

*Mass media communication, advocacy, ICT, community mobilization, and IPC.*

**PROMISING PRACTICE: Zambia – Communications Support for Health:  
Mass and Local Media and Civil Society Organisations**

**INTRODUCTION**

**Key Promising Practices:**

- Innovative and multi-platform content created for the *Safe Love* Campaign
- Monthly VMMC live radio magazine programs and weekly repeats of the recorded program aired on 12 community stations, to promote information and interest outside of national campaign months
- Effective and expansive community mobilisation achieved through Civil Society Organisation contractual partnerships.
- Innovative SMS pilot to maintain communication with men who are thinking of going for VMMC.

**Introduction:**

Communications Support for Health (CSH) is a Chemonics International project<sup>1</sup>, specializing in public health behavior change communications. Working closely with the Zambian government it uses a variety of media platforms and activities to deliver campaigns in health areas including malaria, maternal/child health, family planning/reproductive health and HIV. In late 2012 CSH added VMMC to its HIV prevention remit, and so while it doesn't have a standalone VMMC campaign, it includes VMMC in much of its HIV prevention content and audience research, including its flagship HIV prevention campaign, *Safe Love*.

To inform the project design of *Safe Love*, CSH conducted a desk study in 2010 to gauge the status of the HIV/AIDS epidemic among Zambia's sexually active population, as well as a series of rapid surveys to inform the process at different stages of the campaign. These have both fed in to the project design, including approaches to VMMC (see below).

CSH is also a lead communications partner within the Zambian national VMMC Technical Working Group and works closely with implementing partners in the communications sub-committee such as SFH to steer messaging and create media partnerships / activities.

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<sup>1</sup> <http://www.chemonics.com/OurImpact/SharingImpact/ImpactStories/Pages/Campaigns-for-Health.aspx>

## Target Groups

- Men in the broad target group of sexually active males, aged 15–49 years, as outlined in the *Zambian National Communications and Advocacy Strategy*
- Traditional and non-traditional circumcising communities
- Wives and partners of sexually active males in the broad target group

### ***Segmented target groups for Safe Love/Love Games project:***

*Primary Audience:* Urban and rural men and women from age 15–49, both in relationships and single

*Secondary Audience:* Any other opinion influencers including headmen/traditional leaders, elders, pastors/religious leaders, and teachers.

## Scale and scope

### Broadcast Media

The *Safe Love Campaign* is a national campaign, with TV and radio output airing on national stations, as well as output also being broadcast on a selection of community stations.

CSH has conducted a rapid survey to try to determine exposure of the national programs *Love Games* and *Life at the Turn Off*, but on reflection does not think the questioning accurately represented the reach of the programs. The respondents were required to remember the name of the show they had heard / seen featuring HIV stories, but CSH suspect that many more did remember the content, but not the program's title name. Furthermore, *Life at the Turn Off* finished its run in October 2012, but the survey was not until the following April, which meant there was some considerable distance between broadcast and survey.

Community radio stations are not able to provide solid data on their geographical reach and who is listening, and so often it is anecdotal evidence presented as to how far they transmit.

ZNBC on the other hand has presented data to CSH which estimates around 60% of the population watches the TV channel, but this needed to be verified.

### Safe Love Clubs

The aim is to reach 1200–300 thousand people through the *Safe Love Clubs*, which have bases in nine districts in the Lusaka, and the Luapula, Central and Copperbelt regions. ~~although this is currently limited to Lusaka Province (check).~~ Not all these people will be potential VMMC candidates, but the opportunity of reaching men who are exposed to the learning through family and peers is of great value. The reach attained is being quantified through reporting the facilitators and CSO's are providing to CSH.

### **Organisations Involved**

**Lead** – CSH

**Funding** – PEPFAR/USAID

**Partners**– Government MOH/MCHMCH, SFH, National HIV/AIDS/STI/TB Council, Jhpiego, ZPCT II and other MC implementing partners

Media Production Partners: 12 Community Radio Stations, ZNBC Radio & TV, Muvi TV, Media 365 (TV production company for Love Games).

Community Partners: 5 Civil Society Organisations in 9 districts i.e. Lusaka, Mansa, Kawamba, Samfya, Kapiri Mposi, Kabwe, Mukushi, Kafue and Luanshya in Lusaka, Luapula, Central, and Copper Belt provinces

### **Who is carrying out demand generation activities:**

- Civil Society Organisations conduct social mobilisation through interpersonal communication presentations, workshops, listening groups and events in their local communities
- Producers and presenters at local radio stations create content based on CSH guidelines
- Production companies produce radio and TV drama

### **APPROACH TO DEMAND CREATION**

#### **The approach to Demand Creation:**

##### **Key message**

*Safe Love* encourages the audience to think about HIV and their personal risks, to talk more openly about the disease and why it continues to spread, and act to change their behaviors to protect themselves and others from HIV. The tag-line is “*Think, Talk, Act*”.

*Life at the Turn Off:* Similarly this program encourages the audience to think about HIV, how it affects their friendships and family life, and act to change their behaviors to protect themselves and others from HIV.

The SMS Pilot aims to inform people of where exactly their clinic is and how / when to access it.

Facilitators at the Safe Love Clubs follow a curriculum with their members to promote HIV prevention, and in regard to VMMC key messages include what it is, its benefits, and its context within HIV prevention.

### **Type of intervention**

Content is produced across a variety of media platforms and CSO clubs / discussion groups are used to explore health topics more deeply.

Innovative use of social media and SMS technology is also at the forefront of CSH's activities, and is used to analyse audience trends and project impact.

Approach: Multi-platform interventions including TV drama, radio drama, discussion clubs, newspaper ads and social media combine to produce a campaign which is highly visible and accessible.

### **Rationale/theory of change**

The Behaviour change model applied to CSH's flagship HIV / Sexual Health campaign *Safe Love* focuses on three of the key drivers of HIV transmission in Zambia: high rates of multiple and concurrent partners (MCP), low condom use with regular and casual partners and low utilisation of PMTCT services.

For the VMMC SMS Pilot, the team wanted to address the "action gap" created when demand is promoted for the VMMC service but it is not always immediately available at every clinic (unlike VCT or PMTCT for example.)

For both the SMS pilot and live radio panel shows, CSH recognised that this "action gap" can be compounded by a delay in the man's decision making, and so wanted to address this time period. CSH think the decision making can be broken down into stages – the first being when a man becomes aware and over time forms the intention to go for VMMC, and the second is when he takes action on that intention to go for VMMC. The CSH team have

decided that their media based communications are better aimed at the “beginning” phase, before a man makes the decision, to help him on his journey. Therefore the strategy is not to achieve a certain number of men getting circumcised, but to address the barriers to VMMC and therefore help these men get ready.

## **DEMAND CREATION ACTIVITIES**

### **Demand Creation Activities**

#### **Intervention components**

##### **1) Mass/multi-media:**

#### **Radio Output: Live Panel Shows**

CSH has brokered a number of partnerships with 12 community radio stations across the country (~~CHECK~~) to produce and broadcast a series of VMMC live radio programs and spots, starting in July 2013. CSH has prepared a guide for station presenters and producers with 12 themed slots, ranging from “What is VMMC?” to MC for children.

The guides are not scripts but provide enough content for the stations to use as a springboard for their own content, helping them set up panels and answer questions with sufficient clarity.

12 community radio stations have been partnered with, all of which were requested by the national VMMC Technical Working Group based on their national VMMC targets.

The panel shows are designed to be recorded monthly and repeated once weekly in a particular month. During the periodic ‘MC months’ the episode will be tailored to more practical information, such as how to find VMMC services. CSH has compiled a list of all the clinics in the catchment area of the radio stations, so that producers can give out these details if requested.

The monthly episodes have been designed to sustain interest and information about VMMC, keeping it in the spotlight between national MC months, and then also support the MC months when they happen (April, August and December). When MC is available in given districts, the radio stations will also broadcast short PA’s, which give details of the clinics available.

One challenge CSH has experienced in the past is the reliability of stations to broadcast the output in the designated slots and stick to scheduling. Therefore CSH staff are making trips

to all contracted stations to finalize the agreements and make sure everything is in place for the broadcasts to happen. The CSH team will collect details of schedules from the partner stations to firm up the program slots.

It is hoped these visits will help iron out agreements more effectively than written letters or phone conversations, and that the CSH staff will be able to meet with district health official in to start organizing appropriate panel guests.

### The Safe Love campaign



The Safe Love Campaign is CSH's flagship HIV prevention campaign, which launched in June 2011, running for two years. It is a "multi-platform" strategy, with a strong TV, radio and online presence (homepage, ~~facebook~~ Facebook and twitter), ads on billboards and buses and regular newspaper features.

### Desk Review

To inform the project's design CSH conducted a formative research process to gauge the status of the HIV/AIDS epidemic among Zambia's sexually active population, and they key drivers at play. (see desk review of research findings).

The review pulled together qualitative audience research in the form of discussion groups and in-depth interviews conducted by Health Communication Partnership (HCP) and Zambia Centre for Communication Program (ZCCP), as well as key informant interviews and literature reviews.

The key drivers identified from the research included:

- Multiple concurrent partnerships
- Low and Inconsistent condom use

- Low Rates of Male Circumcision
- Mobility and Migrant Labour
- Vulnerability and Marginalized Groups
- Mother to Child Vertical Transmission
- Alcohol and Drug use leading to impaired decision making when under influence of alcohol

CSH decided to focus the *Safe Love* campaign on three of the of HIV transmission drivers identified, namely high rates of multiple and concurrent partners (MCP), low condom use with regular and casual partners and low utilisation of PMTCT Services.

#### Campaign Approach

The campaign encourages individuals to think more critically about their personal HIV risk, talk more openly with their community about behaviors contributing to the spread of HIV in Zambia, and act to protect themselves and others from HIV infection.

CSH conducted a rapid survey in April 2011 to measure exposure of campaign at that stage (which had mostly radio and television adverts), and on the basis of this decided both a radio and TV approach was justified going forward:

84.2% urban audiences and 72.4% rural audiences had access to radio  
 86.8% urban audiences and 60.5% rural audiences had access to television

#### TV Output: Love Games

This 26-episode, TV drama is produced with media partner Media 365, who set out to construct a high production values drama which would entertain and engage it's audience, while presenting key sexual health messaging. Quality was a major focus as Media 365 established standards for production never before seen in Zambia.

During program development, CSH looked to best practice in the field of entertainment education which suggests the most critical success factor is to lead with the story/plot/characters. So, *Love Games* is: *"The story of a group of interconnected family and friends navigating the tricky waters of love and relationships in the time of HIV."*



*Love Games* follows the lives of a network of family and friends, with an emphasis on the group of women and their men. Storylines focus on love, relationships, decision making and HIV. In Season 1, the show discussed taboo topics such as “Condoms in Marriage,” “Is Trust Ever Enough,” and “Relationship Dilemmas.” Season 1 is designed to depict many of the choices people are regularly faced with and Season 2 depicts the consequences of those choices.

The series aired on national TV stations ZNBC 1 and Muvi TV, in English. Each episode is 25 minutes long, and is followed by a discussion program to allow themes to be developed and viewers to discuss the story via phone, SMS, and social media.

VMMC has been mentioned in the scripts and is discussed in one episode of the '*Love Games Live*' after show although it has not been featured as a main storyline, as the core series plotlines has been developed prior to VMMC becoming part of CSH's remit.

Lessons learned / production considerations:

-Creating a quality drama is a complicated, time-intensive and expensive exercise. The series was 18 months in development and CSH investment in the total 26 episodes was \$1M USD, so an average of \$38,461 per episode, not including airtime.

-The team learnt to adapt and change their approach and expectations as time went on. For example, the shoots had been scheduled to last 60 days for both season 1 and 2, but in reality shooting lasted more than 120 days for season 1 alone. Post-production was also time-intensive, it took 10 days per episode to edit, plus time to review.



-Season one was filmed at 53 different locations, which was only made possible by a lot of local generosity and on the ground partnerships.

-Producers worked hard during the scripting process to make story-lines realistic, but keep the health message strong. They didn't want the audience to be turned off by feeling they were being preached to – so the story lines always had to strike a balance between accurate factual content and audience entertainment.

-The longevity of series was a big consideration for producers, who felt that to have lasting impact the series needed time to grow and become a normal part of people's lives. How to keep the health messaging fresh was therefore also a challenge as there were only so many traumas and dramas that one character could realistically experience in a short time, without turning off the audience.

-*Love Games* didn't just exist on TV. Characters became a talking point on social media (*Love Games* Facebook page) and actors were invited onto other TV and radio programs to talk about their work. The teams were keen to maximize these platforms to keep the messaging regular and consistent, and also used the social media sites to collect feedback which could be fed into the scripting process.

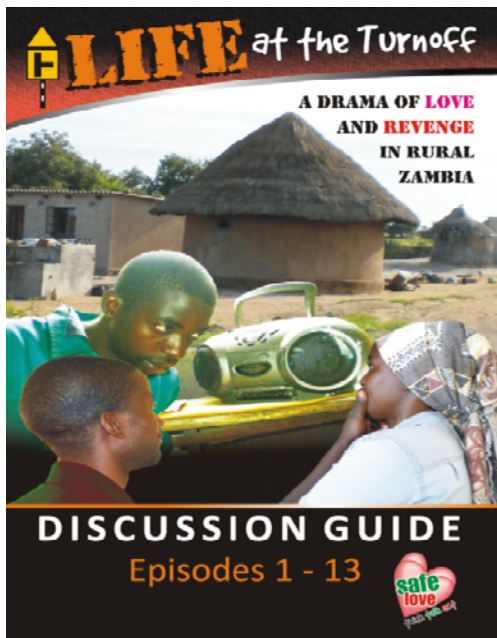
-One discussion point was whether *Love Games* should be translated into Zambia's other main languages. The problem with dubbing TV as opposed to radio is that it often makes an uncomfortable watch, and it would be impossible to re-shoot in different languages, and so the team decided to keep it in English only, acknowledging this may not be the first language of some of the target audience.

### **Radio Output: Life at the Turn-Off**

'*Life at the Turn-Off*' is a 26 episode, radio drama series produced by dB studios, with a similar message base to *Love Games*, except the main target is rural communities, and men and women in relationships in particular. Storylines centre around several main characters who live in two rural villages. One character comes back home diagnosed with HIV, and a variety of scenarios unfold around him as a result. The series airs on ZNBC Radio 2 and Radio 4.

The episodes are 13-15 minutes long and have just been translated into 4 out of the 7 official Zambian languages (Bemba, Tonga, Nyanja and Kaonde,) . These translated episodes start airing in July 2013 on the same 12 stations that CSH has contracted for the VMMC radio panel shows, creating a strong mix of drama and factual content featuring VMMC on local airwaves. Further, 19 other commercial and community radio stations have contracted

to air *'Life at the Turn-Off'* and seventeen (17) different *'Safe Love'* PAs from July 2013 through March 2014.



## 2) Social Mobilisation: The Safe Love Clubs / CSO partnerships.

The *Safe Love* campaign also involves a strong interpersonal communication component delivered through discussions and workshops called Safe Love Clubs. Five Civil Society Organizations (CSOs) were first contracted by CSH in 2011 - for a period of six months, to support and expand on the Safe Love media output by using their own Community Facilitators to hold small group sessions with men, women, couples and youths on various aspects of the campaign, using sets of teaching aides and copies of the radio or TV outputs to prompt discussion.

The CSO's were chosen through a competitive process, an RFP was put out for organizations to respond to - five of which were chosen based on the suitability of their existing frameworks. They needed to be a legal entity, well organised, and have an accounting system, to be able to comply with the PEPFAR/USAID financial reporting structures.

The five organizations that CSH contracted have networks in 9 ~~Lusaka~~ -districts - ~~i.e.~~ ~~Lusaka~~, Mansa, Kawamba, Samfya, Kapiri Mposi, Kabwe, Mukushi, Kafue and Luanshya ~~in~~

Lusaka, as well as in Luapula, Central, and Copper-Belt provinces. CSH manages relationships with the CSOs closely – Community Facilitators are supervised by a member of the CSH team when possible, who will attend the group discussions to check the discussion guide is being followed and give any feedback, or answer technical questions that the CSO teams may not be able to answer.

The CSOs have specific budgets and targets, and a set of deliverables and monthly reports including the numbers of people they have reached.

The average number of safe Love clubs per CSO ranges between 25 to 90, which consist of 15–20 members. Then members then have individual targets for outreach to another 50 people in their communities. The clubs meet bi-weekly, sometimes more often.

The CSOs' Community Facilitators have been briefed to primarily do interpersonal communication around the *Safe Love* campaign messages addressed in the mass media elements of campaign (reduction of concurrent partnerships, increased condom use etc). When CSH added VMMC to its remit, it was decided this would also be included in the Community Facilitators scope of work when contracts with CSO's were renewed in March 2013. Community Facilitators are now briefed to encourage men to go for VMMC and provide advice on the nearest available clinics. To facilitate IPC between community facilitators and target audiences, CSH is reprinting one thousand (1000) copies of a VMMC flip chart originally produced by SFH.

Including VMMC in the Safe Love Clubs hasn't been without its challenges – the limited availability of VMMC facilities depending on the area means that Community Facilitators can't always give details of nearest services when doing interpersonal communication. This 'gap' was particularly noticeable when comparing it to the other areas of HIV prevention that the CSO's promote, which are far 'easier' for people to take action on immediately, e.g. access condoms, attend PMTCT services which are regularly available. The approach CSH decided on was to focus CSO discussions on the of benefits VMMC, explain VMMC procedure to dispel misconceptions about pain and length of procedure, explain the availability situation, and then work hard to link the interested men to services as they come available locally.

#### Training Curriculum and Discussion Guide

Technically the CSOs were chosen due to their existing capacity to deliver the group sessions, and so providing extensive training for Community Facilitators wasn't part of the initial phase. However CSH has recognised that facilitators may not possess all the skills to deliver every subject sufficiently – e.g. they may need to learn the technical aspects of

VMMC, or gain appropriate counselling skills, and has learnt valuable lessons from the first year of the CSO partnerships.

At the start of the first contract, CSO's were given orientation by CSH on the Safe Love campaign, HIV in general and how to use the Safe Love campaign and set up clubs around it. The CSOs were then mandated to carry out the recruitment and training of their Community Facilitators.

On reflection, CSH found this was a mistake as the Community Facilitators didn't receive much training, and were just given a brief overview of topics before beginning the sessions. Therefore CSH have now developed a comprehensive Training Guide and Discussion and Activities Guide for the *Safe Love* Clubs Facilitators.

The Training Guide includes modules giving an overview of HIV and AIDs, behavior centered programming and facilitation skills. It contains a mix of technical information and activities to do with clubs. CSH adapted it from variety of other existing manuals from its other health programs.

~~(INSERT PICTURE OF DISCUSSION GUIDE HERE)~~

The VMMC component of the discussion guide sets out the key benefits, risks and myths about VMMC and gives the facilitators a range of games and activities to try during their sessions.

At the Pride Community Health Organization, based in Kafue, a town 50kms from Lusaka, the facilitators take a very interactive approach to their workshops in schools. Talking to young adults aged 14-16, they quiz the group on what they know while introducing new information, or correcting misconceptions. The facilitators sometimes do presentations together, which they find more fun and fruitful as they can learn from each other, and the audience reacts well to a mix of male and female facilitators, and different personalities. This group have been doing sessions twice a week at schools in the area.

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*PICTURES OF PRIDE COMMUNITY HEALTH ORGANIZATION, KAFUE*

#### Tools and Incentives

During the second round of CSO contracts CSH is developing additional tools for the Community Facilitators to use. They are currently given the printed and visual materials supplied by SFH, such as leaflets and flip-charts. CSH is also looking into producing teaching aids such as large posters with colour diagrams. These have been very successful for other health topics as they can be seen clearly in a group setting, and as at least two of the CSO's are in urban areas where literacy rates high, reading the materials in English has not been a major concern.

Each CSO has a different structure of incentives for their Community Facilitators, who are mostly volunteers.

This makes it a challenge to retain good facilitators, and CSH has observed a significant turnover of facilitators at the end of the last contract. However the option of formally hiring people is incredibly expensive.

Facilitators currently set up and hold meetings twice a month, do reporting on their work, and regularly call in to their CSO. This works for volunteers for a short period of time, as they enjoy being given specific tasks and are motivated by the possibility of what they could achieve in their community.

CSH is looking hard at this issue of volunteers versus paid employees. CSH recognises how at community level, the local facilitators are crucial to sustaining the success of the clubs, but expecting someone to work 10 days a month, long-term, without payment is a big ask.

CSH's current malaria campaign is due to have a much bigger component added to it, and so the team are considering hiring staff to handle the heavier workload. The outcome of this approach might be an indicator for the Safe Love clubs in the future. Financing this shift might prove the biggest challenge. CSH has \$5 million USD budgeted per year for 'technical spending' across all areas of their campaigns, and 25% of this already goes to the HIV component.

### 3) SMS Technology – VMMC Pilot:

Through the Safe Love Clubs and other peer to peer exercises, facilitators have been able to connect with and collect the contact details of men who are thinking of going for VMMC. CSH is keen to harness this opportunity to test out an SMS system. They have compiled a database of these men for use with a new SMS strategy, aimed at connecting men with their local service.

This pilot scheme seeks to address the issue of creating general demand for something that isn't always available. To stop interest "fading" the team wants to create a system to engage with people who are interested, capture who they are and where they are, and then then get back in touch with them to reinforce their interest and let them know when a service is available in their area.

CSH decided to task the CSOs with VMMC data collection, specifically for this pilot, as they were regularly coming into contact with men who were interested in the service as a result of their workshops and sessions. The CSO's now deliver monthly registers of phone numbers of men who they have communicated with in an interpersonal way about VMMC, and have expressed an interest in the service.

CSH plans to use phone registries to:

- Immediately send SMS to interested men with more information about VMMC and its benefits

- Send another SMS to same man once services are available in his area with times and dates
- Task the CSO's with follow up with men to determine if they went for VMMC or not following the SMS contact
- Use the phone numbers to randomly sample men to ask about their experience with the service and if they were prompted to seek VMMC as a result.

This pilot started in April 2013, 350 + numbers have been collected so far , and the first texts have been sent. The pilot is still in its early stages, but CSH is aiming to report this year on the success of the scheme, with the aim being able to quantify how many men were successfully mobilized using the SMS pilot.

Commented [a1]: Yes it was sent in this August

#### 4) VMMC Demand Creation Research

One of CSH's research briefs has been to try to document, via an online questionnaire, information about what is working in VMMC communications and demand creation in Zambia. CSH constructed a survey and sent the question set to all implementers involved in VMMC provision and demand creation in Zambia.

16 respondents from partner organizations have completed the survey and the team is currently reviewing their findings. They will share the analysis after the top-line report has been seen by the MOH and local partners.

CSH are confident that the findings will help the team identify some of the best practices in demand creation and the findings will inform the specific VMMC demand creation activities that CSH will undertake in 2013-14. For the moment there is no standalone VMMC project, and CSH continue to blend VMMC into their current HIV reduction and sexual health activities.

#### 5) Technical / Communications Support to Implementing Partners in the VMMC Technical Working Group

CSH provides technical and financial support to implementing partners in the TWG through the production of VMMC materials. This had included the development, write-up and printing of the VMMC Communication and Advocacy Strategy , and the launch, dissemination and distribution of the strategy at provincial levels (in partnership with MOH, CHAI, SFH and CDC). CSH has also started a review and reprint of some communication materials on VMMC which are currently produced for all national implementers by SFH.

As part of its TWG related activities, CSH is also tasked with creating partnership agreements with community radio stations, to host live phone in programs, see the mass media section above.

## Evaluation of intervention performance

### Audience Feedback

- The CSH team have used the *Love Games* Facebook page as a regular source of audience feedback, and it has been particularly useful during transmission to see which characters people are responding to and what they think of the storylines, which can be fed back into the scripting process.
- Approximately 50 people were randomly contacted over 7 weeks during the transmission period to be interviewed about *Love Games*, revealing a steady increase from 30% to 50% of people having watched the show over the 7 week period.
- Feedback was also drawn from a series of random walk around interviews conducted in purposely selected locations such as stores, markets and other suitable locations. Interviewees were selected from the target population (15 –49 year olds).

Dominant patterns emerging include:

- The majority of people writing on Facebook are youths, in particular young ladies
- The Love Games show triggers discussions amongst the viewers to discuss healthy relationships
- Healthy relationships are described as those that are characterized by trust and respect

### Rapid Surveys

To gauge audience perceptions and reach, CSH conducted two rapid surveys during the course of the project, in six Zambian districts: Lusaka, Chongwe, Chipata, Chandiza, Mansa and Kawambwa.

The first rapid survey helped CSH plan their TV and radio approach. The second was completed in March 2013 and analysis is ongoing. *(CAN CSH further update here?)*

Commented [a2]: Kelvin, please update with short summary

### Impact Evaluation

- CSH is also currently working on the impact evaluation plan for *Safe Love* – which will be the first quarter of 2014. It will focus on behavior change rather than changes in the HIV



incident rate. The evaluation will examine all the different components of the campaign, mapping impact in terms of behaviour change as a result of the campaign as a whole as well as attempting to link expressed behaviour change to what someone specifically saw / heard, e.g. was it an CSO's involvement that made them go for a HIV test? Did they listen to *Life at the Turn Off* and learn about the safe sex measures they now practice?

- CSH is keen to work out which parts of the multi-platform campaign were most influential, but will also look at it as a whole to see how all the pieces worked together over two years.
- It is unlikely that CSH will be able to use this data to chart behaviour change specifically for VMMC. The behaviours they set out to change in the original brief did not include VMMC, which was added at a later stage. However the data will point to the wider impact the campaign has had on safe sex and the attitude to / take up of HIV prevention methods.

#### CSO data

Data collected by the CSOs won't be able to demonstrate behaviour change but it will help CSH get an idea of the numbers of men spoken to, the coverage of the VMMC message the numbers of interested men who have signed up for SMS information as a result.

For their malaria campaign, CSOs do carry out a community based monitoring system – and so CSH has been looking at whether this is something that can be adapted to gauge reactions in the future. For the moment CSH has concluded that it would be asking the CSO volunteers to do more than is reasonable, and so they have limited their scope to collecting numbers.

However the CSH M&E team is about to roll out some "outcome monitoring" – a layer on top of CSO activities such as periodic focus groups and cohort monitoring to look at the progress made towards behaviour change. This will include looking for any change in intention towards/ thinking around MC.

#### Successes / Challenges

##### Adaptation and Integration

- CSH has successfully adapted and evolved existing HIV campaigns to incorporate VMMC into its media content, peer group education and discussion guides, to provide a spectrum of strong and consistent messaging.

- CSH has also used contacts and information gained at grass roots level as a springboard for a new potential intervention – the SMS database. It is hoped this use of mobile technology as a communication method can not only identify interested groups but be used to advise on where to access VMMC services.
- Integrating VMMC into the CSO portfolio has been quite a natural fit, as the clubs and their remit have evolved over the year, and it forms a core part of the training and activities manual. The advantage CSH has had with making integration work is that the team plans activities for a year at a time (not the full 5 years) and so where possible they can re-plan annually to add elements like VMMC.
- Integration of VMMC into the *Safe Love* flagship national media has, however been a challenge, as the storylines for *Love Games* and *Life at the Turn Off* had already been committed to when VMMC was added to the portfolio. With production schedules and scripts ~~already~~ already locked in, it would have been very costly to go back and amend them. But CSH are keen to build stories around VMMC in the future.

#### Local partnership sustainability

- One challenge CSH had experienced in the past was the variable reliability of stations to broadcast the output in the designated slots and to stick to regular scheduling. To remedy this, CSH staff are making trips to all contracted stations to finalize the agreements and make sure everything is in place for the new VMMC broadcasts to happen. CSH notes this is not a sustainable solution, to take on this “co-ordination” role on their behalf, but it is hoped the stations will learn from the experience, see how the organizing is done and be better able to take it on in the future.

#### **Challenges and their mitigation**

##### Managing demand and expectations of supply

- CSH’s biggest concern with incorporating VMMC into its media and community group activities was the risk of creating demand for something that isn’t always there. The challenge has been to keep VMMC current and relevant despite the absence of this service in comparison to other regular HIV related services. CSH has therefore consciously adapted its strategy so that its VMMC messaging won’t aim to get people circumcised but will address a lot of the barriers and get people ready to take the step when the service does become available.

- Following on from this, CSH have noted it is a challenge to use mass media in particular to do continuous demand creation for VMMC when the service itself is not continuous. Looking at both their radio output and SMS pilot, the CSH team have tried to design content which will work in the “gaps” between services, so that the outcome of the SMS or radio spot is that the man is kept interested and then alerted when services become available. As the SMS pilot has just started, it will be some time before CSH can assess whether this approach is indeed plugging the “gap”.

#### Wider integration challenge

- As well as Safe Love Clubs, CSH has contracts with a range of other Civil Society Organizations to run discussion groups and clubs for their other core campaign areas (malaria, maternal and child health, nutrition etc). Integration of the HIV and VMMC projects into the remit of the other CSO clubs has not been possible to date, although CSH recognizes it could be very beneficial and would be a logical step to take. The main barrier has been trying reconcile activities at community level with the reporting requirements for funding. E.g. the CSO’s may not be able to answer the question “how many people did you talk to about HIV?” if they are doing exercises which cut cross many different health topics. Having said this, it is normal that there is “seepage” of similar topics into conversations, and so CSH would be keen to explore ways to maximise the impact of their other CSO’s across topics.