
# COMMUNITY BASED DOOR TO DOOR APPROACH IN MOBILISING ADOLESCENTS AND YOUTHS FOR HIV TESTING SERVICES (HTS)

*"Where there is a Champion, Change is guaranteed"*

## BACKGROUND TO BETHANY PROJECT AND HIV INFECTIONS

The Bethany Project is a child and youth centred Organization whose niche is in working with young people living and affected by HIV and AIDS, with disability and vulnerable. The Organization started operating in 1995 and was registered with the Government of Zimbabwe in 1998; its registration number is PVO 2/98. It is currently operating in Zvishavane and Mberengwa Districts in the Midlands Province of Zimbabwe. The Organization works with 265 community volunteers who are the conduit between the Organization and the communities. Participatory planning, implementation and monitoring of projects, promotion of community ownership and rights based programming are key ways of working for the Bethany Project. Gender, livelihoods and psychosocial care and support are then mainstreamed in the HIV and AIDS prevention, treatment, care and support programs. In the implementation of programs, Bethany networks with stakeholders who include Government Ministries, Ministry of Health and Child Care, National AIDS Council, Zimbabwe Network of People Living Positively (ZNNP+), Zimbabwe National Family Planning Council, other local Non-Governmental and civic organizations.

The Human Immunodeficiency Virus and the Acquired Immune Deficiency Syndrome subsequently referred to as HIV and AIDS continue to be an issue of concern in Zimbabwe particularly in the country`s Southern region. According to National AIDS Council 2015 estimates, Zimbabwe`s HIV prevalence rate stands at 15%. Zvishavane District is also not spared and currently the HIV prevalence rate is 17.2% and the rate of new infection is 0.56% (District AIDS Coordinator 2016) and young people aged 10-24 years account for majority of the new infections. The Zimbabwe Demographic Health Survey report of 2015 reports indicates that 65% of the total population in Zimbabwe is

aware of its HIV status. This is contrary to the UNAIDS 90-90-90 targets, which have been adopted by Zimbabwe. The HTS program, contribute to the first 90 which states that 90% of the people living with HIV should know their status by 2020. In Zvishavane District where Bethany Project is operating there is limited uptake of HIV testing services due to limited information on the importance of HTS and poor linkages between the service provider (health centre) and the clients (community). The goal of ending AIDS in 2030 can only be achieved when people know their HIV status and be initiated on antiretroviral therapy and have their viral load suppressed. It is also against this background that Bethany Project employed a door to door approach on mobilising adolescents and youths to access HIV Testing Services (HTS).

## DESCRIPTION OF THE MODEL AND ITS APPLICATION

Oxfam as one of Bethany Project`s funding partners, supported the Organization to implement a program titled, "Securing Rights in the Context of HIV and AIDS" (SRP). The program was implemented in five operational wards in Zvishavane District namely Mhototi, Mhondongori, Indaba, Ture and Zvishavane Urban. The main thrust of the program was to build the capacity of adolescents and youths including those living with HIV to claim their rights to HIV prevention, treatment, care and support as well as sexual and reproductive health rights. The project used the family and community centred approach as its theory of change. This theory of change argues that if projects and programs are community and family centred they stand a better chance to change attitudes, norms and practices. The changes can be sustained at community and family level resulting in positive outcomes for beneficiaries. The project in summary made an impact in changing harmful attitudes, practices and behaviours towards HIV prevention, treatment adherence, status disclosure (healthy seeking behaviour) as well as building confidence and self-esteem of adolescents and youths

living with HIV. The impact of the program goes further in strengthening relationships with other key players as well as creating new partnerships with other development agencies.

The program employed the door to door approach in order to mobilise adolescents and youths for health services mainly HIV testing and counselling. Communities at large participated and owned the program as an exit strategy for the program. The door to door approach is a canvassing technique that is generally used for campaigning, marketing or advertising in which the person or persons walk from the door of one house to the door of another, trying to sell or advertise a product or service to the general public or gather information. In the context of this project, the door to door approach was employed as a strategy to mobilise adolescents and youths to access HIV testing services at their local health centres with the help of the HTS Champions.

## Who are HTS Champions?

HTS Champions are the community based volunteers, men and women above 18 years, who have the passion to mobilise communities without any remuneration, to go and access HIV Testing Services (HTS) at their local health centres. They are selected by the communities with the help of the community leaders, mainly traditional leaders. In the context of the Bethany Project initiative, the HTS Champions are driven to do community work by the following:

- Spirit of voluntarism
- The desire to be role models and show others the way
- Receiving free knowledge on HIV and other diseases
- Life experiences- some Champions have lost very close relatives due to lack of access to health care and failure to adhere to treatment

## The process of executing the door to door approach

### 1. Community engagement and selection of HTS Champions

Firstly the communities have to be engaged through the use of community entry points such as the village heads and councillors and a common understanding should be reached. The communities should take a leading role in choosing or selecting people who have got the passion of working with their communities. One person should be selected to cover the whole village and that person should show the highest level of commitment and he/she should be able to read and write. For Bethany Project, all the 100 HTS Champions in the operational wards were selected by the communities with the help of the village heads and each Champion covers one or two villages.

### 2. Capacity building for HTS Champions

Training of the selected Champions should follow soon after community engagement and selection. Training package includes holistical information on the importance of accessing HTS, HIV treatment and care, the dialogue process, community ethics, monitoring, evaluation and documentation and the training should last for two days. This should be done in conjunction with the Ministry of Health and Child Care, Zimbabwe National Network of People Living Positively (ZNNP+) together with the Zimbabwe National Family Planning Council. For Bethany Project the Champions were oriented

through a one day workshop since the selected Champions were Bethany Project community volunteers, village health workers, case care workers and home based care facilitators who were doing HTS as part of their community work already.

## 3. Feedback and ethical considerations

After being trained the HTS Champions are expected to start their work in their respective communities (villages). The Champions should first of all go to the village head, as an entry point, the village head will then introduces the Champion to the community for the ease of doing his/her job. Having done that the Champion will be free to work in that community without any restrictions and feedback should be given to the village on a regular basis. The Champion is expected again to let his/her relatives, husband, wife or parents/guardians if a young person, that he/she is now a community volunteer. This helps in dealing with gender issues and misunderstandings among family members thus guaranteeing maximum support from the family members.

## 4. The dialogue process

The process of conducting a household dialogue starts at the Champion`s level were the Champion plans his/her work in terms of whom and where to visit, how many dialogues to be conducted and what time should the dialogues start and end. Upon reaching a household, the Champion should greet whoever is there at the household, create the highest environment of rapport and adhere to community ethics. The Champion introduces him/herself and explains the reason for the visit and the purpose of the HTS program. Permission should be sought from the head of the household and from whoever is going to be involved in the dialogue. If permission is granted, the dialogue should immediately start and young people should be separated from adults to encourage them to freely express themselves. The Champion should use all his/her skills and knowledge

to get the best outcome for the dialogue. If participants decide to withdraw during the dialogue, they are free to do so. The dialogue should take at most 30minutes but however if there is need to extend the discussion, then the Champion should do so. The reason for not making the discussion too long is that it should be noted that communities have other businesses to attend to as well such as caring and fending for the family, participating in community meetings among other important things. After the discussion the Champion will then refer the participants to the health centre and this should be voluntary. No participant is forced to accept a referral slip; rather they should be encouraged to accept the referral slip to go for HTS. Having done that, the Champion will then conclude the session, thank the participants and inform the household that they should expect him/her in a second/follow up visit.

***A Champion in Ture ward conducting a household dialogue***

The referred participants are expected to visit the health centre where they will access HTS services and are expected to leave the referral slip at the health centre for monitoring purposes. If the participant is found

to be negative, he/she is encouraged to continue maintaining a good lifestyle and if he/she is positive, mainly young person, he/she is initiated on antiretroviral therapy and encouraged to enrol in a support group.

## 5. Monitoring

Each Champion is expected to conduct a minimum of 5 door to door dialogues per month and should refer at least one young person for HTS at a local health centre. Upon finishing each and every dialogue, the Champion should fill in a home visit register. The information is then compiled and submitted either to the nearest clinic or at the Bethany Project offices. The HTS Champions at each and every ward should have a committee which runs the affairs of the Champions and they link up with the clinic and the host Organization. The referral slips are filled in duplicate, the one which goes with the participant and the one which remains with the Champion for verification purposes by the host Organization.

The Champion will also make follow up visits to the household and also verification visits to the health centre just to find out if those referred would have gone for HTS. At the health centre the Champion asks whether the participant would have accessed HTS, nothing concerning the status of the participant is asked; the same is done during the household follow up visit. This helps in ensuring that no participant is missed out in terms of accessing HTS services.

The host Organization (Bethany Project) carries out monitoring visits to health centres collecting statistics and strengthening relationships among communities and the health centres. Monthly meetings are also carried out by the HTS Champions themselves and quarterly meetings

are also held with the host Organization in order to ensure the smooth flow of the program.

***Urban ward Champions conducting their monthly review meeting***

## JUSTIFICATION FOR USING THE MODEL

This model is the best model for mobilising communities to access HIV testing services (HTS). It significantly contributes towards the UNAIDS 90-90-90 targets which have been adopted by Zimbabwe. It promotes child to parent communication on sexuality and other sensitive issues. The approach ensures that communities receive information on HTS at the comfort of their homes and it ensures that the hard to reach communities and populations are not missed in the equation of ending AIDS by 2030.

## KEY RESULTS/OUTCOMES OF THE MODEL

This model ensures that communities especially adolescents and youths access HIV testing services freely after having being informed of the benefits of HTS. The following are the key results achieved by the Bethany Project

- Knowledge base on HTS increased though this approach leading to change in attitudes and practices towards HTS. A total of 4200 people were reached through more than 5000 door to door dialogues (including repeat visits) conducted by 100 HTS Champions focusing on the importance of HIV testing.
- A total of 813 people tested for HIV within 10 months of the project in 2016/17 through this model as compared to 114 people in 2016, 57 people in 2015 and 28 in 2014 whilst not using the door to door approach.
- The model has improved coordination among community structures such as the volunteers and the health centres. There has been a link which has been created between the service provider (health centre) and the client (community) which was not in existence before.
- Dissemination of information on cancer screening, sexually transmitted infections (STIs), HIV prevention and distribution of condoms

## IMPACT OF THE MODEL

**Efficiency:** The approach is efficient as it ensures that fewer resources are used and high impact is achieved. For instance Bethany Project invested USD 2 000.00 from the period July 2016 to June 2017 in this project. Previously, initiatives targeting at mobilising communities for HTS were being done through workshops, road shows, district dialogues and commemorations and the investment in these interventions stood at approximately USD10 000.00 per year. With this door to door approach, it is evident that the approach reduces costs but getting the most desired outcome.

**Effectiveness:** The model is effective as it ensures that communities access HIV testing information in the comfort of their homes and encourages sexual and reproductive health dialogues within the family

and other community spaces. The model sees communities as change agents and active participants in solving their sexual and reproductive health problems. More people are reached with information on HTS as compared to other interventions such as workshops and focus group discussions. This model creates a clear link between the service provider which happens to be the health centre and the clients who are the communities. Such a link is critical for the uptake of all health services, not only HIV testing and counselling.

**Sustainability:** The approach is sustainable as the model is spearheaded by the communities themselves. It empowers all community structures to take a leading role for example the village heads and the health centres working with the Champions. The fact that the Champions are selected on voluntary basis leads to sustainability of the approach. Since sexual and reproductive health dialogues are initiated at family level they continue beyond the program funding.

**Relevance:** this model is relevant as it is feeding to the UNAIDS 90-90-90 targets and the campaign to end AIDS by 2030. It is also feeding into the Zimbabwe National HIV and AIDS Strategic Plan III (ZNASP) and National Adolescent and Youth Sexual and Reproductive Health Strategy II: 2016 to 2020. The model is also addressing the communities' quest for information, skills and services on HIV testing and counselling. This approach is also being replicated in 3 additional Wards in Zvishavane District being funded by the Southern African AIDS Trust.

**Conclusion:** if replicated this model has the potential to assist the country to ensure that 90% of young people living with HIV know their status by 2020. It is very affordable and community owned hence it is sustainable.