



PROMISING PRACTICE: Tanzania – Engender –Health: CHAMPION Project / Community Action Teams

INTRODUCTION

Key Promising Practices:

- A holistic messaging approach, which recognizes the saturation of HIV prevention messages in many Tanzanian communities and unpacks other relevant underlying issues associated with health behaviors.
- A dynamic and flexible use of communication for development techniques such as street theatre, role plays, music and dance to facilitate group and individual discussion and create demand for VMMC services
- Sustainable community action teams (CAT's) trained, supervised and appropriately incentivized resulting in long-term commitment to social mobilization in their geographic areas beyond the life of any one project.

Introduction

Engender–Health Tanzania has received a small amount of funding from the United States Agency for International Development (USAID) through the United States President's Emergency Plan for AIDS Relief (PEPFAR) to integrate demand creation activities for VMMC as part of CHAMPION – *Channelling Men's Positive Involvement in a National HIV/AIDS*

Response. CHAMPION began in 2008, and is a large innovative HIV prevention project which aims to increase men's involvement in preventing the spread of HIV and promoting reproductive health (RH) in Tanzania. They have incorporated VMMC into their existing HIV and RH prevention activities in selected areas within all five of USAID's regions for VMMC in Tanzania: Iringa, Mwanza, Mbeya, Tabora and Shinyanga. The focus of their work to date has largely been on addressing social and gender norms, engaging men and creating demand for HIV related services such as voluntary counselling and testing. The CHAMPION project comes to an end in September 2013, though a no-cost extension is expected to extend the project to May 2014.

Target Groups

- Non-circumcised, sexually active adult males aged 25–49. Most are married, cohabiting or planning to get married. Groups which have income through informal/formal jobs.

Scale and scope

While the \$400,000 funding provided for VMMC demand creation activities is a relatively small proportion of CHAMPION's scope and overall budget, the CATs are now armed with knowledge of VMMC and Engender-Health believes they will continue to use this capacity to reach people in their communities.

Organizations Involved

Lead

- Engender Health is the lead organization for the CHAMPION project, joined by FHI 360 and seven local NGOs (called lead NGOs). The project works through community volunteers – known as community actions teams (CATs) – to implement most of its interventions at the community level, such as demand creation efforts for HIV prevention and RH services including VMMC.

Funding

- USAID / PEPFAR. CHAMPION is a \$25.9 million project being implemented over five years. In the fiscal year 2013 the project received \$400,000 in funding dedicated specifically to VMMC demand creation activities during its last year (though a no-cost extension is pending).

Who is carrying out demand generation activities?

- CHAMPION community action teams (CATs), with assistance from the project's lead NGOs in five of the project's key urban districts.

APPROACH TO DEMAND CREATION

The approach to demand creation:

Rationale

CHAMPION aims to transform social and gender norms in order to have a positive effect on HIV prevention and RH behaviors. The project's preferred messaging strategy is to take a holistic approach to HIV prevention, addressing the underlying gender issues that drive HIV transmission and other adverse RH outcomes. Their strategy relating to VMMC thus focuses on basic public health benefits such as hygiene, pleasure and cancer prevention. CHAMPION use formative research to support its work, which indicates that most men seek VMMC because of hygiene and perceived attractiveness to their female partners.

Key messages

Key messages include that VMMC has health benefits for the entire family and VMMC is for everyone who cares.

Key messages are delivered in a variety of ways depending on the situation and audience. Partners like Jhpiego train the CAT members on technical issues related to VMMC and well-tested VMMC messages. Each CAT member uses the project's VMMC messaging strategy as reference but is also given practical training exercises to bring the messages to life so they can be used effectively in the field. Limited material is currently available for the CATs, because CHAMPION relies on other implementing partners to supply this information.

Demand creation activities

The main focus of CHAMPION's demand creation is on social mobilisation. Their main demand creation activity consists of community outreach, in particular, "street dialogues" in which trained CAT members approach people in busy markets, bus stops and other public places to engage men and women in conversation and small group dialogues about VMMC. These community outreach activities are not continuous but rather are carried out in regular bursts, over a period of a few days, after which time the CAT members escort willing men to static facilities for VMMC services. CHAMPION relies on Jhpiego and JHU CCP to supply communication materials such as posters and brochures.

1. Social mobilization: A bespoke approach to demand creation at district, community and interpersonal level. CHAMPION does not lead or "plan" VMMC campaigns, rather it links CATs with other partner organisation's campaigns and service drives. Key features of its demand creation programme for VMMC are:
 - a. *Street dialogue*: CHAMPION's street dialogues are designed to be very dynamic and organic so that CAT's can improvise and react appropriately to audience needs. During the street dialogues CAT's will present the key VMMC messages to the audience, including what the procedure involves, the benefits, and the need to talk to partners / wives before going for VMMC.
 - b. Street dialogues take place in popular and busy places where men congregate, such as boda boda (motorcycle), bus and taxi stands. CATs will scout out what is happening in which areas and at what times to determine which part of the day they should set up a street dialogue to get the target audience most involved. Seasonal considerations are also taken into account. During harvest/farming seasons, uptake for VMMC is low as target males do not want their ability to work to be impeded by VMMC (in terms of post-operative healing etc.). Street dialogues include role-plays and improvisations designed to demonstrate particular scenarios, for example, the reaction of a woman who wants to her partner to be circumcised. They also include songs and poems, mixtures of old favorites and new ones they've made up to address the issue.
 - c. *Messaging strategy*: CATs try to go with the mood of the community in terms of focusing their messages. Because they are embedded in their communities and know them so well, the CATs are able to be flexible in their approach and are able to interweave stories pertinent to that street setting and the audience with their VMMC messages.
 - d. *Audience interaction*: CAT members invite audiences to ask questions about what is happening in the role plays they do in order to, draw out key discussion points. Charismatic males who are already circumcised give their testimonial stories, as it has been found that when someone they respect tells

his own story this positively influences other men's decision to seek VMMC. Women are also encouraged during street dialogues as messages are designed to help empower them to talk to their partners about the benefits of VMMC. Dispelling myths through the street plays is achieved by purposefully portraying the myths to provoke discussion amongst the audience.

- e. *Interpersonal discussion (group/individual)*: Some CATs will take a smaller break out group for further discussion if there is impetus and willingness to do so. CAT members are able to do counseling on a one-to-one basis in a more private setting after the group activity has finished, others accompany men to the clinic, while the remaining mobilizers stay on with the audience to continue with the street dialogue and discussion.
- f. *Activity duration*: There is no set start and finish time for street dialogues – usually they last for a minimum of 30 minutes, but they can last up to half a day if the audience are suitably engaged. If there is no appetite for interaction with the audience, CATs will move to another area within one or two wards per day or try again at another time in the day to ensure maximum participation.
- g. *Frequency of mobilization activities*: The CAT's are not under contract by CHAMPION to work a certain number of hours per month, rather they commit to being readily available to go into the field and implement demand creation activities at the request of the project team. Typically, CAT's are tasked to take part in campaigns, local events, and service provision drives coordinated by Jhpiego, local government and other international NGOs working in VMMC. CATs will focus activities in their target areas for periods of up to 2–3 days, usually twice a month, but sometimes more depending on the campaign need.

2. Recruitment and training of social mobilisers:

- a. *Team Composition and Recruitment*: CATs comprise of both men and women, each team usually consisting of 20 community volunteers in each of the project's key urban districts. Team members are recruited based on certain criteria. CHAMPION staff work with both local government, community leaders and other community activists to identify people that have appropriate education levels (like the ability to read and write) and other relevant experience. CAT members must also be well-respected and influential in their community.
- b. *Training and incentives*: All CATs are trained in community engagement techniques alongside equipping them with key technical information regarding HIV prevention, VMMC, and RH. CAT members are expected to utilize the performing arts (e.g., various forms of drama, music, dance) when reaching out to the community together with individual and small group outreach.

Street dialogue activities may also include role plays, participatory theatre, songs and chants (chorus songs are a specialty where audiences join in), as well as one-to-one and group discussions.

- c. *Supervision and compensation:* CHAMPION's project staff implement the training of CATs with supportive supervision, mentoring, and monitoring provided by staff and lead NGOs. Financial support is provided to CATs for transport and meals when they undertake project activities, but the CAT members are not salaried or otherwise financially compensated.

3. Built-in sustainability:

- a. *Opportunities for CAT's to continue working on health issues:* The hope is that CATs will work with other NGOs in the regions after CHAMPION ends, and to that end, the project is working to create linkages between the CATs and other international and local organizations. Some CATs operate as their own CBOs so they will be available to take on work from other partners and projects. Engender-Health will set up a directory of CATs with profile information, so that other NGOs can commission CATs for mobilization work beyond the CHAMPION project. With a little extra health-based technical training, they could continue working in health demand creation in the long term. The CATs have become recognized by both government officials as well as NGO practitioners across Tanzania as skilled facilitators in the field of HIV prevention and community engagement. Being a CAT member means holding some considerable status within the community. The credibility of being a trained as a social mobilizer increases their long-term employability, and this appears to provide sufficient motivation for the teams to have remained largely intact throughout the project. They are increasingly asked by other CBOs in their locality to train members in mobilization techniques around public health issues and male involvement.

EVALUATION OF DEMAND CREATION ACTIVITIES

Evaluation of demand creation activities

Jhpiego has given referral cards to CATs (who are given specific serial numbers marked as coming from Engender-Health/CHAMPION so that it can track referrals back to the project's specific demand creation activity as opposed to another organization out in the field at the same time).

The cards are given out to community members after they have taken part in a mobilization activity, when CAT members will also be available to accompany them to the clinics. The cards show the name of the client, his geographic location, the name of the referred facility, and a contact number for a service provider. The cards also include some key VMMC messages and provide an SMS number for additional information on VMMC, and clinic hours and locations. Not all men wish to be accompanied, some just arrive with their referral cards.

CHAMPION's qualitative research and anecdotal evidence show that women have a large part to play in men's uptake of VMMC services. Jhpiego holds more accurate data as to how many men have been referred to the clinics by CAT members. Analyses so far show that when CAT demand creation activities take place, there is an increase in uptake figures at static facilities.

While CHAMPION's baseline and end line survey of health facilities is not specifically focused on VMMC, after data is analyzed, it will give an idea of what men's views are around VMMC services and their uptake in Iringa and Mwanza, in particular.

LEARNING

Successes/Challenges

Successes and lessons learnt

- Understanding the current needs, traditions, barriers and facilitators of the audience you are working with is essential to choosing the appropriate themes and messages with which to engage men and women effectively within street dialogues and associated community engagement activities for VMMC.
- Major barriers to uptake of VMMC often revolve around myths to do with fertility, sexual performance, and adverse effects.
- When selecting community volunteers, they need to be people who are well-respected within the community and are capable of engaging local leaders to help address the barriers to health services.
- Promotion of VMMC services will only succeed if cultural sensitivities are respected; communities must be empowered to define themselves the barriers to VMMC uptake and identify ways to break down these barriers with the support of outside groups.
- Breaking down gender-related barriers in communication helps to open up dialogue for all kinds of health behaviors, including VMMC.

- When doing awareness raising activities, avoid focusing immediately on VMMC for HIV prevention; doing so can lead older men in particular to deselect themselves from receiving the information as they commonly will go into “this does not apply to me” mode.
- Targeting key messages around themes such as hygiene, pleasure (women like men who are circumcised), and cancer prevention helps men and women to better understand the benefits of VMMC; focusing on non-HIV related message adds value to creating demand, especially among older men
- Older men prefer to be accompanied individually to clinics; they do not wish to go for services in a group and particularly a group that includes younger males.
- Men prefer to be accompanied individually to clinics; the older generation in particular have an issue going in a group with younger males.

Ongoing challenges

- Clinic hours at static facilities do not always work for men, especially older men who may be employed, so it can be difficult to persuade them to go at certain times. Outreach services using nearby ward dispensaries or mobile services could be more convenient for older men.
- The more local leaders are involved, the better, because they are trusted sources for information and can more effectively encourage men to use clinical services. Transportation costs/pooling to take men together to the clinic should also be considered.
- CATs rely on partner organizations for their communication material (printed and other) – there is as yet unrealized potential for them to use/distribute more of this within the communities they work when conducting social mobilization activities.
- Because CATs were formed prior to VMMC becoming a focus theme for demand creation activities, some challenges were faced in equipping all members to feel comfortable in promoting this particular kind of health service. In the future, the criteria for selecting CAT members could take into account people’s capacity to promote VMCC services. .
- Religious/village elders need to be utilized more to influence the community.
- Due to cultural constraints, it can be challenging for some female CAT members to talk to men about VMMC and some male members find it easier to talk to women about VMMC. Additional training in gender and cultural issues could likely assist in breaking down such barriers.
- More research is required to examine issues of multiple concurrent partnering (MCP) and VMMC. For example, does VMMC result in men engaging in more MCP

behaviors? Are women concerned that circumcision encourages men to be more promiscuous?

- More women-to-women counseling is needed to help women feel more empowered to communicate with their partners about VMMC and the health benefits it brings to the whole family, i.e., if you have a partner that is circumcised you are less at risk from cervical cancer.