APPENDIX 3: PHASES OF VMMC-RELATED COMMUNICATION

Phase I: Demand Creation—Step I: Advocacy			
Objectives:	(1) Create an enabling environment by increasing political and social commitment toward leading VMMC service delivery efforts, and (2) Mobilize key financial and human resources		
Primary Audiences:	MOH, district departments of health, other relevant ministries, site management teams, feeder clinics, and other implementation partners		
Secondary Audiences:	Community leaders (e.g., mayors, councilors, traditional leaders, village elders); educational, business, faith, and community group leaders; local media		
Key Messages:	Health benefits of VMMC, information about the VMMC procedure, facts about introduction of services		
Channels/Activities:	Bilateral discussions, stakeholder meetings, group training		
Suggested IEC Tools:	Targeted fact sheets and/or brochures		
Phase I: Demand Creation—Step II: Social Mobilization			
Objectives:	(1) Mobilize the community to examine attitudes and social norms relating to VMMC, HIV prevention, and gender, (2) Accept VMMC as a healthy social norm relevant to manhood and responsible sexual behavior, and (3) Begin to seek out VMMC as an HIV prevention intervention		
Primary Audiences:	Community members (schools and teachers; workers; church members; men's, women's, and youth groups; etc.)		
Key Messages:	Health benefits of VMMC, partially protective nature of VMMC, role of males in accepting VMMC as one aspect of combination HIV prevention, gender issues related to VMMC		
Channels/Activities:	Small group activities, community theater, panels/debates, community media (e.g., call-in radio shows, local media coverage)		
Suggested IEC Tools:	Facilitation guides, flip charts, theater/radio scripts, press releases, targeted fact sheets and/or brochures, t-shirts for interpersonal communication (IPC) agents		

Phase I: Demand Creation—Step III: Focused Demand Creation			
Objectives:	Encourage communities and individuals to take an active role in demanding and seeking out VMMC services: (1) Motivate uncircumcised men to go for VMMC, and (2) Motivate partners and caregivers to encourage men to go for VMMC		
Primary Audiences:	Potential male clients of VMMC—target specific age groups, as locally appropriate (e.g., younger men ≤20 years, middle-aged men 21–40 years, and older men >40 years)		
Secondary Audiences:	Couples, partners (wives, girlfriends, lovers), and caregivers (mothers and grandmothers), guardians (and older brothers and sisters of orphans and vulnerable children [OVC] who are their guardians)		
Key Messages:	 VMMC is different from traditional male circumcision. VMMC reduces the risk of HIV infection by approximately 60%, providing only partial protection. VMMC provides reduction of ulcerative STIs among men and cervical cancer among women. VMMC reduces a man's risk of acquiring HIV through heterosexual intercourse by approximately 60%. VMMC indirectly protects the man's female sexual partner from HIV because circumcision reduces his HIV risk—and an HIV-negative man cannot infect a female sexual partner. Therefore, his female sexual partner(s)' risk of HIV will be decreased. However, for an HIV-positive man, VMMC will not reduce his risk of transmitting HIV to his female sexual partner(s). Correct and consistent condom use is critical for preventing HIV. Circumcised men still need to practice other HIV risk reduction strategies (e.g., reducing their number of sexual partners). Visit this clinic to proceed with VMMC. 		
Channels/Activities:	Peer-to-peer IPC activities, large events, road shows, broadcast media (local TV/radio), outdoor (billboards), print (magazines, newspapers)		
Suggested IEC Tools:	Facilitation guides, flip charts, banners, posters, flyers, referral/appointment cards, targeted fact sheets and/or brochures, t-shirts for IPC agents		

Phase II: Service Delivery—Step I: Initial VMMC Education and Counseling				
Objectives:	Inform potential clients, as well as partners, guardians, and family members about the facts of VMMC and combination HIV prevention			
Primary Audiences:	Potential male clients of VMMC—target specific age groups, as locally appropriate (e.g., younger men ≤20 years, middle-aged men 21–40 years, and older men >40 years)			
Secondary Audiences:	Couples, partners (wives, girlfriends, lovers), and caregivers (mothers and grandmothers), guardians, and older brothers and sisters who are guardians of OVC			
Key Messages:	 VMMC is different from traditional male circumcision. VMMC reduces the risk of HIV infection by approximately 60%, providing only partial protection, and condoms must be used consistently and correctly after VMMC. VMMC reduces a man's risk of acquiring HIV through heterosexual intercourse by approximately 60%. VMMC indirectly protects the man's female sexual partner from HIV because circumcision reduces his HIV risk—and an HIV-negative man cannot infect a female sexual partner. Therefore, his female sexual partner(s)' risk of HIV will be decreased. However, for an HIV-positive man, VMMC will not reduce his risk of transmitting HIV to his female sexual partner(s). Promotion of safer sex practices Delivery of risk reduction information Correct and consistent condom use is critical for preventing HIV. Reduction of multiple and concurrent partners will reduce risk of HIV infection. Follow-up visits on Days 2 and 7 are critical to ensure proper wound care and healing. Post-operative care during the VMMC recovery period requires hygienic wound care and six weeks of abstinence from sexual intercourse and masturbation. HIV and STI testing are part of the VMMC process. 			
Suggested IEC Tool:	Targeted brochures for each audience that reinforce key messaging			

Phase II: Service Delive	ry—Step II: Pre-Test HIV Testing and Counseling (HTC)		
Objectives:	Deliver risk reduction information and encourage HIV testing		
Primary Audience:	Male clients of VMMC		
Secondary Audiences:	Couples, partners, and caregivers (for on-site HTC or active referral)		
Key Messages for All Potential HTC Clients:	 HIV test results are confidential. Modes of HIV transmission in this community are Methods of HIV prevention are The process of HIV testing is Partner testing is very important and sexual partners should be referred by the HTC client, including for possible future couples counseling and HIV testing. 		
Key Messages for Consenting Clients:	Prepare consenting clients mentally for HIV results.		
Key Messages for Clients Who Do Not Consent:	 You should not hesitate to test for HIV. There are benefits to knowing your status. You are encouraged to seek testing in the future. You can visit the following locations for HIV testing in the future. 		
Suggested IEC Tool:	Referral card to provide active linkage to off-site HTC, if testing is refused		
Phase II: Service Delive	ry—Step III: Individual Post-Test HIV Testing and Counseling (HTC)		
Objectives:	Communicate HIV test results and offer support, where appropriate		
Primary Audience:	Male clients of VMMC		
Secondary Audiences:	Couples, partners, and caregivers (for on-site HTC or active referral)		
Key Messages: HIV-Negative Clients:	 An HIV-negative test indicates that no HIV antibodies are in the blood. When clients are given their negative test results, they should be screened for previous or ongoing risk for HIV infection. Providers should determine whether these clients are injection drug users, sex workers, or men who have sex with men; have high-risk or known HIV-positive partners; or have clinical indications for retesting such as newly acquired sexually transmitted infections (STIs) that would necessitate another test in four weeks. Providers should ask HIV-negative clients the following questions: Can you identify a specific incident of HIV exposure in the three months prior to your test (i.e., occupational exposure, unprotected sex with a known HIV-positive person, or sharing injecting equipment with a known HIV-positive person)? Providers should remind these clients that VMMC is only partially protective against HIV; so, it is important to practice other HIV prevention strategies in order to stay negative. Promotion of safer sex practices 		
Key Messages: HIV-Positive Clients	 HIV can be treated with antiretroviral therapy (ART). You should disclose your status to your partner(s) unless doing so will create a risk (e.g., undergoing gender-based violence after disclosure). Encourage your partner(s)/family members to be tested. You need to obtain your CD4 count to be able to access ART and/or learn about other care and treatment support available to you. You may still be circumcised if your CD4 count is greater than the treatment initiation threshold. VMMC will not reduce the risk of transmitting HIV to your partner(s). Your healing process may be longer; so, proper wound care is important. Use condoms consistently and correctly to prevent HIV transmission. Use this referral for active linkage to HIV care and treatment. 		

Suggested IEC Tool:	Referi	al cards to provide active linkages to off-site clinics for repeat testing as well
	as act	ve linkages to care and treatment, where appropriate

Objectives:	Encure prepar wound care and deliver rick reduction information		
	Ensure proper wound care and deliver risk reduction information		
Primary Audience: Key Messages:	 Male clients of VMMC Keep your penis bandaged, dry, and pointing upward for 24 to 48 hours. Adhere to all post-operative care recommendations, including returning for follow-up visit two to seven days after surgery, as indicated by the clinical staff. Continue to keep the wound clean by using mild soap to clean the penis. Contact this number () if you experience any of these warning signs 		
	 Follow the instructions on this appointment card, which indicates where and when your follow-up appointment(s) will occur. Abstinence from sexual intercourse/masturbation is necessary for six weeks. VMMC must be combined with other strategies to prevent HIV transmission. 		
Suggested IEC Tools:	 Brochure reiterating the above key messages Appointment card with emergency number and follow-up visit information 		
Phase II: Service Delive	ery—Step V: Routine Follow-up Counseling		
Objectives:	Ensure proper wound healing, and reinforce risk reduction messages		
Primary Audience:	Male clients of VMMC		
Key Messages:	 VMMC is only partially (approximately 60%) protective against HIV infection and condoms will need to be used consistently and correctly after your wound has healed. Abstinence from sexual intercourse and masturbation is necessary for six weeks. Please contact this number () if you experience any problems or adverse events (AEs). Here are male/female condoms for use once you re-engage in sexual activity. Female partners deserve respect; intimate partner violence is unacceptable. 		
Suggested IEC Tools:	 Brochure reiterating the key messages outlined above Appointment card for follow-up visit 		
Phase III: Ongoing Risk	Reduction Communication		
Objectives:	To ensure that circumcised men heal safely, champion VMMC, and increase the consistent practice of safer sexual behaviors following the procedure		
Primary Audience:	Men who have been circumcised through VMMC		
Key Messages:	 Abstain from sexual intercourse and masturbation for six weeks. Correct and consistent condom use is critical for preventing HIV—even after VMMC. Reduction of multiple and concurrent sexual partners will reduce risk of HIV infection. Use these active linkages for future HTC or HIV care and treatment (include a referral note[s], where needed). 		
Secondary Audience:	Female partners of VMMC clients		
Key Messages:	 Use HIV prevention strategies regardless of partner's VMMC status. 		
Channels/Activities:	 Short message service (SMS) text messaging campaigns 		