Integrated SBCC Programs

Case Study: Using Unique Identifier Codes to Monitor an Integrated Social and Behavior Change Communication Program

Introduction and Background

The Central America region is characterized by a concentrated HIV epidemic, with overall HIV prevalence ranging from 1.5 percent in Belize to 0.3 percent in Costa Rica and Nicaragua (UNAIDS, 2015). HIV prevalence is much higher among key populations, such as female sex workers (FSW), clients of sex workers and their partners, men who have sex with men (MSM), transgender persons (TG) and mobile populations. For example, HIV prevalence among MSM ranges from 6.6 percent in Nicaragua to 13.3 percent in Guatemala (UNAIDS, 2015), and among FSWs from 2.2 percent in Nicaragua to 9.7 percent in Honduras (Baral et al, 2012). HIV prevalence among transgender populations throughout the region is estimated to be 24 percent (Baral et al, 2013).

In October of 2010, the Pan American Social Marketing Organization (PASMO), a regional affiliate of Population Services International (PSI), began implementing the United States Agency for International Development (USAID) funded ***Combination Prevention Program for HIV in Central America***. The program uses a combination prevention approach to deliver HIV prevention social and behavior change (SBC) messages, products, services and referrals to key populations most affected by HIV in the region: FSWs, their clients and partners; MSM; TG women; certain ethnic populations (i.e., Garifuna, Mixquito and Kuna); highly mobile male populations; and people living with HIV/AIDS (PLHA).

While the Combination Prevention Program is primarily focused on reducing the incidence of HIV, the program meaningfully integrates complementary health products and services that provide for the holistic needs of the intended populations. These complementary services—including family planning, sexually transmitted infection (STI) testing and treatment, gender-based violence services and treatment for alcohol and drug abuse—are not only important for reducing the incidence of HIV, but also providing for the comprehensive sexual and reproductive health of individuals.

Under the program, PASMO has developed a minimum package of behavioral, biomedical and complementary services that is offered to key populations in the region. PASMO and other program partners work intensively to provide each individual from the intended key populations with at least three behavioral interventions, including SBC to promote safer sexual practices and access to condoms and lubricants, at least one effective biomedical service such as HIV testing and counseling or screening for STIs, and referral to complementary or structural services such as family planning for FSW, treatment for alcohol and drug abuse, gender-based violence prevention services, human rights counseling and legal services or support groups for PLHA, among others.

Challenge

When implementing an integrated SBC program, it can be challenging to track individuals who are exposed to different SBC messages and activities, as well as any resulting use of products, services and referrals.

Working with stigmatized and vulnerable populations can add another level of complexity to tracking individuals, as confidentiality plays an even more important role. In Central America, key populations are subjected to stigma, discrimination and inequality, and are often reluctant to access medical services due to fear of experiencing social and interpersonal abuse, if identified.

Response

In order to measure and demonstrate the effectiveness of the combination prevention approach, PASMO developed a system to track clients through a Unique Identifier Code (UIC). The UIC allows PASMO to maintain client confidentiality while still ensuring clients are successfully linked to products and services. PASMO adapted the UIC principles and guidelines developed by PSI's country teams in Central Asia to monitor the *Drug Demand Reduction Program* (DDRP).

Intervention Description

The UIC used by PASMO is a seven-characteristic code. The characteristics of the code are based on personal information that does not vary over time and that the client can easily recall through simple questions. While the code is confidential, it still provides important data (such as gender and age) necessary for the monitoring and evaluation of the program. In order for the UIC system to work properly, it must have a probability of less than two percent that two individuals will share the same code.

In addition to these characteristics, PASMO also considered important factors about the populations it serves, including levels of education, sensitivity to paternity (i.e., not knowing parents) and sensitivity to changing names, particularly in the TG population. With all these factors in mind, PASMO developed the following seven-digit code based on four components:

1. First two letters of first surname
2. Gender Identity (Male/Female/TG; TG is considered a third gender in order to identify all TG individuals reached)
3. Birth date (day, two digits)
4. Birth year (last two digits)

A family planning user and a health promoter discuss contraceptive methods in El Quiché, Guatemala. © 2014 Haydee Lemus/PASMO PSI Guatemala, Courtesy of Photoshare

The UIC was piloted in Belize and Guatemala with three key populations: FSW, MSM and TG individuals. After analyzing the results of the pilot, PASMO made adjustments to the management information system (MIS), reporting and monitoring forms and prepared for roll-out. A voucher system was also developed to help link clients to services, especially those services offered by partner organizations.

PASMO has developed several innovative outreach activities in order to increase access to target populations that can be difficult to identify and organize. The UIC is used in all activities to track clients and assess the success of these new services. For example, "cyber educators" enter chat rooms that MSM frequent and engage in conversations with clients about safe sex and HIV prevention. Without needing to know their true identity, the cyber educator collects the information necessary to create a UIC, refers him to a near-by clinic and sends him a link to a voucher that can be printed. When the client arrives at the clinic, he hands over the printed voucher and the clinic also collects his UIC. In this manner, PASMO is able to know the success of online interventions in linking clients to the minimum package.

PASMO has also adapted the UIC for mobile phone and short message system (SMS) activities. In 2013, the Combination Prevention Program launched a "soap opera" delivered to FSWs and TG individuals in the form of SMS messages to their mobile phones. Participants send their UIC data in order to obtain a subscription and for additional incentives such

as airtime, prizes and ringtones. By collecting the UIC data, PASMO is again able to track clients and establish a more accurate number of total participants.

Results

The UIC has allowed PASMO to successfully track individuals exposed to the various SBC messages and activities implemented under the program and the impact of these messages and activities on behavior and use of products and services.

Since implementation began in 2010, 148,187 individuals from the key populations have participated in the Combination Prevention Program. Among those individuals who have participated in the program, 14,866 have received the full minimum package of services.

The program has not only been successful at reaching the intended key populations in high numbers, but has also had an impact on changing behavior. Among the 148,187 individuals participating in the program, 42,645 individuals have accessed HIV testing and counseling services.

In Costa Rica and in Guatemala, MSM and FSWs who are exposed to the program's interpersonal communication activities are 1.93 times and 2.66 times more likely to use condoms consistently with their clients, respectively.

In Nicaragua and in Guatemala, MSM who are exposed to any of the program's activities—behavioral, biomedical or complementary/structural—are 2.21 and 4.08 times more likely to have tested for HIV in the last 12 months, respectively. Similarly, FSWs in Nicaragua and in Guatemala who are exposed to any of the program's activities are 2.61 and 5.62 times more likely to have tested for HIV in the last 12 months, respectively.

Application for Future Programming

Programs implementing an integrated SBC communication (SBCC) program can benefit from the use of a UIC in tracking exposure to program messages and activities, and any resulting behavior change or use of products or services.

Advantages of using a UIC include:

- knowing the total number of individuals reached by country and region;
- the possibility of knowing if a person has migrated;
- knowing if each individual has been exposed to more than one SBC message or activity;
- knowing at what time period and with what frequency a client participated in activities; and
- knowing if the referral to biomedical or complementary/structural services was effective.

Resources

For more information on PASMO and the Combination Prevention Program visit http://asociacionpasmo.org or contact Heather Chotvacs at hchotvacs@psi.org.

References

The Joint United Nations Programme on HIV/AIDS (UNAIDS). (2015). Report on the Global AIDS Epidemic 2015. Switzerland: Geneva.

Baral, S., Beyrer, C., Muessig, K., Poteat, T., Wirtz, A. L., Decker, M. R., ... & Kerrigan, D. (2012). Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. The Lancet infectious diseases, 12(7), 538-549.

Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. The Lancet infectious diseases, 13(3), 214-222.