente a mais de 12 meses	Aderente a 5 meses	Não aderente	Total
Retorno TARV	70	33	10	113
Inicio TARV	13	17	0	30
Total	83	50	10	143

https://www.dropbox.com/s/dpw64hdrbiay7h1/Estudo%20de%20caso.%20PP.docx?dl=0

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AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/caic20

The effect of a joint communication campaign on multiple sex partners in Mozambique: the role of psychosocial/ideational factors

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Effectiveness of Community Dialogue in Changing Gender and Sexual Norms for HIV Prevention: Evaluation of the Tchova Tchova Program in Mozambique

Maria Elena Figueroa, Patricia Poppe, Maria Carrasco, Maria Dirce Pinho, Felisberto Massingue, Maria Tanque & Amata Kwizera

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To link to this article: http://dx.doi.org/10.1080/10810730.2015.1114050

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Global Public Health

An International Journal for Research, Policy and Practice

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Regarding realities: Using photo-based projective techniques to elicit normative and alternative discourses on gender, relationships, and sexuality in Mozambique

Emily S. Holman, Catherine K. Harbour, Rosa Valéria Azevedo Said & Maria Elena Figueroa

To cite this article: Emily S. Holman, Catherine K. Harbour, Rosa Valéria Azevedo Said & Maria Elena Figueroa (2016) Regarding realities: Using photo-based projective techniques to elicit normative and alternative discourses on gender, relationships, and sexuality in Mozambique, Global Public Health, 11:5-6, 719-741

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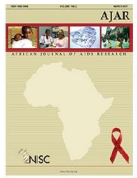

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ISSN: 1608-5906 (Print) 1727-9445 (Online) Journal homepage: http://www.tandfonline.com/loi/raar20

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Maria A Carrasco, Rosario Arias & Maria E Figueroa

To cite this article: Maria A Carrasco, Rosario Arias & Maria E Figueroa (2017) The multidimensional nature of HIV stigma: evidence from Mozambique, African Journal of AIDS Research, 16:1, 11-18, DOI: 10.2989/16085906.2016.1264983

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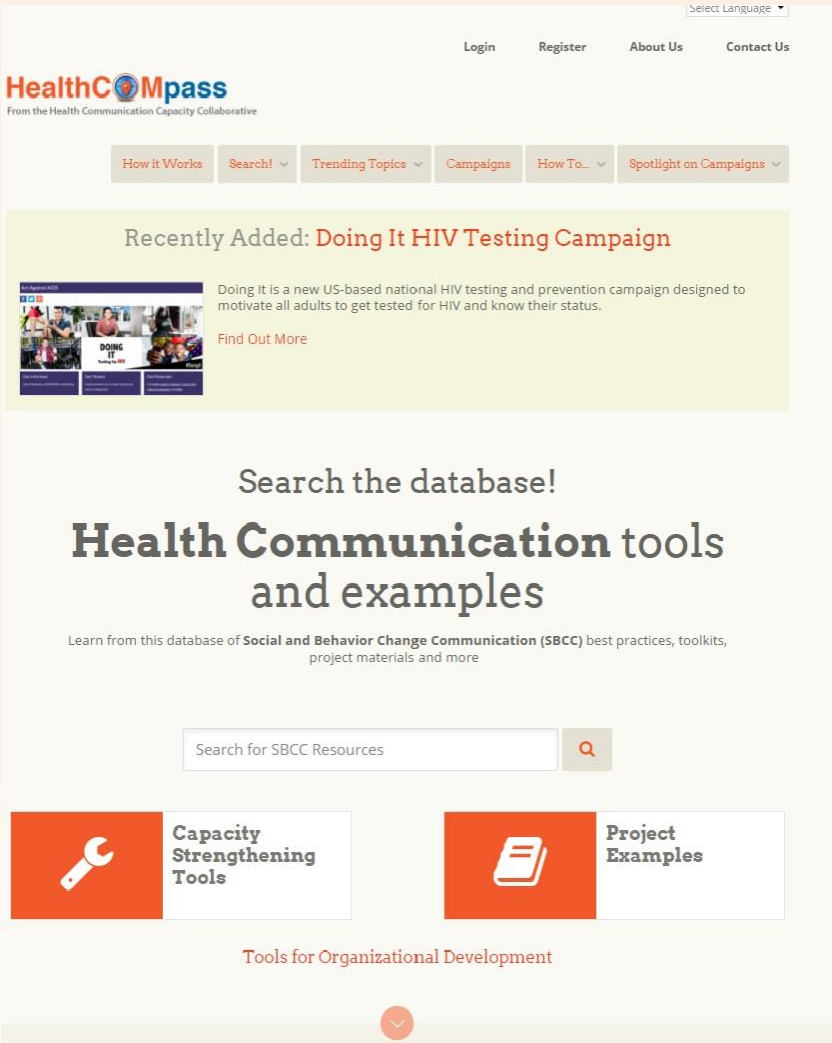

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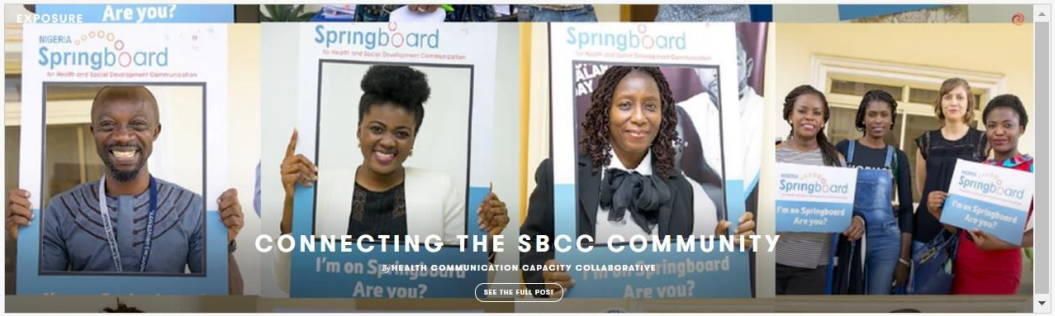

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