



HIGH HIV IMPACT SERVICES MYANMAR

**A SERVICE MANUAL FOR TEAM
LEADERS, TRAINERS AND
SUPERVISORS**

JULY 2022

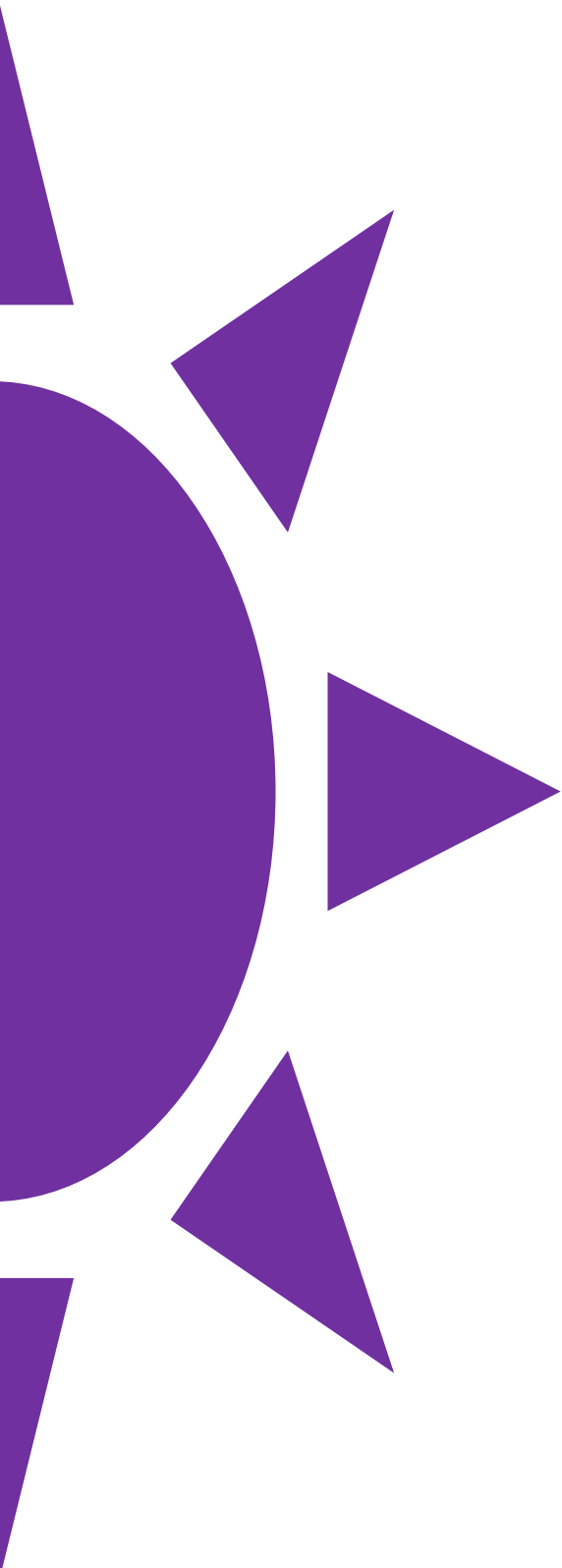


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Disclaimer

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HIGH HIV IMPACT SERVICE DELIVERY

1. PURPOSE

The purpose of this guide is to provide standard procedures for the implementation of High HIV Impact services that integrate (i) social network strategies with (ii) assisted HIV self-testing and (iii) HIV index testing. This guide describes how to plan and implement high HIV impact services that put people living with HIV at the centre of HIV case finding response. High HIV impact services aim to increase HIV case finding by merging four elements:

1. **People living with HIV deployed as mobilizers** (in respondent driven sampling called 'seeds') to reach people at risk of HIV unknown to current HIV services in local places.
2. **Assisted HIV self-testing** that centralizes HIV diagnostic services so they can be peer-driven and delivered in the community.
3. **HIV index testing** to prioritize the testing of primary partners and family members of newly diagnosed people living with HIV.
4. **Social networking strategies** to uncover networks and outliers from key populations who are unknown to current HIV services in local places.
5. **Simple HIV case management** for newly diagnosed people living with HIV.

The guide has been developed with the leadership and guidance of the HIV/TB Agency, Information and Services (AIS) Activity and its implementing partners in Burma. AIS is an activity of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the USAID Accelerator to End Tuberculosis (TB Accelerator). The dual purpose of this activity is to achieve HIV epidemic control and to achieve a Burma free from TB (Duke University, 2021).

The guide is for supervisors, trainers and team leaders of peer education teams and HIV diagnostic service teams within AIS Activity implementing partners. It should be read in conjunction with the High HIV Impact Train the Trainer (ToT) Manual and the PowerPoint slide deck of the same name developed for training supervisors and staff teams.

2. SCOPE

High HIV Impact Services sit alongside current HIV service delivery activities delivered by AIS implementing partners – i.e., High HIV Impact Services are additional to current service activities. This approach is a stand-alone initiative tailored to increase HIV case finding, by deploying newly diagnosed PLHIV in local places to identify and test primary partners, others the individual may have engaged in sex or drug use with, and contacts they know that are as yet unknown to the AIS Activity implementing partner in the local area.

HIV Counselors – introduce and offer the opportunity to become an HIV mobilizer.

HIV Team Leaders – assess, recruit and coach HIV mobilizers, distribute and acquit coupons, move HIV mobilizers out of High HIV Impact Services when results no longer add value to the goal of increasing HIV case finding.

Monitoring and Evaluation staff – oversee and ensure acquittal of coupons, ensure HIV results recorded are correct and ensure that all forms are properly completed.

3. CONTEXT

In 2019, there were approximately 240,000 people living with HIV in Myanmar (UNAIDS, 2020). Of these, approximately 190,000 were on HIV treatment and slightly less were virally suppressed (UNAIDS Myanmar Country Report, 2020). Formal estimates of new HIV infections for 2021 are unavailable at this time (UNAIDS HIV Prevention Coalition, 2021). However, the last reported estimate was that approximately 10,000 new HIV infections were estimated during 2019 (UNAIDS, 2020).

Rates of HIV are highest among key populations at risk for HIV. People who use and inject drugs carry the highest burden of HIV infection – with estimates from 2019 at 19 percent HIV prevalence. This is followed by MSM and transgender people at 8.8 percent along with female sex workers at 8.3 percent (UNAIDS, 2021). There is limited-to-no available information on rates of HIV among the male clients of female sex workers, male and transgender sex workers in Myanmar. There is also no data available for 2020 or 2021 but, as the NAP re-establishes itself after the recent military coup, there is an expectation that new prevalence reporting will be forthcoming.

Decentralizing HIV testing and treatment services in Myanmar has been a part of the national discussion on HIV since at least 2016 (Aung Naing Soe et al, 2016). A key issue for key populations at risk for HIV is the associated costs of seeking clinical services, the friendliness of services and concerns about confidentiality (Hsu New Yee Aung et al, 2021). HIV self-testing (assisted or unassisted) offers a practical strategy for accelerating the goal of decentralizing diagnostic services for HIV, follow-up care and HIV treatment services.

Recent research on acceptability and uptake of assisted and unassisted HIV self-testing among key populations at risk for HIV shows that most, if not all, prefer HIV self-testing over facility-based HIV testing (Cassell et al, 2022). In a study in Cambodia all participants chose HIVST over HST. A recent study in Thailand highlighted a need to know more about what motivates key populations to test for HIV. That research highlighted sophisticated or innovative approaches to follow-up for confirmation HIV testing (Girault et al, 2021). This is particular true for those who order unassisted HIVST online (Cassell et al, 2022).

What is clear from the available data is that HIV self-testing is both acceptable and even preferred by key populations, especially when it is peer-driven and administered away from clinical settings (Pasipamire, L et al, 2020). Problems with confirmatory testing and interruptions in the follow-up for lifesaving HIV treatment are highlighted in all these studies and need further consideration.

Most of research undertaken on HIV self-testing in the Asia region appears focused on MSM and transgender people. This is a problem for Myanmar because the group with the highest burden of HIV in Myanmar is people who use or inject drugs. The last reported prevalence among people who use or inject drugs in Myanmar was 19 percent in 2020 (UNAIDS, 2021).

More investigation is needed in to people who use or inject drugs in the Myanmar context. We need to know what motivates PWID and PWUD to test for HIV, what HIVST methods are most acceptable and effective and what will help to ensure follow-through when an individual who uses or injects drugs returns an HIV reactive result.

The World Health Organization has recommended that voluntary, assisted HIV index testing be offered as part of a comprehensive package of testing and care to people living with HIV

(WHO 2016, 57). In Myanmar, there is as yet no national government policy that commits the country's HIV prevention program to scaling up index testing for newly diagnosed PLHIV.

In 2020, USAID's HIV/AIDS Flagship (UHF) project in Myanmar initiated a small project to offer index testing to newly diagnosed people living with HIV. Four UHF partner organizations offered index testing to 1,073 newly diagnosed individuals in 2020. 34 percent who were offered accepted help for telling a partner of their risk (n=365). This result suggests that index testing is accepted by at least one-third of individuals from key populations. The final result was an HIV case finding rate of 45 percent among those partners who tested for HIV (n=41/91) (CPI, 2020). This highlights the effectiveness of index testing for HIV case finding and warrant further investigation and potential scale-up for key populations for HIV across Myanmar.

4. HOW IT WORKS

High HIV Impact services aim to increase the HIV case finding of AIS Activity implementing partners. The method incorporates innovations like HIV self-testing along with HIV index testing services. It adopts social networking and some aspects of respondent driven sampling to reach key populations that implementing partners may find harder-to-reach.

Social networks are groups of individuals who are connected by identify, relationships and behaviour. In this case, by either the use of illicit drugs, living as a transgender person, selling or buying sex or engaging in same-sex sexual activity. Respondent driven sampling (RDS) is a method of research that has been utilized specifically to reach these key populations who are at risk for HIV.

Respondent driven sampling is considered effective in situations, such as in Burma, where the behaviour of key populations at risk for HIV is criminalized (Hipp et al, 2019; McCreesh et al, 2013). The criminalization of these activities results in networks of people engaged in these behaviours being closed to outsiders and harder to access. Respondent driven sampling relies on people from these key population networks being connected to each other either regularly or semi-regularly. It relies on the capacity of these individuals to influence others in the network.

Note that some standard elements of RDS are not incorporated into High HIV Impact services. Sampling itself is not adopted in this model. Formative assessment and population size estimation are not adopted in this model. The monitoring of waves of coupon distribution and submission is used in a limited way to analyse mobilizer HIV results.

High HIV Impact services aim to reach individuals in social networks who are harder-to-reach. In Burma, these are usually young people, people new to drug use or sex work, people who have never tested for HIV before, male clients of sex workers and 'outliers' who move in-and-out of these networks only irregularly.

The steps in the process include:

- Identifying and recruiting newly diagnosed people living with HIV during post-test counselling service provision.
- These newly diagnosed PLHIV are supported by a field worker in small groups and are sometimes called 'seeds' – but in this work we call them mobilizers.
- New recruits are provided with basic training and receive coaching from a field worker to help identify who in their networks is highest risk for HIV.

- The new recruits or mobilizers are given coupons to distribute to targeted individuals and may accompany them to mobile or facility-based assisted HIV self-testing services.
- The mobilizers receive incentives for every coupon that is returned by a network contact to the AIS Activity implementing partner organization.

As well as these activities, small groups of newly diagnosed PLHIV aim to support these individuals as they move through the clinical services system. Groups allow newly diagnosed PLHIV to share their experiences and feelings at being newly diagnosed with HIV. They allow participants to ask questions of each other and seek assistance and support from each other on key challenges related to orienting to living with HIV. For example, disclosure of HIV status to others, understanding test results, starting HIV treatment, addressing potential side effects, safer sex in the context of living with HIV.

Respondent driven sampling has proved effective in many settings. However, we are making two assumptions in the design of high HIV impact services and we are aiming to determine whether our assumptions here will be confirmed or not.

Assumption 1 is that newly diagnosed PLHIV are more likely to identify higher rates of HIV case finding than other members of their key population networks.

How will we determine the efficacy of assumption 1? We will compare rates of HIV case finding between mobilizers and our local HIV peer outreach/mobile testing teams.

Assumption 2 is that linking newly diagnosed PLHIV to this activity and to small groups will assist them to engage in lifelong health seeking behaviour and stay connected clinical services over the long term.

How will we determine the efficacy of assumption 2? We will compare mobilizer health outcomes with newly diagnosed PLHIV who do not consent to participate in our High HIV Impact service approach.

The coupon management system is the responsibility of the HIV team leader, with oversight and support provided by the monitoring and evaluation team. The sequence of steps in distribution, submission and reimbursement are as follows:

- Newly diagnosed PLHIV who consent to participate are given five coupons to distribute.
- These mobilizers use coupons to raise HIV testing with their primary partner(s) and with particular contacts or friends in their network(s) as guided by the HIV team leader.
- Members of key populations who are given coupons present these coupons to HIVST mobile clinics or at the AIS Activity implementing partner facility.
- Those who are newly diagnosed PLHIV are recruited and given coupons for distribution.
- Currently co-opted HIV mobilizers are reimbursed for transport costs, based on the number of coupons submitted by their contacts and HIV self-testing administered.

5. OVERVIEW OF STEPS IN HIGH HIV IMPACT SERVICE DELIVERY

An alternative way to understand the step-by-step implementation of a social network strategy is presented here. This step-by-step description provides more detail in summary that will help the reader understand each the service cycle.

STEP 1: AIS implementing partner organizations recruit mobilizers who are key population members living with HIV.

When a clinic newly diagnosed a key population member with HIV, they offer them the opportunity to participate in helping the implementing partner with HIV case finding through social networking. What is appealing about this to the PLHIV is the chance to be a part of an online community with others newly diagnosed with HIV who can share their experiences learning to live with HIV and the chance to generate a small amount of extra income.

STEP 2: The implementing partner educates and prepares mobilizers for field work.

Joining mobilizer to a WhatsApp group of other mobilizers is key to success. Note that newly diagnosed PLHIV are often more willing to join these online groups than meet face-to-face with them. The facilitator of these groups should also encourage mobilizers to talk about their experiences learning to live with HIV and to ask questions that others may be able to answer, from their own experience (e.g., starting ART, dealing with side-effects from ART, fearing side-effects or disclosing HIV to others).

STEP 3: Mobilizers receive 3-5 coupons to refer their peers for HIVST.

Each peer is given a unique mobilizer code and the coupon system and its distribution is described to the mobilizer. Questions about where potential participants can test for HIV are explained and mobilizers are supported and reminded about this through their WhatsApp group. A key question may be “Can I have more than 5 coupons?” Mobilizers who return high HIV case finding rates will be entitled to receive another 5 coupons. Mobilizers who return no HIV case finding will *not* be entitled to continue in the initiative.

STEP 4: Active encouragement for social network tracing.

The partner organization supports, coaches and encourages mobilizers to generate these new participants from their social network(s) for HIV self-testing by meeting regularly with them, offering support groups to mobilizers online or face-to-face. WhatsApp groups are an essential resource for this. In these groups, mobilizers share the strategies that have been most effective in getting their contacts to say ‘yes-to-test’ for HIV.

STEP 5: Mobilizers give their contacts a coupon to receive HIV self-testing services.

Mobilizers engage in their online and site-based places as normal. They offer HIV self-testing to their contacts and use the trust they have with their connections to underline that the service is safe, respectful and supportive of people from key populations at risk for HIV. If necessary, they may accompany their contacts when the implementing partner is in the local area, administering HIV self-testing services to local people.

STEP 6: Mobilizers receive a transport fee for each coupon that is returned to the local clinic by a contact who tests for HIV.

Mobilizers are able to receive a fee for transport for each coupon that is returned to the implementing partner organisation. However, these contacts must be willing to: (i) identify as a key population at risk for HIV; and (ii) describe activity that is considered risk activity for HIV.

Online sites and Apps are places to distribute coupons. Where mobilizers are active on sites and Apps they can engage people online and meet up to distribute coupons. Only one coupon per contact can be distributed. If a coupon is distributed to a contact who then doesn't use the coupon, the mobilizer may approach the partner organization for an extra coupon if necessary or needed.

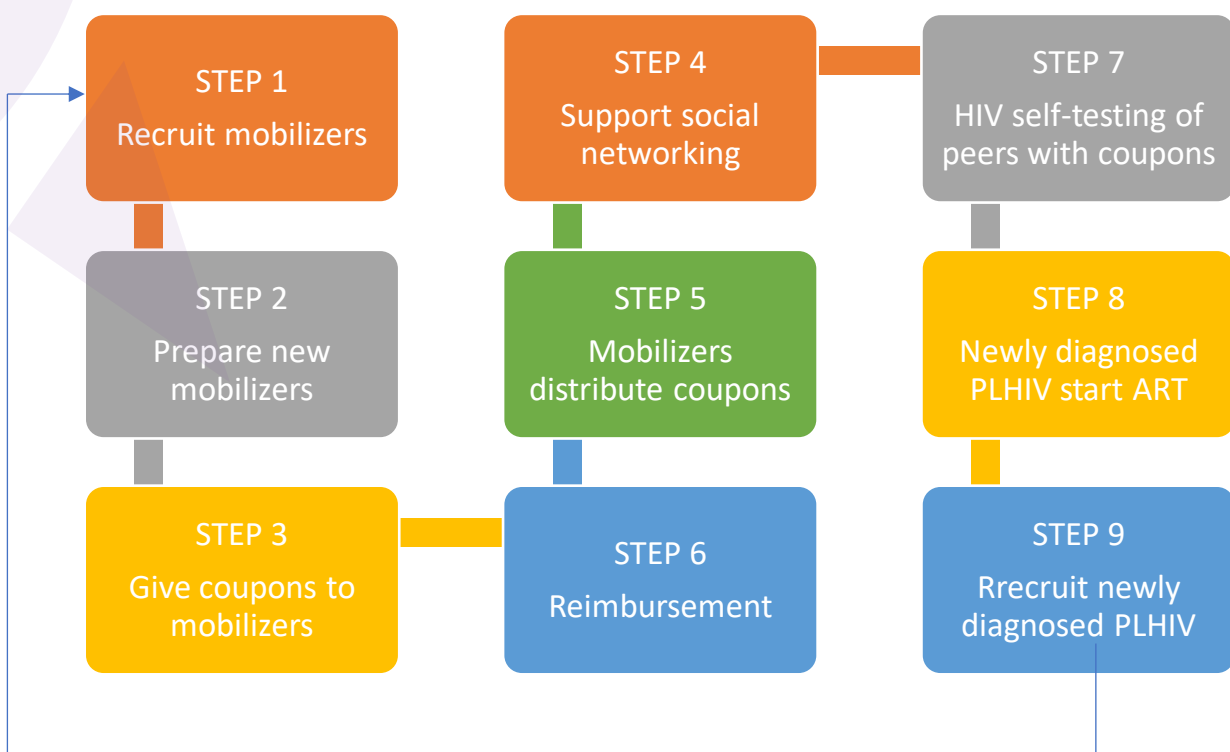
STEP 7: Peers are HIV self-tested and if HIV positive are supported and initiated on HIV treatment.

When a peer or contact tests positive for HIV (they have HIV in their blood and body) they are provided with counselling and support services. They start ART as soon as possible – remember, same-day ART start is the goal.

STEP 8: Each peer that tests HIV positive through this system is eligible to participate in the social networking program.

When a peer tests positive for HIV (meaning they have HIV in their blood) they are immediately eligible to participate in the local social networking program. However, there are key questions about who is the best fit for the role of mobilizer, all which is discussed in mobilizer recruitment below.

STEP 9: Back to step 1 through to 6 for each individual who tests positive for HIV.



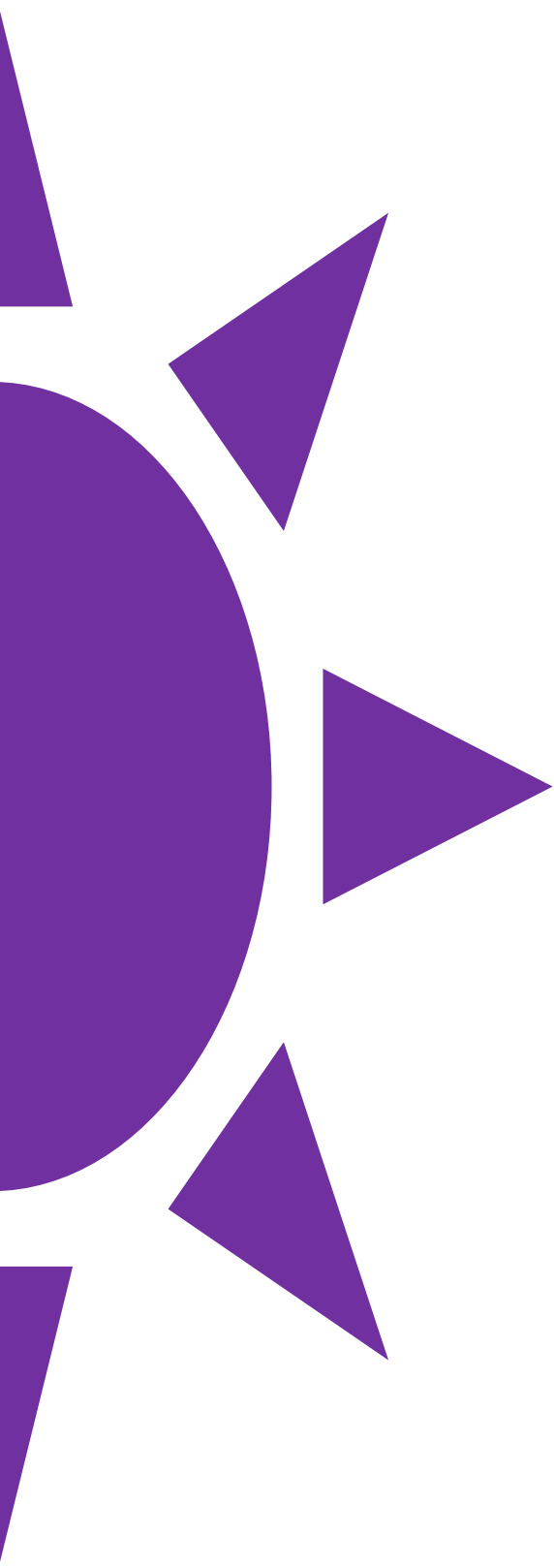
6. REVISION AND REVIEW HISTORY

This section of the guide allows for tracking the revision and review history of the document.

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ELEMENT 1

PUTTING PEOPLE LIVING WITH HIV AT THE CENTRE OF HIV CASE FINDING



ELEMENT 1 – PUTTING PLHIV AT THE CENTRE OF HIV CASE FINDING

Element One introduces the tools needed to co-opt newly diagnosed PLHIV as HIV mobilizers. The element then provides tools to support newly diagnosed PLHIV to join HIV mobilizer teams in local places. This element provides an introduction to the co-opting and deploying of newly diagnosed PLHIV, orientation of mobilizers, as well as ways to identify people in their networks who are priorities for HIV testing. This element also provides tools for talking through HIV index testing of primary partner(s). The diagram below provides you with a visual depiction of the six steps to successful implementation of the method.

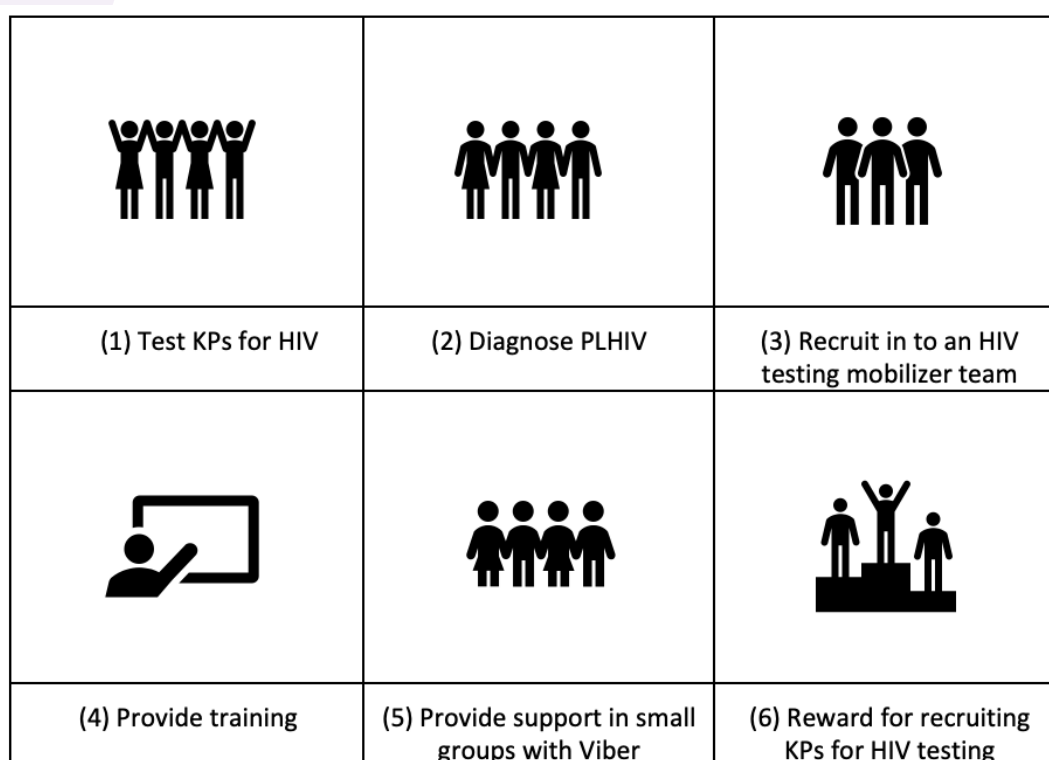


Figure 1 Steps in co-opting, supporting and rewarding newly diagnosed PLHIV

1. RESOURCES PROVIDED IN THIS GUIDE FOR ELEMENT 1

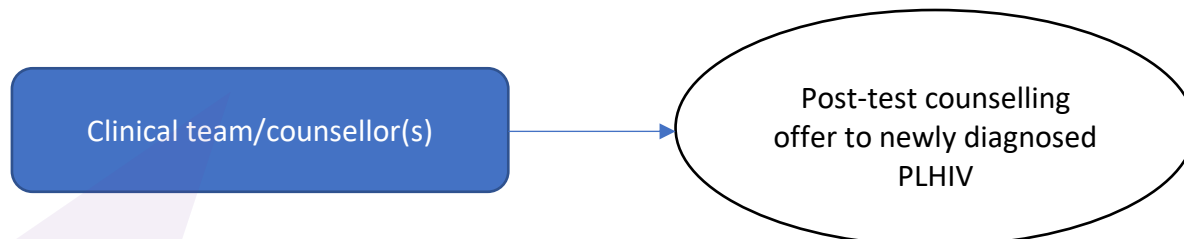
There are a set of resources available for element one:

- Mobilizer Job Statement (as it relates to High HIV Impact Services) [here](#).
- HIV Team leader Job Statement (as it relates to High HIV Impact Services) [here](#).
- Orienting the newly diagnosed PLHIV to HIV mobilizing [here](#).
- Assessing the social network of a potential HIV Mobilizer [here](#).
- Identifying contacts and networks, as well as their risk profile, [here](#).
- Introducing HIV testing to primary partner(s) [here](#).

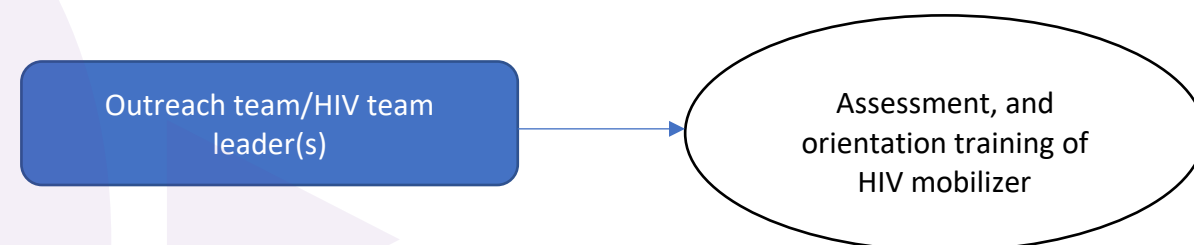
Each resource is embedded in this element one section of the service guide. Following this section, the guide will introduce coupon management and resources for management of coupons, support and skills building for mobilizers and finally evaluation of results.

2. KEY STEPS IN THE RECRUITMENT AND ORIENTATION OF HIV MOBILIZERS

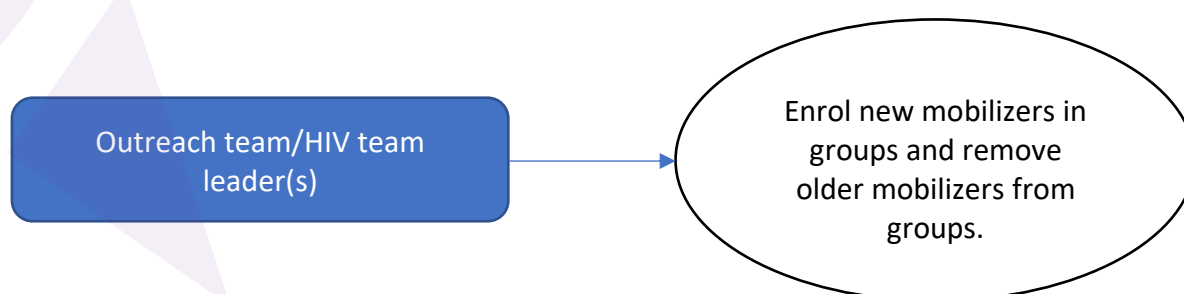
The sequence of recruitment and orientation for new HIV mobilizers starts **first** in the clinical team, during post-test counselling.



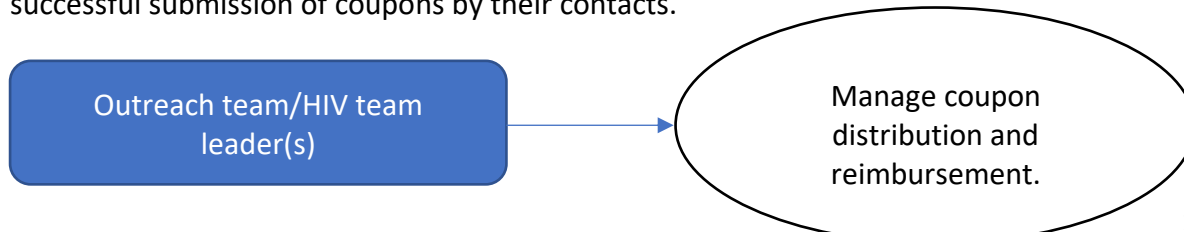
The **second step** is an assessment, recruitment and orientation training for new mobilizers that is undertaken by the HIV team leader or supervisor.



The **third step** is registering a mobilizer in a support group either through Viber or for face-to-face contact and giving the mobilizer five coupons for distribution. Use groups to raise issues of living with HIV and ask mobilizers to talk about their experiences with mobilizing for HIV testing – what works and what doesn't work.



The **fourth step** is to begin daily contact with new mobilizer, acquit coupons at testing sites including mobile HIV self-testing sites, and ensure reimbursements to mobilizers on successful submission of coupons by their contacts.



3. THE ROLE OF AN HIV MOBILIZER

HIV Mobilizers are newly diagnosed PLHIV recruited for a short period of time to accelerate HIV case finding results. The goal of high impact services is to increase HIV case finding. Mobilizers are short-term casual staff who aim to return high rates of HIV Mobilizers focus in on targeted HIV case finding by prioritizing their friends and acquaintances in their key population network(s) with specific kinds of characteristics. They aim to motivate their friends and contacts to say “yes to test” for HIV. They work with a small team of other mobilizers, led by an HIV team leader, to engage in social network tracing and HIV index testing.

A good HIV mobilizer is someone who is extroverted, enthusiastic and able to talk to strangers easily. A good mobilizer has a large social network of contacts in their key population group. They will have multiple ways of contacting friends in their group and will have contact with a core set of friends on a regular basis. This kind of mobilizer will help to grow your influence in networks because they are more likely to have a large pool of peers to approach for HIV testing. Diversity in HIV mobilizer selection means that you recruit individuals from diverse geographical locations, men, women and transgender people, those known and unknown to the health facility and health networks in the local place.

4. THE ROLE OF SUPERVISOR OR HIV TEAM LEADER

HIV team leaders (supervisors) lead small teams of HIV Mobilizers that move quickly in-and-out of mobilizer teams (i.e., usually work is completed within 2-4 weeks). HIV team leaders provide an orientation, along with training and coaching on the basics of HIV prevention, HIV self-testing, how to motivate peers, coupon management and living with HIV. They help mobilizers to determine who, within their networks, is most at risk for HIV and therefore should receive a coupon and be tested for HIV. HIV team leaders are responsible for coupon management and coordinating reimbursement for transport to HIV mobilizers.

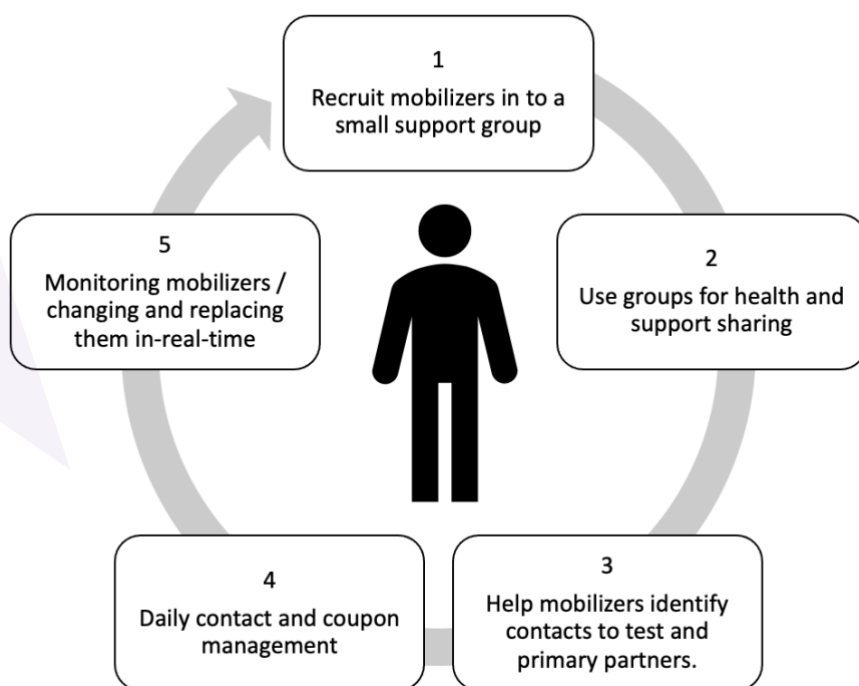


Figure 2 The core responsibilities of HIV team leaders

The core tasks that the HIV team leader is responsible for in element one includes:

Assessment

When a newly diagnosed PLHIV is interested in working as an HIV mobilizer the team leader assesses the size of their network(s), their access to people who may be at higher risk for HIV and their capacity to reach out to and speak directly to friends, acquaintances and even strangers in their network(s).

Coaching

HIV team leaders or supervisors provide support and coaching to individual mobilizers and to groups of mobilizers. They help mobilizers to identify the size of their social network(s) as well as who in the network should receive coupons for HIV testing.

Coupon management

The HIV team leader administers all aspects of coupon management. They give coupons to mobilizers, track those coupons given and acquit coupons when they are returned and submitted by new clients at mobile HIV testing sites or at the facility.

Meetings/Support Groups

HIV team leaders facilitate online or face-to-face support that (i) motivates mobilizers and offers a place to share their experiences with coupon distribution and (ii) provides a space to meet and talk with other newly diagnosed PLHIV about health and wellbeing. A guide to creating supportive spaces for newly diagnosed PLHIV and for health education is provided here.

CO-OPTING AND SUPPORTING PLHIV MOBILIZERS

Recruiting or co-opting newly diagnosed PLHIV as mobilizers begins in post-test counselling for HIV. There are three steps in the co-opting, orienting and support of HIV mobilizers:

STEP 1:

- This mobilizer is newly diagnosed with HIV.
- In post-test counselling they are offered participation in a mobilizer program to support testing others with HIV.

“No” = Provide HIV and other services, offer again later.

“Yes” = Refer to the person responsible for orientation.

STEP 2:

- Explain what HIV mobilizing is and how it works.
- You need to determine whether this person knows enough people to participate.
- **Ask** “Do you know or spend time with other people who use drugs/ sell sex/ etc.?”
- **Ask** “How many people do you know? Where do you usually meet them?” etc.
- If you decide “yes they know enough people” then you take their contact information and arrange to orient them to the High HIV Impact program.
- You then list the people they’ll approach using the following list:
 - People the mobilizer has had sex with and/or injected drugs with.
 - Young people 26 years old or younger.
 - People who have never tested for HIV before.

- People who haven't tested for more than one year.
- Individuals who do not regularly engage in the social network (i.e., those who are less known and who don't make friends in the network).
- People unknown to the implementing partner.
- Primary partner(s) of the HIV Mobilizer.
- Link to support either face-to-face group or online, Viber-based community group.
- Identify people in their networks who may be higher risk for HIV and focus them on distributing coupons to those people.
- Discuss HIV index testing and determine a method for coupon distribution to primary partner(s).
- Give them 5 coupons and a deadline to distribute to those in their networks.
- Arrange to check-in every day with the mobilizer.

STEP 3:

- Monitor the coupon returns by mobilizer.
- Keep meeting in support group to facilitate the sharing of experience and to motivate.
- Continue using support group to keep members engaged in health seeking for HIV.
- If an individual doesn't distribute coupons remove them after 2 weeks.
- If an individual doesn't find HIV remove them from team after 5 coupons distributed.

5. TRAINING AND ORIENTATION

The following training and orientation should help to ensure that mobilizers understand the role they playing and the importance of accurate provision of information to their friends and contacts.

1. **HIV basics** – how HIV is transmitted, prevented, harm reduction and the role of PrEP and ART (for PLHIV) in preventing transmission.
2. **HIV self-testing** – discuss with the mobilizer how assisted HIV self-testing works (note they have just been through this process so they know it from the patient's point-of-view. Provide a schedule of mobile and facility-based HIVST.
3. **Motivating peers** – including HIV index testing using coupons.
4. **Mobilizer support group** – link people to Viber or face-to-face.
5. **Coupons** – and their management. Give 5 coupons to your new mobilizer, describe how to distribute them and how the mobilizer can help contacts attend HIVST services.
6. **Seek consent to participate.**

The final step is important to ensure that the newly diagnosed PLHIV is giving their informed consent to participate in the High HIV Impact program.

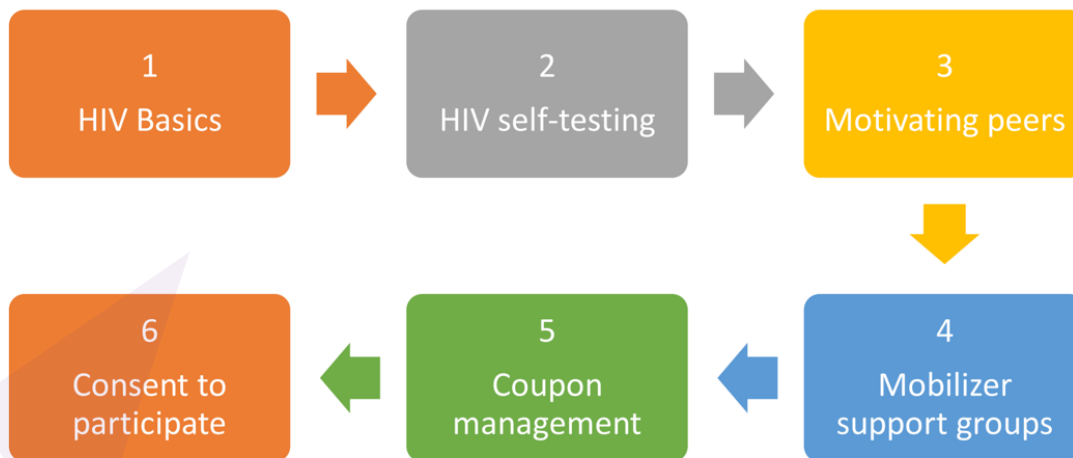


Figure 3 Quick training and orientation for new HIV mobilizers

6. JOINING PLHIV / MOBILIZER SUPPORT GROUPS

Implementing partners establish small mobilizer support groups to coordinate mobilizers as they undertake their field work. Groups can be online or be face-to-face. Currently employed peers and facilitators should establish and maintain these groups. Groups should:

- Assist newly diagnosed PLHIV in these groups to share their experiences of HIV.
- Assist mobilizers to share problems, solutions and effective strategies for success.
- Provide a forum for facilitators to monitor, motivate and encourage mobilizers to move quickly to identify and recruit new participants for HIV self-testing.
- Education about social media strategies, skills and available tools.
- Ensure mobilizers know where and when assisted HIV self-testing is taking place.

Mobilizer support groups help you stay in contact with mobilizers who are not generating any leads and to motivate them to move faster. They help to ensure \ successful mobilizers receive the encouragement they need to stay successful and share their success with others.

Learn more about how to support and coach HIV mobilizers in Element 4 [here](#).

7. JOB STATEMENT – HIV MOBILIZER

This job statement of the role of an HIV mobilizer is provided for your information. There is no requirement to give a job statement to each mobilizer. Instead, this resource aims to ensure you have a clear picture of the role and the responsibilities of an HIV mobilizer.

JOB TITLE HIV Mobilizer

REPORTS TO HIV Team Leader

POSITION AT CPI Myanmar, Yangon

TERM 2 weeks (with option to continue dependent on successful results)

Position Summary

The HIV Mobilizer is based in Yangon and works under the direct supervision of a local team leader. The HIV Mobilizers works online and, in the field, to motivate and encourage people from their social networks to test for HIV. HIV Mobilizers engage in dialogue with friends, partners and acquaintances and seek agreement to test for HIV. HIV Mobilizers distribute coupons to these friends, partners and acquaintances for assisted HIV testing. They may accompany friends, partners and acquaintances to testing sites where this will ensure that coupons are distributed and submitted. HIV Mobilizers are part of a small team of mobilizers who meet online through Viber and/or face-to-face at CPI Myanmar office.

Mobilizer Characteristics

A good HIV mobilizer is someone who is extroverted, enthusiastic and able to talk to strangers easily. A good mobilizer has a large social network of contacts in their key population group. They will have multiple ways of contacting friends in their group and will have contact with a core set of friends on a regular basis. This kind of mobilizer will help to grow your influence in networks because they are more likely to have a large pool of peers to approach for HIV testing. Diversity in HIV mobilizer selection means that you recruit individuals from diverse geographical locations, men, women and transgender people, those known and unknown to the health facility and health networks in the local place.

Detailed Responsibilities

Each HIV Mobilizer works with the HIV team leader to identify the size of their social network and to whom within the network coupons should be distributed.

The HIV Mobilizer uses the list developed with the HIV team leader to prioritize individuals at the highest risk:

- People the mobilizer has had sex with and/or injected drugs with.
- Young people 26 years old or younger.
- People who have never tested for HIV before.
- People who haven't tested for more than one year.
- Individuals who do not regularly engage in the social network (i.e., those who are less known and who don't make friends in the network).
- People unknown to the implementing partner.
- Primary partner(s) of the HIV Mobilizer;

The HIV Mobilizer may work from a map of the field-and-online sites and will give this map to the HIV Team Leader when requested and when the work is completed.

The HIV Mobilizer prepares IEC and BCC information to distribute online and face to face and distributes these materials to individuals they talk with online and in the field.

The HIV Mobilizer works in the field every day or night to meet friends and acquaintances, distribute coupons, accompany them to HIV testing sites and coordinate with the HIV team leader.

Reimbursement

All HIV Mobilizers are entitled to receive a cash reimbursement for each coupon presented to an HIV testing site. The amount per coupon is **AMOUNT**.

Communication

Any communication with regard to any problems experienced in the field should be raised in support groups with the HIV team leader.

Any communication that requires more complicated support or assistance should be directed to management in our organization.

Meetings/Support Groups

All HIV Mobilizers are required meet and talk with their team and their team leaders each day in online support groups through Viber OR

All HIV Mobilizers are required to attend face-to-face support groups every three days at our facility.

Selection Criteria

To be eligible to participate as an HIV Mobilizer you must:

Be a member of a key population at risk for HIV.

Have strong personal relationships with individuals in social networks of key populations at risk for HIV.

Have a demonstrated capacity to talk to friends, acquaintances and also to strangers.

Have a personal knowledge of a range of key population sites including the places where key populations gather (people who use or inject drugs, sex workers, men who have sex with men and transgender people).

Have the capacity to manage coupons, keep written notes and journals on your activity.

Demonstrate an ability to work independently but cooperatively with others.

Demonstrate compassion for others and a high degree of honesty.

8. JOB STATEMENT – HIV TEAM LEADER

This job statement of the role of an HIV team leader is provided for your information. There is no requirement to give a job statement to each team leader. Instead, this resource aims to ensure you have a clear picture of the role and the responsibilities of an HIV team leader.

JOB TITLE HIV Team Leader

REPORTS TO HIV Prevention Outreach Manager

POSITION AT CPI Myanmar, Yangon

TERM 12-month contract with extension based on successful performance

Position Summary

The HIV team leader is based in Yangon and works under the direct supervision of the HIV prevention outreach manager. The HIV team leader may have other responsibilities but, as part of this position, is responsible to manage HIV mobilizer teams, training, support and coaching of HIV mobilizers, distribution and acquittal of coupons for HIV testing. The HIV team leader works online and, in face-to-face, to motivate and encourage HIV mobilizers to test friends and acquaintances from their social networks to test for HIV. The HIV team leader supports mobilizers to engage in dialogue with friends, partners and acquaintances and encourages them to seek agreement to test for HIV. HIV team leaders distribute and acquit coupons and ensure reimbursement to mobilizers for coupons submitted.

Detailed Responsibilities

The HIV team leader works with newly diagnosed people living with HIV (PLHIV) who have agreed to participate in the HIV mobilizer team.

The HIV team leaders works with mobilizers to identify the size of their key population-specific social network and to whom within the network coupons should be distributed.

The HIV team leader uses the following list to prioritize coupon distribution to those at the highest risk:

- People the mobilizer has had sex with and/or injected drugs with.
- Young people 26 years old or younger.
- People who have never tested for HIV before.
- People who haven't tested for more than one year.
- Individuals who do not regularly engage in the social network (i.e., those who are less known and who don't make friends in the network).
- People unknown to the implementing partner.
- Primary partner(s) of the HIV Mobilizer.

The HIV team leader updates a map of the field-and-online sites and the map is used by the implementing partner organization to gather intelligence on key population networks in the local area and how they are changing.

The HIV team leader prepares IEC and BCC information to give to mobilizers so they can distribute these materials to individuals they talk with online and in the field.

The HIV team leader ensures that mobilizers are active in the field every day or night to meet their friends and acquaintances, distribute coupons, accompany them to HIV testing sites and coordinate with the HIV team leader. They assist the mobilizer to determine whether they need to test their primary partner(s) and how to use coupons to facilitate the testing of partners and family members.

Coaching

HIV team leaders provide support and coaching to individual mobilizers. They help them to identify the size of their social network(s) and who in the network should receive coupons for HIV testing.

Coupon management

The HIV team leader administers all aspects of coupon management. They give coupons to mobilizers, track those coupons given and acquit coupons when they are returned and submitted by new clients at mobile HIV testing sites or at the facility.

Meetings/Support Groups

HIV team leaders facilitate online or face-to-face support groups that (i) motivate mobilizers and offer a place to share their experiences with coupon distribution and (ii) provide a space to meet and talk with other newly diagnosed PLHIV about health and wellbeing, treatment, clinical services and results.

Selection Criteria

To be eligible to participate as an HIV Mobilizer you must:

Be a member of a key population at risk for HIV.

Have strong personal relationships with individuals in social networks of key populations at risk for HIV.

Have a demonstrated capacity to talk to friends, acquaintances and also to strangers.

Have a personal knowledge of a range of key population sites including the places where key populations gather (people who use or inject drugs, sex workers, men who have sex with men and transgender people).

Have the capacity to manage coupons, keep written notes and journals on your activity.

Demonstrate an ability to work independently but cooperatively with others.

Demonstrate compassion for others and a high degree of honesty.

9. CLIENT SERVICE TOOL – ORIENTATION TO HIV MOBILIZING

“Joining our HIV mobilizer team helps us to test your friends and others you have social contact with for HIV. We offer cash for each person you test and we make it easy for you to join us and to encourage your friends to test for HIV. Here’s how it works.”

<p style="text-align: center;">TESTING YOUR FRIENDS</p> <p style="text-align: center;">You can get cash/food for testing your friends for HIV.</p> <ol style="list-style-type: none"> 1. We give you 5 coupons to give to others. 2. We help you decide which friends are highest risk for HIV. 3. You give one coupon to each friend we’ve determined to be higher risk. 4. The friend comes on their own, or you can accompany them, for an assisted HIV self-test. 	<p style="text-align: center;">WHO DO WE TEST FOR HIV?</p> <p style="text-align: center;">Our goal is to test people at higher risk for HIV.</p> <ol style="list-style-type: none"> 1. People who have never tested for HIV before. 2. People who haven’t tested for one year or more. 3. People you’ve had sex with or injected with. 4. Young people 26 years or younger. 5. People with symptoms (who are ill) in your network.
<p style="text-align: center;">HOW IT WORKS</p> <ol style="list-style-type: none"> 1. You and I work together to make a list of people to talk to about HIV testing. 2. You meet up with them in the usual way and offer them a coupon to test for HIV, after asking some questions. 3. You accompany them to testing or they come on their own. 4. We give you cash/food for coupons received. 	<p style="text-align: center;">MOBILIZER SUPPORT GROUPS</p> <p style="text-align: center;">We put mobilizers together in face-to-face groups or using Viber.</p> <ol style="list-style-type: none"> 1. Our groups help you share what works to get your friends to test for HIV. 2. Groups help to raise awareness about problems in the local area. 3. Group members share experiences about living with HIV.

YOUR PRIVACY IS MOST IMPORTANT TO US

Your privacy is important to us. We do not disclose your HIV status to anyone you refer to us. Our goal is to keep you safe and maintain your privacy, so you can continue to live successfully in the community.

10. CLIENT SERVICE TOOL - INITIAL ASSESSMENT HIV MOBILIZER

This initial, brief assessment allows you to determine whether this newly diagnosed PLHIV would add value to your HIV case finding goals. Use this assessment when you first meet the newly diagnosed PLHIV to determine their capacity to reach people in their networks.

ABOUT YOU

No.	Question	PWID	FSW	MSM/TG	Provide details
1	Which key population do you identify with or spend time with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	How well known are you and in which networks? (E.g., you meet up every day or night (or regularly), you have contact details of people in the network, people reach out to you with questions or requests).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Well known. <input type="checkbox"/> Not well known.
3	Are you comfortable talking to strangers who come and go in the networks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
4	How many people can you count that you know in your network(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number:

ABOUT WHAT YOU KNOW

No.	Question	PWID	FSW	MSM/TG	Provide details
1	How many people do you know who have not tested for HIV? If you don't know, how will you find out who has tested and who hasn't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategies:
2	How many people in your network(s) are 26 years old or younger? If you don't know, how could you find out who is younger and older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategies:
3	Are there strangers who come and go in your network? If yes, how will you approach them and determine their eligibility for HIVST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategies:
4	How many people have you had sex with or injected with in your network(s)? How will you approach them with coupons for HIVST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategies:

Recruit? <input type="checkbox"/> Yes OR <input type="checkbox"/> No

11. CLIENT SERVICE TOOL – IDENTIFYING CONTACTS IN YOUR SOCIAL NETWORK

We can use this form to map the contacts in your social network(s) most important to test for HIV.

Let's talk about where you've had sex and/or injected drugs with other people. What places? (List the places).

Let's list the people you know, including people you've had sex with or injected drugs with in these places.

Let's identify who is most at risk in these places.

Remember that we're looking for:

- People you've had sex with and/or injected drugs with.
- Young people 26 years old or younger.
- People who have never tested for HIV before.
- People who haven't tested for more than one year.
- Individuals who do not regularly engage in the social network (i.e., those not known and who don't make friends in the network).
- People unknown to our organization.
- Your primary partner(s).

INDEX CLIENT	PLACE 1	PLACE 2	PLACE 3
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content;">Name:</div>	<p>Contact 1: Potential risk:</p> <p>Contact 2: Potential risk:</p> <p>Contact 3: Potential Risk:</p>	<p>Contact 1: Potential risk:</p> <p>Contact 2: Potential risk:</p> <p>Contact 3: Potential Risk:</p>	<p>Contact 1: Potential risk:</p> <p>Contact 2: Potential risk:</p> <p>Contact 3: Potential Risk:</p>
	When will you approach them?	When will you approach them?	When will you approach them?

12. CLIENT SERVICE TOOL – TESTING YOUR PRIMARY PARTNER(S) FOR HIV

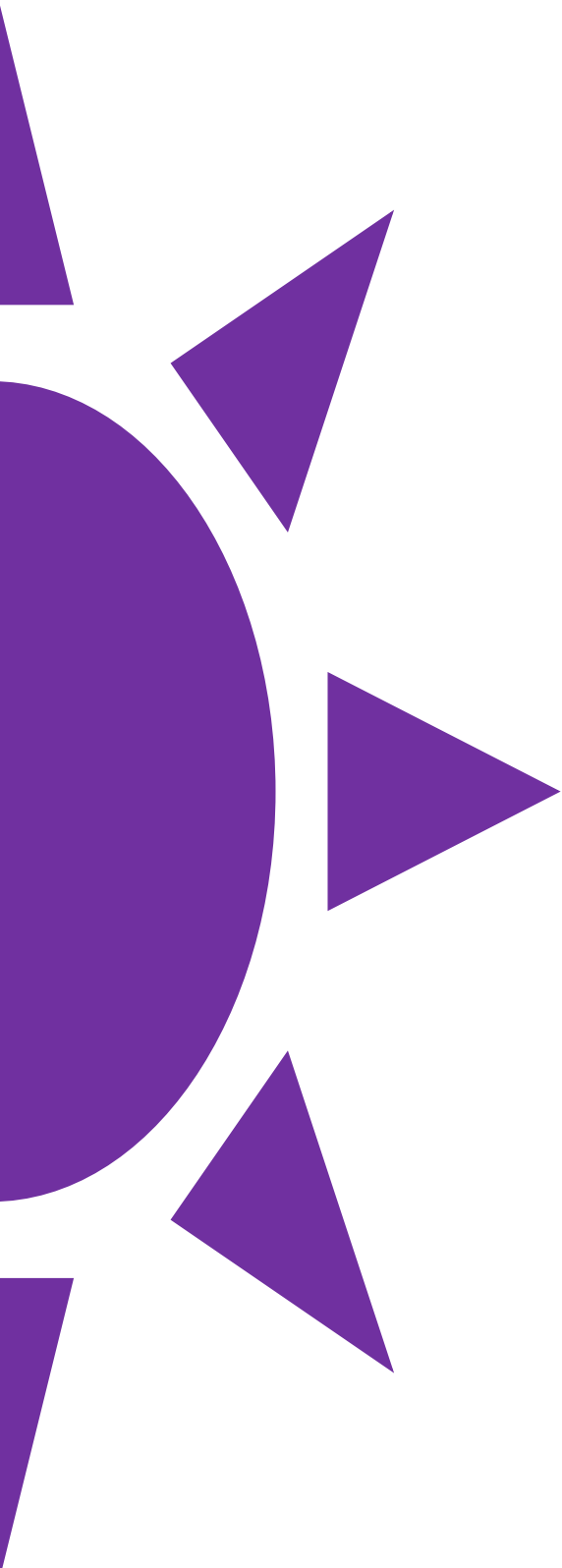
“If you have an intimate partner (or more than one) and you’re living with HIV, then your partner(s) may be at risk for HIV too. If your partner is living with HIV, we need to help them start lifesaving treatment for HIV quickly. If your partner does not have HIV, then access to condoms and HIV treatment, called PrEP, can keep them HIV free. We can use your role as a mobilizer to help you test for intimate partner(s) for HIV.”

HOW IT WORKS	WHAT TO SAY TO YOUR PARTNER(S)?
<ol style="list-style-type: none">1. You and I work together to make a list of primary partners that you will talk to about HIV testing.2. You meet up with them in the usual way and offer them a coupon to test for HIV.3. You use the script on the right to help you introduce HIV testing.4. If you prefer, you accompany them to HIV testing OR5. You send them for HIV testing with the coupon.6. We give you cash for coupons received.	<ol style="list-style-type: none">1. “I’ve got a short-term job as a mobilizer for (organization).2. It involved getting our friends to test for HIV and other illnesses like TB.3. It works like this: I give you a coupon and you take it to the organization and submit it.4. They will test you for HIV and you get the result.5. Afterwards, they give me cash for the coupon submitted.6. Would you help me out with this? Would you go and get tested for HIV with this coupon?

YOUR SAFETY IS IMPORTANT TO US

Let’s talk about your safety. Has your primary partner(s) ever been violent toward you? If no, we can move forward.

If yes, can you tell me a little more about that please? Let’s do an assessment of your safety and make sure it’s safe for you to approach your partner for HIV testing.



ELEMENT 2

COUPON MANAGEMENT & REIMBURSEMENT



ELEMENT 2 – COUPON MANAGEMENT AND REIMBURSEMENT

Element Two introduces coupons, their management and reimbursement for each HIV mobilizer. This element introduces the tools to support HIV team leaders to distribute coupons, collect them after HIV testing, acquit them and reimburse HIV mobilizers for transport costs. This element provides an introduction to coupon management, acquittal and reimbursement. The diagram below provides you with a visual depiction of the steps to successful management of coupons for high HIV case finding results.

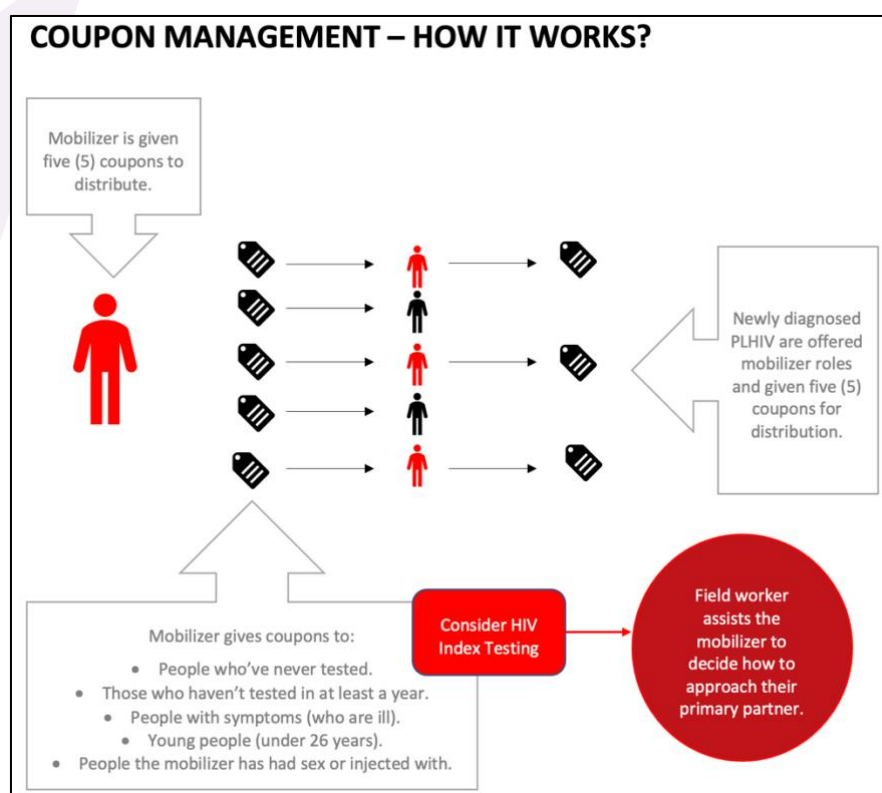


Figure 4 Coupons and their management

1. RESOURCES PROVIDED IN THIS GUIDE FOR ELEMENT 2

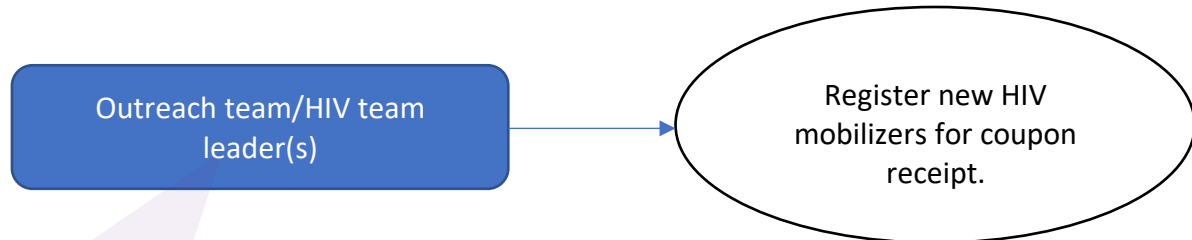
There are a set of resources available for element one:

- Color-coding coupons by key population group [here](#).
- Identifier codes for HIV mobilizers [here](#).
- Tracking results by HIV mobilizer [here](#).
- Client Service Tool – Results Form [here](#).
- Identifying contacts and networks, as well as their risk profile, [here](#).
- Introducing HIV testing to primary partner(s) [here](#).

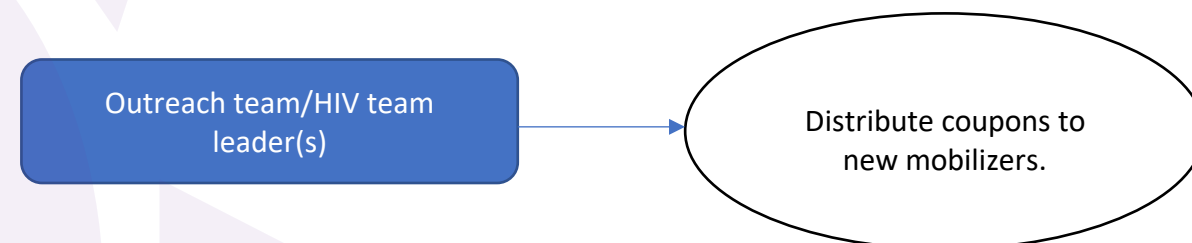
Each resource is embedded in this element of the service guide. Following this section, the guide will introduce monitoring and evaluation, support and skills building for mobilizers.

2. KEY STEPS IN COUPON MANAGEMENT FOR HIGH HIV IMPACT SERVICES

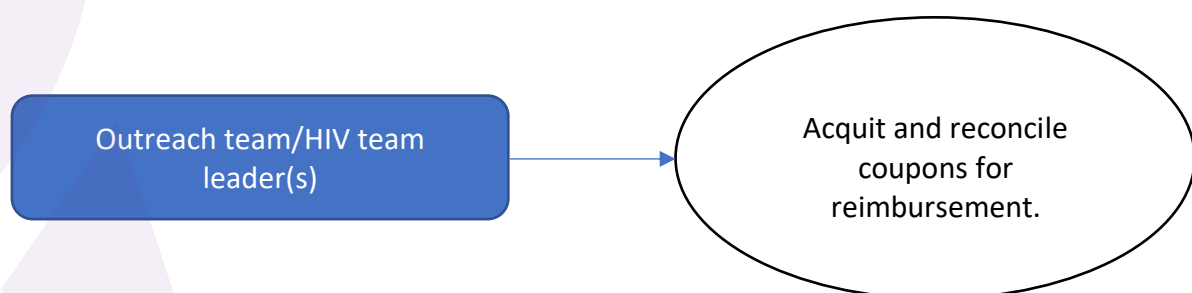
The sequence begins with the registering of new HIV mobilizers and this is the **first** step in coupon management.



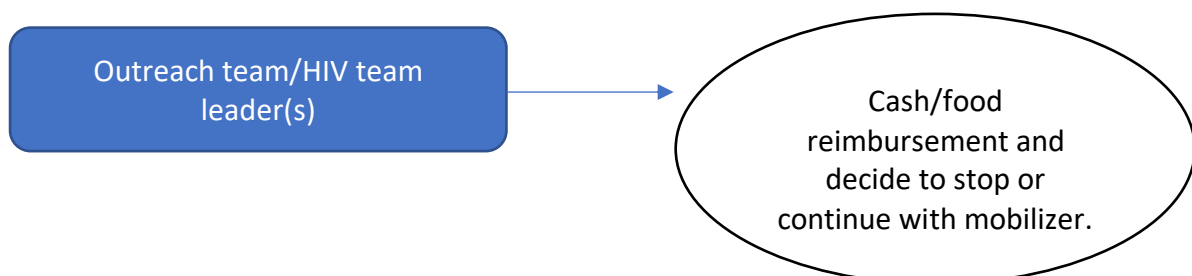
The **second step** is tracking the distribution and return of coupons against each HIV mobilizer.



The **third step** is acquitting and reconciling coupons for reimbursement to HIV mobilizers for transport costs associated with coupon distribution and testing of their contacts.



The **fourth step** is reimbursement for coupon submission to each HIV mobilizer and determining whether to provide more coupons or remove the mobilizer from the team.



3. COLOR CODING COUPONS FOR EACH KEY POPULATION GROUP

Coupons assist the AIS Activity to ensure that HIV self-testing services are offered to harder-to-reach individuals in key population networks across Burma. Coupons help you to produce accurate and transparent evidence of service delivery and of service results.

Coupons provide information to potential clients about testing for HIV, where it is available in the local area and how to make contact with the implementing partner organization.

Tracking results by key population group

The tables below use color to identify each priority population. Color-coding your coupons by key population can help you more easily identify which key populations are coming forward for testing and which key populations need prioritizing over others.

PWID/PWUD	FSW	MSM	TG
-----------	-----	-----	----

It is recommended that white color is used for intimate partners of index clients, where the partner does not identify with any key population at risk for HIV. This means that coupons are produced on different colored paper and this helps you to identify each discreet key population group quickly and easily.

<p>People who use or inject drugs</p> 	<p>Female sex workers</p> 
<p>Men who have Sex with Men</p> 	<p>Transgender people</p> 

Where you are working with an HIV mobilizer who is connected to more than one key population group it may make sense to give them coupons in multiple colors, according to the groups they claim to be connected to.

4. IDENTIFIER CODES FOR HIV MOBILIZERS

A key priority is to ensure you can accurately link submitted coupons to an HIV mobilizer in your team. Accuracy is important because mobilizers rely on the reimbursement payment for coupons distributed and later submitted.

Tracking results by HIV mobilizer

Using a numbered code is the suggested method for accuracy when tracking submissions of coupons against HIV mobilizer. For example, if you currently have 5 HIV mobilizers in your High HIV Impact team, then you may wish to number them from 1 to 5 in the following way:

- 12345 identifies HIV mobilizer 1.
- 22345 identifies HIV mobilizer 2.
- 32345 identifies HIV mobilizer 3.
- 42345 identifies HIV mobilizer 4.
- 52345 identified HIV mobilizer 5.

Clients who bring coupons to HIV testing sites can be coded from 1 to five in the same way:

- 12345/1 means one client submitted a coupon distributed by HIV mobilizer 1.
- 12345/2 means a second client submitted a coupon distributed by HIV mobilizer 1.
- 12345/3 means a third client submitted a coupon distributed by HIV mobilizer 1.
- 12345/4
- 12345/5

Of course, you could simplify this system even further by using one number for the 'seed' and one for the client.

- 1/01, 1/02, 1/03, 1/04, 1/05.

In the above list, HIV mobilizer 1 has distributed five coupons and all five coupons have been submitted and contacts have been tested for HIV.

Below is a template for coupons that includes all the information we've discussed so far.

CPI Myanmar

Mobilizer: 12345 Client: 12345/1

You can use this coupon at any of the following sites:

CPI Community Clinic, Address, phone number, opening hours.

ABC Pharmacy, Address.

Mobile testing facilities at x site, y site and z site: days and times

Call 123 456 789 for more info.

This coupon expires on: ____ / ____ / ____

5. TRACKING RESULTS BY HIV MOBILIZER

Tracking coupon submission and reconciling each coupon to your HIV mobilizers is a key responsibility for HIV team leaders. We've identified how to monitor key population group as well as how to reconcile each coupon against an identifier code for HIV mobilizers.

- Date presenting
- Presented where?
- Mobilizer Code
- Client code
- KP Group(s)
- HIV self-test provided
- HIV result
- Follow up services

Date presenting: ____ / ____ / ____

Presented where: _____

Mobilizer	Client	KP Group
12345	12345/1	<input type="checkbox"/> IDU <input type="checkbox"/> FSW <input type="checkbox"/> Male client <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Other

HIVST administered	HIV result
<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> HIV reactive <input type="checkbox"/> HIV non-reactive <input type="checkbox"/> Indeterminate

Linked to MPH registration and ART start

Linked to social network training and orientation

Follow up services may include:

- Harm reduction services for injecting and other drug-use
- HIV education and support services
- STI diagnosis and treatment services
- PLHIV clinic and community support services

6. CLIENT SERVICE TOOL – HIV MOBILIZER RESULTS FORM

Start Date:		Finish date:	
Mobilizer's Name		Mobilizer ID	
KP Group Focus	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index Tester only		

CONTACT NO. 1				
Contact Code	KP Group	Risk identified	Coupon used	HIV result
	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index	<input type="checkbox"/> Never HIV tested <input type="checkbox"/> HIV test ^1 year <input type="checkbox"/> Unknown to IP <input type="checkbox"/> Under 26 years old <input type="checkbox"/> Sex/drug use (index) <input type="checkbox"/> Partner of index	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/> Unknown
Date coupon submitted:				

CONTACT NO. 2				
Contact Code	KP Group	Risk identified	Coupon used	HIV result
	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index	<input type="checkbox"/> Never HIV tested <input type="checkbox"/> HIV test ^1 year <input type="checkbox"/> Unknown to IP <input type="checkbox"/> Under 26 years old <input type="checkbox"/> Sex/drug use (index) <input type="checkbox"/> Partner of index	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/> Unknown
Date coupon submitted:				

CONTACT NO. 3				
Contact Code	KP Group	Risk identified	Coupon used	HIV result
	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index	<input type="checkbox"/> Never HIV tested <input type="checkbox"/> HIV test ^1 year <input type="checkbox"/> Unknown to IP <input type="checkbox"/> Under 26 years old <input type="checkbox"/> Sex/drug use (index) <input type="checkbox"/> Partner of index	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/> Unknown
Date coupon submitted:				

See over >>>>

CONTACT NO. 4				
Contact Code	KP Group	Risk identified	Coupon used	HIV result
	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index	<input type="checkbox"/> Never HIV tested <input type="checkbox"/> HIV test ^1 year <input type="checkbox"/> Unknown to IP <input type="checkbox"/> Under 26 years old <input type="checkbox"/> Sex with index <input type="checkbox"/> Drug use with index <input type="checkbox"/> Partner of index	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/> Unknown
Date coupon submitted:				

CONTACT NO. 5				
Contact Code	KP Group	Risk identified	Coupon used	HIV result
	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index	<input type="checkbox"/> Never HIV tested <input type="checkbox"/> HIV test ^1 year <input type="checkbox"/> Unknown to IP <input type="checkbox"/> Under 26 years old <input type="checkbox"/> Sex with index <input type="checkbox"/> Drug use with index <input type="checkbox"/> Partner of index	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> HIV negative <input type="checkbox"/> HIV positive <input type="checkbox"/> Unknown
Date coupon submitted:				

FINAL ANALYSIS

Start Date:		Finish date:	
Mobilizer's Name		Mobilizer ID	
No. HIV tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	No. HIV positive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

MOBILIZER STATUS

Continue Date:		Finish date:	
----------------	--	--------------	--

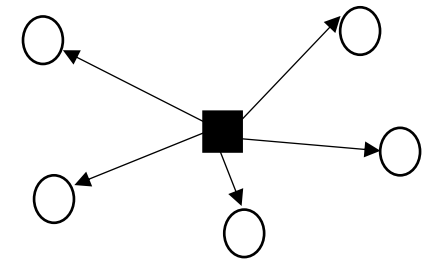
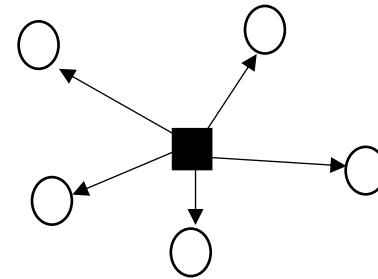
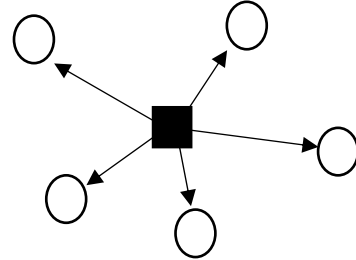
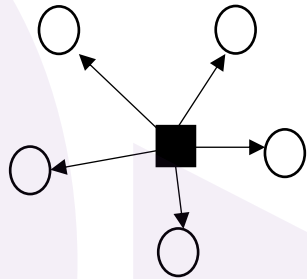
SIGNATURE OF TEAM LEADER

Name:		Signature:	
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7. CLIENT SERVICE TOOL – HIV MOBILIZER RESULTS MAP

Use the map of rounds to track HIV case finding results by each HIV mobilizer.

Start Date:		Finish date:	
Mobilizer's Name		Mobilizer ID	
KP Group Focus	<input type="checkbox"/> PWID <input type="checkbox"/> FSW <input type="checkbox"/> MSM <input type="checkbox"/> TG <input type="checkbox"/> Index Tester only		



ROUND 1	ROUND 2	ROUND 3	ROUND 4
----------------	----------------	----------------	----------------

FINAL ANALYSIS

Start Date:		Finish date:	
Mobilizer's Name		Mobilizer ID	
R1 No. HIV tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	R1 No. HIV positive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
R2 No. HIV tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	R2 No. HIV positive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
R3 No. HIV tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	R3 No. HIV positive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
R4 No. HIV tested	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	R4 No. HIV positive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

8. COUPON DISTRIBUTION

Practical challenges in distribution and management of coupons will emerge in the day-to-day work. There are four steps in the distribution and submission process that include:

- Coupon distribution by HIV mobilizer.
- Acceptance by a contact.
- Coupon submission by the contact at the point of service
- Reconciliation of coupons to each HIV mobilizer and cash payments made.

This highlights a set of challenges for the HIV mobilizer:

- HIV mobilizers may not distribute any coupons. **Solution:** A clear and open discussion before recruitment should allow you to know whether a person is genuinely interested in participation.
- Contact tests without showing their coupon. **Solution:** Ask every contact if they have a coupon to redeem for HIV testing.
- Contact repeat presentation i.e., a contact comes to test with a coupon and comes again in a month's time with a coupon from a different HIV mobilizer. **Solution:** the solution to this problem is in the monitoring and evaluation of the service delivery (covered in the next element). However, this contact should be told that they cannot repeat test through this project.
- Bringing the wrong contacts to test for HIV. **Solution:** first, ensure that pre-test questions assess the HIV risk of the contact and compare with the agreed plan, made with the mobilizer, for who to test for HIV. Second, raise the issue quickly with the mobilizer so that they know you are tracking the results of their work.
- Dishonest practices i.e., a mobilizer is not ethical in their distribution of coupons and gives them to people not from key populations or not to people agreed on as having high risk for HIV. **Solution:** quickly inform the mobilizer so they know you are tracking the results of their work. Remove them if this continues.
- A contact may not accept a coupon. **Solution:** HIV mobilizers should ask to keep talking with contacts who refuse to accept a coupon – especially if that contact is considered high risk for HIV. Alternatively, they may introduce the contact to an HIV peer educator who can request ongoing contact with this contact.
- A contact may accept a coupon but not redeem it. **Solution:** HIV mobilizers may need to offer accompanying support to a contact, to assist them to get to an HIV testing site. However, HIV mobilizers will need to accept that not all people given coupons will redeem them. Also, important to recognize that contacts who already know they are HIV positive may accept coupons and not redeem them.
- A contact may accept a coupon but miss the deadline for submission and HIV testing. **Solution:** at the point of service, it is possible to either accept the coupon despite the use-by-date or issue a new coupon on behalf of the HIV mobilizer and provide cash payment to the mobilizer for the result.
- More than one person is directing the mobilizer. **Solution:** only the HIV team leader (or the person responsible for mobilizer management and coupon management) should guide or advise the mobilizer.

These examples tend to reflect the usual challenges faced in coupon distribution and management. Next, we take a look at incentive management.

9. INCENTIVE MANAGEMENT

Research in to the acceptability and effectiveness of RDS methods suggests that cash incentives are most popular among seeds or mobilizers.

Types of incentives used with some success:

- Cash.
- Food.
- Vouchers (for local supermarkets for example).
- Gifts.
- T-shirts and other clothes.
- Phone credit.
- School supplies.

The appropriate incentive level may be best judged using the following guide:

- The cost of travelling from one side of the city or town to the other side of the city or town on public transport or on a bike or in a taxi.
- The price of one-or-two days' worth of groceries.
- The price of a dinner for one person at a mid-level restaurant in the local place.

In High HIV Impact Services incentives are categorized as **primary** and **secondary** incentives.

- **Primary incentives** are cash reimbursement to HIV mobilizers for transport costs associated with their work as an HIV mobilizer.
- **Secondary incentives** are events, gifts, opportunities provided by the implementing partner that both HIV mobilizers and their contacts can take advantage of.

Primary Incentives

The payment of primary incentive is dependent upon coupon redemption where the contact presenting the coupon meets the agreed criteria for higher HIV risk:

- People the mobilizer has had sex with and/or injected drugs with.
- Young people 26 years old or younger.
- People who have never tested for HIV before.
- People who haven't tested for more than one year.
- Individuals who do not regularly engage in the social network (i.e., those who are less known and who don't make friends in the network).
- People unknown to the implementing partner.
- Primary partner(s) of the HIV Mobilizer;

However, there are issues that affect the amount of cash incentives set for mobilizers.

Where only one coupon is redeemed the incentive amount needs to be sufficient to meet the costs the mobilizer has incurred in their participation, and keep them involved. For example, if the mobilizer is required to have five redemptions for the payment amount to cover their transport costs, then this system will be unsuccessful. This is important both because the mobilizer needs to be excited by the initiative and also because key populations talk to each other and share information by word-of-mouth. This means bad experiences get shared with others and then influence other's interest in participating.

Incentives for key populations can also be influenced by their engagement with sex and drugs. A person who uses or injects drugs may wish their incentive payment to be close to the equivalent of the purchase amount for preferred drugs. For sex workers they may prefer or expect that the cash incentive is equivalent to the time they spend with a male client. The expectations need to be considered in the design of incentives and in their management.

Claiming primary incentives:

There are several steps to assisting mobilizers to claim their incentive:

- The HIV team leader (or responsible coupon manager) receives a coupon.
- The HIV team leader talks with the mobilizer about the profile of the individual who redeemed the coupon, to ensure that the risk profile follows requirements.
- The HIV team leader talks with the mobilizer to discuss result, to approve and consent.

Secondary incentives

Secondary incentives go to the environment provided by the implementing partner for both mobilizers and clients that attend a facility for assisted HIV self-testing. Below is a set of incentives that help to make the environment enjoyable and useful to clients. Using some of these options will allow the implementing partner to keep the culture of service provision positive and enjoyable for all.

No.	Incentive Title	Incentive Description
1	Meals/Food	Providing food and beverages at an HIV testing site can be one motivator for key populations at risk for HIV to attend for HIV testing.
2	Raffles	Engaging in a raffle for a prize can be effective both for clients coming to test and for HIV mobilizers who test the most people or find the most HIV positive people through coupon distribution.
3	Phone credits	Giving phone credit to mobilizers can be a method for motivating them to participate after HIV diagnosis.
4	Cash	Mobilizer reimbursement for travel costs has been found to be very motivating for recruitment and implementation.
5	Celebration & Recognition	Publicly thanking and acknowledging HIV mobilizers at your site is a powerful way to reward and motivate others to test as many contacts as possible and find as much undiagnosed HIV as possible.
6	Vouchers	Awarding shopping vouchers to HIV mobilizers has been found to be a very helpful way to motivate their participation.

Once you have the coupon management system in place, you're ready to focus on how to evaluate your results in-real-time, and adapt quickly, to ensure high HIV case finding.



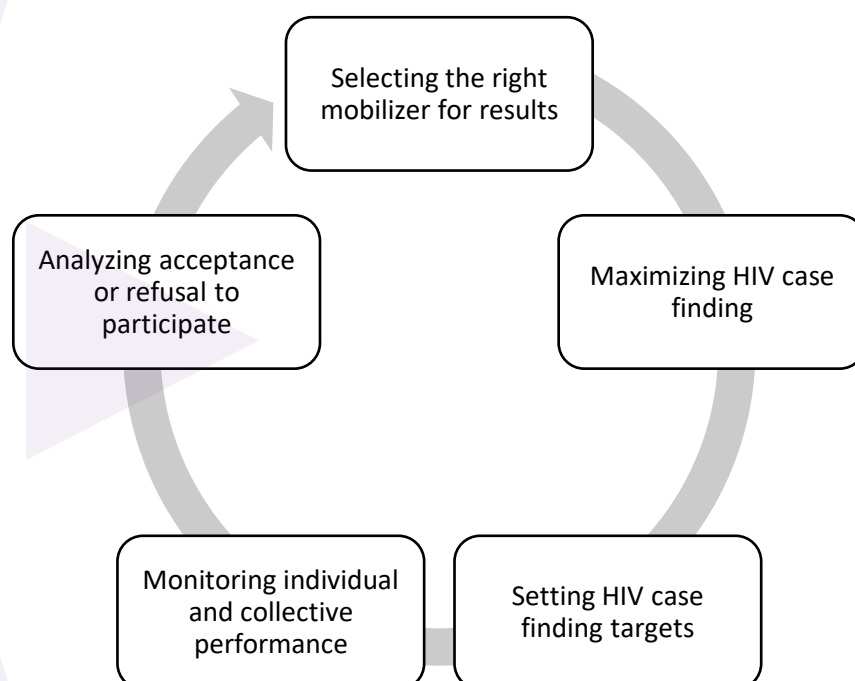
ELEMENT 3

EVALUTING HIGH HIV IMPACT SERVICE RESULTS IN-REAL- TIME



ELEMENT 3 – EVALUATING SERVICE RESULTS IN-REAL-TIME

Element Three introduces basic monitoring and evaluation systems for High HIV Impact Services. This element introduces the tools and questions to analyse results in-real-time. This element will help you analyze results by individual mobilizer, when an individual mobilizer should continue or stop distributing coupons, results from waves of coupon distribution, quickly identifying bottlenecks and cliques. The element will also assist you to analyze global or collective results across your mobilizer team to ensure you're identifying harder-to-reach populations or subpopulations, identifying and responding to crossover and identifying and preventing bottlenecks. There are five processes to follow in element three and these are addressed the diagram below.



1. RESOURCES PROVIDED IN THIS GUIDE FOR ELEMENT 3

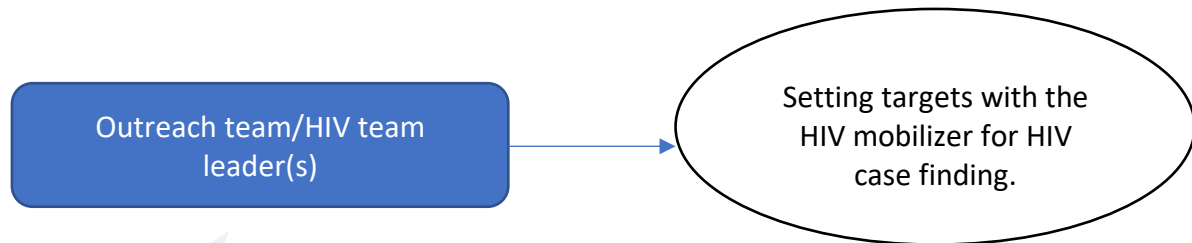
There are a set of resources available for element one:

- Selecting mobilizers for targeted interventions [here](#).
- Strategies for implementing targeted interventions [here](#).
- Target setting for HIV case finding [here](#).
- Monitoring and evaluating individual HIV mobilizer results [here](#).
- Monitoring and evaluating collective HIV mobilizer results [here](#).
- Acceptance and refusal form [here](#).

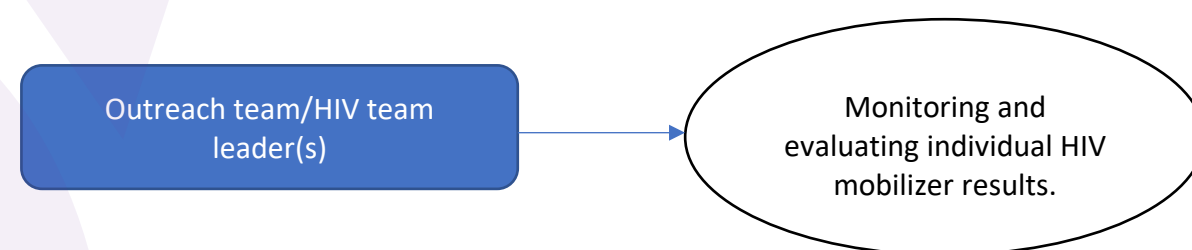
Each resource is embedded in this element three section of the service guide. Following this section, support and skills building for mobilizers and finally evaluation of results.

2. STEPS IN MONITORING & EVALUATING HIGH HIV IMPACT SERVICES

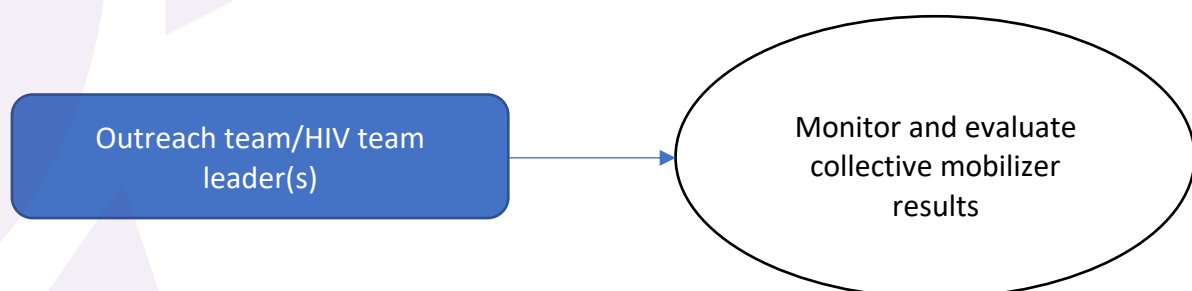
The sequence begins with the setting of targets for HIV case finding.



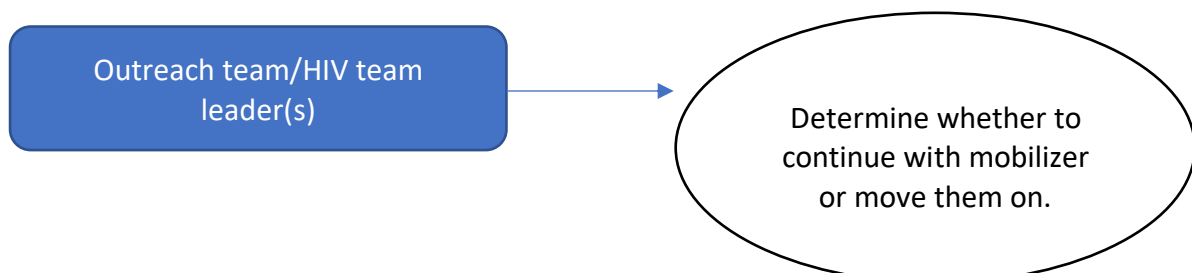
The **second step** is the monitoring of results by individual HIV mobilizer.



The **third step** is monitoring and analysing collective mobilizer results with a view to assessing for subpopulation reach (i.e., reaching the harder-to-reach), crossover and bottlenecks.



The **fourth step** is determining whether to continue to work with a mobilizer or move them on from the initiative and identify mobilizers with more diverse characteristics.



3. SELECTING MOBILIZERS FOR TARGETED INTERVENTION

It is possible to recruit mobilizers with particular characteristics in order to solve problems that are emerging in the delivery of High HIV Impact Services. There are several problems that often emerge in the delivery of this kind of service system:

- Reaching *subpopulations* within key population groups is a priority because the aim of High HIV Impact Services is to reach the harder-to-reach and those unknown to the IP.
- Managing *Crossover* is another problem that emerges in High HIV Impact Service. Being able to identify how individuals move between sites, systems and networks helps you to monitor how, where and when these individuals are reaching out for sex or drugs.
- *Bottlenecks* are a problem that emerge when you are reaching known key population networks only in local places. You know this is happening because your HIV case finding rate reduces dramatically and because the same people present for HIV testing.

The table below provides some ideas on shifting the focus of mobilizer recruitment. The goal is to attempt to deliberately prioritize a particular characteristic of a key population member in order to identify ‘outliers’ (i.e., those not deeply connected to known networks) and to identify new networks, where this is possible.

- What are the characteristics of the HIV mobilizers we are currently deploying?
- What are the results we’re getting from this team of HIV mobilizers?
- What are the characteristics of HIV mobilizers we are missing in our recruitment?
- How can we identify people with these characteristics and recruit them?
- Other characteristics include ethnicity, language spoken, education and social status.

PEOPLE WHO USE OR INJECT DRUGS		FEMALE SEX WORKERS	
<input type="checkbox"/>	Places PWID gather, buy, sell, use.	<input type="checkbox"/>	Brothel-based sex workers.
<input type="checkbox"/>	Number of years injecting drugs.	<input type="checkbox"/>	Online and phone-based sex workers.
<input type="checkbox"/>	Type(s) of drugs used or preferred.	<input type="checkbox"/>	Street-based sex workers.
<input type="checkbox"/>	New to drug use or injecting.	<input type="checkbox"/>	New to sex work.
<input type="checkbox"/>	Mixing sex work and drug use.	<input type="checkbox"/>	Years/frequency of sex work.
<input type="checkbox"/>	No injecting drug use.	<input type="checkbox"/>	Mixing sex work and drug use.
<input type="checkbox"/>	Young people.	<input type="checkbox"/>	Young people.
<input type="checkbox"/>	Both injection and non-injection.	<input type="checkbox"/>	Male clients of sex workers
MEN WHO HAVE SEX WITH THEM		TRANSGENDER PEOPLE	
<input type="checkbox"/>	Places that MSM gather.	<input type="checkbox"/>	Places TG people gather.
<input type="checkbox"/>	Self-identify (Tengé, Apwin etc).	<input type="checkbox"/>	Places TG meet men for sex.
<input type="checkbox"/>	Married MSM.	<input type="checkbox"/>	Married transgender people.
<input type="checkbox"/>	Online hook-ups only.	<input type="checkbox"/>	TG who injects or use drugs.
<input type="checkbox"/>	Chem-sex hook ups.	<input type="checkbox"/>	New to living as transgender person.
<input type="checkbox"/>	Street-based hook ups.	<input type="checkbox"/>	Younger/older transgender people.
<input type="checkbox"/>	MSM sex workers and their clients.	<input type="checkbox"/>	TG sex workers and their clients.

The goal is to aim for diversity in your recruitment choices for HIV mobilizers.

4. STRATEGIES FOR TARGETED INTERVENTIONS

A set of coaching strategies are recommended to help HIV team leaders focus mobilizer teams on HIV case finding. These strategies resolve problems addressed above related to identifying and reaching subpopulations, tracking crossover and resolving bottlenecks.

REACHING SUBPOPULATIONS

One objective of High HIV Impact Services is to reach the harder-to-reach key populations in local places, who may not be known to an implementing partner or may never have tested for HIV before. This means that the HIV mobilizer team must be sharply focused on subpopulations within networks, where there are people who move in-and-out of the network and are less known or unknown to the dominant figures in the networks.

We know some of the characteristics of subpopulations.

- **Male clients of all sex workers:** this group is hard-to-reach and highly resistant to engaging with sexual health services. The mobilizer needs to prioritize talking with male clients of their own and of their friends, if this is possible.
- **Occasional sex workers:** this includes women and girls who move in-and-out of sex work dependent on their family situation. The mobilizer needs to prioritize
- **Young people:** this includes women and girls new to sex work and all those who are new to sex or drug use. The mobilizer needs to prioritize identifying young people in their network and beyond.
- **Married MSM:** this includes men who have sex with men who are married with children and perhaps have a social status in their community that they wish to preserve by remaining anonymous when seeking sex with other men. The mobilizer needs to prioritize married MSM contacts in their own sexual activity as well as identifying married MSM among their friends, if possible.

TRACKING CROSSOVER

Key populations at risk for HIV may use strategies for identifying diverse opportunities and engaging in sex or drug use. This means that HIV mobilizers must be sharply focused on questioning their contacts about where, how and when they buy, sell, use drugs or meet others for sex or both – in order to identify crossover patterns and new sites not previously known to the implementing partner. Individual key population members may use this site-mix strategy to maintain their anonymity in the local community. HIV mobilizers should ask:

- Where else do you meet others for sex or drug use?
- Is there anywhere you go that I may not know about?
- Do you use sites where others gather like injecting sites, parks, bars or shops?
- Do you use sites for 'hook-ups' with others?

IDENTIFYING AND RESOLVING BOTTLENECKS

Cliques emerge in most groups and key populations at risk for HIV are no exception. When recruitment of HIV mobilizers get stuck in a particular subgroup there is a need to break free from the pattern. This will *always* occur because mobilizers will distribute coupons to people they know and trust in their groups. For example, MSM who identify as gay may only recruit people who also identify as gay. Brothel-based sex workers may only distribute coupons to other brothel-based workers. Identifying bottlenecks early is essential to preventing a drop in HIV case finding results.

5. HIV CASE FINDING TARGET SETTING

The goal of High HIV Impact Services is to dramatically increase rates of HIV case finding among key populations at risk for HIV.

The target for HIV case finding is 60%.

This means that each HIV mobilizer must find between two and three newly diagnosed PLHIV out of five coupons.

HIV case finding	Total coupons distributed by round	Percentage result
1	5	20%
2	5	40%
3	5	60%
4	5	80%
5	5	100%

In some cases, HIV mobilizers will distribute all their coupons but only one or two contacts will come forward for assisted HIV self-testing. *The HIV mobilizer can increase the likelihood of coupon redemption by offering to accompany their contacts to an assisted HIV self-testing site.* In other cases, the mobilizer may only distribute one, two or three coupons. In this case, the mobilizer should return unused coupons to the HIV team leader when determining their final HIV case finding result.

The table below provides a guide on how to coach a mobilizer who returns three coupons:

HIV case finding	Total coupons distributed by round	Percentage result
1	2	50%
2	2	100%

The table below provides a guide on how to coach a mobilizer who returns two coupons:

HIV case finding	Total coupons distributed by round	Percentage result
1	3	33%
2	3	66%
3	3	100%

The table below provides a guide on how to coach a mobilizer who returns one coupon:

HIV case finding	Total coupons distributed by round	Percentage result
1	4	25%
2	4	50%
3	4	75%
4	4	100%

It's important to ensure return of coupons that have not been distributed, in order to get an accurate reading of the HIV mobilizer's result. This is because, where a mobilizer is getting excellent results for the number of coupons distributed, you want to keep them involved and motivating them to find a way to distribute more coupons, rather than less.

6. MONITORING & ASSESSING INDIVIDUAL MOBILIZER RESULTS

When an HIV mobilizer is recruited it's important to monitor and assess the results they achieve in-real-time. The client service tool in element two allows you to track results by HIV mobilizer and you can see that form [here](#).

The diagram below displays a result that may be common in the delivery of High HIV Impact Services. A mobilizer, first recruited, may achieve promising HIV case finding results in round one. Below, the diagram shows that the mobilizer (the black square) in this example led the implementing partner to three PLHIV (the black dots), who did not previously know their HIV status. This may mean you offer another round of five coupons to this HIV mobilizer, but this would *only* occur if the HIV case finding results are very good.

When working with the HIV mobilizer the client service tool that allows you to map results of HIV mobilizers across rounds can be reviewed [here](#). Using this results map with the individual mobilizer helps to protect the anonymity of the contacts who tested through this mobilizer. It also allows you to use both verbal and visual representations to show the individual mobilizer how they are doing in terms of the goal of HIV case finding.

What is likely, is that the mobilizer will identify fewer PLHIV in subsequent rounds – and the implementing partner must be able to monitor this in-real-time, or very quickly. So, in the diagram below, the mobilizer is involved in four rounds. The first round achieves excellent results. The second very good results. The third, a good result. The fourth, no result. Once the mobilizer is finding no HIV it's time to let this person go and identify new mobilizers.

The key challenge for the mobilizer is to continue to achieve excellent results in HIV case finding in as many rounds as possible. Doing so allows the mobilizer to continue in the program and benefit from the engagement with other newly diagnosed PLHIV and from incentives, rewards and recognition that is provided by the implementing organization.

Each of the newly diagnosed PLHIV (the black dots) in this scenario may also be offered the opportunity to participate as HIV mobilizers in the High HIV Impact Services program. However, this will depend on HIV case finding results and the need to recruit individuals with specific characteristics that help to achieve high HIV case finding.

The goal of recruiting new mobilizers from newly diagnosed PLHIV is to identify unknown networks and harder-to-reach individuals from key population groups in the local area.

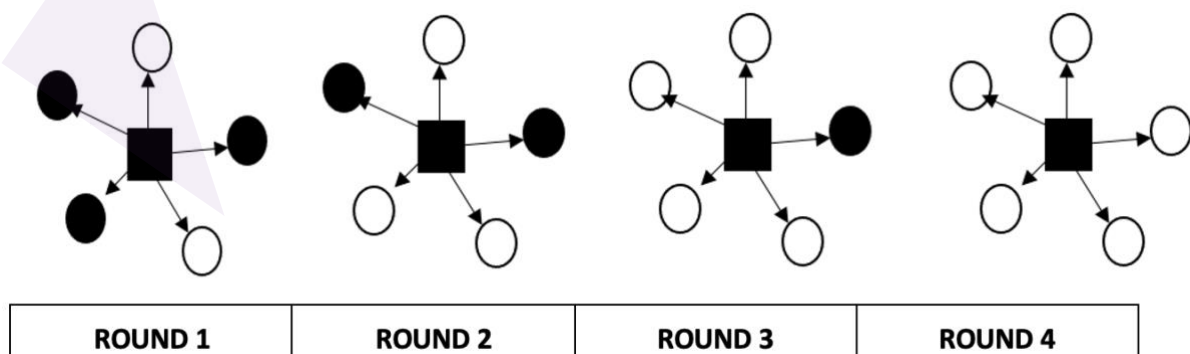


Figure 5 A typical pattern of HIV case finding for one HIV mobilizer

7. MONITORING AND ASSESSING GLOBAL MOBILIZER RESULTS

Results for HIV case finding can be documented in local places by creating a social network map. This map allows you to track results by HIV mobilizer and identify where HIV case finding is highest across and between key population networks.

This map also allows you to identify crossover, bottlenecks and potential subpopulations that were unknown to your implementing organization beforehand. In the figures below you will see how this is achieved over time.

- PLHIV 1:** Your first mobilizer helps to generate leads who come forward for HIV testing and helps you identify PLHIV 2, who did not previously know their HIV status.
- PLHIV 2:** Connects you to two separate networks where there are people with HIV and helps to diagnose PLHIV 3 and PLHIV 4.
- PLHIV 3:** continues the cycle.
- PLHIV 4:** Helps you to see that mobilizer 2 and 4 are engaged in the same network. They both identify one person and both send them for HIV testing (see the circle in red). What should you do?
- PLHIV 5 & 6:** continues the cycle.

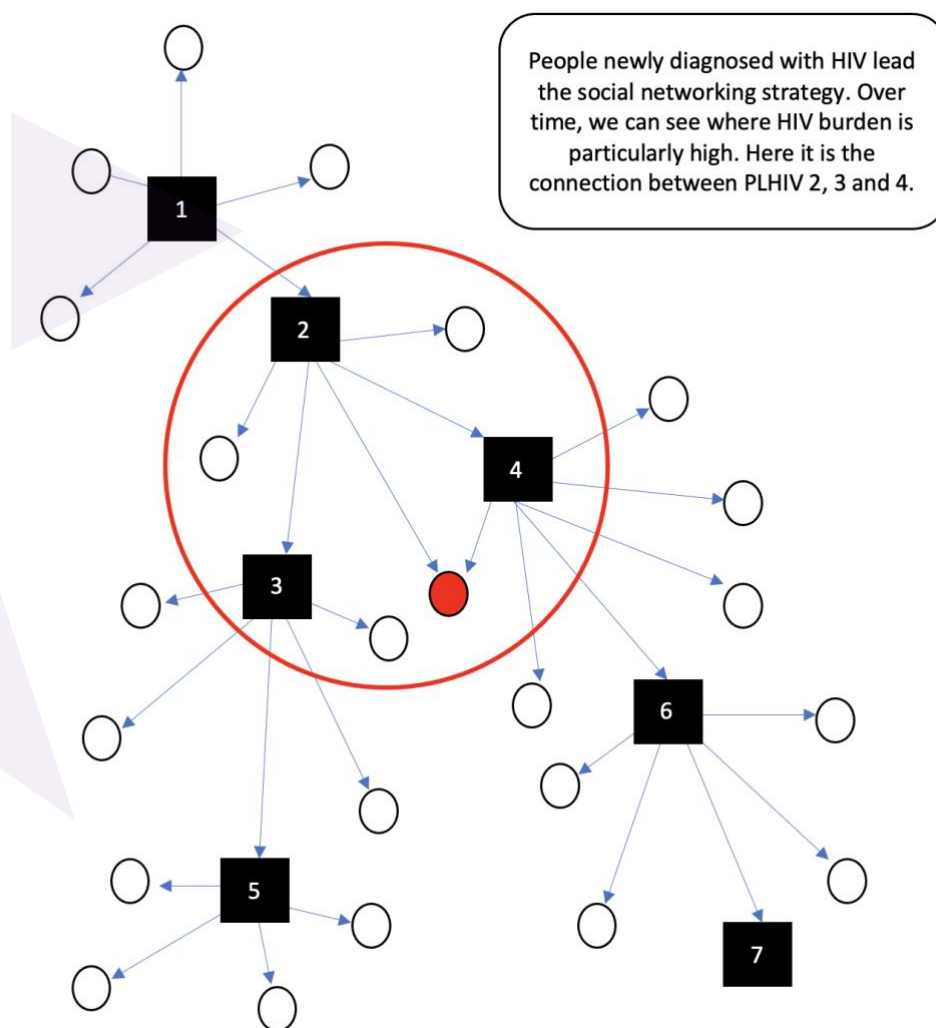


Figure 6 Social networking results map

8. ACCEPTANCE AND REFUSAL FORM

Tracking and analyzing reasons a newly diagnosed PLHIV accepts or refuses to participate as an HIV mobilizer can help determine how to structure the program for maximum success. This form allows you to ask questions of newly diagnosed PLHIV about their acceptance or refusal and then track reasons for either choice. Over time, you can identify the dominant reasons for acceptance or refusal and tailor your recruitment to address these.

No.	Reasons to Accept	No.	Reasons to Refuse
1.	Interested in support from HIV team.	6.	Fear of being identified as PLHIV.
2.	Interested in meeting other PLHIV.	7.	Fear of being identified as KP.
3.	Altruistic desire to help.	8.	No time or interest.
4.	Cash and other incentives.	9.	Reimbursement not an incentive.
5.	Other (specify)	10.	Other (specify)

No.	Client Code	Date	Reason	If other, specify
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

MOBILIZER STATUS

Continue Date:		Finish date:	
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SIGNATURE OF TEAM LEADER

Name:		Signature:	
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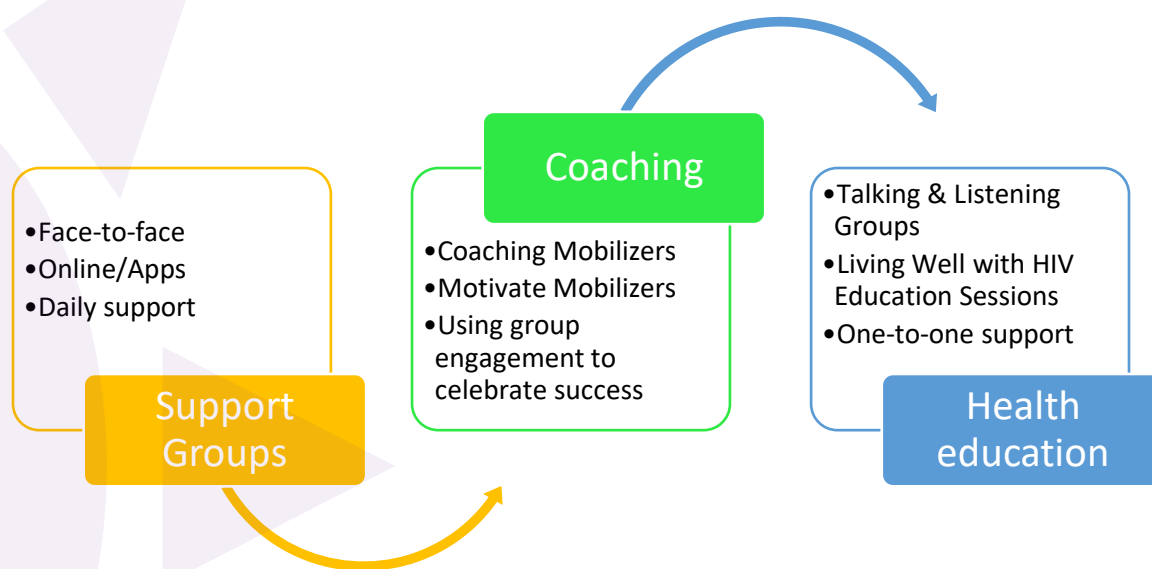
ELEMENT 4

COACHING & SUPPORT FOR HIV MOBILIZERS



ELEMENT 4 – SUPPORTING & MOTIVATING HIV MOBILIZERS

Element Four introduces tools and strategies for supporting and motivating HIV mobilizers. Remember that mobilizers are newly diagnosed PLHIV and so they need, not only motivation for social networking, but support to orient to living with HIV, their management and reimbursement for each HIV mobilizer. This element introduces the tools to support HIV team leaders to distribute coupons, collect them after HIV testing, acquit them and reimburse HIV mobilizers for transport costs. This element provides an introduction to coupon management, acquittal and reimbursement. The diagram below provides you with a visual depiction of the steps to successful management of coupons for high HIV case finding results.



1. RESOURCES PROVIDED IN THIS GUIDE FOR ELEMENT 4

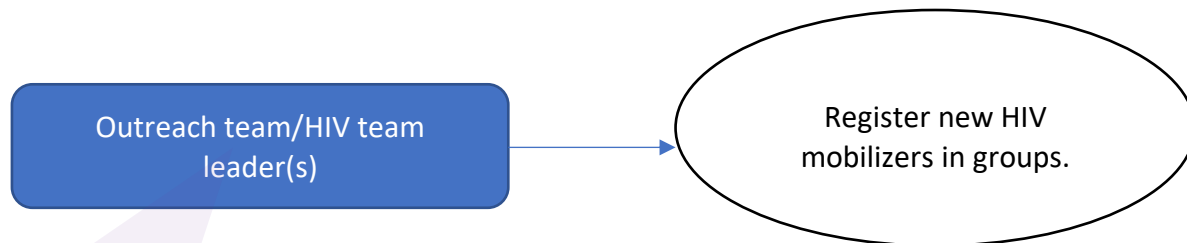
There are a set of resources available for element one:

- Mobilizer Support Groups (face-to-face) [here](#).
- Mobilizer Support Groups (online) [here](#).
- Coaching Mobilizers [here](#).
- Motivating Mobilizers [here](#).
- Client Service Tool – Talking and Listening Support Session [here](#).
- Client Service Tool – Living Well with HIV Education Session [here](#).

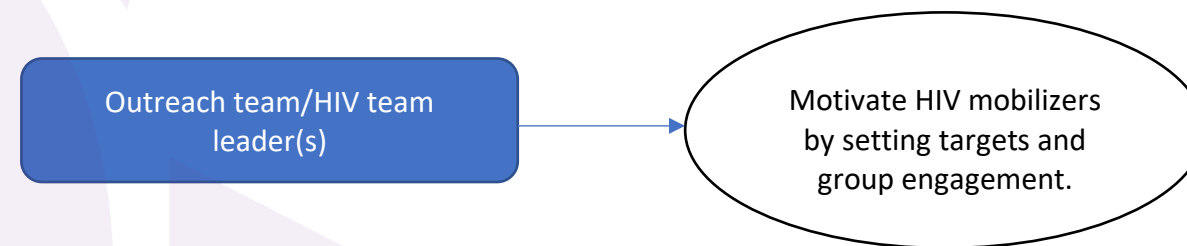
Each resource is embedded in this element of the service guide. Following this section, the list of references used to develop this guide is provided.

2. STEPS IN SUPPORTING & MOTIVATING HIV MOBILIZERS

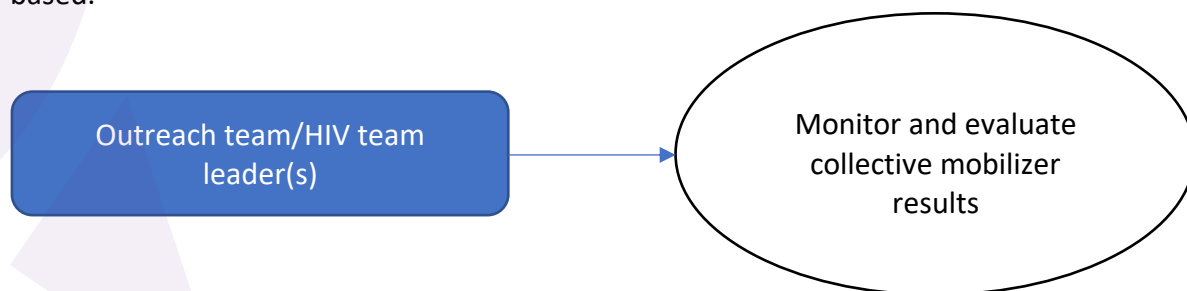
The sequence begins by registering new HIV mobilizers in either a face-to-face support group or an online/App-based group network.



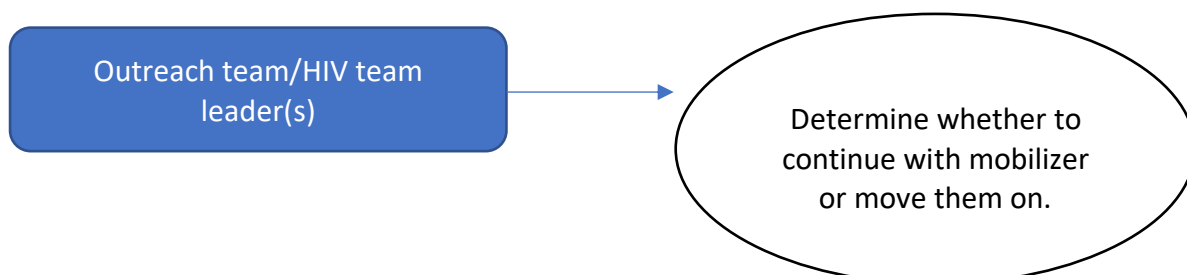
The **second step** is team coaching of HIV mobilizers to motivate and stimulate their engagement in the program and meet HIV case finding targets.



The **third step** is supporting mobilizers with their HIV health by facilitating discussion on living with HIV, starting ART, engaging the health system, both face-to-face and online/App-based.



The **fourth step** is moving HIV mobilizers out of High HIV Impact teams when their HIV case finding results drop to zero.



3. MOBILIZER SUPPORT GROUPS (FACE-TO-FACE)

We recommend that, where it is *not* possible to set up online or App-based groups with participants, that face-to-face groups meet at least once per week at your local site. Groups provide the opportunity for mobilizers to share their experiences with each other of living with HIV, starting treatment, managing clinical appointments, disclosure etc. Note, in the following sections there are sessions and exercises for use in these groups. Note that you can modify these for application in support groups through Apps and online social media services, discussed below.

4. MOBILIZER SUPPORT GROUPS (ONLINE)

We recommend that, especially with female sex workers, MSM and transgender people, Viber is used as the platform for running mobilizer support groups. Viber has an option for creating Viber *communities*, which offer more features and more safety to members. Viber is encrypted and keeps phone numbers private, even in groups and communities. Viber allows you to keep names and other identifying details of participants completely private where necessary. Here's how you establish and manage a Viber Community.

There are several ways to create a new community in Viber.

- The first step is to add a new contact which you do by clicking on the add button in the top right-hand corner of your contacts list called 'Chats'.
- Once you've added the contacts you wish to participate in your new group you can then click on the new group link to start creating the group.
- You'll be able to add contacts from your participant list and then click 'Next'.
- You can give group a name, you can add an image (for example, a logo).

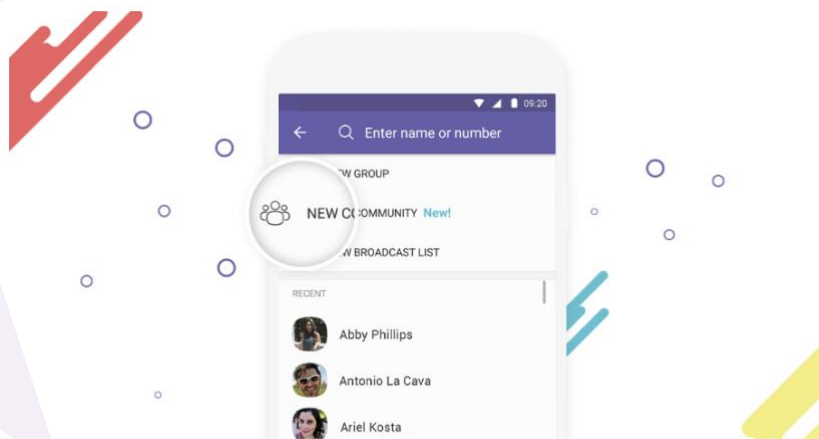


Figure 6 - Setting up a Viber community

Once you've created a group, there are several ways to allow new members to join.

- First, you can simply send a link to any new members that you want to join.
- The second option is to create a group QR code and share it with new members or let them scan it directly from your own phone.

5. COACHING MOBILIZERS

It's important to have daily engagement with mobilizers. Each day you should:

- Welcome and introduce new members/mobilizers and ask others to say 'hi'.
- Introduce questions about living with HIV to help mobilizers normalize seeking support from each other through the support group.
- Move daily discussions to questions about mobilizer success each day at engaging their contacts and motivating them to accept a coupon for HIV self-testing.
- You assess your mobilizer team's learning needs by asking questions about their daily activity, barriers, solutions and success at social networking for HIV self-testing. The answers you get will guide you on what gaps, knowledge or practice they need to change to drive success.

Here are some basic coaching tips when using questions:

- Avoid 'why' questions because they make people defensive.
- 'How' is a question word that generally leads people to look inside themselves for solutions. It helps people seek solutions to problems that exist within their own minds.
- 'What' is a question word that generally leads people to assess the outside world and seek solutions to problems that exist outside their bodies and minds.

Here are questions to help initiate discussion and sharing among group members:

- "What have you done today/yesterday/this week to find people in your social network? Can I help you at all with this?"
- Where did you find the people that you engaged with?
- Are you assessing their HIV risk at all? If yes, what are asking them? If no, how can I help you with this?
- How many coupons have you distributed today/yesterday/this week?
- What have you agreed with these people in terms of helping them get to a site where assisted HIVST is happening? How can I help you?"

Common issues that emerge when coaching peers in field work:

ISSUE 1: A new mobilizer is slow to start, hesitant and/or embarrassed about reaching out to their networks about HIV testing.

COACHING SOLUTION: Have scripts ready to post in your WhatsApp Group that can help the mobilizer to begin to reach out and establish themselves as someone who their contacts can approach about HIV, harm reduction and sexually transmitted infections.

ISSUE 2: A mobilizer isn't returning any HIV positive results.

COACHING SOLUTION: Your organization has risk assessment systems already available in Myanmar language. Meet with the mobilizer to introduce a few simple questions they can ask OR post questions in your WhatsApp Group to help members ask the right questions and find the people most at risk for HIV.

ISSUE 3: Your mobilizer group becomes critical of the SNS system and complains constantly.

COACHING SOLUTION: Underline that it's ok to raise problems in the system. But it's also important to identify solutions. Generally, we ask you to raise problems along with solutions.

6. MOTIVATING MOBILIZERS

How to talk to potential clients and how to motivate them to test for HIV is covered here. The messages should be positive, focused on early testing to prevent illness and should describe the ways that the implementing partner supports people through testing.

YOUR KEY MESSAGE:

“An HIV test is a choice to live healthy and well. A negative HIV result helps you stay HIV free. While a positive HIV result gives you the chance to live a good and healthy life too: because there’s effective treatment now for people living with HIV. No matter what the result, getting tested helps you to live your dreams and to do what you really want to do with your life.”

WHAT WE OFFER TO HELP YOU TEST FOR HIV:

- Outline any incentives, transport fee, food parcels or other ways that you incentivize HIV testing.
- Outline the personal services you offer before, during and after testing; e.g., meeting up with the person before they test, accompanying the person for testing, being around afterwards if the person needs to talk.
- Describe the commodities you give people who test for HIV; e.g., kits and equipment for injecting, condoms, lubricants, etc.

WHAT TO ASK PEOPLE ABOUT HIV:

- What do you think or feel about HIV?
- What do you know about it?
- What was your experience of HIV testing?

WHAT TO SAY ABOUT HIV TESTING?

- HIV testing is **fast, confidential** and **private**. Even though we meet in the same places as you and your friends, we don’t tell *anyone* about your health results, ever.
- You don’t have to be alone through the testing process. We’re here to help you. We can go with you, wait with you for the results and afterwards too.
- **If you test HIV negative**, we’ll help you understand how to stay HIV free.
- **If you test HIV positive**, we’ll help you too. You won’t be alone. We’ll help you get what you need to live well with HIV.
- The great thing about testing for HIV is that there’s effective treatment for HIV that will keep you healthy and well.
- You can live a normal life with HIV.

Note that the AIS HIV self-testing guidance and range of resources in both Burmese and English also offers strategies for talking with and motivating people to test for HIV.

Check it out here:

<https://drive.google.com/drive/folders/1Q-OBRhnXKE3m6VNqeXPXVTC6ZwkKUWQJ?usp=sharing>

7. CLIENT SERVICE TOOL - TALKING AND LISTENING SUPPORT GROUP

This *talking and listening session* is a group discussion. It is an opportunity for participants to talk about their experiences of and reactions to being newly diagnosed with HIV. It is a chance to listen to the experiences and reactions of others. Its purpose is to facilitate participants' understanding that they are not alone in their experience of HIV diagnosis. Most importantly, it aims to instil in participants a desire to connect with others who are living with HIV.

HELPFUL HINT:

Before this session you need to determine whether (a) a participant does not read or write or (b) a participant is visually impaired. It is best to ask questions of individuals related to literacy and site impairment well before you run this session and in private. There is no need to draw attention to this - simply provide support to this individual without referring to it.

Learning Objectives	
<ol style="list-style-type: none"> 1. Develop the capacity to reflect on one's experiences of living with HIV. 2. Develop skills in speaking about one's personal experience of HIV. 3. Develop skills in listening to and affirming other's experience of HIV. 4. Develop awareness that one is not alone with HIV –others share one's feelings and reactions to being diagnosed with HIV. 5. Develop an understanding that interaction with others living with HIV is beneficial. 	
Materials Needed	Timing
<ol style="list-style-type: none"> 1. A box with a lid on it and a slot on lid. 2. Paper and pens for each participant. 3. Tissues. 	2 hours.
Preparation	
<p>It is helpful to prepare by considering the sorts of themes that will emerge. Doing so helps you prepare for the emotional reactions that participants may:</p> <ul style="list-style-type: none"> • Disclosing to family, friends, partners – participants often fear telling their loved ones they have HIV; they often seek the experiences of other group members about disclosing. • Fear of never finding love – participants often express a fear that, now they live with HIV, they have lost their opportunity to find love, to get married and to have children. • Hostile service experiences at diagnosis – some participants will disclose poor service experiences during their HIV diagnosis. 	

A Detailed Description of Talking and Listening

Overview of the process

The steps in *Talking and Listening Session* are as follows:

STEP ONE: Explanation of the process to be followed.

STEP TWO: Paper and pen are handed to each participant OR if you're online, you ask people to post their statement one-by-one.

1. Participants are invited to write down:
 - a. A statement/a paragraph that describes their experience of new diagnosed with HIV.
 - b. A statement/ a paragraph that describes the feelings they have experienced.
 - c. Any questions they would like answered throughout the day about HIV.
2. Once they have completed this task, they fold these pieces of paper up and place them in a box in the centre of the circle.

STEP THREE: These are distributed randomly to others to read out loud and to react to.

STEP FOUR: The facilitator(s) supports thinking about and discussion about the issues raised by asking questions and, when necessary, sharing their own experience.

STEP 1 – Explain the process

Start by explaining the process that will be followed during the session:

THE GROUP FACILITATOR SAYS: "This first session is an opportunity for us to share our feelings and experiences about being diagnosed with HIV and living with HIV.

- We are going to distribute paper and pens to each of you.
- We want you to write down on the piece of paper your experience of being diagnosed with HIV, how you felt, how you feel now and any concerns or questions you still have.
- This is a chance to ask for a discussion about things that you'd like to hear others talk about.
- We want this process to be **anonymous**, so please don't write your name down on the paper.
- Write very clearly because someone else is going to read what you have written out loud to the group.
- Once you have finished, fold the paper up and place it in the box in the middle of the circle.
- We will then shake-up the box and distribute the paper randomly to each of you."

TIP: You will have to repeat this explanation or parts of it several times during the process.

STEP 2 – Writing something about HIV diagnosis

Start by distribute the paper and pens and provide time for each participant to think quietly. They write down their story, any questions or things they'd like discussed.

THE GROUP FACILITATOR SAYS: "So now you are writing down something about your experience being diagnosed with HIV, how you felt, how you feel now and any concerns or questions you'd like answered or discussed."

- The facilitator may need to repeat some parts of the explanation several times.
- The facilitator may need to spend some time with each participant to help them articulate and write down their story.
- This is a period of silent reflection in which participants are remembering and thinking about their experiences and feelings about being diagnosed.
- Once participants have completed their stories, they should fold up the piece of paper and place it in the box in the centre of the circle.

TIP: Remember to support any one who is sight impaired or unable to read or write.

STEP 3 – Distribute the stories

Once all participants have completed their stories and placed them in the box, shake up the box and re-distribute the stories randomly to the participants. Ask them to

- Read the stories to themselves (not out loud at this point).
- Sit in silence for a minute and think about their own reaction to what they are reading.
- Consider the following questions: "Do I share feelings or experiences that I am reading?" "What do I want to say to this person?" "Can I answer any of the questions this person has?"

TIP:

STEP 4 – Facilitate discussion

Go around the group one-by-one, asking participants to read what is written on their piece of paper out loud to the rest of the group. Then ask each person to answer the following questions:

- How do you feel about what you've just read?
- Do you have similar experiences or feelings to this person's experiences or feelings? If yes, can you explain? If no, can you explain?

Once the individual has read and explained their own feelings ask the rest of the group:

- Does any one else share this concern/have this experience? Can you explain your experience to us?

8. CLIENT SERVICE TOOL - LIVING WELL WITH HIV EDUCATION SESSION

Living Well with HIV is an HIV education session and can be delivered by a clinical team member or a counsellor with a lot of knowledge about HIV. It is an opportunity for newly diagnosed PLHIV to learn what they need to know to live a long and successful life with HIV and to share what they know already with each other. The session provides a chance to listen to the experiences and reactions of others on a range of health seeking issues. The purpose of the session is to increase participants' knowledge and skill so they feel they can manage their own health over the long term.

Learning Objectives	
<ol style="list-style-type: none"> 1. Develop an understanding that emotional reactions to being tested for and being newly diagnosed with HIV will change and become easier to live with over time. 2. Develop practical knowledge and skills about living well with HIV including: <ol style="list-style-type: none"> a. How HIV works in the body. b. Testing and health monitoring for HIV. c. The top 6 most common HIV related illnesses. d. How HIV treatment works to prevent people with HIV getting sick. e. How and why to take HIV treatment every day, on time, every time. 3. Develop practical knowledge and skills to deal with gender and sexuality related health issues. 	
Materials Needed	Timing
<ol style="list-style-type: none"> 1. White board and markers. 2. Small table in the centre of group circle. 	2 hours 30 minutes.
Preparation	
<p>This section of the workshop provides information on living well with HIV. The manual provides facilitators/educators with short information modules that include dialogue, key messages, and dot points of the key issues, process steps and diagrams.</p> <p>It is helpful to prepare by reading through each module carefully. Having each module available to you during the session will also assist you to keep to the key messages you wish to impart.</p>	

DESCRIBING HOW HIV WORKS IN THE BODY

The diagram below highlights the seven important points to make about how HIV works in the body. This diagram can be projected on to a screen and posted in a Viber community for discussion. Facilitators refer to the diagram to ensure they have covered all points on it.



After this, offer time to take questions or comments and help participants understand the cycle and how to interrupt it with HIV treatment.

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