

Outcome evaluation of Men and HIV Project: 2007-2009: Phase 1

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Statements of Need

- Need
 - Due to women's vulnerability to HIV infections, resources have mainly been channeled into women's reproductive health programmes
 - With a holistic approach, the potential to influence prevention from a behavioural standpoint is greater i.e. influencing power dynamics and addressing gender roles and responsibilities within relationships
 - There is lack of programmes and interventions involving men
 - For more systematic evaluations of the impact and outcomes of HIV related work with men
- Design of delivery systems cater to women's needs
 - At the time of the Men and HIV Project implementation, health care delivery systems at Esselen Clinic were skewed towards the needs of female clients i.e. provision of family planning, ANC and PNC, PMTCT, therefore there was an absence of male targeted and friendly services

Context

- Interaction of risk factors with HIV
 - Twin epidemics – HIV and Gender Based Violence
 - Mobile immigrant population
- Health service profile of Esselen Str. Clinic
 - Serving a large catchment area - (Hillbrow, Berea, Yeoville and part of Joubert Park)
 - Specialized service for STI care and treatment
 - Down referral site

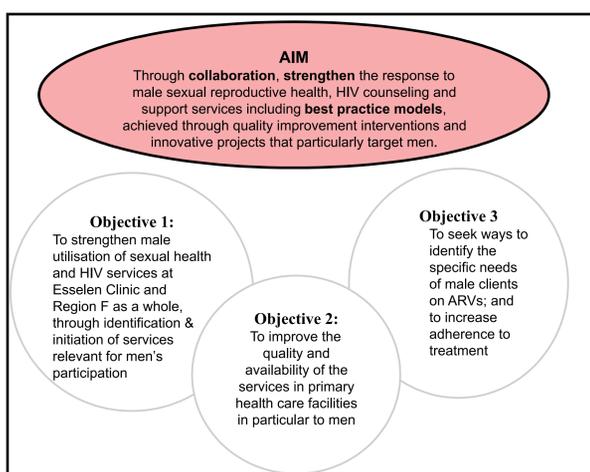
Mphilonhle Mphilonde: Quality Life Long Life Focus on Men

- STI/HIV research cluster project during 2003- 2006
- Focused on increasing male involvement in sexual and reproductive health (SRH) decisions as a strategy for empowering communities to respond to health care priorities
- Located in 6 hostels and 5 informal settlements in Benrose, Johannesburg
 - Sample (12,000-24,000 men at high risk) and 10, 000 women
 - Project activities: HIV Prevention, SRH STIs, migration, gender based violence and development of urban based public health interventions
- 55% had sex before age of 18; 47% of men had concurrent partners with >1 partner; 58% reported ever using a condom; 70% of women reported male partners having control in their relationships; 37% knew where to get tested and only 15% heard of ARVs

The Men and HIV project

- Situational analysis to determine the need for the service revealed (n=100):
 - Demographics – 66% in 20's ; 61% unemployed
 - Health seeking behaviour – 78% consult for STI treatment
 - Quality of care – long waiting times, longer clinic hours, establish clinic which addresses male health care needs
 - Male behaviour – 51% reported >1 sexual partner; 78% use condoms sometimes; 3% of men could recall NGOs or CBOs providing SRH/MRH services
 - IEC materials – no specific focus on men's issues
- Project started in June 2006
- Project coordinator – Thando Cengimbo and Tebogo Mabe

Aims and Objectives



Purpose of the evaluation

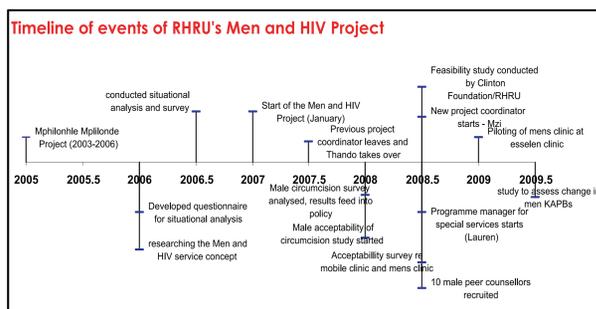
- The evaluation aims to:
 - Assess the efficiency and effectiveness of the programme
 - To determine the feasibility of scaling up new and proposed project activities i.e. male circumcision service
 - To inform policy and planning processes,
- Based on existing frameworks, the following areas of interest were explored:
 - Was the programme implemented as intended?
 - Have the objectives been met/ on target to be met?
 - Did the programme reach its intended target group?
 - What services did the target population receive?
 - Were people satisfied with the service provided?
 - What elements of the programme can/should be improved?

Grembowski, 2001

Methodology

- PHASE I:
 - A descriptive study design
 - Evaluation timeline – April 2008 – January 2009
 - Combination of qualitative and quantitative research methods
 - Key informant interviews
 - Literature review
 - Programme Assessment
 - Retrospective review of routine programme data (pre and post intervention)
 - Review pathway of care
- PHASE II:
 - Research study to assess the effectiveness of a male targeted sexual and reproductive health programme – approved by ethics committee
 - Data collection to commence March 2009
 - Analysis of data – May 2009

Timeline of Men and HIV Project



Evaluation Results – Uptake of VCT

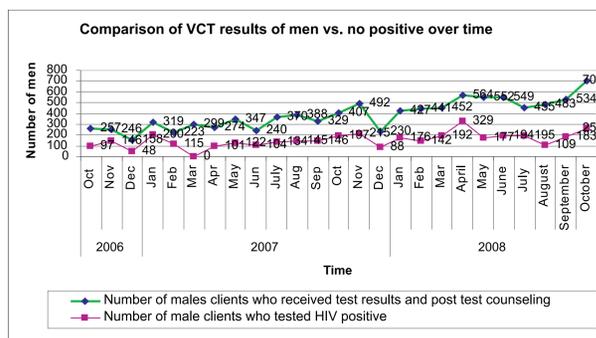
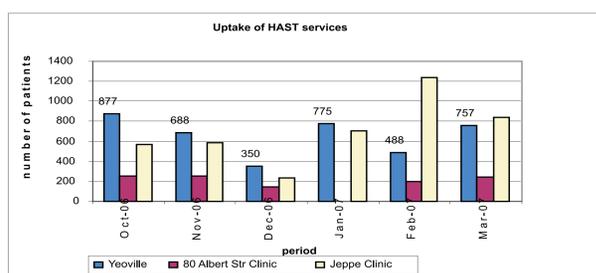
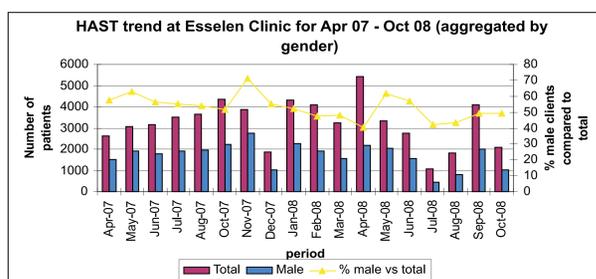


Figure: VCT uptake and positivity from Oct 06' – Oct 08' at Esselen Clinic

Over a 2 year period there has been an upward trend of men under going VCT at Esselen Clinic, with approximately a 36% positivity rate

Uptake HAST services



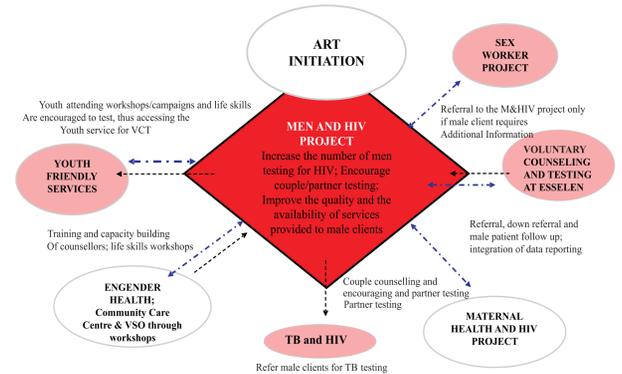
Integration with other services

- Evaluation of the programme highlighted that there was a combination of functional and structural integration, where functional integration is defined as:

"Integration at the points of delivery of the health services, to ensure continuum of engagement with systems of service delivery, recognizing that integration must primarily be oriented around utility. It also involves the development of referral networks and consistency norms and standards of practice across functionally related services."
 World Bank et al. (2003:112)

- This process has important implications for VCT uptake in men AND women
- In addition, the integration of projects has ensured that activities and interventions do not occur in silos, but rather compliment each other

"Survival through collaboration and integration"



Discussion

- Increase in number of men testing – BUT link between project and increase is UNCLEAR
- Data management systems – lack of & incomplete data (in process of being revised)
- Integration and collaboration has 1) created opportunities for recruiting men to test and receive treatment for HIV, 2) facilitated a coordinated response in the provision of special services i.e. mobile and mens clinic, women at risk project and youth friendly services
- Investment in human resources
 - Recent changes are already beginning to show gains in testing – increase in uptake of men testing for HIV between 2007-2008

Conclusions

- In essence, the Men and HIV project is an outreach programme, which:
 - Contributes towards an increase in uptake of VCT at 4 primary health care sites in the inner city of Johannesburg;
 - Provides information and education pertaining to male sexual reproductive health
 - Acts as a core link between various programmes through integrated efforts and collaboration – however, fear of dependency, and use of integrated data systems
 - Unclear the link between GDoH objectives, and the Men and HIV project activities



Recommendations

- Human resources
 - Revise roles and responsibilities of project coordinator – shift towards strategic oversight
 - Describe & define the type of support and cadres of staff required – CHW's, expert patients
 - New project coordinator, 10 male peer educators and programme manager for special services and community engagement appointed
- Project management and delivery
 - Apply forecasting tools to plan and implement future project activities (MC service)
 - Expansion of services to target men who cannot access clinic
 - Mobile clinic and pilot of mens clinic
 - Integration of research cluster activities – STI/HIV and HIV management – revisit the "Focus on Men" project
- Revise data management & reporting systems
 - Build a data warehouse
 - Develop standardised algorithm/tools for data collection and data quality assessments
 - Develop better indicators and reporting formats
- Strengthen partnerships between NGOs, DoH, other e.g. TAC and existing networks at other clinics
- Conduct research on:
 - KAPBs towards HIV, SRH
 - Impact of Men and HIV project on health seeking behaviour i.e. VCT and HAST service uptake
- Innovation in design of interventions
 - Simpler outreach activities and interventions which directly measure impact of programme e.g. sms no. on a Men and HIV poster; message boards; questionnaire determining how they heard about service
 - Targeted VCT campaigns – sporting events and workshops
 - Mobile Clinic
 - Mens clinic – project graduates to include treatment, not only prevention and outreach
- Proposed second evaluation in next 18-24 months

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