



Resource Tool for Structural Approaches to HIV Prevention

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September 11, 2013

Produced by the AIDS Support and Technical Assistance Resources Project, Sector 1, Task Order 1 (AIDSTAR-One), USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

Introduction to the Resource Tool

- **Background:** practical guidelines for selecting and implementing structural interventions inadequate
- **Purpose:** to provide practical guidance on prioritizing and operationalizing structural programming, a framework for understanding structural interventions, and illustrations of in-country examples.
- **Intended audience:** national HIV programmers and USG teams and decision makers who set funding priorities for interventions

Tool Contents

I. Concepts and Terms

II. Six-Step Structural Approach

- Step 1: Identify Target Populations and Locations
- Step 2: Identify Risk Drivers/Barriers to Resistance
- Step 3: Choose Level of Intervention
- Step 4: Describe Planned and Potential Outcomes
- Step 5: Design Intervention
- Step 6: Implement, Monitor, Evaluate, Feedback

At each step:

1. Key considerations
2. Programmatic examples
3. Web-Accessible resources

III. Key Features and Considerations for Implementing Good Structural Programming

Annex: Key Considerations Checklist

A Six Step Structural Approach

(Parkhurst 2013, Auerbach et al. 2009)

	Step	Information Needed	Evidence or tools
1	Identify the target populations and/or locations for intervention	Epidemiological data of key affected populations. (Know Your Epidemic!)	Epidemiological surveys Surveillance data Social development data
2	Identify the key drivers of risk for the target population, and/or the barriers to resisting HIV in the community	Epidemiological and behavioral data for specific groups. In-depth understanding of behavior patterns and determining factors. Identification of casual chains leading from deeper structures to risk. Knowledge of mediating context elements—barriers and facilitators to HIV resistance in the community. (Know your target population!)	Survey data Surveillance data Focus group discussions In-depth interviews Observational methods (e.g. expert or “peer” ethnography) Additional correlating data
3	Choose level of structural intervention	Knowledge of what factors (from step 2) are amendable to change; Theory of change hypothesizing how can be brought about. Knowledge of what has worked in similar situations and why.	Historical data/analysis of structural changes in similar contexts. Evaluations of past structural intervention efforts (i.e. the scientific knowledge base).

A Six Step Structural Approach cont'd

	Step	Information Needed	Evidence or tools
4	Describe planned and potential changes and outcomes	Potential outcomes—positive and negative arising from changes to broader structures changes.	Modeling estimations and predictions. Comparison with other areas of similar context.
5	Design the Intervention	Specific program resources, timing and scope.	Project planning tools
6	Implement, monitor, evaluate, and feedback	Description and measurement of: -intervention mechanisms, -contextual features affecting outcomes, -mechanisms of social and structural change and Process indicators to validate hypotheses in Step 3—ultimate outcomes of interest.	Multiple methods and tools depending on nature of intervention—process, operational, and outcome evaluation all critical.

Step 1: Identify the Target Populations and/or Locations for Intervention

Key considerations

- Have we conducted analyses of epidemiological data to understand which populations are at risk of HIV and where these populations are located (i.e. to “Know Your Epidemic”)?
- Have we analyzed the data by social factors that may modify HIV risk, such as socioeconomic status (e.g., income, education, and wealth) and gender?
- Did our analysis of target populations and locations include perspectives of local affected communities?

Resource

Livelihood Options for Girls: A Guide for Program Managers. USAID/Health Policy Initiative:

http://www.healthpolicyinitiative.com/Publications/Documents/1072_1_Livelihood_Options_for_Girls_A_Guide_for_Program_Managers_FINAL_3_1_10_Print_PDF_acc.pdf

Programmatic Example

School support program to delay sexual debut and reduce disproportionately high HIV risk among orphan and vulnerable adolescents in Kenya (Cho et al. 2012)

Step 3: Choose Level of Structural Intervention

Key considerations

- Have we articulated the level(s)—that is, macro, meso, and/or micro—at which we aim for the intervention(s) to have impact?
- At what level does the implementing organization work? Is it feasible for the organization to exert influence at the chosen intervention level given financial, human resource, and other needed program inputs?
- Do we have a strategy for establishing linkages with and securing buy-in from stakeholders at the chosen level(s)?

Resource

What Works for Women and Girls: Evidence for HIV/AIDS Interventions. Futures Group, Health Policy Project. <http://www.whatworksforwomen.org/>

Programmatic Example

USAID Zambia Community Mobilization for Preventive Action project community-led process of social norms change to address factors such as GBV and alcohol.

Step 6: Implement, Monitor, Evaluate, and Feedback

Key considerations

- Are we prepared to measure and report on important outcomes that the program may produce *before* any change to the primary outcome of interest is visible?
- Are the components of the intervention being chosen and/or designed based on what is possible to evaluate in an RCT or other type of study? Are the program activities being cut down and/or innovative activities being eliminated so that the program can be evaluated in a certain way?
- Are we prepared to monitor and document the operationalization of the program?

Resource

Strategic Guidance for Evaluating HIV Prevention Programmes. Geneva: UNAIDS.
http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/12_7_MERG_Guidance_Evaluating%20HIV_PreventionProgrammes.pdf

Programmatic Example

Evaluation of Avahan initiative in India analyzed large quantities of diverse types of data, supporting plausibility of the program's impact, despite lack of RCT (Laga 2012)

Key Features

- The programs have been adapted or developed specifically for the target context; they reflect an understanding of the factors that influence the risk and vulnerabilities of the populations in that context.

The design of the **Tuelimishane (Let's Educate One Another) Project**, which aimed to influence norms around violence, facilitate communication, and reduce HIV risk-taking among young men and women in Tanzania, was based on themes that emerged from formative research on the local sociocultural context.

- The programs are able to accommodate changes in the context and to address multiple structural factors.

The **SHAZ! Program** for adolescent orphan girls in Zimbabwe conducted a pilot study that indicated increased risk of sexual violence and other negative outcomes for intervention participants. In light of these results and of increased local economic and political instability, the program revised its approach, including replacing micro-loans with micro-grants and increasing social support.

Key Features cont'd

- The program works in such a way that the multiple stakeholders involved mutually benefit from the collaboration (e.g., achieving shared objectives).

*Two organizations from different sectors working on the **IMAGE program** saw strengthened and mutually reinforced outcomes, including enhanced group solidarity and financial performance due to new training components for the microfinance partner and increased reach to large numbers of new clients due to new management and monitoring activities for the training and mobilization partner (Hargreaves et al. 2008).*

- The programs have adequate support in terms of funding and stakeholder buy-in to be able to work effectively (e.g., political will).

***USAID SHARe II** works with traditional leaders in Zambia to build their capacity to act as agents of change and lead their communities in problem solving, addressing drivers of HIV risk, mobilizing resources, and linking to other sectors.*

For more information, go to www.aidstar-one.com

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CASE STUDY



Wising Up: Reducing Alcohol-Related HIV Risk Behavior through Counseling
The Phaphama ("Wise Up") program in South Africa demonstrated dramatic behavior change in the months following a single, 60-minute counseling session offered to repeat patients at a STI clinic. [Read more.](#)

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