



Measuring MCP

Looking back and moving forward

Presented at

Addressing Multiple and Concurrent Partnerships in Southern Africa: Developing Guidance for Bold Action

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Challenges for MCP measurement



- We do not yet know all the answers
- Partly, we are in current situation because of insufficient measurement approaches, foci, and techniques
 - Challenges in defining ‘when is a partnership concurrent’
 - Influence of risk perception on respondents’ responses
 - Limitations of collecting sexual behavior data in face-to-face interview
 - Challenges of collecting qualitative data ‘to scale’
 - Pre-occupation with indicators, without linking them to results / objectives (‘what does success look like’)



Challenges for MCP measurement



- Aim to cover 3 quick points as a basis for discussion:
 - What does success look like
 - Thoughts about what we need to measure
 - Thoughts about how do we need to measure



1. What does success look like?



1. CHANGE in **individual behaviour** (increased risk perception, followed by a national 'call to action' to minimise risk)

- Minimise risk by not engaging in MCP
 - Fewer partners
 - No non-regular partners (zero grazing, keep to your own kraal, remain a cabbage)
 - No secret partners
- If having MCP, minimise risk by using condoms and circumcising

2. CHANGE in society and cultural **norms**

- Built on current positive norms
- Decrease acceptability of MCP
- Strengthen the family unit
- Increase perception of responsibility in relationships towards partners and children



1. What does success look like?



- 3. CHANGE in **society's** explicit and implicit 'rules and regulations'**
- e.g. (i) positive and negative incentives for being a positive role model; and (ii) legislative changes

For these changes to take place, various programmes need to be implemented and advocacy undertaken, in a harmonised manner and mutually-reinforcing way

- 4. CHANGE in **HIV community's** priorities and practices**
- Explicit policies and stated priorities
 - More funding for MCP programmes
 - Harmonised and mutually-reinforcing messages
 - Experts that are experts



2. **WHAT** to measure to know whether we have been successful



- **Inputs** (resources to implement)
 - % of HIV funding spent on prevention
 - % of HIV prevention funding spent on MCP programmes
- **Outputs** (what implementers achieve by spending the resources they have been given)
 - % of community leaders trained in MCP
 - % of communities in which IPC programmes relating to MCP (incl. family unit strengthening programmes) have been implemented



2. **WHAT** to measure to know whether we have been successful



- **Outcomes** (what target audiences, institutions and society 'achieve' by changing their attitudes, perceptions, behaviour, norms)
 - % of persons who can correctly identify the risks associated with MCP and changes that would minimise risk (individual knowledge increase)
 - MCP prevalence (individual behaviour change), e.g.
 - Average number of partners per person in the last 12 months
 - % with multiple partners in the last 12 months
 - % of young women 15 – 19 who had a first sexual partner who was 10 years or more older (individual behaviour change)
 - % with multiple partners who have reported using a condom during last sex with non-regular partner (individual behaviour change)
 - More positive and fewer negative social & cultural norms (society norm change)
 - % of caregivers have discussed sex with the children for whom they are responsible (society norm change)
 - % of women participate in decisions about domestic life (society norm change)
 - % who express accepting attitudes about MCP (society norm change)
- **Impacts** (changes visible in society)
 - HIV incidence



3. **HOW** to measure whether we have been successful



- **Measurement tools**

- **Measuring the inputs and outputs**

- Measure through country and implementer programme and financial monitoring systems

- **Measuring the outcomes**

- Surveys (at national / sub-national level)
 - Operational research (at program level)
 - Qualitative measures: (bring to scale?)

- **Measuring the impacts**

- Surveillance
 - Incidence estimates

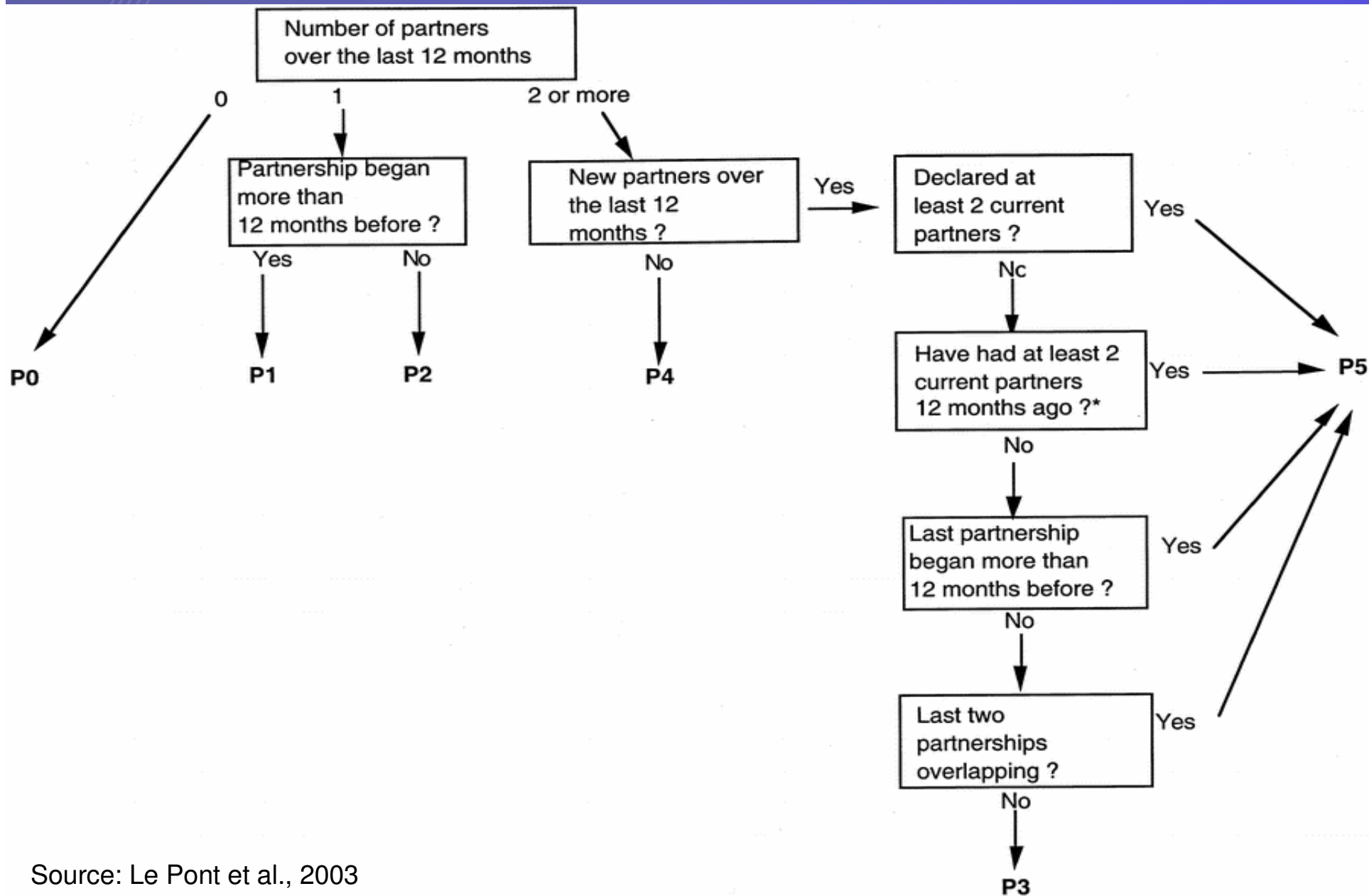


3. **HOW** to measure whether we have been successful



- Quantitative MCP measurement: substantial variation
 - Sampling frame and where respondents are sourced from
 - How concurrency is defined
 - How non-response bias is handled
 - How recall bias is handled
 - When concurrency is defined
 - Nelson et al (2007) compared the two methods and found that although both yield the same values for concurrency (56% reported concurrency by direct questioning and 54% by overlapping dates), the agreement between measures was only fair and each of the measures had dissimilar correlates.
 - The overlapping method also had many more missing variables (21%) than the direct question method (2%).





Source: Le Pont et al., 2003

3. **HOW** to measure whether we have been successful



- Quantitative MCP measurement: plans for the future
 - Global effort to better define and measure MCP
 - Meeting in April 09 to (i) define questions for MCP for inclusion in all future DHSs; (ii) produce guidance on complementary methods for MCP measurement; (iii) develop the MCP research agenda
 - Other existing / future efforts to conduct research in the region to address some of the knowledge gaps



The bottom line...



- In areas where changes in HIV prevalence *have* taken place, we are still arguing why (epi dynamics, behav change, which programmes have yielded behav change)
- In areas where changes in HIV prevalence *have not* taken place, we are not implementing programmes that will work, and not measuring changes
- Need to avoid this with MCP – essential to discuss MCP measurement from the start
- That said, cannot wait for perfect tools: “we can build the ship whilst sailing” (David & Daniel, Aug 08)

