LISTEN & HCD

HCD Overview & Appreciation

Core Content Deck

A FRIENDLY REMINDER:

An integral part of HCD within LISTEN is about forging meaningful relationships. This interaction not only about sharing information, but an important opportunity to connect. Use the HCD mindset and process while designing the session will help you keep your audience at the centre and think of their context and goals. In this way, it will be a meaningful interaction for both, you and your audience.

Before we begin creating the content…

Make sure you have made decisions on the following and have this information handy before building the contents of your presentation:

- ❑ Filled out Audience Template
- ❑ Objectives & Goals for the Session
- ❑ Format & Delivery of the Session
- ❑ Filled out Session Plan Template

Using these, you can start editing and customizing this template slide deck to make your presentation!

Remember to save a copy of this document before editing, so that you always have the original version handy.

Note:

These slides cover basic, standardized topics to introduce your audience to HCD. You can use this content to tweak it and 'add flavor' based on your goals and audience.

While these have been designed as digital slides, the visuals can be easily adapted to a non-digital format.

Simply draw out any of the infographics on a flipchart, or print out as posters / handouts

Customizing the Document:

Follow these steps to customize the slides of this document to suit your session:

STEP 01: Review this entire document

• Go through and see which sections are relevant to your session

STEP 02: Review and customize the sections and slides as per your need

• The document contains instructions for how you can customize these slides for your session. You can view these 'Customization Guidelines' provided in italics in the 'Notes' pane in Microsoft PowerPoint to help with tailoring your content.

STEP 03: Review and prepare your speaker notes

• The document contains 'Speaker Notes' that can aid the presenter in explaining the content of a slide. Use the 'Notes' pane available in Microsoft PowerPoint to refer to the speaker notes and adapt as per your need. Keep in mind the audience and the goals for the session.

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CONTENT CREATION TIPS:

The sections here can be expanded on, edited down, or skipped based on your requirements (Audience, Goals & Duration of the Session).

Refer to Slides 67 - 74 of the Facilitator guide to learn more about how to structure your session.

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⭐ *The star symbol indicates sections that need to be customized based on your audience and goals*

LISTEN & HCD

HCD Overview & Appreciation

Core Content Deck

LISTEN
LOCAL INNOVATIONS SCALED THROUGH ENTERPRISE NETWORKS

SIYINQABA

maisha!
National AIDS Control Council

HARAMBEE

GEORGETOWN UNIVERSITY
Center for Global Health Practice and Impact

DESIRE Line

finalmile.
a fractal company

LISTEN & Human Centered Design

Unleashing local innovation for global impact and sustainability

Session Outline

Introduction & Ice Breaker Activity	15 min
Overview of HCD	30 min
Q&A / Discussion	15 min
Break	15 min
Group Activity – Prioritizing Problem Areas	30 min
Concluding Thoughts & Next Steps	15 min

Why HCD

Story Title

add a caption or key points of the story here

Story Title

Highlighted Text / Pull Quote:

"While the sector has focused so much on HIV awareness, on engaging with the young women continually and bringing them into the problem-solving process, we were able to see the problem through their eyes – HIV is not a priority in their lives, relationships are."

Add Key points here…

- Xx
- Xx
- Xx

We all have encountered complex problems.
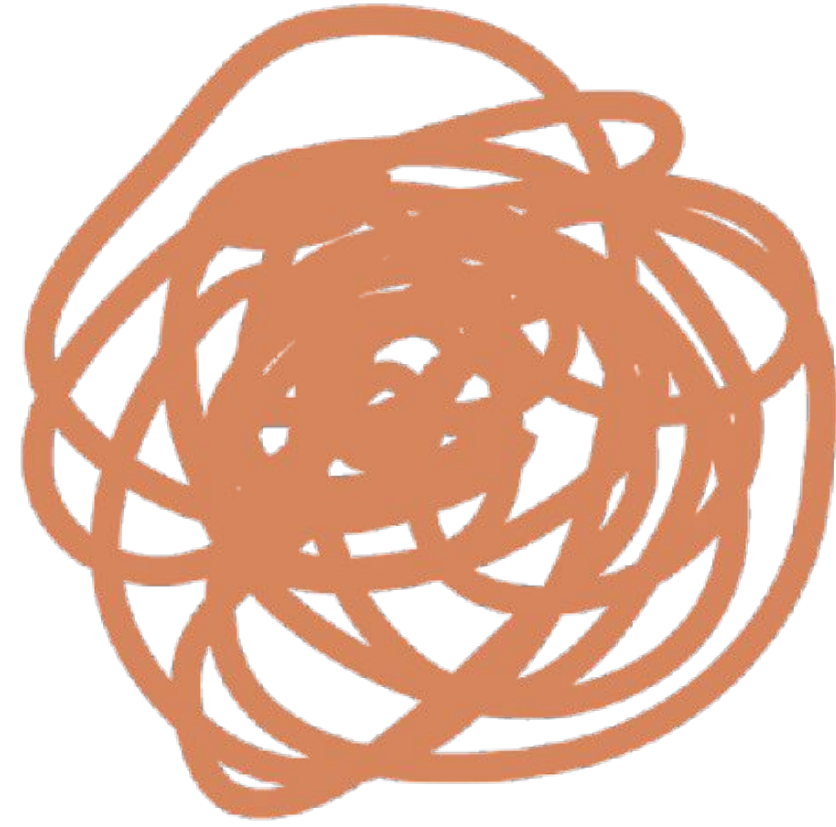
They have no clear boundaries

Are difficult to define

Have no single or easy solution

Involve many systems, stakeholders and users

Addressing complex problems

Human Centered

What is HCD

HCD is a way of thinking
that places people at the center
of the design, innovation and
implementation process

Human-centered design focuses on people and their behavior

Understanding behaviour requires empathy

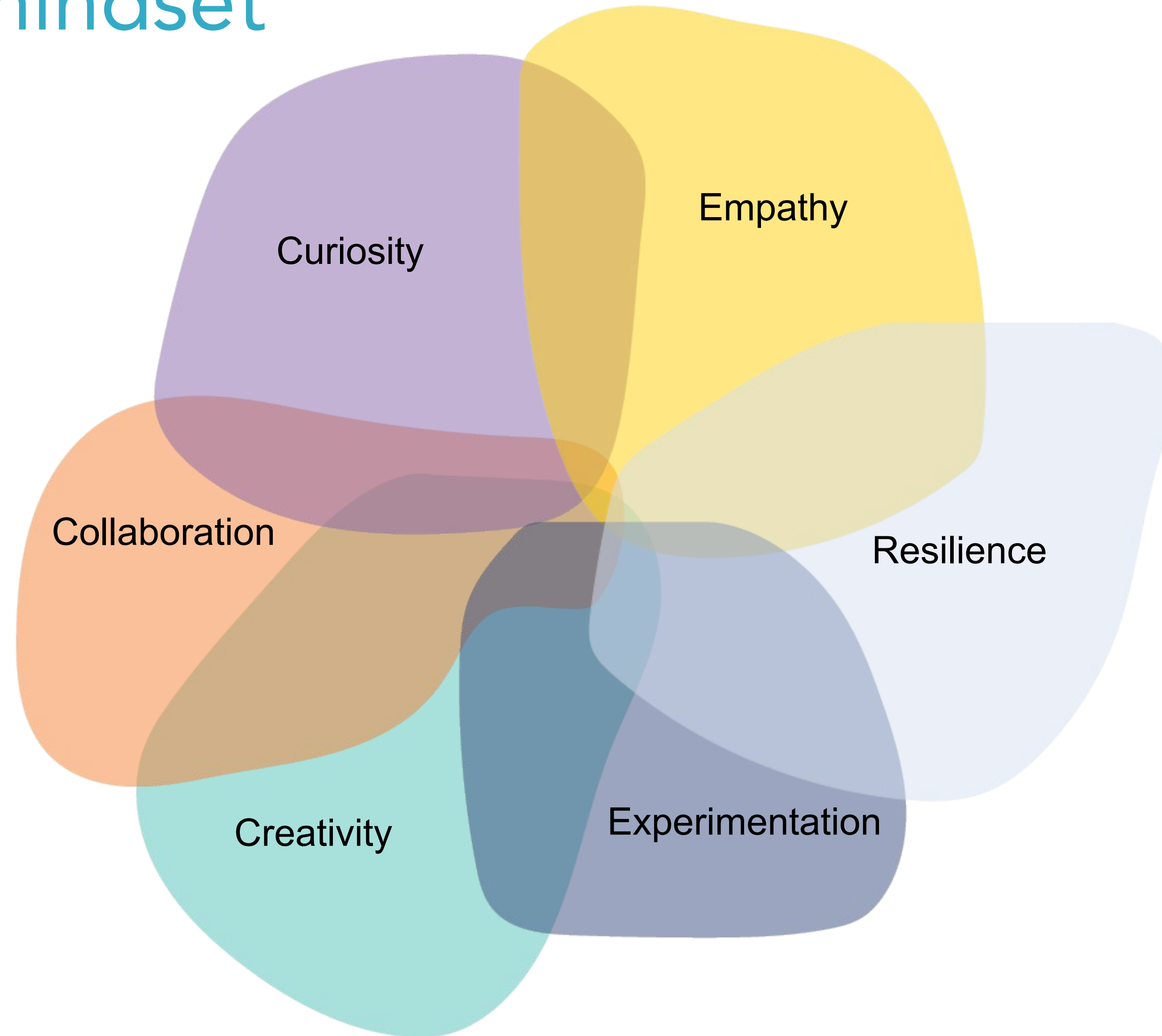How do people spend their time and attention?

What matters to them? What interests them?

How do people around them think?

What are their priorities? What do they trade-off?

How do they feel about this problem?

HCD is a mindset

Curiosity

Empathy

Collaboration

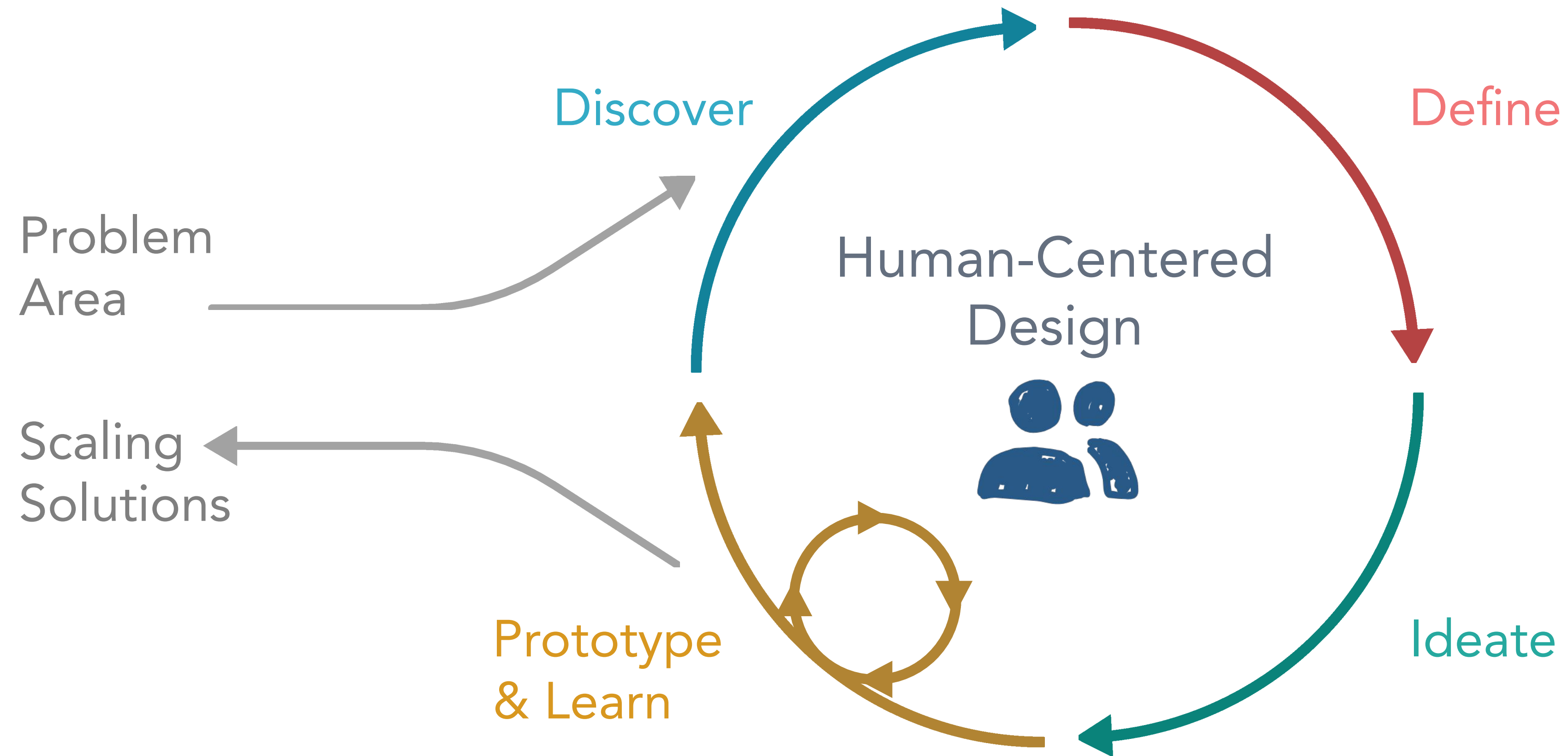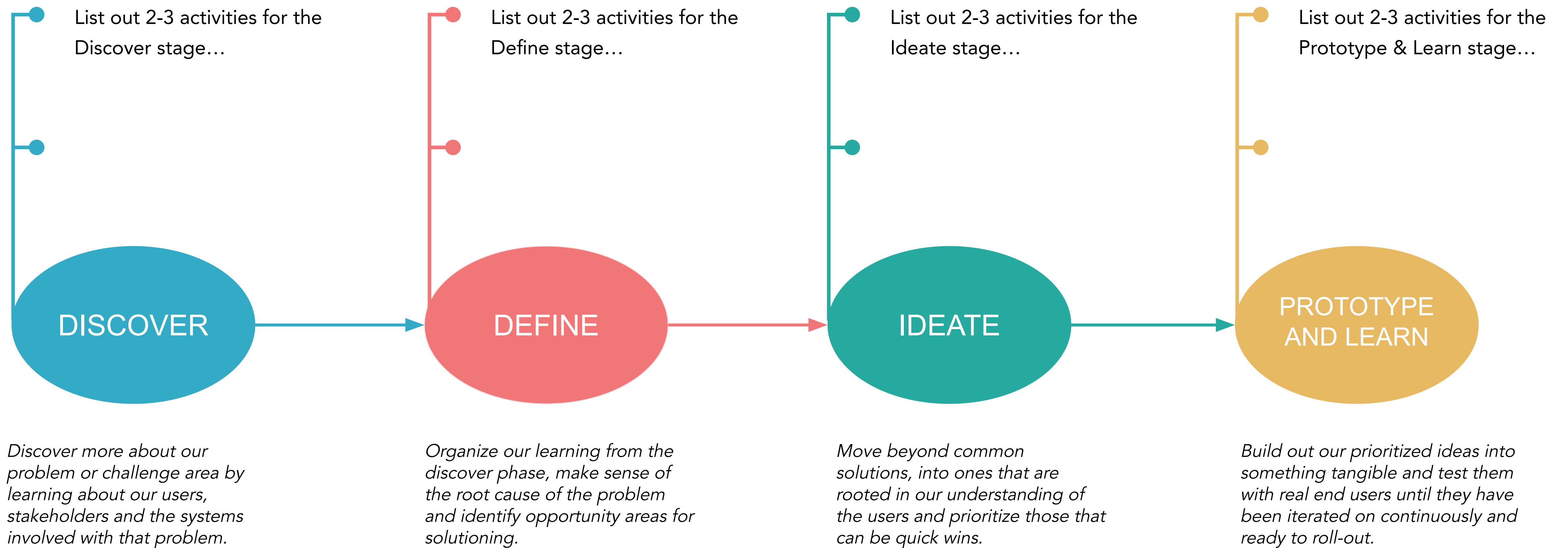Resilience

Creativity

Experimentation

HCD is a mindset

Examples, anecdotes, verbatims and pictures
that highlight these mindsets (all or a few)
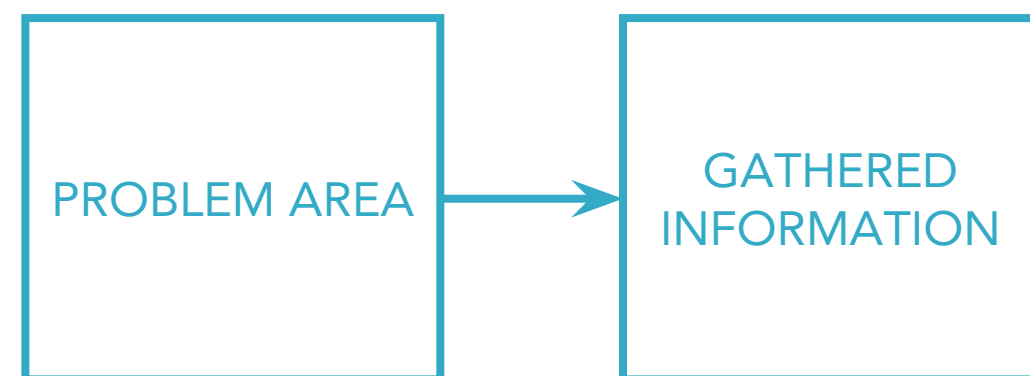
Add quote / example etc. here

HCD is a process

Problem Area

Discover

Define

Human-Centered Design

Scaling Solutions

Ideate

Prototype & Learn

HCD Process

List out 2-3 activities for the Discover stage…

List out 2-3 activities for the Define stage…

List out 2-3 activities for the Ideate stage…

List out 2-3 activities for the Prototype & Learn stage…

DISCOVER

DEFINE

IDEATE

PROTOTYPE AND LEARN

Discover more about our problem or challenge area by learning about our users, stakeholders and the systems involved with that problem.

Organize our learning from the discover phase, make sense of the root cause of the problem and identify opportunity areas for solutioning.

Move beyond common solutions, into ones that are rooted in our understanding of the users and prioritize those that can be quick wins.

Build out our prioritized ideas into something tangible and test them with real end users until they have been iterated on continuously and ready to roll-out.
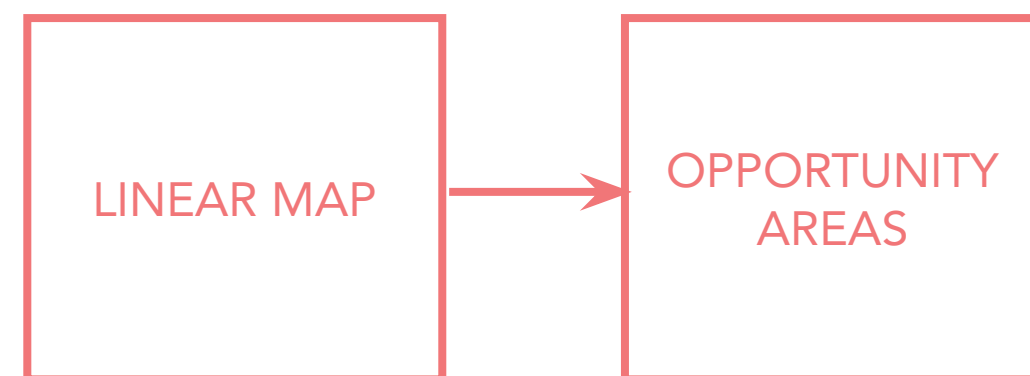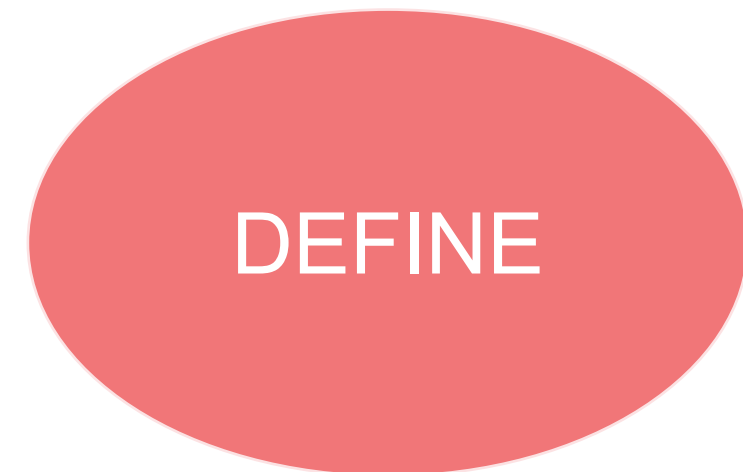
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Stage 01: Discover Stage

Allowing us to empathize and gain a deep understanding of the users' and stakeholders' challenges and what drives community behaviors
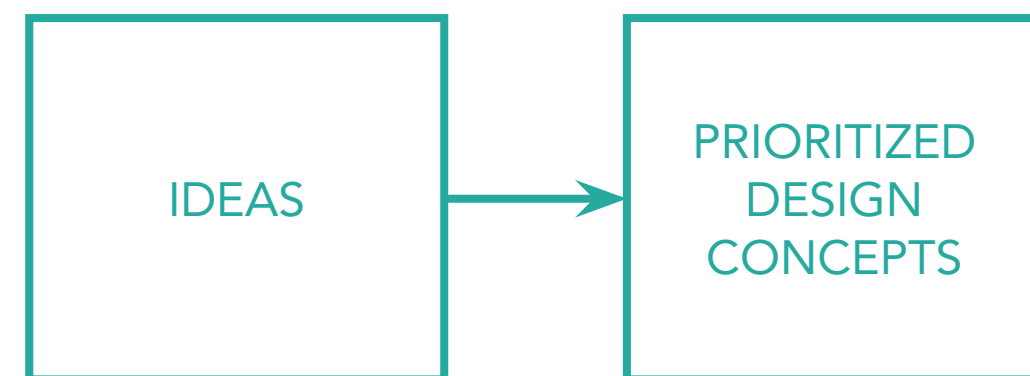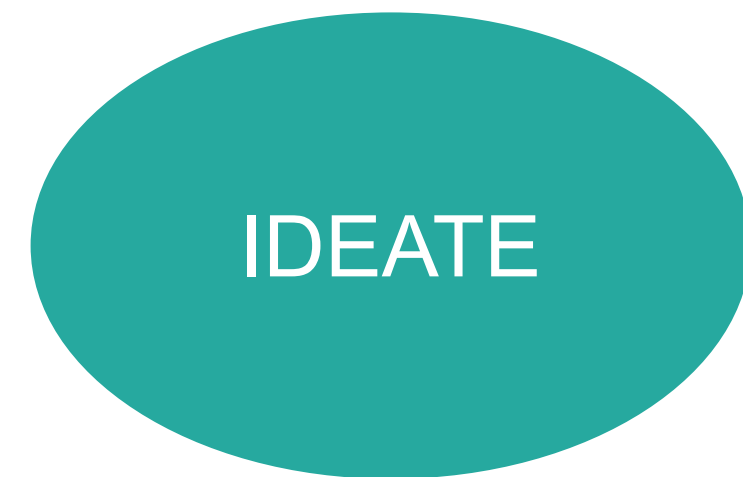
DISCOVER

PROBLEM AREA → GATHERED INFORMATION

Stage 02: Define Stage

Understand our problem statement better and arrive at opportunity areas

DEFINE

LINEAR MAP → OPPORTUNITY AREAS

Stage 03: Ideation Stage

Working together and finding inspiration from each other to come up with novel solutions

IDEATE


```
IDEAS  →  PRIORITIZED DESIGN CONCEPTS
```

Stage 04: Prototype & Learn Phase

PROTOTYPE
AND LEARN

Building and testing ideas with our users, failing early and learning from it to make them better.

PROTOTYPES → USER FEEDBACK
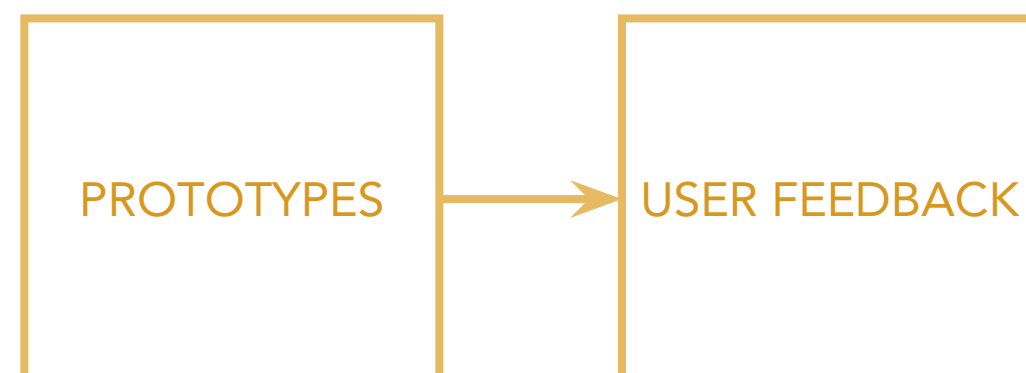
Use Cases of HCD

Human Centered Design is used in numerous
fields such as:

- Education
- Healthcare
- Agriculture
- Technology
- Banking
- Retail

Problem Areas

- Reinventing Solar Energy Supply for Rural Africa
- In-Home Toilets for Ghana's Urban Poor
- Addressing Urban Redevelopment in India
- Addressing HIV Prevention for AGYW in South Africa and Tanzania
- Redesigning Personal Protective Equipment

HCD within LISTEN

Despite significant progress, we still face high HIV incidence.

1. Substantial gains made by the HIV response by Eswatini and Kenya

2. HIV incidence remains high in vulnerable populations

3. Persistent challenges reaching underserved "last mile" populations

4. Design and delivery of health services may not often reflect the target populations' needs and desires

5. Innovative community solutions are often not leveraged or scaled

We need new ways to engage with 'last mile' population

1. High variations in their risk of HIV infection, health seeking behaviors, and challenges with accessing care.

2. Communities are under-utilized

3. Sustainability of "top-down" solutions is doubted

4. Resources for HIV response are increasingly constrained

5. Not enough opportunities for community innovations to impact policy

HCD is the 'Glue' and 'Grease' for LISTEN

Making and strengthening connections
Smoothing the process

COMMUNITIES OF PRACTICE ----------   ---------- DATA

HUMAN CENTERED DESIGN

How HCD supports the adoption of LISTEN

01

Introducing LISTEN to stakeholders at all levels

02

Understanding those we are seeking to support

03

Supporting the adoption of LISTEN

HCD mindset and process is applicable across different programs and at all stages.

HCD Case-Study

Story Title – The Problem

add a caption or key points of the story here

Story Title – The Process

add a caption or key points of the story here

Story Title – The Outcome

add a caption or key points of the story here

Story Title

Highlighted Text / Pull Quote:

"While the sector has focused so much on HIV awareness, on engaging with the young women continually and bringing them into the problem-solving process, we were able to see the problem through their eyes – HIV is not a priority in their lives, relationships are."

Add Key learnings/points here…

- Xx

- Xx

- Xx

HCD has led to
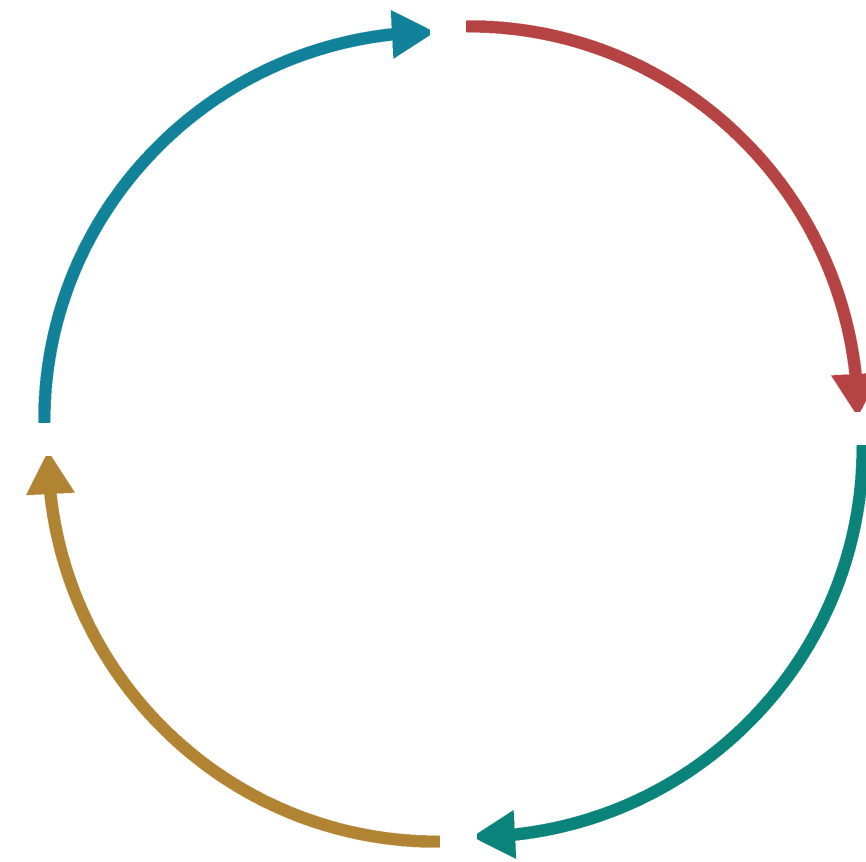'X' innovative ideas
'X' partnerships with CPs

The HCD Difference

We are all in this together.

HCD is Iterative

HCD takes time, but results in sustainable solutions

HCD requires
trust in the process

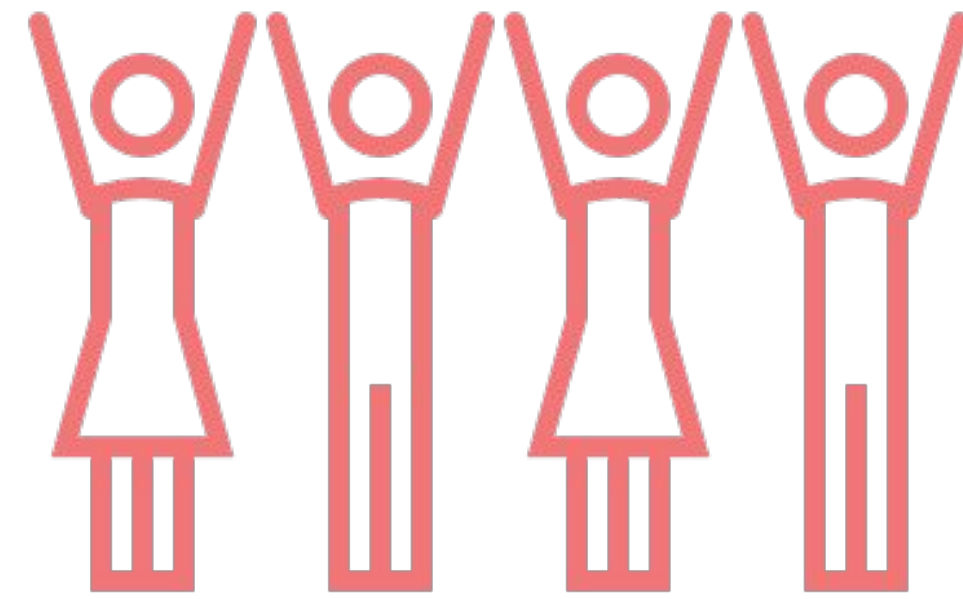# HCD is Complimentary

+

HCD and [….]

HCD generates 'Quick Wins'

HCD is about Shared Power in problem-solving

HCD is about Shared Responsibility
in problem-solving
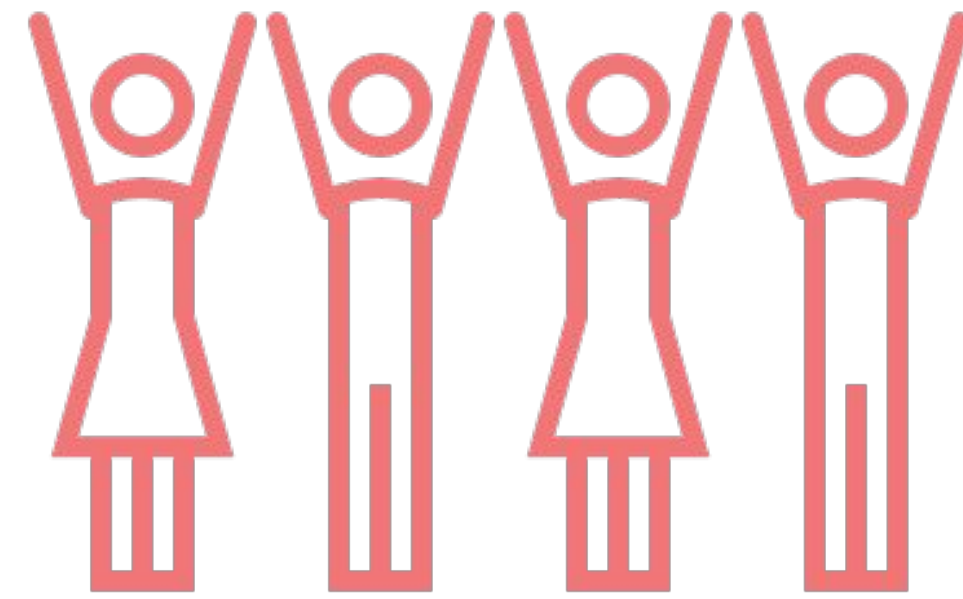
HCD can have positive
spill-over effects.

HCD enables local ownership by placing the community at the center of the problem identification and solutioning process.

HCD can provide a new way of thinking about long-standing complex problems.

HCD provides a way to bring together data points with the community's experience.

HCD can be a vehicle to help streamline and use resources efficiently.

HCD gives a return on investment through sustainable solutions designed with the community and rolled out after rounds of prototyping.

HCD is about asking questions and seeking out the knowledge of others in order to understand the problems and people we work with, before jumping to solutions.

HCD is the ability to put ourselves in the shoes of others and perceive their challenges and circumstances, without judgement.

HCD is about being comfortable with unknowns and embracing possibility.

HCD is about extending trust and respect when working together to accomplish a goal.

HCD is about recognizing useful ideas, alternatives or possibilities, and looking for inspiration in others.

HCD is about focusing our attention on what matters most and exploring the various ways in which we approach it.

Supporting HCD Efforts

Supporting HCD Efforts

- Build capacity for HCD in your community/organization

- Incorporate the HCD mindset in important activities undertaken by the community/organization

- Champion HCD – Share HCD with everyone you know and encourage them to adopt and apply it.

- Apply HCD process from beginning to end with a problem your community/organization has been struggling with

  •Identify prioritized problem area

Areas of Possible Collaboration

- Community entry meeting – LISTEN will provide CPs as a point of entry into the community

- Understanding the community - HCD will be instrumental in understanding the community dynamics; mapping community challenges, resources, community priorities etc.

- Driving sustainability of new interventions - LISTEN and HCD mindset will promote utilization of resources within the community and use of existing community structures e.g., psychosocial support groups, existing programs

- Arriving at an acceptable approach to introduce new interventions

- Create connections – vertical & horizontal for resource mobilization and scale up

Request for Action

Our Goal

1. ……..

Steps we've taken so far

Our Request for You

Key Takeaways

- ………..
- …………

Next Steps

Our Request for

How we can support you

Thank you.

Add Name
Add Contact Details

Add Name
Add Contact Details
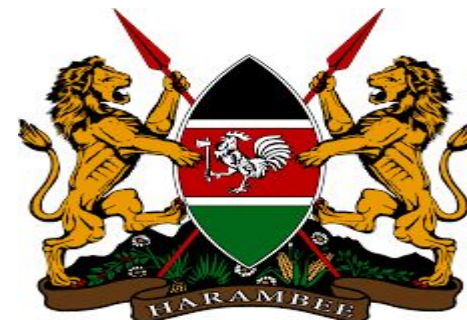
Appendix

1. Longform Sections

   - Introduction to LISTEN
   - HCD alternate process diagram
   - HCD mindsets (in-detail)

2. Ready to Use Case Studies

   - Eswatini
   - Kenya

Introduction to LISTEN

Despite significant progress, we still face high HIV incidence.

1. Substantial gains made by the HIV response by Eswatini and Kenya

2. HIV incidence remains high in vulnerable populations

3. Persistent challenges reaching underserved "last mile" populations

4. Design and delivery of health services may not often reflect the target populations' needs and desires

5. Innovative community solutions are often not leveraged or scaled

We need new ways to engage with 'last mile' population

1. High variations in their risk of HIV infection, health seeking behaviors, and challenges with accessing care.

2. Communities are under-utilized

3. Sustainability of "top-down" solutions is doubted

4. Resources for HIV response are increasingly constrained

5. Not enough opportunities for community innovations to impact policy

Local Innovations Scaled Through Enterprise Networks (LISTEN) – An Approach to Amplify Impact

COMMUNITIES OF PRACTICE

- A group of people organized around a key purpose and a delivery point

- Embedded in 'delivery points' where target populations already get their needs met

- Locally-owned, operationalized, and managed

- Linked horizontally and vertically across CPs from village to head of state.

- Sub-nationally, nationally, globally

Performance Management for Continuous Improvement

DATA

- Data each CP wants and will use

- Provided in format wanted and useful

HUMAN CENTERED DESIGN

- The "Glue" & the "Grease"

- At all levels and layers, e.g.: Data to follow, Programs to create, Policies to enact

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Key Interventions in Eswatini & Kenya

1. Establish local ownership and commitment for the approach

2. Leverage existing or establish touch & delivery points in which to support communities of practice (CP)

3. Support CP to apply human centered design (HCD) to identify and address their priority challenges

4. Customize data for use

HCD Additional Slides

HCD Process

Design is an Iterative Process

Use insights to redefine the problem

Understanding

Designing

DISCOVER → DEFINE → IDEATE → PROTOTYPE AND LEARN

To fill gaps in understanding

Learn from prototypes to spark new ideas

To help make decisions and prioritise and learn about users through testing

HCD Process

List out 2-3 activities for the Discover stage…

List out 2-3 activities for the Define stage…

List out 2-3 activities for the Ideate stage…

List out 2-3 activities for the Prototype & Learn stage…

DISCOVER

DEFINE

IDEATE

PROTOTYPE AND LEARN

Discover more about our problem or challenge area by learning about our users, stakeholders and the systems involved with that problem.

Organize our learning from the discover phase, make sense of the root cause of the problem and identify opportunity areas for solutioning.

Move beyond common solutions, into ones that are rooted in our understanding of the users and prioritize those that can be quick wins.

Build out our prioritized ideas into something tangible and test them with real end users until they have been iterated on continuously and ready to roll-out.

Stage 01: Discover Stage
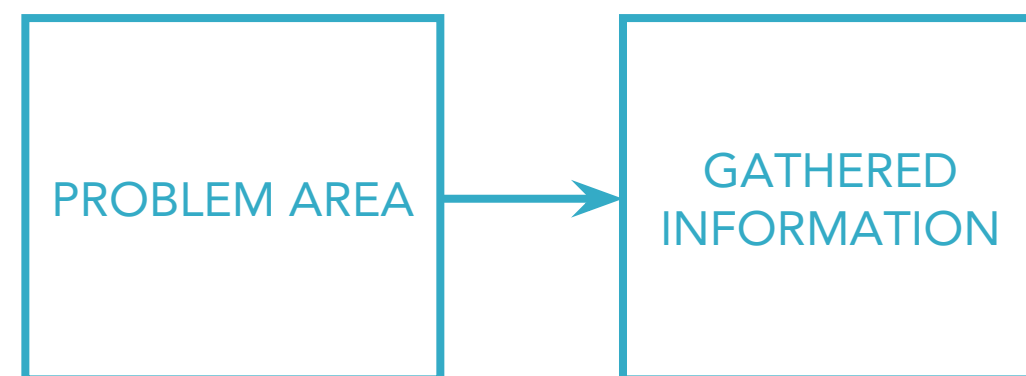
DISCOVER

Allowing us to empathize and gain a deep understanding of the users' and stakeholders' challenges and what drives community behaviors

1. When we have a problem area, we start with the 'Discover' Phase. Here, we discover more about our problem or challenge area by learning about our users, stakeholders and the systems involved with that problem.

2. We ask for more information rather than jumping to an immediate judgment of a new idea.

3. We continually seek to incorporate new learnings as we proceed through the iterative HCD process
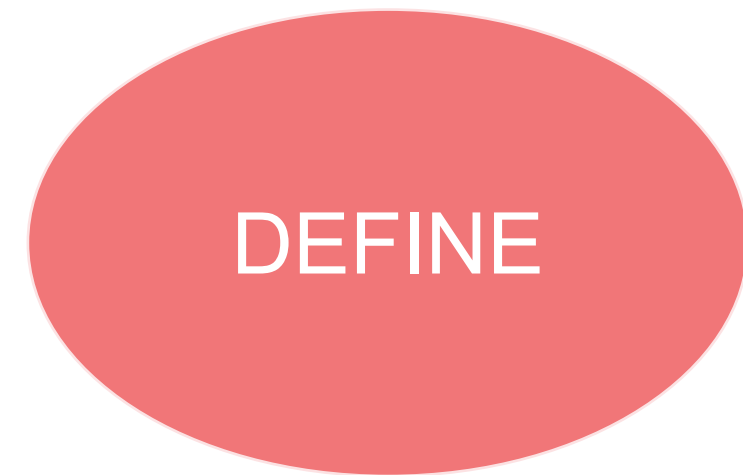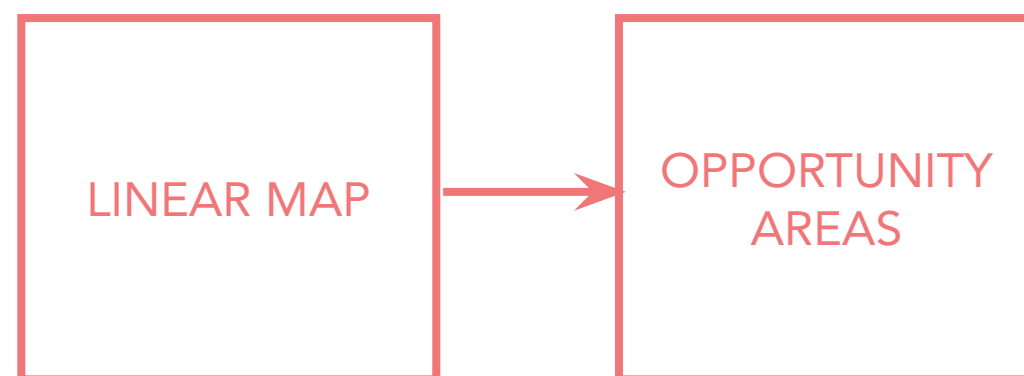
Example:

...

PROBLEM AREA → GATHERED INFORMATION

Stage 02: Define Stage

Understand our problem statement better and arrive at opportunity areas

DEFINE

1. In the 'Define' Phase, we organize our learning from the discover phase.

2. Here we can use some frameworks that help us organize information and map a user's journey or understand relationships and connections between different elements within a system.

3. This helps us define 'barriers' and 'enablers' for our users, and frame opportunity areas – i.e., areas where we see potential for creating solutions.

Example:

…

LINEAR MAP → OPPORTUNITY AREAS

Stage 03: Ideation Stage
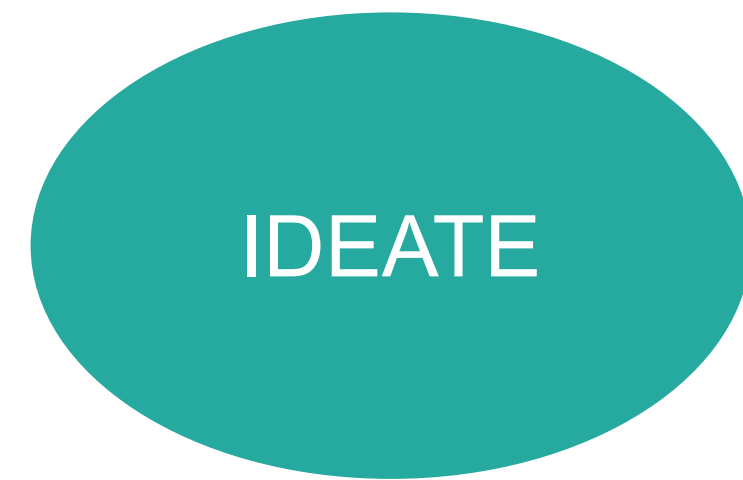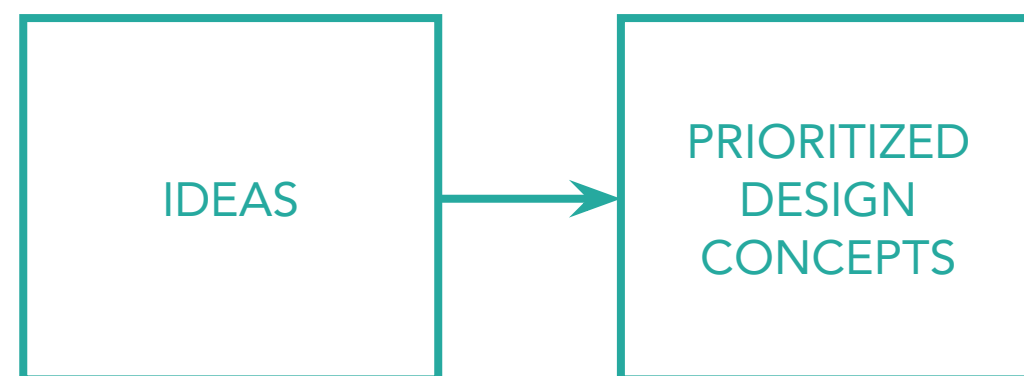
IDEATE

Working together and finding inspiration from each other to come up with novel solutions

1. In the 'Ideate' Phase, we try to move beyond common solutions, into ones that are rooted in our understanding of the users.

2. We then prioritize ideas that are best suited to create maximum impact in an achievable time frame.

Example:

…

IDEAS → PRIORITIZED DESIGN CONCEPTS

Stage 04: Prototype & Learn Phase

Building and testing ideas with our users, failing early and learning from it to make them better.

PROTOTYPE
AND LEARN
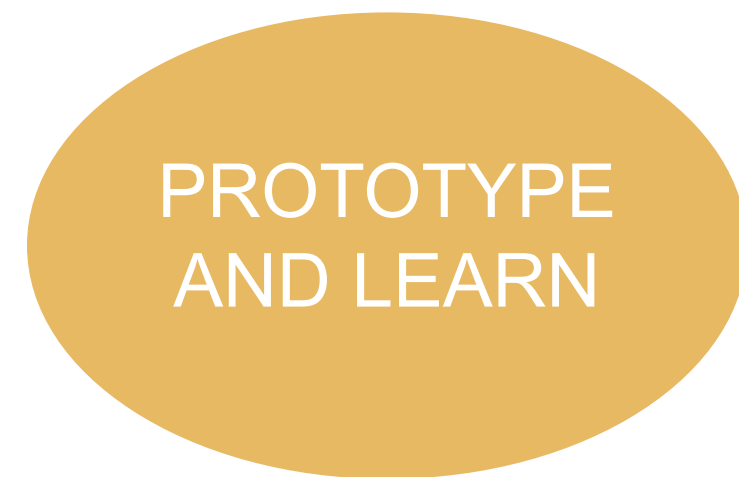
1. Finally, in the 'Prototype and Learn' Phase, we build out our prioritized ideas into something tangible, and test them with real end users.

2. We find out what works and what doesn't, and we iterate – this is a continual process

Example:

…

PROTOTYPES → USER FEEDBACK
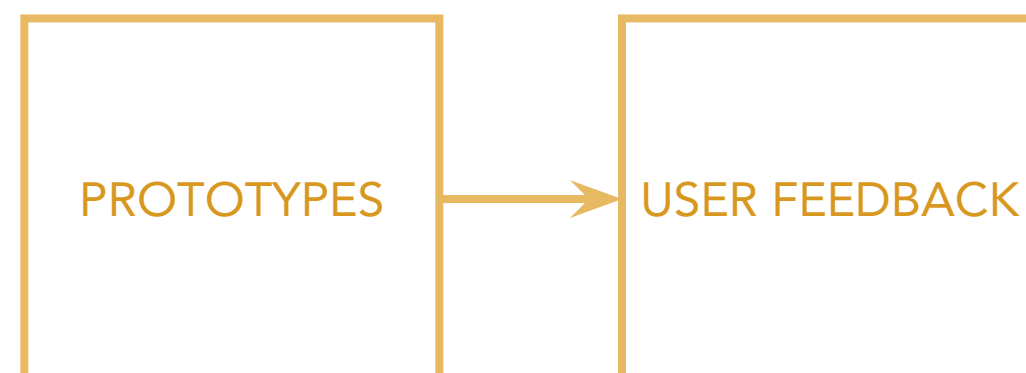
HCD Mindset

We define mindset as the ideas and attitudes with which a person approaches a situation.

Curiosity

Empathy

Collaboration

Resilience

Creativity

Experimentation
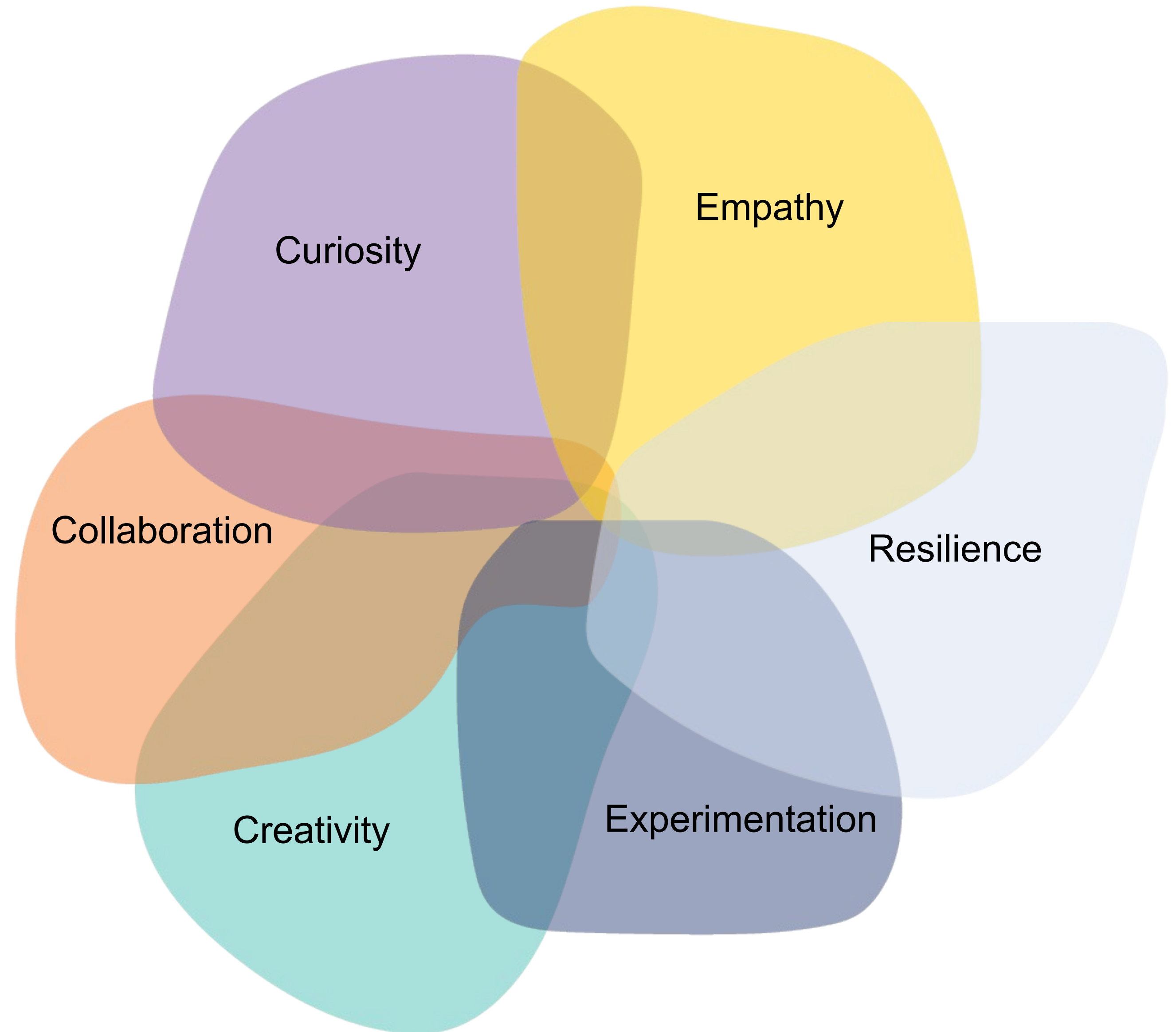
HCD is a mindset

CURIOSITY
Curiosity is a desire to learn through asking questions, actively listening and seeking truth and authenticity.

RESILIENCE
Resilience is about being comfortable with unknowns and embracing possibility.

CREATIVITY
Creativity is recognizing useful ideas, alternatives or possibilities, and looking for inspiration in others.

EMPATHY
Empathy is the ability to put ourselves in the shoes of others and perceive their challenges and circumstances.

COLLABORATION
Collaboration is working together to accomplish a goal.

EXPERIMENTATION
Experimentation is about focusing our attention on what matters most and exploring the various ways in which we approach it.

Curiosity

Curiosity is a desire to learn through asking questions, actively listening and seeking truth and authenticity.

1. We listen, ask questions, seek out the knowledge of others as we try to develop an understanding of the problems and people we work with.
2. We ask for more information rather than jumping to an immediate judgment of a new idea.
3. We continually seek to incorporate new learnings as we proceed through the iterative HCD process

Empathy

Empathy is the ability to put ourselves in the shoes of others and perceive their challenges and circumstances

1. We seek to understand the person, *their* problems and *their* reality.
2. We are curious enough and patient enough to try to understand their experience from their own situation or frame of reference.
3. We need to be sensitive to the environment, context and emotions of people

Resilience

Being comfortable with unknowns and embracing possibility

1. Embrace of the possibility that even if we don't know the answer, it's out there and we have the tools to find it
2. Being comfortable with the ambiguous nature of human-centered design and the process it follows
3. Being persistently focused on what could be, not the countless obstacles that may get in the way

4. Embracing failures as lessons to learn from and grow.

Experimentation

Image ©2013 World Vision/photo by Jon Warren

Experimentation is about focusing our attention on what matters most and exploring the various ways in which we approach it.

1. Thinking of the process as attempts to reach a goal, trying several things and learning.

2. Focusing on asking better questions, in addition to improving outcomes.

3. Being open to iteration and change and thinking on one's feet

4. Embracing the 'Make it' mantra, that is giving importance to building and testing ideas to know if it is doing what it should do.

Creativity

Creativity is recognizing useful ideas, alternatives or possibilities, and looking for inspiration in others

1. We utilize the understanding developed throughout the HCD process and the constraints of the context to guide the development of solutions to problems

2. We collaborate with others and build on each other's creativity

3. We continually seek opportunities to learn more from others to identify new patterns and create new connections resulting in a creative solution

Collaboration

Collaboration is working together to accomplish a goal

1. Actively listening to all voices

2. Passionate and respectful discussions

3. Focus on accomplishing the goal

Eswatini Slides

Key National Indicators & Targets
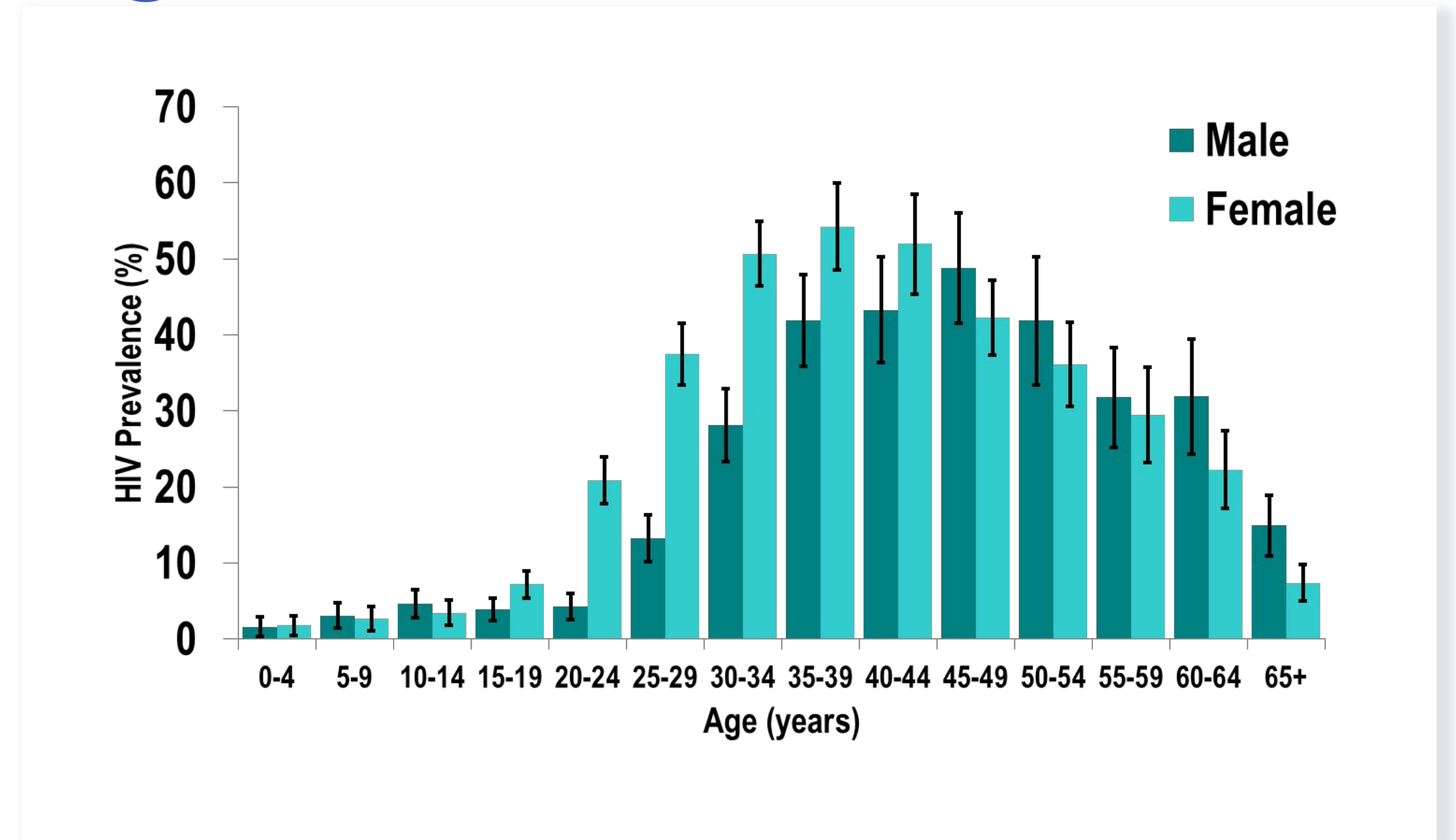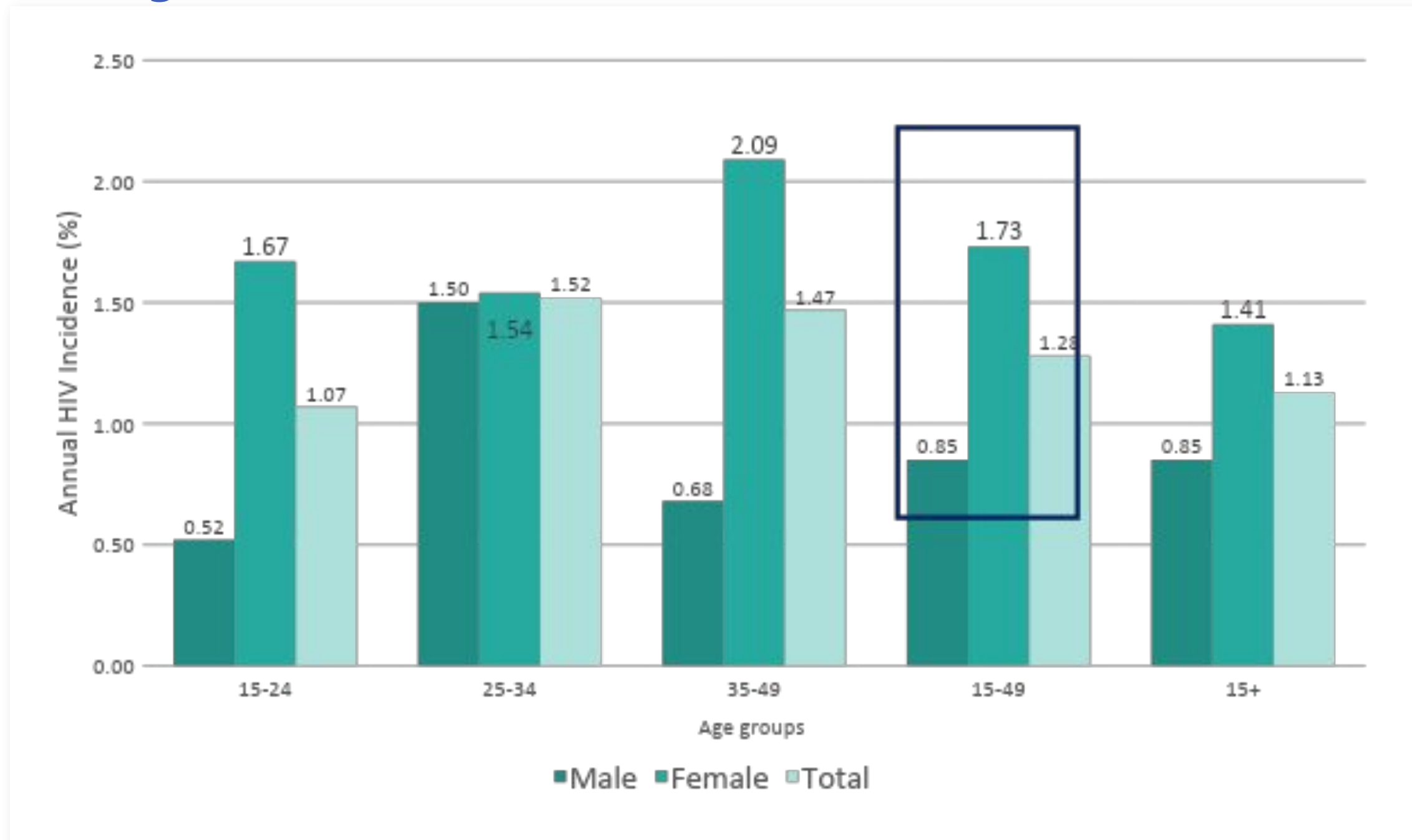
Unconditional Cascade (using PLHIV as the denominator)

95% of PLHIV Aware

99% of PLHIV on treatment

96% of PLHIV Virally Suppressed
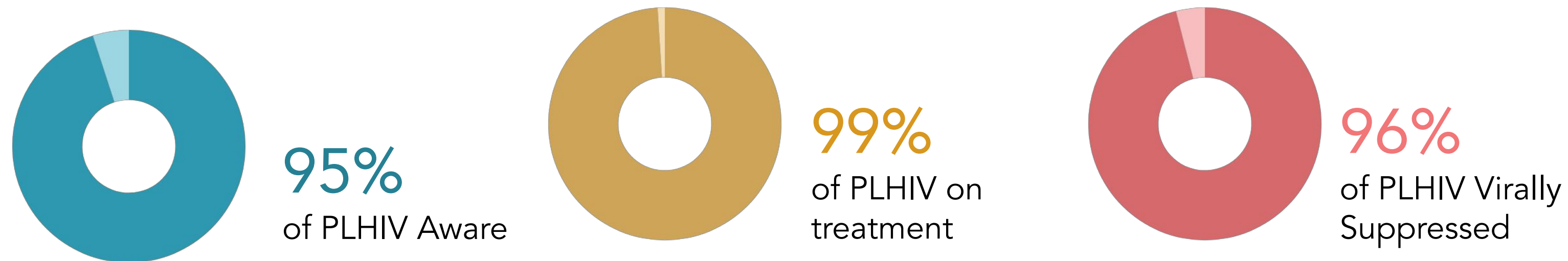
Goals & Objectives

Overall Goal:

Enhance sustainable and evidence-based decision making for solutions and financing of the national response to HIV by catalyzing, capturing, and scaling innovation and rapid uptake of new technologies at all levels.

Objectives:

- Harnessing communities of practice

- Customizing data to each CP for more effective collection, use, and performance

- Utilizing human centered design to catalyze engagement of CPs and enhance innovation

Target Population:

- Age: 10 - 40 years

- Regions: Manzini and Lubombo

Key Activities Conducted

Established Communities of Practice	Know Your Numbers Campaigns	Multi stakeholder approach	Data Diamond COHSAR	Community Cross Country Learning Experience

LISTEN process for DREAMS

Identify and engage key stakeholders – DREAMS implementers, AGYW & MPS

Assess through interviews – what's working and key challenges in the DREAMS platforms as currently being implemented

Apply HCD to understand aspirations, needs and wants of the target AGYW & MPs

Segment the AGYW & MPs by what's important to them in their lives – their aspirations, needs and wants, i.e., how do they differ in how they spend their time and attention?

Identify how to reach them (touchpoints) and engage them (delivery points) – meeting them 'where they are'

Identify relevant indicators to measure progress & success

Implement, measure, assess and iterate. Which AGYW & MPs are we still missing? And how do we reach THEM where they are?

DISCOVER

DEFINE

IDEATE

PROTOTYPE AND LEARN

DISCOVER
- ✅ DREAMS Partners
- ✅ Inkhundla Councils
- ⭐ AGYW Mentors *(upcoming)*
- ⭐ AGYW & MP CPs *(upcoming)*

DEFINE
- ✅ Inkhundla Councils
- DREAMS Partners
- AGYW Mentors
- AGYW & MP CPs
- Other stakeholders

IDEATE
- Inkhundla Councils
- DREAMS Partners
- Other key stakeholders
- AGYW Mentors
- AGYW & MP CPs

PROTOTYPE AND LEARN
- Inkhundla Councils
- DREAMS Partners
- Other key stakeholders
- AGYW Mentors
- AGYW & MP CPs

Progress Legend: ✅ *Completed* ⭐ *Upcoming*

Discover

Community priority areas in Eswatini

Rank	Issue	No of mentions
1	Poverty/no money	12
2	No food	11
3	Lack of job opportunities	9
4	School fees	5
5	Lack of/weak structures (fence, house)	5
6	Health	4
7	Lack of farming equipment & resource	3
8	Lack of social support	3
9	Lack of money to start BS	2
10	Lack of education/skills	2
11	Too hot for farming	2
12	Water/sanitation	2
13	Too much work for low pay	2
14	Clothing	2

Rank	Issue	No of mentions
1	Poverty	10
2	Lack of food	10
3	School fees	7
4	HIV	6
5	Unemployment	5
6	Substance abuse	4
7	Teen pregnancy	4
8	Health (general/non-HIV)	3
9	Crime/security/rape	3
10	Lack of medication	2
11	Transport difficulties	1
12	Discrimination	1
13	Water	1

Rank	Issue	No of mentions
1	Lack of job/income	16
2	Unable to pay school fees	7
3	Lack of money	5
4	Lack of food	5
5	Lack of start-up capital for BS	4
6	Drug abuse (children smoking)	4
7	School drop-out	2
8	Crime	2
9	HIV	2
10	Weak house	2
11	Clothing	1
12	Water	1
13	Teenage pregnancy	1
14	Lack of medical supplies at clinic	1
15	High school fees	1
16	Difficulties sleeping due to worries	1

Define

Citizen-led Communities of Practice

Identified three priority challenges in the community:

- Poverty/unemployment

- Access to clean water

- HIV/AIDS (moved up)
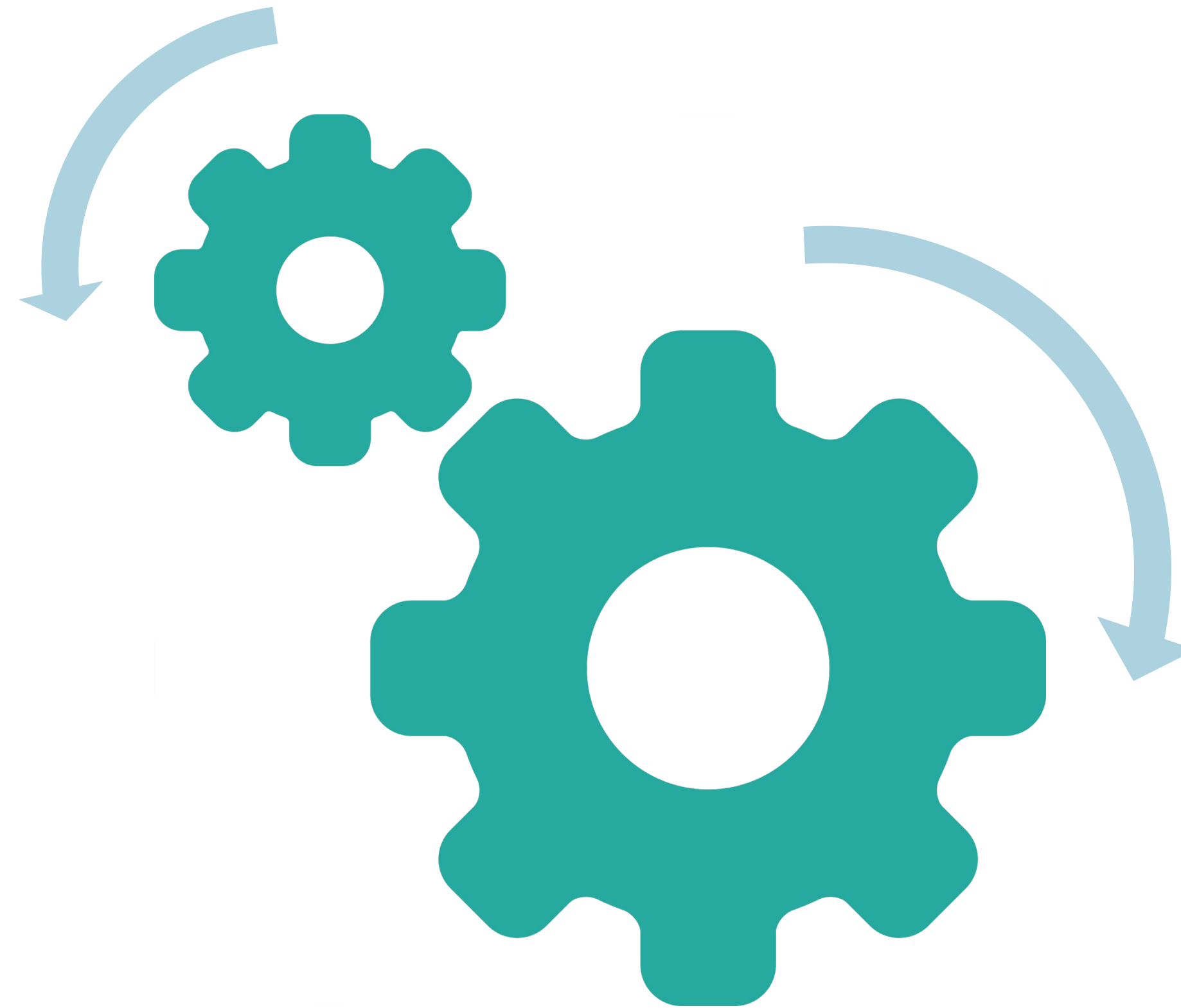
Identified key community stakeholders and service providers

- Ministry of Tikundla and Decentralisation

- Ministry of Natural resources and Energy (Rural water Department)

Ideate

Created Three CPs
"Know Your Numbers
Campaign"

Community Water
Solutions

Rehabilitation of
Youth Center

Prototype & Learn

Community Solution for
Water in Mafusteni

450

people access to water

Rehabilitation of youth
centre to target +/-

200

youths per year for
vocational training skills

Eswatini: "Spillover" Effects of LISTEN – Nurse Wellness Program

Challenge (1/10): Health workers not embracing wellness services

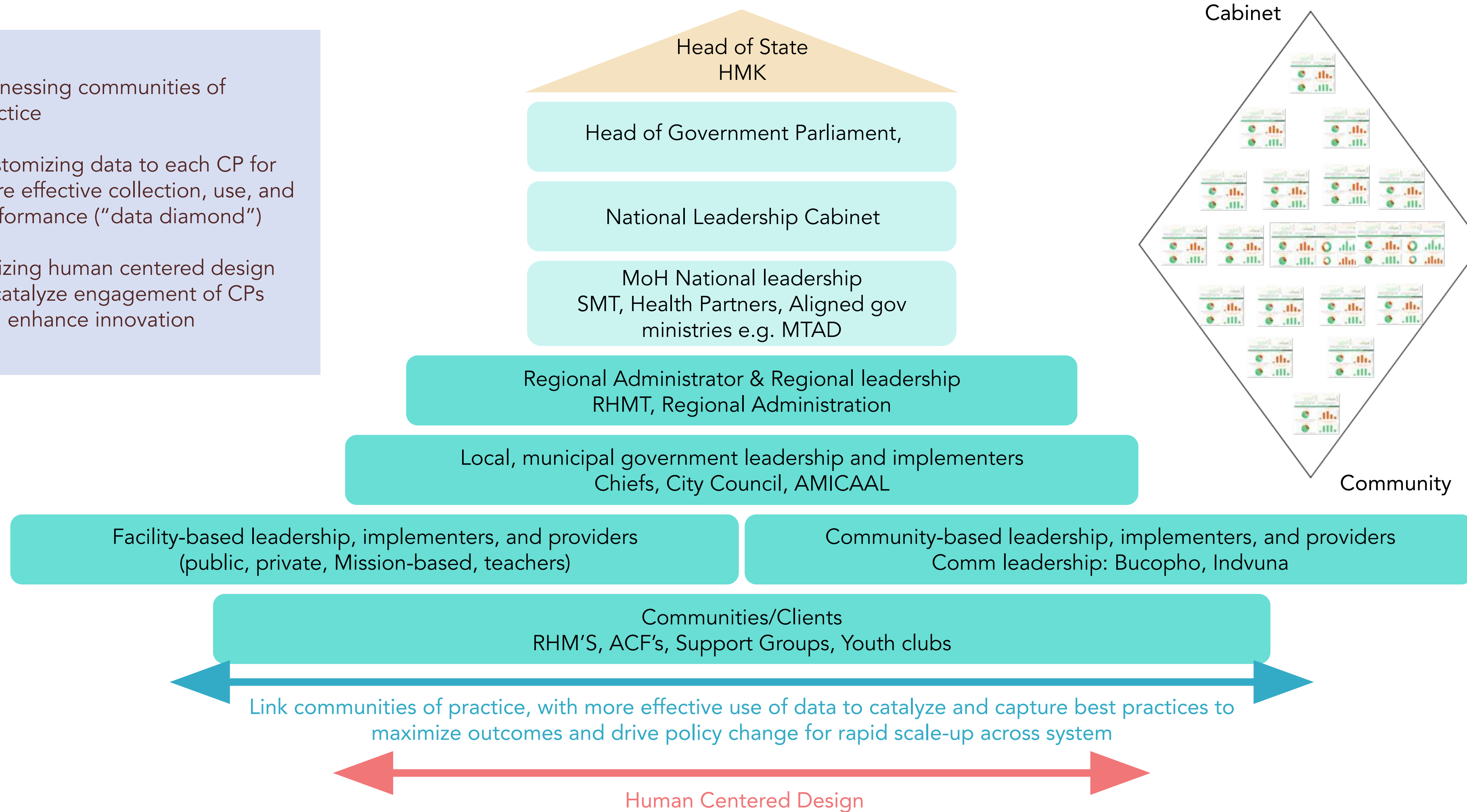| Definitions	Why is it a problem?	Who is affected?	What can be done?	Desired future state
• Health workers not utilizing available wellness services • Poor attendance of wellness or social programs • Data of health workers enrolled at wellness clinic is low in relation to facility staff • Health workers utilizing other avenues for health or social issues (i.e. not wellness clinic), increasing absenteeism	• Absenteeism affects staff productivity • Difficult to obtain and generate data for those screened for/immunized against specific conditions, resulting increased loss of life and debatable need for compensation • Lack of medical data/records and wellness information for facility staff to reference	• Health care worker • Facility productivity/ service delivery • Employer, for planning purposes • Clients/patients • Dependents	• Education of all stakeholders • Developing user friendly services • Reduce waiting time/ turnaround time • Training on customer care	• All health care workers access wellness services • Proper provider attitudes

• LISTEN is a process, not a program

• Health provider wellness could lead to higher quality of services

• 1/3 of all healthcare workers screened for HIV, TB, NCD in 3 months

Key learnings and benefits of LISTEN with HIV

- HIV is not always prioritised by individuals and communities

- Engaging community members in problem identification and problem solving creates a sense of ownership

- Multi-stakeholder engagement in problem solving leads to comprehensive, collaborated efforts

- Engaging leadership/decision makers ensures the necessary resources are allocated

- Initiating a community specific data and analysis sharing forum(CoHSAR) which allows for communities to see their community health status

- Ownership of KYN campaign by implementing facilities

LISTEN Application in COVID-19 Response

1. Harnessing communities of practice

2. Customizing data to each CP for more effective collection, use, and performance ("data diamond")

3. Utilizing human centered design to catalyze engagement of CPs and enhance innovation

Head of State
HMK

Head of Government Parliament,

National Leadership Cabinet

MoH National leadership
SMT, Health Partners, Aligned gov
ministries e.g. MTAD

Regional Administrator & Regional leadership
RHMT, Regional Administration

Local, municipal government leadership and implementers
Chiefs, City Council, AMICAAL

Facility-based leadership, implementers, and providers
(public, private, Mission-based, teachers)

Community-based leadership, implementers, and providers
Comm leadership: Bucopho, Indvuna

Communities/Clients
RHM'S, ACF's, Support Groups, Youth clubs

Link communities of practice, with more effective use of data to catalyze and capture best practices to maximize outcomes and drive policy change for rapid scale-up across system

Human Centered Design

Cabinet

Community

Vision to Scale

- Apply the LISTEN process in improving DREAMS clinical implementation

- Expand to new regions in Eswatini

- Apply LISTEN for the introduction of new health technologies

- Scale up some of the LISTEN solutions using other funding

In The Media

Kenya Slides

The Kenyan Context – HIV Burden
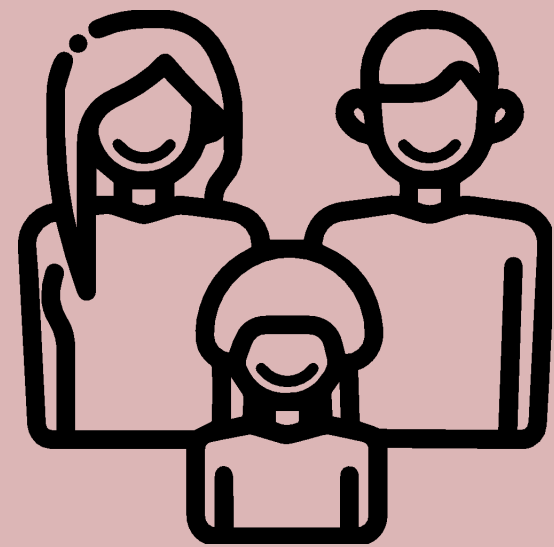
Our Aspirations

i. Reduce new HIV infections by 75%

ii. Reduce AIDS related mortality by 25%

iii. Reduce HIV related stigma and discrimination by 50%

iv. Increase domestic financing of the HIV response to 50%

4.5%
HIV Prevalence
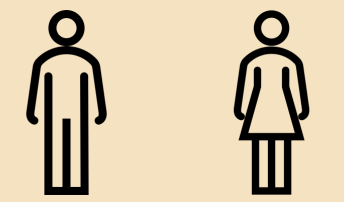
5.8%   3.1%

1,508,405m
PLHIV (all ages)

1,401,598
Adults living with HIV (15+)

106,807
Children living with HIV (0-14)

Number of new HIV Infections in 2019

41,416
All Ages

34,610
Adults (15+)

6,806
Children (0-14)

MTCT Rate- 10.8%

Adolescent and Young People

Adolescents 10-19 years

Young Adults 15-24 years

91,634
PLHIV

6,166
New infections

145,471
PLHIV

14,410
New infections

42%
Of adult new infections occur among Adolescents & young people

The Kenyan Context – HIV Burden

## Our Aspirations

i. Reduce new HIV infections by 75%

ii. Reduce AIDS related mortality by 25%

iii. Reduce HIV related stigma and discrimination by 50%

iv. Increase domestic financing of the HIV response to 50%

Progress in Reduction of HIV Incidence across 47 Counties (2018-2020)

Programming Challenges

1. From the HIPORS report 2016/17, only 12% of the registered NGOs reported through the HIPORS.

   1. 48 Governments
   2. 28 – Sectors
   3. 6,500 NGOs –NGO Coordination Board
   4. Over 70,000 Societies- Registrar of Societies.
   5. Thousands of CSOs

2. High levels of funding not necessarily translating into improvements in programmatic data and impact at community level.

3. Majority of IPs focusing on:

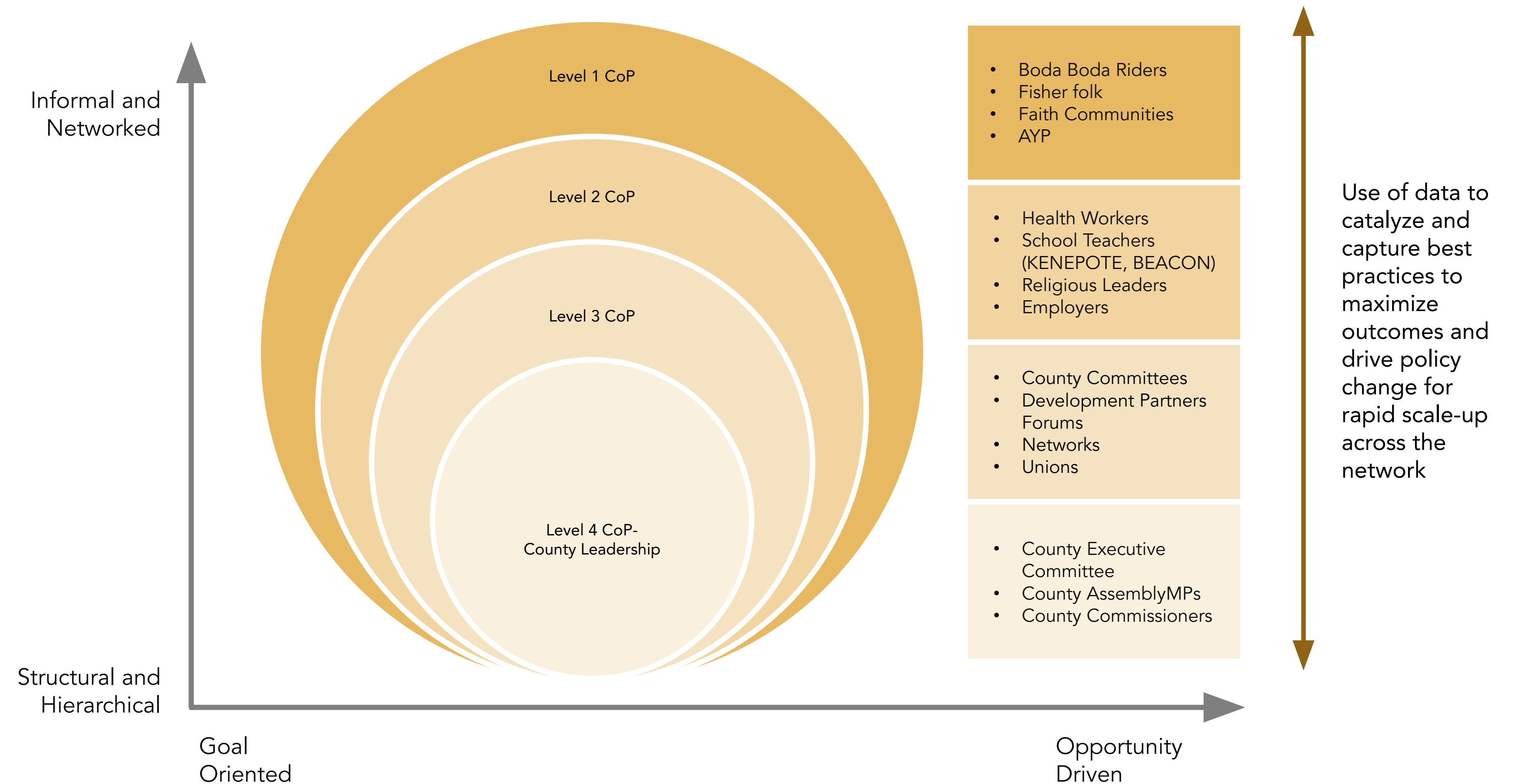   a. Biomedical and less on behavioural and structural interventions

   b. Some counties left behind

4. Coordination

Report for the FY 2016/17
http://nacc.or.ke/wp-content/uploads/2018/04/HIPORS-ANLYSIS-REPORT-2016-17-Final-Version.pdf

LISTEN Model

The **LISTEN Model** is an innovative and accountability network model to strengthen delivery of services in two select counties (Kiambu and Homa Bay) in Kenya

- Harnessing communities of practice (CP)

- Customizing data to each CP for more effective collection, use, and performance ("data diamond")

- Utilizing human-centered design to catalyze engagement of CPs and enhance innovation (the "glue")

Informal and Networked

Level 1 CoP

Level 2 CoP

Level 3 CoP

Level 4 CoP-
County Leadership

Structural and Hierarchical

Goal Oriented

Opportunity Driven

- Boda Boda Riders
- Fisher folk
- Faith Communities
- AYP

- Health Workers
- School Teachers (KENEPOTE, BEACON)
- Religious Leaders
- Employers

- County Committees
- Development Partners Forums
- Networks
- Unions

- County Executive Committee
- County AssemblyMPs
- County Commissioners

Use of data to catalyze and capture best practices to maximize outcomes and drive policy change for rapid scale-up across the network

Applying the LISTEN Model

Boda Boda Example

Multisectoral stakeholders

Efficiency + Accountability
- Integration of transportation, health, and education departments

Governor's Office

Addressing safety concerns
- Serving as contact when Boda Boda harassed or arrested
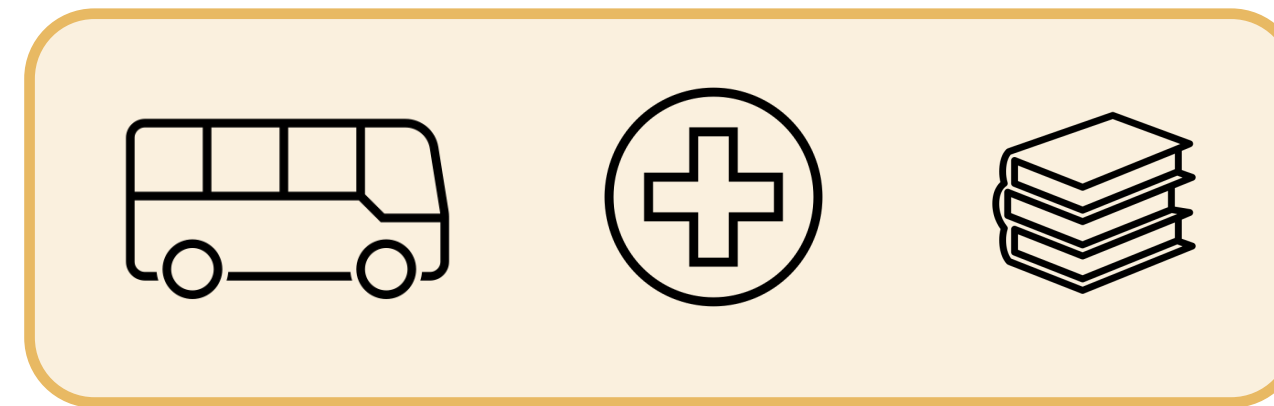
MOH / LISTEN Team

Layering HIV/New Technologies in what matters to the BBR – condom use, HIV testing, linkage to services

Boda Boda CP

Strong governance, using CP resources
- Commitment to increase condom programming and HIV testing
- 43,000 BBR Homa Bay; 1.2 million Kenya

HIV Prevention Achievements

4 Communities of Practice established

1. Boda Boda (motorcycle taxi drivers)
2. Fisherfolk
3. Adolescent and Young Population (AYP)
4. Faith sector

Kiambu

- 3,601 reached with HIV prevention and testing messaging
- 75,368 condoms distributed
- 119 AYP tested for HIV; 104 Boda Boda drivers tested for HIV

Homa Bay

- 3,200 reached with HIV prevention and testing messaging
- 26 condom dispensers installed; 159,840 distributed
- 814 Boda Boda riders tested
- 1239 fisher folk tested
- 50 men circumcised

- Strengthened Networks across the identified CPs
- Improved Coordination and information sharing
- Implementation of both Behavioural and Structural Interventions

Leveraging other resources to achieve 'quick wins'

CP	Quick Win*
Boda Boda Riders	• 1860 sensitized on road safety, 1200 licensed • 2200 linked to microfinance • 4000 issued with identification tags • Government funding for roads up by Ksh 150 Million
Fisherfolk	• Meteorological briefs on expected weather • 80 linked to insurance • Sensitization on search/rescue and water safety • 1500 educated on family planning; 20 linked to EC
Adolescent AYP	• AYPs linked to department of trade • Governor commits to allocate funds to HIV
Faith Sector	• HIV and wellness mainstreamed in sermons

Key Learnings

1. Community led HIV response is key to sustainability-enhanced through LISTEN Champions.

2. Local innovations such as LISTEN Model can catalyse:

   a. Promotion of access to key health and Non-Health services for both CPs and individuals

   b. Promotion of accountability for results

   c. Reduced duplication of services

   d. Enhancement of Strategic information for timely decision making

Data	Reporting	Analysis	Action	Value
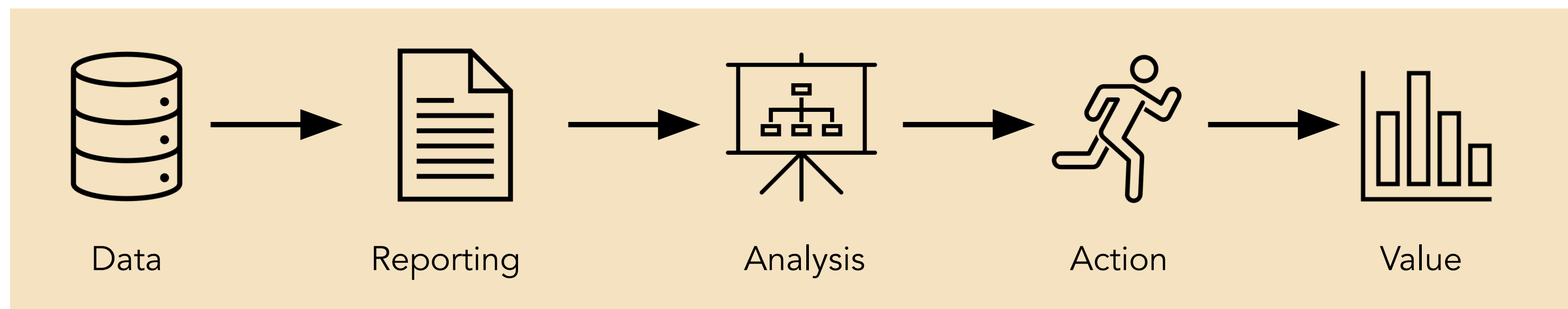
Application and adaption of the LISTEN model to COVID-19

1. Planning

- Identification of Responsible Structure, Define roles, Map Ecosystem and develop/Review guidelines.
- Resource Mobilization-NACC supported
- Dissemination of the Guidelines and information on Management of COVID 19

3. Monitoring, Evaluation and Reporting

- CP Champions being part of the Emergency response teams for sustainability of future responses
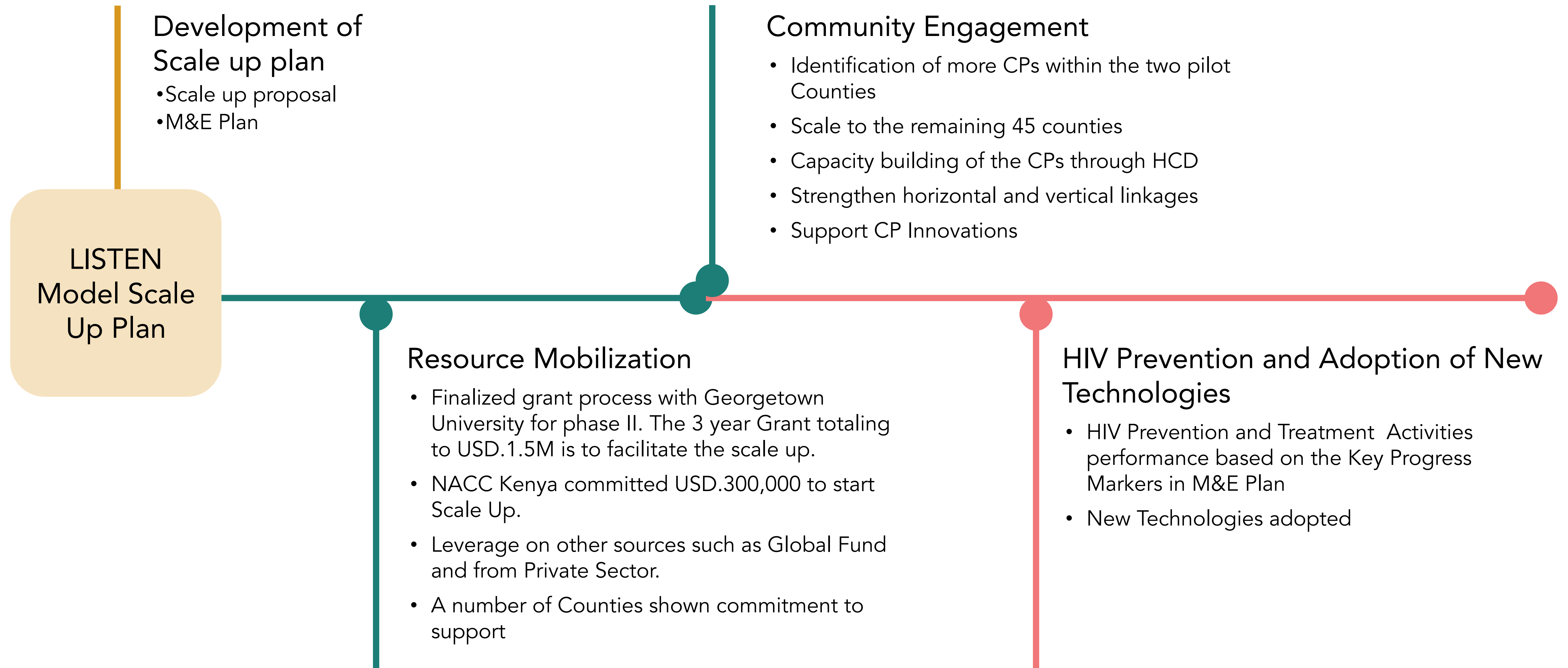- CPs monitored the situation, reporting cases in the system

2. Capacity Building

- Capacitate the CPs at both National and County levels

4. Implementation

- Community mobilization by CPs
- CPs participation in provision of hygiene facilities.
- Support with screening & isolation for COVID-19 cases
- CP support on timely linkages and referrals within the community

Vision to Scale

Development of Scale up plan
- Scale up proposal
- M&E Plan

LISTEN Model Scale Up Plan

Community Engagement
- Identification of more CPs within the two pilot Counties
- Scale to the remaining 45 counties
- Capacity building of the CPs through HCD
- Strengthen horizontal and vertical linkages
- Support CP Innovations

Resource Mobilization
- Finalized grant process with Georgetown University for phase II. The 3 year Grant totaling to USD.1.5M is to facilitate the scale up.
- NACC Kenya committed USD.300,000 to start Scale Up.
- Leverage on other sources such as Global Fund and from Private Sector.
- A number of Counties shown commitment to support

HIV Prevention and Adoption of New Technologies
- HIV Prevention and Treatment Activities performance based on the Key Progress Markers in M&E Plan
- New Technologies adopted

Scale up requires high political engagement

MOST VULNERABLE

War on HIV: Homa Bay targets boda boda riders

In a new strategy, NACC has come up with a programme that aims to educate the boda boda operators and fisherfolk on prevention and safe sex

The Star, 11 Dec 2019

In a new strategy, NACC has come up with a programme that aims to educate the boda boda operators and fisherfolk on prevention and safe sex.

The programme targets the leadership of the Boda Boda Association and fisherfolk, who will then pass the message to their colleagues, whom NACC is unable to reach physically.

It also aims to facilitate the two population groups to access HIV testing services and linkage to care. "We have decided to focus on the two population groups since almost all age sets and job sectors are involved," Amollo said.

…And without adequate equipped health facilities for testing along the beaches and islands, the fisherfolk may not be able to get access to the appropriate services and proper information regarding HIV prevention and medication.

Dept of Health Services Kiambu County
January 20 at 5:31 PM

The National AIDS Control Council (NACC) in partnership with Georgetown University Medical Centre is piloting a Business Process for Impact (BPI) model to enhance the attainment of Universal Health Care in Kiambu and Homa Bay County.

The pilot will focus on supporting the coordination of the youth-led Communities of Practice to improve healthy choices and uptake of health services among Kenya's Adolescents and Young People (AYP) and thus reduce future treatment costs and liabilities for insurance.

The department of Health Services thus held The Business process for impact (BPI),AYP YAC Substance Abuse ,NHIF registration ,Reproductive Health ,HIV/AIDS Sensitization meeting today at Kiambu County Offices grounds.

The chief guest was Ag James Njoro accompanied by the CECm Health Services Mary Kamau, County Director Health Services Dr.David Ndegwa, Director Public Health Dr.Kellen Kimani,Deputy Director Public Health Teresia Wanjiru ,Assistance Director Public Health Samuel Mureithi

A delegation from Swaziland paid the Ag Governor a courtesy call .The team is studying the BPI model being practiced in Kiambu County.

The event was also attended by over 500 Youth and Adolescents from 60 wards, Sub-County Public Health Officers, NACC,Afya Kamilisha and other health workers

+11

NATIONAL FIGURES DOWN

Nyoro blames high HIV rate in Kiambu on poverty and idleness

STANLEY NJENGA/ The HIV–Aids prevalence in Kiambu county remains high at four per cent, despite national numbers going down.

Youths and adolescents are the most affected at 40 per cent, Deputy Governor James Nyoro told a sensitisation forum at the county headquarters yesterday.

The forum, organised by Business Process for Impact, was attended by 600 adolescents and youths and a delegation from the eSwatini (formerly Swaziland).

BPI is an initiative of Georgetown University to combat HIV–Aids infections. Kiambu and Homa Bay are the only participating counties.

The deputy governor attributed the high prevalence rate to poverty and idleness.

"We need to think of social–economic activities leading to infection of the youth who are a very important component of our factor of production — human resource," Nyoro said.

He urged other counties, including Nairobi and Murang'a, to sign the deal so that there is a unified way of tackling HIV infections.

The county government has been tackling the economic empowerment of the youths by rolling out Jijenga Fund at subsidised rates, enhancing agribusiness, enhancing vocational training centres and rolling out sensitisation programmes.