

DEMAND CREATION STRATEGIES TO SUPPORT ACCELERATION PLANS FOR AGYW AND HIV CASE FINDING

Demand Creation Strategies have been developed to support planned activities in the Acceleration plans for EMPOWER's two project components of HIV case finding and Adolescent Girls and Young Women (AGYWs) to address prevailing factors related to low uptake of services among the priority populations or targets.

The demand creation strategies/approaches have been modified to fit into COVID guidelines while focusing efforts on eliminating barriers to accessibility of services by:

- Promoting community mobilization amidst challenges posed by COVID restrictions.
- Increasing awareness of the services being delivered in targeted districts which will consequently lead to increased uptake of the services; in order to achieving the set targets for August and September.
- Enhancing positive behaviors in the accessibility of the services among the priority target.

The following are the proposed innovative and cost effective evidence-based demand creation approaches/activities that would be implemented to generate demand for the services to achieve the targets per site as set in the accelerations plans;

1. CASE FINDING COMPONENT

a. Placing of informative posters.

These will either be pasted or placed around community strategic spots like markets/trading centres where the priority men are usually found. The posters would detail the availability and accessibility of HIV Self Testing (HST) & Index Testing services at nearby facilities and dates of the services provision for ante- natal clinic (ANC). Posters will be produced in house and will be distributed by Health Surveillance Assistants (HSA's) and HIV Self-Test Distributors (HIVSTD)

b. Intensive/Targeted Site Based Demand Creation

Taking advantage of the community existence of HSAs, youth representatives and HIVSTD who already have trusting relationships with all actors within the community; would key in communicating awareness messages regarding index testing service provision dates and benefits on the same to priority population within the community through the existing networks they operate already. Likewise, the newly recruited HIVSTD can also be used to reach out and mobilize individuals within their settings to access HIVST. EMPOWER will conduct meetings with these groups to equip them with knowledge on demand creation and also learn from them on what works best within their communities to reach out to targeted men.

c. Partnering with District Health Officer (DHO) COVID Outreach Team

EMPOWER would collaborate with DHO team working on COVID 19 sensitization in the targeted communities and would take advantage of such sensitization platforms to share messages on HTS and other services being offered by EMPOWER project at



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the nearest facility. EMPOWER to schedule a meeting with DHO team to get dates or schedules of the outreach team.

EMPOWER would also take advantage of Health Communication For Life Project sensitization activities on COVID 19 to share messages of services being offered by EMPOWER at nearest facility in the targeted communities.

d. Engaging traditional leaders, religious leaders and village health committees.

Due to suspension of direct community engagement due to COVID restrictions. Letters would be drafted and sent to traditional leaders, village health committees and religious leaders explaining about our services at a nearest health facility and the existence of HIV Self-Test Distributors in their catchment area. This will help in bringing the much needed sensitization and awareness on the HIVST and Index Testing services within targeted communities as the community leaders will take advantage of community gathering like churches to announce about the services detailed in the letters.

e. Intensive/ Targeted HTS Initiative

EMPOWER to embark on a two weeks on-site HTS intensive initiative (for two weeks) to increase on the availability and accessibility of HTS services to priority men while following Covid 19 guidelines in targeted communities. The initiative approaches would include incentivizing HIVSTD who would bring clients at risk and using HAS's as well as youth representatives to mobilize targeted men.

f. Targeting hard to reach areas

HTS services would be targeted in hard to reach particularly the areas of Lake Chirwa like Chisi, Msombi and Ngotangota where there are fisher camps with more priority men, but with limited access to HTS services hence the likelihood of achieving high yield is there.

g. Incentives for HIVSTD

Provision of incentives to HIVSTD who bring or mobilize clients (at risk) who would test HIV positive and those clients who would come back with the results. Some of the proposed incentives for HIVSTD could include regular monthly reviews meetings, transport allocation and airtime allocation to follow up on their clients. EMPOWER to identify sites where there are potential of high yields.

h. Use of Expert Clients and Women Support Groups

Both Expert Clients and women support groups would increase avenues for reaching priority men within the targeted communities to encourage men to accompany their female partners to ANC visits, access HIV testing, and increase men's knowledge regarding the importance of their involvement in ANC. Follow-up with men who did not accompany their partners to ANC visits would be made.

i. Using Existing Community Structures

Existing community structures like Community Based Organisation would provide extended avenues for reaching out to targeted men with HIV self-testing services at community level.

j. Use of Mega Phones/Mobile Vans

Jingles with messages HTS services would be played via the mega phones or mobile vans around strategic places especially where men convene to create awareness on the benefits of services being provided in order to increase the uptake of the services within the targeted priority population.

k. Using Existing Community Radios

The targeted districts have active community radios (YONECO radio, Chanco Radio) which were already identified (through a listenership assessment conducted last quarter), have wider coverage and listenership in the targeted districts, therefore;

- EMPOWER will reach out to One Community to use existing radio jingles/spots and programs with messages on the benefits of index testing and HIVST to increase uptake of the services by the priority population.
- Phone-in programs will be focusing on disseminating the messages and to increase knowledge awareness on index testing and HIVST.

2. AGYW COMPONENT

a. Use of WhatsApp and other social media platforms

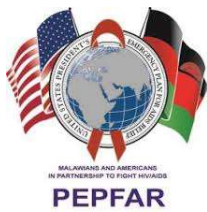
Although connectivity and accessibility can pose a challenge, creating WhatsApp and other social networks to communicate with targeted AGYWs on sexual reproductive health (SRH) and Gender Based Violence (GBV) information particularly where they can access the services within their settings and other information relevant on SRH would be ideal on both creation the demand and referral aspects.

b. Using Existing Community Networks

By taking advantage of their existing community networks which include; HSAs/HDAs/Peer Mobilizers/Community Resource Persons would be ideal in mobilizing AGYWs out of the clubs to access SRH, HIV, & GBV services. These mobilizers would be given weekly or monthly targets which would be in line with targets in the acceleration plan.

c. Partnering with District Health Officer (DHO) COVID Outreach Team

EMPOWER would collaborate with DHO team working on COVID 19 sensitization in the targeted communities and would take advantage of such sensitization platforms to share messages on SRH/ GBV and other services being offered by EMPOWER project at the



nearest facility. EMPOWER to schedule a meeting with DHO team to get dates or schedules of the outreach team.

d. Engaging local celebrities to promote service utilization

The community celebrities or champions who would be AGYWs ambassadors on Antiretroviral Therapy (ART) and championing the utilization of SRH/HIV services from a local health facility. The local celebrities will ensure that their fellow AGYWs are accessing SRH/HIV services and provide socially related support to the AGYWs.

e. Engaging Key Community Leaders

Due to suspension of direct community engagement due to COVID restrictions. Letters will be drafted and be sent to traditional leaders, village health committees and religious leaders explaining SRH/GBV services for the AGYWs at a nearest health facility. Community leaders will take advantage of community gathering like churches to announce about the services detailed in the letters.

f. Use of Mobile Vans/Mega Phones

Jingles with AGWYs centred messages will be played via the mobile vans or mega phones around strategic places especially where AGYWs convene to create awareness on the benefits of services, where the services are offered and how they are offered (AGYWs friendly) in order to increase the uptake of the services among AGYWs.

g. Placing of informative posters.

These will either be pasted or placed around community strategic spots where AGYWS usually convene. The posters will detail the availability and accessibility of the SRH/GBV services at their nearest local facility.

h. Using Existing Community Radios

The targeted districts have active community radios (YONECO radio, Chanco Radio) which were already identified (through a listenership assessment conducted last quarter), have wider coverage and listenership in the targeted districts, therefore;

- Existing radio jingles/spots to be aired with messages benefits of SRH/GBV services
- Phone-in programs will be focusing on disseminating the SRH/GBV services for the AGYWs
- Radio programs that will feature AGYWs local celebrities, experts and other key community figures to address behaviors that hinder uptake of such services

Although, Covid 19 has presented barriers to fully execute demand creation activities to support service provision; implementing the above modified demand creation activities that are in line with Covid 19 guidelines would be key in supporting health services being delivered under both the case finding and AGYW component.



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