Category: Messaging, Media, Social Mobilization, IPC

INTRODUCTION

PROMISING PRACTICE:Research led message development for "SMART" campaign and management of social mobilization (PSI Zimbabwe)

Key Promising Practices:

- Development of campaign and messaging strategy on the basis of research findings and the segmentation of target audiences.
- Systematic campaign planning process (the "Delta" process) which draws in the marketing, research and service delivery departments.
- Consistent messaging rolled out uniformly across a 360°media campaign and social mobilization activities.
- Rigorous management and oversight of social mobilization efforts, featuring thorough training of social mobilizers and a variety of management tools to ensure quality control.

Introduction

Population Service International (PSI) is the largest and most well established implementer in Zimbabwe on Voluntary Medical Male Circumcision (VMMC) and it plays a dual role as both a service provider and as the country's overarching communication partner. It has been providing VMMC services and carrying out VMMC demand creation activities since 2009. PSI's main service delivery model is through mobile services reaching people for VMMC at lower level health care facilities from the Ministry of Health and Child Welfare (MoHCW). PSI also has dedicated VMMC clinics in two major urban centres: Harare and Bulawayo. PSI is the only organisation in Zimbabwe to date that has carried out significant mass media activities on VMMC. PSI also supports the Zimbabwe Uniformed Services VMMC programme targeting the Police, Military, Airforce, Prison Services and National Parks.

Target groups

- Adolescent boys, young and older men, aged 13 years and above, with specific emphasis on the age group 13 -29 years. . For the purposes of their mass media activities, this population is segmented between ages 13-19 and 20-29.
- Female partners.
- Parents of adolescent boys requiring consent for circumcision.

Scale and scope

- PSI works in 35 out of 62 rural districts across Zimbabwe and in the two urban provinces of Harare and Bulawayo.

Organizations involved

Lead

- Population Services International (PSI)

Funding

- PSI receives funding for its VMMC related activities from USAID, DFID, BMGF and the Global Fund.

Other partners

- PSI sub-contracts local NGOs, community groups, drama groups and individuals to conduct its social mobilization activities.

Who is carrying out demand generation activities?

- Populations Services International (PSI)

Management of demand creation

- Population Services International (PSI)

VMMC ACTIVITIES

VMMC activities

PSI operates three dedicated VMMC clinics in Harare and Bulawayo and provides mobile and static sites services at Ministry of Health and Child Welfare (MoHCW) health care facilities at all levels in 35 districts across Zimbabwe.

THE APPROACH TO DEMAND CREATION

The approach to Demand Creation:

Key message

PSI has developed messages that are tailored to a variety of different target audiences. Messages for older men in steady relationships focus on themes of love and caring for the partner by protecting her from cervical cancer, as well as increased self-esteem, and sexual appeal, while messages for youth focus on hygiene, trendiness and being "SMART" (which is also slang for cool & clean among Shona and Ndebele speakers). Messages targeting women focus on the protective effect against cervical cancer, and improved hygiene for their partner and support for their partner to take up VMMC. Over time, communication messages have shifted focus from HIV prevention to other socially desirable benefits such as, love, sexual appeal and confidence. The "SMART" campaign is a conscious attempt to create an aspirational state of being for young men which is trendy, clever and clean.

Type of intervention

PSI combines mass media activities across TV, radio, social media, outdoor and print with social mobilisation through interpersonal communication, with unified, consistent messaging across all communication channels. Mass media and social mobilization activities work to support VMMC services that PSI

provides through government run health facilities and at three PSI run VMMC clinics.

Rationale

PSI believes that demand creation is best accomplished through the combination of mass media and interpersonal communication through social mobilization. PSI notes that the effectiveness of linking mass media and interpersonal communication work has been well established through numerous academic studies as well as through their own organisational experience across a range of public health issues. The PSI intervention is informed by qualitative and quantitative research and through a theory of change that articulates how demand creation and behaviour change occur.

PSI's approach to demand creation for VMMC is based on a behaviour change framework called PERForM (a PERformance Framework for Social Marketing). Embedded in the PERForM is a Behaviour Change Framework which evaluates the potential for change in terms of opportunity, ability and motivation constructs. Opportunity, ability and motivation (OAM) constructs are derived from various theories including the Diffusion of Innovation Theory, Social Cognitive and other theories that examine social norms and support, self efficacy and other interpersonal factors of behaviour change. Opportunity is institutional or structural factors that influence an individual's chance to perform a promoted behaviour. Ability is an individual's skills or proficiencies needed to perform a promoted behaviour. Motivation is an individual's arousal or desire to perform a promoted behaviour.

EVIDENCE BASE

Evidence base

PSI Zimbabwe makes use of a variety of research methodologies to gain insights into target audiences and to help formulate the messages that are most likely to prompt men to seek a circumcision. The insights gained from the research guide the development of messaging for mass media and social mobilization activities. To date, PSI has made greatest use of qualitative and quantitative methodologies, and in March 2013 it conducteda population based quantitative survey to establish baselines.

PSI conducted qualitative research in March & April 2011 with both circumcised and uncircumcised men to identify barriers and motivators to the uptake of VMMC. The research consisted of 24 in-depth-interviews (IDIs) with male participants aged 15 – 49 drawn from urban and rural areas and different socio-economic backgrounds and ethnicities. PSI didnot use focus groups for this kind of qualitative research as they find that IDIs are more effective in capturing the views and understanding of individuals in their full richness and complexity. PSI feels that focus groups can sometimes be "hijacked" by one or two vocal participants, and notes that individual viewpoints often do not emerge in a group setting. The IDIs explored behavioral determinants to VMMC uptake, such as levels of knowledge and self-efficacy as well as attitudes and beliefs. This research revealed the most frequently mentioned motivations and barriers of behavior, as well as the intensity of the responses. This enabled PSI to develop a grid that outlined beliefs to reinforce and beliefs to change. An Interpretation workshop was convened to analyze the data and come up with a marketing plan outlining key communication strategic priorities, using a standard PSI approach called the "Delta Process".

The Delta Process is essentially an analytical and planning process that takes place over 3-5 days and involves participants from the marketing, research, and service delivery departments. The participants analyze the qualitative research findings and other relevant research studies and sources of information such as the DHS and information from the internal PSI Management Information Systems (MIS) database, which is drawn from client intake forms and social mobilizer reports. The participants analyzed this data to identify key VMMC messages and insights about potential clients, and developed an archetype of a typical male representing their target audience. The archetype that they developed was assigned certain socio-economic attributes and attitudes, guided by the key insights from the qualitative research. The developed archetype was ambitious young man who wanted to improve his lot in life and was thus concerned about maintaining his health. He wanted to feel confident and to maintain his social status with peers and his attractiveness to girls. In order to make the archetype more real to the team, he was even given a name ("Tawanda"). The analysis of the data revealed that there were no significant differences between the different kinds of participants, such as younger and older men, urban and rural, to warrant creating more than a single archetype.

The qualitative research noted that the linkage between HIV and VMMC was stigmatizing due to associations with promiscuity. PSI also found that a desire for hygiene and social acceptance were frequently mentioned. As a result of this review process, PSI revised their demand creation strategy to prioritize a different set of messages. In particular, they changed the focus of their messaging to be life-style oriented and to appeal to men emotionally as well as rationally. They created the "Get Smart" campaign that centres on aspirational messages and was designed to resonate with the priorities of their archetype. The "Get Smart" campaign positioned VMMC as being for popular, confident young men, who were clean (hygienic), successful and clever. In the Shona language, "Smart" also means cool and clean.

In addition to the identification of messages and development of a target audience archetype, the Delta Process also involved analyzing the qualitative IDIs and other available data to select suitable communication channels, decide how messaging should be phased or disseminated over time and to develop a work-plan and timeline.

In early 2013, PSI carried out a quantitative survey with a nationally representative sample of 2,350 respondents, aged 15 - 49. The survey explored the relative importance of the behavioral correlates identified in the 2011 qualitative research, and indicated how widespread certain barriers and motivators were. PSI would have liked to conduct this survey earlier, immediately following the qualitative research, but resources and research capacity did not allow this. The survey has helped to confirm the odds ratios of the key barriers and motivators, enabling PSI to prioritize the most important determinants with greater precision. In addition, the size of the sample will enable PSI to segment target audiences who are at different stages of the Adoption stairway, and identify key predictors needed to move potential clients from one stage to the next, so that they can establish the most effective messages to use with a wide range of different population groups, such as younger or older men, rural or urban, different ethnic groups, etc. PSI is in the process of publishing the data of the population based survey which has found that older and younger men cited STI and HIV prevention most frequently as the major motivating factor to undergo VMMC. Significantly more men from the older age group than from the younger age group cited as motivating factor "improved hygiene", "improved sexual performance" and "setting a good

example for the community" This survey will also serve as a baseline against which progress on key VMMC indicators will be tracked over time.

PSI also inserted a few VMMC related questions into a national survey in 2010. This survey, which followed a comparable methodology to the 2013 survey, focused more broadly on sexual and reproductive health and the few questions on VMMC focused on the prevalence and intentions regarding circumcision rather than on barriers and motivators and hence could not guide messaging strategy. Nevertheless, it is encouraging to learn that knowledge of male circumcision's protectiveness against HIV seems to have increased since the previous survey. However, knowledge continues to be lower among females and younger men; these groups need to be specifically targeted by VMMC awareness campaigns.

Demand Creation

1. **Mass Media:**

PSI utilizes a broad array of mass media channels to communicate themes and messages that promote demand creation. The mass media programming is guided by the research findings and messaging strategies developed during the Delta Process and through a national media reach survey conducted by the Zimbabwe Advertisers Association. Mass media is used both to support particular social mobilization and outreach campaigns and as a means of promoting a broad shift in norms or attitudes around VMMC on an ongoing basis.

The short term, tactical use of mass media focuses on the three campaigns that PSI mounts each year during school holidays, when social mobilization and service delivery is ramped up and the number of clients soars. During this period, which typically lasts for five weeks, PSI purchases additional airtime for its radio and TV spots and intensifies its engagement with the media by arranging for VMMC experts to appear on TV and radio talk shows. Community outreach activities featuring road shows are also scheduled during these campaigns. The long term, strategic use of mass media occurs throughout the year but at a lesser intensity than during campaigns. Some mass media formats, such as a new TV drama and a celebrity campaign that PSI is developing, are intended purely as strategic vehicles aimed at normalizing VMMC and will not be linked to specific campaigns.

PSI's mass media activities consist of radio and TV spots, two dedicated weekly radio call-in shows, brochures, posters, billboards and banners, regular appearances on TV and radio talk shows, two Facebook pages, community events such as road shows, and a TV drama that is currently in development. Between 2012 and 2013, PSI has been broadcasting 9 different radio spots in all languages and 1 TV spot on 4 different radio stations and on the country's one national TV station. The spots are an important part of the "Get Smart" campaign, which was designed to provide an aspirational role model for young men and to build upon their need for social support, which was found to be an important motivating factor in PSI's formative research. The popular hip-hop musician Winky Dee appears in the TV spot and helps to normalize and signal social support for VMMC. The spots are tailor made to appeal to different audiences including women and men. Placements for the radio spots range from up to 280 broadcasts during campaign periods, dropping to as low as 25 radio broadcasts during the rest of the year. The TV spot was only broadcast about 20 times in 2012 due to budget constraints. PSI also averages about 3 or 4 press placements per month.

In addition to the radio and TV spots, PSI also sponsors the production of two weekly radio call-in shows on VMMC related issues. The shows are produced by Power FM (targeting urban audiences) and Radio Zimbabwe (targeting rural audiences) following a training period for station staff by PSI and periodic review of programme transcripts by PSI. The format of the shows is based on discussion between callers and the presenter or a visiting expert on VMMC. The radio shows refer listeners to a dedicated Facebook page for additional information, which currently receives about 400 inquires a month. In addition to the radio shows, PSI also arranges for guests and VMMC experts to appear on a popular TV talk show that is modeled on the "Oprah" format. PSI pays per episode and normally arranges one VMMC guest appearance per month on average. PSI notes that making use of a popular TV show with an established audience is an effective way to raise awareness and provide a platform for in-depth discussions on VMMC. The target audience of the show includes both women and men but is weighted towards the former and hence provides a useful vehicle for PSI to raise messages intended for female partners.

The TV drama that PSI is developing will focus on a broad range of sexual health and family planning issues, but will include messages and themes on VMMC. The drama will aim to increase knowledge and promote uptake of male circumcision in an entertaining manner. It will reflect the lives of ordinary Zimbabweans, their dreams, and hopes and the fears and challenges that the characters experience before finally accessing the service.

PSI pre-tests all of its communications materials, including broadcast outputs such as TV and radio spots and printed materials such as posters and brochures. The research team carries out the pre-testing using a two-step process. Initially, a series of in-depth-interviews are held with individuals, who are then asked to join a larger focus group discussion on the same topic. Participants are drawn from both urban and rural areas and from each of the main ethnic groups and age brackets. Typical pre-testing research will involve about 100 participants. PSI notes that the marketing team takes this research very seriously and points to an example of a recent poster campaign, the design of which was changed substantially based on feedback from the research. The slogan was changed, the benefits to men of VMMC were made more clear, clothing changed, additional characters were added and the overall graphical concept was revised.

2. Social Mobilisation:

PSI deploys social mobilizers to generate demand for both service delivery at 45 fixed sites (MOH hospitals at district and provincial level as well as three dedicated VMMC clinics) and for MOH satellite facilities during outreach periods, which tend to last five or six days and which are served by about 40 mobile outreach teams. Social mobilization is constant in the larger, urban catchment areas of the fixed sites but is organized for satellite facilitates one week in advance of the outreach period, continuing throughout unless the volume of clients is low in which case the outreach period is wrapped up early and the team moves on to the next site. PSI has a minimum target for each outreach period and if uptake of services decreases to a certain threshold (under 5 VMMC clients per day) they close early and move on to where demand is greater. In addition to the fixed sites and ongoing, outreach at satellite sites, PSI mounts three intensive campaigns each year which coincide with school holidays. Each campaign last for one month and

involves intensive outreach, supported by mass media, posters, fliers and banners and additional service delivery capacity by uniformed services.

PSI prepares for its outreach and campaigns through a series of steps. First, social mobilizers meet with local community leaders, including traditional leaders, religious leaders, ward or district level officers, MoH district officers and others to sensitize them about the need for VMMC and to gain their support for the coming outreach. Posters and banners are put up to announce the coming outreach or campaign. Following this, PSI holds a series of community dialogue sessions with residence associations, faith based groups, village committees and others and visits schools to speak with teachers, parents and separate groups of boys (age 13+) and girls, usually accompanied by a nurse or other MOH representative. During this time, PSI distributes fliers, consent forms, hands out vouchers and takes details of clients who would have shown interest in getting circumcised. Mobile telephone numbers are also collected at this time and mobilizers will call to remind clients of the outreach and to encourage them to attend. In some areas, SMS reminders are also sent out. Finally, during the outreach period, tents and information kiosks are set up in prominent locations such as near markets or other busy areas and social mobilizers fan out to speak to individuals or small groups of men and women. Often outreach and campaigns are supported by road shows, which feature live music, dance and loud-speakers.

PSI provides VMMC in 35 rural districts across Zimbabwe and in the two urban provinces of Harare and Bulawayo.PSI Community Mobilizing Officers partner with and support MoH District Medical Officers and MoH VMMC focal persons to plan and deliver outreach in each of these districts, depending on the particular needs, demands and circumstances of that area. On average, each district receives about two weeks of outreach each month. PSI employs two teams of social mobilizers in each district with about 10 persons in each team. Nationally, PSI currently has a team of about 700 mobilizers. These mobilizers are either composed of a group of individuals or consist of NGOs or community groups that PSI has contracted to carry out social mobilization. Some of the groups are community theatre groups. PSI employs 11 Community Mobilizing Officers, each of which supervises between 5-8 mobilization teams (with 10 persons each) across multiple districts, typically 3 or 4. In terms of management structure, social mobilization falls under

service delivery with combined teams that are responsible for delivering both strands of activity. A coordinating supervisor oversees both service focused Field Officers and Community Mobilizing Officers. PSI is in discussions with the MoH about recruiting up to 700 Village Health Workers for VMMC social mobilization..

Current mobilizers are provided with a monthly small stipend to cover travel, lunch and phone calls, and are paid a standard fee for conducting group discussions and recruiting clients at the end of the month. if their group achieves the monthly target that PSI has set for their district. The fee is calculated based on the number of circumcisions performed but is paid to the entire group to distribute among its members, rather than directly to individuals. In the past PSI provided a fixed salary but notes that the number of circumcisions increased dramatically after they introduced the current model,.

PSI usually requires mobilizers to have a background in HIV or other SRH issue. It provides two days of training to all mobilizers; one day of classroom based theoretical training and one day of field based practical training supervised by Mobilizing Officers. Training is provided in small groups of 10 and is guided by a detailed Demand Creation Training Guide, which covers everything from the "Education through Listening" methodology to the medical rationale for a circumcision and responses to common questions such as how foreskins are disposed of or whether the procedure is painful. The guide also contains key messages for different target groups and mobilizers are equipped with cards to remind them about these messages. Every six months a refresher training is provided for all mobilizers.

PSI makes use of a variety of tools to monitor the performance of mobilizers and to help ensure quality. There are detailed guidelines and checklists for one-on-one interpersonal communication and for small group discussions. Community Mobilizing officers often accompany social mobilizers into the field and use the Event Assessment Form", which includes sections on facilitation skills, articulation of messages, promotional distribution, clarity and timing to monitor performance. Teams are also required to submit their monitoring reports to document each outreach or community dialogue session.

EVALUATION OF DEMAND CREATION ACTIVITIES

Evaluation of demand creation activities

In early 2013, PSI carried out a quantitative survey with a nationally representative sample of 2,350 respondents, aged 15 - 49. The survey explored the relative importance of the behavioral determinants identified in the 2011 qualitative research, and indicated how widespread certain barriers and motivators were. This survey will serve as a baseline against which progress on key VMMC indicators will be tracked over time.

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Pre-testing

PSI pre-tests all of its communications materials, including broadcast outputs such as TV and radio spots and printed materials such as posters and brochures. This is to ensure the materials are are culturally acceptable and resonate with the target audience as intended.

The research team carries out the pre-testing using a two-step process. Initially, a series of in-depth-interviews are held with individuals, who are then asked to join a larger focus group discussion on the same topic. PSI feels that it is important to hold in depth interviews because it enables a deeper understanding of the individual and his or her reactions and also ensures that one or two vocal individuals do not dominate the conversation, as can sometimes happen in focus group discussions. However, PSI feels that focus groups can be useful if moderated properly to explore consensus or the lack thereof, understand commonalities and differences in the group, and to gain a broad perspective. Employing both methodologies during pre-testing enables PSI to derive the benefits of both approaches. Participants in the pre-testing research are drawn from both urban and rural areas and from each of the main

ethnic groups and age brackets. Typical pre-testing research will involve about 100 participants.

One example of way in which PSI approaches pre-testing is a recent poster campaign. A number of initial poster designs were created in support of the "Smart" campaign, which targets young men and links the aspirational values of cleverness, coolness and cleanliness with circumcision. The initial poster designs featured a dark background, pictures of several young men and paragraph-style graphic layout. The posters were pre-tested with in-depth-interviews and focus groups, and PSI discovered a number of useful insights from the participants. The background of the posters, which the designers had intended to look urban and cool, was perceived as too dark and dirty looking. The paragraph-style text was perceived to be too dense and hard to remember. Information about the benefits of circumcision and the fact that circumcision was free were regarded as being buried in the text. The participants also had concerns that one of the pictures featuring a father and son did not also include the mother. There were also unfavourable impressions of a photo of one of the youth in the poster.

The PSI research team shared these results with the marketing team, which then instructed the designers to go back to the drawing board to incorporate the feedback from the research. Substantial changes were made to the posters as a result of this process. The background of the poster was lightened and brightened. Key information about the benefits of circumcision was presented in bullet points instead of being buried in paragraphs and additional benefits were highlighted. The fact that circumcision is free was emphasized. A mother character was added in one photograph to demonstrate mothers' and women's support for circumcision and the clothing of one of the youth characters was also changed. The final versions of these posters have retained the original creative concept from the PSI marketing team but are noticeably different in execution. The posters have been widely distributed as part of the "Smart" campaign and PSI feels that they have made a valuable contribution to the campaign.

See the resources section to compare the "before" and "after" pre-testing posters.

LEARNING AND SCALE UP

Learning

- PSI would have liked to conduct the quantitative survey soon after the qualitative research, to confirm the importance of behavioral determinants. PSI also notes that they would like to carry out additional qualitative research to allow deeper profiling of target audiences by conducting IDIs with a wider group of participants, from different socio-economic, demographic and ethnic groups and geographic settings. In particular, they would like more information about young men in the 13-15 and 15-18 age groups and women, which they feel have very particular characteristics and uses different modes and channels of communication. Additional qualitative research would allow the creation of different archetypes representing different target audience segments, each with their own particular set of barriers and motivators.
- PSI did not carry out many mass media activities during the first several years of its VMMC programme in Zimbabwe because it was felt that substantial service delivery capacity need to be established first prior to promoting demand. In retrospect, PSI would like to have begun high profile mass media activities earlier, because they feel that mass media – and demand creation more broadly – does not have an immediate impact and requires time and a consistent presence in order to be effective. PSI feels that the late start launching mass media made it much more difficult to recruit clients.
- PSI feels that neither social mobilization/interpersonal communication nor mass media work well in isolation. In their experience mass media is critical in order to give social mobilizers an entry point to discuss VMMC and in order to change attitudes and normalize VMMC. Conversely, they feel that mass media without social mobilization/IPC does not lead to follow through among potential clients, since it lacks interaction. In addition, PSI notes that it is important to ensure that airtime placements are scattered across a wide range of different, popular broadcasters to maximize opportunities for exposure to messages and to ensure that a diverse range of people are exposed to them. Finally, PSI stresses that dry, purely medical programming and messages about the functional benefits of VMMC do not work nearly so well as entertaining programming has an emotional connection or appeal to target audiences.

- For groups of individuals, PSI typically works with community "volunteers", which are often working across a range of sexual and reproductive health issues and tend to provide more stability and continuity, though their capacity to focus on VMMC can sometimes be limited.
- In the experience of PSI, group sessions on their own are not very effective because most men need to be able to ask questions one-on-one. They have found it much more effective to organize group dialogue sessions, followed immediately by one-on-one time with mobilizers. In the past, PSI has organized road shows that did not provide opportunities for immediate face-to-face conversations and their experience of this was not positive – they believe that immediate, personal follow-up is essential.
- PSI is using social media (facebook, whatsapp, SMS). The use of social media has helped to engage with the target audience on a personal level and address complex questions that are difficult to answer in short format media such as radio spots.

<u>Scale up opportunities</u>

- If additional resources were available, PSI would like to have a continuous on-air presence with VMMC radio and TV programming so that messages remains fresh and at the top of potential clients' minds throughout the year. Presently, PSI is only able to afford intensive airtime placements during campaign periods and scales back radio and TV spots when the campaigns come to an end.
- Given additional resources, PSI would like to complement the face-to-face social mobilization with a call-centre and toll free hotline. At present they have a number that clients can call, but it is not toll-free and is answered by one person with another full-time roll so to date the number of calls has been limited. PSI would also like to be able to produce and screen a short film about VMMC ahead of their community dialogue sessions.
- PSI would like to be able to offer clients that have had a circumcision an incentive to refer other men. In the past they had offered a small token gift such as a wrist-band, t-shirt or cap to adolescent boys and men who had referred others but they feel that a financial incentive would be much more effective if issues around coercion could be resolved. They note that

a Valentines Day competition that offered couples the chance to win romantic get-away trips if they tested for HIV saw an increase in the number of couples getting tested together of over 50%.

- Finally, the social mobilization team felt that additional mass media placements, broadcast more frequently throughout the year, would give outreach and campaigns a bigger boost. In addition, a Mobilization Officer mentioned that extending working hours into the evening would result in more clients since many people must work during the day and thus do not have many opportunities to encounter mobilizers, whose normal working hours are 8am – 5pm.