

**PROMISING PRACTICE Zambia: Marie Stopes International:
Community Mobilization, Health Counselor Training and Local Media**

INTRODUCTION

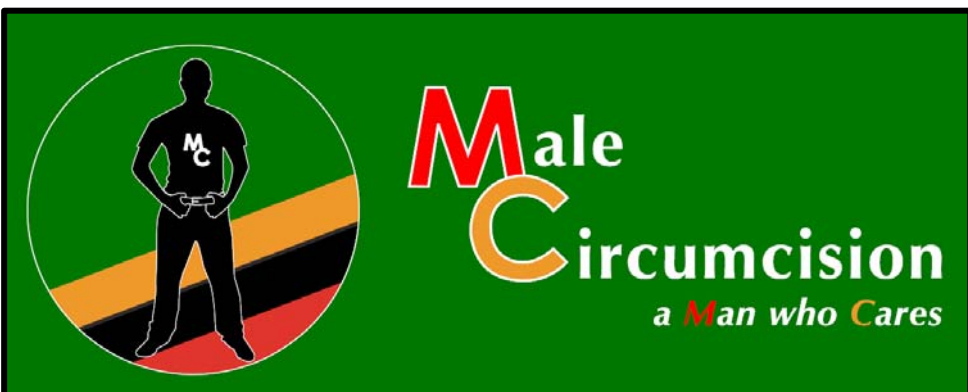
Promising Practices:

- Community mobilisation through existing volunteer structures achieves economies of scale, sustainability and increased trust from communities.
- Persistent and consistent messaging before and during dedicated VMMC service activities.
- Mobile clinical outreach services provided to meet demand for VMMC in remote areas of the country. The sense of urgency around a service being only available temporarily means uptake of mobile services is often higher than when provided by a static health facility.
- Voucher system and client feedback forms facilitate tracking of which demand creation activities are proving most successful.
- Community Radio outputs broadcast in local languages combined with community and individual interpersonal communication.
- Toll-free family planning phone line includes help for VMMC related queries.
- Training health counselors to promote VMMC as part of wider family planning best practice.
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Introduction:

Marie Stopes International (MSI) Zambia is involved in promoting VMMC as part of its wider sexual and reproductive health programme, incorporating demand creation for VMMC into

voluntary testing and counselling for HIV and STIs as appropriate. MSI began working with SFH (PSI) in 2008 to provide components of their national VMMC program (VMMC supply and demand generation). The project supports the Zambian Government's National VMMC Plan 2012-2015, which seeks to



rapidly increase the uptake of VMMC across the country over a four-year period. Specifically, the Zambian MoH has a coverage target of 80% among HIV-negative adult men aged 15–49 years by 2015; which translates to 1,949,000 new VMMCs performed by the end of the period.

MSI Zambia is involved in ongoing demand creation (through community mobilisation and interpersonal communication initiatives using existing government and community-based volunteer structures) and service provision activities, where they support existing health facilities to provide free VMMC in the area, as well as provide mobile outreach services to sites where static health facilities are not currently available. They also run a dedicated toll-free phone line for family planning and VMMC related queries from the public.

Pic 1: The National VMMC Plan Logo and Tagline'

Target Groups

- Primary audiences:
- Non-circumcised HIV negative males aged 15–49
- Secondary audiences
- Wives and partners of men.

Scale and scope

MSI has been working alongside the other Zambian Implementers as part of the National Male Circumcision Partnership, to provide around 490,000 voluntary circumcisions over five years. MSI Zambia aims to provide 115,704 of these procedures. MSI's 2013 target is 40,000 new VMMCs performed via MSI Zambia clinicians. MSI believe they are on target so far this year to achieve their quota by the end of the project in 2014. To date approximately 20,000 have been performed. MSI will continue to include VMMC counseling as part of its scale up of reproductive and sexual health services beyond 2014.

Organisations involved

Lead:

- SFH (PSI) is the lead partner, subcontracting MSI for a component of their VMMC programme.

Funding:

- Bill and Melinda Gates Foundation, since 2008 (ten months remaining for MSI's activities)

Partners:

- Other Zambian implementers in the Male Circumcision Partnership (a subset of the VMMC Technical Working Group) including SFH (PSI), Population Council and Jhpiego Zambia
- Local partners include a variety of community health networks and community radio stations.

Who is carrying out demand generation activities:

- MSI counsellors, Community Health Volunteers and Government Health Workers.

VMMC ACTIVITIES

VMMC activities

MSI Zambia utilizes existing volunteer health worker networks trained in SRH and family planning to increase demand for VMMC via community mobilization and interpersonal communication activities on the ground. Also building on the national media campaign messages with community radio station outputs.

APPROACH TO DEMAND CREATION

The approach to Demand Creation:

Key message(s)

- The benefits of VMMC and the broader SRH services and family planning available to them
- To educate women about male circumcision and how this affects their sexual and reproductive health.

Type of intervention

MSI Zambia supports the scale up of family planning and general SRH services. VMMC was integrated into these services from the beginning of the project in 2008 in terms of counselling and community-based health volunteer services. It has now expanded its work to include dedicated VMMC activities: provision of trained clinicians to perform VMMC either in static health facilities or using mobile clinical outreach services which they send out with teams to remote areas based on demand.

MSI's support to static clinical centres operating in locations around the country involves training local teams to deliver integrated services, including HIV counseling and testing, PMTCT, couples counselling and opportunistic STI diagnosis and treatment. Awareness raising activities are undertaken by trained volunteer community health worker networks, to promote integrated services, and to provide information and advice on VMMC, Family Planning and SRH related issues.

Rationale

The rationale is based on MSI's experience of integrating sexual and reproductive health and HIV services for better health outcomes. Integrating these services is increasingly recognised by the international community as an essential health strategy critical to accelerating universal access to HIV and reproductive health services, and to achieving the Millennium Development Goals on child health, maternal health and HIV/AIDS by 2015.

EVIDENCE BASE

Evidence base

- Mobile clinics often experience increased demand compared to static facilities providing the services. MSI think this is because there is an extra sense of urgency around being compelled to use the service before it leaves.
- Early analysis of MSI's CLIC database suggests that rural communities mainly receive information regarding VMMC via radio and interpersonal communication. Interpersonal communication is further broken down by information provider i.e. community mobiliser, clinician/counselor, friend, family member though results of this analysis were not yet available.

DEMAND CREATION ACTIVITIES

Demand Creation

1. Social Mobilization using Community Health Volunteers

MSI's experience in Zambia has shown that communities are very sensitive about where they receive their information from; they won't easily trust outsiders, and are less likely to put into practice any advice they receive from them. To address this challenge, MSI have used existing health volunteer networks to carry out VMMC community mobilisation activities. Communities themselves are encouraged to put forward their own health volunteers, who then run village/district health committees, which in turn are coordinated by the Ministry of Health and the Ministry of Community Development. MSI trains these volunteers to raise awareness and understanding about VMMC – how to respond to queries, how to support the VMMC initiative as a community, and how VMMC fits in with other reproductive health advice/materials. The volunteers also act as an important information source about specific service availability in their locality. In this latter sense, the volunteer networks also play a key part in driving uptake of services during the national campaign cycles; ensuring mobilisation activities intensify before during and after mass media broadcast bursts.

a) Catchment Areas and Frequency:

Each health facility/clinic has a catchment area of communities/villages it services. There are typically two–three community mobilisers per catchment area, depending on how densely populated the area is. When visits to health facilities are made by the VMMC team, or a mobile clinic is in town, awareness and demand creation activities are undertaken intensely throughout a community for two–five days before the services start and during the period that services are offered. Frequency of mobilising is higher in areas that have had no access/exposure to VMMC. Two weeks prior to the service being provided, the community will be exposed to the full range of demand creation activities (see below) as well as community radio outputs. Mobilisation activities across the board also increase during peak national campaign time, with volunteers out in target areas up to twice a week.

As VMMC is an operation that can only be performed once, some villages are reaching saturation point, in which case community mobilisation activities – as well as related services – drop down in frequency to monthly, then quarterly.

Example Activities:

1. *Links with Health facilities:* Community health volunteers are linked with MSI Zambia trained clinicians and counselors to coordinate community-based demand creation activities. Together they raise awareness about VMMC and

specific services through one-to-one conversations and providing talks to people waiting at health facilities.

- II. *Loudspeakers and Megaphones*: a vehicle with a loudspeaker or individual health volunteers with megaphones travel through market places, public spaces, villages and neighbourhoods to say when and where services are available.
- III. *Voucher system*: Community health volunteers give out vouchers to males within the target group to use the services at their local health facility. This increases the client's sense of agency, so it is not just perceived as a "free service". The voucher system also allows MSI ascertain the profile and number of clients who have been directly influenced by the community mobilisation campaign.
- IV. *Client satisfaction forms and CLIC (Client Information Centre)*: Post-operation, each client is asked or helped to complete a Client Satisfaction Form which includes providing information about who has made the referral, where the client is from and how the client found out the information he needed to commit to coming to the MC clinic. Each form is input into CLIC, MSI's own database system, to assess how effectively their demand creation activities have been and direct future efforts according to successful patterns that emerge.
- V. *Materials: mass media materials*: (as mentioned above) are provided by SFH (PSI). These include posters, brochures and flip-charts translated into key languages and distributed to health facilities and places in the community where people gathered.

2. Community media:

- Radio spots: In partnership with District Health Officers, trained MSI Zambia VMMC team members design message briefs for radio spots broadcast on community radio stations.

LEARNING AND SCALE UP

Successes/Challenges

Key elements that have helped increase demand for VMMC in Zambia:

Taking an informed approach:

- Using experience and lessons learned from MSI’s integrated service approach to shape activities for increasing the uptake of VMMC as part of a range of SRH and family planning behaviours that will result in better health outcomes.
- Using community feedback to develop and update the approach as the project develops to ensure its relevance and support its success.
- Giving community mobilisation activities time, ensuring VMMC services meet specific local needs and demand as opposed to a blanket “national” approach to interpersonal communication and subsequent service delivery.
- Highlighting the health benefits of circumcision (this has been particularly effective amongst married couples, who believe they are low risk for HIV/STI’s if they are in stable, faithful relationships)
- Combining community-level mobilisation with mass media outputs in key local languages to increase the sophistication of campaigns.
- Sharing experiences, tools, information and demand creation materials amongst the national Male Circumcision Partnership members ensuring messages are clinically sound and consistent across activities.
- Economies of scale, sustainability and increased trust from communities achieved through training existing community health volunteers, coordinated by district health offices and already known to the community and health facilities, to deliver MC demand creation messages (as opposed to introducing “outsiders” to villagers with “new” information that could be met with caution and suspicion)

Other success factors specific to the Zambian context:

- Tribal differences are relatively minimal compared to other countries in Africa. Inter-marriage between tribes is commonplace, particularly in urban areas. This cultural unity allows for a more straightforward approach to messaging, although information needs to be translated to local languages particularly for those based in rural areas.

Challenges & their mitigation

- Printed materials are still of limited use to large parts of the target population. Illiteracy is still a major challenge, so the important of trusted, well-trained community mobilisers to talk through the material is key to information being passed on accurately to community members.
- Tribal elders, where these traditions still exist strongly, appear to be both a barrier and a facilitator to communities’ uptake of VMMC as a common practice. In some areas, tribal Chiefs have made a public announcement of their circumcision and this increases the likelihood that other males in the community, or decision makers within the family, will consider going ahead with VMMC for themselves or male family

members. Conversely, if a tribal chief does not agree with VMMC this can have a negative effect on demand. In some Zambian traditions, a circumcised Chief equates to a sign of surrender to another tribe. This discourages a public announcement, despite tribal elders having had the operation, in fear it would be translated as a form of defeat to the wider community.

- More research is needed into whether as a result of going for VMMC, males are taking more risks with their sexual health post-operation. Anecdotally, the Zambian public at one point took to discussing such males as “Bullet Proof Monks” – beyond risk of danger. The post-operation counselling and the 60% risk reduction message are key to addressing this issue.