

PROMISING PRACTICE Zambia: Jhpiego: Mini Campaigns and Training

INTRODUCTION

Promising practices:

- Jhpiego closely links demand creation activities with supply.
- Creation of mini-campaigns to maximise take up at certain times of the year in localised areas.
- Training of staff across all areas of VMMC implementation to understand the importance of demand creation, correct messaging and high standards of service delivery.

Introduction:

VMMC was formally taken on by the Zambian Government as a key component of their HIV prevention strategy in 2009, but before then implementers such as SFH and Jhpiego had been “on the ground” in Zambia delivering VMMC programs and doing their own demand creation since 2003.

Jhpiego is the main VMMC technical support and training delivery partner in the Zambia VMMC Technical Working Group and works through the Ministry of Health (MoH) to orientate managers at their sites in the provision of VMMC, train the VMMC providers, supply surgical equipment and in some cases, refurbish MOH sites so that they are fit for purpose.

In 2007 Jhpiego began service delivery in Livingstone General Hospital and has steadily increased delivery and demand creation now to 23 sites across Zambia. Jhpiego’s demand creation activities in the immediate areas surrounding these sites are based on community mobilisation, advocacy and use of local media and include door to door sensitising, drama workshops, radio spots and PSA van announcements.

Jhpiego works closely with the MoH and the members of Zambia’s VMMC Technical Working Group to co-ordinate and compliment their national campaigns and activities, in line with the MoH’s National Voluntary_Medical Male Circumcision Communication and Advocacy Strategy, which sets out the MoH’s commitment to scaling up the delivery of VMMC, and outlines the target groups for the campaign, as well as the national target of circumcising 1.9 million men and boys by 2015.

Target Groups

- Primary audiences:
 - Men in the broad target group of sexually active males, aged 15–49 years, as outlined in the Zambian National Communication and Advocacy Strategy.
 - Jhpiego is specifically targeting men at the older end of this age group (25+) through door to door sensitization and visits to faith based groups, corporate organizations such as banks and other workplaces.
- Secondary audiences:
 - Women – mothers, wives, sisters and girlfriends are equally a target of the community mobilisation, particularly using the local drama performances and radio slots. Drama in the market places tends to attract more women than men, who can then tell their sons and husbands about what they’ve seen and heard.

Scale and scope

Jhpiego operates at 23 hospitals across Zambia in the country’s ten provincial centers, as well as supporting a couple of district level health centers in Lusaka province.

Organisations involved

Lead

- Jhpiego (an affiliate of John Hopkins University)

Funding:

- CDC

Other partners:

- MOH / Ministry of Community Development Maternal and Child Health, Mission Hospitals and Zambian Defense Force health facility sites, Society for Family Health (SFH) as the implementing partner supplying brochures and other IEC materials.

Who is carrying out demand generation activities:

- Peer Educators and Community Volunteers deliver door to door sensitising, advocacy and PA announcements. Drama groups deliver the drama improvisations in popular public places such as markets and bus stops.
- MOH health workers trained by Jhpiego deliver day to day information, counselling and advice on the benefits VMMC among their portfolio of work.
- Local health managers and partner representatives from Jhpiego frequently appear on radio spots and some Jhpiego representatives appeared on a TV call-in show during National MC Month.

Management of demand creation

VMMC ACTIVITIES

VMMC activities

In an attempt to marry demand with supply, Jhpiego has created its own “mini campaigns” – demand creation activities aimed at getting men in a given area to attend their local facility. As well as conducting localised demand creation activities around their static sites, last year Jhpiego also started doing outreach in harder to reach places, which was also an attempt to counter the problem of “saturation point” at some static sites. As VMMC demand creation has been being carried out at some static sites for several years, it is acknowledged that their teams have to go beyond the facility bases now and take the services to areas where the campaigns have not so far had an impact.

APPROACH TO DEMAND CREATION

The approach to Demand Creation:

Key message(s)

- Door to door sensitizing, drama workshops, radio spots and PSA’s are all aimed at giving sustained, regular messaging – informing people of where exactly their clinic is and how and when to access it. The door to door sensitizing then fulfills the additional function of being interactive – answering queries and giving more detailed practical information

tailored to a person's individual needs, thus helping them make the decision to take up VMMC.

Type of intervention

Jhpiego specialises in supplying all participating MoH health sites, and some mission hospital and Zambian Defence Force sites, with on-going technical support and equipment, consumable kits for the daily VMMC procedures, training for health care providers, quality assurance processes and VMMC service delivery. As a result of Jhpiego's heavy involvement with VMMC "supply", it has also built a strong demand-creation arm, as Jhpiego believes that the two must go hand in hand for facilities to operate effectively and efficiently.

Jhpiego has also pioneered and achieved successes in "task shift" training (moving the provision of VMMC procedures in Zambia from doctors to clinical officers and nurses).

Rationale

- The behaviour change model Jhpiego adheres to, as described in the National Communication and Advocacy Strategy, includes increasing the percentage of men actively seeking VMMC, the reduction of risky sexual behaviour and in the case of men who have had the VMMC procedure, abstinence from sexual activity during the six week healing period.
- The broad rationale Jhpiego applies to its activities includes overcoming cultural norms which are negative towards VMMC and male health-seeking behaviours, and creating a norm around being circumcised and addressing specific fears or concerns about the procedure.
- Local outreach activities are therefore designed to engage in specific dialogue with men, who may already know about VMMC but need encouragement and more information or questions answered in order to take the next steps.
- Highly localised work also enables the Peer Educators to tackle specific cultural barriers and correct the local misconceptions, e.g. in Eastern Province, a traditionally non-circumcising area, there have been reports of Head Men telling their people that VMMC is a ploy to get men sterilised.

EVIDENCE BASE

Evidence base

Jhpiego believes that performance targets and results have been the most accurate indicator of how well the mini- campaigns have been working, and cite August 2012 as a good example of the added value that localized demand creation can make to a national campaign.

- The combined target that partners were given to reach in August 2012 was 30,000 procedures. Jhpiego set its own individual target at 16,000.
- Nationally the combined efforts of six implementing partner teams lead to 45,000 being achieved. Within this figure, Jhpiego contributed to just under half of total circumcisions – 22,000.
- Jhpiego believes this increase demonstrates the difference extra localized campaigns can make within the national campaign. The rationale is that if the national campaign alone was all that led to success, you would expect the other implementing partners to have achieved a similar proportional increase in numbers. Clearly this does not take into effect variable regional and cultural factors which would need to be analyzed in more detail, but the raw data has convinced Jhpiego of the benefit of intensifying local demand creation during the national campaign, above and beyond normal activities.

DEMAND CREATION ACTIVITIES

Demand Creation

1. Mini-Campaigns: linking demand creation with local facilities

While VMMC services have been available at many MoH sites since 2008, take up had been slow (targets were not being met) and Jhpiego quickly realised that much more proactive demand creation was needed to sustain the regular provision of VMMC, which comes at a significant cost. There were not many resources devoted to localized demand creation at the time, and so Jhpiego started doing its own activities alongside VMMC delivery.

These activities vary at different times of the year. At some points Jhpiego just focuses on service provision, but three times a year Jhpiego takes part in the national “MC Month” campaign, adding their own localized “mini-campaigns” independent of the national activities.

Jhpiego has tried to target men in the older age range (25+) by holding these mini-campaigns outside the school holidays (which normally tend to attract younger boys and teens).

The main difference between a national campaign and a mini-campaign, is that the mini-campaign primarily engage in strategies that generate demand for the facilities they support in a given region or district, and may or may not involve other partners, whereas the

national campaigns engage all health facilities and implementers to drive the demand for VMMC.

The mini-campaigns combine a variety of social mobilization and mid-media approaches. In every locality they combine these approaches to maximize the benefits of the demand creation activities:

- Interpersonal communication – Community Volunteers and Peer Educators:
 - Jhpiego provide Community Volunteers and Peer Educators with orientation in VMMC, with the aim of matching similar aged Peer Educators to men aged 25+, so that they can relate better to their lifestyle and viewpoint.
 - Jhpiego supply them with a range of brochures and flyers to hand out (these have been developed by SFH, with permission given to other partners to be able to reproduce them).
 - Peer Educators will have usually already worked in health promotion areas such HIV prevention, and so come to the job with strong background knowledge and communication skills.
 - During these mini-campaigns, the key aim of door to door sensitizing is to communicate the health benefits of VMMC and give out practical details of facility locations and opening times. Peer Educators don't currently take any contact details for follow up calls or appointments.

- Drama improvisation in public places:
 - This is not yet a widespread activity, but Jhpiego has enlisted the help of drama groups to spread the message more “widely”, particularly in health facility areas where the catchment population is huge and covers a large geographical area. The group will find a busy, populated area, such as a market place, to stage their improvisation.
 - The actors are given an orientation in VMMC and asked to produce a 20 minute improvisation. Teams begin by banging a drum to gather people in, and then they stage a general improvisation to get the crowd warmed up. Next they announce that they are going to perform a drama about VMMC, and construct usually a family based scenario in which the topic is played out. Community Volunteers are also on hand to give people leaflets and information about their nearest clinic and opening times after the drama ends.
 - Most market place attendees are women – it is recognized that these women will take the information home to their men and wider networks.

- Community Radio:

- Where possible Jhpiego will place announcements onto local radio stations about local facilities, their location and the availability of free VMMC services.
 - Jhpiego also puts forward medical staff from health sites to go into community radio stations to take part in radio programs. Often these will be phone-ins whereby the health professional will discuss the topic, take questions and address any myths. These are not regular slots, but they happen throughout the year, and during campaign months are intensified.
 - When Jhpiego started volunteering personnel to talk on local stations, there were no formal guidelines in place. The contributor would talk about VMMC in general, and a discussion would evolve based on issues raised by callers, guests and the presenter.
 - However this sometimes meant that the presenter would get the questions wrong, misunderstand or go off topic. So, during the National MC Month Campaign in December 2012, guidance was developed at national level by the members of the VMMC Technical Working Group, including Jhpiego in a bid to standardize how local radio spots are conducted. The package has been sent to provincial MoH offices and all radio and implementing partners to help guide the process.
- PSAs:
 - During mini-campaigns Jhpiego sends out Peer Educators into the chosen area using a PSA vehicle to announce the facility is open and available.
- Intra-facility publicity
 - Jhpiego also recognizes the importance of making use of health facilities to publicize the availability of VMMC to other health staff and hospital visitors. The community volunteers regularly replace posters and leaflets across health sites and hold sensitization talks in other hospital departments, i.e. at maternal or postnatal clinics.
- Workplace initiatives / older men
 - As an extension of the mini-campaign work, VMMC providers such as doctors and nurses have been engaged to do workplace sensitizing, meeting to talk about VMMC with managers at banks and government agencies.
 - Jhpiego is also planning to do some sensitizing in community groups which contain older members of the population – such as Neighborhood Health Communities, HIV support groups and carer networks, so that these people then become advocates for VMMC for older men.

2. VMMC Delivery Training: task shifting, staff knowledge and effective counseling

While VMMC delivery training might not be regarded as a direct demand creation activity, Jhpiego has placed high importance on the quality of training received and the impact it can have on demand creation, as part of its holistic approach. Therefore, as well as the technical surgical skills, staff are equipped with the personal and practical communication skills to ensure clients receive the best possible service. Jhpiego believes that the quality of service received by a client not only affects their decision to go for VMMC, but influences their likelihood of making future recommendations to friends and peers, which is a particularly crucial factor when relating to older men.

The “task shifting” training that Jhpiego has been leading since 2012, was a great opportunity to put this holistic training package into effect. The task shifting program involved the transfer of technical responsibility for the VMMC procedure from doctors and general surgeons to equally well trained and competent clinical officers and nurses. Over 70% of people trained in the surgical task shifting have been trained by Jhpiego. The training is competency based: addressing knowledge, skills and attitude.

Elements of training include:

- Training for skills development (surgical skills)
- Training for VMMC counseling
- Training for the orientation of Managers on VMMC
- Refresher training
- Supply and use of training materials, reference manuals, participants’ handbook and presentation graphics.

Jhpiego believe all these elements ensure the trainees are well primed to deliver a thorough service that will promote a positive experience of VMMC to clients and their peers. Jhpiego has also recently developed a computer based program which is being piloted to see how trainees can learn the theoretical aspects of VMMC in their own time, and carry on learning after the formal training is finished.

EVALUATION OF INTERVENTION PERFORMANCE

Evaluation of intervention performance

No extensive monitoring and evaluation activities have been in place to measure uptake of services as a direct result of the mini-campaigns, however some inroads have been made and insights gained through trialling the use of referral slips and analyzing client feedback cards.

- Referral slips

Jhpiego trialled giving one group of Peer Educators slips to hand out to the people they talk to about VMMC. The aim was that clients would bring the slips to the clinics when they went for VMMC. However, Jhpiego says that most clients had lost or forgotten them by the time they got to clinic, and so this process has not been continued.

- Client Feedback cards

Client Feedback cards are filled in at MoH sites whenever a man attends for VMMC. While they do ask the client how he heard about VMMC, Jhpiego feels that they don't currently contain enough specific detail to be able to meaningfully analyze how clients were referred there, as the card does not give the client multiple options from which they could choose from (e.g. Peer Educator, radio spot etc). The format of the card doesn't allow for clients to detail multiple influences on their attendance – which Jhpiego thinks is important as in practice men may have attended for a variety of reasons, but may need more probing to be able to note them all down.

The client cards are currently being re-designed to take into account these factors and will be introduced into clinics, so direct information can be more accurately collected on how a client heard of the service, and why he is attending.

LEARNING AND SCALE UP

Successes/ Challenges

Successes

Jhpiego believes its successes have been very much down to the holistic approach – the team does not look at demand creation in isolation and instead links it into the training of staff and the capacity of facilities to form the bigger picture, so that all these different components work together during a national or local campaign.

The apparent success of the mini campaigns has also reinforced for Jhpiego the idea that demand creation activities need to be cumulative. Mixes of national and local campaigns over time have given men sustained information and motivation to go for VMMC. From their experiences, the team think it is unlikely a man will wake up and go for VMMC one morning without having had time and space to consult, reflect and make his decision. Therefore sustained campaigns which cater for his growing knowledge and questions might be more effective than a periodic “blitz” of information.

Challenges & their mitigation

One of the main challenges for Jhpiego has been the fact that its funding and core work is not primarily demand creation. However in order to meet targets and maintain successful

and efficient VMMC facilities, it has needed to devote resources and money to demand creation.

Resources are a key challenge in sustaining this holistic approach. Each MoH site has a varied portfolio of health services to deliver – VMMC is one small part of the bigger picture. Devoting resources by way of staff and space to VMMC is always a balancing act. Many staff give up their free time to take part in VMMC delivery and demand creation work, staffing levels are often reduced outside of campaign seasons – which can cause an imbalance between demand and supply, if clients who have been reached by the campaign come to clinics after the campaigns have finished.

The challenge to achieve this sustained information flow is both a financial and structural one. Partner implementers have driven the process so far, and the VMMC technical working group has made great strides in strengthening coordination and collaboration. Jhpiego is keen that more is done at a provincial level to fully engage the district health authorities and their health workers – as local buy in may be the only way to move to a more sustained culture of VMMC being promoted across the country, and not just in Lusaka / urban areas.