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# VMMC DEMAND CREATION ASSESSMENT TOOL



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# INTRODUCTION TO VMMC DEMAND CREATION ASSESSMENT TOOL

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The following tool is intended to assess the quality of demand creation efforts in a voluntary medical male circumcision (VMMC) program. It helps to identify strengths, gaps, challenges, and areas in need of improvement.

Effective demand creation interventions are critical for increasing uptake of VMMC services, particularly among priority age groups.

The tool evolved from experience in conducting demand creation needs assessments in several VMMC priority countries, leading to improvement plans and positive program results. It was developed by the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project in collaboration with the United States Agency for International Development (USAID), and pilot-tested in Malawi and South Africa in April and May 2018.

The tool has four parts:

- I. Interview with project demand creation lead
- II. VMMC site observation
- III. Discussion guide for community mobilizers
- IV. Observation of mobilization activity

## Who Can Use the Tool?

To accommodate the variety of potential users for the tool, as well as users' time considerations, there are two main sections of the tool: the first (Parts I and II) is an abridged version that someone without communications expertise and limited time might use to get a quick snapshot of VMMC demand creation. The second (Parts III and IV) can be used in addition to I and II for a longer, more in-depth review by someone with expertise in behavioral sciences and/or VMMC demand creation. It allows someone with more time to spend on the assessment to dig deeper.

## Preparation and Time Required

For Part I, the user will need to arrange a time and place to interview the implementing partner's demand creation or communications lead. For Part II, the user will need to visit a VMMC fixed site. It is best to visit two sites for observation, when possible. Parts I and II likely will take about a day to complete. For the user who has chosen the longer version of the tool, Part III will require organizing a discussion with a group of community mobilizers, and for Part IV, arranging

to observe a mobilization activity in progress. The addition of Parts III and IV normally requires an additional day in the field (i.e., two days total to conduct all four parts).

## Reporting the Findings

To present the key findings from the assessment to the USAID mission, implementing partners, and other stakeholders, there is a simple report template at the back of the tool. This report will inform the demand creation improvement planning [see report template at end of this document]. Note that the findings will be specific to the implementing partners, sites, and geographic areas visited. Depending on how the country program is structured, findings may not be generalizable to other geographic areas.

## Acknowledgements

The tool was developed by Elizabeth Gold, JSI Senior Technical Advisor for Social and Behavior Change; AIDSFree Project. Valuable input was received from Maria Carrasco, Senior USAID Social and Behavior Change Advisor. Additionally, implementation teams from AIDSFree in Malawi and University Research Co. in South Africa helped to pilot test the tool.

# VOLUNTARY MEDICAL MALE CIRCUMCISION ASSESSMENT TOOL – DEMAND CREATION

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**Implementing Partner:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Country:** \_\_\_\_\_

This review process assesses the quality of demand creation and recommends key areas for improvement by examining the following areas (mark all that apply):

- A – Community Mobilization
- B – Structural/Service Level factors
- C – Planning and Coordination
- D – Overcoming Seasonality (where applicable)
- E – Media and Social and Behavioral Change Communication Materials
- F – Data Collection and Analysis to Inform Demand Creation
- G – Referrals/Linkages with Other Services

**Instructions:** Quality will be determined through 1) an interview with the implementing partner’s demand creation lead; and 2) VMMC site visit/s for confirmation and/or observation of data collection, service level factors, tracking of STI clients, etc.

Please allow one hour for the interview and one hour for the site observation (per site). ***Please elaborate in comments section, as applicable.***

**Assessment Part I. Interview with Project Demand Creation/Communications Lead**

**Lead Name** \_\_\_\_\_ **Title** \_\_\_\_\_

	<b>Community Mobilization</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q1</b>	Do you have dedicated community mobilizers for each VMMC site?				
<b>Q2</b>	Are you recruiting satisfied clients as mobilizers?				
<b>Q3</b>	Is there an educational requirement for hiring mobilizers?				
<b>Q4</b>	Do your mobilizers wear ID badges and branded t-shirts?				
<b>Q5</b>	Do your mobilizers receive a training of two or more days in length upon being employed?				
<b>Q6</b>	Does the training for mobilizers include effective communication techniques?				
<b>Q7</b>	Do mobilizers have refresher training every six months?				
<b>Q8</b>	Do mobilizers have either tablets or mobile phones to use for their work that are provided by the program?				
<b>Q9</b>	Do supervisors perform regular evaluations of mobilizers' performance (at minimum quarterly or more frequently)?				

	<b>Community Mobilization</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q10</b>	Do supervisors attend mobilization sessions at least monthly to observe performance?				
<b>Q11</b>	Do mobilizers receive phone credit and/or air time for follow-up calls to potential clients?				
<b>Q12</b>	Are mobilizers given monthly targets?				
<b>Q13</b>	Are mobilizers provided bicycles, money for transport, or some means of transportation while they are working?				
<b>Q14</b>	Are there specific mobilizers who focus on workplaces, companies, schools, tertiary institutions?				
<b>Q15</b>	Is there a group incentive for higher performers?				
<b>Q16</b>	Do mobilizers follow up with men individually after a group mobilization event?				
<b>Q17</b>	Are mobilizers able to respond to men's questions and dispel myths about VMMC that are raised by men?				
	<b>Structural/Service Level Factors</b>				
<b>Q18</b>	Are VMMC services offered on Saturdays at some sites routinely?				

	<b>Structural/Service Level Factors</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q19</b>	Are routine services offered during evening hours at some sites?				
<b>Q20</b>	Are service locations and hours clearly advertised to potential clients?				
<b>Q21</b>	Are younger and older clients separated during group education sessions?				
<b>Q22</b>	Is separate transport (or reimbursement) offered for older men to access VMMC services without mixing with younger boys?				
<b>Q23</b>	Are mobile services being offered at workplaces or marketplaces?				
	<b>Planning and Coordination</b>				
<b>Q24</b>	Do you have district- and/or site-specific action plans?				
<b>Q25</b>	Do the demand creation team and service delivery team have regular coordination meetings?				
<b>Q26</b>	Are you using the site capacity and/or utilization tool to monitor site performance against optimal output levels?				

	<b>Planning and Coordination</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q27</b>	Do the demand creation team and service delivery team start planning and coordinating well in advance of outreach?				
	<p><b>Overcoming Seasonality</b></p> <p><i>(Note: Seasonality refers to the strong preference men have in certain countries for circumcising in the cold winter months, due to beliefs around healing, agricultural calendar, and other factors. If seasonality is <b>not</b> an issue in this country, then skip and move on to E.)</i></p>				
<b>Q28</b>	Are you creating demand year-round?				
<b>Q29</b>	Are you addressing the seasonality myths in your communication (i.e., the preference for wound healing in cold weather, etc.)?				
<b>Q30</b>	Are you using testimonials of clients who have been circumcised in the hot season and healed fine?				

	<b>Media (Mass, Social, Outdoor) and Social &amp; Behavioral Change Communication Materials</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q31</b>	Are you using radio (or community radio where applicable) for longer format programs? (i.e., not just spots)?				
<b>Q32</b>	Can listeners call in or text in to the radio programs and ask questions?				
<b>Q33</b>	Have you identified the social media access and habits of the priority age group of men?				
<b>Q34</b>	Are you including satisfied clients and VMMC providers in your radio programs?				
<b>Q35</b>	Have you developed or are you using communication materials geared toward female partners?				
<b>Q36</b>	Do your mobilizers have a tool or job aid to help them respond to men's questions?				
<b>Q37</b>	Is there a toll-free number or WhatsApp contact or any type of call number that appears on your materials for men to follow up?				
<b>Q38</b>	Do VMMC posters and signs appear in areas of the hospital and health complex other than the VMMC clinics?				

	<b>Data Collection and Analysis</b>	<b>YES</b>	<b>NO</b>	<b>Don't Know</b>	<b>Comments</b>
<b>Q39</b>	Are you collecting data at the VMMC sites to determine where men heard about the service?				
<b>Q40</b>	Are these data analyzed monthly?				
<b>Q41</b>	Are these data disaggregated by age groups?				
<b>Q42</b>	If you referred to your database, would you be able to tell me what percentage of clients ages 25 to 29 years were referred to VMMC by a mobilizer last month?				
	<b>Referrals and Linkages</b>				
<b>Q43</b>	Are men who test negative at HIV testing service (HTS) locations being systematically referred to your VMMC sites?				
<b>Q44</b>	Are your VMMC materials available at HTS locations?				
<b>Q45</b>	Does someone follow up with the VMMC clients who are STI + and treated for STIs to ensure that they return for the MC surgery after treatment?				

## Part II. Site Observation

		YES	NO	Don't Know	Comments
<b>Q1</b>	Is there visible signage outside clearly indicating the location of the VMMC site?				
<b>Q2</b>	Is the signage in good condition (i.e., not a torn poster, falling over banner, etc.)?				
<b>Q3</b>	Do you find five or more clients at the site?				
<b>Q4</b>	Does receptionist give friendly greeting to clients?				
<b>Q5</b>	Are the majority of clients you find there of the age group 15 years and above?				
<b>Q6</b>	Is the site offering services on Saturdays?				
<b>Q7</b>	Is the site offering services any evenings (i.e., after work hours?)				
<b>Q8</b>	Can the data clerk show you where he or she is entering the data regarding the clients' source of referral or where they heard about VMMC?				

		<b>YES</b>	<b>NO</b>	<b>Don't know</b>	<b>Comments</b>
<b>Q9</b>	Can the data clerk (or counselor) show you where the site is tracking the clients who presented with STIs and contacting them if they do not return for surgery after STI treatment?				
<b>Q10</b>	Are clients being given peer referral cards during either the immediate post-op or during follow-up and/or review visit?				
<b>Q11</b>	Are clients being offered juice or water while waiting?				
<b>Q12</b>	Is there an efficient client flow? (i.e., no long bottlenecks observed with clients waiting long hours)?				
	Note: For Q13-14, if the site is a stand-alone (i.e., not part of a hospital complex) then just mark N/A in the Comments box.				
<b>Q13</b>	If you walk to the other areas of the hospital or health complex, do you find VMMC posters in those other areas?				
<b>Q14</b>	If you walk to other areas of the hospital, do you find signs pointing toward the VMMC clinic area?				
<b>Q15</b>	Is the signage in good condition (i.e., not a torn banner, falling over, etc.)?				

## Assessment Part III: Discussion Guide

### Discussion Guide: Community Mobilizers

**Instructions:** Ask the demand creation manager to organize a group discussion for you with approximately five to eight community mobilizers. The discussion can be held at one of the VMMC sites or at the office, in the community, or wherever is most convenient. Allow 45-60 minutes for the discussion, and take careful notes throughout (or ask someone else to take notes for you). In most cases, you will need to have translation available so that the mobilizers can discuss freely in the local language. If one or two participants are dominating the discussion, make a point of drawing out some of the quieter ones.

**Introduction:** Hi, my name is \_\_\_\_\_. [Briefly introduce yourself with a few words about work that you do.]

I asked to talk to you today because you all are so critical to the demand creation for VMMC, and I want to understand how the demand creation is working. I want to see what is working well and what we need to do better. There is no right or wrong answer. I really just want your opinions and observations from your own experience in doing this work. Any questions before we get started? OK, let's get started.

**Q1:** How long have you been working as a community mobilizer? (Ask each member of the group.)

**Q2:** What do you like most about this work?

**Q3:** What do you like least about this work?

**Q4:** Do you have all the equipment or tools you need to do this job? If not, what are you missing that might make your job easier or allow you to do a better job?

**Q5:** How are you being paid? (Probe: Monthly salary?). Do you get something extra for performing well?

**Q6:** Describe for me the training that you received to become a community mobilizer. (Probe: How many days, what did you learn, etc.) If initially trained, have you been through a refresher course? If so, can you briefly describe it?

**Q7:** Do you feel that you can answer most questions that potential clients and their partners ask you? If no, can you specify the areas where you need more training?

**Q8:** Do mobilizers support each other and if so how? Are there ever conflicts among mobilizers? If so, what sorts of conflict?

**Q9:** Can you describe for me what happens on the day a client goes for VMMC? What are the steps he will go through before and after the procedure?

**Q10:** What do you tell a man if he says he will wait until the winter time to get circumcised so that he heals better?

**Q11:** Now let's talk about your mobilization activities. Where are you mobilizing (i.e., schools, workplaces, markets, etc.)?

**Q12:** Which of these seems to be working best? Why is that?

**Q13:** Which of these is not working that well? Why is that?

**Q14:** Do you mobilize with women at all? If so, where? What kinds of messages do you convey to them?

**Q15:** One of our goals in creating demand for VMMC is to try to reach more adolescents and men in the 15- to 29-year-old age group (though we do not turn away the 10- to 14-year-olds). What are the main challenges you have in creating demand for VMMC among this older age group?

**Q16:** How do you think we might overcome some of these challenges?

**Q17:** When you mobilize in groups of men (e.g., at football matches, community meetings, concerts), how do the men follow up with you after the event if they have questions or want to book? How do you follow up with the men after?

**Q18:** What sorts of questions do men ask you about VMMC? What are their big concerns?

**Q19:** Are you able to confidently answer men's questions and concerns? Why or why not?

**Q20:** What materials or job aids are you using when mobilizing men?

**Q21:** How often do you meet with your supervisor? What do you discuss during these meetings with your supervisor?

**Q22:** What data are you collecting on a regular basis? How is it informing your work?

**Q23:** Have you recommended VMMC to any of your friends or family members? Why or why not?

**Q24:** Is there anything else you would like to tell me related to the demand creation work?

Thanks so much for your time.

## Assessment Part IV: Observation of Community Mobilization Activity

Country \_\_\_\_\_ Type of Mobilization Activity Observed \_\_\_\_\_

District/Province \_\_\_\_\_ Implementing Partner \_\_\_\_\_

**Instructions:** Ask the demand creation or communications director in advance to arrange for you to observe a community mobilization activity. This activity could be at a school, workplace, marketplace, football match, community meeting, etc. (Please note above which type of activity it is.) You may need to ask for help with translation of local language.

Use the guide below while observing. Be sure to elaborate in the comments section as applicable. Allow about one hour for observation (in addition to travel time to and from the activity).

		YES	NO	Comments
<b>Q1</b>	Is the activity well attended?			
<b>Q2</b>	Are the majority of those attending in the priority age group for this country?			
<b>Q3</b>	Do participants appear to be engaged?			
<b>Q4</b>	Are mobilizers easily identifiable in the crowd?  (ie. ID badges, hats, tshirts)			
<b>Q5</b>	Are VMMC materials being distributed at the event?			

		<b>YES</b>	<b>NO</b>	<b>Comments</b>
<b>Q6</b>	Do the materials distributed include a toll free number or WhatsApp number or please call me?			
<b>Q7</b>	Are clients being booked during the event?			
<b>Q8</b>	Are promotional items or small prizes being distributed?			
<b>Q9</b>	Is there a satisfied client in attendance to either give testimonial or respond to questions?			
<b>Q10</b>	Do the mobilizers seem able to answer men's questions and concerns?			
<b>Q11</b>	From what you observed here today, would you recommend that the implementing partner do more of this type of mobilization activity?			



# OUTLINE FOR REPORT FROM DEMAND CREATION ASSESSMENT

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- I. Background
  - a. Purpose
  - b. Period of this review
  - c. Current performance toward achieving targets
- II. Information Sources
  - a. Documents reviewed
  - b. Interviews/discussions done
  - c. Activities observed
  - d. Any outstanding information needs/areas for further investigation
- III. Review Limitations
- IV. Key Observations and Findings
  - a. Community Mobilization
    - i. Successful/Promising Approaches
    - ii. Challenges/ Areas in need of improvement
  - b. Structural/Service level factors
    - i. Successful/Promising Approaches
    - ii. Challenges/Areas in need of improvement
  - c. Planning and Coordination
    - i. Successful/Promising Approaches

- ii. Challenges/Areas in need of improvement
  - d. Media: Mass, Social, Outdoor, SBCC Materials
    - i. Successful/Promising Approaches
    - ii. Challenges and areas in need of improvement
  - e. Data Collection and Analysis
    - i. Successful/Promising Approaches
    - ii. Challenges/Areas in need of improvement
  - f. Referrals and Linkages
    - i. Successful/Promising Approaches
    - ii. Challenges/Areas in need of improvement
- V. Recommendations
  - a. Community Mobilization
  - b. Structural/service level factors
  - c. Planning and Coordination
  - d. Media
  - e. Data Collection and Analysis
  - f. Referrals and Linkages
- VI. Next Steps



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