

Social mobilisation

Media

IPC

Traditional leaders

Female partners

Coordination

PROMISING PRACTICE: Lilongwe District VMMC Scale-Up (I-TECH, Malawi)

Key Promising Practices:

- Implementing lessons from other countries, including a study trip to Botswana in November 2012, information from MaleCircumcision.org, and studies from Kenya and Uganda showing that radio and interpersonal communication were most effective in creating demand for VMMC.
- Use of satisfied VMMC clients as community mobilisers (“Champions of Hope”) to stimulate demand and educate about the service using interpersonal communication (IPC).
- Recruitment and training of women as mobilisers of other women; entertainment-education strategies to sensitise and encourage women to support their partners to seek VMMC.

Introduction

The International Training and Education Centre for Health (I-TECH) is a VMMC service provider working to create cost-effective, scalable models of service delivery in rural and urban Lilongwe district, Malawi. The area is a traditionally non-circumcising area of the country (86% are uncircumcised), and initial resistance to VMMC was high. In 2012, I-TECH partnered with the Malawi Ministry of Health (MoH) and others to begin scaling up the country’s VMMC programme, and in October 2012 opened Bwaila Voluntary Medical Male Circumcision Centre in Lilongwe, circumcising 1000 clients in 30 days. I-TECH has undertaken a thorough community sensitisation process, including engaging the national media and local traditional leaders including clerics and chiefs. To promote services, the organisation undertakes geographically targeted demand creation efforts in advance of each of its 4-week outreach-based circumcision campaigns in both urban and rural areas of Lilongwe, in partnership with the Malawi AIDS Counselling Resource Organisation (MACRO) and district health management teams. Activities to foster demand include community dramas, roadshows, video vans, community meetings, talks at secondary schools and health facilities, and workplace interventions. I-TECH also carries out continuous outreach activities using print media (billboards, signs/banners, leaflets/flyers) and radio, and engages opinion

leaders and change agents to create demand for services. I-TECH has also trained a team of community mobilisers made up of satisfied clients and women to create demand for VMMC. Female partners are a critical secondary audience in I-TECH's outreach and communications strategy.

Target groups

- Primary audience: Sexually active men aged 15–49 years
 - Young men aged 15–24 years (mass media and entertainment emphasis)
 - Older men aged 25–49 years (interpersonal communication emphasis)
- Secondary audience: Female partners of uncircumcised men aged 15–49 years.

Scale and scope

Lilongwe District, Malawi: population of ~2 million

- Target population for VMMC: 300,000 of 402,000 men in target groups in Lilongwe District

Organizations involved

Lead

- I-TECH: partnership between the University of Washington and University of California, San Francisco

Funding

- Centers for Disease Control (CDC) with PEPFAR funding

Other partners

- Malawi Ministry of Health
- BRIDGE II Project (a collaboration led by Johns Hopkins University Center for Communication Programs)
- District health management teams
- Malawi AIDS Counselling Resource Organisation (MACRO) (primary provider of HIV testing in Malawi; offers risk-reduction counseling, education, support, and treatment)

to people who have gone through counselling and testing, and community mobilization and sensitization for VMMC).

- Malawi Business Coalition (HR managers of HIV//AIDS workplace programmes)
- Lilongwe Vendors Committee
- Lilongwe City Assembly
- Local police

Who is carrying out demand generation activities?

- I-TECH staff, MACRO (community mobilisation).

Management of demand creation

- I-TECH

VMMC activities

Activities include:

- Training the MoH workforce in VMMC according to national policy guidelines, and mentoring health workers in selected facilities
- Providing VMMC at designated fixed and mobile sites using MOVE
 - a. I-TECH operates its own fixed clinic with two circumcision teams and 4 beds, which can circumcise between 80 and 100 men a day
 - b. I-TECH participates in national VMMC outreach campaigns of approximately 4 weeks' duration in collaboration with organisations working in other priority districts, promoting its own services in Lilongwe district during these campaigns
- Supporting VMMC monitoring and evaluation in Lilongwe
- Strengthening supply chain management for VMMC materials and supplies
- Developing cost-effective, scalable models of VMMC delivery
- Documenting best practices in service delivery

The approach to Demand Creation:

Key messages

Messages were derived from the national materials produced by BRIDGE II in partnership with the MoH:

- VMMC is a minor, painless surgical procedure that does not impact on long-term sexual function as a man.
- Medical circumcision is not the same as traditional circumcision and won't change your culture or religion.
- Your friends want to follow in your footsteps: talk to them about the benefits of safe MMC.
- Keep the wound clean and abstain from sex and masturbation for 6 weeks, and use condoms to reduce risk of HIV infection.

Type of intervention

Since demand was high in anticipation of the opening of the Bwaila VMMC Centre, initial efforts were limited to posters and signs at Bwaila Hospital announcing upcoming availability of the service, followed by media sensitisation and training and radio promotion. Since the centre's initial success, and as VMMC service provision has been scaled up throughout the district, I-TECH has embarked on a broad-based mass media and community mobilisation programme to target demand creation to populations just before VMMC becomes available. I-TECH works in collaboration with the Malawi MoH to lead a multi-tiered demand creation approach involving mass media (including journalist training), entertainment-education efforts to sensitise and mobilise communities, advocacy with stakeholders and opinion leaders, and IPC techniques engaging satisfied clients who have been trained in social mobilisation and IPC as local mobilisers. Special interventions harness the potential of women to encourage their partners to seek VMMC, including interactive drama presentations and IPC to foster dialogue, address concerns, and empower them to discuss VMMC with their partners.

Rationale

No explicit behavior change communication rationale was stated, but messages target individuals' health knowledge, attitudes, and practices, supported by advocacy efforts targeting religious and traditional leaders and the media, and using satisfied customers as change agents.

Evidence base

The national-level VMMC situation analysis by the National AIDS Commission in 2010 showed that women have a key role in influencing men to seek VMMC, yet they may have cultural or religious reservations about the procedure, not know about the benefits of VMMC for themselves, or feel suspicious about a partner's interest in VMMC if he is in a monogamous

relationship. Additionally, many may not feel empowered to talk to their partner about sexual issues such as VMMC.

Audience analysis revealed that perceived barriers to change included knowledge gaps, misconceptions about 100% protection from HIV, fear of pain and complications, association of VMMC with religious/cultural practice, concerns about cost, and fear of a positive HIV test result.

Demand Creation

1. Research

- a. *Quantitative*: Early: use of national situation analysis. Mid-programme: assessment of referral patterns in early I-TECH campaigns through intake forms.
- b. *Qualitative*: Early: use of audience analysis to shape messaging strategy. Mid-programme: Rapid needs assessment to adapt national messages and develop street theatre approaches and dramas.

2. Campaign development: Development of a national campaign to promote and provide VMMC got a comparatively late start in Malawi due to resistance from traditionally non-circumcising populations, confusion about the impact of VMMC on HIV prevalence, and political tensions. Although many elements of the I-TECH campaign were rushed once services were rolled out, the campaign benefited from other countries' experiences with VMMC, including a study trip by I-TECH and other NGO and Malawi government representatives to Botswana in November 2012, information from MaleCircumcision.org, and studies from Kenya and Uganda showing that radio and interpersonal communication were most effective in creating demand for VMMC. The multi-tiered approach of mass media, social mobilisation and IPC is one being adopted by many implementing partners in Malawi.

3. Community entry (September–October 2012)

- a. Radio promotion of the opening of Bwaila VMMC Centre: To promote the clinic's opening day, September 30, 2012, implementing partners held an open panel discussion on Zodiac, one of the most popular radio stations in Malawi. MoH personnel and other stakeholders and service providers involved in VMMC

discussed VMMC on-air, and the lines were opened so that the public could call in with questions regarding VMMC.

- b. Media orientation: A day-long orientation was held by I-TECH for the media in October 2012 in collaboration with Lilongwe District Health Office. The orientation was designed to educate journalists about VMMC, dispel misconceptions, and encourage them to adapt messages to the local Malawian religious and cultural context, setting VMMC apart from traditional circumcision as primarily an HIV prevention measure and cautioning that it provides only partial protection from HIV. The orientation also aimed to foster more positive reporting on VMMC issues, as several online newspapers had run stories suggesting VMMC was leading to “sex sprees” and other undesirable outcomes, which threatened the success of VMMC campaigns. Sixteen representatives of media houses attended. The orientation included a tour of the Bwaila VMMC Centre. Subsequent to this media orientation, numerous positive and informative stories ran in Malawi and Lilongwe media.
- c. Advocacy through letter-writing to traditional leaders (Christian and Muslim clerics, chiefs in traditional authorities), asking them to consider VMMC as a strategy to protect the health and lives of those under their authority, and to support the efforts.

4. Community mapping

- a. Stakeholders and opinion leaders were identified at the outset, as Bwaila VMMC Centre was preparing to open, including traditional leaders, journalists, street vendors and their business liaisons, business associations, and female partners of uncircumcised men in the target group.

5. Community sensitisation (ongoing in advance of each campaign):

- a. Media
 - i. National media briefing one week prior to campaign start
 - ii. Media trainings (2 days)
 - iii. Tours arranged at field sites for media throughout 4-week campaign
- b. Signage and posters at Bwaila Hospital
- c. Continuing advocacy with stakeholders and opinion leaders

6. Community mobilisation (I-TECH with MACRO conduct 2- to 3-week demand creation campaigns in communities in advance of VMMC services becoming available at outreach and mobile sites. These are often in coordination with nationally publicised campaigns led in different districts by different service providers and demand creation entities.)

- a. *Community meetings:*

- i. Motivational and educational talks on VMMC are held by I-TECH at:
 - 1. secondary schools and tertiary education institutions
 - 2. workplaces
 - 3. health facilities
- b. *Film shows:*
 - i. I-TECH runs a video van, which circulates during the evenings during the demand creation campaigns, airing a short comedy film about a couple as the man goes through the process of getting circumcised, produced by BRIDGE II in collaboration with the MoH. The video is reported to be highly successful in motivating men to go for testing and VMMC.
- c. *Drama (theatre):*
 - i. Roadshows: These community events often take place on market days and engage a band to promote the roadshow. An intensive roadshow effort was conducted over 10 days in November 2012.
 - ii. Street theatre: Utilises participatory communication strategies to engage audiences in a dramatized, interactive conversation about VMMC. Messages are honed using rapid needs assessment conducted the day before the troupe begins performing. A portable public address system is used to advertise performances.
 - iii. Drama group performances: Many of these specifically target women. E.g., a youth drama group conducted an antenatal clinic performance at Bwaila Hospital to encourage women to support their partners to get VMMC, as well as to encourage them to seek testing for HIV, and to support their partners during the 6-week healing period after circumcision.
- d. *Interpersonal Communication (IPC):*
 - i. *Street vendor outreach:* With support from the Lilongwe Vendors Committee, the Lilongwe City Assembly, and local police to help address any security issues, community mobilisers encourage street vendors to get circumcised and also to encourage their many customers to get circumcised. The mobilisers select an area and speak to as many different street vendors in that area as possible, which stimulates discussion around VMMC in public spaces, and can create localised demand where VMMC will become available. Mobilisers also promote VMMC within the street vendors' association.
 - ii. *"Champions of Hope" – satisfied clients as mobilisers* (initiated June 2013) – analysing the last campaign from November 2012–January 2013, I-TECH found that 53% of referrals took place by word of mouth, and those encouraging VMMC were all satisfied clients. I-TECH piloted an ambassadorial approach identifying satisfied clients -- "Champions of

Hope” – at the Bwaila VMMC Centre to attract their peers to the center. Following the success of that approach, as the effort scaled up in rural areas, I-TECH selected available satisfied clients, many of whom are in the age group with highest demand (age 15–25) with good communication and literacy skills and conducted a two-day training in VMMC, IPC techniques, and strategic ways to approach individuals. Mobilisers work as VMMC ambassadors in the townships. For the first two months after training, attend a meeting each week to provide feedback and discuss challenges that have arisen (Meetings subsequent to this will be held every other month). Mobilisers work in teams of five and are grouped by township. They are paid as a group to reinforce teamwork; personal salaries and incentives are actively discouraged. The mobilisation team also includes three women to conduct IPC with other women.

- e. “*Mobile mobilisation*”: A public announcement system belonging to I-TECH is regularly used to announce events from vehicles or on foot in advance of roadshows, video van showings, community meetings, and street theatre.
- f. *Mass media*:
 - i. *Radio spots*: Short radio spots promoting VMMC were run covering the benefits of VMMC and postoperative care and recovery information. 20% of clients in the campaign from December 2012–January 2013 reported that hearing a radio spot had motivated their decision to seek VMMC.
 - ii. *Radio panel discussion*: An additional 7% of clients reported that hearing the panel discussion on the radio had influenced them to seek VMMC.
 - iii. *Television spots*: 10% of clients reported that seeing a television spot had encouraged them to seek VMMC. These spots were not run by I-TECH but by the MoH with communication partners.
- g. *Communication materials and tools for demand creation*:
 - i. For behaviour change communication, I-TECH primarily uses national-level materials developed by the BRIDGE II project in collaboration with the MoH.
 - ii. I-TECH also produced a pocket-sized leaflet to reach less literate clients in more casual, interpersonal interactions.
 - iii. I-TECH also puts up banners and billboards at strategic road points in Lilongwe
 - iv. 20% of clients in the campaign from December 2012–January 2013 reported learning of the campaign through banners/posters/signs in public places.

Evaluation of demand creation activities

I-TECH's VMMC activities are still in an early phase of implementation and have not been systematically evaluated.

Because it functions as both a service provider and a demand creator, I-TECH is able to solicit feedback from clients from recruitment through follow-up after circumcision. Intake/referral cards from the December 2012–January 2013 campaign showed that of clients, 37% heard about VMMC via mass media, 20% through signage and banners, and 10% through roadshows. As mentioned above, the majority (53%) had been motivated by positive feedback on their VMMC experience by a peer.

Adverse events have occurred in <0.05% of procedures, which bolsters the efficacy of the ambassadorial community mobiliser approach. Since the community mobilisers were trained (June 2013), bookings at the I-TECH clinic for VMMC have nearly doubled, and on some days the clinic must turn away up to ten people.

Successes / Challenges

Successes

Key elements that have helped demand meet or exceed supply in I-TECH static and mobile sites:

Functioning as both a service provider and demand creator allows I-TECH to use its mobilisation team to coordinate and calibrate demand creation with service availability and capacity. This 'single roof' approach offers advantages over arrangements where one organisation creates demand in advance of another organisation providing VMMC services. This improves coordination of services and improves efficiency of demand creation. Additionally, this approach helps the communication team better understand clients' concerns, including their experience of the procedure, payment issues, and other clinical concerns including adverse outcomes and HIV test results.

Using referral data to justify expansion of IPC using "Champions of Hope": I-TECH found that this approach was most effective in generating demand and has expanded and solidified this approach through teams of mobilisers in communities. The impact of this expansion has not been rigorously evaluated, but bookings for VMMC have nearly doubled since these teams have gone out.

Targeted mobilisation activities: Although a systematic evaluation of demand creation has not been conducted, I-TECH feels that its targeted mobilisation activities, including reaching out to vendors, promotion of VMMC among female partners, and street theatre are working well, based on demand for services exceeding supply, especially at static sites.

Involving women as change agents, reaching them as a target audience through drama, community meetings, and one-on-one IPC between female mobilisers and partners of men eligible for VMMC.

Publicising and incentivising successes as an opportunity to generate more success: when the Bwaila VMMC Centre served its 1,000th client in 2012, that client received a special gift from the District District Health Officer for Lilongwe in the presence of other government officials, the media, and members of the public.

Advocacy at national level with religious leaders: Efforts to reach out to traditional leaders have borne fruit -- the Catholic bishops in Malawi have now publicly endorsed VMMC for HIV prevention.

Challenges & their mitigations

Developing specialised materials (with approval from the national communication partners) when national-level materials appeared to be less effective or comprehensible among I-TECH's particular target audiences. These new materials were designed by I-TECH with the aims of simplicity (uncomplicated language and clear graphics), portability (small size), and sharability between mobilisers and potential clients. This has overcome some of the coordination challenges regarding availability and timing of delivery of the nationally produced communication materials, which were only finalised in March 2013 and have sometimes not been available when needed.

Utilising client feedback: While I-TECH has the strength of following clients through from recruitment to recovery, it is unclear whether client feedback is incorporated within a strategic evaluation framework, and how this can be used to increase efficiency, address client concerns, and improve mobilization efforts.

Need for evidence-based practice: While I-TECH has been proactive in incorporating best practices from other countries and organisations, as well as shaping its activities to address the findings of the national situation analysis and barrier analysis, it is unclear how robust the collection of data on demand creation will be. Both service delivery and demand creation efforts are still in their infancy, and the project has proven responsive to early indications of

what works and what doesn't (e.g., use of peers as community mobilisers, emphasising effective IPC).

Scale up opportunities

I-TECH was specifically tasked by the CDC and PEPFAR with scale-up of VMMC services in Lilongwe, which before its designation as a priority VMMC area had had VMMC available only as a fee-for-service procedure in limited facilities. Its early successes with its static circumcision site in urban Lilongwe and its subsequent involvement in mobile outreach campaigns in rural areas may provide useful examples of how to balance demand creation with supply of VMMC services as they are made available.

The ambassadorial approach using satisfied clients as mobilisers serves as an example that could be replicated in other parts of Malawi, as it has been done in other VMMC priority countries. Involving women in these mobilisation efforts marks a means by which older men and men in multiple concurrent partnerships may be encouraged to seek VMMC.



"This is how VMMC works": I-TECH Community Mobilisation Specialist Pius Mtike engages with vendors in the streets of Lilongwe



Mobilising female partners for VMMC: drama group performance in antenatal clinic waiting area of Bwaila Hospital, Lilongwe



Bwaila VMMC Centre (static site), urban Lilongwe, Malawi