PROMISING PRACTICE Uganda: Rakai "*Stylish Man*" Campaign – combining traditional and new approaches to demand creation for Safe Male Circumcision (SMC)

(Note: The *Stylish Man* Campaign was implemented in July 2013 – results pending)

INTRODUCTION

Introduction

Rakai Health Sciences Program (RHSP) has been providing safe male circumcision (SMC) in Rakai district, Uganda, since 2003. As part of one of the three large trials demonstrating the impact of SMC on HIV infection amongst men, Rakai was the first district to roll out SMC for HIV prevention. Supported since 2007 by PEPFAR with training, supplies and infrastructure improvement, RHSP provides free SMC services for men 12 years of age and older in Rakai, adjacent districts, and 54 Rakai Community Cohort Study (RCCS) communities. RHSP has conducted intensive community sensitization and by 2011 had circumcised approximately 30,000 men. Because SMC has been provided for so long in the RCCS communities, awareness of SMC and knowledge about how it reduces HIV risk is relatively widespread. It was expected that by 2012 70% of men 15-49 years would have been safely circumcised, however, in 2012 only 32% of non-Muslim men in the RCCS had been circumcised. The figure was slightly higher among those with 3 or more non-marital sexual partners in the previous year (37%). Most current walk-in clients are under 19 years of age and at low risk of HIV. These rates have become fairly stable, suggesting a *demand plateau*.

Qualitative research by RHSP to determine the reasons for this demand plateau, particularly among older men at increased risk of HIV, revealed that men who get circumcised rarely talk about it with their friends, and misconceptions abound. Many men think that the healing period lasts six months, rather than six weeks. Men fear prolonged pain, infertility, and decreased sexual satisfaction. Men also report being bored by group sensitization sessions to discuss SMC and HIV prevention, and turned off by media messages promoting SMC alone for HIV prevention. In addition, the focus on HIV prevention has resulted in many women continuing to disapprove of SMC due to its association with their boyfriends or husbands having multiple partners.

The *Stylish Man* Campaign was developed in response to these findings. The campaign will run for 9-months in the first instance, from July 2013. The campaign is aimed at motivating men in Rakai to take a more active role in HIV prevention and treatment, which includes HIV voluntary counselling and testing (HCT), SMC, condom use, prevention of mother-to-child transmission of HIV (PMTCT), and HIV care and treatment. Based on research, the campaign is using a de-medicalized approach that repackages these practices, products, and services for

the *modern, stylish, Ugandan man.* The campaign aims to make learning fun and increase comfort with accessing HIV services.

Target groups

Original target group:

1. HIV negative boys and men 12 years old and above
2. Women – as mothers, wives and opinion leaders – as motivators (health benefits for self as well as for husband)

Stylish Man target groups:

3. Older men 25-45 years of age who do not know their HIV status and have not been circumcised
4. Older men 25-45 years of age and are HIV-positive and do not access HIV services.

Scale and scope

- Rakai District
- Surrounding communities that are part of the Rakai Community Cohort Study (RCCS)

Organizations involved

Lead

- Rakai Health Sciences Programme (RHSP)

Funding

- USAID

Other partners

- Johns Hopkins University Center for Communication Programs
- Scanner Ltd (who have helped design the *Stylish Man* campaign)

Who is carrying out demand generation activities?

- RHSP mobilizers, local community opinion leaders, influencers, members of the Community Advisory Board and identified community contacts for the project. These

include local political leaders, religious leaders, health workers and voluntary health teams.

Management of demand creation

- RHSP has a specific community mobilization team that overseas all demand creation activities. They work with other RHSP teams and community mobilizers (see above).

VMMC ACTIVITIES

SMC activities

RHSP's SMC services are integrated into wider HIV prevention, treatment and care services. These integrated services support men and women around HIV counselling and testing, HIV treatment and care, prevention of mother-to-child transmission and wider health services such as antenatal care (ANC) appointments for pregnant women and general health check-ups such as blood pressure.

In order to promote SMC and provide an SMC service RSHP is undertaking the following activities:

- Research – qualitative and quantitative research on HIV and SMC.
- SMC mobile camps – run once per month and included health education for women as well, registration, HIV testing, SMC and recovery period (1-2 hours after surgery).

SMC Camp in Masaka, Uganda

Health Education session before HIV counselling, testing and registration

- SMC Outreach, offering on-demand SMC services based on community need.
- Static clinics offering SMC services as well as other HIV services – continuous.
- Surgery follow up:
    - Hotline that clients can call if they are concerned about wound healing or any other problems. If they cannot afford to call they can let the phone ring once or twice and hang up, and RHSP will call back.
    - Follow up check-ins (call or in-person) by RHSP team or community contact personal.
- Demand creation for SMC is ongoing with particular activities run one to two weeks before specific services such as SMC camps.

APPROACH TO DEMAND CREATION

Approach to Demand Creation

The new approach to Demand Creation: *Stylish Man*

The new approach is based around enabling men to achieve what they want – to be considered 'stylish' – through health seeking behaviour.

Key message

A *Stylish Man* may be HIV-positive or negative. Being stylish depends on how he conducts his life. If he knows what he stands for, provides for his family, and looks after his health and the health of his family, he is a *Stylish Man*. If he is circumcised safely, he is a strong, modern, *Stylish Man*.

Type of intervention

Community sensitisation, community mobilization, interpersonal communication (IPC) and mass media with an entertainment-education approach to promote integrated HIV services with a focus on men but for women as well.

Rationale

The demand creation strategy addresses all sectors of society that influence individual decision making around SMC. Whilst boys/men over 12 years old are being targeted directly to take up SMC, key influencers at family, peer, community and district level are also targeted through IPC, groups events and mass media to support boys/men 12 years and older to get circumcised safely.

The development of the *Stylish Man* campaign was based on the realisation that there was a need to target older men specifically. Research identified the need to de-medicalize SMC, engage women more effectively, and integrate SMC into a more family-focussed health strategy.

Both the traditional (original) and new *Stylish Man* approach use multiple drivers of behaviour change to support the uptake of SMC. Key to the *Stylish Man* campaign are changing social/cultural norms around SMC and male health seeking behaviour, using role models and increasing self-efficacy. Health information around HIV, SMC, Prevention of Mother to Child Transmission (PMTCT) and HIV care and treatment will be discussed as lifestyle issues rather than in the context of health education.

EVIDENCE BASE

Evidence Base

Both the traditional and new approaches to demand creation are based on quantitative and qualitative research. Quantitative research – the annual Rakai Community Cohort Study – helped to identify who has and has not been circumcised. Dedicated qualitative research

teams helped to identify the reasons why men have or have not been circumcised safely and informed the development of the format and content of the *Stylish Man* campaign.

DEMAND CREATION ACTIVITIES

Demand Creation Activities

RHSP's initial ('traditional') approach to demand creation, and the associated quantitative and qualitative research, are an essential part of demand creation overall and of developing newer, more modern approaches. The following section identifies the different demand creation activities implemented under each approach. Whilst the traditional approach has been running in some form since 2007, the new *Stylish Man* campaign started in July 2013 but the following demand creation activities will run for the duration of the campaign.

Traditional approach

1. Research (ongoing)
    a. *Quantitative*: annual RHSP survey monitoring HIV prevalence, incidence and related behaviours. Questions specifically on SMC since 2003. Researchers will identify any men interested in SMC and pass their contact details onto the Outreach team.
    b. *Qualitative*: In-depth Interviews (IDIs), Focus Group Discussions (FGDs) and more informal conversations carried out by a dedicated SMC research team to identify: attitudes towards SMC, health seeking behaviour, HIV and related issues; (health) priorities for men, women and their families; status indicators and desirability; convenience of times and place for undertaking SMC demand creation activities and SMC services; barriers, motivators, misconceptions and ideas about SMC – the process and service; individual and community influencers and opinion leaders.
    c. RHSP is also carrying out a new study on "the problem with men". This study is trying to understand poorer health seeking behaviours amongst men, including undertaking SMC (data collection happening now).

2. Community entry (takes 1 day)
    a. In order to build support and increase the chances of success of any SMC-related activities, RHSP identify and meet with key local political and health

office representatives. These meetings help to gain endorsement of SMC activities as well as identifying the key people on the ground (gatekeepers) that RHSP need to work with in order to ensure community support and success of any activities.

3. Community mapping: identifying key influencers of SMC behaviour (takes 1 day)
    a. Working with the key political and health offices, communities are divided into groups based on e.g. religion, social influence, and type of business. The RHSP team will then speak to these groups, as well as individuals, households, through informal conversations to find out who and what influences behaviours, particularly health, health seeking and SMC behaviour.
    b. The people identified as having influence (gatekeepers) over these groups are then identified.
    c. Conversations that happen as part of community mapping will also include some health education elements in order to see how people who might be gatekeepers and therefore community mobilisers respond to different health topics.

4. Community sensitisation: Community Advisory Board and Gatekeepers (takes 1 day)
    a. From the influential people identified in the community mapping, a more formal Community Advisory Board (CAB) is set up with local community leaders (traditional and political), religious leaders and health officers to inform and direct SMC-related activities.
    b. In addition, Gatekeepers (influential individuals who are not part of the CAB) are contacted and invited to a sensitisation meeting with the CAB.
    c. Sensitisation meetings with the CAB and Gatekeepers are run by RHSP and will include health experts as well as team coordinators. The meetings have three purposes:
        i. Identify further key local influencers of SMC, including women and Village Health Teams (made up of volunteers) to engage in demand creation for SMC.
        ii. Provide information on SMC, HIV and related issues to understand local issues around SMC and garner support for SMC.
        iii. Develop a community profile for demand creation and service delivery.

These meetings are vital to the success of any health programmes as they help to break the ground in the community, mitigate for any challenges that may be encountered, and give people an opportunity to respond to queries, misconceptions and issues that may arise. The sensitisation meetings also help to build CAB and Gatekeepers into “agents of change” to support the uptake of SMC in the community.

The local influencers identified during these meetings will also be invited to further sensitisation meetings and some may become community mobilisers and/or community volunteers. Once community mobilisation starts, these volunteers will register people who are interested in SMC and may carry out follow up to see if people need additional medical support. Registration includes contact details, which are then passed on to the relevant RHSP team with the number and contact details of boys/men interested in SMC. The RHSP team will then assess whether or not smaller SMC outreach or larger camps should be held in that community, or if individuals should be taken to static clinics.

5. Community mobilisation (1-2 weeks)
   Community mobilisation encompasses a range of demand creation activities. It starts 1-2 weeks before an SMC camp or before the start of SMC services at static clinics, and continues throughout the provision of SMC. Larger activities take at place where large groups of people congregate, such as markets, garages, schools and vocational colleges. Education and awareness activities may also take place at clinics, particularly where other HIV prevention and testing services take place. The more traditional approach focusses on a range of meetings, films, discussions and interpersonal communication activities as well as mass media outputs:
   a. *Village meetings:* These are mostly run at existing meeting places in the evenings to capture people after work. Participants are usually older men and women in the community and tend to attract groups of around 60-70 people. During the meetings people discuss and are able to question SMC: the process, service, why it's being done, the advantages and benefits, as well as related health issues.
   b. *Film shows*: Films (usually around 15 minutes long) use comedy and drama to address key health issues with some specifically focused on SMC. These films are followed by discussions about SMC, related issues and help to dispel misconceptions. For many communities, these are the only films they have an opportunity to watch and attract people of all ages with up to 400 people watching at one time. During discussions, facilitators will promote upcoming SMC service availability.
   c. *Drama (theatre):* RHSP does not write scripts or employ drama groups directly. Rather, RHSP trains local drama groups in educational approaches and specific health issues, helping to balance education with entertainment. RHSP will then help the groups to come up with scripts that address SMC specifically.
   d. *Interpersonal Communication (IPC):* IPC is ongoing and carried out informally by RHSP teams, community mobilisers, gatekeepers and CAB members. As they move around the community, these teams will strike up conversations with

groups and individuals to discuss SMC, dispel misconceptions and raise awareness about service availability. Community mobilisers and volunteers will also register interest in SMC, refer people to RHSP services and may be used to do follow up check-ins with men who have been circumcised to see if they need additional medical support.

e. "*Mobile mobilisation*": this is carried out as the last activity before a service starts and while it is running. Megaphones or loudspeakers are given to community mobilisers and carried on cars, vans or the film van to notify people of available SMC services and give brief messages about SMC and HIV. The mobilisers or vehicles pass groups of people, they will stop to chat about and promote SMC. The vans or cars allow a large area to be covered in a short amount of time.
    i. Can cover a very big area in a very short time.
f. *Mass media*: radio discussion programmes and Public Service Announcements (PSAs, "spots" or adverts) on community radio discuss SMC, HIV and related issues and promote service availability. In the 1-2 weeks before and during SMC services start there may be 2 discussion programmes and PSAs will be played up to 5 times per day.
g. *Technology:* mobile phones are being used to contact both community mobilisers and potential SMC clients.
    i. *Community mobilisers* – contact between RHSP and mobilisers to stay up-to-date with services, demand for services, service availability, data collection and feedback from the community about SMC.
    ii. *SMC clients* – once someone has been referred to RHSP for SMC, if they do not show up to the first available services the RHSP team will send an SMS to the potential client about the next services. If they do not turn up a second time (either because they are not able to, have chosen not to or were unable to read the SMS) the RHSP team will follow up with a call. Mobilisers and/or the RHSP team may also stay in touch with SMC clients by SMS or phone after surgery has taken place.
    iii. *Hotline* – in the case of any complications or concerns after surgery, each client will be given a telephone number on which the RHSP team can be contacted with queries or for follow up.
h. *Communication materials and tools for demand creation*: in addition to the above activities brochures, leaflets and posters will be distributed by community mobilisers and the RHSP team to promote SMC and related services. Printed materials are colourful, clear and have little text so they can be understood by people regardless of their literacy levels.

<u>New *Stylish Man* Approach</u>

1. Research (ongoing)
    a. *Quantitative*: annual RHSP survey monitoring HIV prevalence, incidence and related behaviours (see the traditional approach).
    b. *Qualitative*: dedicated SMC research teams highlighted issues that highlighted the needs a new approach to demand creation would need to take. The new study, "the problem with men" is helping to further explore issues around why SMC is not being taken up by older men (35 years and above) and the ways in which uptake might be improved.

2. Campaign development
    a. Using research evidence and working with JHUCCP, Scanner Ltd and Ipsos Synervate, the *Stylish Man* concept, brand, logo, materials and activities were developed.
    b. The design concept was pre-tested prior to campaign finalisation along with pre-testing posters, campaign colours, logo etc.

3. Community entry
    a. Key activities already undertaken through the traditional approach.
    b. Additional conversations held with key local political and health office representatives to gain endorsement of the new campaign.
    c. Village organising committees (VOC) are set up comprising of representatives from the CAB members, and community mobilisers or gatekeepers such as religious leaders and traditional leaders to help organise the campaign and *Stylish Man* events in their community.

4. Community sensitisation
    a. The VOC and RHSP team organise the community sensitisation and mobilisation activities – logistics for the *Stylish Man* events.
    b. The VOC will select *Stylish Man* judges – men of high integrity and highly respected that people look up to – to act as judges for the games and final *Mr Stylo* competition.

5. Community mobilisation (2 weeks)
    a. *"Stylish Man Van" (1 week):* The *Stylish Man Van* – an attractively branded van with the campaign logo and a bright colour scheme – is outfitted with a stage and good quality sound system. The RHSP *Stylish Man* team travel with the *Stylish Man Van* to 3-5 villages the week before the *Stylish Man Week.* The van

plays music and shows films and football matches interspersed with television spots promoting the "Stylish Man" in Rakai, couple HCT, PMTCT, condom use, and SMC, and provide a taster of the upcoming events to be held during the *Stylish Man Week*.

b. *"Stylish Man" Weeks (1 week):* to be activated in 24 communities for one week each with an end of week extravaganza over one year (ending by July 2014).

These weeks are a combination of community mobilisation and health education activities, and HIV service provision. During the *Stylish Man Week*, the *Stylish Man Van* returns to communities to provide a central point of attraction for the events. Film shows, dramas, competitions such as wrestling, board games, tug of war, football matches, fishing/boating contests, three-legged races for couples, bike races, matoke (plantain) peeling races, karaoke and miming will be held. T-shirts and other memorabilia will be given away as prizes. MCs will provide the overall voice and facilitation of the *Stylish Man Van* and week and will be well versed in the *Stylish Man* messages.

Concurrent with *Stylish Man Week*, RHSP will set up women's services (HCT, family planning, STI testing and treatment, ANC etc.) and men's services (HCT, SMC, STI testing and treatment, blood pressure checks, etc.). But the only way to take part in these games is to have accessed *Stylish Man* HIV services, such as voluntary counselling and testing (HCT), SMC, appointments about PMTCT, or had referrals to other HIV services.

For each of the *Stylish Man* approved HIV service appointments, clients will be given a coupon. The coupon enables participating in the *Stylish Man* activities and also carries points. The number of points corresponds to the service accessed e.g. having SMC will give more points than HCT. Points can then be added to by taking part in the different competitions. At the end of the week the person with the highest points will win a prize.

In addition, anyone accessing services at the *Stylish Man Van* will also receive "red carpet" HIV services (HCT, SMC, care and treatment) for men at the local health facility, where they (and their wives, if they accompany their wives to a health facility) are permitted to go to the front of the queue and become eligible to participate in community competitions to win prizes such as t-shirts, caps, and certificates, and a chance to participate in the *Stylish Man Contest* when the *Stylish Man Van* arrives.

Stylish Man Extravaganza – celebrating the end of Stylish Man Week: at the end of the week, the points will be counted up and grand prizes will be awarded, such as a bicycle, or in fishing communities a fishing net. In addition, during the week the community can nominate men from their village to be entered for the *Mr Stylo* competition, which will be judged on the final day. *Mr Stylo* should encapsulate the *Stylish Man* concept. He will have had SMC, HCT, be known in community known to escort his wife to ANC and other health services, and cares about health of himself and his family. The final day will end with prize giving, and final music, dancing and celebrations around SMC.

c. *Interpersonal communication (IPC):* as with the traditional method, IPC is ongoing throughout the week before and week of the *Stylish Man Week*. The RHSP team, health workers and community mobilisers will talk with individuals and communities about SMC and SMC service availability.

d. *Mass media*
    i. *Radio:* RHSP has worked with local broadcasters to design a programme to fit the campaign. During *Stylish Man Weeks* all events will be recorded by the radio station. Events, music, interviews and testimonies with men and women (how they can be *Stylish Women*, supporting their husbands in getting SMC) will be recorded. This will then be condensed into a one hour programme that can be aired out at an appropriate day and hour to ensure as wide a listenership as possible. The date and time of broadcast will be promoted during the *Stylish Man Week* so that people who have been interviewed can hear themselves on the radio. The opportunity to be interviewed will also help encourage further participation in the *Stylish Man* campaign. Radio spots will help promote the *Stylish Man* campaign and the weekly programmes.
    ii. *Music:* RHSP has recorded a song in English and Luganda about SMC to explain the service and SMC. This is available on YouTube and will be played through the *Stylish Man Van* and on the radio. http://www.youtube.com/watch?v=0rtEdNl322Q

e. *Technology*: the van – or truck – was specially designed and built for the *Stylish Man* campaign. It contains a stage, music system and loud speakers. In addition, mobile phones will continue to be used for follow up after the *Stylish Man Week* to assess further demand for SMC and to check in with men who have gone through SMC.

f. *Communication materials and tools for demand creation:* The campaign will have its own theme song, brand, posters, billboards, and local-language radio and TV spots. Messaging will focus on attributes of a "*Stylish Man*" not just in terms of HIV prevention, but in terms of his values, principles, and relationships with his community, friends, and family. TV spots will be broadcast during football matches broadcasts in *bibanda* (video clubs).

   In addition, merchandise popular with men, such as football jerseys, caps, torches, condoms to promote the *Stylish Man* brand will be on sale next to the van.

EVALUATION OF DEMAND CREATION

Evaluation of demand creation

The Rakai Health Sciences Programme (RHSP) has a well reputed, long-standing research base. Pre-testing of campaigns and activities, and quantitative and qualitative monitoring & evaluation activities are carried out regularly.

1. Pre-testing of the *Stylish Man* concept, brand and campaign activities was carried out prior to implementation.
2. *Rakai Community Cohort Study (RCCS) (currently up to Round 16):* The RCCS is an annual quantitative study that includes 54 communities in and surrounding Rakai district (approximately 15,000 people). This is carried out as a randomised control trial with control communities not directly receiving SMC demand creation activities.
    a. The RCCS will go to communities 3 months after *Stylish Man* activities to assess the campaigns effectiveness and impact.
    b. There will be some contamination, and geographical location will be considered when pairing the clusters, but this is accepted and if control communities have heard a lot about the *Stylish Man* campaign and are taking up SMC this may be taken as a sign of campaign success.
3. Monitoring and evaluation of *Stylish Man* radio broadcasts will be carried out by Ipsos Synervate – the independent media monitoring organisation who will assess broadcast frequency and audience numbers, and media exposure.
4. Qualitative research on SMC and the Stylish Man campaign will assess changes in attitudes, beliefs and practises around the campaign, SMC, HIV and wider health seeking behaviour.
5. Additional sources to assess the campaign will come from:
    - Statistics from RHSP health facilities (monthly or quarterly)

- Reports from "*Stylish Man*" weeks and "*Man Van*" visits for numbers of men and women exposed (quarterly)
- Media monitoring reports for number of TV and radio spots broadcast (quarterly)

Continuous utilisation of monitoring data and qualitative research will be used to improve the campaign as the year progresses.

LEARNING AND SCALE UP

Successes / Challenges

Successes

The use of good quality quantitative and qualitative research means that activities are appropriate, relevant and properly targeted.

The traditional approach is essential as a building block before the new approach. It builds the contacts, relationships and trust needed to support community openness to new ideas, new activities and maintain sustainability.

Combining different communication channels at the individual, community and mass media level help to maintain a freshness around outputs, and engage as wide an audience as possible.

Building well-trained health teams with proper referral and follow up helps to ensure the continuation of health service and SMC uptake. It also encourages people to become community mobilisers if they are happy with the service.

RHSP has a good reputation which helps in building community and individual trust in RHSP activities. This is maintained by providing quality activities and services.

Word of mouth has been a very important part of SMC uptake. The importance of peer / colleague approval can be seen at SMC camps were groups of friends or from work places attend the camps together.

SMC is one off and quick and so in many ways easier than other prevention methods. Camps allow a lot of men to be circumcised in a short space of time and are located in convenient places so that people to do have to travel far to access the services.

Targeting women: as wives and mothers of boys they need to be involved in any campaign activities as they are key influencers or uptake.

Including HIV positive men. HIV positive men can still undergo SMC, take part in the *Stylish Man Weeks* and through the *Stylish Man* campaign will be linked up with HIV treatment and care services. Health benefits in terms of reduction of risks of STIs and penile cancers so they are a secondary target for the campaign. Also, helps to reduce stigma towards some people being identified as being HIV positive if they are not immediately circumcised.

Challenges & their mitigations

The following are examples of some of the key challenges faced by the RHSP team and how they have tried to mitigate them.

Expectations from community volunteers to be paid as the communities RHSP are working in are poor and need an income. To mitigate:

- The RHSP team have detailed discussions with individuals around the role of a volunteer, benefits of volunteering and benefits of SMC.

Message fatigue. Uganda, and Rakai in particular, have been publically addressing HIV for over 20 years. During that time people have heard a lot of different and conflicting messages and may ignore new campaigns. To mitigate:

- Use research evidence to understand how SMC and related issues have been addressed before and what might work now and in the future.
- Use multiple communication channels, formats and activities to properly target different people and groups in new, interesting and exciting ways.

Mass media still has a limited reach as not everyone has access to radio or other forms of mass media and literacy levels are often low. To mitigate:

- Combine mass media with community level activities to help engage as many people as possible.
- Ensure printed material is not text-heavy and that language for audio and written information uses language that is appropriate and easily understood by the audience.
- Pre-test different communication materials and formats to ensure they are appropriate and clearly understood.

Ongoing misconceptions about SMC can be reinforced by people who are openly against SMC. For example, amongst communities of fishermen they tend to work at night, rest in the day so miss a lot of the mobilisation and health education activities and continue to believe that if they get circumcised, they might get problems with the wound from the water. In addition,

amongst women a boyfriend or husband wanting to be circumcised may be seen as a sign that he has or wants to have additional sexual partners. This is compounded by beliefs that the first sexual encounter after surgery should be with a woman who is not your wife or regular partner to cleanse. Another myth has been that the foreskins that are removed during SMC are sold and used to make the skins of drums and other products. In addition, the 6 week wound healing period is often mistaken for 6 months, men think there will be a lot of pain during and after surgery; men and women think it could affect a man's fertility and that it will reduce a man's ability to have sex and enjoyment of sex. It has also been said that some older men are ashamed to be sharing services with much younger men or boys. To mitigate:

- Explain what happens during the process of SMC and after, including wound healing, follow up and what happens to foreskins after surgery.
- Ensure clear, standardised information and messaging across all communication activities and outputs.
- Provide detailed health education sessions that go beyond SMC to related issues to build wider health understanding for both men and women. Provide significant time for people to question health experts.

Low uptake amongst older men. To mitigate:

- Research to understand why and who should be targeted.
- Campaigns that focus on the wider benefits of SMC for men and women beyond HIV prevention to disassociate it with fidelity.

Scale up opportunities

Scale up has occurred, from the traditional approach to the *Stylish Man* campaign. Scale up of the *Stylish Man* campaign will depend on its success over the next year but would consider scale up beyond Rakai District.