

INCREASING UPTAKE OF VMMC: LESSONS FROM AIDS-FREE MALAWI

One morning in February 2018, 20-year-old Thoko Blandy walked into St. Montfort Hospital to seek voluntary medical male circumcision (VMMC) services. Unlike some of his peers in Sekani village of Chikwawa district who were still unsure, Thoko had decided to take a bold step to protect himself from HIV. Thoko had learned about VMMC from a community mobilizer (CM). In his village, and many other communities in Chikwawa, young men still shunned VMMC because they thought the procedure is very painful and that the wound takes a long time to heal. For some of them who are sexually active, the prospect of abstaining from sex for six weeks while healing seemed daunting.

Thoko, however, learned that VMMC was important among the interventions available for him to realize an AIDS-free lifestyle. He decided to stand up

In the fall of 2017, AIDSFree Malawi started supporting VMMC services in Chikwawa, Thyolo, and Zomba districts, in the southern region of Malawi. The project implemented a set of demand creation and service delivery measures.

These resulted in three main program changes: achievement against annual targets; proportion of clients in the priority 15-29-year age group; and productivity of sites outside campaigns (see page 8). This case study documents these processes, outcomes, and lessons learned.

against the fears that still surrounded VMMC in his community. In doing so, Thoko became a role model for his peers, as he explains:

“When I first heard of VMMC during a community meeting, I was so scared to go for it. I still believed in the rumors that many of my peers said—that it was a very painful process. I told myself that circumcision was not for me. However, when Wisdom Kapito, a community mobilizer, approached me and explained the benefits of VMMC in detail, and answered my questions, I became less worried about the pain and decided to go to the clinic for the service. I was so amazed that the procedure was fast and the doctor gave me medicine so that I would not feel much pain. I received good support from the team.”



Thoko Blandy (second from left), a satisfied client whom AIDSFree recruited as a community mobilizer, talks to three men from his community about VMMC in Chikwawa district.

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In late 2017, AIDSFree Malawi started supporting VMMC services in Chikwawa, Thyolo, and Zomba districts, in the southern region of Malawi. The project implemented a set of demand creation and service delivery measures. These resulted in three main program changes: achievement against annual targets; proportion of clients in the priority 15–29-year age group; and productivity of sites outside campaigns (see page 8). This case study documents these processes, outcomes, and lessons learned.

Thoko's own experience with VMMC marked a turning point for many young men in his community regarding VMMC. After a successful recovery, Thoko took it upon himself to talk about his experience and bring some of his friends for VMMC services. The St. Montfort Hospital VMMC team spotted Thoko, and recruited him as a CM. Thoko and his peers whom he has referred to the VMMC service now have a reduced risk for contracting HIV. Today, Thoko is an ambassador to his peers. He is helping young men from his community to learn more about the protective benefits of VMMC, and referring them to the service.

Thoko's story represents the experiences of many adolescents and men who accessed VMMC services with support from AIDSFree Malawi.



Community members of Nyezeleru village in Zomba district listen to an AIDSFree Malawi community mobilization assistant in a meeting to prepare for a VMMC outreach in their area.

BACKGROUND

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year global mechanism funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). AIDSFree began implementation of VMMC in Zomba, Chikwawa, and Thyolo districts of Malawi in October 2017. This project succeeded Jhpiego's work in the same districts under the USAID-funded bilateral project called Sankhani, which ended in September 2017. The goal of AIDSFree's two-year project is to increase access to quality VMMC services for uncircumcised men in the three southern districts of Malawi. The priority target group is men and adolescents in the 15–29-year age bracket. The mandate of the project in this first year was to provide training, demand creation, service delivery models, human resources, and other systems necessary to provide VMMC services to 36,014 males. Allocation of the target was as follows: Chikwawa 20,000; Thyolo, 13,532; and Zomba, 2,482. After a challenging start in the first quarter of 2018 (October–December 2017), AIDSFree Malawi increased uptake of VMMC among the 15–29-year priority age group, met the overall annual target, and attained high standards of quality in the services.

REACHING THE PRIORITY AGE GROUP

VMMC is one of the effective approaches available for reducing heterosexual HIV acquisition among sexually active men. Since 2012, the government of Malawi has been providing VMMC services to the public, with funding primarily from PEPFAR through USAID and other United States government agencies. Currently, 15-to-29-year-old men remain

the priority population for VMMC in Malawi PEPFAR-supported programs. All 10–49-year-old men and boys, however, are eligible for VMMC services. The Malawi VMMC program is making tremendous efforts to offer age-appropriate VMMC services to adolescent boys and young men.

Epidemiologic projections show that reaching the 15-to-29-year age group with VMMC services will facilitate quicker epidemic control. Yet in Malawi, as in other countries in the region, attracting older clients (15 and above) to VMMC services has proven much more challenging than reaching the younger adolescents for whom circumcision is normative.

Assessment of Demand Creation in Chikwawa, Thyolo, and Zomba

Six months prior to the start of AIDSFree, USAID completed a comprehensive assessment of VMMC demand creation work in the three districts. The assessment identified several gaps related to demand creation. Most of the issues identified during that assessment related to work with CMs. The issues included lack of transport to cover the long distances in their rural areas; lack of identification badges to lend credibility; lack of hats, t-shirts, or any type of branded uniform; lack of training in communication/interpersonal communication skills; limited means to communicate with VMMC clinic staff; and lack of job aids during their outreach efforts.

In Zomba district, CMs mentioned that older men did not want to mix with the younger boys during their clinic hours, and would rather come to the clinic in the late evening.

While many activities were happening to increase numbers and reach more men in the priority age group, it was not clear which specific interventions were working. There was no clear mechanism for following up with clients who expressed interest to make sure they came for services. There was still more need to engage with traditional leaders to reduce the perception that VMMC was a service for younger boys, or for religious or cultural purposes.

AIDSFree Malawi used this information both during project design and during the first months of implementation while trying to fine-tune their strategies.

Strengthening Community Mobilization

The uptake of VMMC among the 15–29-year olds in these districts remained low even toward the end of the four-year Sankhani project. In fiscal year 2017, only 34 percent of 24,881 clients who sought VMMC in the three districts were in the age group of 15 to 29.

The AIDSFree Malawi team recognized the key role that CMs with strong interpersonal communication skills could play in creating demand for VMMC services among the older age segment. Overall, 92 percent of clients reported hearing about VMMC from a CM (Figure 1). The project remodeled the approach on how the districts were doing interpersonal communication. The project adopted a different set of criteria for selection of the CMs at recruitment, improved training, and better equipped the CMs with the tools, which they needed to perform their jobs. The project raised the minimum qualifications for prospective CMs, and sought out CMs



Young men gather to meet AIDSFree staff at one of the pick-up points of Makwhira site in Chikwawa district to arrange an appointment for VMMC.

Hussein Gopole/AIDSFree Malawi

whom communities were more likely to respect. This change was aimed at improving the image and appeal of the CMs to ensure that they are more effective while interacting with the older men in the communities.

Engaging Satisfied Clients

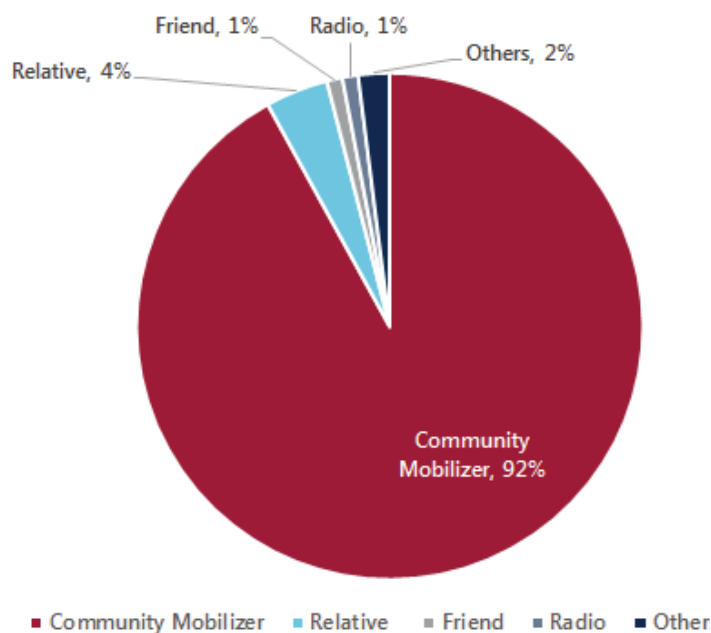
Experience from other countries shows that men would like to hear from peers who have undergone VMMC to be reassured about concerns such as pain and the experience of the wound-healing period. AIDSFree Malawi applied this knowledge by taking steps to use satisfied clients as CMs for VMMC. AIDSFree Malawi set a target that at least 30 percent of CMs would have to be satisfied clients. The use of satisfied clients as CMs helped in breaking down barriers that keep men in these districts away from seeking VMMC services. During the recruitment period, teams invited every 18–29-year-old client who came for VMMC to join the demand creation team as a satisfied client CM, to reach, educate, and encourage their peers to seek VMMC services, based on their own experiences, as Thoko explained:

“After undergoing my VMMC procedure, I went back home and informed my friends of the benefits of VMMC. Knowing that we are all sexually active, I encouraged them that they could prevent sexually transmitted infections and more importantly HIV if they undergo circumcision. Just two days after my procedure, I had to go back to the clinic for review and 10 of my close friends from my village came along with me to get their smart cut.” Additionally, he explained that the process was painless with local anesthesia and emphasized the importance of HIV testing.

Thoko has since then been very vigilant in mobilizing his peers for VMMC. For several weeks in a row, he would bring more than 40 clients each week. He is now working with AIDSFree Malawi as a CM, and continues to refer many clients into the VMMC service.

Thoko is one of many youth whom AIDSFree Malawi has recruited to mobilize their peers from within their communities for VMMC services in the districts.

Figure 1. Clients’ Responses About Sources of VMMC Information



MEASURES TO STRENGTHEN COMMUNITY MOBILIZATION

1. New selection criteria to recruit mobilizers who can appeal to the priority segment of the target group
2. Enlisting many satisfied clients among the CMs
3. Improving mobilizers' training
4. Providing the mobilizers with tools to perform their jobs; e.g., job aids, identification badges, branded attire, bicycles, cellphone airtime, etc.
5. Supplementing mobilizers' fixed monthly pay with a performance-based pay for their teams
6. Regular supportive supervision by community mobilization assistants
7. Redirecting more funds to interpersonal communication using mobilizers by reducing frequency of large audience community events

AIDSFree Malawi trained Thoko and his fellow mobilizers in community mobilization skills. The team routinely shares information on VMMC with their peers during social gatherings that take place in their communities. As Thoko put it, “I use social events that happen in the community to create demand for VMMC. I interact with fellow youth during football matches, music shows, and even during social events that take place in different primary and secondary schools. So far, it is a winning strategy and since I joined Jhpiego as a CM, I have brought over 400 clients to St. Montfort Hospital. With most young men understanding the benefits of VMMC, I am sure by the end of the project almost every young man from my village would have gone for male circumcision services.”

Apart from using satisfied clients for advocacy and peer referrals, AIDSFree has been using recommendations from previous project assessments and has since adopted a number of strategies to increase demand for VMMC.

Strengthening Coordination between Service Delivery and Demand Creation

Before AIDSFree, demand creation and service delivery teams in a district reported to separate offices not within the district, but at a central office in Blantyre. This reporting structure left a gap in the day-to-day coordination between service delivery and demand creation teams within the districts. To strengthen this coordination, AIDSFree Malawi created a position of district manager in each of the districts. This position was responsible for all staff in the district, including both demand creation and service delivery staff. The district manager facilitates coordination between service delivery and demand creation staff. He/she ensures that these two components of the service have compatible schedules and share resources, such as transport, equitably so that their activities complement instead of conflict with each other. This arrangement also led to more involvement of clinical staff in demand creation activities. For example, clinical staff now supported CMs in health talks in the community more often. CMs also became more available to go into communities to manage the consent process when parents of minor clients were unable to come to the clinics.

Aligning District Spending with Targets

Early in the program, AIDSFree Malawi analyzed the project target by district and by site. In addition, site targets were broken down by week, and by day (Table 1 on the following page). AIDSFree Malawi also broke down the budget for field operations by district. The in-country project leadership provided the district managers and team leaders in each district with detailed information on what funding was accessible to them for both service delivery and demand creation activities, and encouraged them to use that information in planning activities. In essence, they were empowered to manage their own budget.

Armed with this information, the teams could think and plan creatively because they had a clear understanding of the resources available. At the same time, because they were now able to monitor the rate of depletion

The new position of district manager ensured that both of the service’s components share vital resources equitably so that demand creation and service delivery activities complement each other.

of their budget allocation and their current achievement against site and district targets, the teams thought about the demand creation activities they would do more carefully. This critical analysis right at site level helped to weed out several possible activities that the project might have undertaken without contributing appropriately to the targets. This made the entire demand creation effort more effective and efficient.

Table 1. AIDSFree Daily Targets and Performance for Chikwawa District Sites, Week 6, Quarter 4, FY 2018*

Site Name	Indicator	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Total
Ngabu	Performance	55	54	59	59	67	42	336
	Target	56	56	56	56	56	56	336
	% Achievement	98.2%	96.4%	105.4%	105.4%	119.6%	75.0%	100.0%
Chikwawa DHO	Performance	68	62	67	76	71	40	384
	Target	56	56	56	56	56	56	336
	% Achievement	121.4%	110.7%	119.6%	135.7%	126.8%	71.4%	114.3%
Makhwira	Performance	73	66	57	63	48	48	355
	Target	56	56	56	56	56	56	336
	% Achievement	130.4%	117.9%	101.8%	112.5%	85.7%	85.7%	105.7%
St. Montfort	Performance	43	55	44	37	53	34	266
	Target	56	56	56	56	56	56	336
	% Achievement	76.8%	98.2%	78.6%	66.1%	94.6%	60.7%	79.2%
District Total	Performance	239	237	227	235	239	164	1,341
	Total Target	224	224	224	224	224	224	1,344
	% Achievement	106.7%	105.8%	101.3%	104.9%	106.7%	73.2%	99.8%

*Site data include data for outreach attached to that site.

Use of Data for Decision-Making

AIDSFree Malawi used the Site Capacity and Productivity Tool to determine the demand creation and service delivery capacity necessary to deploy in order to be able to meet project targets. The team broke down the annual project target by district, and broke down the district target by quarter and day. This process enabled the team to measure the level of service delivery capacity within each district against the site capacity and productivity parameters set out in the Site Capacity and Productivity Tool. By conducting this evaluation, it became obvious that districts needed more teams to raise optimal service delivery capacity to deliver on the targets. The project increased the number of teams from three to seven, distributed as 4:2:1 in Chikwawa, Thyolo, and Zomba, respectively, in line with district-specific targets. Each of the teams reported on daily team performance to project leadership and team members at the end of each workday. These reports were brief and posted on a WhatsApp forum.

Daily reports detailed the total number of clients seen, an age breakdown of all clients, the number of clients who accessed services, the number of clients who did not access services and their reasons for declining services; and any challenges. The forum included all internal project stakeholders including demand creation, service delivery, finance, stores and logistics, transport, and senior project leadership. Project managers evaluated each site's performance data daily, and identified and addressed issues rapidly. AIDSFree Malawi verified the site performance reports through supportive supervision, monthly data verification (which included physical verification on a sample of reported clients), and quarterly data quality assessment.

Investing in Improved Training

AIDSFree Malawi provided the CMs with refresher training and opportunities to share experiences with their peers in quarterly demand creation meetings. In these meetings, they shared experiences and discussed challenges that they faced, and things they were doing, or help they needed from the project to overcome those challenges.

Equipping Community Mobilizers with Necessary Tools

To ensure that CMs were able to engage effectively with the communities in which they work, AIDSFree provided them with identification cards and branded t-shirts to help the community to identify CMs easily. The cards and branded t-shirts also helped boost CMs' credibility in the community as trusted sources of information on VMMC. Each CM received a bicycle to facilitate easy movement within his/her catchment area. The CMs also received communication materials and job aids to support interpersonal communication in their daily interactions with community members and prospective clients. These materials addressed all common myths, misconceptions, and frequently asked questions about VMMC. The CMs conducted regular supportive supervision quarter one visits to support CMs and to monitor the quality of their demand creation communications.



Bad roads during the rainy season also affected project performance in quarter one.

Wezi Mhango/AIDSFree Malawi

Remuneration of Community Mobilizers

Interpersonal communication for VMMC requires that the communication agent is trustworthy, and is available to engage with the individuals targeted not only in one-off encounters but also on an ongoing basis as the individual progresses from initial stages of awareness to the action of finally visiting a site for the VMMC service. As such, the project needed a large number of CMs selected locally from the various communities across the three districts. Prior to AIDSFree, CMs in these districts were engaged on a fixed monthly pay plan, but this scheme proved ineffective, as many CMs would only make contacts with the project at the time of their payments. Projects had also tried a different approach based on purely performance-based remuneration for groups of CMs. This plan had an advantage that because overall expenditure on CM payments was directly proportional to the amount of demand they generated, it was possible to deploy large numbers of CMs across the districts. However, the scheme had a major limitation: insecurity about basic income caused poor retention of CMs. There was high turnover of CMs, and therefore, it was hard for the program to develop a good set of skilled and effective CMs.

With that background, AIDSFree Malawi made a decision to use a hybrid of the two schemes of payment. The project maintained a fixed monthly component of pay, per individual CM. In addition, CMs from neighboring catchment areas formed a work group consisting of three individuals. In some cases, this group of three includes one or two "scouts." Scouts are community members whom CMs recruit to support their work. At the end of every two weeks, the group received an amount of payment based on the performance of that group in the two weeks, which group members would share equally. This arrangement assured each CM of some minimum income at the end of each month, and additional pay based on how well his or her team worked to mobilize clients for VMMC during the month. To avoid low income from the group's performance-based pay component, members within a group kept an eye on each other to ensure that each member was committing enough time to demand creation work.

This combined pay scheme also enhanced collaboration among CMs, which made their collective demand creation efforts stronger. The self-monitoring among CMs within the group obviated the need for daily monitoring visits by their AIDSFree supervisors to ensure that each CM was putting adequate time into demand creation work. Working in groups enabled the supervising CMs to receive timely information on low-performing CMs to support them. During this process, AIDSFree Malawi dropped and replaced some CMs due to poor performance.

INCREASING EFFICIENCY AND BALANCING SUPPLY AND DEMAND

- Fostering teamwork between service delivery and demand creation staff through common reporting lines
- Using the Site Capacity and Productivity Tool to identify redundant capacity
- Setting site-specific daily targets and tracking performance against them
- Reviewing performance data daily within the project, and weekly with the donor's activity manager, to identify and correct gaps in real time
- Using a participatory approach to planning of activities and monitoring budget expenditure empowered and motivated front-line staff to be efficient

PERFORMANCE OUTCOMES

The project's new approach to overcoming low uptake of VMMC among men in the three districts has helped the men there to use the reproductive health and HIV prevention services included in the VMMC package. The first quarter of the fiscal year had many challenges related to startup, bad weather, and the agricultural season, all of which led to low performance. During that time, the in-country project team worked very closely with the AIDSFree home office team to develop strategies to turn around the project performance. At the end of that first quarter, the team redistributed the unmet targets to the remaining three quarters.

Key Program Changes Due to AIDSFree Malawi's FY 2018 Work in the Three Target Districts

AIDSFree Malawi's approaches led to three main positive program changes to the VMMC program performance of Chikwawa, Thyolo, and Zomba districts.

1. Achievement against the annual target

The overall performance against annual targets of the three AIDSFree Malawi districts in the two years preceding AIDSFree was 82 and 81 percent, respectively. The strategies that AIDSFree Malawi initiated during quarter one of fiscal year 2018 began to show results during quarter two. The project went on to achieve 110, 109, and 121 percent of the targets for quarters two, three, and four of that year, respectively. At the end of FY 2018, the project had offered VMMC services to 36,153 men (100.4 percent of the annual target of 36,014 clients). This was the first time the VMMC program met the annual target of the three districts.

2. Proportion of clients in the 15-29-year priority age group

Prior to AIDSFree, the proportion of clients of the 15–29 year priority age group who accessed services in these districts overall was low. Overall, only 34.2 percent of VMMC clients in these districts were 15–29 years. In fiscal year 2018 under AIDSFree, this proportion increased steadily, from 32 percent in October 2017 to 67 percent in February and March of 2018, and peaked at 76 percent in September 2018 (see Figure 3 on the following page). There were expected drops in the months of April, July, and August 2018, resulting from large numbers of younger clients on school holiday who sought services at the sites. Overall, 54 percent of clients were 15–29 years in fiscal year 2018 under AIDSFree, reflecting a substantial improvement in age targeting.

3. Productivity of sites outside campaigns

Before AIDSFree, the three districts achieved most of the annual VMMC program target through a large campaign during quarter four. There was suboptimal utilization of sites for most of the year, which was inefficient. In the four years that preceded AIDSFree, on average, quarter four alone contributed 62 percent of the annual target. In FY 2018, after overcoming the challenges of quarter one (when demand creation and service delivery strategies were being refined), performance of AIDSFree Malawi sites during routine service delivery time outside campaigns improved (see Figure 2). This resulted in a better distribution of performance across quarters two, three, and four. This time, quarters two and three contributed much more (55 percent) to the annual target compared to their contribution the previous four years (see Figures 4a and 4b on page 10), reflecting good progress toward year-round optimal site productivity to break seasonality.

Figure 2. AIDSFree Malawi Project Targets and Performance by Quarter, Fiscal Year 2018

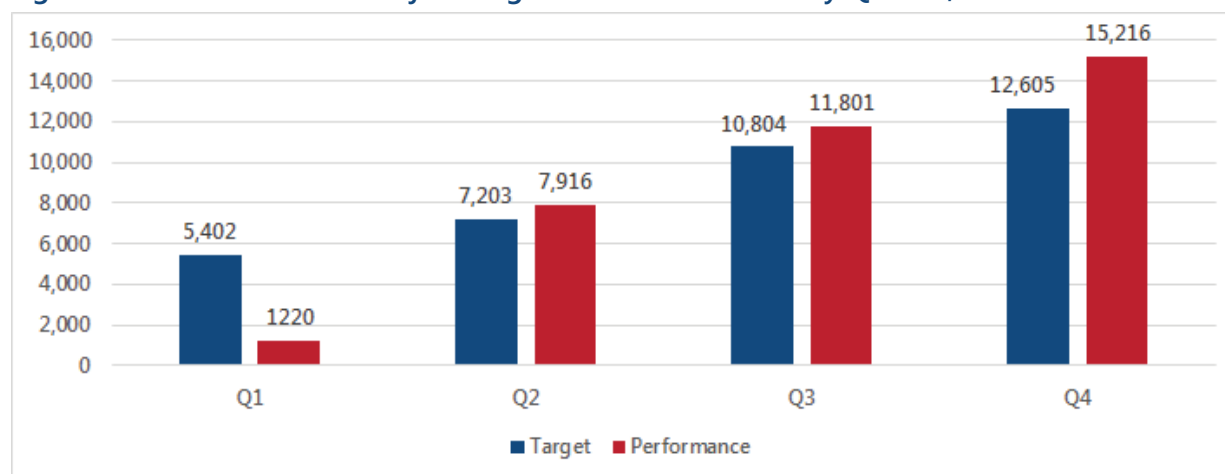
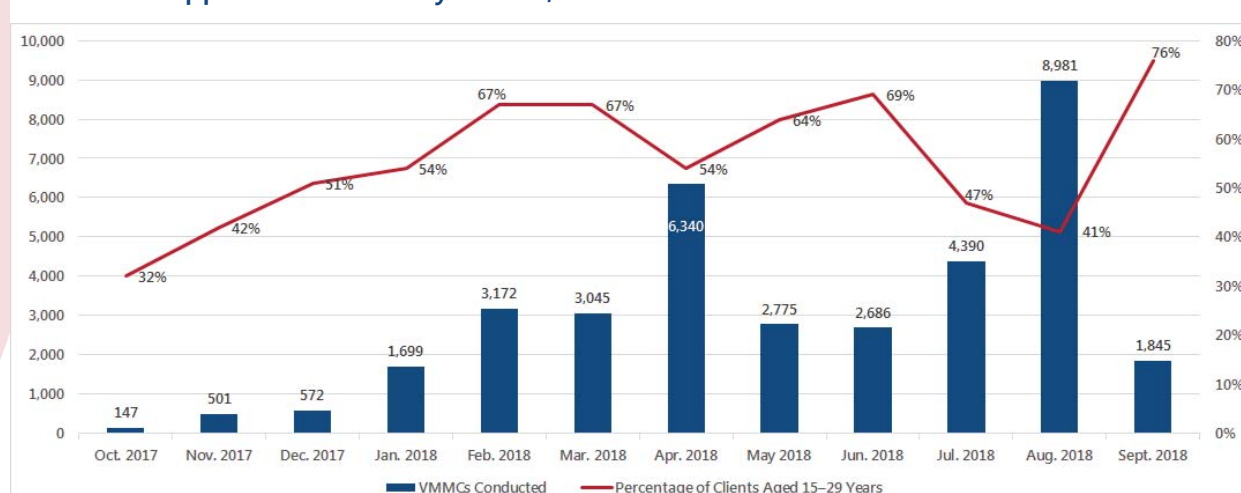


Figure 3. Total Number of Clients and Percentage of Clients Aged 15–29 Years Who Received AIDSFree- Supported Services by Month, Fiscal Year 2018



Quality of Services

In fiscal year 2018, AIDSFree Malawi was able to increase the number of clients served in the three districts significantly without compromising the quality of services. AIDSFree Malawi funding included a continuous quality improvement (CQI) component to support CQI processes for AIDSFree Malawi and all other current PEPFAR-funded VMMC activities within Malawi. The AIDSFree Malawi CQI team conducted baseline assessments of AIDSFree sites in February 2018, when recruitment of teams was complete. This

initial assessment identified some gaps, mainly in domains of site management, supplies and equipment, and monitoring and evaluation. Other prominent gaps included weak processes for linkage of HIV-positive clients to care and treatment at some sites, and low follow-up rates at post-operative day seven. The CQI team trained site teams on CQI and supported them to develop appropriate improvement aims, through learning sessions and onsite mentorship. On the follow-up assessments in June 2018, all teams had reached average site scores between 80 and 93 percent. The number of moderate and severe adverse events from these districts prior to AIDSFree was low, and remained low (under 0.01 percent) during fiscal year 2018 under AIDSFree. Among the clients who accessed VMMC services, 35,665 (99.2 percent) of them tested for HIV, with 124 clients newly diagnosed as HIV-positive. Whereas some sites excelled on linking the newly diagnosed clients to HIV care, follow-up and documenting the linkage process was an important area of improvement, which some AIDSFree Malawi teams were still working on during the year.

Figure 4a. Average Percentage of Annual Performance Contributed by Each Quarter in the Three Districts, Fiscal Years 2014–2017

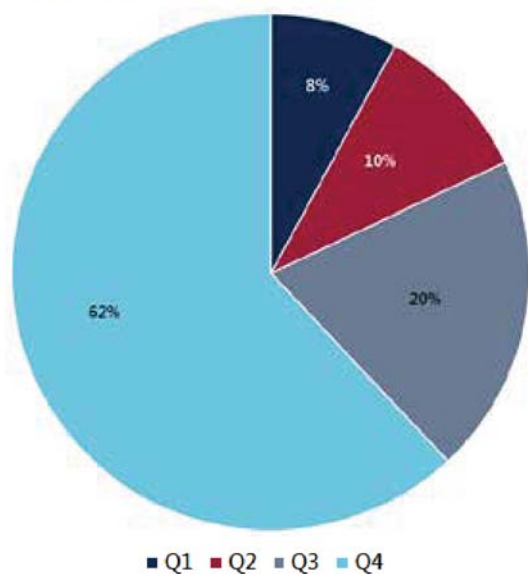
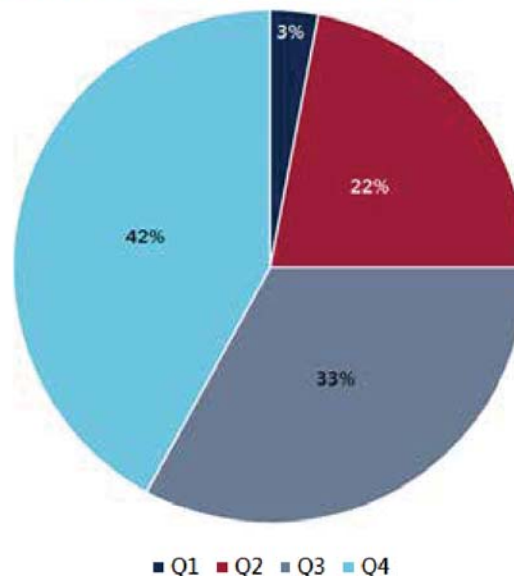


Figure 4b. Average Percentage of the Annual Performance in Each Quarter during Year One of AIDSFree Malawi, Fiscal Year 2018



LESSONS LEARNED

There are a number of lessons in the experience of AIDSFree Malawi's VMMC program, which can be useful to other VMMC programs in their efforts to reach targets and to attract priority age groups of men while maintaining high-quality services. This section discusses these lessons.

Selection of Mobilizers

The profile of CMs is an important determinant in the profile of clientele that they may be able to influence. By working on the caliber of CMs, AIDSFree was able to engage well with the clients in the priority age group.

Training and Equipping Community Mobilizers

Training mobilizers in effective interpersonal communication skills and addressing men's key barriers to VMMC, as well as equipping them with job aids and other necessary tools to do their job helped them communicate with men in the priority age group.

Use of Satisfied Clients

Satisfied clients as CMs are very effective agents for interpersonal communication on VMMC. Their personal experience gives them first-hand knowledge about the basic information they need to communicate. They inspire more trust from their peers, and are most suited to address men's common fears around managing pain and remaining abstinent during healing.

Remuneration of Community Mobilizers

A remuneration scheme including two components—a fixed monthly salary and performance-based pay for teams of CMs—helped to increase retention and reduce the need for intensive monitoring by supervisors, which would be very expensive and require a large number of additional personnel as supervisors.

Coordination between Service Delivery and Demand Creation Teams

When organizing teams, it is helpful if there is no separation between reporting lines for demand creation and service delivery staff at the lower levels. That way, there is better teamwork and coordination between service delivery and demand creation staff.

Understanding Site Capacity

Initial analysis using the Site Capacity and Productivity Tool helped teams to appreciate that sites were performing far below their capacity and had the potential for significant improvement.

Breaking Down of the Project Target

Dividing the project target into site-specific daily targets made it possible for all teams to evaluate their performance continuously and objectively, which led to sustained efforts by all teams to meet targets.

Tracking of Performance Data

Tracking of performance data on a daily and weekly basis across all levels of the project is very helpful in identifying and responding to both “micro” and “macro” issues in implementation early, before too much time and too many resources are lost.

Empowering Teams to Participate in Planning

Empowering teams to participate in planning for their funds across their activities improved their interest in prioritizing only the activities that contribute most to their targets. That change minimized wastage of time and other resources, and created efficiency in the running of the project overall.

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This case study, *Increasing Uptake of VMMC: Lessons from AIDSFree Malawi*, resulted from collaboration among the AIDSFree Malawi country team and the AIDSFree regional and headquarters technical teams. The lead author is Dr. Adrian Musiige, Deputy Chief of Party, AIDSFree Malawi. Contributing writers to this case study include from AIDSFree Malawi: John Kawale, Demand Creation Manager; Dr. William Twahirwa, Chief of Party; Austin Chilembo, Monitoring, Evaluation and Research Advisor; and Sarah Sakanda, Communication and Knowledge Management Specialist; from AIDSFree's technical team: Dr. Zebedee Mwandi, Regional Senior Advisor; and Elizabeth Gold, Senior Technical Advisor, Social and Behavior Change.

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