

10 OCTOBER 2019 | WEBINAR 4

From IPC to Mass Media: Developing a Media Mix for Your PrEP Communications

PrEP LEARNING NETWORK | WEBINAR SERIES


Thank you to our speakers from McCann Global Health, Wits RHI, FHI 360, and Jhpiego, as well as attendees who participated in the fourth PrEP Learning Network webinar. In this webinar technical experts discussed key considerations in determining the appropriate media mix for PrEP communications, and implementing partners shared examples of tactics used to promote PrEP, including social media and peer navigation programs. To hear the conversation, access the webinar recording [here](#).

Top 6 Questions

This webinar engaged a lot of discussion across participants and presenters. Six primary questions and themes were discussed during the Q&A. Learn more about each by listening to the webinar recording, accessing complementary resources, signing up for future webinars or visiting the [PrEP Virtual Learning Network Page](#).

1. Which channels, including social media platforms, are most effective?

There is no "rule" about which platform is best. Start with the people you are trying to reach: What channels do THEY use? What time of day do they use it? What content appeals to them? What will be relevant, memorable and motivating? What do you want your audience to do with your message? For example, reaching AGYW about PrEP education will be different than gaining support among health care providers to provide PrEP. For the former, consider the target audience segments, and conduct research on how they are using social media. That should guide your selection of which platform is most effective. To jumpstart thinking, the PrEP Communications Accelerator offers suggestions on ways to connect with particular audiences (see the downloadable [audience profiles](#)).



Join us for the next two webinars in the series – covering PrEP integration, target setting, and more!

Addressing Challenges and Achieving Success Integrating PrEP into Other Health Services

24 October
9:00 AM EDT
16:00 EAT
[Register Here](#)

Target Setting and Costing PrEP Implementation

21 November
8:00 AM EST
16:00 EAT
[Register Here](#)

Top 6 Questions (continued)

2. How do you handle backlash to a PrEP media campaign?

Unfortunately, backlashes and spread of misinformation are prevalent across health areas, but especially with hard-to-understand or new health products/services. In these cases, it is best to utilize authentic, trustworthy messages and messengers and ensure the media are engaged so they know the facts. With polio, McCann Global Health developed a campaign that focused on positioning health workers as trusted, caring members of the community. We also had the government endorse the campaigns, to ensure that the information was supported by local champions. And we targeted key community leaders who could stand behind the health messages. The use of advocacy strategies and PR tools is also helpful to counter misinformation.

3. What are feasible channels in a low-resource setting, without access to additional capacity from website developers, etc.?

Every setting is different, and different communities get information in different ways. One recommendation would be for the person responsible for developing promotional messages to go and spend some time with the different audiences for communications in their context for a few hours. While you are there observe carefully-- what messages are people exposed to? What radio stations do they listen to? What are the big events that happen each week? When are times that meetings happen in that community and who attends those meetings? If your team shows up in a village and everybody is going to the fields during the day, that might not be the most efficient way to reach folks.

1. Hanging posters in places that people go a lot (pay attention to what other messages your poster might have to compete with!)
2. Local radio: It can be great to have service providers and champion clients go on the radio to talk about when and where services are available, who should come... etc. Have the champion happy clients talk about their journey, and why they decided to get on PrEP and why it is working well for them.
3. If you are wanting to serve AGYW, then consider holding meetings with mothers and ask them to bring their daughters to an outreach site, or the clinic for a special health talk. Ask the moms what they would like the talk to include, in addition to information about PrEP
4. Theatre events at market days can be a great way to draw in a crowd--Make sure that some of the skits they do are related to the topic, and that they don't stigmatize folks who are HIV+--you definitely need to actively manage these troupes and do regular supportive supervision.
5. In general--try to link your services to your mobilization efforts. A common mistake is that we do general promotion and then don't tell people where to go or how to learn more. EVERY message can include a call to action and link to care. It's great to offer consultations during events and theatre productions, etc. Consider offering something like blood pressure screening or blood sugar testing so that it doesn't become the "risk tent."



But AGAIN--the best thing you can do is spend time with the people you want to reach--and find out what is actually reaching them. Often when we guess, we get it wrong. Keep in mind that the message itself is important too. It doesn't matter what we want to say if people don't think the message is for them. If a message is boring, you will have to repeat it so many times for people to remember it. Think about how people might know it's for them? What is going to make it stick in their mind? What is going to make them feel like they need it?

4. How do you measure success and set up M&E systems for outreach channels?

It helps to think of M&E in three ways: (1) How will we know the activity happened (2) How will we know it was seen/heard/understood/remembered by the right people and (3) How will we know it had the desired effect? Possible systems to track progress for each of these are provided in the resource sheet for this call, accessible [here](#).

1. How will we know the activity happened?
 - a. Activity registers with phone numbers of village officials who can be called to verify activities occurred
 - b. Ask mobilizers to send photos of events, posters, etc. over WhatsApp to supervisors for planned activities
 - c. Most countries have agencies that track mass media. These agencies do large surveys and you can pay to add questions to their surveys to see if your messages have been seen and understood.
2. How will we know it was seen/understood by the right people?
 - a. Send an M&E officer to visit the community and ask the people in the target group if they have heard anything about PrEP and ask about the different places/ways they heard about it.
 - b. Test for prompted and unprompted recall:
 - i. Unprompted: What health messages have you heard recently? Have you heard about any new medicines or services related to HIV?
 - ii. Prompted: Have you seen (poster--show it to them, a theatre performance), have you heard (radio spot or show...play it for them), ask them when and where they saw/heard it
 - c. Note: sometimes we don't do small data collection exercises because we are concerned it's not robust enough to tell us anything, but it's worth doing small check-ups. For example, if you did a movie night with a health talk afterwards, you might send an M&E officer a couple of days later to find a group of AGYW. You can ask them just a few yes/no questions and know with about 90% accuracy whether the event happened, reached the right folks, and whether people understood.

3. How will we know it had the desired effect?

- a. Different communications materials/activities have different objectives. For example, a brochure might seek to reassure someone by answering frequently asked questions, while a radio spot or theatre event might have the objective to convince listeners to talk about PrEP with the young women in their lives. It's important to know what exactly you wanted the communication activity to achieve so that you can figure out how to measure whether it happened.
- b. Entry interviews with clients at the service delivery point can ask: What are all the different ways you have heard about PrEP? What made you decide to come in today (allow them to choose as many as they want and prioritize if they want). Lots of people need to hear about something several times before making the big decision to seek services. By asking people ALL of the ways they have heard about it, you can start to find out the level of "dosing" or exposure that leads to a clinic visit.
- c. For evaluation, make sure that you add questions about communications into your endline surveys. You can compare eligible people that took up and didn't take up the intervention and see if exposure to communications (and dosing) is a determinant.

5. What is the role of peer educators? What are best practices for peer educator models?

Peer Educators (PE) can play a very important role within PrEP programs--particularly those focused on key populations. It can be a smart investment when PEs are interacting with people who are part of the target group, and where a more lengthy conversation is needed to:

1. Convene potential clients to discuss PrEP and help people see that PrEP could be a good choice for them (this could include organizing talks, events, attending events that are already happening, or talking with people one-on-one)
2. Reassure potential clients, answer their questions about the experience of PrEP, share their own experience!
3. Help potential clients figure out how PrEP can fit in with their goals and life
4. Provide support by checking in with clients when they first begin taking PrEP until it becomes a habit (3-6 months!)
5. Lead PrEP clubs (which can be fun!)

In Jilinde, MSM hold "let's get real" events where ART/PrEP users are recognized when they hit 1 month, 3 months and 6 months. In PrEP Queens clubs, FSW receive recognition from fellow PrEPpers at these different points. For example, after a month a person might become a "PrEPper" at 3 months a PrEPplus! at 6 months they graduate to being a PrEP Princess and have a free manicure, at 1 year they would be a PrEP Queen and get their makeup done and take some glamour photos. After 6-12 months, you could be eligible to be a PE. This is an example of how a program might make it delightful and fun to be a PrEP user.



Peer education has been shown to be effective in some studies, and ineffective in others. The way peer educators are selected, trained, supervised and rewarded for their efforts, often determines how effective they are. Below, are some best practices:

Selection: Generally, the most effective peer educators are happy clients, or people who have a true enthusiasm for the product or service they are promoting because they have a personal connection to it. Peer education is less effective when PEs get up and lecture people on medical facts and act superior to the people they are talking with. Peer educators need to be good listeners. Often, we recruit good talkers, who may not listen very well.

Training: Peer educators need to be trained on basic facts about the intervention, different target population segments and what is likely to appeal to them, and how to use any tools that they are given (Pain-o-meter, testimonial videos, etc). Often factual information is best communicated through a flyer, brochure, or video, so that complicated things can be simplified and presented in the same way each time. Simple smartphone videos of happy clients giving testimonials (get consent!) can be sent over WhatsApp and used by PE. Peer Educators can follow up on this by getting questions from the group, asking people what their hopes, dreams and needs are, and then catalyzing conversation on how PrEP might be helping to meet these needs. They need to be trained on facilitation and communications skills: how to use affirmation, validation, open-ended questions, and reflective listening. Ideally, they receive mini-trainings and refreshers on a specific skill each time they meet to share results. Several great and publicly available training resources are the Education Through Listening model and the OPTIONS HIV Prevention Ambassador Training Package and Toolkit (see resources below).

Supervision & Recognition: Like all workers, PEs need to plan and be held accountable to their plans, receive feedback, earn recognition, receive payment, report results, and learn from one another. They need to be equipped with tools that make their work easier and make their sessions interesting and memorable. Uniforms, bags to carry supplies, etc. can be very motivating. Some best practices include posting PE data on the wall in a visible place (accountability), recognizing best performers, and having lower performers shadow and learn from best performers. Within Jilinde each CBO has a different way of recognizing great performers. You might want to ask teams of PE what they would find motivating as a form of recognition. It doesn't have to be expensive--it could be a tiara, hat or trophy that is passed each week to the best performer, a shopping voucher for the PE of the month, extra Air Time, extra training, attendance at events, etc.

6. What is the impact of peer educators? Do they improve continuation?

Jilinde has found that Peer Educators are effective at influencing PrEP reach, uptake and continuation. The OPTIONS HIV Prevention Ambassador Training was just field tested in one district of Zimbabwe and in the two months following the training there was an average 26% increase of PrEP uptake, compared to uptake during the 7 months prior to the training. In discussions conducted with the Zimbabwe ambassadors about 6 weeks after training, three reported using information gained during the training to successfully support their peers to appropriately reinstate oral PrEP use.



Additional Resources

Additional resources from the PrEP Learning Network host organizations (OPTIONS Consortium, EpiC, and RISE) and the presentation team are included below for further exploration and reading.

- [Social Influencer Outreach- For HIV Programs Reaching At-Risk Populations Online](#) (LINKAGES)
- [A Vision for Going Online to Accelerate the Impact of HIV Programs](#) (LINKAGES)
- [PrEP Communications Accelerator: Channels for connecting with your audience](#) (OPTIONS)
- [HIV Prevention Ambassador Training Package](#) (OPTIONS)
- [Education through Listening: Community Facilitation Training Guide](#) (PSI Kenya)
- [A theory-based framework for media selection in demand generation programs](#) (Health Communication Capacity Collaborative- HC3)
- [C-Module \(2\): Focusing and Designing: see session 6 on Activity, Channel, and Material Mix \(C-Change\)](#)
- [Step-by-step guide to designing an IPC program, with references and recommended tools](#) (HC3)
- [IPC Toolkit: A compilation of examples, lessons learned and best practices in IPC programs based on the IPC Deep Dive conducted in 2011](#) (PSI)

