

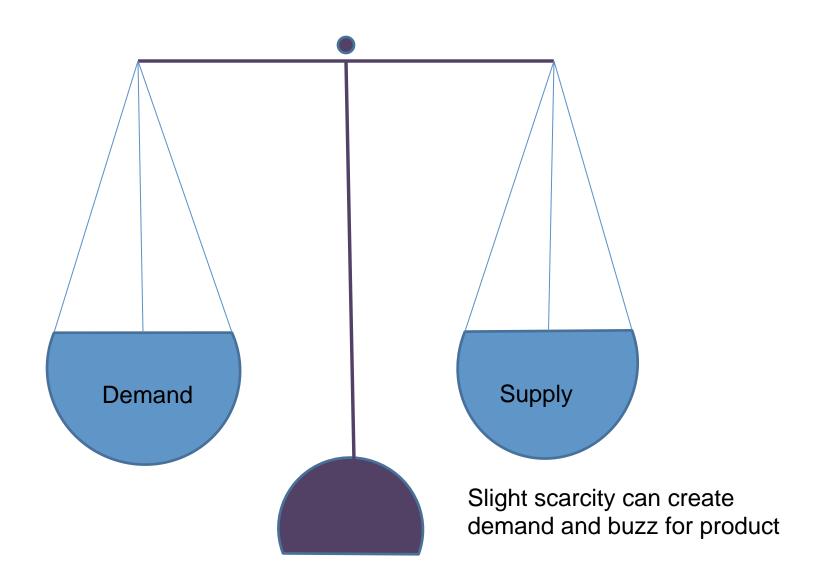




Getting to Know Key Audiences: Field Research that Informs Demand Creation Strategy

Hally Mahler, Jhpiego/Tanzania
Presented for WHO/PEPFAR VMMC Meeting
Johannesburg, South Africa
26 September 2012

In an Ideal World...



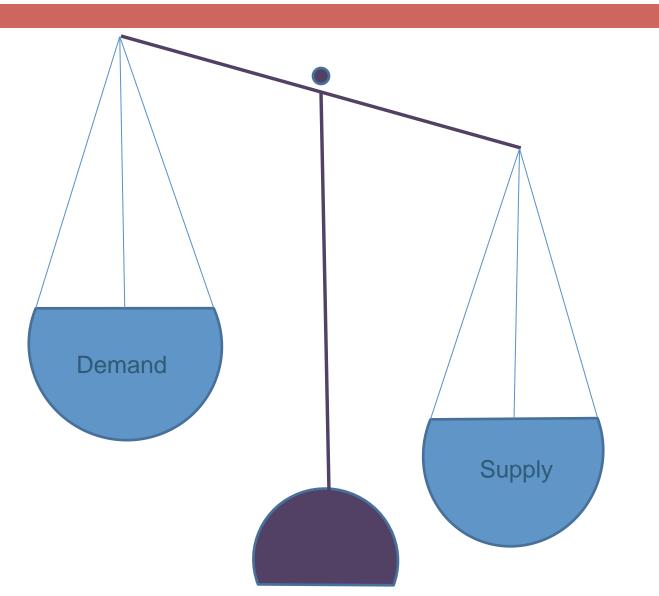
Supply Demand





Makambako Health Centre, June 2011

Problem Plaguing Many Countries



A Not So Ideal World

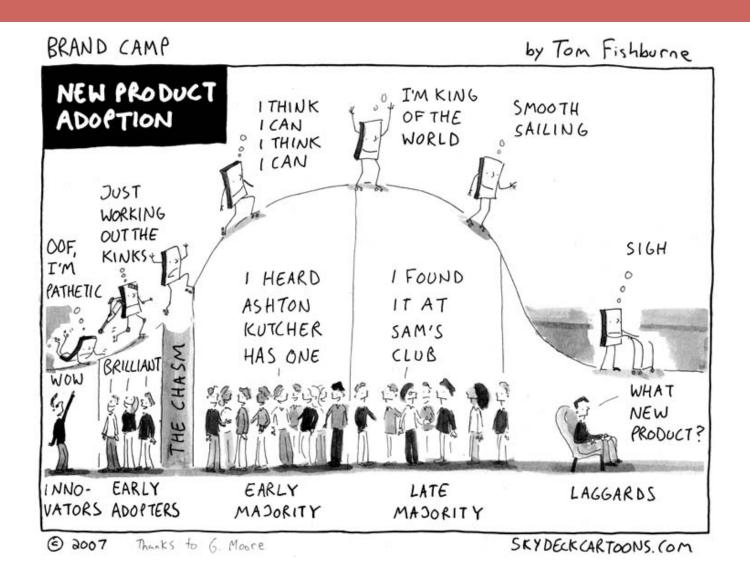
Empty Waiting Areas



Idle Providers



Diffusion of Innovations



Stages of Change Models

Different people need to hear different

things...



Something for Everyone?







Men

Kipeperushi

kwa aiili

ya Jamii

Orodha ya hospitali na vituo vya afya vinavyotoa

huduma ya bure ya Tohara kwa wanaume katika

Wanaume wenye umri wa miaka 20 na kuendele

0686 884 737 (rings) na 0686 884 233 (Tabora)

0=

Ili kujua zaidi kuhusu Tohara na faida zake tuma neno **TOHARA** ku

Vituo vya Mkoa wa Iringa

Kituo che Afye che Jechi 514 KJ, Mei
 Hospitali ya Wilaya, Mafinga
 Kituo che Afye Llockami

Hospitali ya Mkoa, Iringa
 Hospitali ya Tosamaganga

Hospital ya Lugoda
 Kituo cha Afya, Ngome

Hospital ya llufa
 Hospital ya llufa
 Hospital ya Wilaya, Mak

SUSAID

. Hospitali ya Wilaya, Ludewa

watapewa kipaumbele. Kwa walio chini ya umri wa miaka 18 ni l na wazazi au walezi wao.

Vituo vya Mkoa wa Tabora

· Hornitali ya Wileya Ninga

· Hospiteli ve Jashi Misembo

Sikiliza Radio ili kujua vituo vingine zaidi.

Adolescents and Guardians

When Demand Doesn't Match Supply (or isn't in the desired profile...)

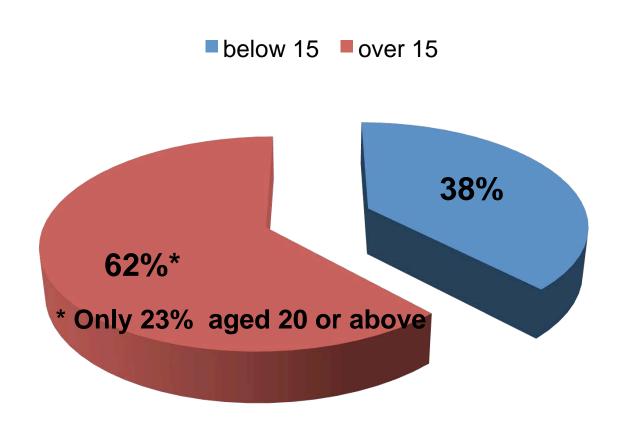
Investigate why



Example: Tanzania and Age of VMMC Clients



MCs by Age – All Delivery Models



"Embe" Formative Assessment

- In 2011 MCHIP conducted a formative assessment to explore facilitators and barriers to VMMC service uptake by clients aged 20 and above in Iringa region.
- Conducted other "dip stick" surveys and key informant interviews over the past year
- Issues fall into two categories
 - Socio-cultural barriers
 - Service delivery-related barriers

Socio-cultural Facilitators and Barriers

Facilitators	Barriers
Positive perception of circumcised men by both men and women	Strong preference for circumcision at pre-adolescence
Community thinks of circumcision as "clean", "hygienic"	Stigma associated with being circumcised after marriage, particularly after children (because of association between HIV/STIs and VMMC?)
Many women express preference for circumcised men	Fear of partners straying during the abstinence period
Women starting to talk to/try to convince their partners to seek VMMC	Lack of confidence in ability/desire to abstain for six weeks post-circumcision
Perception that circumcised men are better/more pleasurable lovers	Inability/lack of desire to take "off" the days needed to attend services and heal

Approaches – Build on Facilitators

- Greater engagement of female partners in making the case for VMMC
 - Increase in community mobilization and IPC directed towards women (and by women)
 - Print materials and radio designed to help women make the case to partners
- Reinforce positive perception of VMMC as "clean" and "hygienic"
- Allow women to say in their own words what they think of circumcised "lovers/partner"
- Use "satisfied clients" to make the case to other men and women

Address the Barriers (1)

- Try to mitigate link between HIV/STI prevention through VMMC and perceived promiscuity
 - Make additional case of VMMC as modern, clean, hygienic, free, preferred by many women (in community and print and mass media)
 - Link these attributes to being a good husband/ father



Address the Barriers (2)

- Enhance communication and practical skills of both men and women to prepare for and implement the abstinence period
 - Prepare men and women in the community prior to service provision – to make family plan (IPC and radio)
 - Enhanced post-operative counseling and brochure with practical tips

Service Delivery Facilitators and Barriers

Facilitators	Barriers
Availability of VMMC services is widely known	Loss of face associated with exposing genitals in public environment
Services perceived as high quality and safe	Loss of face in waiting with and being served along with younger people from the community
Community knows providers have been specially trained to provide VMMC	Service sites "overrun" with adolescents, particularly during campaign and outreach activities
Services are free	Services not always available when man is available

Build on Facilitators

- Continue to promote services as safe and free, offered by highly trained providers
- Use providers own voices to promote services via radio



Address the Barriers (1)

- Promote static sites as VIP services for adult men
 - May require moving away from MOVE-style high volume/assembly-line approach
 - Enhance privacy
 - Offer appointments
- Offer special service delivery days for older men during outreach/campaign activities
 - Tried that in November and February to limited effect because youth still came in larger numbers and providers did not turn them away

Address the Barriers (2)

- Offer separate waiting areas/service delivery areas
- Offer special hours for clients who need them
- Offer special mobile teams to serve older clients ONLY
- Consider static sites opened 6 days per week



When Something Doesn't Work

How will you know?



• Must keep retesting!



Revised Branding





Take Home Messages



- Effective demand generation efforts require knowing your audience and adapting to their needs
- When it isn't working, investigate and make changes! Keep going..

Thank You

