

PROMISING PRACTICE Uganda: STAR-E, SMC Campaign in Traditionally Circumcising Communities: “Be The Pride Of Your Tribe”

INTRODUCTION

Key Promising Practices:

- Engaging traditional leaders in support for SMC including sharing research findings and promoting open discussion of SMC
- Radio outputs broadcast in main local languages in TMC areas
- Saturation with awareness of SMC and services at local level with persistent and consistent messaging before and during dedicated SMC service activities
- Dedicated SMC teams introduced into health facilities to reduce strain on government services and meet demand for SMC

Introduction

As part of activities to promote the uptake of Safe Male Circumcision (SMC) in Uganda’s Eastern Region, STAR-E¹, with support from the Health Communication Partnership (HCP), is implementing a campaign targeting Uganda’s large traditionally male circumcising population in Eastern Uganda, the Bugisu and Sabiny (Sebei). The Bugisu and Sabiny conduct large mass circumcisions as an adolescent boy’s rite of passage into adulthood every other year (during even years only).

Traditional Male Circumcision (TMC) ceremonies are preceded by several months of celebrations and preparations to support the transition from boyhood to being a man. TMC takes place in a groups setting and can involve many practices that increase the circumcision candidate’s risk of acquiring HIV. These include the practice of circumcision by untrained circumcisers, using an unsterilized blade for multiple circumcisions and undertaking circumcision in unhygienic settings. Local anaesthetic is not used and a boy’s ability to withstand pain without reaction is part of the process of acquiring the status of being a man.

The campaign, called “Be The Pride of Your Tribe,” was conducted in the districts of Bududa, Mbale, Sironko, Bulambuli, Bukwo, Kween and Kapchorwa where STAR-E supports health facilities to provide free SMC in the area.

Target Groups

¹ Strengthening TB and AIDS Response – Eastern Region (STAR-E)

- Traditional and non-traditional circumcising communities
- Boys and young men aged 14-25
- Parents of circumcision candidates

Scale and scope

12 districts in Eastern Uganda: population of 2,605,249 – 6% of Uganda’s population (2013)

- Mbale (regional capital), Bududa Sironko, Bulambuli, Bukwo, Kween, Kapchorwa (areas of Traditional Male Circumcision)
- Budaka, Busia, Butaleja, Kibuku, Pallisa (non-Traditional Male Circumcision areas).

Organisations Involved

Lead

- Management Sciences for Health (MSH) is the lead partner of the overall project.

Funding

- USAID – 5 year project, awarded in 2009

Other partners

Advice, support and materials for demand creation activities were provided by:

- The Health Communication Partnership (HCP) (involving multiple government, institutional and non-government organisations and managed by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHUCCP)).

Who is carrying out demand generation activities?

- STAR-E with past support from HCP, community mobilisers and traditional leaders

Management of demand creation

- STAR-E

VMMC ACTIVITIES

SMC activities

STAR-E supports the scale up of HIV prevention and treatment services. This includes TB prevention and treatment; strengthening and quality improvement of health systems including building of referral networks, and creation of demand for services. SMC was integrated into these services from the beginning of this project but due to over-stretched resources now includes dedicated SMC teams and activities staying at health facilities as well as setting up camps to perform SMC at traditional male circumcising ceremonies for around 5–7 days at a time. Activities include:

- Research – formative qualitative research at the beginning of the project; ongoing data collection to monitor SMC registration and uptake; research into TMC (2011); ongoing community feedback about SMC and demand creation activities.
- 141 health facilities are being strengthened to ensure that the increasing demand for SMC can be met.
- Training of SMC teams and community mobilisers.
- Dedicated SMC teams providing services at existing health facilities.
- Mobile SMC camps, particularly at traditional male circumcision events.
- Demand creation activities for SMC.



The mammoth crowd that turned up on Aug 3 2012 (official launch of the Imbalu Year).

THE APPROACH TO DEMAND CREATION

The approach to demand creation

Key message

Be disciplined and have pride in your culture by being responsible during the *imbalu* ceremony season (following ABC – Abstain, Be Faithful, Use a Condom – and practice Safe Male Circumcision).

Type of intervention

Combining mass media campaign with building open support amongst traditional and opinion leaders and community level support through on the ground activities.

Building support for SMC amongst TMC tribes combined with a mass media campaign to increase demand for SMC in both TMC and non-TMC areas. In TMC areas demand creation activities have a particular focus on even years (i.e. 2010, 2012, 2014, 2016) as this is when TMC and *imbalu* ceremonies are carried out.

Rationale

Rationale based on experience of what worked in demand creation and community mobilisation for other services, such as the uptake of voluntary HIV counselling and testing or encouraging mothers to attend antenatal care check-ups; sharing experiences with other implementing partners, and advice and support on demand creation from HCP. This led to a multi-pronged approach that combined mass media with community-level demand creation activities.

EVIDENCE BASE

Evidence Base

STAR-E has been working in Eastern Region for several years on HIV and TB prevention, treatment and related issues. This campaign and its development are based on their previous experience in the region, the experience of HCP in demand creation, and STAR-E's ongoing qualitative and quantitative research.

DEMAND CREATION ACTIVITIES

Demand creation

Demand creation activities were divided into three phases. Phase 1 and 2 are outlined below, phase 3 is outlined in the final section on 'scale up opportunities'.

1. Research

- a. *Quantitative*: surveys and ongoing monitoring relating to behaviours related to HIV and SMC uptake.

- b. *Qualitative*: formative research carried out to support the development of the campaign as well as ongoing, more informal feedback to ensure the campaign is meeting community and demand creation needs.

2. Campaign development

- a. Using research (see above), STAR-E worked with HCP to develop mass media and community-based strategies for demand creation.
- b. The community-based strategy is particularly important in communities where traditional male circumcision is practice.

3. Community entry (end of 2010 (end of TMC year) to 2011)

STAR-E's demand creation activities are divided into three phases. Phase 1 and Phase 2 focus on

- a. *Phase 1*: Organise stakeholder dialogue meetings with traditional leaders and/or their representatives, traditional male circumcisers, local political leaders, religious leaders, technical leaders (District Health Officers, Chief Administrators).
- b. *Phase 2*: Directly approach topmost traditional leadership: King and his cabinet – 2012 (TMC year) and organise sensitisation meetings with the King and his cabinet



*Mr JB Nambeshe (Chair LC V)
Bududa district (facing
camera) consulting during
the meeting.*

4. Community mapping

- a. HCP worked with STAR-E to identify local SMC champions (community mobilisers) in traditional circumcision districts to advocate for the acceptance of SMC (medical circumcision) during traditional circumcision ceremonies.

5. Community sensitisation

- a. *Phase 1*: One-off meetings held at district level starting with the 7 TMC districts. The meetings included traditional leaders and/or their

representatives, traditional male circumcisers, local political leaders, religious leaders, technical leaders (District Health Officers, Chief Administrators).

- i. Meetings discussed HIV in Uganda (the challenges and prevention), the risks of TMC, SMC in relation to HIV, the research evidence around SMC, and explored how stakeholders felt about TMC; reducing the risks of TMC and the possibilities of adoption of SMC.
 - ii. From meetings it was established that people feel very strongly about their culture but that some practices, such as only using one blade to circumcise several boys without sterilisation, were no longer acceptable and that some traditional male circumcisers were already changing this practice. But many traditional circumcisers in particular are against SMC as they associate it with a loss of tradition and culture, and a loss of livelihood. The process of TMC is a key step in becoming a man and SMC is perceived as going against that.
- b. *Phase 2: Meeting with Bugisu King and his cabinet to discuss TMC, SMC and the possibility of the King and his cabinet publicly approving SMC as part of the Bugisu rite of passage into manhood. Results from HCP research on male circumcision in Uganda shared during the meeting.*
- i. From the meeting, participants showed some appreciation of some of the health concerns around TMC and approved STAR-E to set up HIV voluntary counselling and testing booths on the days when TMC is launching.
 - ii. It was also approved that for Bugisu who choose SMC, STAR-E can provide that service at the site, or referral to nearby health facilities and that there was a recognition that there would be alternative services providing SMC
- c. *Sensitisation meetings with local SMC champions (community mobilisers).*
- d. STAR-E is undertaking ongoing advocacy activities aimed at convincing traditional leaders to promote safe male circumcision instead of tradition circumcision. Working with traditional leaders has been divided into three phases.

6. Community mobilisation

Demand creation and community mobilisation activities are undertaken intensely throughout a community for 2–5 days before SMC services start and during the 5–7 day period that SMC services are offered.

- a. *Community and group meetings and talks:* Discussions with groups at health facilities, traditional male circumcision events, religious groups and key meeting places are undertaken by SMC champions and the STAR-E team.
 - i. *Health facilities:* based on the understanding that many government health teams are already overstretched, STAR-E trained dedicated SMC teams to provide SMC services and coordinate community-based demand creation activities. This included linking SMC teams with key community members to raise awareness about SMC and specific services through one-to-one conversations and providing talks about SMC to people waiting at health facilities.
 - ii. *Religious groups:* one of STAR-E's partners is the Interreligious Council of Uganda (IRCU). A member of the IRCU has been seconded to STAR-E as the Faith-Based Organisations Advisor; working full-time with the implementing team in the STAR-E office in Mbale. The Faith-Based Organisations Advisor supports the mobilisation of religious communities from 5 main denominations (Protestants, Catholics, 7th Day Adventists, Muslims, Orthodox). Leaders of denominations took part in discussions about SMC and the evidence behind it. Leaders then began to mention SMC during times of worship or in one-to-one conversations. Some religious leaders also take down names of boys or men interested in SMC and have contacted STAR-E to ask where they should be referred to.

- b. *Drama:* In addition to STAR-E and HCP produced material, a popular TV drama, *The Hostel*, included a story line around SMC over a few episodes a few months ago. The drama addressed beliefs amongst the young people about SMC, had character go through SMC, and focussed on what happens during and after surgery.

- c. *Interpersonal Communication:* activities include talks at health facilities, a vehicle with a loudspeaker to raise awareness of services, peer educators and religious leaders. The approach has focussed on raising awareness and understanding about SMC and then about specific SMC service availability.
 - i. *Peer Educators:* working with Peer Educators trained initially for working with most at risk populations e.g. fishermen, trackers, sex workers, traders at borders around HIV prevention, condom distribution, service access etc. STAR-E worked with the same Peer Educator, training them on SMC issues, process and follow up to talk to people about SMC and where SMC was available.

Peer Educators are part of STAR-E team. They have meetings once a quarter to understand what is going on in the community, share experiences, do training and find out what additional support Peer Educators may need. Peer Educators also support data collection, filling in a standard tool for all community-based volunteers that shows Peer Educator activities such as numbers of condoms distributed, number of people talked to about e.g. SMC, number of home visits etc.

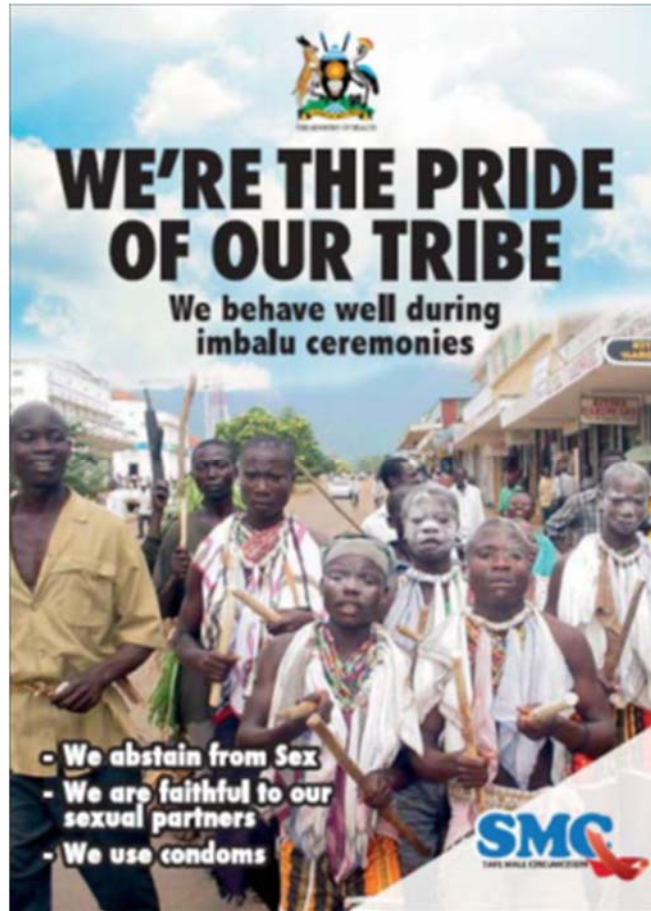
- d. *“Mobile mobilisation”*: a vehicle with a loudspeaker and speakers travels through market places, public spaces, villages, neighbourhoods to say when and where SMC services are available.

- e. *Mass media*:
 - i. *Radio talk shows*: four radio stations in the main languages in TMC areas focussing on a range of topics related to HIV. Panellists, technical experts and local members of different communities are brought in to discuss different issues and services, including SMC, to support demand creation.
 - ii. *Radio spots*: promote responsible behaviour and faithfulness after circumcision ceremonies, run in partnership with ACET and Signal FM. To listen:
http://www.k4health.org/sites/default/files/Bugisu_Imbalu_Eng.mp3
http://www.k4health.org/sites/default/files/Bugisu_Village_Meeting_ENG.mp3
 - iii. *Circumcision song*: invokes pride in culture, discipline, respect for one’s body at the beginning of the circumcision season (multi-lingual – English, Luganda, Lugisu/Lumasaba). To listen:
http://www.k4health.org/sites/default/files/Bugisu_SMC_Eng_Lug_Lumasaba.mp3
 - iv. *Television drama*: see above (point b. Drama) – a popular TV drama included a story line around SMC.

- f. *Technology*: mobile phones are used to keep in touch with mobilisers working in the community and the STAR-E team. Cars or vans are used for the ‘mobile mobilisation’.

- g. *Communication materials and tools for demand creation*: HCP worked to develop campaign materials and handed them over to STAR-E for use in the 4 districts. Materials included brochures and 2 Posters: “Be the Pride of Your Tribe” and “We’re the Pride of Our Tribe” – saying “We behave well during

imbalu ceremonies: we abstain from sex, we are faithful to our sexual partners, we use condoms”. Materials were translated into key languages and distributed to health facilities and places in the community where people gathered.

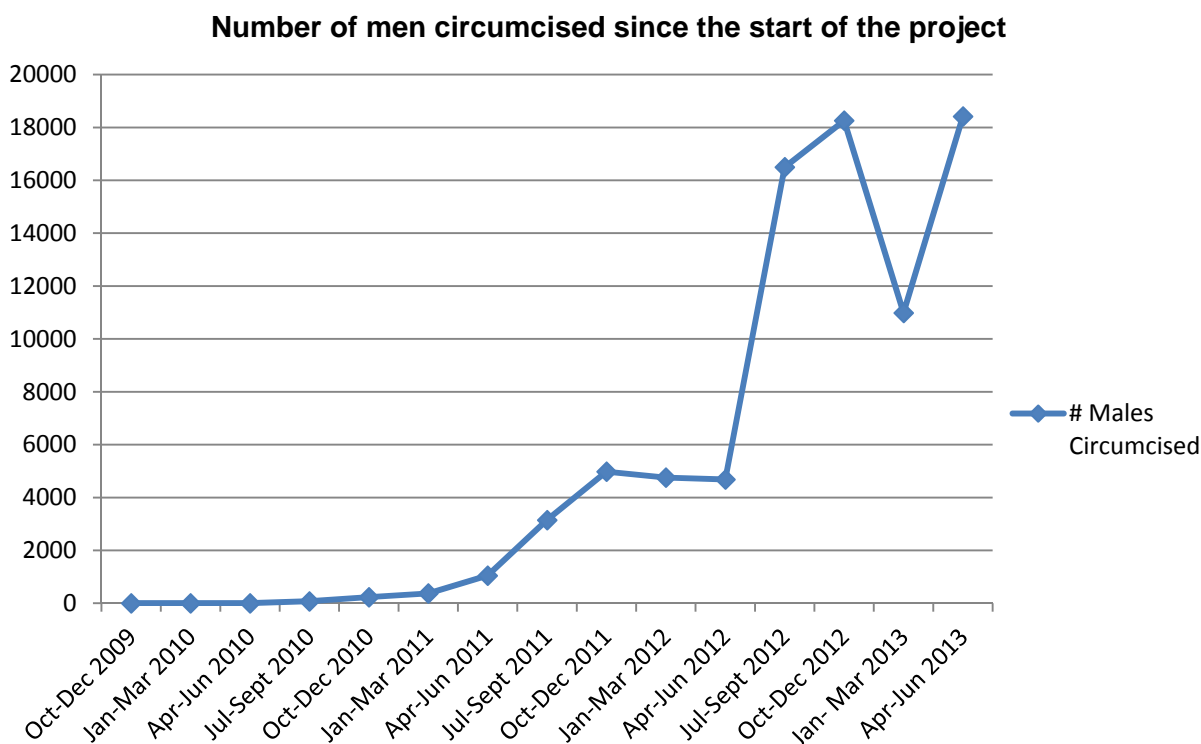


EVALUATION OF DEMAND CREATION ACTIVITIES

Evaluation of demand creation activities

Formative research into traditional male circumcision was carried out in Mbale. Monitoring of the number of safe male circumcisions under the STAR-E project has been carried out since the start of the project. In addition, community-based volunteers record data on their specific activities (e.g. people talked to about particular issues, numbers of condoms distributed, home visits etc). HCP also undertook research into traditional male circumcision in the Bugisu in 2011 with results released and shared with stakeholders (including religious leaders) by STAR-E in 2012.

Results so far:



January – April 2012:

588 of the SMCs carried out were in 7 TMC districts, which made up 12% of total SMCs for that quarter

October – December 2012:

3,603 of the SMCs carried out were in 7 TMC districts, which made up 20% of total SMC for that quarter

- Recognition of health issues and risks of TMC
- Recognition of health benefits of SMC for HIV prevention
- Recognition that parents need alternative options to TMC
- Shifting attitudes, particularly in non-traditionally circumcising communities such that not being circumcised is seen as being behind or out-dated

- SMC in Eastern Region is being done through public health facilities (including those done by dedicated teams)
- By building the capacity of health facilities to support SMC the project has contributed to the improvement of healthcare facilities overall, especially around emergency preparedness

2010 was seen as a missed opportunity as a year in which TMC would be occurring. By 2012, dialogue meetings with traditional, political, health and religious leaders had been achieved. USAID also centralised commodity procurement, increasing procurement availability. STAR-E trained dedicated SMC teams and the number of sites offering SMC increased from 4 in July – September 2010 to 22 in June 2013.

The HCP research released in 2012 highlighted the value people place on culture BUT that parents, opinions elders and community members have seen the complications of botched traditional male circumcisions, such as ongoing pain, sepsis, poor healing, penile amputations and the risk of HIV, and are looking for a change in circumcision practices. Through meetings, the demand is increasing for Bugisu men undergoing SMC to be counted as “real men”.

LEARNING AND SCALE UP

Success and challenges

Successes

Key elements that have helped increase demand for SMC in the Eastern Region of Uganda:

Using experience and lessons learned from other services on increasing the uptake of new health services to develop the approach.

Using research and evidence, incorporating new research and using community feedback to develop and update the approach as the project develops to ensure its relevance and support its success.



Dr. Thomson Ngabirano (STAR-E) sharing research findings with the Traditional Leaders Council.

Sharing research findings in an accessible way with traditional leaders and opinion leaders, especially those around the benefits of SMC and the HCP findings on TMC.

Giving activities time, both before SMC services are available and during SMC services.

Traditional male circumcision areas: focussing on parents as well as adolescents as older men will already have been circumcised.

Highlighting the health benefits of circumcision (this has been particularly effective amongst the younger generation, especially the educated, middle class).

Combining community-level mobilisation with mass media outputs in key local languages to increase the sophistication of campaigns.

Increasing communication between Implementing Partners to share experiences, tools and information.

Challenges and their mitigations

There has been a lot of pressure to scale up.

- More research is needed to understand where specific challenges to demand creation lie - what the challenges are, where the challenges are and who should be involved in developing solutions.
- Research is also needed on the true relationship between SMC, condom use, health education, sexual activity and the impact on HIV incidence and prevalence.

Key myths and misconceptions around circumcision still exist around resuming sexual activity and first sexual intercourse after circumcision being with a new, non-long-term partner without a condom as a “cleansing” process. There is also a lot of anecdotal evidence that says that men are resuming sexual activity long before the recommended 6 weeks healing and recovering period. To mitigate:

- Improved dissemination of scientific evidence around SMC and HIV for the general public – how can it be packaged in an accessible, understandable way that relates to people’s lives in a convincing way?
- Greater coordination with political leaders to build clear public understanding and avoid confused messages around SMC as a practise so that decisions can be made without moral judgements.

Lack of support in TMC areas. To mitigate:

- Media release (phase 3) from the King and Traditional Leaders is a key part of continuing to build support for SMC in TMC areas.

Traditional male circumcisers – how can SMC be adopted without their loss of livelihood?

- Training of traditional male circumcisers is not being considered.

Scale up opportunities

Phase 3 of demand creation: Media statement released by the King – **not yet completed**

HCP has helped work through a draft statement that is aimed at creating a space for boys who go through SMC rather than TMC to still be considered a man.

- STAR-E has proposed that boys could go through SMC and then do the other initiation practices. During meetings this has been an acceptable idea but in practice the sense of status, the preparations and merry making for TMC may be very difficult to forego.