

Text Me! Flash Me! Call Me!

Brief Overview

Given the repeated anti-MSM (men who have sex with men) attacks in the media, by politicians and religious leaders, and most recently by community vigilantly groups, it has become increasingly difficult for MSM to access health information and services in Ghana. Only a fraction of MSM that live in Ghana are being reached through peer education, HelpLine Counseling and drop-in-centers. mHealth and social media has transformed the ability of programs to reach most-at-risk populations (MARPs) or key populations (KPs) who are otherwise 'hidden'.

The USAID/GHANA Strengthening HIV/AIDS Response Partnership with Evidence-Based Results (SHARPER) project, led by FHI 360, aims to contribute to Ghana's national goal of reduction in new HIV infections by 50 percent by 2013 through delivery of an integrated project, tailored to the needs of key populations and their partners.



Launched in September 2008 under a previous USAID funded project, the Text Me! Flash Me! Helpline uses cell phone technology to provide KPs in Ghana with friendly and accessible HIV/ AIDS and other STIs information, referrals, and ART reminders through SMS and counseling services from qualified providers. These services are opt-in so only those that feel comfortable in sharing their mobile number to the project receive messages.

■ Geographic Coverage:

Ghana

■ Implementation Partners:

FHI360, under the USAID/Ghana SHARPER project, leads a team of partners which includes: The Ghana AIDS Commission, National AIDS Control Program, Ghana Health Services (GHS) and 33 Local NGOs

■ Funder:

USAID

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About Text Me! Flash Me! Call Me!

Text Me! Flash Me! Call Me! is designed to increase KP's access to and use of friendly and confidential HIV/AIDS and other STI information, referrals, and counseling services. It is also intended to reinforce information and key messages provided by peer educators and facility-based health workers, as well as provide a safe haven for first time or shy clients to make anonymous inquiries and get help. Finally, it seeks to strengthen the referral networks and community-facility linkages within the continuum of prevention, treatment, care, and support services for KPs.

The Helpline interventions enable clients to text or 'flash' (call and immediately hang-up which is free of charge) or call a Helpline Counselor (HLC) on duty. Each HLC is assigned a mobile telephone, and the phone numbers and duty hours are disseminated through social networks, discrete fliers, and by peer educators. Helpline counselors call clients back within 24 hours. Through telephone counseling, HLCs provide quality and confidential information on some ten HIV-prevention centered behaviors and prevention of gender-based violence (GBV) to the said target groups.

Currently, there are a total of 30 Helpline Counselors (HLCs) based at government HIV testing and counseling/STI clinics in six regions of Ghana. They receive calls from all regions of Ghana, and thus their telephone counseling services are offered nationwide. The HLCs are nationally certified HIV nurse counselors with the National AIDS Control Program (NACP) of the Ghana Health Service. Additionally, the SHARPER Project provides training for all recruited HLCs on communication, human rights, gender-based violence (GBV), other sexually-transmitted infections (STIs), and stigma reduction. The intervention also incorporates: a HealthyLiving SMS service where weekly health messages are sent to MSM and other KPs; LifeLine service where daily ART adherence reminders are sent to people living with HIV (PLHIV); and the use of mHealth!, a smart phone social media networking to reach 'hidden' MSM

Evaluation and Results

Between October 2011 and September 2012, over 63,000 SMS contacts were made, and 9,800 clients were reached

with HIV prevention information. Additionally, over 20,600 calls were made to MSM during the same period, (an average of 57 calls per counselor per month). An average call lasts twenty minutes.

Information from monitoring data of the project indicates that the main reasons for contacting the Helpline are to access information and advice about ART, HIV, and other STIs. In addition, as part of routine monitoring of the intervention, telephone-one-on-one interviews and focus group discussions (FGDs) conducted revealed strong clients' satisfaction.

"I sometimes forget to take my medicine but these messages are serving as very reliable reminders...These messages are my second 'Nyame' (Lord)."

Lessons Learned

- Consistent key message reminders have contributed to KPs seeking appropriate and timely health information and services.
- Confidentiality and non-discrimination provides KPs (especially MSM) with an assured medium to communicate.
- mHealth provides an effective means for health message recipients to participate in health promotion by enabling them to forward SMS messages to their peers.
- Inclusion of PLHIV in the target population for the Helpline counselors has reinforced information on ART adherence and provided an avenue to seek additional psychological and emotional counseling for positive living.

Conclusion

The monitoring and evaluation findings revealed that there was an increase in demand for information about HIV counseling and testing, as well as sexually transmitted infection, diagnosis, and treatment services. The SMS service and Helpline increased clients' knowledge of and intention to use condoms and lubricants. mHealth and social media have enhanced the ability of programs to reach MARPs who are most at risk of HIV but are also the hardest to reach.