

Category: Social Mobilization, IPC, Research

## **INTRODUCTION**

### **Promising Practice Kenya: IRDO, Creating a demand creation toolkit**

#### **Key Promising Practices:**

- Developing a tool to assist social mobilizers to communicate consistent, standardized messages during interpersonal communication with prospective clients.
- Developing a tool that contains targeted messages that are tailored to address the particular circumstances and concerns of each prospective client.
- Conducting detailed research into the barriers and facilitators to uptake of VMMC.

#### **Introduction**

Impact Research & Development (IRDO) is a Kenyan research, training and service provision organisation focusing on VMMC and sexual and reproductive health. IRDO operates primarily in Nyanza province but it has activities spanning the Rift Valley, Western and Nairobi provinces. It operates static sites in 33 District Health Centres and also provides services through regular outreach at a health dispensary level and through mobile campaigns. It has performed over 200,000 circumcisions in the Nyanza region to date.

#### **Target Groups**

The vast majority of circumcisions performed by IRDO are on adolescents under age 20 because demand is much higher among these groups. Efforts are being made to reach older men through a number of workplace programmes and IRDO is developing the new demand creation toolkit described here to reach men aged 25–39.

- Boys, adolescents and men aged 10–49
- Female partners
- Community leaders and opinion leaders

#### **Scale and scope**

- IRDO is active in Nyanza, Rift Valley, Western and Nairobi provinces but the demand creation toolkit will initially be tested in 45 locations in Nyanza province. If the toolkit is successful, it will be rolled out to all IRDO social mobilizers across the country.

## **Organisations Involved**

### **Lead**

- IRDO

### **Funding**

- The development of the demand creation toolkit is funded by the Centers for Disease Control (CDC)

### **Other partners**

N/A

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

- IRDO

### **Management of demand creation**

- IRDO

## **DEMAND CREATION ACTIVITIES**

### **Approach to Demand Creation**

The focus of IRDO's demand creation activities are on social mobilization and community outreach, working through Social Mobilizers. IRDO typically supports mobile service delivery teams who rotate between MoPH facilities by setting up information points in nearby areas with IEC materials, typically near markets. Normally several mobilizers will also fan out from these points across the surrounding area to engage potential clients in discussion. IRDO also organizes group discussions with community opinion leaders, women's groups, Boda Boda (motorbike taxi) associations, secondary schools, beach management units (which function like fishing cooperatives), workplaces and other groups. IRDO sometime organizes community events, such as football tournaments or community drama performances, and uses the opportunity to engage with the crowd.

IRDO participates in Kenya's national Rapid Response Initiatives (RRIs), which are held three times year, in April, August and November/December, coinciding with school holidays. The RRIs typically last from 4–6 weeks and during this time IRDO deploys all of its mobilizers and volunteers, supported by PSI organised Road Shows, and sets up tents and mobile units where static facilities are not available. IRDO also works with schools and colleges, particularly ahead of school holidays, to

reach adolescents. They also hire vans with mobile PA (public address) systems to drive slowly around communities making announcements about the RRI drive. IRDO also conducts “moonlight” night-time service provision several times a year, usually during RRIs. These late night service points are usually set up in fishing communities to appeal to older men, who spend most of the day fishing on the lake.

## **EVIDENCE BASE**

### **Evidence base**

The development of the toolkit has been guided by extensive formative research to ensure that it accurately reflects clients' needs and concerns. As an initial step, IRDO conducted a thorough literature review of approximately 80 academic articles and studies to extract information about barriers and facilitators to VMMC uptake. Lists of barriers and facilitators were drawn up and quantified based on the frequency of mentions in articles and studies. This was followed by a two-day workshop attended by key staff and external communication and VMMC experts to refine the lists and to begin developing messages to address the barriers and facilitators. IRDO also plans to carry out qualitative research on barriers and facilitators in Nyanza, to verify the findings of the initial stages of the research and to ensure that local circumstances and concerns are reflected. The qualitative research will consist of 24 in-depth-interviews and 12 focus group discussions, held with different age groups, aged 25–29, 30–34 and 35–39. Once these stages are complete, the demand creation toolkit will be finalized and rolled out as part of the randomized control trial study.

## **DEMAND CREATION ACTIVITIES**

### **Key Messages**

To date, IRDO has identified a number of barriers to uptake that will be addressed in the demand creation toolkit. These include: fears of pain, complications and excess bleeding, perceptions that it will negatively impact penis size or libido, concerns that VMMC is contrary to local culture, fear of taking the HIV test, unease among older men about queuing with young people, concern about the abstinence period and the perceived lack of support from female partners, and others. Messages will be developed to address these barriers during the course of the research study.

### **Type of Intervention**

IRDO is conducting a research project that seeks to identify and address the main barriers to demand for VMMC among older men, aged 25–49. The study design features a randomized control trial featuring four different arms: interpersonal communication, dedicated service centres of older men, a combination of IPC and dedicated services and a control group. As part of this study and intervention, IRDO is producing a special demand creation toolkit to support interpersonal communication by social mobilizers.

## **Rationale**

IRDO has found that the messages and information delivered by social mobilizers can be inconsistent or erratic, depending on many individual factors. The demand creation toolkit aims to address this problem by standardizing the messages that are provided by social mobilizers to ensure that they are uniformly accurate and consistent. The toolkit also aims to ensure that the information that is delivered by mobilizers is tailored to the individual and appropriate to the particular concerns and circumstances of each potential client.

## **Activity**

1. Research: IRDO is currently developing a research project focusing on older men, aged 25–49, and seeking to address the main barriers to this groups' uptake of services. The planned study, which will begin in August 2013, will be a cluster randomized controlled trial in which the impact of two strategies of demand creation will be implemented and evaluated: interpersonal communication and dedicated clinics serving older men only, implemented alone and in combination, and compared to clusters where there is no intervention. In dedicated service outlet areas facilities will stay open later and during weekends and public holidays, there will be no queuing with younger men, and services will be provided by male staff. These changes were made in order to address facility related barriers that were identified by older men in previous IRDO research. In areas where interpersonal communication will be implemented, a demand creation toolkit is being developed which target behavioural barriers that are specific to individuals rather than give them global messages that may not speak to their circumstances or the reasons why they have not gone for circumcision. IRDO social mobilizers will make intensive use these toolkits in the intervention areas and detailed tracking systems will be put in place to evaluate the relative impact of enhanced service delivery and demand creation activities.

2. Demand creation toolkit: The demand creation toolkit is likely to consist of a small guidebook with tabs that link to discussion modules on each of the main barriers that have been identified through extensive formative and desk research. The modules will guide the mobilizers through structured interaction with potential clients, ensuring that the messages delivered address the particular barriers that men have raised as a concern and reinforce facilitators. IRDO hopes that the toolkits will bring an additional level of precision to traditional social mobilization activities, with the delivery of topics and themes carefully calibrated to the specific needs and concerns of each potential client. This approach will help to ensure that potential clients are provided with personalized, relevant information that is more likely to resonate with them than a “one size fits all” approach. Furthermore, IRDO hopes that the toolkit will contribute to more consistent and uniform messaging, thereby reducing confusion and increasing message retention.

## **EVALUATION OF DEMAND CREATION ACTIVITIES**

### **Evaluation of demand creation activities**

The impact of the study will be evaluated through a randomized control trial, on the basis of the number of circumcisions provided compared to areas where there are no intervention. In order to minimize confusion over the definition of circumcision relating to traditional practices, IRDO plans to ask men permission to verify their circumcision status by viewing their penis.

## **LEARNING AND SCALE UP**

### **Successes and challenges**

The toolkit is still under development.

### **Scale up opportunities**

If the demand creation toolkit receives good feedback from social mobilizers and is found to have led to increased uptake of VMMC as part of their study, IRDO will roll out the toolkit to all of their social mobilizers across Kenya.

Once local barriers and facilitators to VMMC update are confirmed, similar toolkits could be developed and rolled out anywhere in Africa in support of social mobilization and interpersonal communication activities.