

**PROMISING PRACTICE Tanzania: IntraHealth International & TAYOA:  
Community Mobilization and SMS Technology**

**INTRODUCTION**

**Key Promising Practices:**

- Integrated approach to Voluntary Medical Male Circumcision (VMMC) training and service delivery
- Effective partnership with local NGO TAYOA to collaborate on demand creation
- Effective use of existing community networks via ‘Popular Opinion Leaders’
- Innovative approach combining SMS technology with Popular Opinion Leaders at grass roots level to create tailored strategy for reaching older men
- Government and private sector buy in to SMS strategy.
- Adaptation of IEC materials to suit local communities

**Introduction:**

IntraHealth International<sup>1</sup> delivers a portfolio of health and HIV related programs in Tanzania, which includes a comprehensive package of VMMC for HIV prevention and associated demand creation activities.

Through the Tanzania HIV Prevention Project (THPP), IntraHealth International is currently implementing a five year (September 30, 2011–September 29, 2016) United State Centers for Disease Control and Prevention (CDC) project funded by the President’s Emergency Plan for AIDS Relief (PEPFAR).

This is the follow on to the highly successful Provider–Initiated HIV Testing and Counselling (PITC) Project. THPP supports the Ministry of Health and Social Welfare (MOHSW) National AIDS Control Programme (NACP) in strengthening, expanding and sustaining high quality HIV Testing and Counselling (HTC) Services in seven regions, Gender Based Violence (GBV) clinical services in Mara Region and a comprehensive package of VMMC services for HIV prevention. Initially the funding for VMMC provision was just for one region (Shinyanga) but it has since been expanded to three (Shinyanga, Simiyu and Rorya district of Mara Region). The project also focuses on building the capacity of the MOHSW/NACP through grants and technical assistance.

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<sup>1</sup> <http://www.intrahealth.org/page/tanzania>

In 2012 IntraHealth partnered with a local NGO, the Tanzanian Youth Alliance (TAYOA) to launch an intensive social mobilization initiative which utilizes mobile telephone SMS and Popular Opinion Leaders on the ground to increase demand for VMMC services among adult men aged 20 years and above in the Shinyanga and Simiyu Regions. TAYOA has much experience of demand creation among young people and other social groups, and so the partnership capitalises on TAYOA's existing networks and innovative SMS programme.

IntraHealth has performed approximately 141,711 circumcisions since the projects began (November 2010 to July 2013).

### Target Groups

- IntraHealth focuses on general demand creation among youth and men aged 10 years and above, prioritising men (20 years and above) who are at a higher risk of contracting HIV.
- Secondary audiences include wives and partners of these men.

### Scale and scope

Static, outreach and campaign sites: IntraHealth currently supports eight static VMMC centres in Shinyanga and Simiyu regions and is planning to expand VMMC services to two more static facilities by September 2013.

IntraHealth will continue to support, roll out and strengthen VMMC services in Shinyanga and Simiyu regions and will shortly begin offering VMMC services in the Mara region (Rorya district).

The project targets to circumcise **100,000** men and boys from October 2013–September 2014 using the following strategies:

- **Daily provision of facility based VMMC services** on week days in fifteen MC clinics (8 old and 7 new sites). In collaboration with Hospital MO in-charge and Hospital Matron/Patron MC providers will be allocated on shift daily to provide VMMC services

in all 15 MC clinics. Fast tracking of older clients seeking services will be given priority. Efforts will be made where possible to serve older clients in a separate room at MC clinics. .

- **District focus mass campaign approach:** This will include intensive community sensitization in partnership with TAYOA and local authorities in the community, various demand creation activities, proper documentation process and provision of VMMC services to reach a high number of clients. The district focus campaign will be conducted biannually in four districts with high populations and high HIV prevalence rates: Rorya, Kahama, Bukombe and Meatu districts.
- **District mobile/outreach approach:** The district hospitals will conduct VMMC mobile/outreach events to lower level health facilities each quarter for a two week period in order to reach men in rural areas. Counselors in rural health centers will undergo VMMC counseling and follow up training and be used to recruit and book clients for VMMC services on allocated days for outreach visits, provide counseling on the benefits of MC in context of HIV prevention, provide HTC services and post-operative follow-up services for VMMC clients.
- The project will **strengthen health education** in other hospital departments on the benefits and availability of VMMC services and providers working in different sections will be encouraged to refer clients to VMMC clinics.
- Quality Assurance and mentoring of VMMC services using MC trainers will be given priority in order to maintain the quality of service provision.

Scale / scope of the SMS helpline: This is a national service covering areas of ART, VMMC, EMTCT, GBV, IDU and condom use, However SMS for VMMC demand creation is operative only in Shinyanga. TAYOA is currently planning to scale this up to the other two regions and offer a 24 hour helpline service. Currently it is operative 12 hours a day.

### Organisations involved

**Lead:**

- IntraHealth is the lead partner, and has signed an MOU with TAYOA for collaboration on demand creation, including the SMS component of the project.

**Funding:**

- The Tanzania HIV Prevention Project (THPP) is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) via the US Center for Disease Control and Prevention (CDC)
- TAYOA is funded by President's Emergency Plan for AIDS Relief (PEPFAR) via the US Center for Disease Control and Prevention (CDC) (5 year Behaviour Change Communications Projects).
- IntraHealth/TAYOA VMMC SMS project is funded by President's Emergency Plan for AIDS Relief (PEPFAR) via the US Center for Disease Control and Prevention (CDC)

**Partners:**

- Ministry of Health and Social Welfare (MOHSW)
- National AIDS Control Program (NACP)
- TAYOA (demand creation partner)
- Tanzania Commission for AIDS (TACAIDS)
- Regional and Local Government Authorities including Regional and Council Health Management Teams (R/CHMT)
- Hospital Management teams and Male circumcision providers
- Community health networks.

**Who is carrying out demand generation activities?**

- TAYOA SMS and National Health Helpline Counsellors
- TAYOA/IntraHealth social mobilizers
- TAYOA Popular Opinion Leaders (POL's)
- Local Health Workers (Male circumcision providers)

**Management of demand creation**

- IntraHealth and TAYOA

**VMMC ACTIVITIES****VMMC activities**

IntraHealth works through the existing government channels and facilities to integrate VMMC into their healthcare programmes. IntraHealth works closely with R/CHMT members, VMMC trainers and VMMC health care providers already based at facilities, training them in VMMC. The teams then deliver a comprehensive package of VMMC services including counselling on the benefits of VMMC in the context of HIV prevention, HIV Counselling and Testing services, STI screening and treatment, Male Circumcision surgery, post-operative management and follow up appointments, referral for other services, counselling on risk reduction and safer sex, and promotion and provision of male condoms.

VMMC is provided during normal working hours at static facilities at hospitals and health centres. IntraHealth also organises outreach services and campaigns which take clinical teams from district hospitals to deliver VMMC in harder to reach places.

## **THE APPROACH TO DEMAND CREATION**

### **The Approach to Demand Creation:**

#### **Key message(s)**

- All health workers are trained to explain the benefits of VMMC, the details of the procedure itself, and to answer questions of popular concern such as pain, healing times, and whether it will affect a man's performance.
- The SMS service follows the key messages set out in the Tanzanian Technical Working Group's Handbook, which covers the benefits, risks and key questions in detail. SMS messages are designed as reminders for appointments, follow ups, and reminders on wound care and SRH post operation.

#### **Type of intervention**

While IntraHealth's core work is VMMC delivery rather than demand creation, its teams engaged in a variety of community mobilisation activities including health talks, IEC materials, public announcements and engaging with local opinion leaders, religious leaders and health workers.

In 2012 IntraHealth partnered with the Tanzanian Youth Alliance (TAYOA), a non-profit NGO with a strong track record of demand creation activities in other health and social welfare related fields. The partnership is primarily to conduct community sensitisation with "older men" using TAYOA's network of Popular Opinion Leaders, and their successful free SMS system which has been used for similar health messaging.

## **Rationale**

IntraHealth focuses on increasing the uptake of services among older men who are at higher risk of contracting HIV, and therefore aim to achieve a higher impact on reduction of incidence of HIV, through offering these men VMMC. TAYOA employs behaviour change theory in its messaging and helpline advice delivery.

## **Overall intervention activities**

Approach: Promotion of VMMC uptake through a mixture of “on the ground” social mobilisation, supported and strengthened by a partnership with TAYOA which has led to specifically targeting older men with a mix of peer education and SMS messaging.

## **DEMAND CREATION ACTIVITIES**

### **Demand Creation Activities**

#### **1. Social Mobilization through local health networks**

TAYOA employs an outreach team of 2 social mobilizers who organise meetings with local officials such as Ward Executive Officers and Village Executive Officers to raise awareness about VMMC and availability of services, so that they can cascade the information down to their communities. IntraHealth trains health workers at MOHSW facilities to mainstream VMMC information into a variety of their activities. These include discussions and counselling with patients, health talks at Reproductive and Child Health clinics and at outpatient centres, and referral of patients to VMMC centres from other health facility departments. TAYOA does not provide incentives to social mobilizers per referral.

TAYOA also invites local health workers to demand creation activities such as mobile cinema sessions and community outreach at schools / markets so that new clients can engage with them to ask any medical questions.

#### **2. Community Outreach using PA vans and mobile cinema**

During outreach services and campaigns TAYOA and IntraHealth send teams into nearby towns and villages to make public announcements using a roving van and PA system. This has proven very effective in the more rural areas, where locals do not have good access to

TV or radio and do not own phones or have a good enough signal to receive the IntraHealth/TAYOA SMS messages (see below).

PA vans will travel 10–16kms from the VMMC site during campaigns, and will do a circuit of nearby villages starting from two weeks before the campaign or clinical outreach, and continuing every day until the service finishes.

Then PA announcements are fairly generic, music is sometimes played and the mobilizer will welcome people as they stop to listen, tell them about the benefits of VMMC and the availability of the VMMC services in their locality – specifically that it is free, where to get the services, what kind of services they will receive and that men aged over 20 will get priority.

TAYOA also makes use of a mobile cinema van during outreach and campaign times, which is entrusted to TAYOA by TACAIDS. They use this to show a video about VMMC (an English video from Zimbabwe which is translated simultaneously into Swahili) followed by Q&A sessions conducted by social mobilizers. TAYOA supplies Popular Opinion Leaders to attend these events (see below). The film lasts 5 minutes and is followed by discussion about HIV and the content of the video. The team sometimes invites satisfied clients / role models to tell their stories, and selected male circumcision providers also attend to answer technical questions.

The teams have found that the mobile cinema has been particularly effective when working in areas where the literacy level is low, but through showing short films and making announcements, people can still find out about their nearest facilities and make appointments.

### 3. Strategy for men over 20 years: Partnership with TAYOA

As the delivery of VMMC rolled out, IntraHealth noticed that few men aged 20 years and above were coming to services and started to focus on ways to attract men aged 20 and above. The team experimented with special clinics on Saturdays, and engaging with community opinion leaders. As a result they saw some increases in numbers, but wanted to put in place a much more systematic way of reaching out to older men in large numbers. So IntraHealth contacted TAYOA, an NGO with successful experience of mobilising young people for health and welfare projects through community networks and mobile phone technology. The organisations decided to partner on a project to capture older men's (20 years and above) interest through SMS and on the ground mobilisation. IntraHealth believed its service delivery expertise and knowledge of the client base, coupled with TAYOA's

experience of demand creation, could together create more significant and sustained impact on men aged 20+.

*Men attending IntraHealth outreach clinic in Meatu, Shinyanga Region.*

• About TAYOA

Tanzania Youth Alliance (TAYOA) is a non-profit Non-Governmental Organization. It is an alliance of partners through programs designed to serve youth in urban and rural areas based in Dar es Salaam.

TAYOA describes itself as a vibrant indigenous organisation, which in its 14 years of existence has used Information Communication Technology (ICT) to transform Tanzanians dreams into reality.

TAYOA embraces creativity and innovation through the use of ICT on projects aimed at improving health, education, gender equity, leadership, good governance, employability and entrepreneurship. TAYOA works to empower young people in Tanzania to take charge of and engage meaningfully in improving their quality of life, striving for lives free from poverty and diseases.

TAYOA also runs programs for adults, as it recognizes the huge interaction at play between youth and adults. TAYOA has been delivering a range of Behaviour Change Communications projects funded by CDC.

TAYOA operates an SMS and Health Helpline Call centre, under a Memorandum of Understanding between TAYOA and the Ministry of Science and Technology under the auspices of Tanzania Communication Regulatory Authority. The SMS platform is connected to a short code number (15017) over all networks in Tanzania, enabling participants to request and receive messages at no personal cost to the end user. Experience gained from the helpline has provided TAYOA with unique insight into specific information people need through frequently asked questions.

TAYOA also runs the 117 Afya/AIDS Helpline, a toll free national service providing a wide range of information on HIV/AIDS Treatment & Prevention including ART, voluntary counselling and testing, prevention of mother-to-child transmission (PMTCT), VMMC, STD's, relationships, Gender Based Violence, Behaviour Change and possible avenues for treatment including anti-retroviral therapy and rapid referrals free of charge to callers across the country.

The helpline is currently serving 800–1000 people per day and has helped over 1.8 million people to date.

TAYOA's ICT interventions have won a number of national and international awards for being relevant, convenient and effective.

- SMS Demand Creation for VMMC

When the opportunity arose to bid for CDC funding to deliver VMMC demand creation, TAYOA successfully put together a package to expand and combine the success of their SMS helpline with their existing social network in the community (Popular Opinion Leaders).

The SMS system for VMMC needed to be designed so that the team knew who they were targeting, so that they could reach out to older men specifically and avoid subscribers who didn't need the VMMC service.

The problem with using normal mass media and text advertising to publicize the service was that there was no way of telling where the responder got the number from, and anyone (e.g. girls, already circumcised men) could subscribe. TAYOA wanted to make sure they were sending tailored messages only to the men they knew needed the service.

This is where Popular Opinion Leader networks came in (see below). POL's register the mobile numbers of older men to enable them to start receiving free SMS messages and reminders each day on VMMC. The SMS helpline is not advertised on TV or other mass media, but instead the word is spread by POL's, health workers and satisfied clients, so that TAYOA can keep a check on who is signing up.

POL's take details such as the man's age, gender, where they live, and their needs – i.e. if they are ready for VMMC / would like more information / would like counselling etc. The specific detail even goes down to when they would like to have an appointment, so that when they are contacted by SMS, they can confirm or change the time and date for their VMMC procedure.

The collected data is imputed onto TAYOA's database, so that SMS's can be sent targeting a given age group or men in a certain locality depending on when services are available.

The strength of sending SMS messaging is that the man can be reached personally before, during and after he has gone for VMMC. All men who turn up at IntraHealth VMMC sites are given the opportunity to sign up to the system, so that even if they didn't receive text

messages before they had the procedure, they can still access the advice about post-operative care and follow up appointments via SMS.

*TAYOA SMS software.*

- Messaging

Once a client's details are entered into the TAYOA software, a series of 25 messages in Swahili start rolling out for a period of 6 weeks. The client is sent one message a day for 17 days about the VMMC concept in general, the importance and benefits of VMMC, dispelling of common myths or misconceptions (e.g. it leads to infertility), and if applicable, the availability of service in that client's area.

The software is able to filter and sort the clients depending on age, location and that person's stated preferences, so that the team can create "message groups" such as 'men over 20'. Older men can then be targeted with messages more appropriate to them, i.e. the benefits of VMMC to wives and partners.

As and when IntraHealth has details of outreach and campaign sites, TAYOA will then send details of where the service is going to be, for how long and what the client can expect from the service.

These localized SMS messages will be sent out a week before the campaign begins, with a reminder that the client has subscribed to the VMMC service and it is now available at Meatu, for example. Clients who specified a date and time preference will also be sent a reminder of this, which functions as an "appointment" text that they can show at the clinic to get priority service.

Once circumcised, each client gets a "congratulations" message. IntraHealth and TAYOA see this as another way to carry out interpersonal demand creation, as the clients tend to show their peers the message and talk about it as an achievement - "I've been circumcised, have you?"

There is much anecdotal evidence from the teams on the ground of men turning up for VMMC who have seen peers receive the text messages and so have come to the service to check it out for themselves.

The clients who receive VMMC services also all receive post circumcision and follow up instructions on proper wound care via SMS.

After any man attending an IntraHealth clinic has had VMMC, he is given a card to fill in with his mobile number so that he can start receiving the follow up messages, even if he did not previously subscribe to the service. IntraHealth is keen to do some analysis on whether the clinics get more follow up appointments with men who are using this SMS system, compared to normal follow up appointment cards.

- Message Design

The content of the messages has been broadly adopted from the agreed text in the 'client information book' put together by the Tanzania VMMC Technical Working Group. The client information book was consulted on by implementers and is used by them during counselling and demand creation activities.

IntraHealth also designs a couple of additional messages to supplement the factual information and target certain groups, e.g. an SMS saying clients aged 20 years and above will be given priority.

The team has also been able to tackle some local myths and social norms through SMS. For example, the traditional way to 'test' oneself after being circumcised is for the man to go and have sex to prove he is "okay". The quickest route to do this may well be to visit a prostitute. So the team has devised messages for men in this region to underline the importance of the six week abstinence period, and to reassure men that they will be able to have sex normally after this time.

IntraHealth and TAYOA also carry out pre-testing of the SMS messages and send the content to TACAIDS and National AIDS Control Program (NACP) for approval before the messages are made public.

- Capturing the interest of older men

The team thinks the SMS system appeals to the older man as each SMS is received as personal message tailored at that individual, and so when turning up at the site they are proud to show they have a message which gives them priority access.

This 'personal SMS appointment' approach contrasts to previous situations when adults may have felt discouraged. A high percentage of the Shinyanga population work in farming, and so there have been instances where adult males having heard about the campaign, turned up and found they had to wait for a few hours, but then had to leave before getting seen, due to work commitments. This SMS system of being able to show they have an

appointment means their time is not wasted and they are more likely to turn up knowing the slot has been booked for them.

- Client feedback / interaction and further advice

Approximately 20% of clients send a reply to the SMS service. These are usually questions or concerns they have about VMMC. The most frequent topics include:

- How long does it take to heal?*
- Can I have sex after a week or two?*
- Can I still get HIV after being circumcised?*

Frequent questions from older men have included:

- Will I still be able to perform the same as before?*
- I've been having sex without being circumcised, why is it important for me now?*

Trained Counsellors respond to these questions in line with advice in the national VMMC booklet which is available in the helpline database. Helpline answers are monitored by and their answers are monitored by NACP and TACAIDS.

IntraHealth and TAYOA also recognize that not all queries can be dealt with via SMS, and there may be occasions when clients need to speak to someone or receive a follow up call from a medical professional. This is especially the case for clients who report by SMS that they are having any problems or an infection post operation.

Therefore IntraHealth and TAYOA have put in place three doctors trained in VMMC who can call clients back, who are available for 12 hours a day. This service is particularly useful for clients living in rural areas, where they might be 40 kms from their nearest health facility, and so getting help is difficult if the VMMC clinic has already moved on. In addition to this in the eight static VMMC clinics there is a mobile number the client could text or call in case of any problem, and the provider will answer and provide more advice.

It is worth noting that the project doesn't have special funding for this service, and IntraHealth and TAYOA would like to invest more into it, so that it can become a 24 hour service. This will become more important as VMMC services move into more remote areas, where the advice line will play a greater role in post-operative contact.

- VMMC telephone helpline

TAYOA has operated a national call centre on HIV related topics since 2001, and in late 2012, in conjunction with the SMS helpline, began taking calls and offering information on VMMC for the Shiyanga Region. The call centre operates for 12 hours daily between the hours of 12 noon to midnight and has 8 counsellors attending to calls. It receives between 800–1,000 call each day for all services. TAYOA is finding that is often very busy and would like to set up a dedicated call centre to respond to the large volume of calls.

#### 4. Popular Opinion Leaders(POL'S)

Popular Opinion Leaders are influential and well respected people in a given community, who have been identified or nominated as suitable for becoming role models to spread the word about TAYOA's campaigns, and engage their peer group in activities and discussions. TAYOA has worked with POL's for over a decade and so has built up a robust network of contacts at grass roots level. The organization estimates it has over 6000 POL's across the country. The structure created means that, in theory, any health intervention could pass through it.

TAYOA offered IntraHealth the POL's as an effective way to spread the word about the SMS service to the people in their community who is was most relevant to, thus bypassing the need for mass media advertising, which might attract people outside the target groups to sign up.

TAYOA began in 2012 to identify POL's who would be suitable for VMMC Demand Creation. As previous projects had focused on youth / younger people, TAYOA made a conscious effort to find POL's in their networks who had connections with older men and therefore would already have their respect and "ear".

Normally the work POL's do in communities requires considerable time and resources. POL's would need to get trained in their topic, organize and run group sessions and then re-visit people to help them to take next steps. However with the SMS strategy the POL's task was much simpler, they just needed to identify the appropriate men and give them the SMS registration cards to fill out. They then collect phone numbers of men who'd like to join, and pass these to TAYOA, so that the SMS service fulfils the next step of the intensive demand creation role.

The cards given out contain a choice of "I'm ready" or "I'm not ready" to go for VMMC. This means the men will start receiving advice by text appropriate to the stage they are at in their decision process.

The cards explain the benefits of VMMC and highlights that the service is free of charge in their area.

- POL Network co-ordination and recruitment

TAYOA has recently established an office in Shinyanga – this centre will coordinate with the POL's to ensure they are maximizing their coverage of the Shinyanga region, and also provide space to bring groups for further learning and discussions.

The benefit of being able to co-ordinate with the POL's via SMS has shown some immediate advantages. Recently in a part of Shinyanga the POL's got word of someone who said he was a traditional healer intercepting men who had gone for VMMC, giving them a medicine to help heal the wound, but in fact some men got an infection from it instead. The POL's reacted quickly to send SMS's to IntraHealth and TAYOA to recall these men for treatment so that they could get access to antibiotics and treatment.

TAYOA estimates that each POL can reach an average of 15 people. Therefore once their network reaches “saturation point”, the system is organized so that they are encouraged find and recommend new recruits, who have the potential to graduate to being a POL, and so the network keeps growing.

There aren't any formal requirements in terms of education or background, rather it is about that person having the personality and gravitas needed to gain followers and sustain their attention. They are the people who you might find in a bar or market place who are talking and others will sit and listen: “Who is the person who can really move the rocks here?”

Most POL's know they have been selected or nominated by peers and so won't resist the challenge, they are usually happy to rise to it, and modest about their achievements.

The reward system is one of recognition in their community and among the network, but TAYOA is also looking into adopting a reward system from one of their other projects, a youth micro-finance project, which rewards participants with entrepreneurship coaching and financial counselling.

- POL's other demand creation activities

The POL's work closely with IntraHealth on outreach and campaigns, whereby the teams mix together and conduct community mobilization activities such as the mobile cinema van, PA announcements and outreach in markets / popular places.

POL's also work on other TAYOA campaigns such as GBV, and the team has just started a similar SMS project in Shinyanga for people on ART.

### Case Study – Meatu in Shinyanga Region

Benedicto has been working on IntraHealth's May/June campaign in Meatu in Southern Shinyanga.

The three-week campaign here is spread across seven sites, and on average the sites receive 130 men each per day, which is around the capacity they can handle. The team will re-visit this site after a month to catch the clients who heard about the campaign but weren't able to visit over the last few weeks.

Most men attending the Meatu site came for VMMC after hearing the PA system. It is an area where not that many people own mobile phones, and / or phone reception is patchy, which underlines for TAYOA and IntraHealth the reason why they need a mixed approach, combining SMS with community mobilization on the ground.

At this site the team encourages men who do have phones to sign up for the SMS service, so that they can still read the SMS messages when they go into a good phone reception area.

Benedicto speaks to one older client who says he saw the mobile video the evening before, and so was persuaded to come to the clinic by seeing the advert. The mobile cinema van has been in use for 25 days in this area, and every night the team goes to different villages around this ward. The man says he has friends who have heard about the video but have not seen it yet, and suggests that the video should go to other nearby villages – as there are many in the area, and do repeat visits after the word has spread.

A second older male client tells Benedicto that he heard the PA announcement a month ago, (two weeks before surgery started), and has walked 10kms to come to the surgery.

A third older male has just signed up for the text service while at the clinic. The man is happy to receive his first text immediately. He says that he knows men his age who have come here to get circumcised, they arrive early in the morning as they live far from the health centres, so being given priority entry is a positive step.

For those who don't have access to the SMS service, they are also given leaflets about what to do after having VMMC, and the team does have a supply of the booklets created by the

TWG. This booklet is a comprehensive guide to everything the client may want to know about VMMC, but they are expensive to produce.

Benedicto sees a clear advantage in the SMS information over the booklets as the information comes to a man in bite-size chunks, whereas the booklet is a lot of information in one go, and easy to lose.

Comparatively the cost of sending SMS's is still more expensive than printing the booklets, but Benedicto thinks men are more likely to pay attention to the content, because they are getting the message as an individual. This may make them feel more motivated to turn up, and if they need to make any changes to their appointment, it is easy to text back.

- National VMMC service register

All VMMC providers fill out a form for clients known as the national VMMC Service register. The front page contains a section which asks the reason for the man attending and gives several options: Self Referred, VCT, PITC and Other.

The "Self-Referral" box is the most popular choice, and counsellors and administrators will probe further to find out if this self-referral is as a result of receiving an SMS, talking to a community mobilizer, hearing a PA announcement or talking to friends and family, and note this down where possible. Currently, the providers fill in on the other section and specify from TAYOA SMS in case the client was referred through TAYOA SMS. The teams would prefer it if community mobilization and SMS were printed as other options on the form, as this would help them better understand how many people are attending via which route.

At the Meatu clinic the forms from each week are entered into a national record book so that the teams can look at the numbers of clients attending, their age groupings, and how they heard about the clinic. Figures from the last week suggest 300 men have attended as a result of community mobilization.

## 5. IEC Materials

TAYOA and IntraHealth has adapted some IEC materials produced by JHU CCP, to fit with local traditions and symbols in the Shinyanga Region. The materials which were originally created to appeal to the population in Iringa, but IntraHealth has customised the JHU CCP posters and booklets to Shinyanga regional context, altering the pictures and language and providing more local information about facility hours of operation, directions, and other relevant details.

One notable difference between Shinyanga and Iringa is the climate. Iringa is much colder, so people wear pull overs and understand the symbol of a "pull over" in the context of protection against HIV / the VMMC campaign. However when the team started using these materials in the Shinyanga campaign, the Shinyanga people did not understand the

significance of a pullover as they did not wear them! So the team searched for another symbol of being “protected”, and came up with the region’s tribal spear and shield. This type of shield spear is unique to this area – so while these communities can identify with them, a new design would be needed for the Mara region, for example.

## EVALUATION OF DEMAND CREATION ACTIVITIES

### Evaluation of demand creation activities

#### SMS / Popular Opinion Leader demand creation

- IntraHealth has not conducted a formal evaluation of its demand creation activities around VMMC, and as the SMS service started in December 2012, the teams have only just begun to record the number of clients that have come forward via SMS, using the paper register of clients compared to SMS data on their system.
- However, the M&E team have recently completed an analysis of data from January to June 2013 to compare SMS data with clinic data to determine the take up of VMMC among the older men and SMS users. This is not a full analysis but shows some promising results in terms of significantly increased numbers of older men.
- Before the intervention only 7.1% of men circumcised were 20 years and above. During a six-month intervention period (Jan 2013–Jun 2013) in quarter two (Jan–March), 28% (5,364) of clients circumcised were men 20 years and above and in quarter three,(April–June) 32% (6,968) of men circumcised were 20 years or older.
- As further evidence of the effectiveness of the intervention, during the third quarter (April–June), 29% (6,382) of clients were referred to the VMMC services by TAYOA SMS.
- IntraHealth have noticed increased demand at mobile compared to static facilities over the last 12 months which it thinks is attributable both to the increased demand creation activities on the ground and via SMS, and the extra sense of “urgency” created when the teams are on the ground, that possibly men hearing about the service are compelled to use it before it leaves town.

## LEARNING AND SCALE UP

### Learning and Scale Up

#### Successes/Challenges

##### Partnership and collaboration

- IntraHealth’s partnership with TAYOA has meant that the teams can focus on older men, and target them in a more personal, individual way, through the introduction of SMS technology, which has become a strong new component of VMMC demand creation.
- The integration of VMMC into the work of Popular Opinion Leaders has worked extremely well in terms of maximizing existing networks and knowledge, and minimizing the chances of signing up people outside the target group for the SMS service.
- The combination of POL’s and SMS to reach older men has also proven cost effective – the cost of POL’s running sessions and re-visiting hard to reach areas has been minimized by the SMS component taking over a large slice of the messaging role.

##### SMS technology – successes and challenges

- The strength of sending an SMS is that it goes to the person as an individual, which is much harder to do with mass media. The SMS dialogue allows a client to explore the issue of VMMC from his viewpoint, and to ask questions which might be difficult face to face.
- Another advantage is that TAYOA can see that the message has been read and monitor better how it has been received (i.e. through receiving queries back and opening a dialogue.)
- SMS also enables better monitoring of men post VMMC – anyone with complications or queries can be responded to quickly, and referred to the phone helpline if they need medical advice. This goes some way to narrowing the “gap” that is left when mobile

services leave an area – even though the clinic has packed up, there is still support at the end of a phone line.

- Applying the SMS strategy to rural areas of Shinyanga has met with a mixture of success and challenges. Giving men access to the SMS messages has reduced some of the costly and time intensive activities which would normally be carried out on the ground by Popular Opinion Leaders, who would travel to hard to reach places, find meeting places, and deliver workshops over a number of weeks. Now their visits are quicker and they can get round more people in a locality. However, not all men have mobiles, and in some areas there is no phone signal.
- POL's do have phones, so for those who don't have access, POL's use the messages on their phones to talk to their peers, which is effective but a slightly lengthier process.
- The inconvenience of not having a good signal in some areas may mean that men don't always receive the messages in the timely way they are intended (i.e. the day before their appointment).

## **Challenges & their mitigation**

### Evaluating demand creation

Evaluating the success of the TAYOA SMS / POL demand creation has been a challenge for the teams, who suspect the data collected at sites may not reflect the impact of their activities as accurately as it could. The information about how someone heard about the service via demand creation routes is restricted on the forms to “self-referral”, which then gets entered onto a national registry. IntraHealth is currently looking at ways to revise the national register so that it has a column to say “referred by TAYOA”, which would help the team better assess how many men get to the service via the SMS route.

### Demand from younger clients

Young men and boys still make up the majority of clients, and school boys in particular seem to be the easiest to mobilize. Some teachers will let boys leave their lessons so that they can go en masse to get circumcised during the school day. This means sometimes a large group will turn up, and due to time limitations, and older men getting priority, not all boys will get seen. IntraHealth is keen not to deter younger men and boys from turning up, and so continues to provide the service for these groups as well as they possibly can. One

solution discussed at Meatu was to identify the “quieter” days during an outreach or campaign and encourage local schools to send school boys on those days, in smaller group numbers.

### Remote populations

- In many parts of Shinyanga, geography is a big obstacle. Villages are far away from each other and small to medium size populations are spread out as a result. To get the clinics within a short distance from every client is impossible – and to get the PA and cinema around all the wards is difficult too. The teams try not to take PA vans more than 7 kms away from the outreach / campaign base as a rule, but this is not always practical. As a result, clients are traveling long distances on foot, with high expectation of being seen quickly.
- IntraHealth and TAYOA looking at becoming even more “mobile” during campaigns to try to tackle this, so that they can travel between villages, and go back to places within a few weeks, to soak up cases of people needing follow up medical help, or introducing peers to the service.
- The limitations of rural clients being able to get medical advice if needed post-operation was one of the factors that led IntraHealth and TAYOA to put in place the three doctors manning the phone helpline. However their availability is limited to 12 hours a day. The helpline doesn’t have special funding for this doctor service, and the teams would like to invest more into it, possibly so that it can become a 24 hour service. This will be become more important as VMMC services move into more remote areas.

### Sustainability of SMS

- SMS messaging is very expensive and only made possible by the government agreement currently in place. It costs 54 shillings per message, the team sends over 1 million per day. So for an organization trying to replicate this system, or for long-term success if regulations were to change, costs of using SMS could be prohibitive.

### Scale up opportunities

In collaboration with Council Health Management Team members (CHMTs) in Shinyanga and Rorya districts the project will scale up VMMC services in seven new static health facilities in

Kahama, Bariadi, Rorya and Bukombe districts where there is a large fishing community and high prevalence of HIV and sexually transmitted infections (STIs).

- In order to ensure VMMC services are provided according to WHO and PEPFAR standards, the PEPFAR best practices for VMMC site operations tool will be used.
- Pre-site preparatory activities will be conducted in all eight new facilities to assess facility readiness and wherever necessary minor renovations will be done to meet WHO standards.
- The project will also help develop proper waste management systems in facilities where this is lacking. A mechanism will be put in place to ensure that there is proper disposal of MC wastes including metal wastes from disposable kits which needs specialized incineration.
- All new facilities will be equipped with MC instruments, reusable surgical kits, consumables, drugs and supplies to meet the required standards for VMMC service delivery according to the WHO. In addition the project will procure diathermy machines for increasing efficiency at high volume sites.
- Though the national target age group is 10 years and above, the project will focus more on getting older men (20 years and above) who have an early impact in averting HIV infections. The project will continue working with TAYOA and other communication partners in developing demand creation for this specific target group.

- For sustainability purposes, the project will work with CHMTs during development of Council Comprehensive Health Plans to advocate and facilitate integration of VMMC activities into CCHPs.