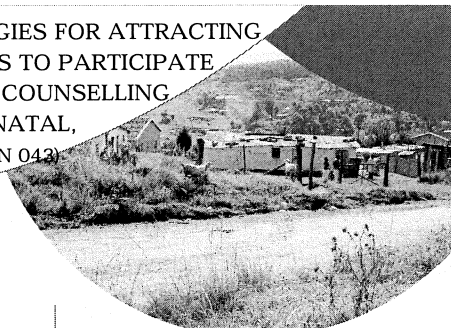


INNOVATIVE MOBILIZATION STRATEGIES FOR ATTRACTING AT RISK YOUTH AND YOUNG ADULTS TO PARTICIPATE IN COMMUNITY-BASED VOLUNTARY COUNSELLING AND TESTING IN RURAL KWA-ZULU NATAL, SOUTH AFRICA (PROJECT ACCEPT - HPTN 043)

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BACKGROUND

- Encouraging people to participate in HIV prevention activities requires innovative mobilization strategies that are passionately and enthusiastically employed.
- This is particularly important when trying to attract youth and young adults who are most in need of them, but appear most reluctant to access routine health services.

STUDY OVERVIEW

- NIMH Project Accept (HPTN 043) is a multi-site community-level randomized controlled study.
- The primary objective of this study is to test the hypothesis that communities receiving 2-1/2 years of CBVCT, relative to communities receiving 2-1/2 years of SVCT, will have significantly lower prevalence of recent HIV infection.
- Communities are randomized to receive either a community-based voluntary counselling or testing (CBVCT) intervention plus standard clinic-based VCT (SVCT), or SVCT alone.
- CBVCT has three major strategies:
 - to make VCT more available in community settings;
 - to engage the community through outreach and to make testing normative; and
 - to provide post-test support.

AIM OF THIS POSTER

To describe the unique contributions of the innovative community mobilisation strategies used in attracting at risk youth and young adults to participate in our study

COMMUNITY MOBILISATION

- Community mobilization (CM) is defined as those activities used to raise community consciousness about HIV prevention through education and support.
- Our CM strategies are informed by the behavioral theory diffusion of innovation (DOI).
- DOI states that innovative ideas will spread from person to person until they become a norm within the social network.
- A social network is defined as any group that comes together to participate in the same activity.
- From these networks we recruit Community Based Outreach Mobilisers (CBOMs).



STEPS TO RECRUITING CBOMs

- Step 1: Identify and describe social networks in the community
- Step 2: Identify opinion leaders from each of the networks
- Step 3: Mobilize opinion leaders to become early adopters
- Step 4: Recruit and train early adopters to become CBOMs

CBOM TRAINING

- Training covered all aspects of the study as well as accurate and updated information about HIV/AIDS
- Training focused on devising mobilization strategies, slogans and messages.
- These strategies ensured that clear, standardized and consistent messages about the study were delivered.

MONITORING CBOMs

- CBOMs and Project Staff meet weekly to discuss and reflect on field activities
- CBOMs hand over their daily logbooks in which they record their mobilisation activities

MOBILISATION STRATEGIES

- CBOMs work with project staff to deliver our community mobilisation strategies. These include:
 - Supervised mobilisation of CBOVs
 - Door to Door Campaign
 - Motorcade parade announcing service availability
 - Informal, impromptu discussions (MOB talks)
 - Social network penetration through social events

MOTORCADES AND LOUD HAILER

INFORMAL, IMPROMPTU DISCUSSIONS (MOB TALKS) AND DOOR-TO-DOOR

MOBILISATION THROUGH SOCIAL NETWORKS



SOCIAL EVENTS: SOCCER TOURNAMENT

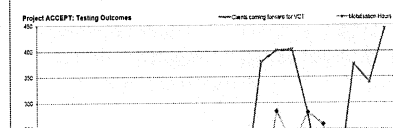


Table 1: Characteristics of Testers at Project Accept

Age Category	Total (%)
18-17	871 (19)
18-32	2428 (54)
33-55	995 (22)
56 and over	219 (5)
Total	4513 (100)

Our data shows that our mobilisation strategies have been effective in reaching hard to reach at risk youth, with 73% of our target population falling between the 18-32 age group

IMPACT OF MOBILISATION ON UPTAKE



PHASE EXPLANATION

- Phase 1. Early stage: First mobilization efforts. Mainly mobilization around community venues.
- Phase 2. Mid stage: Attempted to increase mobilization hours, but this did not yield desired uptake.
- Phase 3. Current stage: Evidence of combined mobilisation activities and the CBOMs having an impact on testing uptake.

RETAINING CBOMs

CBOMs are key to our efforts, and we have learned through trial and error how to work with this group:

- Initially, we provided only skills building and professional development for CBOM's in return for their work on the project
- But this was not enough since all the CBOMs were unemployed.
- In phase 3, in addition to building skills, we also gave a cash stipend. This has addressed the high unemployment and poverty in community.
- CBOMs had to work flexible 60hours per cycle and get R350 as stipend.

CONCLUSION

- Involving and recruiting community volunteers has been a great asset in our mobilization efforts.
- Community members are more receptive to ideas they hear from people they know and trust
- Employing an active rather than passive mobilization strategies is effective in attracting at risk youth and young adults to MVCT.

HSRC RESEARCH OUTPUTS

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