



**PEPFAR**

U.S. President's Emergency Plan for AIDS Relief

CHAPTER FOUR.

VMMC COMMUNICATION AT THE SITE LEVEL AND  
DEMAND CREATION

# PEPFAR'S BEST PRACTICES FOR VOLUNTARY MEDICAL MALE CIRCUMCISION SITE OPERATIONS

A Service Guide for Site Operations

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# CHAPTER 4.

## VMMC Communication at the Site Level and Demand Creation

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### CHAPTER GOALS

To ensure that site-level staff are able to:

- Provide key audiences in the community with accurate and complete information about VMMC to build demand and enable eligible men to make an informed choice.
- Communicate essential information on voluntary medical male circumcision (VMMC) and HIV prevention clearly and comprehensively at appropriate stages of the client's visit.
- Identify and correct any myths and misconceptions about VMMC, and address any fears/concerns about the procedure.
- Instruct the client on and ensure comprehension of postoperative measures to ensure safety and proper healing.
- Provide communication and counseling tailored to the client (based on his age, life phase, and other needs).
- Provide each client with high-quality services that result in customer satisfaction and peer referrals.
- Provide general information on successful demand creation strategies and considerations.

### WHAT USERS NEED TO KNOW

#### COMMUNICATION AT SITE LEVEL

VMMC services offer a unique opportunity to engage adolescent and adult males in high-quality HIV prevention communication and services; and to share key messages with males who otherwise might not interact with the health system. Consistent communication and counseling throughout these VMMC services is critical for capitalizing on this opportunity. This reference guide helps to ensure that in-service communication and counseling content is comprehensive and standardized across PEPFAR's (U.S. President's Emergency Plan for AIDS Relief) VMMC country programs [See [Best Practices Guide: VMMC In-Service Communication](#)].

Given the large number of topics that need to be covered at each phase of the VMMC service (group education preoperative, individual counseling, immediate postoperative, follow-up visit), checklists are available as a tool for ensuring consistency and accuracy of communication and services [See [Checklist on VMMC Counseling](#)]. For those VMMC sites where a device is offered as a circumcision method, device-based VMMC warrants tailored

in-service communication to ensure that clients are aware of the unique attributes of the device-based procedure—device placement, wearing of the device, device removal, and recovering from device-based circumcision and wound healing by secondary intention. A device-specific counseling checklist is also available [See [Checklist on Counseling for VMMC with Device](#)]. Circumcision with a device method where the foreskin is left in situ and removed several days after application (elastic collar clamp) should be undertaken only if the client is adequately protected against tetanus by immunization with tetanus-toxoid-containing vaccine (TTCV) [See [Tetanus and Voluntary Medical Male Circumcision: Risk According to Circumcision Method and Risk Mitigation, Report of the WHO Technical Advisory Group, 12 August 2016](#).] Finally, counselors should be aware of myths about VMMC and be ready to address them. A list of frequently asked questions is also available [See [VMMC Frequently Asked Questions \(FAQs\)](#)].

## DEMAND CREATION

Demand creation can be defined as strategic interventions that reinforce motivating factors and help the target audiences overcome key barriers, with the aim of increasing service uptake. Community engagement, mass media, and advocacy are critical components of VMMC demand creation; they require close coordination with services.

Demand creation is part of a broader package of communication interventions. It's important to ensure consistency of information disseminated across the VMMC continuum [See [Phases and Steps for VMMC Demand Creation](#)].

### **Successful demand creation follows communication best practices and includes the following elements:**

- A clearly defined communication and demand creation strategy, informed by research, that outlines key barriers and motivators, primary and secondary audiences, channels, and key messages. In most countries, the communication plan will include a strategic mix of channels and approaches, such as community engagement, mass media, infection prevention and control materials, and advocacy with leadership and influential agents, among other approaches. [See [Communication Strategy for Voluntary Medical Male Circumcision in Kenya](#); [Communication Materials Adaptation Guide](#); [A Guide to Working with the Media to Promote VMMC in Kenya](#); [VMMC Video Discussion Guide](#); and [VMMC Demand Creation Toolkit](#).]
- Outreach scaled to align with the availability of services.
- Communication through multiple channels that engages the target population and key influential people, including partners, parents or guardians, employers, and other individuals and groups that can influence the VMMC decision. Such channels include community radio, social media, interpersonal peer communication, and TV shows with a panel of VMMC experts.
- Tailored messages and communication channels that resonate with younger and older men, both in and outside of relationships (segmenting audience and influencers for more effective demand creation).
- Engagement of women by providing tailored information about VMMC's benefits for women and their key role as mothers and partners.
- Clearly written, attractive brochures and leaflets printed in the local language, targeted to specific audiences, such as parents and partners.

- 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). Male friends and peers can be strong advocates.
- Monitoring community mobilization to ensure the quality and consistency of messages, and to follow up with potential clients who do not present for services.
- Communication campaigns that can be adjusted, as needed, to match the volume of services that can be provided; similarly, services that can be scaled up to keep pace with the demand created by advocacy, sensitization, and mobilization.
- Consistent reporting, collection, and analysis of data to inform demand creation.

**The following activities can be used to monitor communication:**

- Track the communication activities to assess how well plans are being implemented. This may include materials produced and disseminated, media intensity index, and reporting of community mobilizer action plans, among others. This information can be triangulated with service uptake to see where demand creation activities are on target or need modification.
- Use referral slips to further strengthen monitoring of demand creation efforts and closer linkages to specific activities [See [Sample VMMC Referral and Follow-Up Card](#)].
- At the site level, collect data at client intake to determine where the client heard about VMMC and what motivated him to come for services. Analyze these data on a regular basis to inform demand creation activities and resource allocation [See [Sample VMMC Client Intake Registration Form](#)].

## FREQUENTLY REFERENCED INFORMATION

**Figure 4.1. Checklist on VMMC Counseling For Surgical Clients**

*Adapted from: Annex 4: Checklist on VMMC Counseling in [PEPFAR’s Best Practices for Voluntary Medical Male Circumcision Site Operations: A Service Guide for Site Operations, First Edition, 2013](#).*

This is an illustrative checklist. Note that redundancy of some items in different sections of the counseling is intentional, as repeating the same information at different points helps clients to internalize messages.

### **Preoperative VMMC Counseling**

- VMMC is different from traditional male circumcision. VMMC is the removal of the foreskin, performed by surgery or by device, depending which services are available and on client eligibility.
- VMMC offers only partial protection from HIV acquisition (60%).
- Circumcised men still need to practice risk reduction strategies after VMMC surgery.
- Risk reduction strategies for staying HIV-negative include correct and consistent condom use, reduction of multiple and concurrent partnerships, and not using alcohol before sex.

*Condoms demonstrations should be performed for sexually active and age-appropriate clients seeking VMMC, and should align with local policies.*

- HIV-positive men can be circumcised, but VMMC will not reduce the risk of transmitting HIV to their partners.
- Confidential HIV testing and sexually transmitted infection (STI) screening are part of the VMMC evaluation. HIV testing, while recommended, is optional. Clients may still be circumcised regardless of their HIV test result, if they are deemed healthy enough for surgery.
- HIV testing of sexual partners is also very important.
- If a patient has symptoms of an STI, he will receive treatment and be asked to come back another day for the surgery.
- Postoperative care during the VMMC recovery period requires hygienic wound care to prevent infections.
- Healing takes up to six weeks. There is an increased risk of STI/HIV transmission, and of damaging the wound, if men have sex during healing.
- We recommend against masturbating or having sex at all during the healing period. Unprotected sex during that time is especially risky.
- Patients should discuss VMMC's benefits with their partners, and the importance of the postoperative abstinence period.
- Reexplore understanding of HIV and VMMC and correct any misconceptions.

*Discussion of this topic will depend on the cultural context. For clients who test HIV-positive:*

- Provide psychological support to any clients in distress; and provide active referral to care and treatment services.
- Encourage and offer assistance with disclosure of HIV status to partners.
- Encourage partner/family testing.
- HIV-positive clients can be circumcised, but VMMC will not reduce the risk of transmitting HIV to partners. The healing process may be longer for HIV-positive clients, so proper wound care is important.

### **Immediate Postoperative VMMC Counseling (Same Day as VMMC Surgery)**

- Keep your penis bandaged, dry, and pointing upward for 24–48 hours.
- After 24–48 hours, you may see some blood through the dressing, but this is normal.
- If there is bleeding, hold your penis in your hand and apply a clean facecloth with mild pressure for 10–15 minutes.
- Do not apply any home remedies to the wound, such as animal dung or ash, or any substance that is not prescribed by the health care provider. Home remedies will increase the risk of infection, including tetanus infection, which can be deadly.
- Do not pull on or scratch the wound while it is healing.
- Avoid strenuous physical work for the first five days after surgery.
- Follow the instructions on the appointment card indicating where and when your follow-up appointment(s) will occur.
- Attend follow-up appointments, as instructed by the VMMC clinicians.
- Once the bandage has been removed, clean your wound at least twice a day—immediately after showering or bathing—to prevent infection.
- Contact the emergency number and/or visit a local clinic if you experience complications.
- Return to the clinic immediately if you have any of the following symptoms: continued bleeding that does not stop or gets worse; swelling of the penis and/or testes; increased pain, fever, tenderness in the groin; pus from the wound; difficulty passing urine; hardness/stiffness of the lower abdomen; stiffness of the jaw.
- The safest approach for protecting your own health and the health of others is to completely abstain



- from sexual activity for six weeks after VMMC surgery. If you are absolutely unable to abstain, masturbation poses less risk than sexual intercourse, though it may increase the time it takes for the wound to heal. If for any reason you have sex in the next six weeks—which is strongly discouraged for you and your partner, for safety reasons—you must use a condom.
- If you believe healing is complete before the six-week healing period is over, then return to your provider to be assessed for healing status and possible return to sexual activity.
- VMMC offers only 60 percent protection and must be combined with other strategies to prevent HIV transmission.

### **Postoperative VMMC Counseling (on Day 2–7 after VMMC Surgery)**

- VMMC offers only partial protection (60%) and must be combined with other strategies to prevent HIV transmission.
- Risk reduction strategies for staying HIV-negative include correct and consistent condom use, reduction of multiple and concurrent partnerships, and not using alcohol before sex.
- Abstinence from all sexual intercourse and masturbation is highly recommended for six weeks.  
*Note: Identify whether the client has had any difficulties adhering to the prescribed six-week abstinence period, and work with him on plans to address these difficulties.*
- Do not apply any home remedies to the wound, such as animal dung or ash. This will increase risk of infection, including tetanus.
- Contact the emergency number and/or visit a local clinic if you experience complications.
- There are male and female condoms for use once you reengage in sexual activity six weeks after the date of your VMMC surgery.

**Source:** Annex 4: Checklist on VMMC Counseling in *PEPFAR’s Best Practices for Voluntary Medical Male Circumcision Site Operations: A Service Guide for Site Operations, First Edition, 2013.*

## **CASE STUDIES**

[Case Study 4.1. Overcoming Seasonality in Scaling Up VMMC in Iringa, Tanzania](#)

[Case Study 4.2. Call Center Optimizes Uptake of Clinical Services in South Africa](#)

[Case Study 4.3. Integrating VMMC into Local Community Structures, Breaking Cultural Barriers in Malawi](#)

[Case Study 4.4. Partnering with Private Employers on Provision of VMMC Services in Tanzania](#)

[Case Study 4.5. Mwami Mulembe \(Stylish Man\) Campaign in Uganda](#)

## TOOLS, INSTRUMENTS & GUIDANCE DOCUMENTS

1. [Best Practices Guide: VMMC In-Service Communication](#)
2. [Checklist on VMMC Counseling](#)
3. **Checklist on Counseling for VMMC with Device**
4. [VMMC Frequently Asked Questions \(FAQs\)](#)
5. [Communication Strategy for Voluntary Medical Male Circumcision in Kenya](#)
6. [Communication Materials Adaptation Guide](#)
7. [A Guide to Working with the Media to Promote VMMC in Kenya](#)
8. [VMMC Video Discussion Guide](#)
9. [VMMC Demand Creation Toolkit](#)
10. **Sample VMMC Client Intake Registration Form**
11. **Sample VMMC Referral and Follow Up Card**
12. [Phases and Steps for VMMC Demand Creation](#)

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## ABBREVIATIONS

<b>ART</b>	<b>antiretroviral therapy</b>
<b>GIS</b>	<b>geographic information systems</b>
<b>HIV</b>	<b>human immunodeficiency virus</b>
<b>HTC</b>	<b>HIV testing and counseling</b>
<b>MCHIP</b>	<b>Maternal and Child Health Integrated Program</b>
<b>PEPFAR</b>	<b>U.S. President’s Emergency Plan for AIDS Relief</b>
<b>RHSP</b>	<b>Rakai Health Sciences Program</b>
<b>STI</b>	<b>sexually transmitted infection</b>
<b>VMMC</b>	<b>voluntary medical male circumcision</b>

# CASE STUDY 4.1.

## Overcoming Seasonality in Scaling Up VMMC in Iringa, Tanzania

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### PROBLEM

A qualitative study in Tanzania's Iringa region conducted in 2011 by the Maternal and Child Health Integrated Program (MCHIP) found that seasonal considerations were of major importance to a client's decision about voluntary medical male circumcision (VMMC) (Plotkin et al. 2011). Most clients had a strong preference for circumcision in the colder months of June, July, and August. The main reason cited for this preference was the belief that cooler weather promotes wound healing. To meet targets and use resources most efficiently, it became critical to overcome the seasonality barrier and make sites productive year-round.

### IMPROVEMENT APPROACH

MCHIP and the Ministry of Health and Social Welfare developed a new strategy to increase service uptake in the “off season” (i.e., warmer months) through five key components:

1. Focus on taking services to more remote rural sites.
2. Use GIS (geographic information systems) mapping to identify the best sites for outreach campaigns.
3. Collaborate with local school officials in these areas to release students during service delivery periods.
4. Use men circumcised during the “off season” as peer promoters, who share their experiences with uncircumcised peers and testify to their healing process through interpersonal communication and testimonials on local radio.
5. Conduct VMMC outreach campaigns year-round, rather than just during the high season as before.

### RESULTS

In 2010, 88 percent of VMMCs were performed in the three winter months. By 2014, that proportion had spread across other months, and was down to 28 percent during winter months. The data demonstrating a major shift in seasonality are supported by observations of health providers, who noted changes in attitude toward seasonality and circumcision among both clients and providers. Recent qualitative research, conducted in the Njombe and Tabora Regions with males and female partners/mothers, also points to a decrease in seasonality as a salient issue.



## CASE STUDY 4.2.

# Call Center Optimizes Uptake of Clinical Services in South Africa

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CareWorks (a social purpose enterprise that provides HIV treatment and workplace programs in South Africa) established an outbound call center that provides telephone support to optimize uptake of clinical services in South Africa. Proactively contacting men who show an interest in VMMC, and assisting them with booking and follow-up support, ensures an enhanced user experience, resulting in increased uptake and the likelihood that the male client will promote services to his peers.

Because the call center is database-driven and performance is managed by proprietary data systems, CareWorks is able to use the systems and staff to process, track, and monitor campaigns to increase demand for VMMC. Unique “please call me” numbers are assigned to campaigns, allowing monitoring of outcomes.

One recent campaign strengthened by the call center was the peer-to-peer campaign in which recently circumcised men were encouraged to mobilize their peers for VMMC. Messages were sent to males aged 15–49, encouraging them to refer three friends/family members for VMMC to earn 30 rand worth of cellphone airtime. Call center agents contacted respondents to get details on referrals. Airtime was paid for three viable leads (interested males, aged 15–49 and uncircumcised), regardless of whether they became circumcised or not. The call center supported the referred men through the booking process. Using sampled groups within the database, the call center sent messages to 600 circumcised men, of whom 11 percent responded to the message. One hundred seventy-seven referrals were made, resulting in 30 circumcisions (17 percent completion). A further 48 males were booked or ready to book for VMMC, and were supported by the call center through the booking process.

A second campaign used community media to promote VMMC services. A press release promoting VMMC was picked up by local community media houses. The campaign incurred minimal costs to release the story, and received a relatively good response rate. Allocating a unique number on the release meant that the 120 responses could be tracked, attributing 30 circumcisions to the campaign.



## CASE STUDY 4.3.

# Integrating VMMC into Local Community Structures, Breaking Cultural Barriers in Malawi

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### PROBLEM

Under its mandate to provide VMMC services in three PEPFAR-supported districts in Malawi, PSI/Malawi faced many cultural barriers, centered on the fact that targeted communities were already traditionally circumcising.

### IMPROVEMENT APPROACH

To overcome the cultural barriers, PSI/Malawi (Population Services International, a global health services organization) integrated community structures into demand creation activities. At the district level, PSI held entry meetings with district executive committees. At the community level, meetings were conducted with traditional leaders, traditional circumcisers (*Angaliba*), health surveillance assistants, and other stakeholders (e.g., community-based organizations). These people and structures were very important in influencing decisions in the communities. The aim of these meetings was to ensure that districts and communities were well prepared, and that critical community buy-in was in place before service delivery began.

A key approach of PSI/Malawi was to recruit community mobilizers who were local to the target community. People were comfortable directing questions about VMMC to their fellow community members, as was evident in discussions and interpersonal communication activities that generated much interest and many questions. The use of satisfied VMMC clients, who were considered role models for potential clients, also emerged as a best practice. Local mobilizers were a great help in debunking myths about VMMC (e.g., VMMC leads to sterility in men).

### RESULTS

Using this strategy of integrating community structures, PSI/Malawi demonstrated good results. For example, Blantyre District implemented the strategy in January 2015 and subsequently noted that the weekly average number of circumcisions for May–June 2015 (167) was significantly higher than for the same time period in 2014 (112). In Chiradzulu and Mangochi Districts, some traditional circumcisers voluntarily brought clients to VMMC clinics. Most of the clients were those who intended to undergo traditional circumcision.





## CASE STUDY 4.4.

# Partnering with Private Employers on Provision of VMMC Services in Tanzania

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In rural Tanzanian villages where people depend on agriculture for their livelihoods, the cotton ginnery is a respected and rare employment opportunity. IntraHealth International liaised and teamed up with the Alliance Cotton Ginnery in Kasoli village to provide VMMC services among the employees and men in the surrounding community. In collaboration with the District Health Management Team and the ward and village/hamlet leaders, the VMMC team worked closely with the ginnery management and employees to plan for service delivery and resource sharing.

Ginnery authorities took a lead in mobilizing their employees and other locals in the surrounding communities to access VMMC services. The ginnery provided space for setting up and delivering VMMC services within their complex. Employees who received circumcision services were granted 14 days of leave to recover without docking their pay. Of the 1,926 men circumcised and tested for HIV, 30 (about 2%) were adult male ginnery staff, representing nearly 80 percent of the factory's employees.

Through this partnership, the cotton ginnery strengthened its relationship with the surrounding communities and gained goodwill among its employees, and further enhanced its good reputation in the community. The employees benefited from this collaboration by getting free VMMC services while still receiving their daily wages. The implementing partner shared costs for service provision and logistical arrangements for setting up VMMC space and other community mobilization activities.

Keys to successful partnership with the cotton ginnery were carefully identifying opportunities where everyone involved would benefit; carefully planning services; sharing and planning for resource contribution; and involving district and community leaders in the initiative.



## CASE STUDY 4.5.

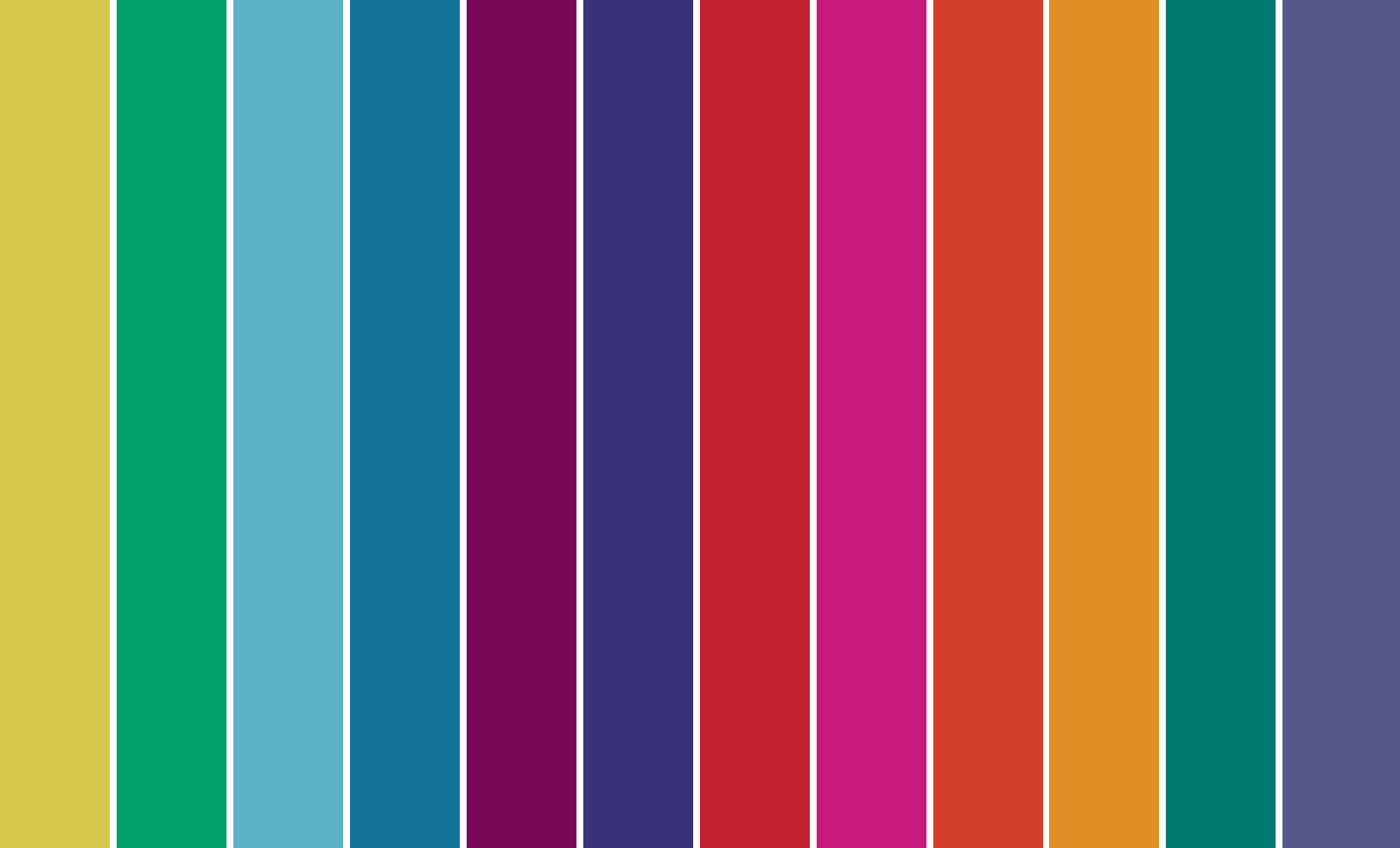
# *Mwami Mulembe (Stylish Man) Campaign in Uganda*

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Mwami Mulembe (Stylish Man) was a coordinated social and behavior change communication campaign that used a combination of mass media and interpersonal communication to increase demand for VMMC services and condom use among men of all ages in Rakai district, Uganda. Clients included high-risk groups such as fishermen and mobile transport workers. The pilot campaign, launched in early 2014, reconceptualized the ideal Ugandan man as a “stylish man”—one who cares about pleasing his partner while simultaneously taking care of his health and personal hygiene.

This one-year pilot campaign used a combination of approaches, including a popular radio program for men broadcast live from a “man van” that toured the 54 communities where the Rakai Health Sciences Program (RHSP) conducts its surveys. In each community Stylish Man committees organized local competitions during which men were referred for HIV testing services, VMMC, and antiretroviral therapy services offered through local health facilities and mobile clinics organized by RHSP. Men who used services received vouchers allowing them to enter the Stylish Man contest that took place live during the man van visits. The man van program included music, games, and stories from “stylish men” and their partners/wives; and encouraged men to use mobile services provided free of charge at the man van site. The grand finale of each man van visit was the Stylish Man contest, during which four or five men who had received vouchers for using Stylish Man services were invited to take part in a quiz on stage. The winner in each community was crowned “Stylish Man.” This portion of the program was recorded and broadcast during each Stylish Man weekly radio program. Stylish Man winners were interviewed, often together with their wives/partners, and featured during radio spots and videos played during future Stylish Man shows, on radio, and in video clubs in Rakai.

The campaign ran from June 2013 until February 2014. According to annual results of the Rakai Community Cohort Study from 2005 through 2014, VMMC uptake increased by 12 percent between 2013 and 2014—three times the average annual increase (4% per year) over the previous seven years (Gray et al. 2007).



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