The Let's Talk Program

August **2018**

ORIGINS, DEVELOPMENT AND FUTURE DIRECTIONS

Effective strategies for HIV prevention among adolescent orphans and vulnerable children (OVC) in South Africa, particularly girls and young women, are critically needed. To date, adolescent-only educational and behavioral interventions have underpinned prevention efforts with mixed success.[1] Addressing a broader array of adolescent risk factors may help to lower HIV prevalence in this priority population. **Let's Talk** is a structured adolescent HIV prevention intervention that goes beyond standard knowledge and skills-based programming to address family dynamics and mental health.

Program overview and materials

Let's Talk is a 14-week intervention offered in a support group format to adolescents aged 13+ and their primary caregivers. The program features a structured approach, with a consistent pattern of activities delivered in each two-hour session, including an opening ritual, discussion of the home practice from the previous session, and three to five core interactive exercises. Sessions close with a reflective discussion on lessons learnt, a home practice assignment, a closing ritual, and a lottery draw as a continued participation incentive. The program aims to build HIV knowledge and behavioral skills in tandem with support for caregiver and adolescent mental health, stronger relationships, and improved parenting practices.

Let's Talk was developed in South Africa through a collaborative effort between the Highly Vulnerable Children Research Center (HVC-RC) at Tulane University and the University of Pretoria in South Africa, with financial support from USAID Southern Africa and PEPFAR. It was refined following an extensive formative evaluation that helped to strengthen the curriculum and training, and enhance the program's cultural relevance.[2]

The following materials – in English, isiZulu, and Sesotho – are freely available for use with written permission from the HVC-RC or USAID Southern Africa:

- **Curriculum Manuals:** Caregiver and adolescent manuals covering all activities and materials needed for each session, including sample scripts and facilitation guidelines.
- **Participant Workbooks:** Separate take-home workbooks for caregivers and adolescents with hand-outs highlighting key information.

Training resources

Trained personnel are essential to the program. Comprehensive training is available from qualified Senior Trainers in South Africa to support effective implementation. Training resources are designed to help build core competencies for facilitators and trainers-of-trainers in key content areas and group management. Resources include 12 videos as well as hand-outs, detailed facilitator guidance, and training agendas. Training takes a total of 11 days and is recommended to be held during six days prior to program implementation and five days midway through implementation, allowing implementers to gain experience in the interim. By the end of 2017, a total of 59 people across 18 community-based organisations (CBOs) had undergone training and were certified as **Let's Talk** Master Trainers by the HVC-RC and the University of Pretoria. Of these 59 Master Trainers, three have further been certified as independent Senior Trainers, able to offer program training independently of the program developers.

Quality control and outcome monitoring

Let's Talk includes a number of tools that implementers can use for monitoring program implementation:

- **Supervisor observation reports** help to assess the level of adherence to PEPFAR's Site Improvement Monitoring System (SIMS) requirements for four sessions which rely heavily on the successful transfer of accurate factual information to participants.
- **Fidelity checklists and assessment forms** for every session serve as supervision and debriefing tools to help determine whether the program is being implemented as intended, and provide facilitators with focused opportunities to critically reflect on their work.
- **A pre- and post-test survey** for caregivers and adolescents provides information about whether program objectives are being met. Indicators are derived from simple questions on intermediary outcomes such as HIV knowledge, HIV testing history, and sexual risk communication.

[1] *Harrison, A., Newell, M. L., Imrie, J. & Hoddinott, G. (2010). HIV prevention for South African youth: Which interventions work? A systematic review of current evidence. BMC Public Health, 10, 102-13.* https://doi.org/10.1186/1471-2458-10-102

[2] *Visser, M., Thurman, T. R., Spyrelis, A., Taylor, T. M., Nice, J. K. & Finestone, M. (2018). Development and formative evaluation of a family-centred adolescent HIV prevention programme in South Africa. Evaluation and Program Planning, 68(2018), 124-34.* https://doi.org/10.1016/j.evalprogplan.2018.03.002

Visit http://hvc-tulane.org/what-we-do/program-resources/
for more information about the program and future facilitator training opportunities.

SIGNIFICANT IMPROVEMENTS IN MENTAL HEALTH & HIV PREVENTION

"What helped me the most is that I was taught to say no if I don't want to have sex and how to protect myself if I want to have sex."

FEMALE ADOLESCENT, AGE 14

"I would say the Let's Talk group influenced me because I felt confident when the nurse asked if I wanted to test [for HIV]. I wanted to know my status."

FEMALE ADOLESCENT, AGE 18

"I would like to thank God first for bringing this program to us. I was depressed and hurting...and being here helped me a lot as my life is back to normal again."

CAREGIVER, AGE 54

"I used to be short tempered, but since attending the group I am not like that anymore. When I am angry I can control my anger."

FEMALE ADOLESCENT, AGE 17

A mixed-methods study was conducted between June 2015 and November 2016 with selected implementing CBOs in KwaZulu Natal and Gauteng to examine the program's potential to improve HIV knowledge and self-efficacy, caregiver and adolescent mental health, and positive family dynamics.[3] Survey data were collected before and three months after the intervention from 105 adolescents aged 13-17 years, and their 95 female caregivers who participated in 2016. Focus group discussions were also held with a separate set of 78 caregivers and 92 adolescents. Additional insights were acquired through five focus groups with program stakeholders, including facilitators, supervisors, and program managers at participating CBOs.

Key findings

The majority of adolescents included in the pilot study were female (61%) and took part in the program together with their mothers (50%) or grandmothers (30%).

Statistically significant improvements were found on a range of key adolescent and caregiver outcomes following the intervention, specifically:

Adolescents exhibited higher levels of HIV transmission knowledge, condom knowledge, and self-efficacy to negotiate condom use

Adolescents demonstrated lower levels of depression and anxiety

Adolescents reported greater connectedness to their caregivers and increased communication with their caregivers about healthy sexuality

Caregivers' HIV transmission knowledge improved

Caregivers also reported lower levels of depression and anxiety

[3] *Thurman, T. R., Nice, J., Luckett, B. & Visser, M. (2018). Can family-centered programming mitigate HIV risk factors among orphaned and vulnerable adolescents? Results from a pilot study in South Africa. AIDS Care, 30(9), 1135-43.* https://doi.org/10.1080/09540121.2018.1455957.

CAREGIVER PARTICIPATION:

Caregiver participation was identified as a significant implementation challenge during the formative evaluation of the **Let's Talk** program. In an effort to learn more, a study assessing the impact of varying incentive offerings on caregivers' attendance was conducted. In 2017, four similar CBOs in KwaZulu Natal were randomly assigned to offer one of the four incentive packages outlined below to 10 **Let's Talk** family groups, each consisting of 10-15 caregivers and their adolescents.

Package name	Description
Optimal incentives with economic strengthening	Participants received a full meal and transport reimbursement, and stood the chance to win a lottery prize at each session. Four one-hour economic strengthening sessions were offered among caregivers on the same day as program sessions.
Optimal incentives only	Participants received the optimal incentives described above, but without the economic strengthening sessions.
Existing incentives with economic strengthening	Participants received basic refreshments, a small transport reimbursement per session to offset transport costs, and stood the chance to win a lottery prize at each session. The four economic strengthening sessions were offered among caregivers on the same day as program sessions, as above.
Existing incentives only	Participants received the existing incentives described above, but again without the economic strengthening sessions. This package reflects the basic set of incentives routinely offered among **Let's Talk** implementing partners.

READINESS FOUND AMONG LET'S TALK PARTICIPANTS

Focus group discussions support these findings. Adolescents reported that they learnt a lot about sexual health during the **Let's Talk** program, and indicated that it taught them to take control of and make better decisions related to their sexual health. While for some participants, discussing sexual matters with their caregivers remained taboo due to cultural barriers and fear of punishment, the program helped many to establish channels of communication. Adolescents further indicated they had learnt to use a condom properly, some for the first time, and now better understood the risks associated with sex.

Adolescents also reported a number of psychological benefits, such as learning to cope with and express their emotions appropriately. They also noted learning to solve problems and communicate more effectively, which in turn contributed to improved relationships with their caregivers and others. Adolescents further reported positive changes in the caregivers' behaviour towards them, including less punitive responses and a willingness to listen to their opinions, even during disagreements.

Caregivers echoed these sentiments, noting benefits such as learning to solve problems and cope with anger, depression, and anxiety. They indicated this helped them to be more effective parents and reported increases in positive communication with their children, resorting to punitive discipline less often.

Conclusions

Let's Talk shows significant potential to contribute to HIV prevention among adolescents. Adolescents and caregivers alike demonstrated measurable improvements in mental health, relationship quality, and HIV knowledge. Future research involving more rigorous study designs, a longer follow up period, and larger sample sizes would further enhance understanding of this innovative program's potential to mitigate HIV risk.

"At first I couldn't speak to my child. Being in this group helped me a lot...it taught me how to understand a teenager."

CAREGIVER, AGE 44

"I now know that if I have a problem I can solve it with my family, not to keep it to myself and have suicidal thoughts."

FEMALE ADOLESCENT, AGE 19

"My mother used to beat us, me and my sister, but now we have a good relationship and she no longer even shouts at us."

FEMALE ADOLESCENT, AGE 16

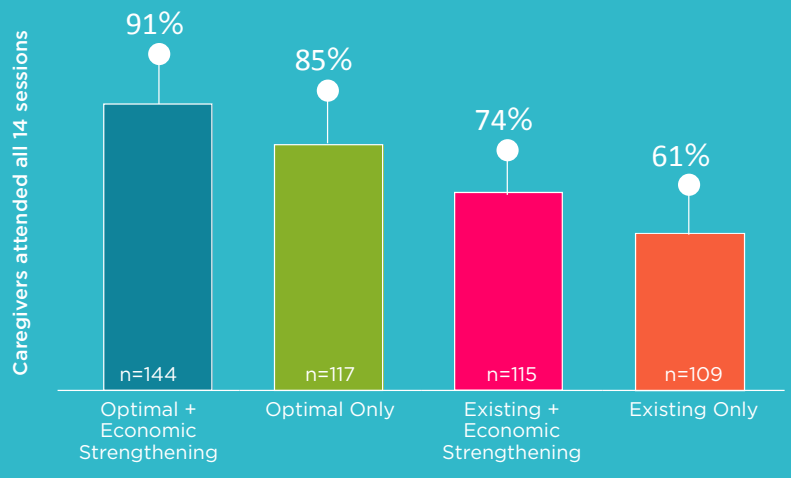
"The group helped me a lot because we were not used to talking about such sensitive topics with our kids, thinking that they are still young for such talk...I am now able to talk to her about sex."

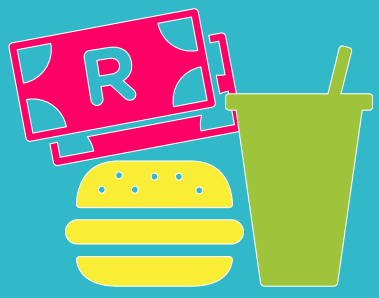
CAREGIVER, AGE 67

INCENTIVES MATTER!

More substantial incentive packages resulted in higher levels of caregiver attendance at all of the sessions, as illustrated in the figure below. Results suggest that offering optimal incentives may be crucial to promoting idealized caregiver participation for the duration of the program.

Caregiver attendance by incentive package





WHAT DOES IT COST TO IMPLEMENT THE **LET'S TALK** PROGRAM?

In 2017, KPMG Services (Pty) Ltd were engaged to determine the cost of implementing **Let's Talk,** including program start-up and ongoing costs. A mixed-methods study was conducted with three implementing partners, reflecting varying settings and different levels of implementation experience.[4] Interviews were conducted with eight facilitators and 15 other key personnel, including program managers, finance managers, M&E managers, Master Trainers, OVC specialists, team leads and supervisors. Expenditure and activity records were also analysed to identify key cost drivers.

Results were used to develop a costing estimation tool that draws on lessons learnt from implementation, as well as best practices for enhancing program efficiency and participation. Costing estimates using the model are shown below for three participant target scenarios.

Costing estimates

	200 participants	1000 participants	2000 participants
Average cost per adolescent, including their caregiver	R 4,296	R 2,668	R 2,502
Total costs	R 429,577	R 1,334,088	R 2,502,113

The **costing estimation tool** is an Excel-based open-access document that can be used by implementers to estimate start-up and ongoing costs for their own programs. Users are advised to consider the assumptions inherent in the model (described within this resource) and to make context-specific adjustments as needed.

[4] *KPMG, Tulane International. (2017). Costing Study of the Let's Talk Programme for Caregivers and Adolescents. Cape Town: KPMG, Tulane International.*

LET'S TALK **TEENS:** AN ADOLESCENT-FOCUSED PROGRAM

An adolescent-only version of the **Let's Talk** program will be piloted in 2019. While caregiver engagement offers notable advantages, the original program includes other unique features theorized to enhance prevention efforts, such as an emphasis on mental health. **Let's Talk Teens** retains this emphasis alongside culturally-relevant HIV knowledge and skill-building exercises, and is designed to reach adolescents whose circumstances make caregiver co-participation difficult or impossible.

Acknowledgments

Support for this project is provided by USAID Southern Africa under the United States President's Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement AID-674-A-12-00002 awarded to Tulane University. The views expressed in this document do not necessarily reflect those of USAID or the United States government.

Three South African non-profit organizations and their partner CBOs were instrumental in the realization of **Let's Talk** and the results reported here, namely: Children in Distress Network (CINDI), HIV South Africa (HIVSA), and Networking HIV/AIDS Community in South Africa (NACOSA). Their valuable input, quality implementation, and commitment to research informed practices helped to enhance both the program and the operating guidelines for its successful implementation.

USAID FROM THE AMERICAN PEOPLE

PEPFAR

Tulane University SCHOOL OF SOCIAL WORK

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
UNIBESITHI YA PRETORIA

Highly Vulnerable Children Research Center