

## **Social mobilisation, traditional leaders, messaging, research, media,**

### **PROMISING PRACTICE South Africa: Society for Family Health**

#### **INTRODUCTION**

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

- SFH use the DELTA process to design demand creation interventions. This is based on commercial marketing techniques.
- SFH pre-test all their campaign materials to ensure they resonate with the target audience. They often develop two alternative campaigns to ensure they have options to select from.

##### **Introduction**

The Society for Family Health (SFH) is the local affiliate organisation of Population Services International (PSI), which has been funded in South Africa by CDC since 2005 to provide VMMC through its existing HCT services under the distinctive 'New Start' brand. It began operation in South Africa in 1993, focussing primarily on condom marketing and distribution. SFH currently have 7 static sites which deliver high volumes of VMMC in Kwazulu Natal, Gauteng and Free State. SFH also assigns mobile clinical teams to work at Department of Health (DoH) facilities on certain days of the week and conducts clinical camps, usually twice monthly, for 3 days each.

All clients to the clinics are asked what prompted them to seek VMMC, with the vast majority citing word of mouth. SFH have historically focussed heavily on social mobilisation, however were poised to launch an exciting new marketing campaign for 'New Start' in the summer of 2013. The campaign will be localised to drive demand for each of their sites, but draws from a large body of research from across the region on the barriers and facilitators to VMMC, partly because so little currently exists which is specific to South Africa. Staff at the centres have also been closely involved in the development of the campaign.

##### **Target groups**

- SFH focuses broadly on men aged between 15 and 49 but notes that the average age of men at their sites is between 15 and 24 because older men are very difficult to reach.

### **Scale and scope**

- Seven VMMC sites in four provinces: Bloemfontein, Soweto, outside Johannesburg, Durban, Umlazi, Pietermaritzberg and Witbank.
- SFH circumcised 7000 men in July 2013 but total figures to date are not currently available.

### **Organizations involved**

#### **Lead**

- SFH

#### **Funding**

- CDC, PEFPAR, CDC, Department of Defense, the South African Government, the Royal Netherlands Embassy, the Global Fund, the Swedish International Development Agency and the Bill and Melinda Gates Foundation.

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

- SFH

#### **Management of demand creation**

- SFH, except when providing mobile services to DoH clinics.

### **VMMC ACTIVITIES**

#### **VMMC activities**

SFH currently have 7 static sites which deliver high volumes of VMMC in Kwazulu Natal, Gauteng and Free State. SFH also assigns mobile clinical teams to work at Department of Health (DoH) facilities on certain days of the week and conducts clinical camps, usually twice monthly, for 3 days each.

### **APPROACH TO DEMAND CREATION**

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

##### **The DELTA Process:**

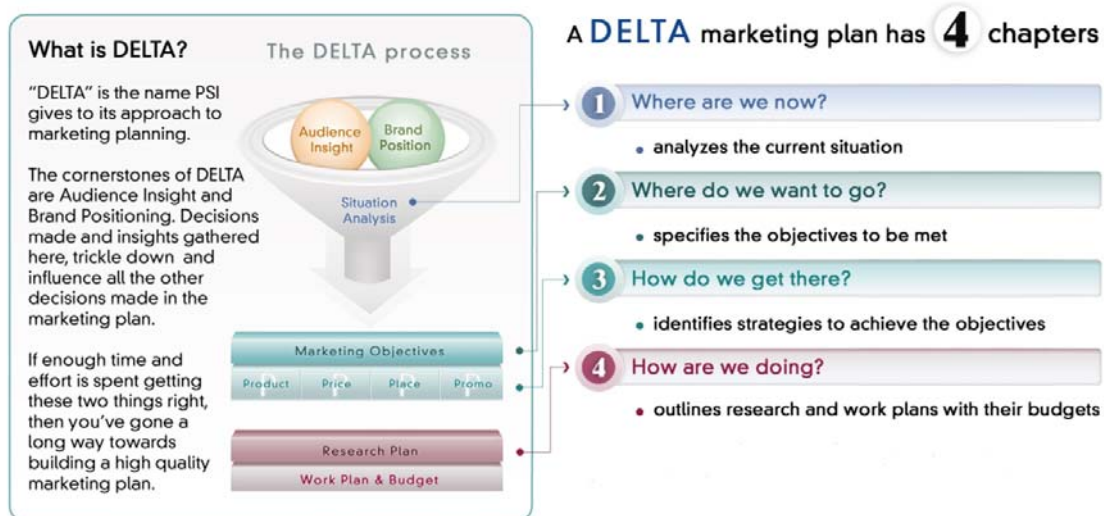
As an affiliate of Population Services International (PSI), SFH shares PSI's DELTA marketing planning process, which SFH uses to optimize insights target audiences when planning demand creation or social marketing activities. The DELTA process

helps SFH’s marketing team to understand what will motivate the target population to perform certain behaviours.

DELTA was created to enable a seamless flow from epidemiology to audience profile to strategy. DELTA is based on proven commercial sector strategies and ensures that products and services are appropriately positioned, priced, placed and promoted (the ‘four P’s’ of marketing) within the market to meet the needs of the target audience.

The most important aspect of the DELTA marketing planning process is a deep understanding of both consumers and service providers or products in the supply chain. To gain such understanding, SFH first sources and collates qualitative and quantitative information already available, synthesizing it to create an archetype of the consumer and a profile of the provider. By gathering rich insights on both the customer and provider, the team is then able to identify the key unique benefit that the product, service or desired behaviour stands for in the mind of the target audience and thus the unique selling proposition or brand identity for providers. This informs the creation of the marketing plan.

From the marketing plan, SFH develops both a distribution plan and a detailed communication plan. Once these plans are established, the next steps are to: develop a research plan, work plan, and a budget (see DELTA graphic below). DELTA will be the key tool to understand barriers to the desired behaviour and identify ways to address these barriers. By including local stakeholders and government representatives in the DELTA process, opportunities will be identified to leverage and support ongoing efforts to promote VMMC, while also highlighting the roles these entities can play.



## **Key message**

Based on feedback from social mobilizers and from what's worked in other countries, SFH is moving its messaging to away from clinical information on HIV towards a more emotional approach, featuring aspiration-based messages focusing on manhood, sexual attractiveness and making greater use of female partners.

In addition, PSI has identified the key barriers to VMMC in the minds of target audiences. These, and some of SFH's responses to them, are laid out below.

- **Seasonality**

Many clients believe, traditionally, that winter is the best time to have any operations or medical procedures carried out. There is a prevalent cultural misconception that this is when the body heals better because of lower temperatures and less humidity.

SFH responds with the phrase: 'Good health depends on you and not on the season', selected because it speaks directly to the responsibility of the man (and to his masculinity) for his own recovery and gives him a sense of control over a situation which he may not have felt in control of.

It's important to change this seasonal concept because SFH has to turn people away when they come in the traditional 'peak' season. SFH is trying to get more people to sign up for the periods of August/September as well as January/February/March. They believe this can only be achieved by addressing this entrenched belief.

- **Length of time (and no sex) during six weeks of healing**

Feedback from social mobilisers suggests that men often initially believe that they will heal in two weeks and are less enthusiastic about the procedure once they hear they will have to wait six weeks to resume sex. "All good things come to those who wait" was a slogan created to combat this.

- **The fear that clients would be forced into finding out their HIV status**

The catchphrase "a better future starts with knowing your HIV status" has been put forward as a means to overcoming this barrier. The message is clear: if you know your status can seek treatment and support and manage the situation.

- **The pain issue**

SFH commissioned a survey to respond to the fear that the pain of circumcision will be unbearable. Three patients from each site were asked to rate the pain they'd experienced on a scale of one to nine (one being minimal, nine being the most intense)

Most of the respondents put the pain at a level of 1 to 2, describing it as "discomfort" as opposed to pain. The survey has been included in VMMC print materials alongside the catchphrase "a little pain, but with a lifetime of benefits".

These messages are therefore all based around a pain/reward system which speaks openly about the disadvantages of VMMC but highlights the benefits which will ultimately accrue to the client. SFH aims to appeal to prospective clients on an emotional level as opposed to just providing rational arguments.

## **DEMAND CREATION ACTIVITIES**

### **Demand Creation Activities**

#### **Social Mobilisation**

SFH employs about 4 social mobilizers per site, managed overall by a coordinator, for a current total of about 25 mobilizers. These are salaried positions and mobilizers do not receive referral fees. The mobilizers go door-to-door, engage in community meetings and outreach to try to increase uptake of VMMC. At their best sites SFH engages the full range health facility staff so that even nurses go out, not just the mobilizers. In addition to static sites, SFH also has mobile teams which are sent to different DoH clinics in rotation on different days of the week. The DoH clinics are responsible for generating demand when these take place.

These teams go out every day of the week during the slow summer months. SFH also conducts clinical camps, usually twice monthly for 3 days each. The camps are organised in collaboration with the provincial DoH, who also help to organise community meetings with traditional leaders on the first day of the camps, followed by group counselling on day 2 and the procedures on day 3. In order to reach out to older men, SFH partners with a local NGO called Solidarity Center which works with unions in order to reach out to workers and HR departments in companies to raise awareness and make it possible for workers to take time off to get a circumcision. This is still a fairly small effort though; on average they get about 60 clients a week this way from 6 different companies.

As of summer 2013, SFH are revising their mobilisation strategy on two fronts: firstly, the supervision structures which currently do not provide the level of oversight they would like and, secondly, the quality of the print materials used by mobilisers to support their face to face discussions with potential clients. It is possible that they will also restructure the incentives programme to make it more effective.

### **Working within traditional structures and with traditional circumcision**

When working with leaders within traditionally circumcising groups, SFH tries to work “in the space between traditional and clinical”, striving to achieve common ground which doesn’t threaten established norms and cultural beliefs. For example, in rural KZN, the Programme Managers approached initiation schools and community/tribal chiefs with a view to attempting to slot in MMC with the traditional annual initiation ceremonies.

This was acceptable to the community leaders and so SFH in conjunction with the DoH started performing clinical circumcisions during initiation weeks. The Ministry of Health sets up surgical camps in the villages that have agreed to participate and then calls SFH in to perform the medical procedures. This is done without interfering with the cultural elements and rites.

The first week commences as usual where the youths are prepared for initiation in the usual way. Then, on around the third day, SFH comes in to perform the procedures and returns again on the Friday for follow up checks to see that the wounds are healing well and that there are no secondary infections setting in, etc. This is a very highly structured system and is working well but is only done at the moment in KZN. Ideally SFH would like to start similar procedures in other rural areas.

### **Media**

In the past, SFH has organized some call-in shows with local FM stations, with staff or outside experts appearing as guests on existing shows, as often as once weekly to help promote demand during the slow summer months. They also produced some brochures in 2012, which they plan to revise with a more emotional message in 2013, based on feedback and recommendations from their social mobilizers. They have also run print ads in local newspapers during slow months and have engaged with a few journalists, who SFH persuaded to be circumcised and to run stories on their experience. Everything that they produce is branded with their own ‘New Start’ slogan and identity, which is also used to brand their clinics.

In August 2013, SFH are in the process of revising their media activity, asking a number of advertising agencies to pitch campaigns to run on radio stations local to their sites. Their view is that the target audience are listening to community radio rather than mainstream radio. Clients at the sites will be asked which radio stations they prefer

Historically, print materials were produced in English but now all is available in isiZulu and Sesotho which seems to work much better.

SFH always pre-tests material at site level for feedback and this system generates a product that will achieve a positive response based on the tested sample's feedback. The people giving the opinion base it on gut feel and emotional reaction so this is an unusual yet effective way to get SFH's message out there.

## **Rationale**

SFH's demand creation strategy is guided by PSI's behaviour change framework which brings together public health theories of change with commercial marketing strategies.

## **EVALUATION OF DEMAND CREATION ACTIVITIES**

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

SFH has not done a formal evaluation of their demand creation but it analyses its intake forms and conducts discussions with mobilizers in order to understand exactly what supporting print materials they need and monitor the performance of these once they are produced. Often the communications teams accompany mobilisers to observe print materials in use and consider how they might work best for the mobilisers.

The decision to develop the new set of materials for the New Start brand was borne out of feedback from mobilisers. Two sets of campaign materials were developed and then pre-tested with target audiences at site level to determine which messages resonated best.

The first poster "Show them you're a cut above the rest" was not well received, but the second poster "Rise to the Challenge" was appreciated: the play on words and quirkiness of the humour was understood and appreciated. This is the poster that now carries the SFH message for VMMC.

## **LEARNING AND SCALE UP**

### **Learning and scale up**

#### **Scale up opportunities**

SFH have been extremely effective in incorporating SMC within traditional MC on KZN. There is a real opportunity to scale up this work in other rural areas.

SFH are also planning to engage in dialogue with mining companies in Mpumalanga. At present many mining companies are reluctant to buy in to the VMMC programme because a recently circumcised miner cannot go underground for a period of time.