

PROMISING PRACTICE Zambia: SFH Community Mobilisation, Mid Media Campaigns and National Communications Materials

INTRODUCTION

Promising practices:

- Volunteer Health Promoters are trained to deliver a range of community mobilisation activities, focussing on one on one communication.
- Mixed demand approaches – e.g. Mobile Video Units and road shows combined with Health Promoters working the audience leading to a high volume of referrals.
- Radio spots at key campaign times to reinforce messages.
- VMMC communication materials designed and shared with all other implementers, to promote consistent messaging and branding.
- Innovative practice of working with Neighbourhood Health Committees at selected high volume public health facilities for demand creation
- Innovative pilot trialling the use of smart phones to get booking information back to base more quickly.

Introduction:

Society for Family Health (SFH) is a division of the global health organization PSI, and delivers a spectrum of socially marketed programs, under the Partnership for Integrated Social Marketing (PRISM), working closely in line with the Zambian Government's health priorities and with other implementing partners.

When VMMC was added to its portfolio in 2007, SFH was already carrying out a condom marketing program and HIV counseling and testing program, and so VMMC activities were streamlined with these.

Existing counselors were trained to offer VMMC counseling, VMMC services were set up at several SFH sites across Zambia, and production began on a range of communications materials.

By the time VMMC was formally taken on by the Zambian Government as a key component of their HIV prevention strategy in 2009, SFH had already been on the ground, working to its own targets. SFH therefore adapted its programme to match the priorities and targets set

out in the National Voluntary Medical Male Circumcision Communication and Advocacy Strategy, which sets out the MOH's commitment to scaling up the delivery of VMMC, and outlines the target groups for the campaign, as well as the national target of circumcising 1.9 million men and boys by 2015.

SFH is one of the key national implementers, and works in collaboration with other implementers to co-ordinate activities as part of the Zambia VMMC Technical Working Group. SFH offers particular expertise to the TWG's communications sub-committee, supplying other implementers with communications materials they have developed, and steering publicity and communications for the National MC month campaigns.

SFH operates at both government centres and from eight of its own "Outreach hubs" in Lusaka province and the regional provinces of Northwestern, Southern, Eastern, Northern, Mongu and Copperbelt.

SFH has a large demand creation component, that encompasses mass media, mid media and interpersonal communications (IPC). At central level, the program has a Marketing Manager, overseeing all mass media interventions. The Interpersonal Communications Manager oversees all IPC program. At regional level, Communications Coordinators give oversight to IPC officers. IPC Officers are full time staff employed in the region to create demand for products and services. Each IPC officer co-ordinates a number of Health Promoters (volunteers). SFH also works with sub-partners, organisations who assist in delivering a mix of interpersonal communication, advocacy, and community mobilization activities at facilities and at national events, and local media in the form of radio spots and mobile video to publicize the service and its benefits.

SFH recognizes the challenge of reaching "older men" and getting them into services. As a result much of its demand creation has focussed on where to reach older men, and SFH has also initiated some moonlight service trialled in Chachacha and YWCA sites, especially for working men who find it difficult to attend during the working week, or on weekends when they have family commitments.

As well as VMMC delivery and demand creation, SFH's other health work includes wider HIV/AIDS prevention, reproductive health, malaria prevention and safe water.

Target groups

- Men in the broad target group of sexually active males, aged 15–49 years, as outlined in the Zambian National Communications and Advocacy Strategy

- In addition, every year SFH creates a “delta”, a marketing tool in which it segments further the target group of the population for that year. E.g. for the A Man Who Cares campaign in 2010, they targeted 18–29 year old men.
- Currently SFH is focussing on the ‘older men’ age group for the August 2013 “National MC Month” campaign.
- Women are an important audience for SFH teams, who can reach wives, girlfriends and mothers through their other health programs and through community mobilisation activities, especially at events and through mobile cinema. The “man who cares campaign” features an advert specifically for women.

Scale and scope

SFH currently operates in seven provinces and 21 districts. It has significantly scaled up demand creation activities over the last year through the deployment of more HPs to delivering outreach community mobilisation around MOH sites and in harder to reach areas in its six regional hubs.

Previous to employing HPs, demand creation activities were carried out by just one Communications Assistant in each of the hubs. SFH estimates that each HP can speak to five people during their half day working, so multiplying that by the number of HPs per site (ten) and the number of sites (six) means SFH’s “reach” on the ground has increased substantially in the last 18 months. SFH has looked at the numbers of referrals via HP’s and calculated that for every three people reached, one will turn up for the service.

SFH is currently investing a further scale up of HP activities through a pilot program it is running in a high density area in Lusaka. The program is designed to create a lot of “hype” in an area through roadshows which feature drama, music, and quizzes with prizes for winners. The HPs will use this backdrop to make bookings and plan visits to surrounding areas.

Organizations involved

Lead

- SFH (PSI) Zambia

Funding

- USAID (60%), BMGF (40%)

Other partners

- Marie Stopes International (MSI) has been subcontracted to deliver a component of the demand creation activities and VMMC procedures under the Male Circumcision Partnership funded by B&MGF. Jhpiego and Population Council are also partners in the MCP.
- SFH works closely with Communications Support for Health (CSH) on communication materials and broadcasts, and supplies materials to the majority of implementing partners in the Zambia VMMC Technical Working Group.
- SFH has brokered agreements with a number of partner radio stations to deliver broadcast media spots.
- SFH has also partnered with CHAMP to deliver the free HIV/AIDS 990 helpline.

Who is carrying out demand creation activities?

- Society for Family Health, health promoters (HPs), volunteers, CHAMP counsellors.

VMMC ACTIVITIES

VMMC activities

SFH currently provides VMMC at both government clinics and six of its own static sites. SFH also conducts its own formative research into HIV / VMMC and designs and supplies communication materials for both its own programs and the other Zambian implementers (posters, flip charts, flyers and booklets).

SFH is heavily involved in demand creation activities for VMMC, which are spread across the three “tiers” of communications – Mass Media (national TV and radio), Mid Media (community radio, mobile video units and community events) and community mobilization using Interpersonal Communications.

SFH’s Mass Media activities centre around Zambia MC Month. This document will focus on the mid media and interpersonal communication elements of SFH’s strategy, as these appear to be having the most promising results and are certainly where SFH has decided to focus its efforts as a result of its research.

THE APPROACH TO DEMAND CREATION

The approach to Demand Creation:

Key message(s)

- SFH's outputs – whether radio, materials or Health Promoter dialogue, center on practical steps – informing people of where exactly their clinic is and how / when to access it.
- SFH places great emphasis on the interactive ability of Health Promoters (HP's), to be able to tailor their responses, answer queries and give detailed practical information suited to a person's individual needs. Most HPs are also "satisfied clients" who have had VMMC and so can talk positively and knowledgeably about their experience to enhance the credibility of the message.
- In 2010 SFH was tasked with creating the tagline for Zambia's first national VMMC Campaign, "*A Man Who Cares*". For the last three years, this has been the message used on all branded materials, with the aim of appealing to the emotions and integrity of the modern Zambian man.
- This year SFH has refreshed the campaign's key message to the tagline "*Take the Step*". SFH conducted a research study, using a mood-board to test out several different tag-lines with a mixture of circumcised and uncircumcised men. The feedback was that the emotion needed to be a strong and positive one, and so "*Take the Step*" resonated across all age groups as indicating a man is brave and bold to take the step to go for VMMC. Group feedback was that it was true that every man "cares" but they still need to take the step to put their caring into practice. Re-printing of materials should be completed in time for use in the national August VMMC Month campaign.

Type of intervention

SFH employs Health Promoters to carry out the majority of its demand creation activities. Counsellors across its programs advise clients about VMMC and give out booklets, leaflets and condoms

CHAMP counsellors deliver advice on HIV prevention and VMMC via the 990 hotline service.

Rationale

- SFH has adopted the ‘Education Through Listening’ behaviour change theory by Bobbie Person that uses a combination of motivation theory and stages of behaviour change to respond to individual barriers.
- In 2009 SFH conducted a TRAC Study to inform the program, looking at what Zambian men know about VMMC.
- Face to face individual interviews were conducted and male respondents, aged 16–35, were randomly sampled from households in five provinces of Zambia including Lusaka, Eastern, Copperbelt, Southern and North–Western provinces, where SFH is conducting or planning on conducting VMMC interventions.
- The results were that respondents were almost universally aware of VMMC (possibly due to their exposure to mass media), but only 22% of the non–circumcised population had taken steps towards going for VMMC.
- The TRAC 2010 Study sought to tease out the data further, looking at and what point men are at in the decision making process for VMMC. The result was that 22% of respondents were in the “preparing” stage, 30% in the “thinking” stage and 57% were “aware” but not taking action.
- SFH has used this data to inform the program design, and believes that the kind of intervention required is a more personal one, to help a man move from knowing about VMMC, to positively deciding to take action.

Overall intervention activities

Approach: Promotion of VMMC uptake through interpersonal communications, various print and mass/mid media activities using a high coverage social marketing strategy to increase access to and use of VMMC services.

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DEMAND CREATION ACTIVITIES

Demand Creation Activities

1. Community Mobilization with Health Promoters (HPs)

Health Promoters (HPs) are volunteer community mobilizers who live locally and are attached to SFH static sites and public health facilities, where they carry out a range of demand creation activities on site and in the surrounding communities. HPs were brought on board in January 2012 to extend SFH's reach "on the ground". Previously each SFH site just had one Communications Coordinator doing all that area's demand creation, and so their ability to mobilize big numbers was very limited. The Communication Coordinator currently manages overall IPC activities, with the help of a Communications Assistant, who works both in the office and with the HPs in the field. As well as demand creation for the SFH static sites in Lusaka, Livingstone, Kitwe, Kasama, Solwezi, Chipata and Mongu, the work of HPs has been extended to carry out demand creation in and around their local MOH public health facilities. Their work is closely coordinated by each region's Communications Assistant, who uses the site plans for each district to work out when and where to post the HPs. Normally HPs are sent as an advance party one or two days before the VMMC service is being delivered, or sometimes even on the morning of VMMC clinics being available, depending on the uptake at each site. Recruitment of HPs in public health facilities is done in close collaboration with head sisters and managers at public health facilities and members of neighbourhood health committees. SFH's regional Communications Assistants work with these contacts to identify the "hard workers" of the community, who are then approached and invited to apply for the role, and if successful at that stage, attend an interview.

At SFH static sites, HPs are selected in close consultation with opinion leaders in the community where they live. These include civic and religious leaders.

a) Criteria for HP selection includes:

- *Age*: HPs must be above 18. SFH likes to get a mix of age groups and experiences. Some recruits have been 45 and above, which has been helpful when working with older peer groups.
- *Experience of community work*: HPs would preferably already be attached to public facilities and have basic knowledge of the subject area.
- *Grade 9 education/communication skills*: a minimum of basic education is useful to be able to use the communication materials and communicate in public skilfully.
- *Presentable*: it is important the HP is well presented and inspires confidence in the people they meet.
- *Lives in the community*: someone with local connections and is respected will be more effective.
- *Speaks local languages*: this is crucial for local communities to be able to connect with them.
- *Male/female balance*: in the beginning SFH took on more men than women, but have seen the benefits of sending out a mixed group, so the balance is roughly 3:2 men to women.
- *There is an emphasis on men who have had VMMC or are willing to have the procedure*: so that HPs can talk to clients with knowledge and credibility based on experience.

b) HP Training and monitoring

SFH has formulated a two and a half day training plan, which combines a study of community mobilisation methodologies with scientific facts and cultural considerations around VMMC.

On the last day of training, HPs are sent out to the field to do practical activities – they are encouraged to engage with members of the public and to try to experiment with what they have learnt. They then re-group to discuss the challenges they encountered, and to evaluate what could have been done better. The Communications Assistant at each regional site moves around the activity sites and supervises and monitors the HPs on a frequent basis. The Communications Assistant will also take part in demand creation and advocacy exercises. HPs work on the ground in pairs or groups of three or four and so each HP group also has a team leader nominated among them, who organises the team on the ground and liaises with the Communications Assistant on a daily basis. During training, one particularly innovative technique used in Livingstone encourages the HPs to use their voice or instruments to make small jingles and funny songs about VMMC, which can be performed to “break the ice” at events rather than going straight in with the hard sell. The team has found it is

particularly useful at roadshows or events to make it fun, and get people interested.

The Communications Assistant in Livingstone is also a big advocate of on the job feedback, making sure learning doesn't stop once the training course has finished. The advantage of giving feedback on the spot in an informal way is that it feels like a coaching exercise rather than an examination. HPs are also encouraged to come to the facilities to speak to the health managers if they have any questions they don't understand or can't answer. This is especially the case with medical / technical questions, such as, how many jabs does the man receive/ how is the operation done/ how is pain managed/ how do you control bleeding? If the question is very sensitive HPs are also encouraged to refer the client to a counsellor or provider for more help.

c) Motivation and Incentives

HPs are volunteers but are paid an allowance. As set out by Zambian labour law, there is a minimum standard allowance of 20 kwacha per day (about \$4 USD). No other formal benefits or incentives are being offered to the HPs yet, but this is something SFH are looking carefully into. SFH acknowledges that it is sometimes hard to keep the HPs motivated and retained long term.

The team have noticed for example, in Chipata in Eastern Province, that the drop-out rate is high, and they suspect this is because the allowance is unsustainable. SFH would like to investigate how to retain HPs for longer, as from their experience, the longer a HP stays in the job, the more effective they become. As they are volunteers, HPs don't work full time, but do on average 22 days in a calendar month, and work five hours per day, usually in the morning. If they exceed five hours due to travel or hold ups, SFH provide them with lunch. SFH recognises that keeping their HPs motivated and retained long-term is a challenge, and so recently embarked on an "Incentives" pilot in Lusaka and Livingstone, testing out an incentives package and points system to see what will work best for the HPs. This is still in its early stages but one area tested will be the offer of professional training, e.g. top achievers get offered a counselling training course or similar, so they can develop their career path as part of their role. SFH will scale this up across sites if it proves successful.

d) HP Regular Demand Creation Activities

On a day to day basis small groups of HPs will be sent out to different areas within their district where they will conduct a mix of small group sessions, one on one talks, putting up posters, flyering and announcements using a public address system. They use flip charts and discussion guides created by SFH to conduct the small group sessions.

Often HPs will nominate an area – be it near a cluster of shops or school and go in a small group to set out a “VMMC station” with a small tent, table, banners and other visual materials. This greatly assists in both attracting people to talk to them (who approach out of curiosity) and being able to use a range of materials to explain facts to people, depending on their question or concern. This has been particularly the case when men are afraid of their penis being made “shorter”, and so HPs use the penile models to show how the foreskin layer is removed.

HP’s are dressed in the black MC campaign t-shirts and also wear arm bands – all visual aids which help people identify with the campaign, recognise them in the community and come across as credible and authoritative.

As HPs are community based, they are always looking to identify new locations and advice from peers on where to try next. SFH have realised that positioning them in their local areas and doing work with their immediate area is just as beneficial as posting them at and around fixed sites.

Local activities are done within 5–10kms reach of public health facilities or SFH sites. The HPs know what day services and so turn up to provided demand creation just before or on these days.

Long distance or outreach requires more planning, as the logistics for getting to remoter areas are more complicated. Normally the Communications Assistants will go to a site in advance work for one or two days, before being joined by the HPs.

e) Making Referrals

HPs are equipped with a referral sheet, or booking form onto which they can record key details about the client and when they want to go for their procedure. After each mobilising session, HPs complete these details and the booking form gets given to their supervisor, the Communications Assistant, who takes that day’s referrals to the clinic to process. The Communications Assistant then cross-checks the names on the forms with the names of the clients when they register at reception.

HPs are also given printed referral cards to hand out, however SFH has found they have not always been a success, as people would lose them, miss referrals or show up without their referral card. This was possibly due to the fact that making the decision to come for VMMC may take a while, so the likelihood of losing or forgetting the referral card was high.

SFH relies primarily on the referral sheet, which is transferred into their central database, as the best way of keeping in contact with clients and setting up their procedure date.

This data sheet contains all the information SFH needs to follow up with the client – their name, age, address, date of booking, which clinic they'd prefer site to go to. SFH have modified the sheet to include a section that allows the clinic to include details of their contact with the client – e.g. they often call the client to see if they intend to come or make sure they got the service.

Case study: Livingstone Smart Phone pilot

SFH ran a “smart phone” pilot for three months in January– March 2013, in order to see whether HPs work could be made more efficient by use of smart phones to collect and send data from the field.

HPs were provided with smart phones which had been equipped with software similar to the paper booking form, and asked to record all client details and make bookings using this app.

When complete, the HP would then text the data through to a central database, which can be monitored in “real time” by managers. The data captures the number of clients a HP has spoken to, what they discussed, the duration of the conversations and where they were when they spoke.

The software is designed to record and save the data and their GPS co-ordinates, so that even if the phone is outside of reception, the data can be saved and automatically sent when the phone gets a signal.

The system means that data can be transmitted back to base faster, appointments processed, and the perils of paper being lost or damaged are mitigated. It also saves time in having to fax / transport documents and typing up.

Feedback from HPs suggested it was a very positive experience and even a motivating factor for them, having the phones and being able to transmit the data felt like an achievement and validated their efforts, as their manager can see they are in the field working. The phone also made them feel more professional as they had an impressive piece of equipment to use.

However, this process did not do away with the paper form – for completeness of the current record system, the HPs were still required to make paper notes, and SFH is looking into whether it would be possible to make the process paperless in the future.

SFH thinks the potential for the smart phone use is great – it could also be used to map where HPs have been, how many times they have been to an area, how many VMMC procedures were booked and if they should/ return to the area.

The intention is to roll out the scheme in the near future, subject to budgetary considerations, paperwork and procurement.

f) Materials and Visual Aids

When a HP goes into a community or event to do community mobilization, they go equipped with a bag of ‘job aids’ – a range of tools and materials to assist the process. These include VMMC discussion guides, brochures, books and flyers. The HPs also use visual aids, such as penile models and female reproductive organ models, which can be useful if people are not familiar with the scientific terms, but can see the procedure demonstrated.

g) National Events and “Hotspots”

As well as working in communities near to VMMC facilities, HPs are frequently sent to carry out demand creation at national and local events such as National Youth Day, and International Women’s Day celebrations. The HPs also attend traditional ceremonial events – for example the Lwiindi Festival in Southern Province is one of the most well know traditional festivals, attracting people from all over the country.

The HPs take tents to the venue, set up an information desk and send team members into the crowd to engage with people, either individually or in groups.

SFH has also identified places within their site catchment areas that it calls ‘hotspots’ – places you are most likely to find members of the target population. These could be eating or drinking places, gyms, bus stations and taxi ranks. Groups of ten HPs which can be split into two groups of five are sent to these venues to hand out information and talk to people.

Timing can be crucial when attending some of these sites. For example when attending popular drinking places the HPs aim to be there when the men first come in mid-afternoon, while they are sober and therefore able to chat without being influenced by alcohol.

HPs will also set up stalls and do presentations at schools and wider community events.

h) Church and Community organisations

SFH also regularly works with church groups, some of whom invite HPs to do presentations in their Sunday program, where they can also link people up with the services. SFH is also working with community based organisations that are doing work around HIV. Some of their volunteers have joined forces with HPs to do VMMC demand creation. SFH is still ironing out if these partnerships can work long term, as some have requested payment for their time.

i) Saturation strategy

SFH is also experimenting with a new approach to orient communities to the VMMC campaign. When they go to new areas they are now planning to move in

with one big “launch” – a mix of intense publicity and activities where by HPs saturate the area over a couple of days. These “launches” started in July 2013.

j) HPs and other programs

HPs were an innovation introduced by SFH solely for the VMMC campaigns, as it felt a greater presence was needed “on the ground” to get men into clinics. They are not currently used for SFH’s other health activities; however managers from other programs have taken a keen interest and are learning from the VMMC experience. The SFH Reproductive Health teams are looking at using HPs in the near future, so it might be that the HPs evolve to deliver a range of sexual and reproductive health information.

Case Study: SFH outreach in Livingstone, Southern Province

SFH have ten HPs based at their static site in Livingstone, Southern province. This area has high HIV infection rates due to the fact it is a major tourist area and lies next to several country borders, attracting a transitory population and sex workers. Big events like the recent international tourism conference lead to a huge temporary “influx” of people into the area – delegates, vendors, press and tourists.

HPs in Livingstone

The HPs work in pairs for outreach and also individually in their own community. They attend MoH neighbourhood health committee meetings to do presentations on VMMC and seek out “local ambassadors” to carry the message forward. The HPs identify upcoming local events to attend, like soccer matches, new hangouts, or places to take the Mobile Video Unit.

During outreach activities they aim to make themselves as visible as possible with their tents, stalls and VMMC branded clothing.

Martin, Livingstone Health Promoter

Martin has been a HP for almost two years. He sees it as a challenge, and is motivated by wanting to help his community and bring them information.

The main challenge people make to him is whether VMMC “works”. Some tell anecdotes of friends who have had the procedure but are sick. So Martin is careful to explain the “up to 60% protection” statistic, and urges men that they can’t be careless and must use condoms. He also alerts people to other services at SFH, such as VCT and how to use condoms. STIs

are a popular topic. He says a lot of ladies have STIs but don't realise, so as a man he urges clients to go with their partner, not alone, and get treated together at the clinic.

Martin thinks the referral slips are useful as he can reassure the man that when they get to the clinic, the team will already have his information, so they don't have to waste time filling out more forms.

He estimated he gives out about 100 leaflets per day.

One challenge is how to convey the information to different age groups. Martin doesn't think he should show the penile model to young boys, or tell them in depth about the sexual health benefits, and so focuses on cleanliness and hygiene instead.

When dealing with older men, the best tactic he has is asking questions of them that help him understand their viewpoint. He believes it was one of the best tools he picked up during training – not to give them all the information in one go, but try to get them to open up so they ask more questions and it becomes a sharing exercise. Some members of the crowd are inevitably just time wasters or hecklers – so Martin thinks it is important to know how to move away politely and find people who are interested to learn.

The biggest logistical challenge is the walking distances. HPs are dropped at a place and work for long hours, sometimes unable to have lunch. He would like better transport – and thinks a bike would be useful for the outreach visits.

Rita, Acting Communications Assistant in Livingstone.

Rita (pink top) is a VMMC counsellor who has stepped up to do some of the HP supervision and IPC at Livingstone's outreach sites. Every day she moves around to work with HPs at different sites and take part in the interpersonal communication exercises.

She observes how crucial the visual materials are. People like the leaflets as they can look at them during the conversation (especially if they feel shy or embarrassed) and refer to them at home later.

The main question men ask her is about healing process – when can they start having sex again? Married men find it hard to abstain, and particularly in some of the compounds, there is a perception that if a man abstains for six weeks then the wife/partner will choose to go somewhere else for sex. Therefore the HPs encourage wives to go for counseling with their husbands so they can understand why abstinence is so important.

People are generally really interested in the “partial prevention” statistic as there is a myth circulating that a circumcised man can never get HIV, so again the HPs are encouraged to emphasize that if you don’t use condoms and / or stick to one partner, you are still at risk. The HPs use the demonstration models to explain how men and women can still get infected, and find the flip charts also useful – as these contain pictures of STIs which most people have a notable reaction to.

The HPs will speak to around 50 people per day, and on that particular morning in the Maramba district; the two HPs had successfully booked 25 men. Of these, Rita estimates half will actually turn up to the appointment, but the HPs keep on with the follow up calls to try to motivate them to attend another time.

An innovative element employed by the HPs in Livingstone is to ask prospective clients to write in a comments book at the stall, to detail what they have learnt. This gives the team a quick reference as to what has worked, and what messages have been conveyed that day.

Libes Clinic, MoH staff perspective.

Kennedy is an MC provider (male nurse), at the Libes Clinic in Libuyu, a rural province of Livingstone.

He works closely with the SFH teams to let them know what numbers of men are attending each day, and to ask for extra help if the take-up is slow. I.e. if there are less than five clients at the service, HPs are sent out to work on local demand creation.

Libes is a small clinic and so the VMMC providers also do some counseling. Commonly asked questions include how the procedure is done, what are the side-effects, and what are the risks and benefits?

Men show most concern about the healing process and pain during the procedure, but after they’ve had it they often say it is not as painful as they thought – but the first injection is the worst!

When Kennedy is dealing with older men, they sometimes cite the reason for coming to the clinic is that they heard it will improve their performance, so unfortunately his team has to dispel this myth, but still alert the men to all the other benefits. Some men don’t attend to get the procedure that day but just come to find out what it is about and the days the procedure is offered.

The clinic experiences its busiest times when schools close in April, August and December. During the quieter months they would like to look at innovative ways to get more patients in, but see distance as the main obstacle. Men often can't attend the fixed site due to transport issues, so an increase in mobile services might improve this.

Veronica is the Manager of Libes clinic. She has regular contact with the SFH HPs, who she thinks are doing a great job of disseminating the materials to clients, and speaking to clients in languages they understand.

While the information in the education materials adequately covers the topic, she would be keen for the brochures and posters to be in different languages such as Nyanja, Tonga and Lozi. People often ask for leaflets in their language, as they may not be able to read in English. Counseling is done in the language they understand, and so providing support materials in the same language would be a huge step forward.

2. Mid Media: Mobile Video Units (MVU's) / contact gathering

SFH owns several Mobile Video Units in Lusaka, Kitwe, Chipata and Livingstone, and so this localized intervention combines the use of video media with interpersonal skills. HPs are sent out with the MVU to advise the operator where best to set up the film in a local area, and what time to show the film in order to gather the biggest crowd and have most effect. HPs then play an instrumental role on the ground, gathering the audience and talking to them after the film is over.

The MVU mostly showcases adverts and testimonials about VMMC, which include a song written by a Zambian musician encouraging men to go for VMMC, and short films explaining the health and hygiene benefits. When the screening is finished, the Communications Assistant engages the audience in a general conversation about VMMC. Meanwhile, the rest of the HPs who have already positioned themselves within the crowd, engage with people on a one to one level, as not all audience members may want to raise their hand and ask questions in front of the crowd. The advantage of the 'one on one' talks is that the HPs can take contact details and book clients for the service. Those who are willing, let the HP take down their contact details and follow up with them nearer to their appointment date. Others who don't want to commit to a date for the procedure but wanted to give it some thought allow HPs to do follow up calls to answer any questions.

This exercise combining media with interpersonal communications has proven very successful in getting clients referred for services, possibly because while you've got their attention in this group setting, there is a buzz and sense of urgency which helps them take the next step.

MVUs are used one to three times a month. However during the rainy season, getting the MVU to villages, and getting residents to come out to watch is a challenge, so the MVU activities definitely ramp up from April onwards, when the dry season arrives. SFH is keen on intensifying the MVU / HP approach by increasing the number of HPs on ground – so they can do more mobilization, learn more about the communities and advise of new spots to take the MVU. SFH is also planning to introduce drama performances to these sessions, so that they can address myths and misconceptions in this interactive way.

3. Mid Media: Community radio

SFH mandates its regional offices to select and pay for airtime on local community stations. They also ask the regional teams to nominate a panel of knowledgeable guests, emphasizing the use of local people and local language.

Radio stations are chosen based on an analysis of their reach and likely impact, and include a mix of English speaking and local language speaking stations. SFH is just about to start a new strategy with partner stations in order to help shape content of discussions and phone-ins more effectively. SFH will prepare suggested scripts or prompts for presenters and DJ's, and work with their production team to identify themes they can focus on each week. This more tailored approach to scripting is in response to some of the problems implementers have encountered in the past with incorrect or incomplete material being broadcast, or the conversations going off on a tangent.

4. Reaching Older Men / Workplace initiatives

SFH have designed a Workplace Intervention Strategy to assist in the way the community mobilizers approach and communicate with older men. Following this strategy, the Communications Assistant makes arrangements to speak to a local employer – for example a mining company in the Copperbelt region. The aim is that these conversations would lead to the employer both being more sympathetic to his employees needing time off for VMMC, and also help advocate for it. Not many of these meetings have been carried out due to staffing constraints, but SFH is hoping to scale up this process by working with local NGOs. SFH has identified an NGO that works with male employees in the Copperbelt area, and talks are underway to contract them to do demand creation with the big mining and sugar companies in that area.

SFH's 990 helpline partner CHAMP has done considerable work with male dominated industries on a variety of its other projects, and so discussions are underway as to whether SFH and CHAMP can put in place a Memorandum of Understanding with some of these companies, so that their employees can take part in demand creation activities.

5. Communication Materials

SFH is responsible for the design and distribution of a range of IEC materials which are used by counsellors, VMMC providers, HPs and other partner organisations across all their demand creation activities. Materials include VMMC discussion guides, brochures, posters, banners, A6 booklets for men and women, flyers and flip-charts. The Zambia VMMC Technical Working Group recently collaborated to re-design the flip chart, which is one of the more popular visual aids used by HPs. SFH also produces a group Discussion Guide, which, depending on the needs of the audience, has a number of pages which the HP can turn to which tackle key issues – e.g. pain, spouse communication etc. All materials are currently produced in English only, which can be a problem for potential clients who either cannot read English, or would prefer to communicate in their local language. As there are over 72 different languages and dialects spoken across Zambia (and particularly in rural areas), the challenge of preparing materials to meet everyone's language preference is a significant one. The main other vernacular languages are Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja and Tonga. SFH is investigating whether translations into some of these is viable.

6. CHAMP: 990 helpline¹

SFH has partnered with CHAMP, an NGO based in Lusaka with the remit of building knowledge around HIV / AIDS. CHAMP runs a variety of programs including the 990 helpline, which is a confidential 24-hour health and social services advice line available toll free on the major networks in Zambia. It is staffed by trained counsellors who speak almost all local languages. They advise on issues such as HIV, malaria, family planning, gender based violence and alcohol and drug abuse. In 2010 SFH placed two counsellors at CHAMP who would assist with calls on VMMC. On average the line was receiving 200 calls every day, rising to 1,000 per day during VMMC campaign.

This sparked the decision that it might actually be more effective to deliver training to the CHAMP counsellors in VMMC so that if the two dedicated SFH counsellors were not available, all team members were still able to give knowledgeable advice. SFH is planning to deploy a research team to go to the area before and after the roadshow to evaluate the success, and determine if it could be rolled out nationwide.

EVALUATION OF DEMAND CREATION ACTIVITIES

Evaluation of demand creation activities

HP Performance Database: As the HPs are volunteers, SFH has not given them individual targets for bookings but asks them to work to the site target, with an aim of HPs achieving 50% of the successful bookings.

To look at how this is mapping out in practice, SFH has developed a database which can calculate the performance of each HP. Using data from the field; calculations can be made to establish how many people each HP is bringing to the service. It can also look at each HP's "conversion rate" e.g. of 800 men booked, how many actually attend. This analysis might be used in conjunction with the new incentive pilot to help judge fairly who has performed best and is put forward for training etc. It is hoped the analysis will also help managers understand the quality of the HP's sessions better – what is it the HPs are doing right? Launched in July 2013, the database will be housed in the regions as well as SFH head office, so regional managers can do their own weekly analysis.

Client intake forms: At every clinic, the client arriving for VMMC will fill in a form and be asked how they heard about the service and why / what motivated them to come. The majority of clients say they heard from an HP or were referred by friends / satisfied clients. However, it is difficult to confirm if these peers made the recommendation as result of HP contact.

SFH has done some analysis of intake forms from before and after their October 2011 campaign and found IPC brought in the most new clients, followed by friend / family referrals.

LEARNING AND SCALE UP

Success / Challenges

Successes

Health Promoters: SFH believes that bringing on HPs has created a much more effective demand creation model, and it will continue to evolve as SFH assesses in what situations they are most successful and how to maximise their time in the field. For example, when HPs were first brought on board, it was to create demand at static sites, but SFH quickly realised they were better deployed throughout the local area.

Successes include a robust system of training, monitoring and feedback. At weekly planning meetings HPs are encouraged to discuss the challenges of the previous week and share ideas for new outreach areas.

HPs have proven very good at getting over language barriers – many speak local languages and have learnt to describe the medical terms accurately in the different languages, being

careful with references to traditional circumcision to make sure clients understand that they are talking about a medical process, which involves the highest levels of hygiene, technical skill and privacy.

HPs are equipped with quite a comprehensive 'tool kit' which makes doing their job much easier. A step further suggested by some of the Livingstone team would be to supply them with VMMC branded bags to carry the materials in. They have seen how effective the t-shirts are, and think more locally branded materials such as bags and t-shirts with the names of static sites on them would assist in people knowing what they are about and where to go. Some challenges include getting the "mix" right on the ground. Some people are more comfortable talking to female HPs, while in other areas some men have been so uncomfortable, that the female HPs had to be redeployed.

Cultural / regional variations also play a huge role in the success of the HPs. They work into some areas where their messages are not welcome and over time this can wear them down, and leave them feeling frustrated. One solution has been to identify advocates in the community who can introduce the HP to village heads and other influential people, who can help give them credibility.

Challenges and their mitigation

While HPs and medical staff are able to adapt their communication with clients to use the local language they are most comfortable with, a gap still exists with the visual materials they present the client with. Posters, booklets and leaflets are in English, and therefore may prevent, for example, a wife taking it home to her husband if he can't read it. Counsellors and HPs try to explain the detail in their language before the person takes the materials home, and often ask if someone is literate who they can give to read at home.

However it would ultimately save time and be of great benefit to the staff if they could offer localized materials in the appropriate language. More local references on the leaflets might also help clients to find their nearest service. One suggestion from the team would be to have a template which they could use to print out their own small leaflets, in different languages, for advertising local services (venue and times VMMC is offered etc.)

The biggest challenge for HPs has been how to maximize their time in the field. They are mandated to spend five hours in field per day, but in rural areas, scattered settlements are an issue – to move from one area to next takes time, and many need a better form of transport than by foot. The heat and the weather can also hamper their attempts to reach far out villages. HPs and their managers have expressed their keenness for the introduction of bicycles as a helpful addition.

Motivation and long-term retention of volunteer HPs is an ongoing challenge, but SFH hopes its incentives pilot will help shine a light on what other benefits they can feasibly offer to their teams.