

5. Creating Demand

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Useful Tools	<p>11 Communication Strategy for Voluntary Medical Male Circumcision in Kenya Appendix 3: Phases of VMMC-Related Communication</p> <p>12 Communication Materials Adaptation Guide</p> <p>13 A Guide to Working with the Media to Promote VMMC in Kenya</p> <p>14 VMMC Video Discussion Guide</p>
Useful International Guidance Documents	<p>6 VMMC Demand Creation Toolkit</p>

Objective(s):

- To provide the community with accurate and complete information about VMMC, including its potential for reducing the risk of HIV infections and other benefits
- To identify and correct any myths and misconceptions about VMMC
- To build demand for VMMC and provide all information necessary for informed consent among eligible men and ensure that the supply of services (e.g., sufficient equipment, consumables, and human resources) is appropriate to meet the demand for services

Description: Advocacy, community awareness, and formal community mobilization activities are critical components of VMMC demand creation and coordination with service delivery (see TOOLS 11, 12, 13, and 14). One of the first priorities in the VMM program should be to enlist local leaders to help engage the community. The most successful VMMC programs have spent at least six months in gaining key stakeholder support for new VMMC services (stakeholder sensitization) [22]. Once key stakeholders—including MOH officials, administrators, businesses, traditional leaders, and other public opinion leaders—understand and support VMMC services, community sensitization activities addressing the broader community may be rolled out. Sensitization activities are used to educate the community about VMMC and its benefits. Sensitization activities can include radio interviews, newspaper articles highlighting VMMC, and general education activities within the community (community dialogues and education through counselors and health promoters). Such communication should not only emphasize accurate understanding of VMMC, but should also promote safer sexual behaviors (see GUIDANCE DOCUMENT 6). It may also be relevant to explore gender norms, including issues around VMMC and masculinity, including women’s views, as well as the influence of norms upon sexual decision-making. Depending on the country and circumstances, informed demand creation activities that allow for community interaction—including small group activities, debates, panel discussions, or radio programs—may be most appropriate. Sensitization activities must begin prior to the launch of VMMC services and will likely need to continue, at least periodically, while services are available. Often local stakeholders will know the best sensitization approaches, and these stakeholders should be consulted throughout this stage to ensure that communication is targeted to the correct audiences most efficiently and appropriately. The inclusion of the MOH and other key

stakeholders through all stages—from planning (see Section 2), to community sensitization, and other demand creation activities—is vital. Challenging as it may be, it is important to develop a comprehensive implementation and budget plan before going ahead [23]. It is essential that all aspects of service delivery at a site be ready to meet the demand that is created.

Once the timing for the launch of services is established, formal mobilization activities (which may include community meetings, door-to-door visits, radio ads, group education, road shows, and drama performances) can be started. These activities should be directly linked to the startup of VMMC services, and should include information on when and where to go for VMMC. These formal mobilization activities should begin at least two weeks before the launch of VMMC services. Well-coordinated mobilization can help reduce pressure on VMMC services by allowing time for group education or mobile HTC services in advance of VMMC. These timesaving measures will allow for more efficient provision of services at the VMMC sites. Community mobilization partners need to be trained in correct and consistent messages about VMMC, HIV prevention, and men’s health in general. Service provision and mobilization programs can be continually modified and re-balanced to ensure that supply matches demand. VMMC education, counseling, and other information provided at the VMMC site should expand on information the client may have already received. The messaging should complement community awareness and mobilization messaging, and provide sufficient detail to assure informed consent for VMMC. Successful community demand creation requires the following elements:

- Mobilization that is well-timed and scaled to align with the availability of services, so that client demand does not outpace service provider supply
- Outreach through multiple channels (including mass media) that engages the target population including their partners, guardians, workplace, and individuals or other groups that can influence the VMMC decision
- Tailored messages and communication channels that resonate with younger and older men, both in and outside of relationships
- Comprehensible brochures and leaflets printed in the local language, targeted to specific audiences
- Materials that clearly direct potential clients to local VMMC service sites
- Recruitment of satisfied clients to encourage their peers to undergo VMMC (a tool that can add to community sensitization and mobilization)
- Monitoring community mobilization for message quality and consistency; and to allow for prioritization of clients who have already received community-based counseling, as well as follow-up with potential clients who do not present for services
- Communication campaigns that can be adjusted, as needed, to match the amount of services that can be provided; and similarly, services that can be scaled up to keep pace with the demand created by the advocacy, sensitization, and mobilization

The following activities can be used to monitor communication:

- Track the number of VMMC communication materials produced and disseminated (e.g., communication guides and materials distributed to community mobilizers).
- Identify salient issues as new activities and products are planned (e.g., formative research that can guide communication strategies). The issues identified can be used to monitor changes that need to happen in current communication plans as well as determine new,

innovative, or alternative strategies. In Tanzania, *The Unpeeled Mango: Formative Assessment of Adult Male Circumcision Opinions/Preferences* helped guide the program's communication strategies [25]. The assessment was used to design a communications campaign using the local slang term for the foreskin "Dondosha mkonosweta! Kitendo rahisi, sasa ni bure!" ("Take off your sweater sleeve! Easy to do, now free!") [26].

- Differentiate paid advertising from unpaid coverage (e.g., public service announcements, news stories). Tracking the different advertising media can determine successful strategies and direct resources allocation to ensure that money is well-spent while reaching the targeted populations efficiently.
- Exploring the development of a media intensity index (i.e., a means of quantifying the volume of materials produced and disseminated). Media indexes are important to track how well communication plans are being implemented. By tracking production and dissemination of communication materials, programs can appropriately ensure that they are efficient and successful in the media campaigns.

Demand creation is part of a broader package of communication messages surrounding VMMC (see Appendix 3); these other communication messages need to be addressed as part of the comprehensive communication strategy in the context of VMMC.

Case Study—Zimbabwe's Matching Supply and Demand

Advocacy activities targeting community leaders—including traditional chiefs, headmen, school directors, religious and business leaders—are implemented as part of the initial steps in creating demand for VMMC at the community level in Zimbabwe. The majority of community leaders who have been sensitized to VMMC have been instrumental in motivating their communities to access VMMC services. Trained community volunteers and youth organizations move from door to door conducting discussions on VMMC, using drama, music, and dance to inform potential clients of the benefits of VMMC and to dispel any myths and misconceptions. The mobilizers liaise closely with the service provision teams to keep them informed about the level of demand in their respective areas and to avoid creating unmet demand. Mobilizers also keep provision teams abreast of the reasons men are stating for not wanting male circumcision, including myths that may be circulating in communities. The mobilizers are the eyes and ears of the program in the communities.