Lilongwe District

Communication Strategy for Voluntary Male Medical Circumcision (VMMC) July 2012

Lilongwe District Health Office, Ministry of Health

Contents

Abbreviations

ARV	Antiretroviral Medicines
CHAM	Christian Health Association of Malawi
DHO	District Health Office/r
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistants
IEC	Information Education Communication
I-TECH	International Training and Education Center for Health
KCH	Kamuzu Central Hospital
LMIS	Logistics Management Information System
MC	Male Circumcision
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NAC	National AIDS Commission, Malawi
NGO	Non-governmental Organization
NSO	National Statistical Office
PLHIV	People Living with HIV
SC	Supply Chain
STI	Sexually Transmitted Infection (commodities)
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
WHO	World Health Organization

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Introduction

Scaling up Male Circumcision in Malawi

In order to scale up MC services, various campaign programs are being designed to promote the service in different areas. Malawi, has so far implemented one demonstration campaign in Mulanje District which took place in 2011. During the four week campaign, a total of 4,516 men (78%) received VMMC. While the target of 5,760 was not met the Mulanje District campaign demonstrated that good planning and adequate human resources and supplies, district targets can be achieved to reach the saturation level.

Provision of information to individuals on the benefits of VMMC increases its uptake significantly. While this is the case, other behavioral and social factors that may impact on rates of MC uptake need to be considered. The national VMMC communication strategy categorizes circumcising and non-circumcising communities as an important determinant in accepting VMMC. This is based on the fact that the buy-in for VMMC will be dependent on the acceptability of MC within the broader society. The Communication Strategy described in the document focusses on the non-circumcising district of Lilongwe.

Goal of the National MC Communication Strategy

The goal of the Strategy is to contribute to the reduction of HIV incidence in Malawi by providing a framework for all communications regarding VMMC, including demand creation activities, as an integral part of the national HIV prevention strategy.

Communication Objectives

The National VMMC Communication Strategy aims to achieve the following objectives:

- To increase levels of knowledge on the facts regarding the benefits of VMMC
- To increase informed demand for VMMC services
- To increase uptake for VMMC services
- To create an enabling environment for VMMC and foster its widespread acceptance among HIV negative males
- To increase consistent safer sexual practices by clients post-VMMC

Purpose

The purpose of the National VMMC Communication Strategy is:

- To improve the current awareness, knowledge, attitude and practice of Malawians regarding the effectiveness of VMMC in reducing HIV incidence levels (partial protection)
- To outline strategic and effective communication, advocacy, and community mobilization activities to promote VMMC at national, regional and community levels
- To ensure that the timing and content of VMMC messages is appropriate and closely aligned to VMMC service delivery processes

Partnership and collaboration

For the successful implementation of a common VMMC communication strategy, implementing partners and key stakeholders at all levels--national, district, and community will need to work in close

partnership. The list of partners includes but is not restricted to MoH, HIV prevention and reproductive health experts, non-governmental organizations and community-based organizations, traditional community units or tribal leaders, international partners and donors, private sector organizations, faith-based organizations, medical organizations and associations, and strategic communication practitioners, including, script writers, designers, advertising and public relations experts and journalist groups. The coordination needs to be driven by the two lead government bodies overseeing implementation of VMMC in Malawi: HIV/AIDS Unit and Health Education Unit (HEU) of MoH, with approval from the HIV Prevention and Biomedical Technical Working Groups (TWGs).

The Ministry of Health constituted the multi-sectoral national task force that will guide the implementation and scale up of VMMC program in Malawi. The national VMMC task force is chaired by the HIV and AIDS department of the Ministry of Health. Within the national task force, a sub group to lead communication programs was constituted which is chaired by the Health Education Unit of the Ministry of Health. The sub group comprises an exclusive group of institutions that are highly specialized in social and behaviour change interventions while others also have the biomedical understanding of VMMC. However, while this sub group reports to the national task force, it is also mandated to report to the HIV national BCC sub technical working group.

Behavioral analysis and determinants of VMMC Acceptability

In order to develop an effective demand creation communication campaign, it is important to conduct a behavioral analysis for the target group. This is a process aimed at understanding the various norms, practices and behaviors prevailing within a particular community that may either act as a barrier or an opportunity for the uptake of the behavior that is being promoted. This important process has fully done but several things were inferred from the MOH Situations analysis of 2010.

Categorization of Lilongwe audiences

Lilongwe district is considered a non-circumcising community with the prevalence of MC estimated at around 11%[1]. In contrast, the prevalence of MC in the southern region at 37.8% followed by the central region at 10.1% and northern region with the lowest prevalence of 2.5%[2] . The situation analysis mentions some factors that can impact on the scale up of VMMC in Malawi. Besides well-known religious and ethnic determinants for circumcision, several issues were raised in this discussion:

- There are safety concerns that men have that are based out of experience with traditional male circumcision. Steps will need to be taken to ensure the safety of the procedure, including clearly defining differences between VMMC and traditional MC practices.
- The supply of circumcision in the public sector is limited. In order to increase the uptake of male circumcision, there will be a need for a ready supply of services. This will require the training health care workers in the procedure in the short-term and integration in preservice curricular for long-term sustainability.
- Sufficiency of accommodations at health facilities.
- The majority of Malawian men and women not being aware of the public health benefits of male circumcision. Strategies are needed to increase public information and build support among the leadership.
- Buy-in of community and traditional leaders.

These were among the issues highlighted in the situation analysis as important in increasing access to VMMC[1]

Audience analysis

Audience analysis is important for guiding the development of messages that addresses barriers prohibiting a specific target group from adopting the desired behavior. The national policy for VMMC identifies sexually active males aged 15 to 49 as the primary audience. Additionally it will be critical to delink VMMC from traditional MC practices especially among young men in the 15 to the 24 category. It

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[1] *JM Bengo, K Chalulu, J Chinkhumba, L Kazembe, KM Maleta, F Masiye, D Mathanga: Situation analysis of male circumcision in Malawi, A report prepared by the College of Medicine-April 2010*

[2] *National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.*

is important that this audience appreciates the benefits of VMMC and clearly avoid any previously established cultural or religious associations.

Table 1: Behavioural Analysis for Males Aged 15-24

What are the current behaviours of this group	Barriers to adopting a recommended behaviours	Desired behaviours (what do we want the audience to do?)	Messages
• Majority of these young people do not currently seek VMMC services • Some young men are going for VMMC for medical conditions and to reduce risk of STIs, HIV, or for hygiene (age 15-30)[3] • Many young men do not go for HTC • Many young men do not report use of condoms consistently and correctly (although they do report higher and more consistent use than older men and report approval of and	• Knowledge gaps exist regarding VMMC definition as the complete removal of foreskin and its associated benefits • Misconception that VMMC offers 100% protection • Fear of pain related to the procedure • Fear of complications (bleeding and Infection) • Perception that religion and/or culture determines who undergoes VMMC • Concerns around the cost of the procedure • Low uptake of HTC due to fear of positive result (BLM reports low uptake)	• Seek out and understand more detailed information on the facts and benefits of VMMC • Go for HTC to know their HIV status • Go for VMMC and HTC in safe, clinical settings • Abstain from sex and masturbation for 6 weeks after surgery • Use condoms correctly and consistently with all partners after complete healing • Reduce the number of sexual partners • Share their positive experience of VMMC with peers and family • Go for HTC regularly post VMMC, • Act as role-models of VMMC	• VMMC is a minor surgical procedure that does not impact long-term sexual function as a man • VMMC for HIV prevention won't change your culture or religion, but it will help protect you from acquiring HIV and has other reproductive health benefits for you and your sexual partner • Your friends want to follow in your footsteps. Talk to them about the benefits of safe VMMC • VMMC is a minor painless surgical procedure. Drugs are provided after the initial post-operative period to control the pain. • Keeping the wound clean and allowing the wound to heal properly is very important. Abstain from sex and masturbation for six weeks after the operation.

[3] *National VMMC Communication strategy, 2012*

Males aged 25 – 49 in non-circumcising communities

This is the core group of men that requires sustained communication to ensure they understand the benefits of MC. One of the primary barriers for this this age range is that majority are married and any interest to undergo MC creates concerns or doubts about fidelity.

Table 2: Behavioural analysis for Males aged 25-49

What are the current behaviours of this group	Barriers to adopting a recommended behaviours	Desired behaviours (what do we want the audience to do?)	Messages
• A proportion of men in this group are partially circumcised and others not circumcised. • Most have not undergone HTC • Many of this age group do not report use of condoms consistently and correctly with non-regular partners • Some of the men in this age group are involved in multiple and often concurrent sexual relationships	• Knowledge gaps regarding definition of VMMC as the complete removal of foreskin • Lack of appreciation of benefits of VMMC • Misconception that VMMC offers 100% protection • Low uptake of HTC due to fear of positive result (BLM reports low uptake and concerns that mandatory HTC could be a barrier) • Six weeks sexual abstinence post VMMC	• Seek out and understand more detailed information on the facts and benefits of VMMC • Actively seek out and use VMMC minimum package of services at a safe, clinical setting or with trained provider through outreach/mobile services (potentially delivered through initiation camps) • Abstain from sex and masturbation for 6 weeks after surgery • Use condoms consistently with sexual partners when status is unknown • Reduce the number sexual partners • Share their experience of VMMC with peers and encourage others to access MC	• All clients that have undergone MC should abstain from sexual activity for six weeks to ensure the wound is healed • VMMC reduces your chances of acquiring HIV by up to 60%. But having sex before you're fully healed can work against that. Abstain for at least 6 weeks after VMMC. • Complications following VMMC are very uncommon and are usually not serious. See your VMMC provider immediately if you notice signs of infection, such as bleeding, fever, excessive pain, swelling, etc. • VMMC does not guarantee you won't get HIV. After circumcision you need to continue to practice other safer sexual practices such as condom use, reduction of the number of sexual partners and faithfulness. • Partial circumcision does not offer the same benefits as complete VMMC. Go to any VMMC site to be assessed if you are completely circumcised

Table 3: Proposed Channels of Communication

Lilongwe Rural	Lilongwe Urban
• Radio • Community drama/ Market/Community based shows with a band • Interactive sessions through community meetings • Community filming session • Letters to the church/mosques/traditional leaders • Secondary school talks • Posters • Leaflets and fliers • Banners • Talks at health facilities	• Radio • TV • Market shows with band • Letters to the church/mosques and other institutions • Secondary school talks • Posters • Leaflets and fliers • Banners • Talks at health centers • Modeling

Implementation Plan Structure

This section outlines the implementation structure of this campaign including all necessary consultations and a detailed set of activities with defined milestones.

Communication approaches and strategies

Demand promotion for VMMC in Lilongwe will be conducted in a phased approach and will recognize the presence of various organizations and institutions that work at different levels of the community. Given that this is a district based campaign, all stakeholders need to recognize the importance of adhering to a common strategy and design for effective demand creation. In collaboration with the national task force, organizations implementing localized VMMC programs will develop and work together with the national task force. The following strategies will be employed:

Advocacy at national level

Advocacy is will be used to mobilize political and budgetary commitment and support among policy makers and community opinion leaders. By strengthening advocacy, more resources will be committed towards VMMC scale up. Advocacy will be done to develop positive attitudes and behaviors to create an enabling environment and increasing resources. Community opinion leaders are key to promoting attitudes and normative changes towards VMMC and so will be a targeted audience.

Advocacy at Community Level: Key Targeted Opinion Groups

Table Four below presents a list of key opinion leaders that will be targeted with special advocacy tools.

Communication

Key messages

To address the barriers identified among the target group, the following messages must be promoted and disseminated using different communication media that reach those specific groups.

- Voluntary Medical Male Circumcision (VMMC) is the complete removal of the foreskin under local anaesthetic by a trained medical provider. If you undergo MC you reduce your risk of HIV infection.

- MMC reduces the risk of men acquiring HIV infection by up to 60%. Go for MMC to reduce your risk of HIV infection.

- MMC only provides partial protection from HIV infection and is not a substitute for other proven HIV prevention methods. Always use condoms correctly and consistently when having sex with a person whose status you do not know

- VMMC is a safe and effective way to reduce risk of HIV and STIs among men and it is only part of the comprehensive HIV and STI prevention package; it must be used together with the other known strategies such as faithfulness, and proper and consistent use of condoms.

- Knowing your HIV status before having the VMMC procedure is important since you can only gain HIV prevention benefits if you are HIV negative

- Traditional circumcision may not offer the same HIV protective benefits as VMMC. It is therefore necessary that all those that were traditionally circumcised go to a VMMC provider for assessment and follow further recommendation.

- Men should not resume sexual intercourse for at least 6 weeks after circumcision to ensure that the healing process is complete; ideally sex should only recommence once a medical assessment confirms that the healing is complete. The prolonged duration of abstinence indicates the need to involve the sex partners in the decision-making process before and after opting to receive male circumcision services

Channels of communication

To effectively reach the audience analyzed above, there is need to utilize multi-media channels. The channels of communication suggested below must be selected based on the effectiveness of the medium to reach larger audiences in a cost effective way. The final choice of the communication channels will be decided at a message design and creative workshop with all stakeholders.

I-TECH
International
Training & Education
Center for Health

Table 6: Opinion leaders and advocacy tools

Period	Activity	Responsible Organizations
Week 1-9	Launch and demand creation campaign	• DHO • Traditional & religious leaders • MACRO • Select Health Facilities
Week 4 - 9	VMMC procedures	• I-TECH, select facilities
Week 10 - 12	• Phasing out of campaign, preparation of roll out in subsequent site • Plan launch meetings with subsequent sites	• Implementing partners, I-TECH, MoH, CHAM

Table 4: Opinion leaders and advocacy tools

#	Opinion Group	Importance	Proposed Advocacy Tool	Strategic Approach
1	Traditional Leaders (Traditional Authorities, Senior Chiefs, Group Village Headmen and Village Headmen, Heads of Dambwes – Gule Wankulu)	• They are key in keeping the Chewa traditional culture resilient • They have an influence on their subjects in terms of adopting new practices • They have a platform to mobilize subjects and use it to introduce an innovation and influence its adoption. • They have committed to supporting initiatives to stop the further spread of HIV in their communities	• Conduct sensitization meetings with senior chiefs (Traditional Authorities and Groups Village Headmen) • Conduct sensitization and buy-in meetings at T/A level for all Group Village Headmen and headmen • Produce brochures, T-shirts and cloth with MMC messaging • Conduct radio talk shows featuring traditional leaders and opinion leaders	1. Conduct a message design workshop to develop advocacy messages 2. Invite all T/As and senior chiefs to brief them on VMMC and their role in liaison with DAC 3. Arrange for all T/A invited to hold meetings for all village heads and other leaders 4. Design and develop promotional materials for traditional leaders. 5. Plan for all traditional leaders to conduct meetings on VMMC
2	Religious Leaders	• Lilongwe is a religious community with the majority being Presbyterians and Catholics • Circumcision is not promoted but has been accepted as one of the HIV prevention strategies	• Conduct sensitization and buy-in meetings with key religious leaders. • Produce introductory brochures for distribution to all churches targeting areas that have a strong religious influence	1. Invite key religious leaders for a meeting to introduce the roll out.[4] 2. Develop brochures for distribution through church structures such as Sunday School, Baptism class and announcements during sector meetings
3	Political leaders	• They have a platform for	• Conduct meetings with key	• Invite them to a meeting and

#	Opinion Group	Importance	Proposed Advocacy Tool	Strategic Approach
		meetings and are always in touch with traditional leaders. • They have a large following and can influence attitudes and norms • They are a vulnerable group due to the nature of their role in society	political leaders in Lilongwe to introduce the roll out. This can be done in a phased approach based the campaign's rollout. • Design brochures on VMMC	discuss VMMC and their role in promoting reduction in new HIV infections through supporting the campaign • Produce materials and use them as community champions for MMC
4	Community Health Workers	• They work with communities and are trusted as a good source of health information. • They work closely with traditional and faith leaders. Some are employed in the faith based hospitals	• Conduct briefing sessions with them. • Design and develop message kits for them to use for door to door campaigns • Design T-shirts, caps and cloth for identification of the campaign • Training in IPC	• Invite them to meetings and brief them on VMMC and their role • Train them on IPC to enable them conduct door to door campaigns
	Community Based Organizations	• They are working with communities and have an established network • Some of them are led by members who are well known in the communities	• Develop a data base of CBOs in each T/A • Conduct sensitization meetings about VMMC and train them on basic communication approaches	• Invite them to a workshops on VMMC to introduce the campaign and their roles • Develop message kits for them to use • Develop a mobilization plan

Community mobilization

Community mobilization will be used in Lilongwe District because of its proven effectiveness to change attitudes, norms, practices and individual behaviors. For this to succeed, energy and momentum will need to be generated and complimented by a vibrant mass media communication campaign to make people aware of VMMC. Through stronger awareness of VMMC, individual attitudes and normative beliefs will shift leading to higher demand creation and eventually ability to access VMMC services. This will also mobilize and empower communities to take up actions that will increase demand for VMMC and also promote the practice of seeking safer VMCC at clinical settings. This approach will require the active participation civil society organizations, community based organizations, religious groups and health service providers.

The community mobilization will be closely linked to mass media roll out in order to create a synergistic effect of exposing the adult population to important VMMC messages using a wide variety of communication approaches, each carrying consistent, clear and action-oriented messaging around VMMC. This will require a highly coordinated effort by District DHOs, MoH (in particular HEU and HIV/AIDS unit at the national level), all international, national and local NGOs and CBOs, and local stakeholders mandated to address VMMC.

Mass Media: Behavior Change Communication (BCC)

Mass media will also be used to help individuals and communities gain knowledge to improve their understanding of the benefits and risks of VMMC. Community dramas, print materials and generic radio promos will be essential to diffuse knowledge of VMMC to target groups. This may include high volume airing of messaging via radio spots, and talk shows and interviews in regular radio programs. Content covered during radio slots will include more complex issues of post-operative abstinence, partial protection, and continuing condom use. Road shows and multi-media performances at community level will cover similar issues through interactive drama and dialogue with groups at the community level.

Branding and promotion

Branding and development of promotional materials will be important for creating an identity for the campaign and for making it visible. It will also motivate people to be identified as making a positive healthy choice when choosing to undergo VMMC. Activities to be considred include:

- Campaign brand development to increase visibility of service delivery sites and communicate key qualities of VMMC services including safety, effectiveness, consideration as a healthy choice
- Development of promotional materials for service providers, key opinion leaders, and if possible target communities in order to increase campaign visibility.
- Mass media (radio and TV platform) including community filming which must constantly be on the air
- Media advocacy involving newspaper articles, press statements, and TV and radio intervews with various groups such as government leaders and health care workers, individuals who have received VMMC etc.

Message Design Workshop

It is imperative that all messaging for the campaign are well coordinated and follow the broader national strategy. We propose that this is conducted through a message design workshop followed by field testing. All partners involved in mobilization activities will be provided with message guides to help integrate pertinent information into community dramas, open shows, village meetings and social dialogue sessions. A detailed schedule for the message design workshop is included in the implementation plan.

Monitoring and evaluation

A monitoring and evaluation plan will be required to track progress on planned activities and qualitatively measure message retention and the willingness and ability of audiences to seek VMMC services. This will also enable the campaign to unearth emerging barriers to accessing services and address them throughout the campaign period.

Implementation Plan

The implementation plan highlighted in Table 5 provides a guide to the roll out of demand creation activities prior to the provision of VMMC services. The plan represents a phased approach as outlined below;

Phase One:

- **National Level Advocacy:** This phase is mostly preparatory work and will involve finalization of administrative and technical issues with the Ministry, DHMT for Lilongwe and introducing the campaign to the DEC.

- **Social Mobilization & Message design workshop:** Social mobilization efforts will involve consultation of all key stakeholders. Key stakeholders will work collaboratively to adapt national level communication and advocacy campaign materials for use in Lilongwe. A message design workshop will be conducted to adapt/design test the materials before production and large scale dissemination.

- **Community level Advocacy:** Advocacy meetings with traditional, religious and political leaders will be conducted. These meetings will be planned in liaison with the DEC as they have the authority and direct link to most of the traditional leadership structures.

- **Campaign planning meetings:** These will be meetings with all key stakeholders (DHO, CDC, I-TECH, CHAM. MACRO and relevant health facilities) to agree on actual dates for the BCC campaign and the VMMC service delivery plans. A rolling launch plan will be developed for each site.

- **HCWs and CBOs:** This phase will involve the orienting and training of HCWs and CBO and provide them with communication materials that they will use to support demand creation.

Phases Two

- Subsequent phases will roll out demand creation campaigns which will run for close to 3 weeks before actual circumcision procedures begin at the respective sites.

- The campaign will run for 3 months alongside the VMMC service being delivered at a site and will be phased out in the 3rd month when the campaign shifts to the next site. I

CBOs and HCWs																						
Meetings at T/A level with lower chiefs																						unit
																						T/A; DAC/IP
Campaign Planning meetings	**Expected Outcome: Campaign plan and messages adapted**																					
Book meeting with implementing partners to plan campaign																						I-TECH
Key IP develop SBCC plan																						
Conduct campaign planning meeting: Key IP presents SBCC plan to all partners																						IP
Plan campaign launch and roll out																						I-TECH
Expected outcome: Detailed launch and communication campaign roll out																						
Book planning meeting																						
Conduct launch planning meeting 1																						I-TECH
Conduct launch planning																						I-TECH, IP
																						I-TECH, HEU,

meeting 2																			HIV Unit
Develop promotional materials																			IP, I-TECH, HEU, HIV Unit
Develop community mobilization plan																			IP, HEU, I-TECH, HIV Unit
Training of communication cadres																			
Identify key communication cadres (Community drama groups, HSAs, Dialogue facilitators																			DEC, Assembly
Schedule trainings for various communicators																			IP
Conduct trainings																			IP, DEC, Assembly
Develop implementation plans/schedules for communicators																			IP, DEC, Assembly
Conduct advocacy meetings with opinion leaders: Specific to site prior to launch																			
Send invitations to																			DEC, IP, HEU

opinion leaders																			
Book meeting venue																			DEC
Conduct advocacy meetings: Introduce MMC campaign and launch event																			DEC, IP, HEU
Launch media and mobilization activities																			
Community launch event				Site 1			Site 2			Site 3			Site 4			Site 5			IP
launch radio segments																			IP
Implement mobilization activities																			IP, DEC,
Launch MMC service																			
Monitoring and evaluation																			
Stakeholder review meetings																			I-TECH, HEU, HIV Unit