Mass media communication, advocacy, tribal leaders, community mobilization, and IPC.

PROMISING PRACTICE Zambia: National MC Month Campaigns and Zambia VMMC Technical Working Group

INTRODUCTION

Key Promising Practices:

- Co-ordinated national, multi-partner activity to produce a "big hit" three times a year
- Successful co-ordination, collaboration and efficiencies of scale achieved by Zambia's VMMC Technical Working Group
- Visible and active buy-in from Zambian Government gives the campaigns credibility and momentum
- Innovative use of traditional and political leaders as advocates and "champions".
- Multi-layered approach, engaging health managers and their staff at province and district level
- Recognition of seasonal and cultural factors when planning campaigns

Introduction:

VMMC was formally taken on by the Zambian Government as a key component of their HIV prevention strategy in 2009, previous to this implementers such as SFH (PSI) and Jhpiego had been "on the ground" delivering VMMC programs and working on their own demand creation since 2007.

In 2012 the Ministry of Health published its National Voluntary Medical Male Circumcision (VMMC) Communication and Advocacy Strategy, which sets out the government'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 by 2015.

The strategy sites the need 'to improve the alignment of demand generation to service delivery, to increase the efficiency and impact of the national programme'.

It also states how important engaging community and peer opinion leaders at all levels is in order to mobilise the public and ensure acceptance by all stakeholders.

Dr Kaonga with the VMMC Technical Working Group's M&E Sub-committee

The VMMC Technical Working Group took on this challenge, and following the National C&A Strategy closely have created a nationwide campaign which seeks to mobilise the public through a "blitz" of multi-platform information over a short space of time, three times a year - with a particular focus on engaging community and peer opinion leaders via a variety of national and local demand creation activities.

The idea for the MC Month was brought to the VMMC Technical Working Group (TWG) by members of the Jhpiego team, who had been planning their own "mini campaign" for August and invited other implementers to join in. Dr Daniel Makawa, (the then government VMMC coordinator) took the idea on and the TWG planned a national campaign.

The first MC month was held in August 2012, which was the most successful to date in terms of numbers through the clinic doors (approximately 42,000 procedures).

During this campaign, the implementers launched a variety of national and more local events / campaigns. On a national level, several TV programs, radio features and PSAs.

During the December 2012 MC Month, PSA's were also aired at the Afcon football matches.

The second August campaign is currently underway - and a detailed analysis of its successes and challenges is planned.

Target Groups

The first MC months did not target a particular audience by age or sex, however briefs have recently been developed for the target audience for adverts airing during MC Month August 2013:

- Primary audiences:
    - Uncircumcised, HIV negative men in the overall target group 15-49 years are the as outlined in the Zambian National Communications and Advocacy Strategy 2012-15
    - Men at the older end of this age group (25+) were specifically targeted by some of the localized Jhpiego and SFH activities.
- Secondary audiences:
    - Parents and guardians
    - Partners of men

Scale and scope

As a national event, all efforts were made to reach the Zambian population at large and all provincial government staff. For example, the letters and instructions to take part were sent to all 12 provinces, which encompasses in total 472 health facilities.

ZNBC unfortunately don't have audience reach figures for the TV and radio output. However, as an indication of potential reach, an Audience Scapes National Survey of Zambia from April 2010, suggests that 79% of Zambians living in urban areas have access to television at home, but for the rural population, this is far lower at 26%.

The plan for MC Month August 2013 is to broaden and intensify the media coverage and national awareness levels. The TWG organized a "Ministerial Launch", whereby the Health Minister held a media briefing to engage the local and national press with the campaign, on how they can convey correct information to the public. The TWG also held a launch with the Ministry of Chiefs and Traditional Affairs, funded by PEPFAR, with the goal of scaling up the role of chiefs.

The Ministerial Launch, August 2013

The implementers are also scaling up their work with partner radio stations. Nine provinces out of ten have been contracted by CSH to begin broadcasting VMMC messages in the lead up to August. These will be combined with pre-recorded call in shows and repeated at intervals during the campaign.

Organisations involved

Lead

- The 'MC Month' is steered by the Zambia VMMC Technical Working Group (comprised of all MC stakeholders in Zambia – the government, funders and implementers) and its communications sub-committee, whose role it is to co-ordinate demand creation activities among implementers. The member implementers then operate within their specific remits and specialisms to make this a multi-layered event. The TWG is led by the government's VMMC Co-ordinator Dr Albert Kaonga (see Lusaka case study).

Funding

- Multiple USG funders (PEPFAR/USAID/CDC), Bill & Melinda Gates Foundation and the Zambian Government (Ministry of Health and Ministry of Community Development Mother and Child Health)

Other partners

- All main implementers / members of the TWG (incl. CIDRZ, CSH, Jhpiego, SFH (PSI) ZPCTII, CHAZ and CHAI). N.B CHAI have received some funding from BMGF to help co-ordinate VMMC in Zambia.

- SFH and CSH are the communications leads as part of the TWG's Communications sub-committee. SFH was given the remit to co -ordinate all mass media – i.e. produce the MC advocate clips, fund and organize 'Health Matters' slots on ZNBC, create campaign materials, creative briefs and publicize the 990 help line.

Who is carrying out demand generation activities?

As a multi-activity event, there are numerous front-line actors, including:

- District health offices and health workers who provide counselling and respond to government instructions to spread the word locally and publicise within their health centre.
- Jhpiego's community mobilisers
- SFH's (PSI) Health Promoter's and also their media / marketing team who create and distribute campaign materials
- Selected advocates taking part in media broadcasts, MC Month events and interpersonal communications.

APPROACH TO DEMAND CREATION

The approach to Demand Creation:

Key message(s)

- TV and radio broadcasts have centered on this being a government led campaign (i.e. it has government backing and therefore is an important, credible message) and the range of health benefits of VMMC - i.e. hygiene and some protection against transmission of other infections, as well as HIV).
- Outreach activities engage in a deeper dialogue, with community mobilizers addressing individual's questions and concerns about VMMC, and providing practical information including what the procedure involves and the nearest facility options.

Type of intervention

The "MC Month" is a multi-organisational, multi-project event, creating a nation-wide campaign three times a year - April, August and December. These months have been chosen due to their seasonal advantages – they holiday months and August is "cooler". The TWG felt that this was a time of the year when taking time off work or study would be easier, and men would feel more comfortable having the operation, as there is some perception that healing is more difficult during hotter months.

Approach: To create a "short burst" of high intensity demand creation and VMMC provision across the country, streamlined so that there is a 'buzz' that this is an important, national event.

Core activities include:

- Increasing supply capacity during the targeted months
- Mobilizing and securing buy-in from government health facilities in all regions, at provincial and local level
- National and local media activities
- Intensive community mobilization drives
- Use of mobile teams to reach rural areas

Rationale

The National Communication and Advocacy Strategy cites several behaviour change objectives, including increasing the percentage of men actively seeking VMMC, the reduction of risky sexual behaviour, and in the case of men who have had the procedure, to abstain from sexual activity during the six week healing period.

The rationale cited by several of the TWG implementers is to create an overall awareness of MC month through national media coverage, combined with local outreach activities to engage in specific dialogue with men, to encourage them to take the next steps and answer any questions they may have. This would include overcoming cultural norms against VMMC and male health-seeking behaviors, as well as creating a norm around being circumcised as something Zambian men 'do'.

DEMAND CREATION ACTIVITIES

Demand Creation Activities

1. Government buy-in and co-ordination

Making it official: mobilizing local medical teams and coordinating with MoH sites

- For the August 2012 campaign, The Minister of Health appeared on national television to launch the campaign, which implementers saw as crucial for giving the initiative its national credibility and importance.
- The Minister of Health declared on TV that this was Zambia's VMMC Month and the Permanent Secretary wrote to all hospitals and district and provincial offices, asking them to release required staff and to coordinate with the local implementing partners. As a result, when implementers went to provincial areas, they already had the required support staff and co-operation from MoH facilities. Involvement of

district management teams also insured that people were made available to participate on radio talks.

- This type of approach involved considerable planning and collaboration within the TWG, who formulated a comprehensive plan of all the proposed demand generation activities, with nominated persons from the TWG taking on different responsibilities to bring the event together. As well as writing to health facilities, the TWG sent letters to church organisations, MPs and ran a media briefing, ensuring all wider stake-holders were in the loop.
- Closer involvement of the government, to give VMMC a sense of "ownership" by the Zambian people has been strongly encouraged by implementers, who believe that for campaigns of this scale to work, the government needs to take the lead, be seen to be taking ownership of the project and strengthen co-ordination and support at provincial level.

2. Mass media and Advocacy

Television and radio output: Tribal and political leaders as advocates and role models

Television output:

- During the campaign, a daily VMMC advert was aired on primetime national TV (ZNBC), after the 1900 news, which is the most popular news slot. These adverts included short messages from credible "champions" of VMMC, such as tribal leaders, politicians and well known celebrities, as well as a satisfied customer who had undergone VMMC.
- All the TV ads adhered to a similar format, which had been informed by the creative brief and included the green and black VMMC logo, and reference to the free-phone 990 information hotline
- In particular, the message broadcast by Chief Mumena, of the Kaonde tribe from Northwestern Province, has been hailed as creating a very positive impact and giving the campaign credibility. In the message, he announces that the Zambian Ministry of Health has declared August 2012 as the "National MC month". He talks of the health benefits and encourages men to find out more, call the 990 free-phone number, and go for male circumcision. See Traditional Leaders below for more details of the TWG's work with Chiefs as advocates.

- SFH also worked with the ZNBC Health Matters program (which airs after the news at 19.50 pm on Mondays, Wednesdays and Fridays) to focus discussions on VMMC during the campaign month, and as a result they produced several panel discussions about VMMC and a film about a parliamentarian deciding to go for the procedure.
- Live, hour long discussion panels were also aired on ZNBC primetime, with representatives from the MoH and partners (including the Surgical Society of Zambia, Jhpiego and SFH) taking questions from people calling in. The program was then repeated on ZNBC during the week.

Radio Output:

- For the radio output, a a call-in show guide was produced in English, including guidelines for participants, so that local health staff could select panellists and schedule one hour call in shows which would be tailored to local language .
- The guide included background facts on VMMC for the presenters and producers, information on VMMC scale up in Zambia, and contact details for the National MC Co-ordinator, for any further information.
- The TWG also approached several stations in Lusaka to see if regular programs such as "Mansi Therapy" on Radio Phoenix could be dedicated to VMMC during the campaign.

3. Social mobilisation:

Localized outreach activities: the personalized approach

On a local level implementers organized a range of provincial demand creation activities to compliment the national outputs. These included: Jhpiego organised door knocks and Q&A activities in key provincial areas where they provide VMMC facilities, SFH deployed their Health Promoters, who were given discussion guides, flyers and other visual materials, and sent out to regional sites to speak to people one on one about MC Month.

4. Materials and Branding

Keeping the message consistent and instantly recognizable

- The campaign made widespread use of the "MC man logo" as designed by SFH – a green and black logo of a man with a belt bearing the letters MC, with the slogan, "A Man Who Cares".
- The TWG felt it was important that "MC Month" had an image that was familiar and recognizable, so that at any MOH health site or outreach event, clients would know who they are and what the campaign was about.
- Materials include booklets for men and women, posters, leaflets, banners and t-shirts, which all adhered to the style of the national logo.

- SFH produced the campaign materials and made them widely available to all partners, so that across the country, everyone was using the same materials as far as possible.
- The TWG are always looking for ways to refresh materials and maximize their impact. The flip-chart produced by SFH for mobilisers to use when doing presentations has recently been reviewed, and the team has also selected two comics strips, one targeting women, the other one targeting men for their teams to give out.

5. Traditional Leaders:

Chief Mumena is one of several chiefs in Zambia, from non-circumcising tribes, who have come forward to champion VMMC, with personal motivation that has convinced them of the benefits and urgent need to fight the HIV epidemic. Their knowledge, passion and influence have meant that they've made excellent "champions" not just in their own communities but on the national media spots, and speaking at events and conferences. SFH and the TWG have supported the tribal chiefs fully during this process, equipping them with any information or tools they may need, and building a strong working relationship.

The TWG also began an initiative with the Ministry of Chiefs and Traditional Affairs. The scheme launched in July 2013 ahead of MC Month, whereby selected Chiefs will be trained in advocacy / how to promote VMMC, which will culminate in a ceremony attended by the U.S. Ambassador, to celebrate their achievement.

In Southern Province, the implementers have successfully worked with tribal leaders to gain access to their people. It has been essential for the teams to "follow protocol". A chief must be approached through an Induna (advisor to the tribe), who is told that there are MoH officials who would like to share information about health issues. Local health officials are then sent in to start the talks, and over time will build a rapport and get access, via the Induna and headmen, to the Chief.

In Eastern Province, implementers have also come up against significant challenges. This province is rural, traditionally non-circumcising, and as a result has one of the lowest rates of VMMC take up.

Dr Daniel Makawa and his team have spent two years working with the region's tribal leaders. Lessons they have learned include speaking in the local language (to not be viewed as an outsider), linking Headmen to facility managers so that they can work together, and only doing workshops with one tribe at a time.

Interestingly, the use of Chiefs on TV campaigns generated some negative reactions, and so the implementers focus on mid-media and IPC when working at a territorial level.

Using these learnings, the teams have made great strides over the last year, engaging local leaders to take part in community radio spots in their own language, empowering them to appoint "Health Promoters" from their tribe and building trustful working relationships.

6. Making the national campaign have local impact: observations and considerations:

A big consideration of TWG has been how to make the national campaign have significance to people on a very local level, who may presume it is aimed at the Lusaka population, and not feel it has relevance for them. Attracting men to VMMC in a city like Lusaka, compared to in the rural areas of Southern Province, requires different approaches. In the case studies below, Dr Albert Kaonga, the government's VMMC Co-ordinator, and Dr Mzaza Nthele, Head of Clinical Care at Livingstone Hospital, explore their observations, successes and challenges in creating a tailored approach in their respective localities.

Case Study: Reaching men in Lusaka

Lusaka is an urban city with some rural suburbs, and so has a mix of males from different social groups. The working class and educated groups lead a fairly cosmopolitan lifestyle and may already have been saturated by the "VMMC messages", but within the city boundaries there is also quite a poor population living in the townships who may not have been reached by TV and radio. So when it comes to delivering demand creation even in an urban area, Dr Kaonga is keen that it has to be tailored to these distinctly different audiences.

Mass Media

The benefit of targeting men and their partners living in a city is that there are a greater number of TV and radio channels which people have access to, so in regard to demand generation the implementers have often used the mass media in Lusaka because of these opportunities (setting up call-in shows, TV debates etc).

However, the downside of mass media is that it is difficult to use it to point people to their local facilities, or to make them feel it is more directly aimed at them, so even in urban Lusaka where there is good coverage for national TV and radio, the TWG have not relied on it and put resources into programs for local stations too.

Local Media and Local Advocates

In the less urban / rural parts of Lusaka province, community radio stations play a bigger role in people's lives. Many have friends and family attached to the station, or are members of churches who run the stations.
Dr Kaonga believes the implementers have achieved some great successes by channelling the VMMC messages through these stations, as VMMC can be talked about within the context of the setting where the broadcast takes place, with local contributors / ambassadors known to the community.

Interpersonal Communication

Dr Kaonga believes there is a huge role for interpersonal communication in Lusaka province. Particularly older men who are working rather than studying - sending mobilizers into social clubs, church and work places is key to reaching out to the men who may have heard about VMMC on radio or TV, but have not felt motivated to take the next step.

Case Study: Reaching men in Livingstone and Southern Province

Dr Mzaza Nthele is Head of Clinical Care at Livingstone hospital, and his role includes co-ordination of the VMMC program in Southern Province. As he has previously worked in Lusaka province, and as a member of the TWG, he has a strong insight into how carrying out demand and supply for VMMC differs between regions.

He sees the population of Lusaka (city) as being very enlightened as they have access to TV and radio, but the real gulf of information is between those who live in Livingstone town, and those who are spread out in rural areas of Southern Province. These disparate populations have had very little exposure to the VMMC campaigns, they often don't listen to radio and as some districts don't have VMMC providers, even when information is available, there is no way to access the service.

Tradition and taboos

The biggest hurdle in Southern Province is tradition- most people are from non-circumcising communities, and the Tonga tribe of Southern Province often take more than one wife. This means they will often have sex with another partner while their wife is pregnant, and so the concept of abstaining for six weeks is made more difficult.

There are also certain codes of conduct and sensibilities which make talking about VMMC an issue. In some villages it is a big taboo to talk to an elderly person about circumcision, because genitals are considered to be sacred organs and therefore should not be talked about in public. Talking about removing the foreskin can be viewed as highly offensive.

Farming calendar

VMMC is also not a priority - Southern Province is mostly made up of farming communities who are too busy for large parts of the year to engage in social mobilization activities or come for VMMC. This has impacted on the National MC Month campaigns in Southern Province: April is harvest time and December is a bad time of the year for farmers to take time away from cultivating crops.

Married men also present an interesting challenge. As well as the polygamy tradition of the Tonga people, the men take great pride in satisfying their wives. So the prospect of abstaining for six weeks can lead to concerns, or worse men deciding not to abstain after they've had the procedure.

Tailored approaches

To counter these hurdles, implementers and health workers in Southern Province has used a four-prong approach to gaining the trust of communities and introducing medical information in an acceptable way.

- *Community Health Workers* who work in MoH facilities have been given training on HIV and VMMC. These people are more respected by their communities than "outsiders", as over the years they have taught them how to prevent malaria, how to prevent cholera etc. Communities have seen this advice working, and so are more

receptive to at least hear what the CHW has to say about HIV prevention, this is the starting point for more discussion.

- *Young People* are key to continuing the discussion process. Young people who have lived in the city and return to their communities may have been exposed to the radio and television and been convinced to get circumcised. They can be used to talk to their families and friends about their experience, although Dr Nthele thinks that rather than introduce the topic of HIV they tend to prefer all the other advantages.
- *Schools / students:* By working with schools to reach their pupils, local implementers have found that this can have a positive influence not just on the students and pupils but their parents and extended family. Their parents have little choice but to listen to the excitement that the children have when they come home and talk about a lesson they received at school on VMMC. They can take leaflets home with them and so the information starts to filter through to fathers, mothers, uncles and older siblings. The challenges here lie in the fact that not all parents will be literate or speak the language the materials are printed in, and there may be a respect issue preventing children passing on this information to parents fully and frankly.
- *Working with Traditional Leaders* has been a big challenge but has achieved success when done through the proper channels.

EVALUATION OF DEMAND CREATION

Evaluation of Demand Creation

- No official monitoring and evaluation activities were in place to officially measure media exposure, changes in attitudes, and uptake of services as a direct result of the MC Month campaign.
- However, August 2012 saw a significant rise, for the first time, in overall attendance figures at clinics. The total number of MC's performed was 42,000, beating the target of 30,000. This compares to figures of 8,000 and 9,000 in June and July 2012 respectively.
- The figures from December 2012 show a similar spike in surgeries during the MC month campaign. In October and November 2012, figures were around 8,000 and 9500 respectively, in December this rose to 37,000.
- 2012 was the most successful year to date for all partners – achieving 173,992 circumcisions, 88% of their annual target.
- The VMMC technical working group discussed findings and feedback after the first MC month, and as a result have repeated the video launch by the minister and letters sent by the PS to request provincial and district staff support – as these were anecdotally cited as some of the most effective parts of the campaign.

LEARNING AND SCALE UP

Learning and Scale Up

Successes/ Challenges

MC Month is a strong example of how government and implementation partners can work together, combining resources, and creating a campaign on a grand scale that would have been impossible if attempted in isolation. However the complex process of coordinating activities and buy-in from top down as well as horizontal collaboration has not been without its challenges.

Lessons learned from August 2012 include:

- Getting information to all the correct people at provincial level is time consuming and needs more advance preparation. The team started preparing for the August 2013 campaign in April, which means they are constantly in "campaign mode".
- Meetings at national level to decide key approaches are crucial, but only if provinces follow suite and can pass down the important information, otherwise the national plan doesn't work. To address this, Dr Kaonga has embarked on a series of provincial visits to build rapports and help encourage regional teams to buy-in to the importance of the program, so that they know who is asking them to conduct these activities, rather than just receiving faceless emails and letters.
- Nominating a focal point person in each district helps counter the problem of people not taking up the work, or personnel changing. This focal point person will relieve some of the pressure from the District Medical Officer to arrange activities, but will have been given their seal of approval to do so.
- Choosing the correct way to communicate with provinces is key, as visits can only happen once or twice. Letters and emails may not have a 100% hit rate, so to keep this information "trickling down" it does require intensive and regular contact by phone too. The focal point person should also help keep the information flowing.
- Stock outs. The danger of running such an intensive campaign is that supply may not be able to predict or meet demand. The TWG experienced stock outs during previous campaigns and so Dr Kaonga has visited one of their main equipment suppliers, Medical Stores Limited, to look at improving communication lines. They have agreed to update him weekly via email as to what is in stock so he's able to advise stakeholders both in provinces and districts on what is required and how they can order ahead of time. The suppliers have visited the TWG and as a result gained a better understanding of logistical management, and continue to co-operate with more frequent stock updates.

Challenges and their mitigation

The task of taking on the national campaign at regional and district perspective has led to several challenges for Southern Province:

- As there is no official MC co-ordinator in the province (yet), it relies on key players like Dr Nthele to pass on information and mobilise staff. The "point person" in each district is easing some of this workload but it will still take time to become a well-oiled information flow.
- District health workers sometimes perceive the MC Month as quite a burden as the procedure itself is staff intensive and takes people away from other activities.
- MC Month and the overall Zambian operational plan have a focus on "numbers". Sometimes chasing targets and getting value for money can conflict with delivering a quality of service. The targets do not take into account the finer dynamics of a population. Southern Province for example, may be the second largest district in terms of population, but that population is so sparsely spread out that the costs of transporting the service are high, and the 'hit' in a given area may still be quite low.
- The broadcasts and materials can't cater for all the different languages that Zambians in any given area might speak. Translating the medical terms and explaining the procedure can be difficult, staff often don't speak all the languages of the people they serve, and so this might be deterring people from making the choice for VMMC.

In Eastern Province, the challenge of engaging traditional leaders from rural, non-circumcising communities has been significant. Communities have had some negative reactions to mass media campaigns done with other traditional leaders, and so a much more tailored and local approach has been required. Implementers have put in place a number of activities which work with these head men in their local languages, and help them set targets and appoint local health promoters. However, the uptake in Eastern Province is still low, and these activities will need to be intensified and invested in if Eastern is to achieve its targets.