



CHARISMA's Impact on HOPE participants at Wits RHI

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Outline

- Background
- What is CHARISMA?
- CHARISMA design and integration into HOPE
- Preliminary CHARISMA Results
- Impact on HOPE participants
- Staff member support
- Challenges
- Lessons learned
- Conclusions



What is CHARISMA?

- The US Agency for International Development's (USAID) Office of HIV/AIDS is supporting five interconnected projects on ARV-based HIV prevention product introduction and access, the Microbicide Product Introduction Initiative (MPii) agreements, that run from 2015-2020



Systems Thinking,
Technical Assistance

Cost Effective,
Scalable Delivery

Intimate
Partner Violence

Human
Centered Design

Resistance
Monitoring

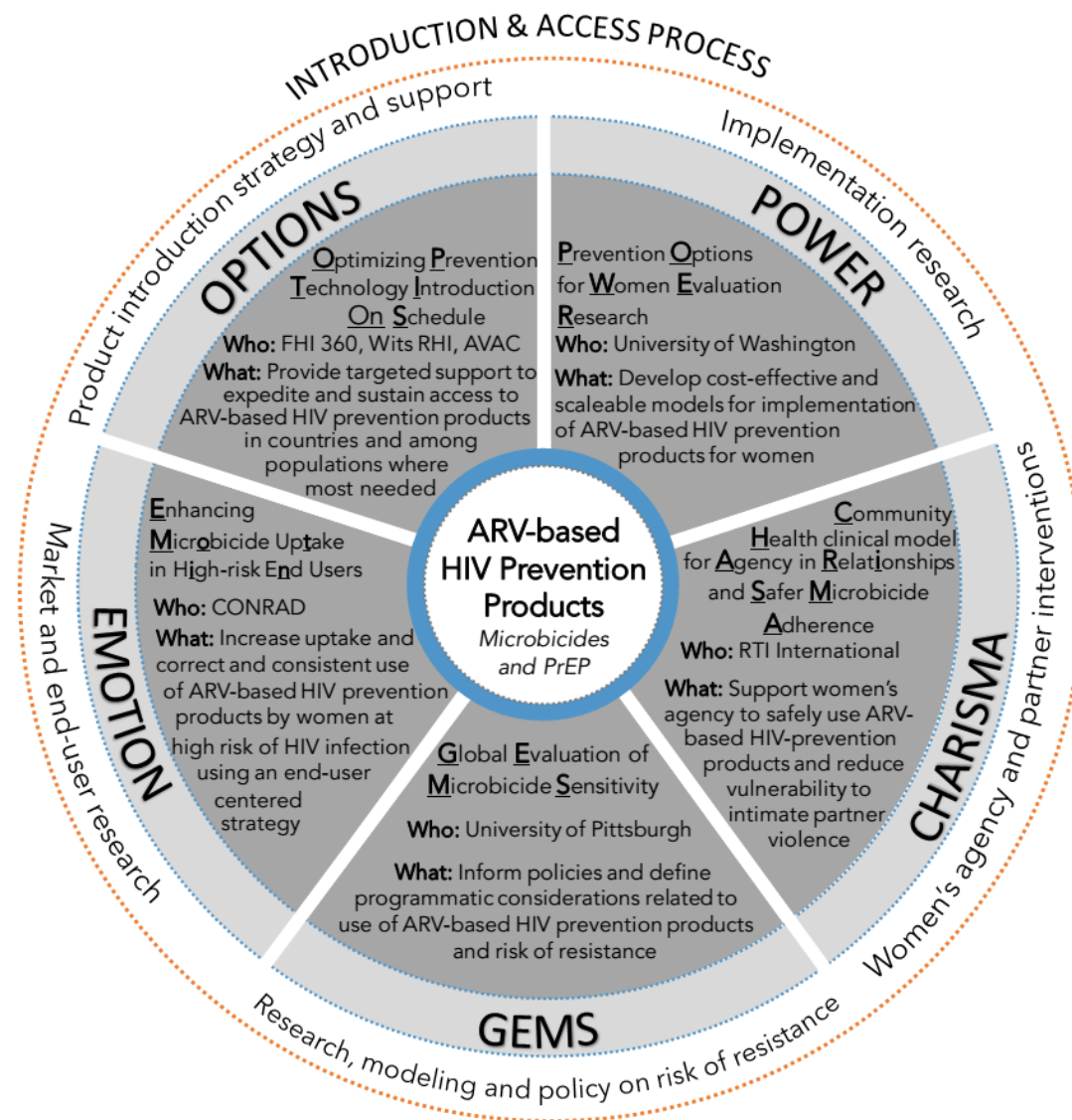
National/Sub-national

Facility Level

End User Level

ARV-based HIV Prevention Product Introduction and Access

The **who** (implementing partners) and **what** (objective) of the five US Agency for International Development's (USAID) Office of HIV/AIDS Microbicide Product Introduction Initiative (MPii) agreements, from 2015 to 2020, on ARV-based HIV prevention product introduction and access.



What is CHARISMA?

- Microbicides designed to give women a HIV prevention tool they could use without a male partner's involvement
- Research suggests approval or support of male partners is often desired, or even required, to enable women to use microbicides
- Community Health Clinic Model for Agency in Relationships and Safer Microbicide Adherence (CHARISMA) is a pilot intervention to
 - increase women's agency to consistently and safely use ARV-based HIV prevention,
 - engage male partners in HIV prevention,
 - overcome harmful gender norms, and
 - reduce intimate partner violence (IPV)





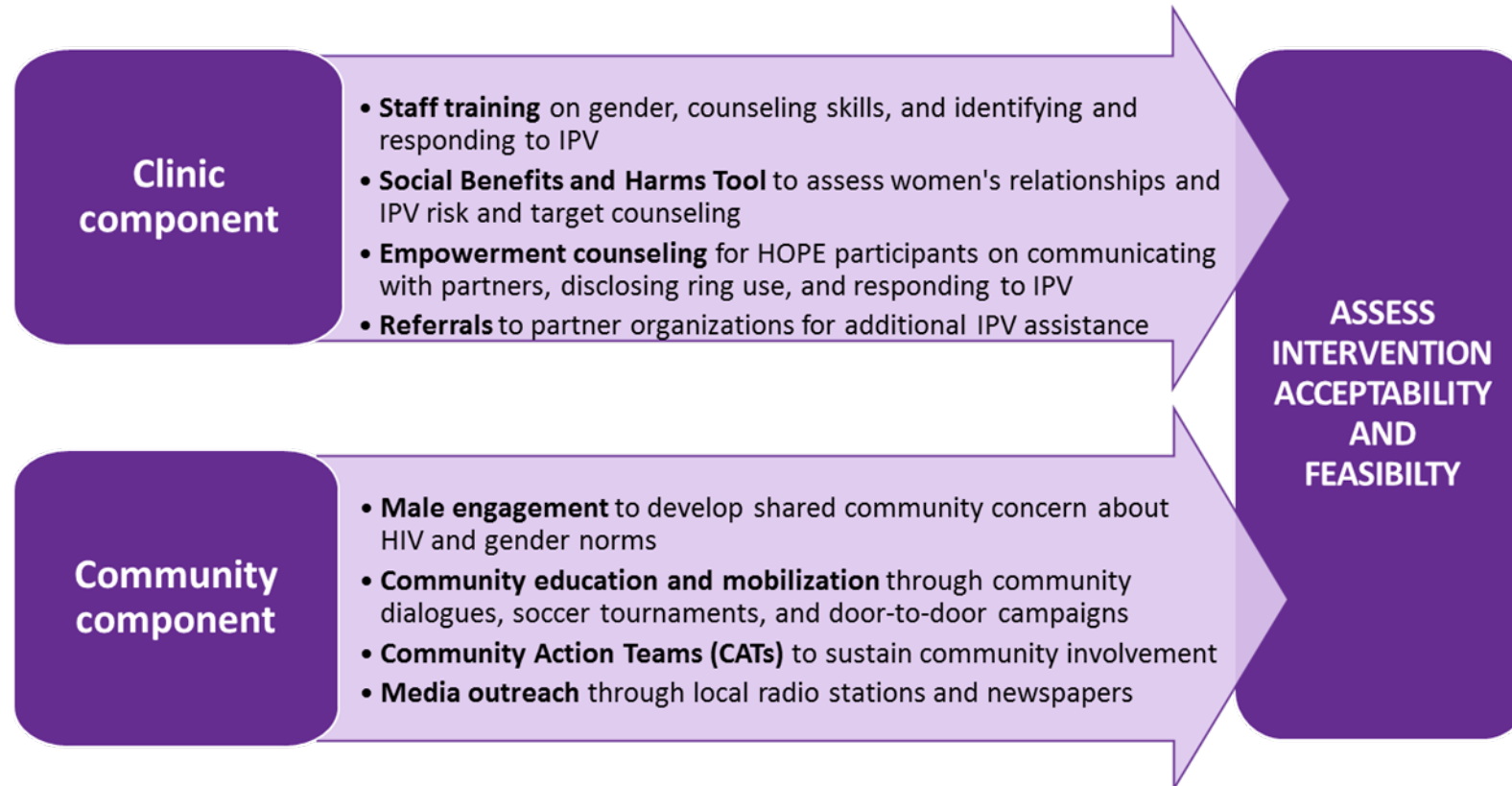
- Secondary data (both qualitative and quantitative) from the ASPIRE, VOICE, CAPRISA 008, and other trials, as well as
- a review of primary and secondary analyses of data from six qualitative studies implemented in conjunction with microbicide trials in South Africa, Kenya, and Tanzania, showed that for some women, microbicide use improved communication with partners, reinforcing product adherence.¹
 - However, it also increased partner conflicts and the risk of IPV for others.

Development of CHARISMA : Evidence based design

- Adapted primarily from evidence-based interventions
- Informed by a landscape analysis of gender and violence in South Africa and best practices for engaging men in women's health
- Secondary data analysis of social harms during prior microbicide trials and male partner partner influence in product use and IPV
- Primary data collection :
 - 42 IDIs with former ASPIRE trial participants and their male partners;
 - 2 FGDs with ASPIRE study staff and health care providers from contraceptive or antenatal care clinics healthcare providers; and
 - 25 cognitive interviews and 309 surveys with former ASPIRE trial participants and trial naïve women
- Input from key stakeholders, including members of CABs in Hillbrow and a multinational scientific advisory group of experts on gender, IPV, microbicides, HIV prevention, and public health programs.

Pilot Testing CHARISMA

- The CHARISMA intervention is being pilot tested among approximately 100 participants in HOPE at the Wits RHI site in Hillbrow, Johannesburg
- consists of a clinic and a community component, implemented simultaneously



CHARISMA aims to:

- Promote women's ability to decide if, when, and how to involve male partners in microbicide use
- Improve women's ability to communicate and negotiate with their male partners about microbicides and HIV prevention
- Screen for IPV and support women at risk of, or experiencing, violence in their relationships
- Increase men's awareness, acceptance, and support for women's use of microbicides

If the CHARISMA intervention is found to be feasible and acceptable at the Hillbrow site, it may be adapted and implemented in additional studies

How does CHARISMA fit within HOPE?

- CHARISMA is nested into HOPE Visits as per below:



Enrollment:

CHARISMA introduction, SBHT administration, initial counselling using modules (tailored by CHARISMA worksheet) and Referrals as needed

Month 1:

Check on progress, booster module (if needed)
Check on uptake of referrals

Follow-up (as needed):

Refer and counsel as needed, re-administer SBHT if participant has a new partner
Assess Referral uptake and impact

Month 3 & 6:

Re-administer SBHT
Assess referral needs and impact

How we administer CHARISMA: Step 1 - Social Benefit and Harm Tool (SBHT)

- Brief measurement tool
- Programmed on tablets
- Administered by counsellors at enrollment, month 3 and 6
- **Able to assess women's perceptions of *partner support or opposition***
- **Monitors changes in partner support and/or opposition over time**
- Provides summary scores and links to specific counseling interventions or referrals

ODK Collect > Social Benefits-Harms Tool 16:44

My partner is/will be very supportive of my use of an HIV prevention product.

DISAGREE A LOT 1 (Red circle)

DISAGREE SOMEWHAT 2 (Red and white circle)

DISAGREE A LITTLE 3 (Red and white circle)

AGREE A LITTLE 4 (White and green circle)

AGREE SOMEWHAT 5 (White and green circle)

AGREE A LOT 6 (Green circle)

[Interviewer: Select "N/A" ONLY if the participant cannot/does not want to respond.]

1 2 3 4 5 6

N/A

ODK Collect > Social Benefits-Harms Tool 16:55

Results (page 1/2)

Social Benefits-Harms Tool - Enrolment Results (page 1/2)

Date: 2017-06-30

PID: 12345

Counselor: SZ

Traditional Values score: 45

MEDIUM Response Range (18-46)

Partner Support score: 16

LOW Response Range (10-36)

Partner Abuse & Control score: 48

HIGH Response Range (30-54)

READ: With the first set of statements, I would like to understand how you feel about the kind of roles that men and women should have in their everyday lives. Please answer as honestly as you can. If the statement is not clear, I can repeat it. These questions will help us to consider how much or how little support you might receive from this partner.

	ITEM	DISAGREE			AGREE			
	TRADITIONAL VALUES	A Lot	Some	Little	Little	Some	A Lot	ITEM SCORE
1	Changing diapers, giving the kids a bath, and feeding the kids is a mother's responsibility.	1	2	3	4	5	6	
2	I think that a woman cannot refuse to have sex with her husband.	1	2	3	4	5	6	
3	I think that if a man has paid lobola for his wife, he owns her.	1	2	3	4	5	6	

	ITEM	DISAGREE			AGREE			
	PARTNER ABUSE & CONTROL	Lot	Some	Little	Little	Some	Lot	ITEM SCORE
1	My partner slaps, hits, kicks, or pushes me.	1	2	3	4	5	6	
2	My partner chokes, pulls hair, or burns me.	1	2	3	4	5	6	
3	My partner does things to scare or intimidate me on purpose.	1	2	3	4	5	6	

	ITEM	DISAGREE			AGREE			
	HIV PREVENTION READINESS	Lot	Some	Little	Little	Some	Lot	ITEM SCORE
1	I understand the risks and benefits of HIV prevention product use and have chosen to use them.	1	2	3	4	5	6	
2	Using an HIV prevention product is the right thing to do.	1	2	3	4	5	6	

	ITEM	Lot	Some	Little	Little	Some	Lot	ITEM SCORE
	PARTNER RESISTANCE to HIV PREVENTION							
1	If I asked my partner to use a condom, he would get angry.	1	2	3	4	5	6	
2	If I asked my partner to use a condom, he would think I'm having sex with other people.	1	2	3	4	5	6	
3	If I asked my partner to use a condom, he would get violent.	1	2	3	4	5	6	

	ITEM	DISAGREE			AGREE			
	PARTNER SUPPORT	A Lot	Some	Little	Little	Some	A Lot	ITEM SCORE
1	My partner is as committed as I am to our relationship.	1	2	3	4	5	6	
2	I feel comfortable telling my partner that I see things differently.	1	2	3	4	5	6	
3	In general, my relationship has a lot of tension.	6	5	4	3	2	1	

	LOW Response Range	MEDIUM Response Range	HIGH Response Range
TRADITIONAL VALUES	13-17	18-46	47-78
PARTNER SUPPORT	10-36	37-56	57-60
PARTNER ABUSE & CONTROL	5-10	11-29	30-54
PARTNER RESISTANCE to HIV PREVENTION	5	6-17	18-30
HIV PREVENTION READINESS	5-23	24-29	30

NOTES:

Does participant report risks (red zone) for any of five content areas? (If yes please tick all relevant below)

- High Traditional values
- Low Partner Support

Step 2 - Delivery of tailored counseling depending on participant need



A : Communication →



B: Ring Disclosure →



C: IPV →



+ referrals and resources for men, as needed

What results have we seen so far?

Participants seen and counselling provided, by visit

Counseling Module Received (16 Aug)	Visit				
	Enrollment (n=77)	Month 1 (n=61)	Month 3 (n=36)	Month 6 (n=11)	Unscheduled (n=3)
Partner Communication (n)	22	15	9	2	1
Ring Disclosure (n)	24	9	4	2	1
Responding to IPV (n)	45	16	10	3	1

What results have we seen so far?

Referrals provided to CHARISMA clinic-component participants, by visit

Referrals	Visit				
	Enrollment (n=77)	Month 1 (n=61)	Month 3 (n=36)	Month 6 (n=11)	Unscheduled (n=3)
Total number of referrals provided (n)	10	6	7	0	0
Type of referral provided					
Psychosocial	7	4	2	0	0
Other	3	2	5	0	0

Community Service Providers



POWA
People opposing women abuse
 Berea
 011 642 4345/6
 Powa Soweto
 Room 10 Nthabiseng Centre, Chris
 Hani Hospital



FAMSA
Families South Africa
 Parkwood office
 011 788 4784/5
 Soweto Satellite Office, 3217 Zone 3,
 Pimville, 1809



LifeLine South Africa
 10th Floor, North City House, Cnr 28
 Melle & Jorrison streets,
 Braamfontein, Johannesburg, 2001
 Office no.: 011 715 2000
 Toll free number. 0800 150 150
 (counselling session)
 Aids helpline- 0800 012 322



Child line
 08000 55555
 13 Joubert St, Braamfontein,
 Johannesburg, 2001



Ikhaya Lethemba
 Braamfontein
 011 242 3000
 2nd Floor, Ikhaya Lethemba
 Building, 176 Smit Street, Braamfontein,
 Johannesburg, Gauteng, 2001.



Legal Resources Centre
 Bram Fisher Tower, 20 Albert Street
 011 836 9831
 011 838 6601
 M, W, Th 9h00-16h00



Teddy Bear Clinic
 Joubert Street & Empire Road
 011 484-4554/4539
 083 557 3720
 2nd Floor, Children's Memorial
 Institute,
 13 Joubert Street Extension,
 Parktown, Johannesburg, 2193



**NISAA Institute for Women's
 Development**
Orange Farm
 1549 Police station Road.(next to police
 station)
 Tel: 011 850 0637
Soweto
 Corner Elias Motsoaledi Road. & Chris
 Hani Road, NICRO Building
 Tel: 011 984 8928



SANCA
 62 Marshall Street
 Khotso House, 5th floor Suite 530
 Marshalltown, Johannesburg
 Tel; 011 836 2460
 Fax: 011 836 2461



Outreach Foundation
 30 Edith Cavell Street
 Hillbrow
 South Africa, 2038
 Tel: 011 720 7011
 Fax: 011 725 2760



Sophiatown Counseling
 011 614 5242
 4 Lancaster St, Westdene, 2092



Positive Women's Network
 1st Floor Suite

2 Ho **How healthy is my relationship?**

- Rosel
 Tel: 0
 Fax: (
- ✓ Is my partner kind to me and respectful of my choices?
 - ✓ Do we trust each other?
 - ✓ Does my partner support my decisions around our sexual health and relationship?
 - ✓ Do we speak honestly, openly, and avoid miscommunication?
 - ✓ Do we keep our conflict fair (i.e. stick to the subject, avoid insults, and take a break if our arguments get too heated)?

If you answered no to any of the above questions, you may be in an unhealthy relationship.

- All forms of abuse are wrong
- Abuse comes in many forms and does not need to be physical to be considered abuse. It can include things like:
 - Control – over all decisions, including things like what to wear or who to spend time with
 - Intimidation – making you feel fearful, including through threats
 - Hostility – constantly picking fights, name-calling
 - Sexual violence – pressuring or forcing you to do something sexually that you don't want to
- You deserve to feel safe in your relationship



What results have we seen so far?

Changes in SBHT scores between enrollment and Month 3

- Examined first 36 participants with data from baseline & 3 months
- Overall, changes in domains moved in expected direction
- Most participants' scores either maintained or improved
- Not yet assessed how changes are associated with received counseling interventions

N=36	Traditional Values	Partner Support	Partner Abuse & Control	Partner Resistance to HIV Prevention	HIV Prevention Readiness
Changes in Score Ranges					
Participants who improved	12 (33%)	9 (25%)	14 (39%)	13 (36%)	4 (11%)
Participants who maintained	23 (64%)	24 (67%)	17 (47%)	22 (61%)	29 (81%)
Participants who worsened	1 (3%)	3 (8%)	5 (14%)	1 (3%)	3 (8%)

	LOW Response Range	MEDIUM Response Range	HIGH Response Range
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 Low Partner Support

Results – Qualitative data

- Participants generally verbalise finding the intervention useful
- Positive effect on relationships, better communication
- Some reduced IPV (leaving partner, safety plan, persuading partner to consider changing behaviour)

“The questions were really helpful. When you start answering them, it makes you start realizing that you have issues. There are questions that you want to avoid, but you know it’s just between you and the counselor.”

Impact of CHARISMA on HOPE participants

- General participant feedback
 - Provides a platform to talk openly about both physical and emotional abuse they are experiencing in their relationships
 - helped improve communication in their relationships
 - gained knowledge about different forms of abuse - there is no justifiable abuse.
 - share the information they learned during CHARISMA counselling session with their relatives and friends who are also experiencing abuse
 - Some were able to disclose ring use to their partners after being empowered during CHARISMA sessions
- HOPE qualitative interesting interviews were identified through CHARISMA counselling sessions based on participants reports and some insightful information were gathered

Feedback From Participants During CHARISMA Sessions & HOPE Qualitative Interviews

“R: No, it only showed me the difference between a healthy and unhealthy relationship. I decided myself not the CHARISMA counselling session that I should break up with that person.”

“R: I was heart-broken, it was not easy but at the end of the day I saw that I deserve to get better than what I was getting from my relationship.”

“R: I like the CHARISMA counselling sessions. I wish that other women would get it because it would help them a lot.”

“R: In ASPIRE we didn’t have the CHARISMA counselling sessions, as a young lady I have friends and we have problems in our relationships. We don’t have proper people to talk to and we continue doing the same mistakes, I’m very emotional.

CHARISMA Staff Support and Development

- Certification process before counsellors could initiate
- Staff members share difficult and interesting participants' cases during weekly meeting and on bi-monthly conference calls
- Lead mentor sits in during 1/10 CHARISMA counselling sessions
- Bi-monthly debriefing sessions facilitated by an external consultant psychologist
- Capacity and skill base of staff to deal with challenging issues has increased

Challenges

- Procedures can be long depending on a participant's counselling needs and adds to the HOPE visit length.
- Low uptake of referrals to outside agencies
 - Participants lack trust in external agencies- prefer personalised services received on site and the relationships they have with the study staff
- Participants are encouraged to bring their partners for couple counselling, HIV counselling and testing – lowuptake

Conclusions

- Normalisation of IPV in women's minds is challenging : Participants talk about their relationship experiences during study visits and verbalize that all forms of abuse are wrong
- SBHT tool : opportunity for women to reflect, for counsellors to assess where women are. Though designed as a tool , we have learned that the act of discussing questions is an intervention activity
- Women are also perpetrators of violence.
- During month 3 and month 6 counselling participants vocalise issues that are affecting them in their relationships and use different skills they received in CHARISMA
- Some participants were able to break-up with their abusive partners and they felt good about their decisions

Acknowledgements



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- ASPIRE, HOPE and CHARISMA staff
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