DEMAND CREATION TOOLKIT

Voluntary Medical Male Circumcision (VMMC)

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCIC	Behavior Change Intervention Communication
BSS	Behavioral Surveillance Survey
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CPM	Cost per Thousand
DJ	Disc Jockey
DHS	Demographic and Health Survey
DHMT	District Health Management Team
FHI/ZPCT	Family Health International/Zambia Prevention, Care, and Treatment
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HTC	HIV Testing and Counseling
IEC	Information, Education, and Communication
IPC	Interpersonal Communication
JHU CCP	Johns Hopkins University Center for Communication Programs
MC	Male Circumcision
MIS	Management Information System
MOH	Ministry of Health
MOVE	Models of Optimizing Volume and Efficiency
NGO	Nongovernmental Organization
PE	Peer Educator
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PR	Public Relations
PSI	Population Services International
SFH	Society for Family Health
SMS	Short Message System
STI	Sexually Transmitted Infection
TRaC	Tracking Results Continuously
VMMC	Voluntary Medical Male Circumcision
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The Voluntary Medical Male Circumcision (VMMC) Goal for Eastern and Southern Africa:

To provide VMMC to 80% of HIV negative males aged 15 to 49 years living in 14 priority countries in eastern and southern Africa by 2015

Male circumcision has been scientifically shown to be partially (at least 60%) effective at preventing HIV acquisition in males who are exposed through heterosexual (vaginal) intercourse with female partners. Scientific modeling exercises indicate that achieving 80% VMMC coverage among sexually active males across the 14 high-priority countries* of eastern and southern Africa will result in significant reductions of new HIV infections in males and females.

- Achieving this goal will require dramatically increased VMMC uptake among males 15 to 49 years old, especially among males who are married or who are older than 25 years.
- Experience across the region suggests that females, including the wives and other sexual partners of uncircumcised males, play an important role in shaping males' attitudes toward VMMC. Consequently, they should be targeted as an audience for VMMC demand creation.

**The 14 high-priority countries for VMMC are Botswana, Ethiopia (Gambela region only), Kenya (Nyanza Province only), Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.*

Overview

This toolkit provides implementing partners and organizations with the guidance and tools needed to conduct communication and outreach activities that drive demand for voluntary medical male circumcision (VMMC). The toolkit is a practical resource that enables users to create community-specific communication campaigns quickly and easily that uphold national, international, and donor-driven standards for quality, content, and sensitivity.

The strategy for demand creation outlined in this toolkit addresses three broad audience groups:

- **Married and unmarried males** aged 15 to 49 years at risk of acquiring HIV infection through heterosexual (vaginal) intercourse
- **Married and unmarried females** aged 15 to 49 years, including the sexual partners of males aged 15 to 49, who can influence males' decisions about VMMC
- **Key influencers**, such as male peers, community leaders, spiritual leaders, celebrities, or others at the community, regional, and/or national levels, who can encourage males to consider VMMC

The toolkit provides specific approaches and materials for reaching these strategically important and high-priority audiences in the interest of achieving an AIDS-free generation.

Who is the toolkit for?

The toolkit is intended for use by Ministries of Health, nongovernmental organizations (NGOs), and other implementing partners responsible for creating demand for VMMC. The toolkit provides a step-by-step process to turn communication strategies into demand creation campaigns. The guidance and tools provided will help program managers and planners, demand creation coordinators, and other staff develop communication materials and conduct demand creation activities that drive demand for VMMC services. The toolkit is designed for use at the national, regional, and local levels.

Demand Creation with VMMC Devices

This toolkit does not cover demand creation for VMMC that uses devices. While many of the steps for creating demand for VMMC employing devices will remain the same, important differences in audience motivators and barriers are likely. Additional research is warranted before guidance is provided on communication and demand creation for devices.

How can you make the most of this toolkit?

The toolkit is designed for a range of demand creation implementers—from the inexperienced to expert. For those with limited public health communication experience, the toolkit provides step-by-step instructions for implementing demand creation activities. Those who are experienced with demand creation or working with established VMMC programs can turn to specific parts of the toolkit as needed. The toolkit also includes templates and other resources that will help users of all levels develop coordinated demand creation activities, design effective messages for communication, and develop materials for mass media and interpersonal communication (IPC). The toolkit's broad guidelines should be adapted to the specific context where VMMC demand creation activities are being implemented.

How is the toolkit organized?

The toolkit is organized into three sections: the introduction, planning and implementation, and resources.

Introduction (this section) provides an overview of the toolkit, male circumcision for HIV prevention, public health demand creation, and gender considerations.

Planning and Implementation details the following five steps for VMMC demand creation.

STEP 1. Situation Analysis—Establishing readiness for demand creation by

- assessing local country capacity as determined by existing and/or prior VMMC programs, political will, general social and/or cultural receptiveness to VMMC, and any other relevant variables;
- defining and understanding (characterizing) target audiences;
- identifying effective communication methods and outlets (channels) for reaching target audiences; and
- recognizing significant cultural and/or institutional VMMC opponents or critics.

STEP 2. Strategic Design—Designing communications that drive demand and that can be met by available VMMC service delivery by

- identifying key audiences for demand creation activities;
- highlighting considerations for reaching older and married males and females as partners and mothers;
- developing audience messages;
- selecting communication channels;
- communicating partial protection and condom use after VMMC and addressing the issue of pain;
- branding campaign activities and materials; and
- matching supply and demand.

STEP 3. Development and Testing—Creating and pilot testing communication products by

- developing new communication materials;
- adapting existing communication materials;
- leveraging existing communication resources;
- collaborating with local and community organizations and groups;
- complying with government standards and approval processes;
- pretesting materials with target audiences and making improvements based on audience feedback; and
- producing and disseminating materials.

STEP 4. Implementation and Monitoring—Implementing demand creation activities and measuring their effectiveness by

- coordinating mass media communication with IPC;
- ensuring that partners and target audiences remain appropriately informed of program progress, changes, and problems;
- engaging the news media with timely news releases, interview opportunities, and opinion-editorial submissions;
- monitoring news media stories, social media, and other sources to gauge public reaction to demand creation activities;
- recognizing and reacting to (remedying) information or events that threaten VMMC demand creation or supply;
- selectively using social media with specific target audience subsets to send and receive information;
- harmonizing demand creation with VMMC service delivery;
- monitoring demand creation activities; and
- monitoring IPC.

STEP 5. Evaluation—Ensuring program goals are met by

- defining objectives with measureable program outcomes;
- designing evaluations to measure if the program is achieving its objectives; and
- applying evaluation data to improve subsequent demand creation programs.

The **Appendix** includes case studies, a gallery of existing materials, links to additional resources and new and adaptable templates for use in developing demand creation campaigns. The case studies draw from past VMMC demand creation activities and provide field accounts of both successful and unsuccessful strategies. The existing materials gallery highlights examples of concepts and VMMC promotional materials addressing a range of communication channels and target audiences. The Appendix also includes a resources section, which provides reference information, including international guidelines and links to additional resources. Additionally, the Appendix includes new and adaptable templates, as well as guidance on how to use and tailor these resources to country-specific situations.

The Public Health Benefit of VMMC for HIV Prevention

VMMC refers to the complete removal of the penile foreskin under aseptic (clinically clean) conditions. It has emerged as one of the most effective interventions for preventing new HIV infections in males. VMMC has been proven to reduce HIV transmission to males exposed to the virus through vaginal intercourse with HIV-infected females. It is also likely to indirectly reduce infection in females by reducing their chances of encountering an HIV-infected male sexual partner.

Three randomized controlled trials have shown that VMMC reduces males' risk of HIV infection from vaginal intercourse by at least 60%.[1,2,3] In addition to effectively reducing the risk of heterosexual transmission of HIV from females to males, VMMC has also been shown to reduce the risk of other sexually transmitted infections (STIs) that affect either or both sexes, cause significant morbidity, and enhance the risk of acquiring HIV. Although VMMC has not been proven to reduce HIV transmission from HIV-infected males to their female partners, as more males get circumcised in the community, the likelihood of them being HIV infected is reduced. This means that HIV-negative females would be less likely to be exposed to HIV-infected male sexual partners.

In recognizing the enormous potential of VMMC to reduce new HIV infections, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) promote VMMC for HIV prevention in countries with high HIV prevalence and low male circumcision coverage. In accordance with the WHO and UNAIDS's guidance, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) supports VMMC service delivery in eastern and southern Africa as part of a comprehensive HIV prevention strategy. To the extent possible, it is advancing VMMC scale-up across the region.

To realize the greatest public health benefit, modeling studies show that 80% of eligible males, or 20.33 million males in the 14 priority countries, should undergo VMMC by 2015 (see Figure 1).[4]

The impact of VMMC on reducing HIV transmission rates is directly proportionate to the pace of implementation scale-up. For example, reducing the time to achieve 80% coverage from 5 years to 1 year increases the number of HIV infections averted from 3.4 million to 4.1 million.[5] Figure 2 illustrates the impact of reaching 80% coverage on the percentage of new HIV infections averted if achieved within 1 year, within 10 years, and within 20 years. The sooner VMMC services are scaled up, the sooner HIV transmission rates can be expected to fall and the greater the impact.

1. Auvert B, Taljaard D, Lagarde E, et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. PLoS Med 2005;2(11):e298.

2. Gray, RH, Kigozi G, Serwadda D, et al. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet* 2007;369:657-666.

3. Bailey RC, Moses S, Parker CB, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *The Lancet* 2007;369:643-656.

4. Njeuhmeli E, Forsythe S, Reed J, et al. VMMC: modeling the impact and cost of expanding male circumcision for HIV prevention in eastern and southern Africa. PLoS Med 2011;8:e1001132.

5. Hankins C, Forsythe S, Njeuhmeli E. Voluntary medical male circumcision: an introduction to the cost, impact, and challenges of accelerated scaling up. PLoS Med 2011;8(11): e1001127. doi:10.1371/journal.pmed.1001127

FIGURE 1: NUMBER OF VOLUNTARY MEDICAL MALE CIRCUMCISIONS REQUIRED TO REACH 80% COVERAGE, BY COUNTRY

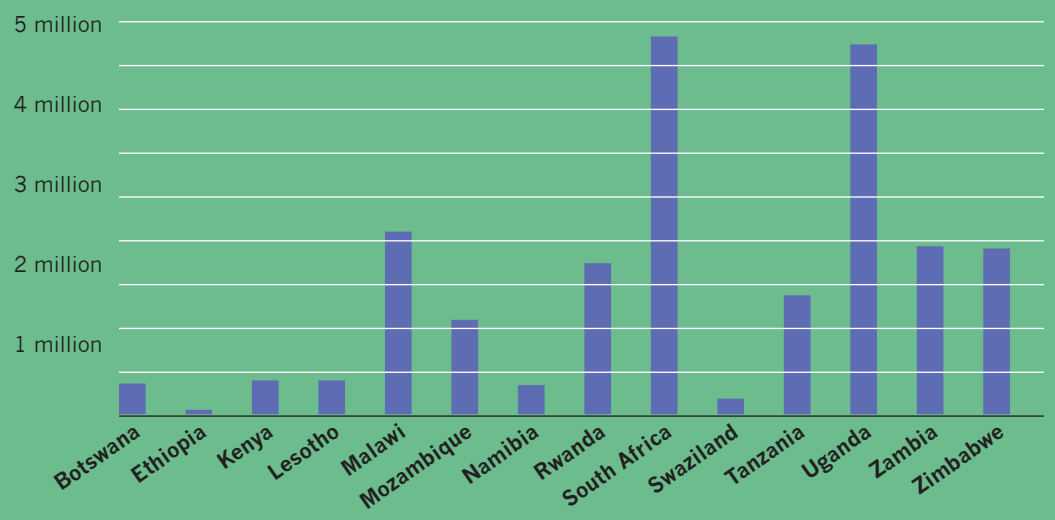
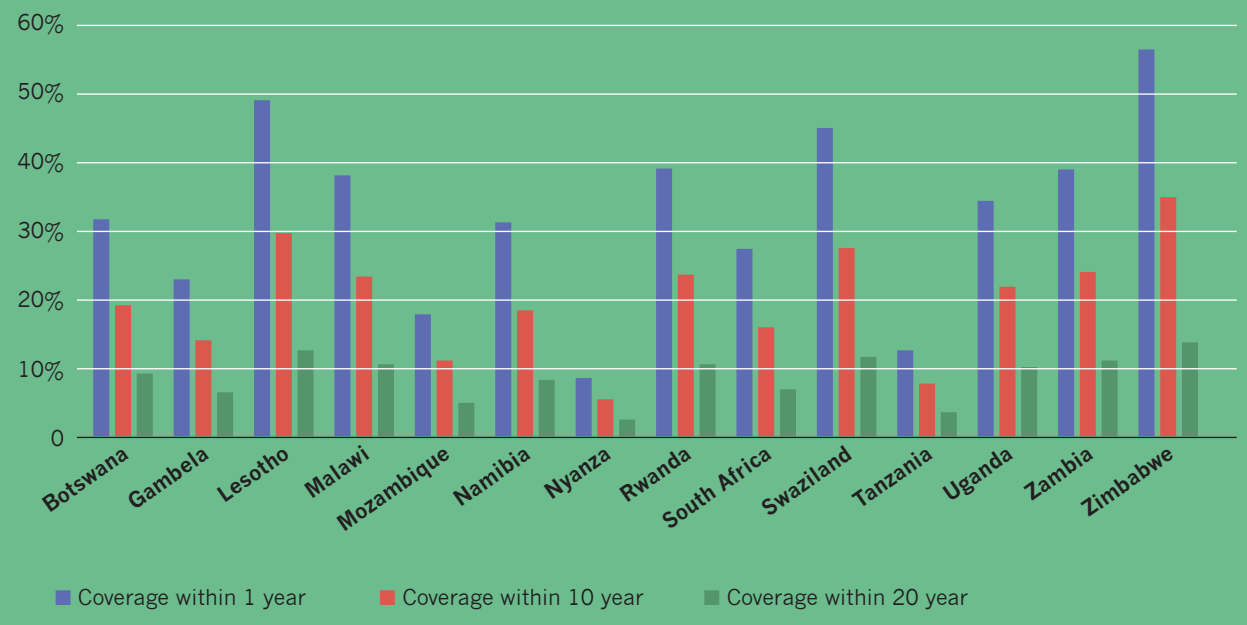


FIGURE 2: PERCENTAGE OF NEW HIV INFECTIONS AVERTED BY SCALE-UP SPEED



While reaching millions of males with VMMC services will be a challenge, it is far from the only obstacle to success. Challenges exist at multiple levels:

- Unfamiliarity among target audiences with circumcision as an HIV prevention strategy
- Fear of pain and the possibility of negative outcomes from VMMC among potential VMMC clients
- Confusion among target audiences around VMMC conveying only partial protection from HIV
- Communicating the need for other HIV prevention interventions (e.g., condom use after circumcision) to communities and potential VMMC clients
- Lack of understanding of how VMMC affects females
- Reaching females to raise awareness and knowledge of VMMC to create supportive partner communication

Most of these challenges point to the importance of social and behavior change communication as central components of any VMMC campaign. A successful program requires policy makers and program implementers to frame their VMMC strategy on the beliefs, values, and needs of their target audiences. Reaching prevention targets will require a sustained effort to maintain demand, because the full benefit of VMMC can only be realized if most sexually active males are voluntarily circumcised. Successfully achieving the 80% goal will depend on creating and maintaining persuasive and compelling demand creation activities that are well coordinated with efficient and appealing service delivery from the onset of the program.

Preparing for Demand Creation

Demand creation must be part of a comprehensive VMMC strategy. Coordination is critical and involves the following:

- To the extent possible, demand creation should be tied to the national VMMC strategy with the goal of achieving an 80% VMMC rate in males 15 to 49 years of age.
- Demand creation activities and VMMC service delivery capacity must be in sync to ensure that demand can be fulfilled. If these two elements are not aligned, it could quickly undermine subsequent attempts to generate demand for VMMC.
- A demand creation strategy must be tailored to the initial VMMC service delivery capacity of the country, region, or locality. As capacity expands, the demand creation strategy will evolve accordingly.

Demand Creation and Gender

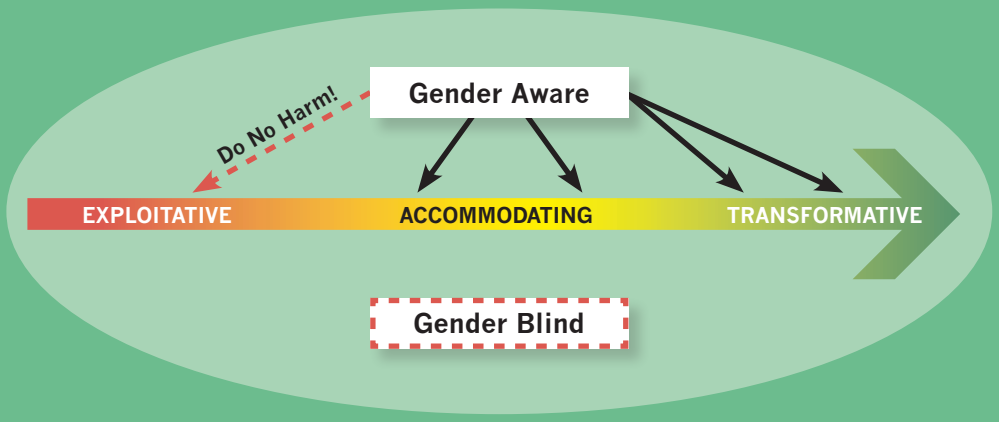
VMMC provides the opportunity to address both males and females with HIV prevention messages. As such, program managers must be aware of a cross-cutting issue—gender—and the role that gender plays in a male's decision to undergo VMMC. Whether targeted to males or females, VMMC communication must avoid exploiting or furthering gender inequalities. Programs can use a tool called the Gender Continuum, see Figure 3, to assess VMMC messages for how gender is addressed.

The continuum ranges from messages that are exploitative and may do harm to those that actively promote equality between males and females. The continuum includes four categories.

- **Exploitative:** Projects that exploit gender inequalities and stereotypes in pursuit of health outcomes.
- **Neutral (gender blind):** Projects do not attempt to address gender.
- **Accommodating:** Projects that accommodate gender differences in pursuit of health outcomes.
- **Transformative:** Projects that seek to transform gender relations to promote equity as a means to reach health outcomes.

While it may not be possible to develop gender transformative messages at the start of VMMC demand creation campaigns, it is imperative that campaigns are never gender exploitative, even if they might seem to assist in reaching demand creation goals. Pretesting messages and campaign materials will help program managers understand how messages are perceived by the target audiences.

FIGURE 3: GENDER CONTINUUM DIAGRAM

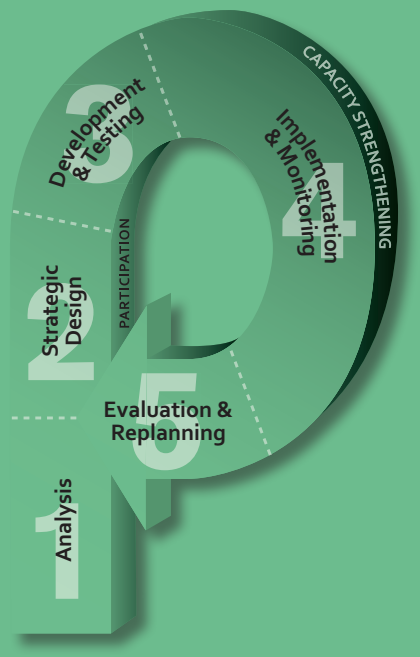


PLANNING AND IMPLEMENTATION

General Principles: Demand Creation for Voluntary Medical Male Circumcision (VMMC)

Demand Creation Framework

FIGURE 4: THE P-PROCESS STEPS IN STRATEGIC COMMUNICATION



Demand creation is the use of evidence-based communication to encourage target audiences to seek VMMC or to motivate influencing audiences to provide similar encouragement. To create demand for VMMC, audiences need to understand and appreciate the ways VMMC can improve their lives and those of their loved ones. Demand creation goes beyond simply raising awareness or providing information. Information does not equal motivation! Demand creation must address barriers and enlist key motivators to convince eligible males to undergo VMMC.

A useful framework to develop demand creation communication is the P-Process (Figure 4). Developed by the Johns Hopkins Center for Communication Programs under the Health Communication Partnership, the P-Process provides a step-by-step outline of strategic communication from planning and design to execution and impact measurement.

Through the five steps of the P-Process you can assess the local context, define the target audiences, develop and deliver key messages, and continually improve on demand creation by watching and listening to how the target audiences respond. The P-Process shows how to create demand that can be linked to a well-positioned and adequate supply of services to fulfill that demand.

There is an art to the timing of demand creation. Ideally, demand creation activities should start prior to offering VMMC services, ensuring that providers are busy from the start and not sitting idle waiting for clients. However, starting demand creation too early could tip the scales in the other direction, creating more demand than services can fulfill, causing backups and delays and even driving men away from long queues. Table 1 provides a general time frame for each of the steps in demand creation. While VMMC programs differ, these guidelines can be used to determine when to begin demand creation planning and implementation.

TABLE 1. DEMAND CREATION TIMEFRAME

STEP	TIMING	RESPONSIBLE PARTY	CONSIDERATIONS
ANALYSIS	1–3 months	This step is driven by the demand creation implementer with input from the Ministry of Health (MOH) and other stakeholders.	If starting from scratch, it will take time to conduct research and gather information from secondary resources.
1) Situation Analysis	Up to 2 months	Many countries have conducted these on a national basis as a collaboration between MOH, donors, and implementing partners. If a situation analysis doesn't exist, implementers should liaise with MOH and service delivery partners to gather all existing data.	Plan to spend several weeks gathering information if the country has not conducted a situation analysis for VMMC. If a situation analysis exists and must simply be updated, plan for 3–4 weeks, including time to ensure stakeholder review.
2) Audience Analysis	Up to 1 month	While data gathering and coordination may be conducted by the demand creation implementer, MOH and service delivery partners can add depth and insight into an audience analysis workshop.	An audience analysis can be done in 3–5 days in a workshop-type format in which stakeholders/ programmers convene to review information and make decisions. Extra time may be needed to gather data initially and then to finalize or confirm details after the workshop.
• Identifying Audience	½ day		Review all possible audiences, prioritize and select one or two primary and secondary audiences.
• Segmenting (including gathering new or secondary information to better understand audiences)	1 day		Review existing research about target groups. If gaps are identified, more time may be needed to answer questions.
• Audience insights	½–1 day		Discuss insights that emerge out of segmentation and make decisions on which are the most important for demand creation.
• Audience profile	1 day		A comprehensive profile that includes evidence citations can take up to 1 full day. If multiple profiles are needed, workshop participants can be divided into groups with each focusing on one profile.
STRATEGIC DESIGN	Up to 1 month	This step is driven by the demand creation implementer. If a national campaign is created, MOH may be consulted at various points to review decisions and provide input.	Strategic design decisions can be made gradually over a period of time or can be decided in a workshop setting over a few days. If a creative agency is involved in message development, plan for extra time for back and forth discussions and revisions.
1) Developing Audience Messages	1–2 days	Demand creation implementer	Developing clear, concise key messages can take 1–2 days in a workshop setting.
2) Channel Selection	1–2 days	Demand creation implementer	Identifying all relevant and appropriate channels to convey messages can take 1–2 days with dedicated time in a workshop setting.

STEP	TIMING	RESPONSIBLE PARTY	CONSIDERATIONS
DEVELOPMENT & TESTING	1–4 months	This step is driven by the demand creation implementer. If a national campaign is created, MOH may be consulted to review materials as they are finalized.	If tailoring existing materials, plan for fewer months. Developing original materials will take much longer.
1) Material Development	1–2 months	Demand creation implementer	When working with a creative agency to develop new materials, plan for up to 2 months for material development and refinement based on stakeholder feedback. When tailoring existing materials, plan for up to 1 month.
• Developing new materials	2 months		A creative agency typically takes 2–4 weeks to develop a first draft of materials. Plan for 1–2 weeks for stakeholder review and feedback and another 2 weeks for the agency to tweak and finalize the executions.
• Tailoring existing materials	Up to 1 month		Plan on 1–2 weeks to gather existing materials and another 1–2 weeks to identify and make the necessary changes.
2) Pretesting	Up to 6 weeks	Demand creation implementer	Depending on the methodology, pretesting can take 1–2 weeks or up to 6. If using focus groups or a quantitative methodology with the aim of getting a representative response from the target group, plan on the longer end of the spectrum. Don't forget that transcription, analysis, and report writing can take a significant amount of time.
3) Producing Materials	1–3 months	Demand creation implementer and selected creative agencies	Depending on the format, producing materials can take 1–3 months.
• Radio	Up to 1 month		Finalizing scripts, identifying "voice" actors, and recording can take up to 1 month.
• Print	Up to 1 month		Layout of images and text, agreeing on images and design, and factoring time for printing, reviewing proofs, and finalizing can take up to 1 month.
• TV	2–3 months		Finalizing scripts, hiring actors, selecting filming locations, filming, and editing can take up to 2 months. Factor in additional time for review, reedit, and approval.
• IPC	1–2 months		It can take up to 2 months to launch an IPC program consisting of peer educators (PEs) or VMMC recruiters. Training materials must be developed with corresponding job aids, such as flip charts or discussion guides. This alone can take up to a month. Developing reporting tools and supervision tools and plans will take an additional week to finalize and put in place. Training of IPC agents should last 1 week, and additional time should be scheduled for supervised practice in the field. Ongoing monitoring and refresher trainings throughout the duration of the program will be necessary.
4) Leveraging existing communication resources	1 month–ongoing	This step requires collaboration between the demand creation implementer and relevant community groups that will help communicate VMMC messages.	Plan for up to 1 month to identify existing communication resources and identify plans for integrating VMMC messages. This should be an ongoing activity throughout implementation as new partners or new opportunities arise.
• Working with community groups	1 month–ongoing		If you've identified specific grassroots or community groups to work with, plan for up to a month training these groups and putting the necessary tools in place to support their work. Monitoring and refresher trainings for these groups should be an ongoing component of your program.

STEP	TIMING	RESPONSIBLE PARTY	CONSIDERATIONS
IMPLEMENTATION & MONITORING	Ongoing	This step is led by the demand creation implementer in collaboration with MOH and service delivery partners to continually monitor the balance of supply and demand.	Implementation and monitoring will take place constantly throughout the life of the project.
• Implementation (launch, coordination)	Ongoing		Implementation is marked by the initiation of activities. A launch event may be organized to signify this occasion. Coordination of demand creation activities with service delivery partners should take place on a regular basis.
• Monitoring	Ongoing		While monitoring is ongoing, you may choose to assess and share monitoring data periodically throughout the project—either in the form of monthly/quarterly reports or more formal presentations to stakeholders.
EVALUATION & REPLANNING	Ongoing	This step is driven by the demand creation implementer. Evaluation data should be shared with MOH and service delivery partners, and replanning should involve all stakeholders.	Evaluation and replanning will take place constantly throughout the project.
Process evaluation	1–6 months		The timing for process evaluation can vary based on methodology. A quick assessment of a few indicators may take less than a month, whereas a more in-depth examination could take 4 months or longer.
Impact evaluation	2+ years		Evaluating the impact of VMMC on HIV incidence, can take 2 years or more because baseline and follow-up rounds of data collection must occur.

Demand creation in this toolkit is defined as communication to drive uptake of VMMC. All guidance is aimed at communication targeted to males ***before*** they undergo VMMC. However, demand creation continues inside and even once a client leaves the clinic. There is often no greater advocate (or foe) of demand creation than a previous VMMC client. While guidance here does not detail these interactions, programs are advised to ensure that counselors, nurses, doctors, and all those who communicate with clients, whether before, during, or after the procedure, are trained to deliver the same key messages as the communications campaign. Providers should play an active role in reviewing and launching campaigns and should be trained, similar to any outreach worker, in how best to communicate with clients.

Conducting Situation and Audience Analysis

Step 1 of this toolkit provides the information needed to design demand creation communication. There are two parts to this step. The **Situation Analysis** helps us understand our working environment, and the **Audience Analysis** addresses the people or audiences we need to reach. Organizations with VMMC experience in your country can streamline this step. Collaborations and data sharing with these organizations can save time and money and avoid duplication. Applying lessons from past demand creation communication increases the chances of subsequent success.

Conducting a Situation Analysis

The Situation Analysis guides decisions on how to increase demand for VMMC by showing what has already been done, what is needed, what is available, and who is involved in VMMC in your country, region, or locality. The situation analysis establishes current status, progress, and problems in critical areas, including the following:

- Policy governing VMMC initiatives, including legal age of consent
- Current or previous VMMC demand creation activities
- Resources available for demand creation
- Current level of demand for VMMC
- Capacity to deliver VMMC services
- Organizations with resources for VMMC communication and demand creation
- Available communication channels, including print, radio, television, mobile phone, and social media

SITUATION ANALYSIS:

Real-World Example

Tanzania's situation analysis covers a range of topics and methodologies used to collect information. Tanzania used data from the analysis to inform both service delivery and demand creation activities for VMMC. The link to the Tanzania situation analysis is provided below.

http://www.malecircumcision.org/programs/documents/TanzaniaMaleCircumcisionSituationAnalysis_September_09.pdf

The WHO developed a comprehensive Situation Analysis Toolkit that explains in detail how and where to get this information and how to organize and analyze it. Most VMMC countries have already conducted a situation analysis, but it is best to revisit the situation analysis results every year or two to ensure the information remains current and relevant.

For those countries or programs that have not completed a situation analysis, existing resources such as Demographic and Health Surveys (DHS) and Behavioral Surveillance Surveys (BSS) and NGO, and UN research reports often contain useful information that can serve as a starting point. In addition, information is available through stakeholder interviews or facilitated meetings. Many useful reports and VMMC-related data can be found on the Male Circumcision Clearinghouse at www.malecircumcision.org. For the WHO Situation Analysis Toolkit, visit: **http://whqlibdoc.who.int/publications/2009/9789241597500_eng.pdf.**

SECTION TOOLS:

Two tools adapted from the WHO toolkit to gather and analyze information on existing policy and programs are provided at the end of this section:

Tool 1: VMMC Program Status Tool tracks all implementers of VMMC within a national program.

Tool 2: VMMC Policy Analysis Tool collects relevant information on national and/or regional policies that may influence VMMC demand creation planning and service availability. and service availability.

Audience Analysis is the process of defining and describing target audiences, starting with potential VMMC clients and extending to key influencers, such as female partners, peers, community leaders, and even the media. Research from many of the VMMC target countries shows the vital role female partners play in influencing males' decision to undergo VMMC.

Primary Target Audience: In most countries, the primary target audience of a VMMC demand creation campaign is uncircumcised males aged 15 to 49.This audience can be further defined through audience segmentation, which is explained below.

Secondary Target Audiences: These distinct target audiences share a common ability to influence the knowledge, attitudes, and behaviors of VMMC candidates (primary audience). Therefore, they are important collaborators for reaching and creating demand among these males. As noted previously, women are especially important for reaching men, especially older males (aged 25 to 49), because some men may believe their female partners disapprove of VMMC even though research suggests many women actually prefer it. Consequently, creating VMMC demand among older males requires resolving misimpressions with messages that reinforce women's support for VMMC.

Audience analysis is a multistep process that includes

- segmenting the audience,
- gathering information on the target audience, and
- developing profiles to better understand the audience.

Engaging Women to Reach Men

Research from several VMMC target countries shows women can be the number one motivator for men to undergo circumcision. This is based on the perception that women prefer circumcised men and associate them with improved hygiene, more appealing penis appearance, and enhanced sexual performance. Note, not all subjective impressions have been scientifically confirmed.

Also, misperceptions among some men may lead them to believe their female partners will be unfaithful during the required 6 weeks of sexual abstinence while healing from VMMC. Other men fear that if they seek VMMC, their female partners will suspect them of infidelity.

Ideally, female partners become key players in the decision for VMMC. They should be motivated to encourage their male partners to undergo VMMC as a benefit to both partners and be shown how to support their male partners during recovery. Demand creation for VMMC should help men and women relate VMMC to their values, above and beyond the public health benefits.

Segmenting Your Audience

The goal of audience segmentation is to identify unique groups of people within larger populations that share similar interests, attitudes, and needs about VMMC. Groups sharing common attributes are more likely to respond similarly to a given demand creation strategy. Segmenting the target audience(s) into smaller groups based on similar needs, preferences, and characteristics will help the design of demand creation materials that best address the group's shared values (needs), motivations, and barriers. For example, while your country's VMMC program may broadly target uncircumcised males aged 15 to 49, this group is too diverse not only on demographic characteristics but also in terms of barriers and motivators to VMMC. Addressing them as one group is likely to be unsuccessful.

An audience can be segmented by any number of characteristics that are relevant to the program. To date, most VMMC programs have identified age as an important demographic characteristic for segmentation. In many countries, males younger than age 18 will need parental consent for the surgical procedure. Therefore, the factors that weigh into their decision making and the barriers to the service may be very different from males older than age 18. It is also common for VMMC programs to segment based on education level and geographic location. Of course, messages are tailored for women as well.

Relationship status is also a characteristic on which current VMMC programs are often segmented. Experience has shown that reaching males aged 25 or older, including married males, has been difficult. Those in long-term, committed relationships often consider VMMC from a different perspective than single men who are abstinent or in casual relationships. In all instances, it will be important to expand the discussion of VMMC benefits beyond HIV prevention alone. Working with and through female partners and others who influence men's VMMC decisions provides a powerful and persuasive voice. It is also important to reveal and overcome barriers to VMMC among older males. Emotional appeals form an important part of successful demand creation strategy.

Gathering Information: Audience analysis provides a better understanding of the target audience. To analyze the audience, specific information about the audience needs to be gathered, including

- demographic information (e.g., age, socioeconomic status, education level, employment status);
- attitudes, beliefs, and knowledge about VMMC;
- core (life) values, gender identity roles, and key influencers;
- male circumcision practices, including traditional male circumcision practices, by geographic area and culturally distinct subgroups;
- current circumcision prevalence among males, segmented by age, geographic location, and cultural or other relevant distinctions;
- other health and lifestyle practices that may enhance or impede the likelihood of VMMC acceptance;

- how and by whom health-related and other major life decisions are made; and
- media use patterns (e.g., newspaper readership, radio, television access) and preferences.

But knowing the audience also goes beyond facts and figures. While demographic information such as age, education level, and VMMC prevalence are important, the audience cannot be fully understood without gaining insight into their needs, wants, and motivations. This audience "insight" helps create VMMC messages that the audiences can readily identify and agree with. Communicators need these audience insights because the target audience may not recognize or value the public health rationale for VMMC enough to act on it. In other words, knowing VMMC helps prevent HIV might not be enough to motivate males to undergo circumcision. So, in addition to sharing the facts about VMMC, messages also need to be based on the audiences' values. Human beings act on emotion, values, and logic. Creating demand for VMMC requires communicating on all these levels.

It is likely that much of the information needed to understand the audience already exists in-country, especially in countries where VMMC programs have been providing services for several years. However, it is important to fill in any gaps. Depending on the quality of existing research in a given country, this can be accomplished through one or more of these basic, cost-effective research methods:

- ***Assess secondary data:*** A desk review of existing research or secondary analysis on national data from a country census, a DHS, or similar surveys can efficiently identify new information.
- ***Conduct new research with the relevant target group:*** If there is a relevant question that simply cannot be answered using existing sources or that has emerged since starting VMMC activities, consider these approaches:
  - **Focus-group discussions** are good for understanding social norms, which are the implicit or explicit rules that indicate which behaviors are acceptable or unacceptable within a society or group. Focus groups are relatively inexpensive to conduct but can be time consuming to analyze. Even in sex-restricted focus groups, however, men and women may be reluctant to share their personal opinions and preferences for male circumcision.
  - **Key informant interviews** can be helpful for getting in-depth information from people who have special knowledge about the issue at hand. For example, interviews could be conducted with health workers, peer educators, or males who have gone through the VMMC procedure to answer very specific questions. These interviews are relatively inexpensive to conduct.
  - **Stakeholder or community-level meetings** can take advantage of groups that naturally convene to obtain useful information. For example, asking VMMC-related questions as part of the agenda at a community mobilization meeting or a stakeholder working group is a good way to get input from other audiences and/or decision makers. This is an inexpensive approach to filling research gaps.

SECTION TOOLS:

Tool 3: Primary Audience Analysis Tools and ***Tool 4: Secondary Audience Analysis Tools*** provided at the end of this section will assist you in gathering audience insights. These tools can be used in facilitated focus group discussions or in-depth interviews with members of the target audience. Questions can be added or removed to adapt the tools to your country context and specific audiences of interest.

Developing Audience Profiles

The audience analysis tools will help you understand audiences in ways that make it possible to empathize with those audiences or "put yourself in their shoes" and thereby develop messages they can believe in. It is easier to do this when focusing on a single person who is representative of the target audience.

The following two examples of audience profiles (Figure 5 and 7)—along with a more detailed profile that can be found in the tools section at the end of this step (see ***Tool 5: Extended Audience Profile Example***)—demonstrate how target audience profiles put faces to the masses. Considering VMMC from the perspective of one man or woman can help communicate with the entire audience and ensure the profiles reflect typical patterns of thought, feelings, and values for the entire audience segment. Using this insight can help make the case for VMMC according to the audiences' needs and values (and through the channels they pay attention to) and greatly increase the chance that they will be motivated to seek VMMC.

FIGURE 5: AUDIENCE PROFILE: TARGET AUDIENCE — YOUNG SINGLE MEN

Audience Profile: Zambia, Jubani, Young Single Man

Who he is

- 22 years old, mid-low socio-economic status
- Lives at home
- Has steady girlfriend
- A student at technical college

What he does

- Spends weekend nights drinking & socializing
- Spends weekdays in class
- Spends free time with girlfriend

What he thinks

- Has heard about VMMC from friends & possibly girlfriend
- Wants to go for VMMC but is held back by risk of pain, bleeding and bad result

What he feels

- Fears losing respect of peers
- Worries about pregnancy & HIV
- Dreams of graduating & finding a job
- Wants to make parents proud

FIGURE 6: AUDIENCE INSIGHT

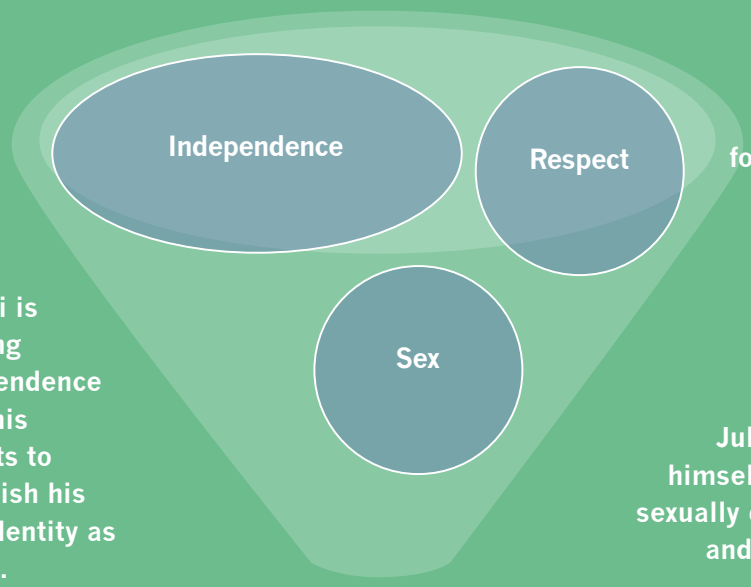


Figure 6 shows that the audience profile for Jubani, the young Zambian male, can be viewed in another way that helps show the emotional needs that influence his behavior and may be similar for other young Zambian males.

Jubani's profile (Figure 5) also provides audience insights that could be used to create VMMC demand around his "emotional needs." For example, using the insights above, developing appealing messages for males like Jubani could focus on the following three needs:

- ***Independence:*** Males who choose VMMC demonstrate boldness and strength.
- ***Respect:*** Males who choose VMMC are leaders who merit the respect of their peers.
- ***Sex:*** Males who choose VMMC show concern for their health and that of others. In addition, females find such males attractive and desirable.

Audience insights often have very little to do with public health. The insights above provide a window into Jubani's most prominent emotional concerns: gaining acceptance from friends, demonstrating that he is masculine, and focusing on pleasing his sexual partner. Demand creation messages that are positioned to address these needs may be more appealing to the target group than those focused on a functional benefit of VMMC, such as HIV prevention. Examples of functional and emotional benefits are found below.

Functional Benefits of VMMC	Emotional Benefits of VMMC
Reduced risk of HIV	Acceptance among peers
Reduced risk of *human papillomavirus* (HPV)	Appealing to women
Improved hygiene	Feeling of masculinity

FIGURE 7: AUDIENCE PROFILE: TARGET AUDIENCE—YOUNG SINGLE WOMEN

ZAMBIA AUDIENCE PROFILE: Sibeso, Young Single Woman

Sibeso is a 23-year-old store clerk who lives in Matero compound in Lusaka with her mother and two younger sisters. Sibeso speaks Nyanja and English. She has ambitions of meeting "Mr. Right," an idealized man who owns his own business, but she has had a hard time meeting financially secure partners. She has a steady boyfriend of 1 year but occasionally sees other men on the side. Sibeso has heard about male circumcision as an HIV prevention strategy and has heard good things from her female friends regarding the cleanliness of men who are circumcised. She doesn't know that male circumcision also lowered women's risk of cervical cancer or that male circumcision helps protect men against HIV infection. If given the choice, she would probably prefer a circumcised man because she would like to experience what her friends are talking about, but other factors—especially economic factors—are more important for Sibeso when choosing a partner. Sibeso would not feel comfortable asking her boyfriend to go for VMMC because she would worry that he would then suspect her of having been with another man.

Audience Insights: Hygiene and HIV/STI (sexually transmitted infection) prevention are important motivators for circumcision. Zambians associate poor genital hygiene with STIs. Zambian women would prefer their men to be circumcised.

STEP 1: TOOLS

- **TOOL 1:** VMMC Policy Analysis Tool
- **TOOL 2:** VMMC Program Status Tool
- **TOOL 3:** VMMC Primary Audience Analysis Tool
- **TOOL 4:** VMMC Secondary Audience Analysis Tool
- **TOOL 5:** Extended Audience Profile Example

TOOL 1: VMMC Policy Analysis Tool

(Adapted from WHO Situation Analysis for Male Circumcision)

Use this tool to collect relevant information on national and/or regional policies that may influence VMMC demand creation planning and service availability.

Law / Policy / Strategy (include both government and nongovernmental policies and strategies on HIV or related public health intervention)	Exists?	Relevant to VMMC?	Implementing (governing) Agency/Body	Notes: How law, policy, or strategy affects VMMC demand creation and service provision
National HIV prevention policy/ strategy	Yes/No	Yes/No		
National VMMC Policy	Yes/No	Yes/No		
National VMMC Communications Policy	Yes/No	Yes/No		
Age of consent for medical procedures	Yes/No	Yes/No		
Policy on cadres that can conduct VMMC	Yes/No	Yes/No		
Policy local vs. general anesthesia	Yes/No	Yes/No		
Others relevant to VMMC list below:				
	Yes/No	Yes/No		
	Yes/No	Yes/No		
	Yes/No	Yes/No		

TIP

Use the Ministry of Health or the National VMMC Task Force (if available) as the initial source for completing this Policy Analysis Tool.

TOOL 2: VMMC Program Status Tool

(Adapted from WHO Situation Analysis for Male Circumcision)

This tool allows you to track all implementers of VMMC within a national program. All providers should be considered: public, private, traditional, regional/district. It is best to start this research through the Ministry of Health or a National VMMC Task Force to compile a list of providers, then seek answers directly from the providers.

Organization Carrying Out VMMC	Affiliation	Geographic Location of Services		Description of VMMC Venue *Check all that apply*		Provider Carrying Out Procedure *Check all that apply*		Other Activities Included *Check all that apply*		Number of Cumulative VMMCs (Completed to Date)				Challenges/Issues/ 12 Month Projection (Plan) Please describe below
										Age Group		Marital Status		
		National		Public facility		Doctor		HTC		Under 15		Single		
		Regional		Private facility		Nurse		STI treatment		15-18		Married		
		Capital city		Traditional event		Clinical officer		Promotion of condoms		19-24		Divorced		
		Other (record below)		Mobile clinic		Other (record below)		Other (record below)		25-49		Other (record below)		
		National		Public facility		Doctor		HTC		Under 15		Single		
		Regional		Private facility		Nurse		STI treatment		15-18		Married		
		Capital city		Traditional event		Clinical officer		Promotion of condoms		19-24		Divorced		
		Other (record below)		Mobile clinic		Other (record below)		Other (record below)		25-49		Other (record below)		
		National		Public facility		Doctor		HTC		Under 15		Single		
		Regional		Private facility		Nurse		STI treatment		15-18		Married		
		Capital city		Traditional event		Clinical officer		Promotion of condoms		19-24		Divorced		
		Other (record below)		Mobile clinic		Other (record below)		Other (record below)		25-49		Other (record below)		

Tool 3: VMMC Primary Audience Analysis Tools

Target Audience: Males Eligible for VMMC

To achieve maximum influence, VMMC demand creation messaging must be built on an understanding of the audience, with messages tailored to meet the audience's unique needs and to address barriers to accepting VMMC services.

Questions such as those below will help in collecting key, descriptive information and insights from members of target audience groups concerning VMMC services. The questions can be used either directly, for example, inserted into an existing quantitative survey or as a template for developing a customized data collection instrument for interviews, focus groups, and surveys. Work with partners, stakeholders, and Ministry of Health before implementing and ensure that necessary Institutional Review Board approval is secured.

Note: Prior to use, customize this instrument by adding or deleting specific questions

Demographic Information

Age:	
15–18	
19–24	
25–49	
50+ Reassign to Secondary Target Audience	
Residence at Birth:	
Urban	
Peri-urban	
Rural	

Marital Status:	
Single—*never married*	
Married	
Divorced	
Widower	
Religion:	
Christian	
Muslim	
Other	
None	
What are your religious views on circumcision?	

Circumcision Status:			
Uncircumcised			
Circumcised *Reassign to Secondary Target Audience*		**Type**	**Age**
		Medical	
		Location circumcision conducted	
Tell me about your experience being circumcised.			
Highest Education Level Completed:			
None			
Primary (grammar school)			
Secondary (high school/trade school)			
Tertiary (college/advanced training)			

Demographic Information

Current Residence:	
Urban	
Peri-urban	
Rural	

Employment:	
In school	
Unemployed	
Employed	
[If employed] What type of work do you do?	

Languages/Literacy:		
	Speak	Read
English		
Swahili		
(name)		

Tribe/Ethnic Identity	
(name)	
(name)	
(name)	

Relationships:		
If Single/Divorced/Widower:		
	Yes	**No**
Have you had sex with a woman in the last 6 months?		
Do you have a regular female sexual partner?		

What does your female sexual partner think of circumcision?	
I don't know; we've never discussed it.	
Encourages it	
Doesn't know about it	
Doesn't support/encourage it*	
*(If checked) Follow-up below:	
Doesn't see need for it	
Suspects it could lead to partner's infidelity	
Other (record below)	
Concerned about safety	
Concerned about ill effects on sexual performance	
Other (record below)	

Children:	
Yes	
No	

If Married:		
	Yes	**No**
Do you have more than one wife?		
Do you have female sexual partners other than your wife/wives?		

What is your wife's/wives' view of circumcision?		
I don't know; we've never discussed it.		
Encourages it		
Doesn't know about it		
Doesn't support/encourage it*		
*If checked, follow-up below:		
Doesn't see need for it		
Suspects it could lead to partner's infidelity		
Concerned about safety		
Thinks it is only for single men		
Concerned about ill effects on sexual performance		
Other (record below)		

Risk and Protective Behaviors

Condom Use	
How often do you use a condom?	
Never or rarely	
Sometimes	
Most of the time	
Always	
How do you decide when to use a condom?	

HIV Testing		
Have you ever been tested for HIV?	**Yes**	**No**
If no, please share your reasons for not getting tested.		

Sociographics

Describe some of your hopes and dreams:	Describe how you like to spend your free time:	What brands do you like?
Where do you hope to be in 5 years? In 10 years?	What celebrities do you follow?	Who are your role models?

Barriers to Male Circumcision:	
What are some reasons men give for not getting circumcised? *Check all that apply.*	
Don't see the need	
Costs too much	
Lost work time	
Against cultural/religious beliefs	
Six-week sexual abstinence is too long	
Healing period too long	
Fear of pain	
Fear of bleeding	
Fear of complications	
Fear of decreased sexual performance	
Concern over wife/partner's approval	
Other (record below)	

Motivators for Male Circumcision	
What would motivate you to get circumcised? *Check all that apply.*	
Protect personal health	
Protect wife/partner's health	
HIV prevention	
Set right example for others	
Solidarity with male friends	
Gain wife/partner's approval, praise	
Satisfy employment requirement	
Help achieve AIDS-free generation	
A man's responsibility	
Hygiene	
Appearance	
Improve sexual attractiveness	
Enhance sexual pleasure/capacity	
Convenience of (access to) VMMC services	
Trust in VMMC service providers	
Personal pride in accepting VMMC	
Other (record below)	

Key Influencers	
Who influences your decision on whether to get circumcised? *Check all that apply.*	
Wife/female partner	
Other women	
Father	
Mother	
Male peers (friends)	
Religious leader	
Community leader	
National leader	
Sports celebrities	
Other celebrities	
Tribal leaders/elders	
Doctors/medics	
TV shows	
Radio shows	
Print media (newspaper, magazines, comics)	
News media	
Other (record below)	

Masculine Values	
To you, what are the most important (admirable) qualities for a man to have? *Check all that apply.*	
Courage	
Physical strength	
Leadership	
Protecting health (self)	
Protecting wife/partner	
Protecting children	
Pleasing wife/partner	
Community/civic responsibility	
Sexual performance	
Competitiveness—"winning"	
Making decisions alone	
Being in charge—"the boss"	
Pleasing self	
Comradeship	
Other (record below)	

Values for Accepting VMMC	
In your opinion, what personal qualities pertain to a man accepting VMMC? *Check all that apply.*	
Courage	
Physical strength	
Leadership	
Protecting health (self)	
Protecting wife/partner	
Protecting children	
Pleasing wife/partner	
Community/civic responsibility	
Sexual performance	
Competitiveness—"winning"	
Making decisions alone	
Being in charge—"the boss"	
Pleasing self	
Comradeship	
Other (record below)	

Tool 4: Secondary Audience Analysis Tools
Target Audience: Influencers of Males Eligible for VMMC

To achieve maximum influence, VMMC demand creation messaging must be tailored to each target audience. This survey instrument will help compile key descriptive information from a representative sample from the secondary target audience. The information can be generalized for setting demand creation strategy in general and especially for message development.

Note: Prior to use, customize this instrument by adding or deleting specific questions.

Demographic Information

Age:	
15–18	
19–24	
25–49	
50+	
Residence at Birth:	
Urban	
Peri-urban	
Rural	

Sex:	
Male	
Female	
Marital Status:	
Single—*never married*	
Married	
Divorced	
Widower/widow	
Religion:	
Christian	
Muslim	
Other	
None	
What are your religious views on circumcision?	

Circumcision Status:			
Uncircumcised			
Circumcised		**Type**	**Age**
		Medical	
		Traditional	
Tell me about your experience being circumcised.			

Highest Education Level Completed:	
None	
Primary (grammar school)	
Secondary (high school/trade school)	
Tertiary (college/advanced training)	

Demographic Information

Current Residence:	
Urban	
Peri-urban	
Rural	

Employment:	
In school	
Unemployed	
Employed	
[If employed] What type of work do you do?	

Languages/Literacy:		
	Speak	Read
English		
Swahili		
(name)		

Key Influencer Group Respondent Belongs To		
Female partner		
Female (nonsexual partner)		
Father		
Mother		
Male peer		
Community leader		
Political leader		
Religious leader		
Traditional leader		
News media		
Sports celebrity		
Other celebrity		
Nurse		
Doctor		
Other medical professional		
Other (record below)		

Children:	
Yes	
No	

Tribe/Ethnic Identity	
(name)	
(name)	
(name)	

Risk and Protective Behaviors

Condom Use	
Do you consider yourself to be sexually active? _____YES_____NO	
How often do you use a condom?	
Never or rarely	
Sometimes	
Most of the time	
Always	
How do you decide when to use a condom?	

HIV Testing		
Have you ever been tested for HIV?	**Yes**	**No**
If no, please share your reasons for not getting tested.		

Sociographics

Describe some of your hopes and dreams:	Describe how you like to spend your free time:	Describe why you think you could be a key influencer for VMMC and why uncircumcised males would listen to and/or be influenced by your group:
Where do you hope to be in 5 years? In 10 years?		

Reasons Why You WOULD NOT Promote Male Circumcision	
Check all that apply.	
Don't see the need	
Costs too much	
Lost work time	
Against cultural/religious beliefs	
Six-week sexual abstinence is too long	
Healing period too long	
Fear of pain	
Fear of bleeding	
Fear of complications	
Fear of decreased sexual performance	
Concern over wife/partner's approval	
Other (record below)	

Reasons Why You WOULD Promote Male Circumcision	
Check all that apply.	
Protect personal health	
Protect wife/partner's health	
HIV prevention	
Set right example for others	
Solidarity with male friends	
Gain wife/partner's approval, praise	
Satisfy employment requirement	
Help achieve AIDS-free generation	
A man's responsibility	
Hygiene	
Appearance	
Improve sexual attractiveness	
Enhance sexual pleasure/capacity	
Convenience of (access to) VMMC services	
Trust in VMMC service providers	
Personal pride in accepting VMMC	
Other (record below)	

Masculine Values	
In your opinion, what are the most important (admirable) qualities for a man to have? *Check all that apply.*	
Courage	
Physical strength	
Leadership	
Protecting health (self)	
Protecting wife/partner	
Protecting children	
Pleasing wife/partner	
Community/civic responsibility	
Sexual performance	
Competitiveness—"winning"	
Making decisions alone	
Being in charge—"the boss"	
Pleasing self	
Comradeship	
Other (record below)	

Values for Accepting VMMC	
In your opinion, what personal qualities pertain to a man accepting VMMC? *Check all that apply.*	
Courage	
Physical strength	
Leadership	
Protecting health (self)	
Protecting wife/partner	
Protecting children	
Pleasing wife/partner	
Community/civic responsibility	
Sexual performance	
Competitiveness—"winning"	
Making decisions alone	
Being in charge—"the boss"	
Pleasing self	
Comradeship	
Other (record below)	

Tool 5: Extended Audience Profile Example

SUMMARY: Ndoda is a 21-year-old male who dropped out of school and struggles to make ends meet. He was born in Shiselweni but recently moved to Msuidzo in search of work. He wakes up early many days to look for "piece" work or to hang out at busy spots, trying his luck on the ladies. Ndoda dreams of playing football, perhaps with the army. But in his present situation, that goal seems distant. So for now, he satisfies himself by playing for a local team and listening to music on the radio. He has heard about circumcision but doesn't know where or how it is done.

DEMOGRAPHICS

Category	Demographic	Source
Age	Early 20s	DHS, 2006
Education level	Dropped out during secondary school	DHS, 2006
Socioeconomic status	Informal sector work (e.g., handyman); average monthly income is $50; no regular paycheck; no personal transport	Field agent account
Geography	Born in rural area but moved to urban for work. Currently lives in 1-room flat	Field agent account
Marital status	Single with steady girlfriend but has one or more "makhwapheni" (secret lovers) and occasional one-night stands	Field agent account
Religion	Doesn't attend church now that he has moved to town, and he does enjoy a "fun" lifestyle, but he views himself as a Christian with certain core beliefs	Field agent account
Size of target	87,676 (males aged 20–29)	Census, 2007

DETERMINANTS for VMMC (Bolded items are thought to be the strongest determinants mentioned in the study)

FACILITATORS	BARRIERS
Sexual pleasure/prowess	**Fear of pain**
Intention to pursue VMMC is high already	**Recovery period limiting sex life, work, and fun**
Social support from partners and peers	Suspicion of infidelity from partners
STI/HIV prevention	Lack of knowledge
Hygiene	**Doesn't want HIV testing**
Perception that women prefer	
Peer pressure/social norm	

DEMOGRAPHICS

MC	Only 16% are circumcised	*SHIMS data 2011*
Condom use	Not with primary partner But with secondary ("roll on" girl)	*National Cross Sectional Household Behavioral Survey, 2006*
Knowing HIV status	Doesn't know status	*National Cross Sectional Household Behavioral Survey, 2006*

LIFESTYLE: Ndoda spends his free time hanging around in shops to meet women as well as in bars and night clubs. He is passionate about watching and playing football.

MEDIA HABITS: Ndoda watches soccer games at bars; listens to the radio; reads the sports section of newspapers first (sometimes at stores without buying the paper)

PSYCHOGRAPHICS:

- Brands: "Fong Kong" brands, such as Dickies, All Star, Jeep, Adidas, Reebok, Levi's
- Beer: Castle & Hansa
- Role models: Soccer players and DJs (Kwaito)
- Aspirations: Dreams of being a soccer star, perhaps by playing for the army or being scouted by a South African club

STEP 2: Strategic Design for Demand Creation

This step focuses on designing communications that drive demand and that can be met by available VMMC service delivery. Step 1: Conducting Situation and Audience Analysis explained the primary and secondary audiences and the importance of understanding their communication needs and how to influence males' decision to seek VMMC. This next step aims to determine the information to convey to these audiences, as well as the best communication channels for reaching them. This step also helps coordinate with VMMC service providers to make sure the demand created can be satisfied.

While developing your strategic design for demand creation, it is also important to begin considering how you will implement, monitor, and evaluate demand creation activities, as well as engage journalists and the media in your program. For more details on these topics, see Steps 4 and 5 of this toolkit.

Selecting Key Audiences for Demand Creation Activities

Successful demand creation depends on messages tailored for specific target audiences. Below is a list of key primary and secondary audiences to address in advancing the goal of achieving 80% VMMC coverage among males aged 15 to 49.

Primary Target Audiences	Secondary Target Audiences (Key Influencers/Message Conveyers)
• Uncircumcised males aged 15 to 24 • Uncircumcised males aged 25 to 49, regardless of marital status • Uncircumcised males who need parental consent (minors)	• Female partners of males eligible for VMMC, including wives and girlfriends • Health care providers • Mothers/fathers/guardians • Circumcised adult males (who can encourage peers to undergo VMMC) • Advocates: barbers, coaches, social club hosts (bartenders) • Civic leaders (urban) • Educators • Elders (both male and female) • Employers • Government officials • Journalists and media • Religious leaders • Traditional circumcisers • Tribal leaders

When selecting audiences to target in campaign activities, the goal for reaching 80% VMMC coverage should be kept in mind. Focusing principally on high-priority groups will help advance progress toward national and regional public health VMMC goals. For instance, one approach is to prioritize older (age 25-49) and married men (up to 49 years of age) for demand creation activities, if less outreach is needed to draw younger, single males into services. Also, realize that some messages and communication channels will apply to more than one group. Consider these questions when setting priorities:

- What is the highest priority primary target audience? (Determining this audience can be based on epidemiology, potential for progress against the country's epidemic, donor priorities, VMMC prevalence among the group, or a combination of these factors.)
- How many males comprise this primary target audience?
- What secondary audiences are most likely to influence the priority primary audience?
- Which audiences are more easily accessed through available communication channels?

CASE STUDIES:

For an example of one program's experience with selecting target groups for VMMC demand creation, see ***Case Study 1: Target Group Selection in Swaziland*** in the Appendix.

Audience Highlight: Older or Married Men

While national VMMC programs have targeted males 15 to 49 years, many implementers have recently prioritized VMMC for older clients (25-49 years of age), who are especially likely to be sexually active and therefore at increased risk for HIV. While this segment is most often described by its age range, some programs have experienced difficulty reaching married men, regardless of age.

Common barriers and motivators

Several countries have investigated barriers and motivators to VMMC uptake among older or married males. While some barriers and motivators align with those reported by younger males, many are unique to this subset of clients.

Some of the most common barriers are:

- Belief that the procedure is not appropriate for older males (those past the age of puberty)
- Shame in seeking services alongside much younger males (under age 15)
- Fear of partner infidelity during the 6-week healing period
- Fear that partner will assume the man seeks VMMC because he cannot be trusted, has been unfaithful, or is engaging in behavior that will bring HIV into the family
- Loss of income due to lost work post-VMMC
- Fear of pain

Some of the most common motivators are:

- Belief that circumcised males are more "desirable" to women (because of increased virility, sexual performance, and/or hygiene)
- Belief that circumcision improves penis appearance
- Belief that circumcised males are cleaner and more hygienic
- Belief that circumcision increases sexual satisfaction and endurance

Demand creation activities can be adapted to address these identified behavioral factors and increase uptake of VMMC.*

Several structural approaches to service delivery could be implemented, such as:

- Provide separate services for older males and younger males (under age 15): this could include "men-only" days at static clinic sites, extending hours on weekends or evenings for working men, or simply segregating males by age or marital status at waiting times, during counseling, during the procedure, and during recovery.
- Plan campaigns for older males during low season or downtime from work, such as during the Christmas holidays, post-harvest ,or after the fishing season ends to prevent loss of income during healing.
- Institute workplace VMMC programs ensuring employers support employees who undergo VMMC and provide time off work.
- Promote VMMC to males while their female partners abstain after childbirth, thus supporting one another during the healing period.

Messaging and communications can also be tailored to address the concerns of older and married males. For example:

- Brand "being circumcised" rather than the circumcision itself: promote the kind of man who is circumcised as appealing to women, as a leader among men, as someone who is smart or fashionable. See the existing materials gallery for examples of this type of work.
- Move away from messaging that ties VMMC only to disease prevention and appeal to the perception that circumcised males are more hygienic, virile, or desirable.
- Promote VMMC to couples, addressing how couples can plan for the abstinence period together.
- Use age-appropriate PEs for outreach: recruit and train older or married males who have undergone VMMC to act as IPC agents, allowing men to feel more comfortable talking about VMMC with a true peer.
- Promote the benefits of VMMC to women and encourage them to support partners during the postsurgical abstinence period.

**NOTE: While older or married men may share common key behavioral factors across countries, it is vital to investigate the target audience and context in the country in which you work.*

Audience Highlight: Women as Partners and Mothers

While VMMC is an intervention targeting males, the role that women play in men's decision cannot be ignored. Whether as spouse, partner or mother, women serve as information source, sounding board, encourager, and more. Effective demand creation must incorporate women as influencers of men as well as address women as an independent audience. Considerations for addressing women in VMMC demand creation are:

Key messages for women must be separated by women's role. Communication cannot simply address "women," but must address mothers as separate from female partners or peers of clients.

- It is imperative that programs understand the gender dynamics in a country. Research should be done on what role men want their female partner to play in the decision to get VMMC. While women are often cited as the number one influence on a man's decision to undergo VMMC, many men do not want women to bring up VMMC or pressure them to get services. These men may want partner support but not partner pressure. Program managers must understand this dynamic before developing communications targeted at women.
- The 6-week abstinence period during healing has been identified as a barrier to VMMC uptake among men. Messaging to women must make them aware of this abstinence period so they can support partners post procedure as well as prepare themselves for this situation.

- Targeting couples through HTC is an effective channel to promote VMMC and initiate discussion among couples on how to plan for a 6-week abstinence period during healing.
- Female IPC agents whose partners have undergone VMMC should be engaged to reach out to female peers, so women can talk frankly about what to expect, as well as benefits and risks.
- Antenatal care visits can be an effective channel to raise awareness among women about VMMC. Encouraging couples to go through a 6-week abstinence period together—so a man is circumcised after a woman gives birth—is a message that can be easily given during antenatal care visits.
- Communicating one of the important benefits of VMMC for women—a reduction in cervical cancer risk—may be an important motivating factor for women to urge and support men's decision to undergo VMMC.
- Messaging that ties VMMC only to disease prevention should be downplayed, and messaging should appeal to the perception that circumcised men are more hygienic, virile, or desirable.

Developing Audience Messages

Key messages for both primary and secondary audiences must convey an idea or belief important to creating demand for VMMC. Key messages should be clear and consistent across all campaign materials and activities.

The most effective key messages will be:

- ***Convincing:*** Messages drawn from audience insights will speak to audience values and therefore be more likely to persuade men to seek VMMC.
- ***Accurate:*** Messages should be grounded in science and must be technically correct.
- ***Distinctive:*** Whenever possible, messages should be unique and easily distinguishable from other messages and campaigns the target audience may encounter.
- ***Credible:*** Messages should be grounded in truth and consideration should be given to the reputation (trustworthiness) of spokespeople.
- ***Culturally Appropriate:*** Messages should respect and adhere to cultural and social norms.

A key message should have two components:

1. a clear call to action and
2. a definable benefit for performing that action.

TIP

The message of partial protection from HIV (VMMC reduces the risk of heterosexually acquired HIV infection in men by approximately 60%) is an important one, but many people just don't understand how this proportion translates into real life. Using the "60% message" in posters and print materials, where it cannot be explained in detail, may leave audiences confused. There are creative ways to explain this (see the Adaptation case study in Step 3, page 73), and some campaigns have simply stated, "VMMC provides some protection from HIV." No matter how partial protection is explained, the key message should be that clients and their partners must continue to practice safer sex even after VMMC.

VMMC Workplace Programs

An effective strategy to reach older and married men is to establish VMMC workplace programs. Mines, universities, sugar plantations, and transport companies are all examples of workplaces that employ large numbers of men and are appropriate candidates for VMMC programs. The key to a successful program is to work closely with the employer to ensure that sick leave or time off for recovering clients is provided. This is especially important for industries that rely on seasonality (e.g., fishing communities, agricultural workers). In addition, implementers must ensure all aspects of confidentiality and volunteerism in workplace programs, reassuring employees that HIV test results will not be shared with employers and that VMMC is not required by the employer, nor will it result in favoritism or promotion. Considerations for developing a workplace program are below.

Community mobilization:

- Formal meetings with management scheduled to educate on VMMC and ensure program buy-in
- Notices or posters put at convenient places within the workplace informing employees about VMMC activity

Sensitization/awareness sessions through IPC

- Short structured presentations to large groups of employees on HIV, AIDS, and VMMC
- One-on-one or small group IPC to stimulate demand for HTC and VMMC and answer questions or concerns

Testimonial sharing

- Males who have undergone VMMC share their experience with employees
- Questions and misconceptions clarified through real life examples

Mobile HTC/VMMC outreach services

- Assessment of suitability for HTC/VMMC to be conducted at the workplace
- HTC/ VMMC set up in rooms or tents or transport provided to off-site services (if workplace cannot support quality assurance measures)
- Volunteers are served on first come-first serve basis

Peer Education Training

- Recruitment and selection of peers within the workforce to provide information, counseling and prevention supplies (condoms) to employees after VMMC
- This ensures sustainability of HIV and AIDS programs within the workplace
- Peer educators mobilize and encourage peers to undergo HTC/VMMC services for future workplace campaigns

For VMMC demand creation, the call to action for men will be to get circumcised. Key influencers will be called on to encourage eligible men to get circumcised. **The benefit will come from audience insight and will often relate to emphasizing the target audience's motivators and/or overcoming their specific barriers to VMMC.**

Among older men in Botswana, for example, partial protection from HIV was not a motivator to undergo VMMC. Rather, one of the key motivators for VMMC for older men was the belief that women prefer circumcised men because many believe VMMC enhances penis hygiene and appearance. A key message based on this audience insight was:

> *HIV protection isn't the only benefit of VMMC. It can improve penis hygiene and some men say appearance, too. Women often say they prefer men who are circumcised. Protect yourself and your partner from HIV and other STIs and get circumcised today.*

In Zambia, misconceptions about pain and fear of pain were major barriers to VMMC. The key message based on this audience insight was:

> *While there is some pain associated with VMMC, it is temporary and can be effectively controlled. Talk to your VMMC provider today.*

Here are some tips for effective message development:

- Keep your message simple
  - ✔ Easy to grasp
  - ✔ Short and uncluttered
  - ✔ Avoid jargon and other unnecessary technical terms, for example, "cauterization"
- Invite the audience to "fill in the blank" and reach the desired conclusion on their own
  - ✔ Hold back from including every detail
  - ✔ Allow the audience to think through and take ownership of the message
- Brainstorm message ideas with a range of people, including representatives of the target audience
  - ✔ Creative agencies are experts at developing and testing effective messages

SECTION TOOLS:

For help with developing key messages, ***Tool 6: Designing Messages and Developing Materials Worksheet***, at the end of this section, provides some steps to identify the message goals of demand creation activities.

Promoting the "other" benefits of VMMC

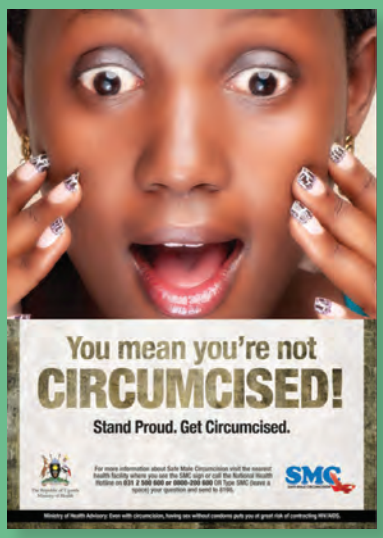
Demand creation campaigns for VMMC have often focused solely on the benefit of partial protection against HIV. But in some cases, improved hygiene or the reduced risk of cervical cancer for females has shown to be more motivating to target audiences than HIV prevention.

Audience insight research and pretesting of messages are keys to knowing whether HIV prevention messages will actually get clients in the door.

CASE STUDY: SPEAKING TO MEN THROUGH WOMEN: FROM UGANDA

Before beginning demand creation activities, Uganda's VMMC partners, working through the Health Communication Partnership, examined factors that influence men's decisions to seek VMMC services. They discovered a key audience insight: men felt their spouses would influence their decision to seek VMMC services. Some men reported they would want or even require the consent of their partners before agreeing to VMMC. Others feared repercussions from their partners if they were to undergo circumcision without consulting their partners.

The team in Uganda concluded that making women the centerpiece for their demand creation activities would capture men's attention, help ensure women were part of the VMMC decision-making process, and ultimately ensure a place for women to be part of the solution to the identified barriers.



Uganda's strategy was to speak to men through women. Because formative research revealed that men care a great deal about women's opinions on sex and sexuality, women's views on VMMC would be critical to men's final decision on VMMC. This was especially true for men in long-term or married relationships. The proposed campaign drew on the positive attributes of women as influencers of men.

The demand creation materials feature images of women promoting VMMC with the hope that men will seek VMMC services. In this approach, women speak directly to men and also to other women who may be inspired to encourage the men in their lives to accept and seek VMMC.

Consider this key message: If you encourage your partner to get circumcised, you will be less likely to bring HIV into your relationship. Engaging women as key influencers helps open a dialogue between uncircumcised men and their partners and creates a natural platform to spark conversation within the home. The prospect of circumcision brings up several issues that require partner discussion and consensus, especially for those who are married or in long-term sexual relationships. One of the key issues for discussion, for example, is the need to abstain from sex for 6 weeks after the circumcision procedure.

Because the campaign extends to both men and women, demand creation activities are implemented through print, mass media, and community-based channels. As an added dimension, posters are positioned to reach a captive audience. Provocative images of women placed over men's room urinals provide a timely opportunity for men to focus on their circumcision status while attending to other business.

CASE STUDIES:

The Appendix presents two additional case studies outlining experience in Zimbabwe and Zambia with developing key messages for VMMC demand creation—***Case Study 2: Key Message Selection in Zimbabwe*** and ***Case Study 3: Evidence-based Key Message Development for Male Circumcision Campaign in Zambia***.

Channel Selection

Effective demand creation communication is as much about the messenger as it is about the message. Think carefully about to whom and how the message is being delivered and whether the choice for message delivery affects credibility. For example, choosing a celebrity spokesperson to promote VMMC who is known for being promiscuous or derogatory toward women would be inappropriate.

The messenger is often referred to as the channel through which the campaign reaches the target audiences. Several criteria for choosing the best channels include

- the ability to reach and influence target audiences,
- creative considerations,
- cost considerations, and
- appropriateness of the channel to meet the communication objective.

Ability to Reach Target Audience: The most basic consideration is, does the channel reach your target audiences, and, if so, is the channel capable of influencing them? Your audience profile will provide much of the information to answer these questions. Also, the chart on the next page, Tips for Channel Selection, offers some important insights to selecting the right mix of channels.

SECTION TOOLS:

For help determining which channels are best suited to reach the target audiences, see ***Tool 7: A Day in the Life*** at the end of this section.

Referrals, Referrals, Referrals

One of the best and most effective channels for VMMC demand creation is the referral, specifically referral from HTC. Hundreds of thousands of men test negative for HIV every year across the target countries. These men should be routinely referred to VMMC services.

Programs should link with public- and private-sector testing centers to advocate with and train providers on the benefits of VMMC. Referral slips, registries, short message service (SMS) booking, or other strategies should be implemented to help HTC providers make VMMC referrals to all HIV-negative men. Cell phone numbers of referred men should be collected routinely. VMMC programs should then follow up on all referrals (via cell phone) to offer support and/or address any barriers referred men may have.

Remember, because VMMC is a highly personal decision, it is unlikely a single mass media channel will be sufficient to create demand. Consequently, engaging secondary audiences (key influencers) is essential. In addition, a combination of mass media and IPC approaches can work together to build familiarity with VMMC benefits, address concerns about the procedure, and create an environment where potential clients feel sufficiently comfortable with VMMC to want it and seek it.

Tips for Channel Selection

Use as many channels as feasible at one time

- This is sometimes called maximizing intensity. The more tools used the greater the reach to your target audience. It also likely increases the impact of the overall campaign because the same message is delivery in multiple ways to facilitate retention and comprehension.

Leverage "openings" when the target may be more receptive to your message

- Use channels to promote messages at the appropriate time and place. Talking to older men about VMMC as a bar in the evening after they've had several drinks may not be the best opening.

Beware of message fatigue

- Your target can be overexposed to a message or material and begin to tune out. Rotating through several different versions of materials or different executions of the same message can help avoid this.

The target should receive your message multiple times

- It is generally accepted that a target needs to see a message multiple times before any behavior change occurs. While the exact number of times is debated, as a rule of thumb, aim for your target to receive your message at least three times per channel.

Consider timing implications

- Are there priority times of year during which to increase your demand creation efforts? School holidays? Post-harvest?

Consider geographic implications

- Are there priority areas that should receive more demand creation communication? Areas around clinic sites? Areas where mobile VMMC sites will pass through? Use local media or additional IPC/community level outreach to increase demand creation in priority areas or to fill in under-delivered areas.

Timing messages can also affect the audience's receptiveness. For example, in some countries VMMC is promoted to couples around the time they become new parents. As the woman recovers from childbirth, the man also heals from circumcision, alleviating concerns for both parties about the 6-week abstinence period following male circumcision.

Creative Considerations: Be clear about the role the channel will play in the overall campaign. Should the channel simply promote a brand? Will it attempt to allay men's fears about pain? Will it alert men to an upcoming mobile VMMC clinic stop in their area?

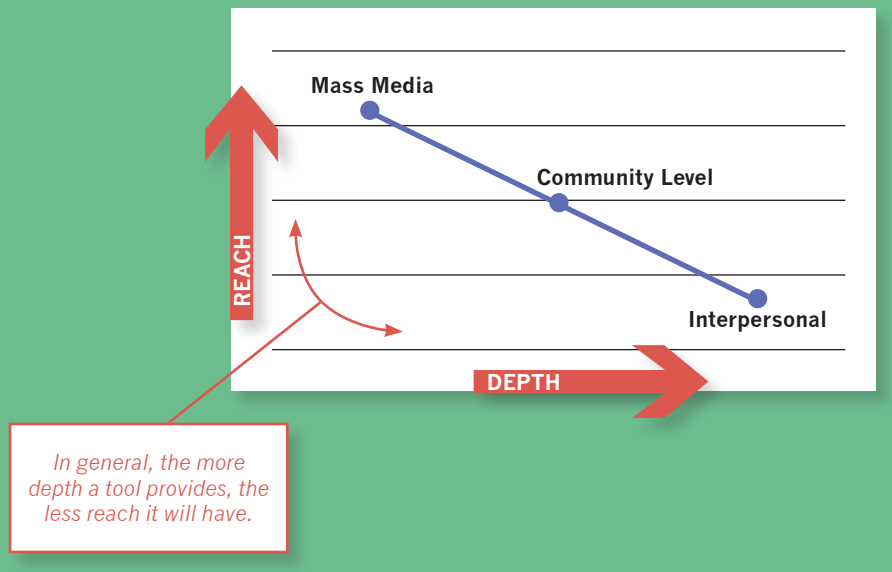
For example, in developing demand creation materials, one implementing partner clearly articulated what each channel was to accomplish in its demand creation for VMMC (see Table 2).

TABLE 2. SWAZILAND CHANNEL DIFFERENTIATION

Tool/Channel	Role in Demand Creation
Mass media	To communicate the benefits of VMMC by promoting the clinic brand
Former VMMC clients who act as VMMC advocates	To increase social support for VMMC among peers and help influence VMMC candidates to undergo the procedure
IPC	To encourage men to undergo VMMC and to address personal concerns, such as postoperative pain, abstinence during healing period, and sexual performance post-VMMC

Another creative consideration is how much "depth" the message requires. Here, depth refers to the amount of time or energy it takes to convey the message. Some messages require a lot of depth, such as countering a man's deeply held belief that VMMC will decrease his virility. Other messages, such as informing men where they can undergo VMMC, require much less depth (see Figure 8). In general, interpersonal interactions in small groups or one-on-one meetings provide greater depth because they allow for tailored dialogue. Many mass media channels, such as radio spots or billboards, do not lend themselves to messages that require depth. There is a trade-off between the depth required with a channel and the number of audience members reached. For example, while a TV spot does not provide the time or tailored context to deliver a message that requires depth, it can reach thousands of target audience members at one time. While IPC provides greater depth for messaging, it is much more limited in the number of audience members it can reach at any one time. The rule of thumb is *the more depth a channel provides the less reach into your target audience it will have*.

FIGURE 8: DEPTH AND REACH OF MEDIA



SECTION TOOLS:

Provided in the tool section at the end of this step is the ***Tool 8: Communication Channels for VMMC Demand Creation*** chart. It summarizes categories and attributes of the main communication channels often used in VMMC demand creation.

Cost Considerations: Cost will influence the channels selected for demand creation. Mass media channels are often written off as too expensive, while IPC and community-level channels are seen as inexpensive. However, there are many factors to include when considering costs. The following will help you determine what is feasible given your program targets and budget. See Table 3.

- **Production Costs:** This refers to the costs of creating the communication piece. Will you need a professional graphic artist? A camera crew? Will you need multiple versions of the same ad? Some mass media materials, such as television spots, are expensive to produce, while others can be less expensive, such as newspaper ads. A creative agency can help you estimate costs for mass media channels. For IPC and community-level activities, be sure to factor in training costs and support materials for IPC agents.

TABLE 3. TYPICAL COMMUNICATION ACTIVITIES AND THEIR BUDGET CONSIDERATIONS

Channel	Possible Budget Line Items
General Mass Media	• Creative agency fee for campaign design • Script writer • Materials' pretesting—focus group discussions or key informant interviews • Journalist training workshops
Radio	• Radio spot production • Radio airtime/placement • Media monitoring (Note: creative agencies typically charge about 5% of total budget for monitoring)
TV	• TV spot production • TV airtime/placement • Media monitoring (Note: creative agencies typically charge about 5% of total budget for monitoring)
Print Media Placement	• Writer • Graphic designer • Media placement costs
Outdoor	• Graphic designer, painter • Printing costs—outdoor (billboards, wall signs)
Interpersonal Communication	• Graphic designer • Content developer/writer for IPC activities and support materials • Photography/illustration • Pretesting • Printing for IPC support materials—flip chart, discussion guides, game pieces, picture cards • Printing for information, education, and communication (IEC) materials—leaflets, referral slips, posters • Training workshop for staff and partners • Refresher trainings • Training manuals • Support supervision/monitoring visits • PE/IPC agent per diem or allowance • PE/IPC agent uniform (t-shirt, vest, hat, etc.)
Community Mobilization	• Transportation costs for mobilization team • Mobilizer allowance • Bicycles/motorcycles • Communication costs, phone airtime • Bags/satchels for materials • T-shirts, caps for mobilizers • Stationery • Reporting form development and printing • Routine monitoring/support supervision visits
Social Media	• Dedicated staff time to monitor and update social media site
SMS	• Provider contract • Personnel time for real-time response • Writer for standard messages

Channel	Possible Budget Line Items
Hotlines	• Hotline staff time • Airtime • Discussion guides • Rental space
Special Events	• Public address system • Fuel • Allowance for staff/partners • Print materials—banners, flyers, leaflets • Airtime for radio announcements • Tent rental • Permit fees

- **Media Placement Costs:** This is the cost of buying space for your communication piece, such as radio or television time or magazine pages. There are two ways to think about this cost.
  - ***Total Cost:*** This is sometimes called "out-of-pocket" and represents the total amount of money spent on the media placement.
  - ***Efficiency:*** This is the measurement of the costs per number of the target group reached, often expressed as "cost per 1,000 people reached" or "cost per thousands (CPM)." It is useful for comparing the cost of reaching 1,000 people from the target group through different media channels.

    CPM = Total Costs/Total Reach (as expressed in 1,000s)

    For example, if a television campaign costs $50,000 and reaches 10,000,000 people, the CPM is $5.00 per 1,000 people reached (50,000/10,000,000) x 1,000

    If an IPC program costs $20,000 and reaches 2,000,000, the CPM is $10.00 per 1,000 people reached (20,000/2,000,000) x 1,000

    While the IPC program initially seemed less expensive ($20,000 compared with $50,000, when the CPM is calculated, mass media is actually the better deal).

  Calculating the CPM for different channels can be useful to help ensure that reach is maximized given the available funds, because it is important to weigh the cost of using different channels against their reach. While it will not always be possible to know the exact number of people that will be reached by a communication channel, it is important to at least estimate expected CPM to compare different channels.

- **Human/Managerial Costs:** This is an area where mass media channels are often less costly. For IPC and community-level activities, high quality management and supervision, as well as monitoring systems, are critical and often labor intensive. While television, radio spots, and newspaper ads should be monitored to ensure they are running at the right date and time, little other management is needed.

Appropriateness of the channel to meet the communication objective: It is important to clearly identify the role that each selected channel will play in your communication campaign and how the selected channels will interact with each other. These roles should be informed by your overarching program objective, audience insight, and situation analysis. While communication channels can have many functions, most typically fall in one or more of the following categories: create awareness; disseminate information; address myths and misconceptions; generate discussion; stimulate community action; link individuals to services; and improve skills, which in the case of VMMC would be post-op wound care or consistent condom use post-VMMC. Additionally, channels should be carefully selected to ensure that they are supportive of one another: for instance, mass media to create awareness about new VMMC services coupled with IPC that addresses specific barriers to services uptake. See Tool 10 "IPC Format Selection Guide" and Tool 11 "Mass Media Format Selection Guide" for more guidance.

Communicating the Tough Stuff

Several issues related to VMMC are difficult to communicate. Some of these sensitive issues are below with guidance on when, how, and who should handle them.

HIV testing and counseling: HTC is part of the comprehensive package of services for VMMC. While it is not mandatory that a man undergo HTC, it is highly encouraged and must be offered as a part of every VMMC program. Some men may avoid VMMC because they do not want to be tested for HIV. HTC is best addressed with two-way communication, so if a potential client has a question or concern about testing, it can be answered honestly and in detail. A radio or TV spot, or print ad doesn't allow for this back and forth and is not an appropriate channel for discussion about HTC. IPC with PEs, counselors, or even a radio talk show can emphasize the importance of knowing one's status prior to VMMC and also clarify that while testing is not mandatory it is very beneficial for the client. Since VMMC is an HIV prevention measure, it should be communicated that if a man is positive, VMMC will not provide these prevention benefits. In addition, depending on CD4 count, a man may be putting himself at risk by undergoing VMMC if he is HIV positive, because even a mild infection post-VMMC could put him at increased risk.

Partial protection: Many in the target audience will not understand the 60% protective effect of VMMC against HIV transmission. It is a difficult concept to apply to one's actions post-VMMC. While communicating the benefit of partial protection against VMMC is important, this message may best be communicated during one-on-one or small group sessions. If it is communicated on print materials, the percentage should be avoided and a simple message such as "VMMC provides some protection against HIV" can be used. Some programs have used a football analogy to demonstrate the need to use additional methods for HIV prevention even after VMMC (see case study on material adaptation).

Abstinence period: The 6-week abstinence period during wound healing is a necessary message that should be communicated to all clients and their partners, before, during, and after VMMC. However, this message need not be part of demand creation campaigns. It should be communicated clearly during counseling, by providers, and at all follow-up visits with clients, but it not a message that needs to be used to promote services as part of demand creation. If program managers feel it must be discussed as part of the promotion of VMMC, two-way communication approaches are best: IPC, community meetings, radio call-in shows, for example. Note that all IPC agents, PEs, community mobilizers, and others who work to create demand must understand the importance of the abstinence period so, if they receive questions from potential clients in the field, they can answer them correctly.

Condom use post-VMMC: The need to practice safer sex and use condoms post-VMMC is an important message but one that may discourage men from undergoing VMMC. Similar to abstinence messaging, this message is best communicated by counselors and service providers and will be emphasized at the clinic or mobile site, especially when condoms are provided to clients after surgery. Messages about safer sex post-VMMC need not be a part of demand creation communications but must be part of any training of IPC agents and other outreach workers so they can correctly address questions should they arise.

Pain: Fear of pain is often cited as an obstacle to the uptake of VMMC. While pain is certainly not an issue that will promote VMMC, honesty about possible pain during the procedure is always best. Static channels such as radio or TV spots, print advertising, or brochures are not well suited to address the issue of pain; two-way communication can help address this barrier. IPC agents and other outreach workers should be trained and prepared to answer questions about the level of pain associated with VMMC. The expectation that there is some pain should be set, emphasizing that it is manageable, common, and well worth it for the lifelong benefit of undergoing VMMC. Ignoring the subject or minimizing its relevance could turn a client into a powerful opponent of circumcision among his peers.

Fear of lost income during VMMC healing period: Men often believe that they cannot work for the entire 6-week healing period. Communication about VMMC must be clear that men who engage in physical labor need only stay home from work for 2 to 3 days, while those not doing physical labor can return to work the same day or the following day.

CASE STUDIES:

For real-world examples of how programs in Zimbabwe and Tanzania have selected channels for VMMC demand creation, see ***Case Study 4: Zimbabwe Channel Selection—Community Mobilization*** and ***Case Study 5: Channel Selection—Radio in Iringa, Tanzania*** in the Appendix.

Branding Campaign Activities and Materials

As commercial advertisers know, branding creates an instant, memorable, and often emotional association with a product or service. Successful branding conveys positive impressions and reinforces key messages. Branding can help audiences emotionally connect with VMMC. The more favorable the association, the greater the demand creation that stems from it.

For VMMC demand creation, it's especially important to develop and have positive attributes associated with VMMC because target audiences extend beyond potential VMMC clients to encompass others, including circumcised men, women, and other key influencers. Audience research will provide insight into designing a brand that appeals to people as it reinforces the benefits of VMMC. While it is not necessary to create a brand for VMMC, it should be carefully considered as an effective tool to help men develop an emotional bond with VMMC services, thereby leading to a more successful demand creation campaign.

When to refresh a brand

Consider revisiting, revising, or at least reviewing demand creation materials and communication when

- monitoring and evaluation efforts indicate that the message is not resonating with the target audiences
- demand at VMMC service delivery sites has declined or is not meeting expectations,
- a new target audience will be prioritized,
- subsequent research has identified new barriers or motivators that should be incorporated into the campaign,
- campaign posters and billboards have been up for so long that they are bleached and faded by the sun, and
- research shows that audiences are suffering from VMMC message fatigue (they've become so accustomed to the messages and images that they are no longer noticed).

The following case study highlights an example of VMMC branding for demand creation.

CASE STUDY: A NATIONAL BRAND FOR VMMC IN ZAMBIA

A Zambian implementer began to accelerate its VMMC program in early 2009, from a few hundred clients per month to several thousand each month. Concerns were raised about the possibility of unscrupulous or untrained providers offering the service for financial gain. By August 2009, the MOH had launched a National VMMC Program, and it became apparent there was a need for a national quality symbol, or icon, that the public could use to identify officially recognized VMMC service locations.

From previous research with circumcised and uncircumcised men, the implementer knew that Zambian men valued circumcision for improving personal hygiene and providing partial protection from HIV acquisition. In a country with low literacy and more than 70 indigenous languages, it was clear the national VMMC symbol would need to be visual and easily described verbally (over the radio, for example). Of the many icon iterations pretested with members of the VMMC Program's target audience (males aged 18 to 39), one emerged as a clear favorite. It featured the colors of the Zambian flag as well as a confident-looking man. Figure 9 shows early drafts of the logos that were pretested among target group members.

FIGURE 9: PRETESTED VMMC LOGOS IN ZAMBIA

FIGURE 10: FINAL ZAMBIA VMMC LOGO

The Zambian MOH eventually endorsed the logo shown in Figure 10 as the *National Symbol for VMMC Services in Zambia*. The symbol was lauded for its ability to be easily recognized and understood and to be described in conversation.

The icon was also used on posters, signs, and billboards to identify locations where VMMC services were available (see Figure 11). T-shirts and promotional materials reinforced the national logo at the community level.

FIGURE 11: BRAND PROMOTIONAL MATERIALS

CASE STUDIES:

Branding can also identify where quality VMMC services are available. For an example of how one program branded dedicated VMMC clinics, see ***Case Study 6: Branding of a Dedicated VMMC Clinic in Swaziland*** in the Appendix.

Matching Supply and Demand

Achieving balance between supply of VMMC services and demand for them ensures productivity, cost-effectiveness, and, perhaps most importantly, credibility. Creating demand that cannot be filled generates frustration and mistrust among target audiences. Restoring lost trust can be extremely difficult.

Key strategies to maintain public and stakeholder trust and to ensure VMMC services are available to meet demand include the following:

- ***Close collaboration and communication between service delivery and communication partners:*** Matching VMMC supply and demand often requires flexibility and quick action. Coordinated communication between stakeholders on both the demand creation and demand fulfillment side of VMMC is essential. Many countries accomplish this through regular task force meetings or daily, weekly, or monthly reports so that all parties can discuss needed strategies and make adjustments as necessary.

- ***Mapping VMMC sites:*** Mapping proposed or current VMMC service delivery sites helps ensure services are spread throughout the country or region and are focusing on areas where target audiences live. Demand creation activities can then focus on the catchment areas around these sites and coordinate IPC and community outreach with any planned mass media activities.
- ***Timelines for expansion:*** Just as with mapping, creating a timeline for when and where VMMC programs will expand allows better linkage of demand creation activities to these new sites, because it is important to create demand prior to when services arrive and maintain communication activities throughout the service delivery period.
- ***Linkages with service delivery models:*** While not exclusively the domain of communication partners, establishing the right service delivery model can greatly influence VMMC demand. For example, sites using the WHO's Models for Optimizing Volume and Efficiency (MOVE) principles can help increase the capacity of health facilities to handle more clients. Demand creation activities should be stepped up accordingly. Mobile VMMC clinics can help reach smaller pockets of the target audience, especially in rural communities. A tailored approach to demand creation in these settings (see box below) emphasizes the role of key influencers and direct outreach to potential VMMC clients.
- ***Monitoring fluctuations in client demand:*** School holidays, harvest time, and seasonal and weather changes can affect VMMC demand. Anticipating and monitoring patterns like these help communicators and service delivery partners better prepare for and take advantage of demand fluctuations throughout the year. One example is the "back to school" campaigns run in Tanzania, Swaziland, Zimbabwe, and Zambia that establish additional service delivery sites at or near schools to accommodate youth around school holidays. Demand creation activities are stepped up immediately before schools close to reach guardians for boys under the age of consent. See the case study on "Considerations for Back to School Campaigns" for more guidance. In many countries, demand spikes in the winter months. One reason for this is the belief that wounds heal better during the cold season. Program managers should plan for this and work with service providers to prepare for the increase. Communications can also address this with messages that proper wound care will help men heal quickly and easily no matter what the season.
- ***Quick demand creation increases:*** When services outweigh demand, a number of strategies have short turnaround times and can assist in increasing demand. These include writing a newspaper editorial promoting VMMC in the area, working with print reporters or radio outlets to publish VMMC stories or to interview VMMC clients, featuring a VMMC expert or former client on a radio or television talk show, hosting a community event such as a football match or dance competition that promotes VMMC, or increasing IPC outreach in specific geographic areas.

Three-Pronged Approach to Create Demand for Mobile VMMC Sites

1. **IPC:** Trained PEs identify, target, and provide outreach to key opinion leaders and influencers in proposed mobile VMMC sites. PEs use key messages on VMMC and promote the mobile VMMC clinic's date and time. Begin IPC work 1–2 weeks prior to the start of mobile services.
2. **Community Mobilization:** With support from key opinion leaders, PEs organize community mobilization events with music, Mobile Video Units, and promotional materials. They may also conduct separate or joint discussions with small groups (50–100) of VMMC candidates and women who influence men's VMMC decisions. These events often include contests and short play-acts that promote VMMC and specific mobile VMMC clinic dates and times. Potential clients are given referral reminder slips, and organizers can record potential client names/mobile numbers. Reach out to community leaders several weeks before the start of mobile services. Hold community events 1–3 days prior to the start of services.
3. **VMMC Mobile Campaign:** PEs accompany mobile clinic, doctors, and nurses to mobile sites to encourage men to undergo VMMC. Outreach may include door-to-door canvassing and follow-up mobile phone calls as reminders to those who took referral slips or expressed interest in VMMC.

CASE STUDY: CONSIDERATIONS FOR BACK TO SCHOOL CAMPAIGNS

Many circumcision programs have been successful scaling up services to meet high client volumes during school holidays. This approach is appropriate when in-school youth create natural "surges" in demand during school holidays (because youth are typically in school when most service delivery sites are open). Before implementing a campaign of this type, the following are actions to consider.

Approval

Getting the input of stakeholders and working in collaboration with the MOH and Ministry of Education are essential for the success of such a campaign. Draft a concept note that outlines the campaign, including service delivery and demand creation activities, for review by relevant Ministries and partners. Review by Ministries may take considerable time, so it is important to plan for this process many weeks prior to the launch of a campaign.

Timing

Often private and public schools go on holiday at slightly different times. Select dates that maximize when most school-going youth are available. There are often public holidays during school holiday periods. Consider experimenting with keeping sites open on public holidays and even on Saturdays during this period to see if there is high demand.

Site Selection

A school holiday campaign is a good time to open new sites in previously underserved areas and boost VMMC numbers at existing sites. If opening new sites, try to fill in geographic gaps but be cognizant of finding sites that are near schools. Site assessments should be conducted prior to services to ensure quality assurance standards can be met.

Demand Creation

Demand creation in the context of a school campaign should be three pronged:

1) IPC in schools

In collaboration with the Ministry of Education and/or with head teachers and principals, send IPC or PE teams into schools to make presentations to classrooms. Interested students can register their names and contact information and be booked for circumcision on specific days. If transport systems are put in place, the schools can become the pick-up points. VMMC bookings for minors should be scheduled several days after the IPC occurs to allow time for parents or guardians to sign informed consent forms.

2) Special mass media communication

Using radio, newspaper, and television (if appropriate), make sure that messages draw attention to the school holiday campaign. It is essential to advertise which sites are participating in the campaign, especially if the site is new and may be unfamiliar to communities. Posters and banners can also be hung at participating schools.

3) Public relations (PR) activities

Consider some other PR activities that will draw additional media attention to the campaign. Perhaps identify several principals or head teachers or the president of the student body at the local university to go for circumcision during the campaign as an effort to be role models to their students. Perhaps the Minister of Education is willing to launch the campaign at one of the new service delivery locations opened for the campaign. Initiatives such as these can get additional media coverage and can also inspire more people to come forward for the procedure.

CASE STUDIES:

Balancing supply and demand is essential for implementing a successful VMMC program. In ***Case Study 7: Finding the Sweet Spot—Matching Supply and Demand in Iringa, Tanzania***, learn about one program's experience in finding the balance between demand creation activities and the supply of VMMC services. This case study can be found in the Appendix.

Logistics

Several months of planning in advance of the campaign are recommended to ensure no shortage of medical supplies or equipment, to have sufficient time to identify and train additional clinical and support staff, to implement a client transport system (if necessary), to implement a process for ensuring parental consent for minors, and to ensure that demand creation activities are developed and any mass media executions are printed and/or aired.

Step 2: Strategic Design for Demand Creation has discussed selecting the primary and secondary audiences, developing key messages to share in communicating to the target audiences, and selecting appropriate channels. The following tool can help summarize the items discussed in this step.

SECTION TOOLS:

Tool 9: Media Plan Worksheet can help summarize and organize campaign-related decisions.

STEP 2: TOOLS

- **TOOL 6:** Designing Messages and Developing Materials Worksheet
- **TOOL 7:** A Day in the Life
- **TOOL 8:** Communication Channels for VMMC Demand Creation
- **TOOL 9:** Media Planning Worksheet

Tool 6: Designing Messages and Developing Materials Worksheet

Primary Audience

1. Know Your Audience

Review your ***Audience Analysis*** to answer the following questions about your primary audience.

What values, norms, and beliefs are most important to your audience?
What are your audience's needs and priorities?
What does your audience care deeply about or fear?
What is your audience's knowledge level and what do they need to know? (Is there a startling fact that might cause the audience to rethink their position or move to action?)

2. Define Your Message

Use the following statements to outline your key message.

My Audience is [sex, age, health status]:
They will [do, complete, learn] ***the following*** [a clear call to action]:
For this, they will receive [a definable benefit or solution for performing that action, whether relating to material gain, emotional reward, or value or role fulfillment]:

Secondary Audience

1. Know Your Audience

Review your Audience Analysis to answer the following questions about a secondary audience.

What values, norms, and beliefs are most important to your audience?
What are your audience's needs and priorities?
What does your audience care deeply about or fear?
What is your audience's knowledge level and what do they need to know? (Is there a startling fact that might cause the audience to rethink their position or move to action?)

2. Define Your Message

Use the following statements to outline your key message.

My audience is [sex, age, health status]:
They will [do, complete, learn] ***the following*** [a clear call to action]:
For this, they will receive [a definable benefit or solution for performing that action, whether relating to material gain, emotional reward, or value or role fulfillment]:

Tool 7: A Day in the Life

"A Typical Day in the Life…" Exercise

For Identifying Communication Tools that Reach the Target Audience

This simple tool is useful for identifying opportunities to communicate with target audiences. It is especially helpful in countries where secondary data do not exist for this purpose.

Below is an example of a completed exercise.

Target Group:	*Adults Aged 18 to 49*	
Time of Day	**Location & Activities**	**Communication Opportunities**
Early Morning	Commuting to work by bus	Billboards
Mid-morning	Office tea break	Worksite activities
Midday	Lunch at canteen in office compound	Worksite activities, radio
Early Afternoon	In office	
Late Afternoon	Tea break in office	
Early Evening	Commuting home	
Dinner	At home	Radio, television
Late Evening	At home	Radio, television, magazines
Special Events (List day, week, or month)	Church gatherings, market days	
Seasonal Opportunities (harvest time, holiday seasons, etc)	During holidays, travel to home village by train	

Source: Chapter 6 Channels and Tools, "A Field Guide to Designing a Health Communication Strategy," Center for Communication Programs, Johns Hopkins, Bloomberg School of Public Health, page 148. The entire manual can be downloaded from: http://www.jhuccp.org/pubs/fg/02/. The example for this exercise is found on page 147.

Tool 8: Communication Channels for VMMC Demand Creation

This tool is useful for identifying appropriate communication channels for demand creation and outlining their advantages and limitations.

Channel	Examples	Message Conveyers	Advantages	Limitations
IPC	Informal discussion	• Female partners • Circumcised adult males • Advocates (informal)* • Mothers • Fathers	• Effective at addressing individual-level barriers • Can reach into rural communities with limited mass media access • Community-based sources are trustworthy and credible	• Limited reach requires many message conveyers
	Peer education Small group discussions	• Circumcised adult males • Advocates (informal)* • VMMC educators		
	Counseling session	• Health care providers • VMMC educators		
	Door-to-door canvas	• VMMC educators • Mothers		
Organizational Channels	Workplace events	• Health care providers • Employers • VMMC educators	• Structures in place through which to work • Effective for reaching different target group segments	• Activities may need to align with organizational priorities or policies, which may or may not be aligned with campaign priorities
	School-based events	• Educators • VMMC educators		
	Organization events	• Civic leaders • Government officials • VMMC educators • Traditional circumcisers • Religious leaders		
Community Channels	Health fair/community exhibits	• Advocates (informal) • VMMC educators • Event banners/flyers	• Effective at demonstrating program presence at community level • To maximize impact, involvement at the community level in most contexts is essential	• Needs to be coupled with IPC or other channels for maximum

Channel	Examples	Message Conveyers	Advantages	Limitations
Community Channels	Community meetings	• VMMC experts • VMMC educators • Tribal leaders • Civic leaders • Traditional circumcisers • Government officials • Circumcised males • Advocates (informal) • Elders (male/female) • Religious leaders	• Effective at demonstrating program presence at community level • To maximize impact, involvement at the community level in most contexts is essential	• Needs to be coupled with IPC or other channels for maximum
	Public spaces	• VMMC educators • Advocates (informal) • Event banners/flyers • Street theater		
Public Relations (PR)	• Advocates (informal) news releases • Editorials (op eds) • VMMC expert interviews • Advertisements • Public notices	• Mass media outlets/products • Journalists • Promotional materials:(hats, t-shirts, buttons, key chains, pens, etc.)	• Effective to leverage media to the advantage of the program • Activities can be added through this channel on short notice to allow quick response based on program progress/ feedback • Promotional materials can be used as noncoercive incentives or rewards for participating in discussions and answering questions correctly	• Requires close collaboration and at times connections with the media • Can feel contrived if not planned carefully • Offering promotional items will set a precedent that may be difficult to maintain • Difficult to measure program benefits of promotional materials
Mass Media	• Radio spots (ads) • Radio call-in shows • Radio drama • Television spots (ads) • Broadcast news stories • Newspaper articles • Posters/billboards	• Journalists • Artists	• Has widespread reach • Can be used in a variety of ways from formal commercials to message placement within serial dramas	• Broadcast ads are expensive • Efficient ad placement requires expertise
Social/Digital Media	• Facebook • Twitter • SMS (text messages) • Websites • Hotline phone numbers • Web-based games	• VMMC advocates • Paid (PR) personnel • Healthcare providers • VMMC advocates (informal)	• These channels are new and cutting edge • More effective for reaching younger people • Economical	• Target groups of lower socioeconomic status may not have access • Requires specialized knowledge and/or experience to do well

*Advocates (informal): barbers, coaches, social club hosts (bartenders)

Tool 9: Media Planning Worksheet

Primary Target Audiences

- ❏ Uncircumcised males 15 to 24 years of age
- ❏ Uncircumcised males 25 to 49 years of age, regardless of marital status
- ❏ Uncircumcised adolescent males who need parental consent (minors)

Message

Key Message:

My audience will do _____ , for this they will receive _____
(Call to Action) (Benefit)

Sample Audience Messages:

1)

2)

3)

Channel	Format	Message Conveyers	Geographic Coverage	Timing/Continuity	Brand Considerations
EXAMPLE *Radio Spot*	*Call-in Show*	*Journalist*	*Countrywide*	*Once a Month, Nighttime*	*NA*

Secondary Target Audiences

- ❏ Advocates: barbers, coaches, social club hosts (bartenders)
- ❏ Circumcised adult males (who can encourage peers to undergo VMMC)
- ❏ Female partners of men eligible for VMMC, including wives and girlfriends
- ❏ Civic leaders (urban)
- ❏ Educators
- ❏ Employers
- ❏ Others_____
- ❏ Government officials
- ❏ Healthcare providers
- ❏ Journalists and media
- ❏ Mothers/fathers/guardians
- ❏ Religious leaders
- ❏ Traditional circumcisers
- ❏ Tribal leaders
- ❏ Elders (both male and female)

Message

Key Message:

My audience will do _____ , for this they will receive _____
(Call to Action) (Benefit)

Sample Audience Messages:

1)

2)

3)

Channel	Format	Message Conveyers	Geographic Coverage	Timing/Continuity	Brand Considerations
EXAMPLE *Organizations*	*Presentation to Civic Leaders*	*Medical Doctor*	*Three Target Districts*	*Once Annually*	*NA*

STEP 3: Development and Testing

The Development and Testing Step involves using the information from the Situation Analysis and Strategic Design steps to create actual demand creation materials. This section includes tips for developing original materials, adapting existing materials for use in campaigns, and for producing and disseminating the materials.

The decision to develop new materials or to adapt existing ones for use in demand creation efforts is largely a question of resources. When based on insights gained through strong audience analysis, original materials usually offer the potential to communicate most effectively with a target audience. However, the development of original materials also requires more time and resources. Adapting existing materials saves both time and money, particularly when they have been developed for similar audiences. The Appendix provides a gallery of existing VMMC demand creation materials, as well as some templates for core materials that can be modified easily.

Developing Original Materials

When developing original demand creation materials, follow these steps:

- **Select a Channel Format**
  During the strategic design phase, select the most appropriate channels for your audience and key messages. This list of channels will need to be narrowed down and a plan developed that fits the format of those channels. For example, within the radio channel category, select a format for an interactive radio call-in show, a radio jingle, or a 30-second radio ad. Similarly, for IPC, choose short role-plays with a PE, small group sessions with a trained counselor, or one-on-one discussions with former VMMC clients. The decision will be based on several factors, including the audience profile, media-use habits, and information from the A Day in the Life tool in Step 2.

SECTION TOOLS:

Included at the end of this section are two tools to help determine the best format for the selected channels: ***Tool 10: The IPC Format Selection Guide*** and ***Tool 11: Mass Media Format Selection Guide***.

Literacy

When developing print materials, it is important to understand the literacy and education levels of the target audience. Information collected during the audience analysis in Step 1 can aid in this process. If the target audience has low literacy levels, this should be a factor during channel selection and the development of print materials. The National Cancer Institute's *Clear and Simple: Developing Effective Print Materials for Low-Literate Readers* provides good guidance and considerations for working with low-literate audiences. To access this document, visit **http://www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple/**.

- **Draft a Creative Brief**
  A creative brief synthesizes information on the context, audience, and goals of the proposed intervention. The idea is to inspire the creative team to artfully achieve the established communication goals and objectives. The creative team should be inspired by the information provided in the creative brief, which should provide enough technical information (facts) to portray VMMC issues accurately but not be overburdened with statistics or unnecessary technical detail.

SECTION TOOLS:

Tool 12: Creative Brief Template and ***Tool 13: Sample Creative Brief from Zambia*** are included at the end of this section to help in developing a creative brief.

- **Work with a Creative Team to Develop Materials**
  A creative team can be drawn from internal staff members or external experts. The internal team may be able to develop a brochure or poster, but an external creative agency will likely be needed for a large-scale national mass media campaign.

SECTION TOOLS:

If you decide to work with a creative agency, ***Tool 14: Six Steps for Finding and Reviewing Creative Agencies*** at the end of this section provides useful guidance to assist in the selection process.

Tailoring Existing Materials

If working with existing demand creation materials, adapt them to the target audience by customizing the design, appeal, language, and messaging. See the Voluntary Medical Male Circumcision (VMMC) Communication Materials Adaptation Guide listed in the Additional Resources Appendix of this toolkit for further guidance.

Adapting materials involves multiple steps, including:

1. Identifying materials or templates for adaptation
2. Deciding on the changes to make
3. Completing the necessary changes
4. Pretesting the adapted materials
5. Producing the revised materials

1. Identifying Materials or Templates for Adaptation

In addition to the Existing Materials Gallery in the Appendix of this toolkit, the Male Circumcision Clearinghouse (www.malecircumcision.org) is an excellent resource for existing materials. When identifying materials, keep in mind the specific VMMC motivators and barriers that apply to the target audience. To minimize necessary changes, try to find materials that include key messages that are most likely to resonate with the target audience.

When reviewing existing materials, consider these questions:

- Are the materials available for adaptation?
- Will there be a charge for their use, and, if so, is it affordable?
- Can the materials be tailored for the target audience?
- Do the materials offer accurate, complete, and relevant messages?
- Is the format, style, and literacy level appropriate for the target audience?

2. Deciding on the Changes to Make

The range of elements that can be adapted for a specific country or geographic area can be grouped into two broad categories:

DESIGN ELEMENTS

- ***Language of the materials***
  - Materials should be translated into the most appropriate language for the target audience. Simple language or images work best for low-literate populations.
- ***Appearance of people in the photos***
  - Models used in the materials should reflect the target audience in ethnicity, socio-economic status, urban or rural location, and other relevant factors.
- ***Background location***
  - Make sure any background locations in photographic, drawn, or filmed images are generic enough to be considered appropriate for your context. Ensure that locations match the socioeconomic status and urban/rural mix of your target audience.
- ***Overall appeal***
  - A simple change in font can modernize an outdated look. Backgrounds can be lightened, brightened, or color adjusted to include, for example, the colors of a country's national flag or VMMC logo.

TAILORING MESSAGE CONTENT

- ***Key Message Content***
  - While message content can often be changed, it is usually easier to work with materials that already address the main motivators and/or barriers to VMMC that apply to the target audience.

SCIENTIFIC CONTENT

Be cautious in adapting highly technical materials about VMMC. Accuracy is key. Even if your focus is on non health-related benefits of VMMC, such as improved hygiene or women's preference for circumcised men, you may still need to include scientific information in your materials, especially in training manuals for IPC agents or community outreach workers, who may be asked technical questions about VMMC.

Consider these technical messages that can also be used to create demand, especially to help women encourage men to seek VMMC:

- VMMC reduces a man's risk of acquiring HIV by 60% or more. Women benefit indirectly from the reduced likelihood of exposure to HIV from their male sexual partners.
- VMMC reduces a man's risk of other sexually transmitted infections, including syphilis, genital warts, and herpes.
- VMMC can help improve penis hygiene.
- VMMC protects against penile cancer.
- Women whose partners are circumcised are less likely to get cervical cancer.

3. Completing the Necessary Changes

This process of completing the necessary changes depends on the medium.

- ***Television:*** Professional producers are typically required to adapt existing television announcements or programs.
- ***Radio:*** Many script changes can be handled internally, but professional production support is usually necessary for recording modifications to the script or voiceovers in a different language or with a different accent.
- ***Print media*** (including billboards, posters, brochures, newspaper ads): Professional graphic designers are best able to blend new and existing materials, so changes are not obvious. When working with graphic designers,
  - ask to see samples of their work,
  - explain the desired adaptations, and
  - work closely with them until the final product meets the established standards.

To change the images in print media, take new photos or purchase relevant, professional photos from the Internet. Getty Images (www.gettyimages.com), Shutter Point (www.shutterpoint.com), and iStock Photo (www.istockphoto.com) carry a wide array of stock photos. These websites also offer video clips and music. Product costs vary based on applicable license fees and the quality of the images or audio.

- ***Social Media:*** For social media channels, such as Facebook, creating the page is straightforward, and instructions are available on the website itself.
- ***Interpersonal Communication (IPC):*** Most IPC materials, such as PE training manuals or job aids (visual aids that outline key communication and discussion points) can be developed internally. People handling this work should be well versed in the technical aspects of VMMC as well as the key messages and audience insights. For IPC materials that contain images, such as IPC flip charts, use the same approach as for print media.

4. Pretesting the Adapted Materials

It is important to seek technical expert review and clearance and then pretest new materials to make sure all changes retain scientific accuracy and the materials resonate with the target audiences. Pretesting is explained later in this step.

5. Producing the Revised Materials

Producing the revised materials involves the following:

- For television and radio materials, conduct a final review before on-air scheduling.
- For print media and IPC materials, determine the layout of images, text, headlines, and (any) other elements. Also decide on the number needed and order the copies.

Visual Literacy for Print Materials

Visual literacy—or the ability to interpret and understand ideas communicated graphically—plays a vital role in creating effective print materials. Below are some general principles to consider for visual literacy:

Capture the reader's attention

- Keep materials simple
- Have an unmistakable focal point
- Provide a clear path for the eye to follow

Write headlines that offer a reason to read more

- Good headlines do one of two things:
  1) Offer a clear, tangible benefit
  2) Arouse readers' curiosity to encourage them to read on
- Headlines should be short

Use pictures to attract and convince

- Photographs are often more powerful than words
- Images should be relevant to the text and meaningful to the target audience
- Images should be simple and free of background clutter
- Avoid mixing illustrations and photographs; use one or the other

If you want people to read your text, make it readable by

- Using sentence case (when the first word and proper nouns begin with capital letters)
- Avoiding using all CAPITAL LETTERS. USING ALL CAPITAL LETTERS IS DIFFICULT TO READ
- Keeping the font simple
- Avoiding putting text over photos
- Using a simple layout: break information into short paragraphs, use subheadings to divide topics in print materials

Guidance adapted from: When Bad Ads Happen to Good Causes
To access When Bad Ads Happen to Good Causes, visit
http://www.thegoodmancenter.com/Uploads/PDF/Why_Bad_Ads_Happen_to_Good_Causes.pdf

CASE STUDY: MATERIAL ADAPTATION—TAILORING MATERIALS FROM BOTSWANA FOR USE IN ZAMBIA AND ZIMBABWE

To meet the challenge of how to accurately and effectively convey the concept of how VMMC provides partial protection from HIV infection, Botswana developed materials that used a soccer analogy. The materials portray a football team, each member representing a different HIV prevention strategy. Their jerseys promote condom use, abstinence, and monogamy. The final team member, the goal keeper, represents male circumcision. The message illustrates that a solid defense against HIV takes more than a single prevention strategy. Just as the goal keeper depends on teammates to defend the goal, preventing HIV infection requires a coordinated approach including, but not limited to, male circumcision. The analogy was so effective at communicating partial protection that other countries soon adapted it for their demand creation activities.

Campaign Development in Botswana

The Ministry of Health came up with Botswana's key message "Know your facts about safe VMMC." That message ultimately evolved into the slogan "Be Smart, Get Circumcised" (Figure 12). The goal was to draw males into services and emphasize partial protection and combination prevention and it worked. Despite limited VMMC services in Botswana at the time, at several VMMC clinics, men queued up around the block.

The primary target audience for this demand creation campaign was adult males who were already interested in getting circumcised. The secondary target audience was female partners of adult males interested in VMMC. In addition to the football-themed materials, radio spots targeting women focused on the importance of both partners sharing in a man's decision about VMMC.

Several audience insights reaffirmed the soccer analogy would be an effective approach. First, research and field experience had shown many men were interested in VMMC. However, the same research revealed a need to correct the serious misconception that VMMC would fully protect them from HIV. Second, football is extremely popular in Botswana, especially among men. Therefore, it seemed likely that linking VMMC to football would provide an appealing way to catch men's attention and help them understand VMMC's benefits and limitations. As a unique HIV prevention communication campaign, this one stood out and therefore promised to be memorable. Finally, to help men and their partners cope with the need to abstain from sex for six weeks after the procedure, the campaign encouraged couples to approach VMMC together and support each other before the procedure and throughout the healing period.

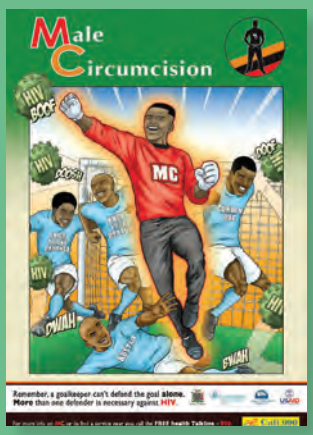
FIGURE 12: BOTSWANA'S FOOTBALL ANALOGY

Tailoring the Materials for Zambia

VMMC program staff in Zambia decided the theme and the message could be successful in their country, so they focused their adaptation on three factors. First, they tested the concept to assure it would resonate with their target audience. Second, they tailored the language for their target audience. Third, they redesigned the materials into the same comic book look and feel as Zambia's existing demand creation materials. Figure 13 shows Zambia's version.

Zambian focus groups demonstrated the football analogy was also applicable and popular with Zambian men. The research also informed minor adjustments to the language for better comprehension.

FIGURE 13: ZAMBIA'S ADAPTATION OF THE FOOTBALL ANALOGY



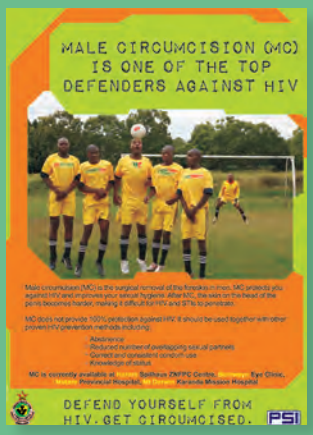
Tailoring the Materials for Zimbabwe

Zimbabwean audiences also like football, and they had a similar positive reaction to the football-themed VMMC materials from Botswana.

The country's communication consultant developed a creative brief that helped guide their creative agency's adaptation of the materials for Zimbabwe's target audience. In one change, the players were lined up to defend a penalty shot to further reinforce the HIV prevention message. An advisory group also suggested that a Zimbabwean football player pose as the main model representing VMMC. Figure 14 shows Zimbabwe's adaptation.

As with the Zambian adaptation, the visuals were tested in focus groups and adjusted based on the feedback before going to production. The pretest reinforced the advisory group's recommendation that the models used in the visuals were recognizable as Zimbabweans to ensure audiences identified with the campaign and key stakeholders would also be supportive.

FIGURE 14: ZIMBABWE'S ADAPTATION OF THE FOOTBALL ANALOGY



Lessons Learned

In all three countries, a similar VMMC demand creation message tied to a football analogy successfully conveyed the concept of partial protection. However, each country's version was tailored to fit unique cultural and social environments. Zambia and Zimbabwe followed the appropriate steps to tailor Botswana's innovative message to their specific country and demand creation contexts. They adapted materials to advance understanding of the important, but complicated concept of partial HIV protection. They identified those parts of the materials they could confidently retain and those that required change. They worked with creative agencies to make the relevant adjustments and collaborated with their own stakeholders to ensure broad support. They pretested the draft materials and made revisions based on input from stakeholders and target audiences. In the end, each country had its own unique set of demand creation materials appropriate to its context and tailored for maximum effect.

Leveraging Existing Communication Resources

Leveraging existing communication resources involves looking for opportunities to integrate messaging on VMMC into other health communication activities. Incorporating VMMC demand creation messages in other health activities saves money and increases reach to people who are part of or aligned with the target audiences.

Look back at the ***Situation Analysis*** to identify which other organizations are implementing health communication activities. Make a list of the organizations along with each of the channels/activities and health areas on which they are focused. Brainstorm with the program team on strategies to incorporate VMMC messages.

Possible entry points for VMMC messages include:

- revising national HTC curricula and job aids to ensure VMMC is discussed with all male clients and all male clients who test HIV-negative are referred for VMMC services;
- incorporating training on VMMC basic facts and referrals into curricula for community health workers;
- working with relevant nongovernmental organization (NGO) partners that organize health fairs to ensure a booth about VMMC can be included;
- incorporating messaging on VMMC into antenatal care health talks to encourage women to discuss VMMC with their husbands or partners;
- training local operators from health information hotlines in basic VMMC facts and service delivery locations so that they can answer callers' questions and make referrals for services;
- sending a "guest speaker" to talk about VMMC at health promotional activities organized by partners;
- sending VMMC counselors to health events to offer HTC and to refer males for VMMC;
- adding an educational session on VMMC at family health days organized at community clinics;
- providing assistance to incorporate VMMC into adolescent life skills curricula implemented by local community-based organizations (CBOs);
- drafting a sample VMMC workplace policy that will encourage employees to be circumcised by ensuring sick-leave will be provided. Work directly with the private sector or work through implementing NGOs or CBOs; and
- training barbers and bartenders and proprietors of other public places men congregate to promote VMMC discussions with customers in their respective establishments.

A key to leveraging existing communication resources is ensuring other NGO and CBO partners know about VMMC and are familiar with available services. Convene a meeting to inform NGO managers about VMMC programs; encourage them to schedule

information and/or training sessions; and conduct the training for NGO and CBO field workers. These personnel can recommend and answer questions about VMMC to help create demand for VMMC in new places.

This same principle applies to healthcare workers. Introduce VMMC to nurses, doctors, and counselors. Provide brief training sessions on how to broach VMMC in everyday patient interactions and encourage eligible patients to accept VMMC.

Collaboration with Local and Community Organizations and Groups

The benefits of partnering with other organizations or groups to implement VMMC demand creation programs include

- improving the reach and scale of the program;
- maximizing resources;
- leveraging unique skill sets; and
- influencing multiple levels of society such as individuals, community leaders, health providers, national leaders, and opinion shapers.

CBOs and groups to consider partnering with include

- religious/faith-based groups,
- women's groups,
- youth groups,
- community leaders,
- traditional circumcisers/traditional healers,
- business owners,
- agricultural unions and groups,
- cooperatives,
- barbers and hair dressers, and
- social club operators/bartenders.

For example, collaborating with faith-based groups might lead to incorporating messages about VMMC into religious sermons or church activities and lead more males to seek VMMC.

When collaborating with CBOs and other groups, it is important to develop a plan for how the partnership will work. Consider the following steps:

- Develop goals and objectives for the partnership.
- Develop an agreed upon scope of work and outline the roles and responsibilities of each organization in the context of the VMMC program. Consider developing an agreement that outlines these roles.
- Develop and coordinate a schedule of events and activities.
- Develop a process for reporting and monitoring activities.

Depending on the CBO or group and its level of experience in implementing health communication or other health activities, technical support may also be needed to ensure the activities they develop/implement align with the overall program objectives and are implemented smoothly.

Collaboration/Compliance with Government Standards/ Approval Process

As part of demand creation development and before materials pretesting, review the materials with existing government or other regulatory authorities to ensure compliance with applicable standards and practice. Most countries have mechanisms and oversight bodies whose mandate it is to provide oversight, guidance, and ultimately approval for social and behavior change communication campaigns. Before embarking on a VMMC demand creation program, it is best to understand the approval process and the criteria on which communication materials will be evaluated. As an example, the box to the right outlines the approval process for health communication materials in Botswana.

The Approval Process in Botswana

In Botswana, the following process is used for national vetting and approval of communication campaigns and materials:

- The campaign idea is pitched to the MOH through a consultation with the Behavior Change Intervention Communication (BCIC) team, which is a committee within the MOH that is responsible for all health communication.
- When approved, the implementer develops the concept (artwork or script depending on the channel).
- The implementer presents the materials to the BCIC, discusses them, and makes any necessary changes to receive approval.
- Implementer begins the campaign.

Pretesting Messages and Materials

Pretesting will help ensure demand creation materials are appropriate for and understood by the target audience. Before pretesting with the target audience, however, also engage relevant stakeholders. Their involvement can help ensure their endorsement of the final materials after the pretest. Steps include

- sharing draft materials with other in-country health communication experts;
- present the materials to an MOH-organized body of experts, such as a working group or clearinghouse; and
- ensuring doctors or other clinicians endorse the content as medically accurate.

To elicit information that will be the most helpful, give the reviewers clear guidance when conducting an external review. For example, provide the reviewers with specific objectives to guide their review or a checklist with specific questions.

SECTION TOOLS:

See ***Tool 15: Checklist for Internal and Expert Materials Review*** at the end of this section for a sample guide.

Once the external stakeholder review is complete, the pretest itself should follow these steps, which are described in more detail below:

- Identify pretest objectives.
- Select pretest method.
- Organize logistics: hire moderators for interviews, identify locations; obtain necessary approvals, provide advance notification to relevant communities, develop the pretest instruments (discussion guide, interview guide or questionnaire), etc.
- Conduct pretest.
- Analyze results.
- Revise materials accordingly.

Pretesting can also help with creative direction decision making, including elements and formats for specific materials. And it is extremely important for showing how well target audiences receive, understand, and feel about key messages.

While the target audience's understanding or comprehension, as well as the communication materials' persuasiveness, is likely to be the most important factors for pretesting, ask questions about a full range of attributes in your pretest assessment.

The following questions address important criteria for predicting how effective communication messages will be:

- Comprehension: How well does the target audience understand the key message?
- Likability: How appealing is the content to the target audience?
- Persuasiveness: How effective is the material at persuading the target audience to take the desired action?
- Enjoyability: To what extent does the material elicit positive feelings of fun, happiness, humor, amusement?
- Relevance: How relevant are the materials to the target audience? In terms of literacy level? In terms of appropriate slang? In terms of trendiness? In terms of accurately portraying lifestyles? In terms of images?
- Familiarity: To what extent do the materials convey familiarity? To what extent do they relate to the audience's sense of tradition or family?
- Empathy: Do the materials elicit audience empathy with people depicted or described?
- Alienation: Do the materials alienate or offend target audience members?
- Confusion: Does the material confuse the target audience? Are any of the design or message elements misunderstood to the point that they distort or contradict key messages?
- Distinctiveness: Is the material original or unique? Has it been seen before? Will it stand out from other advertisements or campaigns?
- Appropriateness: Is the material appropriate for the given cultural, geographic, and demographic context?

Pretesting can be done with draft or "preproduction" materials, which can be assembled at low cost. For example:

- Print a poster or brochure using computer paper and a color printer.
- Print a frame-by-frame storyboard of a TV commercial rather than filming.
- Have staff role-play or read the script aloud for a radio ad.

Your pretest method should reflect the campaign objectives and available resources. Suggested methods include those listed in Table 4.

TABLE 4. PRETEST METHODS

Method	Description
Natural Groups	Identify places where the target audience naturally gathers, such as schools or markets, and recruit a small, informal group to assess the materials. This requires minimal cost and logistic inputs.
Focus Group Discussions	Focus groups, where more formal participant recruitment takes place, are good venues to share suggested materials and receive group feedback. Focus groups are excellent at eliciting group norms, so it may be a good approach to assess the reactions of the target audience. Focus groups are relatively inexpensive and are simple to organize.
One-on-One Interviews	Interviews with individual target audience members can also be used to pretest materials. More one-on-one interviews than focus groups will be required to obtain the necessary information. However, if convening a large group is problematic or if avoiding opinions influenced by a group format, interviews can be useful.
Quantitative Surveys	Quantitative surveys can be used to ensure representation among the sample, with the goal of producing results that are more generalizable across the target audience. For example, to make sure that testing is done equally among rural and urban, men and women, different age segments, and different geographic areas, this method can yield more robust results. It is more costly and time consuming, however, than some of the qualitative methods described above.
Combination of Methods	Adding open-ended questions to a quantitative survey could help get additional detail if needed.

A report outlining the findings from pretesting can be a useful stakeholder tool to document findings and to justify changes made to the draft materials.

SECTION TOOLS:

To help you plan pretesting activities, ***Tool 16: Guidance and Tips for Pretesting*** is provided at the end of this section.

Materials Production and Marketing Standards

Consider enlisting a creative agency to handle the details of producing materials for dissemination, such as production and printing. Whether producing materials internally or relying on an external designer or supplier, a best practice is to assign one or more specific staff members to oversee and manage materials production.

When working with an external printer or production company, follow these steps:

- Require a proof from the printer. A proof is a preliminary version of the publication meant for review. It should be identical to the final product.
- If the proof is incorrect, make corrections and send it back to the printer for revisions. Require another proof once the revisions are made.
- Request to be involved with radio or television productions.

It is important at the outset to discuss and establish clear expectations with creative agencies or other production companies and to agree on relevant artistic details. This will help avoid costly filming or recording revisions. Remember, when enlisting outside production or other creative services, you are the client, and your standards of quality should be met.

Including government, donor, and partner logos on visual materials is common practice in the material production phase, and it may be a requirement of some donors. It is important to get clarity from donors on their logo usage guidelines to ensure logos are incorporated appropriately. Adding logos to your VMMC demand creation materials can serve a dual purpose. It serves as acknowledgment of the contribution of various partners and stakeholders and can add credibility to the messages.

Dissemination

As part of the production phase, a dissemination plan will ensure the materials reach the intended target audience. This plan will guide decisions on the quantities of print materials for distribution as well as radio and TV broadcast schedules.

A dissemination plan can also serve as a tool to maintain stock control of printed or other materials. If, for example, 1,000 brochures are to be distributed at three different health events, a dissemination plan can minimize materials misuse and waste.

Dissemination Planning

When developing a dissemination plan, consider these questions:

- Who is responsible for managing the dissemination of materials?
- What number of people or proportion of the target audience need to be reached with each type of material?
- How will the materials reach your target audience at the appropriate time and place?
- How and when will the materials be distributed?
- What existing dissemination routes and channels can be capitalized on for distributing the materials?
- Can the dissemination be linked with other events or campaigns? Name the events and the dates on which they will occur.
- Which partners or stakeholders can help facilitate distribution? Name the partner/stakeholder and the main contact for each.

STEP 3: TOOLS

- **TOOL 10:** The Interpersonal Communication (IPC) Format Selection Guide
- **TOOL 11:** Mass Media Format Selection Guide
- **TOOL 12:** Creative Brief Template
- **TOOL 13:** Sample Creative Brief from Zambia
- **TOOL 14:** Six Steps to Finding and Reviewing Creative Agencies
- **TOOL 15:** Checklist for Internal and Expert Materials Review
- **TOOL 16:** Guidance and Tips for Pretesting

Tool 10: The Interpersonal Communication (IPC) Format Selection Guide

To complete this table, some or all of the following documents will be needed:

- Audience profile (compiled using the Primary and Secondary Audience Analysis tools in Step 1)
- Communication Summary Plan (from Step 2)
- A Day in the Life (from Step 2)
- VMMC Demand Creation Program Proposal
- DHS report** (available from Measure DHS: **http://www.measuredhs.com/What-We-Do/Survey-Search.cfm**)

*** (if available and conducted in your country within the past 2 years)*

Directions for using the IPC Format Assessment Table:

- This table is intended to help *synthesize* key information needed to choose an IPC format; to actually make a decision, discuss the questions presented below with the campaign team.
- Use one table per target audience and write in the name of the selected audience on the top of the table.
- Complete each section by writing in or ticking the appropriate response(s) in each category.

Guidance by Section

1. What are the IPC activities expected to achieve?

- What are the IPC activities expected to do? To what extent will they
  - increase knowledge about VMMC,
  - encourage discussion about VMMC,
  - encourage the target audience to get VMMC,
  - encourage the target audience to encourage someone else to get VMMC, and
  - address specific barriers?

- After consulting the communication documents, indicate which behavioral factor(s) the IPC activities will address. For example, if addressing a factor that has to do with an individual's social environment—social support, social norms, or subjective norms around VMMC—consider choosing an IPC format that allows a group of people to explore a topic together rather than one-on-one communication. If building knowledge, work with larger groups of people than when addressing such personal factors as self-efficacy for VMMC or the belief in one's ability to access VMMC services and undergoing the procedure.
- What functional role will IPC play in the demand creation program, relative to other communication channels? Will it reinforce messages communicated through mass media activities, stimulate community action, or provide an opportunity for group members to discuss social norms around VMMC? The functional role IPC is expected to play in the campaign may influence the format chosen. If IPC activities should provide participants an opportunity to discuss VMMC, choose a format that allows them to interact and engage in dialogue. If creating buzz around VMMC is the goal, consider larger community or group events.

2. Who will conduct IPC?

- Where does the audience prefer to get information? When considering who could implement the program, consider who the audience feels comfortable with and who they think is a credible, trustworthy, and an informed source of information about this topic. This information is available in a number of places, including in a DHS report (depending on the target audience), through the primary and secondary audience analysis (see Step 1), or through program experience with the target audience. Once the preferred source of information for the target audience is established, ask whether these people are readily available to conduct IPC activities.
- If technical expertise is necessary, determine whether there are people who already have some or all of the required skills and knowledge and, if not, determine whether there are resources (time, money) available for training. If the IPC requires a clinical setting, determine whether a clinician is required or whether the intervention can be implemented by someone with nonclinical skills in a clinical setting, such as a PE or community health worker.

3. Where will IPC take place?

- Where is the audience best reached? Think about A Day in the Life (see Step 2). Where does the target audience spend its time, and where are they likely to be a receptive audience? For example, males aged 25 to 35 may spend their free time in a bar or shebeen, but they may not be receptive to an IPC agent approaching them about VMMC while at the bar. Holding a special event at a bar to discuss VMMC may be a better approach. The selected location should also correspond with the selected source of information. For example, a clinician may not be able or willing to go into a bar or shebeen; however, a community health working may be able to.

4. How many members of the audience will be reached at a time?

- What is the minimum target audience size for any given activity? Consider the donor and programmatic reach targets for the entire length of the project. Now think about how many people must be reached each month to meet that goal and determine whether large, small, or individual meetings will better serve to reach that goal.
- How many members of the target audience can be easily reached at one time? Do members of the target audience often gather or "hangout" together? Can they be reached in a family group or in a club? Will they be comfortable meeting and discussing VMMC in a large group? Do they prefer to be isolated from particular family members or partners during sensitive discussions?

5. How many contacts will the IPC agent have with the target audience?

- About how many sessions will the IPC agent need to communicate core content to the audience and achieve stated activity objectives? How many times can the IPC agents realistically reach the audience, in terms of their schedule and mobility? How complex is the content of the IPC sessions? Is the audience exposed to other sources of information on VMMC?
- How many contacts have you promised in program planning documents (to donors, partners, etc.)? Do the program proposal and other planning documents promise a 12-session peer-education program? Are partners expecting specialized content for their one-off community events?

6. What resources can be used to enhance your IPC activities?

- Consider whether the targeted area(s) have easy access to electricity, electronic equipment (DVD players, television, radios), or human resources like theater groups. This will influence the type of material and approach to develop.

7. Select IPC format

- After reviewing all entries on the worksheet, determine the IPC format options that are most likely to meet the programmatic objectives and targets in the time designated for the intervention and write in the space provided. In the response include the following:
  - Group size
  - Source of information (counselor, peer, community worker, etc.)
  - Location(s) of activities
  - Primary activity(ies) (listening group, discussion group, counseling session, interactive drama, etc.)
  - Approximate number of contacts

Interpersonal Communication (IPC) Format Selection Table					
Who is the target audience?					
What are the IPC activities expected to achieve?					
Which behavioral factor(s) will be addressed by IPC activities?					
What functional role will IPC play in this program (create buzz, reinforce mass media, etc.)?					
Who will conduct the IPC activities?					
Where does the audience prefer to get information about VMMC? (Indicate first and second options)	Peer	Community worker	Clinical/ medical professional	Family member or wife	Other (specify)
Who is available to conduct IPC activities?	Peer	Community worker	Clinical/ medical professional	Family member or wife	Other (specify)
How much technical expertise do IPC activities require?	Peer	Somewhat technical	Not at all technical	Other (specify)	
How skilled are the available agents in public speaking, meeting facilitation, and training?	Very	Somewhat	Not at all		
What special considerations need to be made to address gender? (For example, are IPC materials gender sensitive? Is the messaging harmful to women? Also, consider if the target audience is more likely to listen to a man or woman? Is the topic/objective more appropriate for same-sex groups?)					
Where will IPC activities be conducted?					
Where is the target audience best reached?	Clinic	Market	Home	Work	Other (specify)
Note: Consider both what is feasible and what is practical					
How many members of the audience will be reached at a time?					
What is the monthly reach target for the IPC activities?	<100 people	100–1,000 people	1,000–5,000 people	5,000–10,000 people	Other (specify)
How many members of the target audience can be easily reached at one time?	1–5	6–9	10–30	>30	Other (specify)
What does the donor require in terms of number per group?					
How many contacts will the IPC agent have with the audience?					
About how many sessions will the IPC agent need to communicate core content to the audience and achieve stated activity objectives (specify whether this is per month, per quarter, per year)?	1–2	3–6	7–10	>10	Other (specify)
How many contacts have you promised in program planning documents (to donors, partners, etc.)?	1–2	3–6	7–10	>10	Other (specify)
What resources can you draw on to enhance your IPC activities?					
What equipment and resources are available for IPC activities?	Electricity	Audiovisual equipment	Theater groups	Other (specify)	Other (specify)

Tool 11: Mass Media Format Selection Guide

To complete this table, the following documents will be needed:

- Audience profile (compiled using the Primary and Secondary Audience Analysis tools in Step 1)
- Communication Summary (from Step 2)
- A Day in the Life (from Step 2)
- MMC Demand Creation Program Proposal
- DHS report** (available from Measure DHS: **http://www.measuredhs.com/What-We-Do/Survey-Search.cfm**)

** *(if available and conducted in your country in the past 2 years)*

Directions for using the Mass Media Format Selection Table

- This table combines key information to help you choose the best mass media format.
- Use one table per target audience and write in the name of the selected target audience on the top of the table.
- Complete each section by writing in or ticking the appropriate response(s) in each category.

Guidance by section

1. **What are the mass media activities expected to achieve? To what extent will they**
   - increase knowledge about VMMC,
   - encourage discussion about VMMC,
   - encourage the audience to get VMMC,
   - lead the audience to encourage others to get VMMC, or
   - help overcome specific barriers to VMMC?

After consulting the audience profile (see Step 1) and communication summary (see Step 2), indicate which behavioral factor(s) the mass media will address.

2. **What functional role will mass media play in the demand creation program, relative to other communication channels? To what extent will it**
   - reinforce messages communicated through IPC and outreach activities,
   - stimulate community action, or
   - provide an opportunity for group members to discuss VMMC.

TIP

The functional role mass media is expected to play in your campaign may influence the format you choose. If mass media needs to provide an opportunity to discuss social norms around VMMC, choose a format that allows the target audience to interact and engage in discussion, like a radio call-in show. If the goal is to create buzz around VMMC, consider larger mass media events, like a television talk or news show appearance.

3. **Which mass media formats can reach the target audience?**
   - Where does the target audience prefer to get information? When considering mass media formats, consider what media formats the audience already accesses and who they think is a credible, trustworthy, and informed source of information. This information is available in a number of places, including the audience profile (see audience analysis tools in Step 1) or through program experience with the target audience.
   - Where is the target audience best reached? Think about A Day in the Life (see Step 2). Where does the target audience spend its time, and where are they likely to be a receptive audience? For example, if the audience profile shows that males aged 25 to 35 often spend their free time watching football at a bar or shebeen, then television ads aired during football games or posters placed at bars may be appropriate mass media formats for reaching this audience.
   - What is the average educational and literacy level of the target audience? This is an important consideration, especially for print media. For example, if the target audience has a low-literacy level, then a newspaper article may not be an appropriate print format. However, a simply worded billboard or poster may be appropriate. For information on literacy among the target audience, review the audience profile from Step 1 or look at a DHS report for data on literacy among respondents.

4. **Geographically, which formats are available and most appropriate for reaching the target audience?**
   - Which channels are available in the geographic area? Think about the coverage of media channels in the area where the demand creation campaign is being implemented. Is it rural or urban? Does the target audience have reliable access to radio or television? For example, if the target audience is primarily rural, billboards may not be available. To find information about media coverage and usage, review the audience profiles from Step 1 or a DHS report for data on access to mass media.

5. **How many members of the target audience will be reached at a time?**
   - What is the reach target for the audience? Consider the donor and programmatic reach targets for the entire length of the project. Now think about how many people must be reached each month to meet these annual targets. Think about what is feasible and take note of the size of group necessary to reach these targets (small, large, or individuals).
   - How many members of the target audience can be easily reached at one time? For example, compared to posters, television and radio ads can reach large numbers of people at one time.

6. **How many contacts with the mass media will the target audience have?**
   - About how many impressions will the mass media need to communicate core content to the audience and achieve stated activity objectives? Consider the complexity of the content of the mass media messaging and the other sources of information the target audience is exposed to on VMMC. There is no rule about how many impressions are needed; however, a good guidance to follow is, the more complex the message the more impressions the audience will need.
   - How many contacts with mass media materials have been promised in program planning documents (to donors, partners, etc.)? Look at the program proposal and other planning documents. Have partners been told that specialized content would be provided for their one-off community events?

7. **Who will produce the mass media materials?**
   - Consider whether the mass media materials will be developed by internal staff, an external creative agency, or both.

8. **What is the budget for mass media?**
   - When deciding on which mass media formats to include in the demand creation campaign, carefully consider the costs involved. Mass media messages, especially television and radio ads, can be expensive to produce and broadcast, so you'll want to compare the costs of television and radio airtime to print production costs to help prioritize your spending.

Mass Media Format Selection Table

Who is the target audience?				
What are the mass media activities expected to achieve?				
Which behavioral factor(s) will be addressed by mass media activities?				
What functional role will mass media play in the demand creation program (create buzz, reinforce community outreach, address barriers, etc.)?				
Which mass media formats can reach the target audience?				
Where does the audience prefer to get information?	Television	Radio	Print	Social media
Where is the target audience best reached?	Public	Home	Work	Other:
What is the literacy level of the target audience?	High literacy	Low literacy	Unknown	
What special considerations need to be made to address gender? (For example, is the script or language gender sensitive? Is the messaging harmful to women?)				
How many members of the target audience will be reached at a time?				
What is the monthly reach target for the mass media activities?	<1,000 people	1,000–5,000 people	5,000–10,000 people	>10,000 people
How many members of the target audience can be easily reached at one time?				
What does the donor require in terms of target audience reach?	<100	100–500	500–1,000	>1,000
How many contacts will the target audience have with the mass media?				
About how many impressions will the mass media need to communicate core content to the audience and achieve stated activity objectives (specify whether this is per month, per quarter, per year)?	1–2	3–6	7–10	
How many contacts have you promised in program planning documents (to donors, partners, etc.)?	1–2	3–6	7–10	
Who will produce the mass media?				
Who will produce the mass media?	Internal staff	External agency	Mix of both internal staff and external agency	
What is your budget for mass media?				

List of Mass Media Formats	
TELEVISION	
Television ad	• Useful as one channel for an integrated mass media campaign so that people make the link between what they see on television, what they hear on the radio, and what they read on billboards or brochures • Can be costly to create and implement because television airtime is expensive
Public service announcement	• Can be scripted as a drama or involve a spokesperson speaking directly to the viewer • Useful for conveying scientific information • Useful for emphasizing your message in a straightforward way
Talk or news show appearance	• Useful to convey one or two key messages • Useful to convey more nuanced details or information to supplement key message
PRINT	
Press release	• Useful to alert the news media about the launch of a new program, the opening of a new site, or a specific programmatic success that might help encourage males to receive VMMC
Newspaper column, editorial or opinion	• Useful to get into more detail about VMMC than broad messaging allows • Involving additional stakeholders as authors (such as traditional sector, government sector) can help reach other factions of the population
Newspaper coverage	• Inviting media to an event or alerting them to an exciting activity can add to the media coverage of the campaign • Good alternative to a press release, but less control over the content
Campaign-specific ads	• During special VMMC service delivery campaigns, such as school holiday campaigns, specific ads can be developed to alert people to the campaign and direct them to sites
Billboards	• Useful in crowded places to ensure high exposure • Useful as one channel for an integrated mass media campaign rather than as a stand-alone intervention
Posters	• Useful to convey variations on the message for different environments, for example, a poster in the community directing clients to a VMMC site and a similar poster at the site indicating that services are available at that location • Cost-effective strategy to display the message in a lot of locations
SOCIAL MEDIA	
Facebook	• Useful to foster sense of community among VMMC supporters • If maintained correctly, can increase the “coolness factor” for the campaign
SMS	• Used to create awareness of mobile campaigns or to convey messages of encouragement for VMMC or to dispel myths

Mass Media Plan Worksheet

Target Audience:

Communication Objective 1:

Communication Objective 2:

Mass Media Channel	Format (check selected formats)		Role(s) of Format	Geographic Coverage	Frequency	Comments/ Notes
Television	Television ad					
	Public service announcement					
	Talk or news show appearance					
	Other (name below)					
Radio	Radio ad					
	Radio call-out					
	Call-in show					
	Campaign-specific advertisements					
	Other (name below)					
Print	Press release					
	Newspaper column, editorial or opinion piece					
	Newspaper coverage					
	Campaign-specific advertisements					
	Billboards					
	Posters					
	Other (name below)					
Social Media	Facebook					
	Other (name below)					

Tool 12: Creative Brief Template

The CREATIVE BRIEF

1. Target Audience(s)
Describe the person that you want to reach with your communication. What do they value? How do they see themselves? What are their aspirations? Include a primary and secondary (influencer) audience. Include any relevant audience research.

2. Objective(s)
What do you want your target audiences to think, feel, or do after experiencing the communication?

3. Obstacles
What beliefs, cultural practices, pressure, misinformation, etc., stand between your audience and the desired behavior?

4. Key Message
*Select one single benefit that will outweigh the obstacles in the mind of your target audience. Suggested format: If I (**desired behavior**), then (**immediate benefit**).*

5. Support Statements
This is the substantiation for the key promise; that is, the reasons why the promise is true. Often, this will begin with a "because" statement.

6. Tone
What feeling should the communication have? Should it be authoritative, humorous, emotional, etc.?

7. Communication Channels
What channel(s) will you use for the communication? TV spots? Radio spots? Print ads? Point-of-purchase (service) materials? Promotional giveaways? Earned media (PR)? Interpersonal communication? Interactive theatre? Community mobilization meetings? Broadcast drama? All of the above?

8. Openings
What opportunities (times and places) exist for reaching your audience? When is your audience most open to getting your message? Examples: World AIDS Day, Mother's Day, etc.

9. Creative Considerations
Any other critical information for the writers and designers? Will the communication be in more than one language or dialect? Should it be tailored to an audience with a low-literacy level? Are there any political considerations? Any red flags/words or visuals to avoid? Should there be space or time available to include local contact information?

NOTE: All creative Briefs must be accompanied by a page summarizing the background and campaign.
Source: FHI360

Tool 13: Sample Creative Brief from Zambia

Creative Brief

National Male Circumcision (MC) Campaign
Component #2: Journalistic Advocacy

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1	**Health Field**	***Male Circumcision (MC) for HIV prevention***
2	**Outputs** *What the creative agency is required to produce.*	Description of Products Requested: **A. 8-page full-color newspaper insert** i. This insert should contain a variety of interesting articles and content on MC. ii. Should be graphically laid-out in an attractive and intelligible manner (not over-loaded with text). iii. The National MC Logo should be prominently displayed and even explained. iv. Images and messages from the electronic media campaign should be featured and explained. v. Articles should include various personal stories of individuals' experience with MC. vi. Should include interactive segments – with quizzes and other activities. vii. Should include commonly asked questions, as well as clear answers from a credible source. viii. Should include high-quality photos, with proper credits and permissions. ix. Should include a detailed and attractive illustrated map with MC service locations country-wide. **B. 12 Weekly articles over 3-month period, with photos** i. Series of follow-up columns for the newspaper should follow the stories of various individuals and their personal experiences with MC (including a diverse range of ages and backgrounds). ii. Should include a variety of celebrities or well-known community/civic leaders from diverse backgrounds and regions in Zambia. iii. Should contain some element of suspense to the serial that keeps people engaged to through the end of the three-month period. iv. Should be timely and newsworthy wherever possible. **C. 1-page football special on MC, with full-color layout/photos and endorsement** i. This should be a football-themed, double-sided insert or one-page special for the newspaper. ii. Should include an official endorsement of MC by a nationally-recognized football player. iii. Full-color graphic design and layout for printing. iv. Interactive game(s) or activity suitable for young boys and adolescents. - All print media may be placed on national as well as local channels and may be distributed during promotional events by SFH and its partners, including Ministry of Health. - All final electronic copies of the journalistic work must be provided to SFH/Zambia for pre-testing.
3a	**Audience Profile** **Target Group 1a:** *Uncircumcised young men* ***Age:*** *18-29* ***Income:*** *Low-mid* ***Education:*** *Varied levels* ***Where they live:*** *Urban and peri-urban areas in Districts with high HIV prevalence.*	 Danes is a 21 year-old mini-bus assistant who lives in Kanyama compound with his older sister, younger brother and two young cousins. Danes speaks Nyanja, Bemba and English. He has ambitions of owning his own taxi, but has difficulty saving money because most of his pay goes to his sister, who supports the family. He spends any extra money at the local night club and on his steady girlfriend. Danes has heard about male circumcision as an HIV prevention strategy from newspapers and has a close male family member who is circumcised, but he doesn't know where to go, how much it costs or how it works. He is worried about the pain and needing to take time off from work during the healing process. Danes has heard from friends that some women prefer circumcised partners, but his girlfriend has never mentioned it and he doesn't feel he is missing out on anything. Danes would want to know that MC is safe before considering it.
3b	**Audience Profile** **Target Group 2a:** *Parents of uncircumcised adolescents and young boys* ***Age:*** *25-40* ***Income:*** *Low-mid* ***Education:*** *Varied levels* ***Where they live:*** *Urban and peri-urban areas in*	 Luckson and Cheelo are 29 and 26, respectively. They have a 7 year-old son named Bornface, and they live just outside Ndola. Luckson speaks Nyanja, Bemba and English. His wife also speaks Kaonde. Luckson is not circumcised and sees no reason for his son to be circumcised, though Cheelo would prefer it. They both want their son to grown up to be healthy, HIV free, and successful. Despite Cheelo's urging, Luckson worries that MC could be dangerous and doesn't want the kids at school to tease Bornface. Both Luckson and Cheelo have heard that MC helps to protect against HIV from the radio, but Luckson is skeptical and hasn't been given a clear explanation for how that might work. Luckson would need to know that MC is safe and that other members of the school and his community are also doing it before considering it for Bornface. The

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	Districts with high HIV prevalence.		active approval of MC by respected members of his church would help Luckson consider MC for his son.
3c	**Audience Profile Target Group 1b:** *Uncircumcised Adolescents and young boys* ***Age:*** *7-17* ***Income:*** *Low-mid* ***Education:*** *Varied levels* ***Where they live:*** *Urban and peri-urban areas in Districts with high HIV prevalence.*		Nchimunya is a 15 year-old student who lives in Livingstone with his parents and two older sisters. He speaks Nyanja, Tonga and English and has ambitions of going to the University of Zambia to study telecommunications, but his parents don't have the money to pay fees. Some of his friends already have girlfriends, but he is more interested in playing football and video games and surfing the net. Nchimunya has never heard about male circumcision as an HIV prevention strategy. There is one *Lunda* boy in his school and others make fun of him sometimes when they are changing clothes for football. Nchimunya is not worried about catching HIV because he tells himself that he will use condoms when he starts having sex. Nchimunya doesn't talk to his parents about sex, and would feel very uncomfortable asking them for permission to undergo MC. Nchimunya would want to know that most of his friends are going for MC before he considers it.
3d	**Audience Profile Target Group 2b:** *Female partners of circumcised young men* ***Age:*** *18-29* ***Income:*** *Low-mid* ***Education:*** *Varied levels* ***Where they live:*** *Urban and peri-urban areas in Districts with high HIV prevalence.*		Sibeso is a 23 year-old store clerk who lives in Matero compound in Lusaka with her mother and two younger sisters. Sibeso speaks Nyanja and English. She has ambitions of meeting "Mr. Right", an idealized man who owns his own business, but she has had a hard time meeting financially secure partners. She has a steady boyfriend of one year, but occasionally sees other men on the side. Sibeso has heard about male circumcision as an HIV prevention strategy, and has heard good things from her female friends regarding the cleanliness of men who are circumcised. She doesn't know that male circumcision also lowers the risk of cervical cancer, or how male circumcision protects against HIV. If given the choice, she would probably prefer a circumcised man because she would like to see what her friends are talking about, but other factors are more important for Sibeso when choosing a partner – especially economic factors. Sibeso would not feel comfortable asking her boyfriend to go for MC because she would worry that he would then suspect her of having been with another man.
4	**Behavioral Objectives** *What do we want people to do after they see this item?*	**<u>Outputs A-B</u>** **The primary target audience for print media journalistic advocacy will be men age 18-29 but the material should also have appeal and relevance for the other target groups, especially parents and guardians of boys age 7-17.** - **The behavioral objectives for these spots will be:** **1) Walk in to any identified MC service point to learn more/make an appointment.** **2) Call the 990 Talkline to learn more about MC; and/or** **3) Speak to family & friends, and other community members about MC.** **<u>Output C</u>** **The primary target audience for the football-themed one-page ad will boys age 7-17, but the spots should also have some appeal for men within the 18-29 age group.** - **The behavioral objectives for these spots will be:** **1) Walk in to any identified MC service point to learn more/make an appointment.** **2) Talk to your parents about MC; and/or** **3) Call the 990 Talkline to learn more about MC; and/or**	
5	**Research** *What do we know about our Target Group from our research?*	**Determinants:** Based on qualitative research conducted in Zambia in 2008, perceived availability, quality of care, social support, knowledge of MC, and outcome expectations were identified as factors with the potential to influence MC-seeking behavior. Specifically, fear of pain and complications, beliefs about extended healing periods, doubts about the expertise of providers, and a lack of basic knowledge about MC were identified as concerns, while beliefs about improved sexual performance and hygiene, as well as HIV & STI prevention were identified as motivators. According to data collected from among clients served by SFH to date (n=10,003), primary reasons for going for MC included improved hygiene (47.5%) and HIV prevention (35%). Notably, most clients heard about the service from a friend or family member (55%). Qualitative research suggests that some adult clients are persuaded by their partners, and/or have undergone the procedure because they believe current or potential female partners may prefer or even	

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		expect them to be circumcised. Two recent quantitative studies in Zambia including a behavioral surveillance study reveal that although less than 18% of Zambian men are circumcised, more than 50% of females prefer circumcised men, and this trend is growing dramatically among urban women (from 26% in 2003 to 41% in 2009) (ZSBS, 2010). For mothers and fathers of young men and boys in Zambia, the vast majority of parents from non-circumcising tribal groups appear interested in male circumcision for their young male children, primarily for the prevention of HIV and other STIs, although concerns regarding pain and safety are important barriers (PSI TRaC 2007, Lukobo & Bailey, 2007).
6	**Audience Insight** *What critical truth about your audience will position the campaign?*	**Audience Insights:** - Hygiene and HIV/STI prevention are important motivators for men to get circumcised. - Zambian men and women correlate poor genital hygiene with getting sexually transmitted infections (STIs). - Multiple studies show that a majority of Zambian women would prefer their men to be circumcised. (PSI 2007 TRaC, FHI/ZPCT 2009 BSS, Ministry of Health 2009 Zambia Sexual Behavior Survey). - The perception of long healing time after MC is a barrier for most low-income men in the non-formal sector because they can't take time off work.
7	**Call to Action**	Dial 990 from any mobile phone to learn how you can make an appointment for male circumcision today.
8	**Communication Objective:** *What are the 1 or 2 key messages you want to give the target group?*	**The journalistic advocacy component of the National MC Campaign should communicate the following:** - *Men who remove the skin covering the head of the penis are less likely to get some STIs, including HIV.* - *Any clinic with the National MC logo offers you MC services done by trained health professionals.* - *You can dial 990 from your mobile or fixed phone right now and get free information about male circumcision.*
9	**Theoretical Considerations** *What theoretical models should help inform the execution?*	**Social Judgment Theory (Bandura):** One important lesson from this theory is that people learn by doing and/or watching others do things, and they are more likely to do things that people who they relate to and look-up to are seen doing this thing. Therefore, articles about people going for male circumcision should attempt to highlight credible and influential (not necessarily famous) people that the audience can relate to. As much detail should be provided about these people's experience going for MC or making the decision to go for MC, so that others can learn (vicariously) through that experience, and will feel more confident (self-efficacy) in their ability to model that behavior. **Diffusion of Innovations (Rogers):** According to this theory, people who adopt new behaviors early are the key to getting others to adopt the behavior (MC). These people should be recognized and rewarded somehow so that they continue to motivate others to do the same. Perhaps this could be accomplished in the journalistic advocacy work by highlighting individuals (or even better entire groups such as schools) that decided to go for MC, and then making sure that these experiences are shared among their greater community. **Stages of Change (Prochaska & DiClemente):** Each step in the long process of deciding to go for MC is important, and there are different challenges at every step. It would be good to write articles not just of people who went all the way towards getting the procedure, but just highlighting and acknowledging people who had smaller 'successes', such as getting the courage to talk to their parents or partner about MC, or calling the 990 Talkline to learn about where MC is offered and answer a few basic questions.
10	**Creative Considerations** *Consider tone, personality, colour schemes, clothing to be worn etc.*	**Personality of campaign:** Clean, healthy and in control. **Outputs A-B** - The tone of the content should be friendly and informative. - Layout should be clean and appealing for young men. - Images of the TV campaign should be included to link the insert with the campaign. - The spirit of the content should reflect national unity, and care should be taken that no tribal or ethnic preferences are expressed. - The inserts and articles should clearly link the logo with comprehensive MC services. - The content should not attempt to answer all concerns or questions about MC, but should address some commonly-held questions (will be provided by SFH). - The content should direct the public to call the toll-free 990 Talkline 24-hours per day, where they can get more details. - Wherever possible, well-known and respected Zambian figures should be portrayed, along with every-day Zambians. - It is essential that MC is not portrayed as a "magic bullet" for HIV prevention. The goal of the campaign is to

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direct potential clients to service locations where they will need to be counseled on the risks and benefits of the procedure by trained health professionals. The "partial" nature of the protective benefit of MC should be clearly communicated in all content and messages.

- It should be clearly articulated that HIV testing is part of the MC package of services.
- Articles in the newspaper insert and/or in the follow-up articles should specifically address issues related to women and MC. For example, it should be mentioned that women are not protected from HIV if their partner is circumcised; the message should be clear and credible that women *can* contract HIV by having unprotected sex with circumcised men already infected with the virus.
- It should be mentioned that women should encourage their partners to go for MC.
- It should be mentioned that men who are circumcised are less likely to contract and transmit HPV, the virus that causes cervical cancer in women.
- Couples counseling and testing should be encouraged as part of the MC process.

Output C

- Football-themed content for young men and boys should be colorful and written in very simple text, with an attractive and easy to follow layout.
- This section should be as interactive as possible.
- Should be informative as to why MC is protective against HIV.
  Boys should be encouraged to speak to their parents about MC.

11	**Logos**	**Donor logos that must be displayed** Donor logos that must appear include USAID and PRISM.	**Key Partner logos** The Ministry of Health logo as well as the National AIDS Council logos must be displayed, along with the National MC logo.	**Other** N/A
12	**Technical Specifications**	**Geographical placement:** Nation-wide, with some local community-based distribution. **All artwork should be presented to SFH in a workable and editable format (Corel, Illustrator, Freehand, etc.) in advance of printing.**		

Tool 14: Six Steps for Finding and Assessing Creative Agencies

Step 1: Define your communication needs

- Ask yourself: Why do you need a creative agency? What do you want the agency to do?
- As a group, answer these questions and then determine which agencies in your area are best to pursue to meet your identified needs.

Step 2: Identify the creative agencies in your geographic area (as appropriate)

- Consider all options beyond the agencies you always work with:
  - Consider big name agencies: Do not assume a big agency will not be interested in development work
  - Look for specialization: Some agencies specialize in public health and/or development or other relevant "niche" areas
- In some places, the list of available agencies is limited or changes frequently. So make sure to keep a file of known agencies and research to find if there are any new agencies to consider.
- While local or regional agencies may be limited, there is value in working with a creative agency that is based locally and understands the culture and issues facing the target audience.

Step 3: Request Information about the agency's capabilities

- Prepare and send out a sample letter requesting a description of the following: capabilities, senior staff members, current clients, experience with similar accounts, billings and revenues (a Sample Letter is included below).
- Send the same letter to all agencies.

Step 4: Review the agencies' capabilities against your communication needs

- Review the responses to your query and compare them on prompt response, completeness, and quality of response.
- Review responses to make sure they have capabilities with the media, format, etc., that is key to your campaign (use the Creative Agency Review Committee Score Chart: Agency Capacity below to help with this review).

Step 5: Develop a short list of qualified agencies

- Develop a short list with a representative sample of agencies (only three or four agencies).
- Make sure that all agencies invited to bid meet your minimum requirements.
- Be prepared to justify why an agency might not be shortlisted to ensure you are fair and transparent.

Step 6: Conduct "invitation meetings" with qualified agencies

- Arrange an invitation meeting with key representatives. This is a preliminary meeting to gain a better understanding of each other. This meeting should be conducted at the agency site to allow you to see their facilities.
- Consider the following items for the invitation meeting agenda:
  - Introduction of key staff likely to be assigned to the account
  - Briefing of (your) campaign needs and your communication needs
  - Agency presentation addressing its competitive position with other companies, examples of relevant materials and campaigns, summary of strongest capabilities, summary of most successful campaign, description of how they involve clients in strategic planning and creative process, other qualifications
- Ensure you receive an agency tour.
- After these meetings, develop the final list of agencies that will receive your creative brief for proposal.

SAMPLE Letter for Requesting Creative Agency Capabilities Information

Dear Sir or Madam:

We are in the process of searching for a creative agency to help us develop *[provide brief description of your communication needs]*. ***(For example: to create and produce television, radio, and print ads for a demand creation campaign for a new VMMC program.)***

To begin the process, we would like to learn more about your agency to determine if it is capable of meeting our needs. Please provide the following information:

1. A description of your creative agency, including the full name, address, telephone number, fax number (if available), e-mail address, website (if available), and key contact person.
2. Agency ownership and/or affiliation with any multinational agency or network and number of years in the business.
3. A list of agency principals and a brief description of each person.
4. Number of employees: full time, part time, consultants.
5. Your total annual billings for each of the past 3 years.
6. For the past 12 months, indicate the percentage breakdown of your billings in: television, radio, newspapers, magazines, outdoor, public relations, and point of sale/service, new media, other (please specify).
7. A list of your current clients, the date that you started working with them, and a brief description of the main services you perform for each one.
8. Your experience in marketing and advertising related to health and other social issues such as HIV prevention, reproductive health, family planning, malaria, etc.
9. A description of your capabilities and expertise in providing the following services: creative development, media planning and buying, public relations, and research.
10. A brief case study of a successful campaign similar in nature to our campaign.

After we review agency capabilities, we will narrow our list to the most qualified agencies. We will conduct meetings with these agencies and ask each agency on the shortened list to submit a written proposal to bid on our account. We expect to bill *(insert projected budget figure)* over a 12-month period beginning *(insert date)*. We would appreciate a response to this letter by *(fill in date)*. If you have any questions, please do not hesitate to contact me at *(your telephone number/e-mail address)*. Thank you for your cooperation. We look forward to hearing from you.

Sincerely,

[Insert your signature]

[Insert your name followed by your title]

Creative Agency Review Committee Score Chart

Agency Capacity—100 Points

	Reviewer	Reviewer	Reviewer	Reviewer	Totals	Average
Agency:						
Background (10)						
Staff (15)						
Experience (25)						
Creativity (20)						
Case study/sample (10)						
Prompt response (10)						
Overall quality (10)						
Totals (100)						
Agency:						
Background (10)						
Staff (15)						
Experience (25)						
Creativity (20)						
Case study/sample (10)						
Prompt response (10)						
Overall quality (10)						
Totals (100)						
Agency:						
Background (10)						
Staff (15)						
Experience (25)						
Creativity (20)						
Case study/sample (10)						
Prompt response (10)						
Overall quality (10)						
Totals (100)						

Tool 15: Checklist for Internal and Expert Materials Review

This checklist should be completed **before** materials are pretested.

Strategy

Question	Yes or No *(Circle one)*	Comments
Does the material adhere to the intervention's priority behavioral motivators or barriers?	**Yes No**	
Does the material reflect the key messages outlined in the creative brief (if applicable)?	**Yes No**	
Does the material address the intended target audience?	**Yes No**	
Does the material reflect the audience profile?	**Yes No**	
Does the material clearly convey the desired behavior change?	**Yes No**	
Does the material convey a benefit for the audience?	**Yes No**	
Is the material in harmony with the overall intervention strategy and other communication materials?	**Yes No**	

Content

Question	Yes or No *(Circle one)*	Comments
Is the material technically accurate?	**Yes No**	
Is the material culturally appropriate?	**Yes No**	
Is the message clear and concise?	**Yes No**	
Is the message confusing or offensive?	**Yes No**	
Does the message avoid using scientific terms and jargon?	**Yes No**	
Do visual aids reinforce the message?	**Yes No**	

Motivating and Memorable

Note: While we are not the intended audience, it is still important that we think about what makes the material motivating and memorable.

Question	Yes or No *(Circle one)*	Comments
Does the material grab the audience's attention?	**Yes No**	
Is the material appealing?	**Yes No**	
Is the material high quality?	**Yes No**	
Will the audience remember the material?	**Yes No**	
Does the material motivate the audience to act?	**Yes No**	

Engaging and Participatory

Question	Yes or No *(Circle one)*	Comments
Does the material engage the audience?	**Yes No**	
Does the material elicit an emotional reaction?	**Yes No**	
Will the material cause self-reflection by intended audience members?	**Yes No**	

Principles of Design

Question	Yes or No *(Circle one)*	Comments
Does the material adhere to the basic principles of design?	**Yes No**	
Is the material readable and coherent?	**Yes No**	
Is the material organized logically?	**Yes No**	
Does the material appear balanced?	**Yes No**	
Are important messages repeated and consistent?	**Yes No**	

Tool 16: Guidance and Tips for Pretesting

Q: With whom should I pretest the materials?
A: The draft materials should be pretested with a sample from your target audience.

Q: How many focus group discussions should I conduct?
A: A general recommendation is that a minimum of two focus groups should be conducted for each category of audience. However, more can be conducted if the available budget and time frame allow. The degree of similarity in the target audience, as well as the objectives of the pretest, also will help you determine the number of focus groups.

Q: How many participants should be in each focus group?
A: Each focus group should have 8 to 12 participants.

Q: How should participants be recruited?
A: Participants can be recruited through a variety of methods, including the media, existing groups or organizations, community outreach workers, a national census, or other lists of individuals. A screening protocol can be used to identify potential participants to ensure that they meet the selection criteria.

Q: How much should be budgeted for a pretest?
A: The following should be included in the budget:

- Facilitator and note-taker time
- Participant recruitment
- Production of materials for the pretest
- Facilitation material (such as white board, markers, flip charts, etc.)
- Rent for pretesting venue (if necessary)
- Refreshments for participants
- Transportation for participants or staff (if necessary)

Q: Who should conduct the focus groups?
A: A good facilitator should be able to establish rapport with the participants. This helps ensure participants feel comfortable to answer questions honestly. A note-taker assists the facilitator by recording participant responses and interactions.

Q: How do I track and analyze focus group discussion information?
A: In addition to note-taking, it is helpful to audio record the focus group or have a transcript produced so that the responses can be analyzed.

Q: Do I need to pretest IPC materials?
A: Yes! Pretesting IPC materials is as important as pretesting any other type of material. One key difference in pretesting IPC materials is that two target audiences must be tested. Feedback from the intended audience as well as the intended IPC agent (such as PEs) is vital to ensuring both the user and the audience understand and relate to the material.

STEP 4: Implementation and Monitoring

During the Implementation and Monitoring Step you will be implementing your demand creation activities and measuring their effectiveness.

Implementation

The implementation step includes launching, managing, correcting, and continuously monitoring to ensure activities run smoothly, objectives are met, and necessary adjustments can be made in support of the primary goal of increasing VMMC in eligible males. Here are some key questions to assess your demand creation campaign as it progresses. Revisit these questions regularly (for example, monthly or quarterly) and be prepared to make any necessary adjustments to maintain or improve your efforts.

1. Do the mass media and IPC activities complement one another?

- Hold briefings within your communication teams to coordinate changes you will make, such as new promotional schemes and changes in messaging, and to strategize on new approaches.
- Ensure messages conveyed at the community level support and complement mass media messages and are similar in message, tone, and appearance and reinforce the call to action. Keep in mind it is usually easier to change IPC messages and activities than to redesign mass media campaigns.
- Provide regular refresher trainings for IPC or peer education staff to make sure IPC messages remain accurate and relevant.
- Geographic coordination improves program coordination, so it is important to keep IPC staff aware of any increased mass media activity focused on a specific province or region. Timely notice will help them ramp up their activities accordingly.

2. Do I have a plan for regularly updating stakeholders of program progress, changes, and/or problems, and am I following through with that plan?

- Donors: Provide monthly or quarterly reports on key programmatic information, as required by the donor agency. Highlight successes and challenges.
- Ministry of Health: Participate in technical working groups related to VMMC and social and behavior change communication. If such groups do not exist, schedule regular, in-person updates with persons designated as Ministry focal points.
- Partners: Meet with other VMMC communication and service-delivery partners to keep them aware of ongoing activities and to coordinate VMMC activities in a certain geographic area.
- Target group: Establish and convene, on a regular basis, a community leader advisory board for program updates and assistance in disseminating programmatic information into the community. Enlist these local community

leaders as program ambassadors to maintain interest and credibility in your VMMC demand creation activities.

3. Am I engaging the news media to advance a positive public perception of my program?

- Familiarity with key journalists improves chances of positive publicity for VMMC, an important aspect of a demand creation strategy. Identify key journalists who frequently cover VMMC, HIV, or other health-related stories and build relationships with them. Long-term engagement with journalists can build trust and open opportunities for making sure stories about VMMC are accurate and not one sided.
- Other proactive media engagements, including news releases, scheduled in-person reporter briefings, and op-ed submissions, help establish you and your experts as trustworthy, dependable VMMC experts and sources. Strive to become journalists' "source of choice" by quickly responding to inquiries, respecting journalist deadlines, and streamlining clearances to remain responsive to legitimate reporter inquiries.

For more information on working with and engaging news media to promote VMMC, see the Communication for Change (C-Change) Project's A Guide to Working with the Media to Promote VMMC in Kenya, available at **http://www.c-hubonline.org/sites/default/files/resources/main/VMMC%20Media%20Guide3.23.12.pdf**.

4. Am I monitoring news media stories, social media, and other sources to gauge public reaction to demand creation activities?

- Monitoring news media stories and social media will allow you to more quickly recognize and react to information or events that threaten VMMC demand or supply.
- Strong relationships with journalists and their news media outlets often open opportunities to respond to potentially negative stories before they are published. Engage journalists at the beginning of your program and foster these relationships throughout the life of your program.

SECTION TOOLS:

To assist you in evaluating negative press articles and determining how best to respond to them, ***Tool 17: Negative Press Assessment Tool*** is included at the end of this section.

CASE STUDIES:

For two examples of how programs have incorporated innovative demand creations activities into their programs, see Case ***Study 8: The Use of Guerilla Marketing as a VMMC Demand Creation Channel*** and ***Case Study 9: Use of Mobile Phone Technology for VMMC Scale-up in Zambia*** in the Appendix.

5. How am I incorporating social media and other new media channels to most effectively reach my target audience?

- As you learn more about which activities and channels are best for reaching your target audience, adjust your media mix accordingly.

6. Do I have consistent access to service delivery data so I can quickly adjust to the ebb and flow in demand in a timely fashion?

- Communicate with service delivery partners continuously to review and coordinate service delivery performance and demand creation plans.
- Routine communication with service delivery partners also assists with strengthening commodity forecasting for VMMC commodities, such as VMMC kits. Proper commodities forecasting and procurement are essential for avoiding stock-outs of essential commodities and disruptions to service delivery.

Monitoring

Monitoring is the routine collection and measurement of program data. Through the ongoing collection and assessment of program data, it is possible to make timely corrections and modifications to the implementation of demand creation activities to reach program objectives. Monitoring helps keep your program on track.

VMMC demand creation programs can use monitoring to

- track progress of communication activities,
- determine the extent to which messages reach target audiences,
- ensure the correct number of materials have been printed or broadcast ads (spots) have aired,

Monitoring Demand Creation Results

Sustaining demand runs parallel to consistently meeting demand. Coordination with VMMC service providers is essential and may include

- regularly reviewing site-level performance data with VMMC service delivery organizations;
- sharing site-level data with key stakeholders via e-mail, daily or weekly;
- using annual site-level statistics reviews to inform the planning of subsequent year's demand creation activities;
- using service-level data to gain insight into what activities are working or not working and to guide any necessary midcourse corrections (real time replanning); and
- real-time replanning.

- monitor the number of VMMCs completed at each service delivery site,
- ensure PEs are engaging and/or booking VMMC clients, and
- ensure activities are being completed as planned and on schedule.

Monitoring activities provides the information you need to guide real-time adjustments and possibly more extensive revisions for future demand creation efforts.

Monitoring should occur at the site, district, and national levels to ensure demand creation is being implemented as planned at all levels. To accomplish this, monitoring should be done at regular intervals throughout the life of the program. Monitoring data can be collected as frequently as desired but is typically collected on a monthly basis.

Monitoring is most effective when it:

- is planned before the program begins,
- takes place systematically and at regular intervals throughout the program, and
- is used to inform mid-course program improvements.

Monitoring Plans

A monitoring plan defines activities and outputs you want to monitor and specific information you will need for tracking the implementation of demand creation activities. Monitoring plans should be developed during the Strategic Design phase of program planning.

Monitoring plans are typically written to cover the lifetime of the project, so if the VMMC demand creation activities are scheduled to last 5 years, the plan would outline specific monitoring activities for each year, quarter, or month. A monitoring plan should remain flexible and therefore subject to revision as the full demand creation evolves.

SECTION TOOLS:

To assist you in developing a monitoring plan for your VMMC demand creation program, ***Tool 18: Monitoring Plan Template*** is included at the end of this section. Use the seven steps outlined below to help you with the planning process.

The following steps provide guidance on how to draft and what to include in a monitoring plan.

1. ***Identify stakeholders to receive monitoring data.*** Multiple stakeholders are likely to want different information for different purposes. Outlining who the stakeholders are and what their interests might be can help inform the objectives of your monitoring plans. For example:

Monitoring Stakeholder	Monitoring Objectives
Demand creation program staff	Determine whether program activities are implemented as planned and on schedule
Donors	Determine whether the program funds are being used as allocated in the program proposal
MOH	Determine if demand creation activities are being implemented in line with the national VMMC communications plan or national AIDS strategy

2. ***Define the monitoring questions.*** Based on the needs of your monitoring stakeholders, identify the questions you would like to answer as part of monitoring activities. These questions should be tailored to your specific program messages and objectives. However, monitoring tends to address three main areas:

- **Quantity:** How much has been done/produced?

  Example questions include:

  - How many radio or TV spots were aired in a given month?
  - How many posters or IEC materials were distributed in a given month?
  - How many VMMC PEs were trained in a given month?
  - How many IPC agents were trained in a given month?

- **Reach:** To what extent has the target audience been exposed to the demand creation activities?

  Example questions include:

  - How many males aged 15 to 49 were reached with community-based IPC activities?
  - How many people in your primary/secondary target audience were reached with mass media?

- **Quality:** How well has the program been implemented according to plan? What is the level of audience satisfaction and their reaction to the program activities?

  Example questions include:

  - What proportion of males know VMMC reduces the risk of acquiring HIV from heterosexual intercourse?
  - What proportion of males can recall seeing a VMMC ad/message in the past week/month?
  - What proportion of males aged 15 to 49 can name a VMMC location that is close to their home/work?
  - What proportion of mothers/wives/girlfriends have talked to a son/relative/husband/boyfriend about VMMC?
  - How many males aged 15 to 49 used VMMC services at each site in a given month?

3. ***Identify the indicators and the data sources.*** A program indicator is a number or proportion that indicates the extent to which activities have been implemented as planned. Monitoring indicators can be classified into three categories: process, output, and outcome indicators. The table below outlines each type of indicator, the definition, and sample VMMC demand creation indicators for each category.

Indicator	Definition	Examples
Process	Indicates that planned activities have taken place	• Number of radio spots aired • Number of posters distributed • Number of PEs trained • Number of peer education sessions conducted
Output	Indicates that planned activities are achieving the desired result	• Number of males aged 15 to 49 who were reached with IPC activities • Number of males aged 15 to 49 who were reached by mass media
Outcome	Indicates that program objectives are being met	• Proportion of males who know VMMC reduces the risk of acquiring HIV from heterosexual intercourse • Proportion of wives have talked to their husbands about VMMC • Number of males aged 15 to 49 circumcised as part of a comprehensive package of VMMC services • Proportion of males who underwent circumcision that were reached by various media channels • Channels that were most effective in influencing males to get circumcised

In developing indicators for a monitoring plan, it is important the indicators are well constructed. A well-constructed indicator should have the following characteristics:

Operational	Should be measurable or quantifiable
Reliable	Should produce the same results when used more than once to measure the same thing
Valid	Should measure the condition it is meant to measure
Sensitive	Should be able to measure the changes in the condition/event over time
Specific	Should measure only that condition or event without overlapping with another indicator or being too general
Affordable	Should require only a reasonable amount of money to measure
Feasible	Should be able to be carried out with the current human capacity and within the time frame of the project

As you select your indicators, determine whether you are able to realistically obtain that information through the course of your program either through data collection efforts led by your organization or other organizations or through national-level surveys. For each indicator that you select, make sure you also clearly identify a data source.

4. ***Set targets for each indicator.*** A target is a specific and measurable goal. Setting targets should be informed by research and/or an understanding of the local environment. The results of your monitoring activities will be compared with these targets to indicate success. Below are some examples of targets for program indicators:

Indicator	Target
Number of radio spots aired	30 radio spots aired on all three radio stations each month
Number of IPC sessions conducted per IPC agent	20 IPC sessions per month
Number of males aged 15 to 19 reached with IPC sessions	1,500 males aged 15 to 19 reached each month with IPC sessions

5. ***Describe monitoring activities and data collection methods.*** Various research methods can be used to monitor programs. A common way to distinguish between methods is to classify them as either quantitative or qualitative.

- ***Quantitative methods*** rely on structured approaches to collect and analyze numerical data. These methods document the numbers associated with a program and focus on which activities take place and how often. Some common quantitative methods include service statistics, distribution records, surveys, and observation checklists. Quantitative methods may help answer questions such as:
  - How many PEs were trained?
  - How many materials (by type) were distributed?
  - How many males older than age 25 participated in IPC activities?
  - How many radio spots were aired?

- ***Qualitative methods*** generally rely on a variety of semistructured or open-ended methods to produce in-depth, descriptive information. Qualitative methods focus on why things are happening and how well the elements of the program are being carried out. Qualitative methods often take the form of in-depth interviews and focus group discussions and may answer questions such as:
  - How well is the program conveying intended messages to the target audiences?
  - How well is the program reaching the target audience?

6. ***Outline monitoring responsibilities.*** Clearly articulate and assign responsibility for data collection activities so that there are clear lines of accountability and develop a timeline for the monitoring activities.

7. ***Internal and external monitoring plan review.*** Once you have completed your monitoring plan, review the plan internally to make sure it will satisfy all stakeholder needs. An external review of the monitoring plan by key stakeholders, including partners, donors, and the MOH, can ensure you identify and fill any gaps. It is also a useful tool to help ensure buy-in and support for your short-term and long-term monitoring and evaluation activities.

SECTION TOOLS:

Tool 19: Sample VMMC Client Exit Survey provides an example of an exit survey that assesses client knowledge and exposure to demand creation channels. ***Tool 20: IPC Supervision Form*** and ***Tool 21: IPC Supervision Target Audience Questionnaire*** are provided to assist programs interested in developing support supervision and quality assurance for IPC agents. These tools can be found at the end of this section.

Monitoring Options

A variety of methods and approaches can be applied to monitoring. It is advisable to maintain monitoring at regular monthly intervals throughout your VMMC project to quickly identify and correct any problems that might arise or to make any other programmatic adjustments as necessary. Most VMMC monitoring tracks specific program indicators throughout the project.

Monitoring methods can include

- obtaining weekly or monthly reports from PEs on numbers of people reached;
- getting a mass media report from the radio or television station on how frequently spots were aired in a given week or month;
- conducting a quantitative survey (small or large) to assess knowledge, attitudes, and service uptake among the primary and secondary target audiences;
- conducting qualitative in-depth interviews or focus group discussions to assess understanding of social norms about VMMC in light of the campaign messages; and
- conducting exit surveys of VMMC clients.

Monitoring IPC

In addition to monitoring the overall implementation of demand creation activities, special attention should be paid to monitoring the quality of IPC activities. Since the success of IPC activities is contingent on the quality of communication provided by IPC agents, it is important to develop systems to provide support supervision and feedback to IPC agents on a consistent basis.

Support supervision is when a supervisor accompanies an IPC agent during outreach and provides feedback on the agent's communication skills, technical accuracy, and adherence to the demand creation strategy. Supervisors need to give feedback on both the quality of the IPC agent's delivery and to check that they are in the right place at the right time.

IPC agents should be supervised WELL and OFTEN. For ongoing feedback, each IPC agent should receive a support supervision session at least 1 day a month but preferably more frequently. For new agents or when new messages or strategy is introduced, at least three supervision/feedback sessions should be provided during the first 2 months after the change. The more supervision and feedback the better.

Providing Support Supervision to IPC Agents

Supervisors should provide feedback to IPC agents in the following areas:

1. Quality of communication (how the material is presented)
2. Adherence to methodology (staying on script, following lesson plan, adapting the conversation to each person, etc.)
3. Targeting (talking to the right people at the right time)
4. Clinical/technical accuracy (what they are saying about VMMC is correct), and referring participants to a healthcare provider when they do not know the answer to a health-related or medical question

CASE STUDY:
MONITORING VMMC DEMAND CREATION IN BOTSWANA

One implementing partner in Botswana is responsible for VMMC demand creation at PEPFAR-funded clinics as part of the overall national strategy. A key component of this implementer's monitoring plan for demand creation is the VMMC Tracker, a management information system (MIS) tool that uses Microsoft Access database and Excel software to manage data used for both internal and external purposes. The VMMC Tracker is customized to meet specific monitoring and evaluation requirements as determined by VMMC stakeholders such as the MOH and implementation partners.

The VMMC Tracker houses information on key indicators for both service delivery and demand creation. The synthesis of these indicators allows stakeholders to track the performance of individual sites and link site-level demand with the community-based demand creation activities.

The process for gathering and inputting demand creation and service delivery data is as follows:

IPC mobilizers conduct small group and one-on-one sessions with men and women and provide vouchers to interested men for VMMC services. When a man presents a voucher for VMMC, clinic personnel stamp it with the date and clinic name and place it in a referral box. The vouchers are collected from the box on a weekly basis, and the data are inputted into the VMMC Tracker database. Additional data, including community mobilizers' daily reporting forms and clinic data from the PEPFAR-partners, are also collected and entered into the VMMC Tracker.

The aggregated data are then exported to populate preset tables in Excel, which display the information on the following key points in a user-friendly, graphic form:

- the total number of men and women reached by the implementer's community mobilizers,
- the percentage of men reached who are referred for VMMC using the implementer's vouchers (referral rate),
- the percentage of vouchers that are redeemed for VMMC at PEPFAR-funded clinics (conversion rate),
- the total number of VMMCs performed at each PEPFAR-funded clinic, and
- the percentage attributed to the implementer's referral vouchers (contribution rate).

The VMMC Tracker provides all partners, the MOH, and CDC with both a macro- and micro-level view of the VMMC program and helps facilitate data-driven decision making, planning, and resource allocation. Specifically, the VMMC Tracker data are reviewed by IPC coordinators at weekly mobilizer meetings and by the implementer's department heads and marketing and IPC teams at weekly management meetings, where it is used to recognize strong performers and to provide targeted support and supervision to underperforming mobilizers. The data also provide the teams with insights into the effectiveness of different approaches in driving demand (e.g. one-on-one sessions, small groups, mass mobilization campaigns) and are used in future activity planning.

In addition, the implementer includes the data in a report for the weekly MOH's VMMC MOVE Governance meetings and presents the data in the PEPFAR VMMC Partners' Meetings, which is facilitated by the MOH on a monthly basis. By providing data linking demand creation activities with the number of VMMCs performed in an intuitive, visual way, the tool helps all partners understand the relationship between demand and supply. Furthermore, by using a unified database with common performance indicators, all PEPFAR implementing partners, as well as the MOH, are better equipped to monitor and manage performance collectively.

Key Lessons Learned/Recommendations

- **Allocate sufficient resources.** Data entry is a time-consuming and labor-intensive process and requires adequate numbers of staff, ideally dedicated solely for data entry if possible. Data entry personnel and their managers should be familiar with or trained in MIS concepts and procedures, especially in terms of understanding the flow of data.
- **Start early and involve partners.** An MIS system or tool should be developed before launching programmatic activities. If your MIS plan and tools involve data collection from other organizations, it is important to involve them in the design of the tool early in the process to make sure expectations and goals are in alignment and responsibilities are well defined. Consistently sharing data and checking in periodically with partners on changes or suggestions for improvement will keep your approach relevant.
- **Keep it as simple as possible.** Focus your data collection on the key information needed (i.e., only include "must haves" vs. "nice to knows" to limit errors and reduce burden on data entry staff). Use software that suits your programmatic data needs but doesn't require highly specialized and technical knowledge. Microsoft Access integrated with Excel is sufficient to meet the MIS needs of many types of projects.

- **Use several sources of data to make programmatic decisions.** While the Tracker allows for very useful analysis of data, its value is greatly enhanced by combining its use with additional approaches, such as qualitative surveys, to provide deeper insights as to what is really happening on the ground. For example, incorporate an exit survey for VMMC clients to more fully explore what led to their decision so that demand creation messages and approaches can be made more relevant.
- **Explore new and alternative technologies.** Paper-based reporting is necessary in many operating environments, but where possible, technical solutions, such as mobile phones with GPS and/or Internet capacity for data collection and sharing, should be evaluated for feasibility early on, with the costs and benefits weighed accordingly.

STEP 4: TOOLS

- **TOOL 17:** Negative Press Evaluation Tool
- **TOOL 18:** Monitoring Plan Template
- **TOOL 19:** Sample VMMC Client Exit Survey
- **TOOL 20:** IPC Supervision Form
- **TOOL 21:** IPC Supervision Target Audience Questionnaire

Tool 17: Negative Press Evaluation Tool

Name of publication: **Publication Date:** **Author:**	
In your own words, restate the inaccurate, misleading, or otherwise negative coverage of VMMC:	
The Message: Check all that apply	
❑ Message is essentially false and poses serious threat to public trust in your VMMC demand creation program or VMMC as a public health intervention	**5**
❑ Message is essentially false but does not pose serious threat to public trust in your VMMC demand creation program or VMMC as a public health intervention	**2**
❑ Message is essentially false but poses minimal or no serious threat to public trust in your VMMC demand creation program or VMMC as a public health intervention	**1**
❑ Message is essentially false and reflects negatively on a person or persons in leadership or other key roles associated with your VMMC demand creation program, including partners	**5**
❑ Message is essentially or partially true but could pose serious threat to public trust to your VMMC demand creation program or VMMC as a public health intervention	**2**
❑ Message is essentially or partially true but poses minimal or no threat to public trust in your VMMC demand creation program or VMMC as a public health intervention *	**0**
❑ Message is essentially or partially true and reflects negatively on a person or persons in leadership or other key roles associated with your VMMC demand creation program, including partners	**1**
❑ Message appears one time only and shows no signs of becoming part of a recurring or evolving wave of criticism	**– 1**
❑ Message is a continuance of or is likely to trigger a sustained wave of criticism in one or more major media outlets	**5**
TOTAL (If ≤ 2, consider not formally responding; if > 2 continue to next step)	

The Messenger: Check all that apply	
❏ Message was widely distributed through one or more major media outlets	**2**
Message was widely distributed through one or more major media outlets that reach(es):	
❏ People to whom your VMMC demand creation program is directed, that is, your primary or secondary target audience	**5**
❏ Government or other regulatory authorities (lower if personal contact with all relevant principals is feasible; higher if political fallout is possible or likely)	**1–4**
❏ Partners in your VMMC program (lower if personal contact with all partners is feasible; higher if partnership staff are likely to be adversely influenced by message)	**1–3**
❏ Tabloid "Fringe" media not widely regarded as "legitimate" news source	**2**
Social media with substantial reach to:	
❏ People to whom your VMMC demand creation program is directed, that is, your primary or secondary target audience	**3**
❏ Government or other regulatory authorities (lower if personal contact with all relevant principals is feasible; higher if political fallout is possible or likely)	**0–3**
❏ Partners in your VMMC demand creation program (lower if personal contact with all partners is feasible; higher if partnership staff are likely to be adversely influenced by message)	**0–3**
Social media with minimal reach to:	
❏ People to whom your VMMC demand creation program is directed, that is, your primary or secondary target audience	**1**
❏ Government or other regulatory authorities	**1**
❏ Partners in your VMMC demand creation program	**1**
Source of quotes in article:	
❏ Quoted sources well known and generally regarded as credible	**2**
❏ Quoted sources are unknown or not widely respected in their field	**1**
❏ Quoted sources are known as frequent anti-VMMC activists	**1**
❏ Negative information is unattributed	**1**
TOTAL If >2 consider formal response	

Response Options—Message Points Analysis	
Points	**Response**
> 6	• A correction or clarification is necessary. Contact the journalist and in most cases his/her supervisor (editor) to explain the need for a retraction and correction. • Monitor public response (including other media pick-up) of the damaging information. If necessary, schedule a news media event to set the record straight. Err on the side of public safety. • Schedule a follow-up appointment with the publisher or high-level executives to tactfully explain the public welfare implications of both accurate and erroneous news coverage.
4–5	• Appeal directly to the original author or journalist of the material; explain the public health position and request a follow-up story including that perspective. • If journalist appears hostile, biased, or unwilling to consider the public health view, extend the same offer to publication authorities, such as assignment editors. • Offer to hold a meeting with editorial staff ("desk side briefing") to explain the public health necessity of VMMC, including short-term and long-term goals. Place benefits and risk in context.
<3	• If story is critical, but even partially true, convene internal staff to discuss response: ❏ If claim/message is serious, use reputation risk management principles (formal training available). ❏ In any event, consider and impose remedies; share publicly if indicated, including with the original critical publication/broadcast outlet and journalist, or other responsible parties. • If story is untrue, consider the source before responding publically. Defensive responses can inadvertently lend legitimacy to unfounded or absurd criticisms. Irresponsible critics may count on achieving such a response as part of their strategy to gain attention and influence.
In all instances, do not take negative news personally but see such occasions as opportunities for expanding understanding of VMMC's public health importance. Consider these points in improving news media relations, which in and of itself can reduce the incidence of erroneous or reckless reporting: • **Monitor coverage extensively for content and quality. Come to recognize, by name, the best (and worst) reporters and media outlets. Let the best get to know you by name and organization.** • **Become proactive in advancing positive VMMC news. Pitch legitimate news consistently. Do not bother reporters with information that clearly does not rise to the level of news but consider novel feature ideas that encompass the VMMC message.** • **Be available to reporters on demand. Respect their deadlines and seize opportunities to provide helpful, responsible content to their VMMC stories.*** • **Offer thoughtful op-ed pieces on emerging, relevant VMMC issues, including progress milestones.**	

** To the extent possible become aware of the story theme or angle. If the reporter appears determined to produce a negatively biased piece, it may be advantageous not to provide input, which might legitimize proponents of falsely negative information.*

Tool 18: Monitoring Plan Template

Name of Project:

Goal	Program Objectives	Monitoring Questions	Indicators	Indicator Targets	Method(s)	Data Collection Tools	Responsible Person(s) & Team

Adapted from: Family Health International (FHI360), (2004). Monitoring HIV/AIDS Program: A Facilitator's Training Guide.

Tool 19: Sample VMMC Client Exit Survey

Clinic: _____

Home Residence Location: _____ **Age:** _____

What motivated you to go for voluntary medical male circumcision? *(tick all that apply)*

Messages
- ❏ Brochure or leaflet
- ❏ Poster or banner
- ❏ Radio
- ❏ TV
- ❏ Billboard
- ❏ Other

_____

Public Setting
- ❏ Clinic
- ❏ Hospital (doctor or nurse)
- ❏ Workplace
- ❏ Community event
- ❏ Music artist event
- ❏ Other

_____

People
- ❏ Friend/colleague
- ❏ Spouse/partner
- ❏ Parent/aunt/uncle
- ❏ Sister/brother/cousin
- ❏ Community Leader/elder/chief

What are the benefits of circumcision?
- ❏ _____
- ❏ _____
- ❏ _____
- ❏ _____

What motivated you most to get circumcised?
- ❏ _____
- ❏ _____
- ❏ _____

Were you given a referral voucher?
❏ Yes ❏ No

By whom?
❏ HIV testing service at

_____

❏ Peer educator (describe)

_____

Did you bring the referral voucher today?
❏ Yes ❏ No

I would describe my clinical experience as:
❏ Positive ❏ Negative

Clinic setting was clean and comfortable?
❏ Yes ❏ No
Explain_____

I was treated with courtesy and respect
❏ Yes ❏ No

I was informed of my likely waiting time
❏ Yes ❏ No

Tool 20: IPC Supervision Form

IPC Agent _____ **Date:** _____
Location _____ **Ward:** _____ **Assessed By:** _____

Participants: **Men** **Women** **Total:**

Intervention Type: ❑ first visit ❑ revisit **Start time:** **End Time:**

Check for: (circle how well each element was done)

	Didn't Do It at All	Tried but Could Improve	Pretty Good but Missed Opportunities	Nailed It!	Not Applicable
1. Establishes Rapport a. Self introduction b. Topic introduction/background c. Maintains appropriate eye contact d. Addresses all participants	1	2	3	4	n/a
2. Open-ended Questions a. Identifying needs and motivations	1	2	3	4	n/a
3. Uses Reflective Listening a. Active listening b. Voice projection	1	2	3	4	n/a
4. Adjusts Dialogue to Client's Needs a. Checks for stages of change of participant b. Communicates at participants' level of understanding	1	2	3	4	n/a
5. Manages Dysfunctions a. Deflecting arguments b. Appropriately challenges stigmatization and negative or incorrect participant comments.	1	2	3	4	n/a
6. Builds Consensus a. Overcomes objections	1	2	3	4	n/a
7. Appropriate Use of Tools	1	2	3	4	n/a
8. Addresses 3 Key Behavioral Messages	1	2	3	4	n/a
9. Answers Questions Accurately and Appropriately a. Refers if don't know	1	2	3	4	n/a
10. Demonstrates Good Preparation	1	2	3	4	n/a
11. Collects Monitoring Data on Attendees (# of participants, demographics, other)	1	2	3	4	n/a

1. Did the majority of participants match the intended target audience?
   ❏ Yes ❏ No

2. Was the activity setting (time, location) appropriate for topic, group?:
   ❏ Yes ❏ No

3. Why not? _____

4. What was the format of contact:
   ❏ 1 on 1 ❏ small group (2-10) ❏_large group (11-25) ❏_forum (26+)

5. Was the size of the group appropriate for the topic, participants?
   ❏ Yes ❏ No

6. Why/why not? _____

7. Were referrals given?
   ❏ Yes ❏ No ❏ n/a

8. If no referral was given, why not? _____

NB: Don't forget to talk to at least 1 target audience member

Tool 21: IPC Supervision Target Audience Questionnaire

Supervisor Name **Date**
IPC Agent Name
Location ❑ **first visit** ❑ **revisit**

Important Points to Note
A. Please circle **only 1** option per statement.
B. Administer **all** statements to the participants.
C. Tell the participant that there is no "right" answer or "wrong" answer—we only want their honest opinion.

Introduction
My name is..... and I am here to discuss people's opinion about the communication activity you just attended. I spoke to different people like you about VMMC information and people had their opinions about this. I have some of the statements with me. As I read out each of these statements, I would like you to tell me whether you agree, disagree, or "nothing like that" about the statement. There are no right or wrong answers; I just want your opinion.

Effectiveness items					
MESSAGE					
1. What was the main message of the session, according to you?	**VMMC is safe procedure, effective additional HIV prevention method (1)**			**Correct and consistent condom use (1)**	**Other (note) (0)**
INTERESTING:	**Disagree**				**Agree**
2. The session was not just telling about something, it was also entertaining me.	1	2	3	4	5
RELEVANT NEWS:					
3. The session tells about some useful information about an important issue.	1	2	3	4	5
CREDIBILITY:					
4. I felt the speaker understood my problems.	1	2	3	4	5
CONFUSION					
5. The session was difficult to follow.	1	2	3	4	5
FAMILIARITY:					
6. I've seen such activities before—it's not new.	1	2	3	4	5
ALIENATION:					
7. This activity wasn't for people like me; it was as if it was talking to someone else, not me.	1	2	3	4	5
APPROPRIATENESS OF SITUATION:					
8. This session was at a time, place, and with people that made me feel comfortable talking about these issues.	1	2	3	4	5
URGENCY					
9. I will take action specified in the session now.	1	2	3	4	5
PARTICIPATION					
10.I was able to ask questions and participate as much as I wanted to.	1	2	3	4	5
REFERRALS					
11. Were you offered a referral for VMMC?	Yes		No		

STEP 5: Evaluation and Replanning

Unlike monitoring, which is the routine tracking of program activities, evaluation measures how well the program is achieving its objectives. An evaluation can determine if the VMMC demand creation was effective at reaching the target audiences and motivating them to seek VMMC or encourage others to do so. An evaluation can also show which communication activities, channels, and messages worked best. These results create an evidence base for improving future demand creation programs.

An evaluation requires a study design and measurement over time (typically at the beginning, middle, and end of the program). Evaluation should be built into a program during the initial stages because it will require advance planning, resources, and time to conduct.

Structured evaluations allow program implementers to

- measure the effectiveness of the program;
- identify strengths and limitations of the program;
- provide information for revising future demand creation programs and activities;
- meet donor/stakeholder requirements; and
- share lessons learned with partners, stakeholders, and other implementers.

Defining Program Goals and Objectives

Specific goals and objectives for demand creation are not only important for guiding the actual activities but also for planning the best ways to monitor and evaluate the program. The goals and objectives will guide the development of the program evaluation.

The goals and objectives should be SMART, meaning they should be:

Specific—Clearly state "who" (target audiences) and "what" (desired action/outcome)

Measurable—State "how much" change is expected

Achievable—Can it be accomplished within the time frame and with the resources available?

Relevant—Is it a worthwhile way to meet a need?

Time-bound—States the time frame by which the goal or objective will be met

Table 5 shows the important, but subtle, distinction between SMART goals and objectives:

TABLE 5. SAMPLE GOALS AND OBJECTIVES

	Description	Example
Goal	A goal describes the long-term, intended health benefit or macro-level change in disease burden. A goal takes a long time to achieve, often long after an intervention ends.	"The goal of the Malawi VMMC Go Program is to reduce new HIV infections in Malawi from 0.95% in 2012 to 0.80% in 2017."
Objective	An objective is a short-term or midterm program accomplishment on the way to attaining the goal. It is an action-oriented statement about "what" will be accomplished by the program activities. Typically, an objective describes changes in knowledge, attitudes, beliefs, or behavior. A program typically has several objectives.	**Short-Term Objective:** "By December 31, 2013, the Malawi VMMC Go Program will increase knowledge of VMMC by 50% among men aged 25 to 49 in Lilongwe, Malawi." **Midterm Objective:** "By December 31, 2014, the Malawi VMMC Go Program will increase informed demand for VMMC services by 20% among men aged 25 to 49 in Lilongwe, Malawi."

Goals and objectives should be realistic and achievable and, to the extent possible, should be based on existing data. As illustrated in the goal example above, the HIV incidence rate in Malawi in 2012 is used to set the target value of 0.80% in 2017. A target value should reflect the resources, scale, and duration of the program.

Types of Evaluations

Two types of evaluation are commonly used for gauging the result of a program: outcome evaluations and impact evaluations. Below is a description of the two types of evaluations.

Type of Evaluation	What it Measures	What Kinds of Questions this Type of Evaluation Can Answer
Outcome Evaluation	Measures the short-term and midterm effects of demand creation activities on the knowledge, attitudes, beliefs, and behavior of the target audience. An outcome evaluation is often tied to answering whether a program met its objectives (intermediate goals).	• What types of changes in knowledge about VMMC did the target audience experience? • What types of changes in attitudes toward VMMC did the target audience experience? • What change can be observed in informed demand for VMMC in the target audience? • To what extent were secondary audiences enlisted to help influence VMMC candidates to undergo VMMC? • What messages were most relevant for encouraging males to be circumcised? • What was the change in the number of males circumcised?
Impact Evaluation	Measures the long-term effect of demand creation activities and resulting behavior (VMMC) on population-level changes in health outcomes, including HIV incidence or HIV mortality. An impact evaluation is often tied to answering whether a program met its ultimate goal. An impact evaluation entails a rigorous study design.	Has an increase in VMMC among the target audience resulted in a decrease in HIV incidence?

The evaluation method that lends itself most appropriately to VMMC demand creation programs is outcome evaluation and is discussed below.

Outcome Evaluations

As stated above, outcome evaluations look at the extent to which target audiences change their knowledge, attitudes, or beliefs about VMMC and engage in the desired behavior (undergoing VMMC or motivating others to do so) as a result of demand creation messages and activities. Outcome evaluations are especially valuable in VMMC demand creation because they often reveal opportunities for improvement, highlight new or unexpected barriers to behavior change, and illustrate how well the applied strategy reached the target audiences.

Depending on the resources available, outcome evaluations can be large or small. Overall, it is most important to collect the appropriate data to demonstrate program progress and outcomes and to help inform new activities moving forward.

SECTION TOOLS:

Tool 22: Outcome Evaluation Guidance, which provides an overview of the steps for conducting an outcome evaluation and practical tips, is provided at the end of this section.

For more information on conducting an outcome evaluation, see the following resource:

- Strategic Guidance for Evaluating HIV Prevention Programmes (UNAIDS)

  http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/12_7_MERG_Guidance_Evaluating%20HIV_PreventionProgrammes.pdf

The following case study from Botswana summarizes one country's well-designed outcome evaluation of a VMMC demand creation campaign.

CASE STUDY: Botswana VMMC Demand Creation Evaluation Case Study

One of the most significant challenges with VMMC demand creation is determining what mix of communication channels and what messages are most effective in motivating males to seek VMMC services. To ensure all VMMC communications in Botswana are effective and well coordinated among all stakeholders, the MOH implemented a national VMMC communication strategy in 2009, using a combination of communication activities focused on awareness creation, advocacy, and counseling to reach their target audiences.

In Botswana, one VMMC partner has led the evaluation of communication efforts for the national VMMC program and is using and sharing the results to inform programmatic decision making and gauge progress toward outcomes. The evaluation activities undertaken provide invaluable data and insight on how best to deliver effective, targeted, and coordinated communications around VMMC.

Evaluation

The overarching objective of the evaluation was to obtain much-needed evidence for future strategies. Specifically, the evaluation was intended to identify the major successes and weaknesses encountered within the first few years of the program and the corrective actions required for future success. The MOH also wanted to identify gaps in research, ascertain the extent to which the initial strategy had met its objectives, gauge the level of understanding of VMMC and HIV prevention among the general public, and assess adolescent and adult males' postoperative sexual behavior.

The evaluation covered the period of April 2009 to October 2010. Primary activities included a comprehensive literature review; development of a detailed inception report that outlined the methodology and study design; recruitment and training of data collectors; extensive field work and data management, and data analysis, reporting; and final report dissemination. A Technical Working Group consisting of representatives from the MOH, the donor, and other stakeholders provided support in developing the study and was responsible for reviewing and approving a final report. Additional support was provided by partners who aided with fieldwork training and questionnaire design, data cleaning, and analysis and write up of the knowledge, attitudes, and practices portion of the report.

Regular monitoring reports were used to establish progress in implementing the strategy, and a combination of qualitative and quantitative survey methods was used to provide information on the specific objectives of the strategy. The qualitative approach included the review of key literature and records, focus group discussions, field visits, and key informant interviews. The quantitative portion of the evaluation consisted of one-to-one interviews with the primary target audience (males aged 15 to 49). The evaluation study was designed to ensure regional and national site coverage of key categories of informants.

Results

Initial results were presented to stakeholders at a meeting to develop the second phase of the national VMMC communications strategy and were used throughout decision making to guide the process. The initial results revealed the following insights:

1. ***Communication channels:*** The evaluation found that a mix of communication channels is best for creating demand for VMMC.
2. ***Key influencers:*** Friends/relatives, female partners (including wives), and health workers are important channels for messaging to the primary target audience.
3. ***Segmenting target audiences:*** It is important to segment messaging by age groups. Barriers and motivators differ between age groups, and demand creation messages and activities should be tailored to address these differences.

These findings are being used to improve communication in the second phase of the national VMMC communications strategy. This phase of the national VMMC communications strategy will focus on incorporating female partners into demand creation messages and activities and training peers to be peer champions for VMMC. Demand creation messages will also be segmented by age groups to better target communication messages to address barriers and motivations.

How to Use Evaluation Results

Applying Evaluation Results for Replanning Purposes

The results from an evaluation should be used to inform planning and replanning for future VMMC demand creation programs. Evaluation results can illustrate the strengths and limitations of program messages and activities, including unexpected results. Evaluation results should be used to make decisions about which program elements to continue, discontinue, modify, or expand.

For example, suppose a baseline survey indicated that males perceived VMMC as a complicated and painful procedure, and the messaging attempted to allay those fears. If the follow-up survey indicated that those perceptions had changed, it may be possible to refocus efforts into other areas. Suppose the survey indicated that males who were circumcised were more likely to have a friend or family member who had already undergone the procedure. Consequently, it would be useful to consider revising activities to encourage circumcised males to talk to uncircumcised males in an effort to encourage them to seek VMMC services.

Evaluations should always be seen as part of the step that goes back to planning for new VMMC demand creation programs and activities.

Disseminating Results

Keep in mind that findings from demand creation evaluations may be applicable to broader VMMC programs. Therefore, it is important to ensure that a dissemination plan is in place to ensure broader distribution of evaluation results to partners and other key stakeholders. While programs often only want to highlight their successes and positive results, it is just as important to share what did not work. It is also important to coordinate these initiatives at the national level, because over a longer period, monitoring and evaluating communication and VMMC demand creation efforts, combined with tracking changes in epidemiology, can determine whether the VMMC program has contributed effectively to HIV prevention goals.

STEP 5: - TOOLS

- **TOOL 22:** Outcome Evaluation Guidance

Tool 22: Outcome Evaluation Guidance

This worksheet provides an overview of the steps conducted during an outcome evaluation.

Steps for Conducting an Outcome Evaluation

STEP 1: Develop the Evaluation Questions

The objectives developed for the program should be the basis for determining the focus of the outcome evaluation. It is important to stay focused on these objectives and what questions need to be answered to show if the program has met its objectives. Also, it is important to think about what decisions will be made using the evaluation results.

Examples of decisions that might be made using evaluation results:

- Should the program be scaled up?
- Should the program be revised to address a new audience/barrier/etc.?
- Are more resources needed to reach the goal of the program?

Three important characteristics should be considered when developing evaluation questions:

1. Can relevant data be collected to answer the questions?
2. Is more than one answer possible?
3. Will the questions produce useful information stakeholders need to make decisions?

Table 6 provides several examples of outcome evaluation questions related to sample program objectives.

TABLE 6. EXAMPLES OF OUTCOME EVALUATION QUESTIONS

Objectives	Sample Evaluation Questions
By December 31, 2013, the Malawi VMMC Go Program will increase knowledge of VMMC by 50% among men aged 25 to 49 in Lilongwe, Malawi.	• What types of changes in knowledge about VMMC did the target audience experience? • What messages were most relevant for increasing knowledge about VMMC? • What channels were most relevant for reaching each target audience?
By December 31, 2014, the Malawi VMMC Go Program will increase informed demand for VMMC services by 20% among men aged 25 to 49 in Lilongwe, Malawi.	• Was there a change in informed demand for VMMC in the target audience? • What messages were most relevant for encouraging males to be circumcised? • Was there a change in the number of males circumcised during a given time period?

STEP 2: Develop the Study Design

A good outcome evaluation requires a good study design. A study design is a plan for when and from whom, how, and what (variables) data will be collected, based on scientific principles. There are numerous study designs, but the most common study designs for demand creation outcome evaluations are quasi-experimental and nonexperimental. These study designs are described in Table 7.

TABLE 7. QUASI-EXPERIMENTAL AND NONEXPERIMENTAL STUDY DESIGNS

Type of Study Design	Description	Considerations
Quasi-experimental	Two groups are compared: one group that is exposed to a program (called the intervention group) and one group that is not exposed to the program (called the control group). The control group is selected to be as similar as possible to the intervention group, often by matching on characteristics that are considered to be important to the outcomes.	• More feasible than experimental design • Difficult to say with certainty the program caused observed effects
Nonexperimental	No control group is used. The most common method is a pretest and posttest design.	• Often used when the program is expected to reach the entire population or resources are limited • Little control over factors that may confound, or interfere with, the findings

No matter what study design is selected, a robust outcome evaluation will track the same population over time. For both types of study designs, typically data are collected at three points in time: before the beginning of the program (baseline), at the midway point (midterm), and at the end of the program (end line). Decisions around frequency of data collection may be based on the resources available as well as what is practical given the implementation plans.

STEP 3: Determine the method of data collection and develop the collection tool

The most common method of data collection for outcome evaluations is a survey using a questionnaire. A survey can be quantitative, qualitative, or mixed method depending on the evaluation question that is being answered.

- **Quantitative Method:** Asks specific, narrow questions and collects numerical data from participants. Quantitative methods aim to answer what happened, to whom, and when. Quantitative methods can be used to get information on knowledge levels, attitudes, and reported behaviors of the target audience. A quantitative question in a survey will provide a set of predetermined answers that corresponds to a number.

Objective	Evaluation Question	Sample Survey Question	Answer Choices
By December 31, 2013, the Malawi VMMC Go Program will increase knowledge of VMMC by 50% among men aged 25 to 49 in Lilongwe, Malawi.	What types of changes in knowledge about VMMC did the target audience experience?	True or False: VMMC is up to 60% effective at preventing HIV acquisition in men who are exposed through sexual (vaginal) intercourse with female partners. _____ Do you know of a place where you can receive VMMC services?	True (1) False (0) _____ Yes (1) No (0)

- **Qualitative Method:** Asks broad questions and collects descriptive (word) data from participants. Qualitative methods aim to answer why and how something happened. Qualitative methods help understand the target audiences' thought and decision-making processes. A qualitative question in a survey will be open ended and allow the participant to provide a detailed answer.

Objective	Evaluation Question	Sample Survey Questions
By December 31, 2013, the Malawi VMMC Go Program will increase knowledge of VMMC by 50% among men aged 25 to 49 in Lilongwe, Malawi.	What types of changes in knowledge about VMMC did the target audience experience?	• What have you learned about VMMC? • Where have you learned about VMMC? • What advantages do you perceive about VMMC? • What disadvantages do you perceive about VMMC?

Often a mixture of both quantitative and qualitative methodologies is used; this is called a mixed-method study. A combination of qualitative and quantitative information about who is doing what and why is usually a better basis for program evaluation than either method alone.

When developing a questionnaire, it is important to keep the evaluation questions in mind. For example, if the evaluation question is What types of changes in knowledge about VMMC did the target audience experience?, it will be necessary to include knowledge-related questions in the questionnaire. After developing the data collection tool, it is important to pretest it with members of the target audience for usability and make revisions as needed. Pretesting tools and guidelines can be found in Step 3: Development and Testing.

STEP 4: Collect Data

Depending on the available resources and the type of method used, there are multiple ways to collect data. The box below lists the most common data collection approach for each method.

Method	Data Collection
Quantitative method	• Surveys (online, phone, paper) • In-person interviews
Qualitative method	• Focus group discussions • In-depth interviews Observations
Mixed method	• In-person interviews

As previously mentioned, ideally data should be collected at three time points during the implementation of a demand creation program: before the beginning of the program (baseline), at the midway point (midterm), and at the end of the program (end line). The results of the baseline data collection will provide a picture of the knowledge, attitudes, and behaviors of the target audience prior to and in the absence of any messaging and will be used as a basis for comparison for all future data collected.

STEP 5: Analyze the Data

Appropriate statistical techniques should be used to analyze the data to discover if there are any significant relationships or changes as a result of program activities. It will be necessary to involve researchers or statisticians in this process, because knowledge of statistical tools and programs is needed. By comparing baseline data to midterm data or end-line data, it may be possible to determine what changes have occurred over the course of the demand creation campaign.

Case Studies

CASE STUDY 1: TARGET GROUP SELECTION IN SWAZILAND

When the program team of an implementing partner in Swaziland first convened to discuss demand creation strategies for its new 5-year VMMC program, the choice of target group was overwhelming. There were so many groups to choose from! The initial phase of the program targeted males aged 13 to 29, yet the team knew from its 10 years of social marketing work in Swaziland that this was a very big target group—too big in fact to be addressed with just one campaign approach.

In addition to males aged 13 to 29, many team members felt females were an important target group given the indirect benefit of VMMC and the important role they play in supporting males during the 6 weeks of abstinence after circumcision. Furthermore, there were several vocal women's advocacy groups in Swaziland that occasionally raised concerns about VMMC in the media.

Other team members felt medical professionals were an important target group because doctors and nurses have direct contact with males and can be influential in health decision making. Some team members felt reaching parents of males younger than age 18 was important. These males would require parental consent and many might be shy about reaching out to their parents. Some team members felt traditional leaders would be important target groups given the traditional governmental structures that govern all the way down to the community level. Other team members felt religious leaders would be important to target because the vast majority of the Swazi population attends church and this would be an excellent means through which to reach a wider group.

There seemed to be so many choices. How were they going to prioritize?

The team first tried to narrow down their options. They felt it was absolutely necessary to target males; after all, they were the ones who needed to seek out the service. However, males aged 13 to 29 was too broad a group, so the team went through a segmentation exercise to identify smaller subgroups with similar behavioral barriers and/or motivators.

They decided males aged 13 to 17 were a homogenous group, given that they were likely to be attending school and they would also need parental consent for the VMMC procedure. The team felt the parental consent issue assumed a level of open parent-child communication about sex and HIV that probably did not exist in Swaziland and that this could be a barrier for circumcision among this younger age group.

They decided males aged 18 to 24 were a homogenous group, having finished secondary schooling and possibly already being in the workforce. They also decided males aged 25 to 29 were a homogenous group. The team felt these males were more likely to be in long-term romantic relationships, which would present its own set of barriers to service utilization in terms of partner support and even consent.

With the males split into three target groups, the team weighed the advantages and disadvantages of focusing on each. Ultimately, the team opted to focus on males aged 18 to 24 for the first year of the project. They felt this target group would be the easiest to reach in terms of media habits, and the existing research demonstrated that intention to circumcise among this age group was highest. Consequently, they would be the "easiest" to motivate to seek out services. They also felt materials targeted at males aged 18 to 24 would be aspirational for males aged 13 to 17, and demand would spillover to motivate younger males to seek services. The team agreed, however, that focusing specifically on younger males and their parents as well as on older males would be reserved for subsequent phases of demand creation efforts in later years of the program.

Once this decision was made, the team focused on identifying a secondary target group. With females, parents, religious leaders, traditional leaders, and medical professionals as the remaining options, the team tried to base their decision on which group would have the most direct influence on the primary target (males aged 18 to 24).

The team opted for females as a secondary target group for several reasons. First, they felt there was an ethical obligation to educate females about VMMC, with special focus on messaging that VMMC has only an indirect benefit on females and that just because a male may be circumcised does not mean he is HIV negative. Hence, females should continue to use condoms regardless of a male's circumcision status. Second, they felt females could have direct influence on males' decision to undergo the procedure. They could be encouraged to support their partners by going along during the procedure. They could be encouraged to discuss it with the partners and ultimately to provide support during the abstinence period. Finally, it was believed that focusing on females might be a good way to reach males in long-term relationships.

While the implementing team recognized the importance of parents, religious leaders, traditional leaders, and medical professionals as target groups in the context of VMMC demand creation, they felt males aged 18-24 and females were more important to focus on in the early days of the campaign. Rather than abandoning these other groups, they opted instead to look for other ways to engage them. For example, communication staff developed special brochures on VMMC for parents during service delivery campaigns targeting in-school youth that took place during school holidays. They also sought out PR partnerships and media opportunities to highlight traditional leaders who were supportive of VMMC. Ultimately, the strategy selected a primary target group (males aged 18 to 24) and a secondary target group (females) and sought ways to still reach out to other important stakeholders, influencers, and decision makers for VMMC.

CASE STUDY 2: KEY MESSAGE SELECTION IN ZIMBABWE

When an implementing partner in Zimbabwe set forth to develop a VMMC demand creation campaign, they were fortunate enough to be able to rely on in-depth, national-level research to inform their decisions. Not only did they conduct an extensive literature review, they also relied on results from Zimbabwe's Male Circumcision Situation Analysis in 2008 and a survey by Frances Cowan that included questions on knowledge, attitudes, and practices of VMMC that was conducted as part of an evaluation of Zimbabwe's National Behavior Change Program.

The research indicated that knowledge about VMMC and its benefits was low despite the fact that more than 60% of respondents felt the service was acceptable. The findings also highlighted the primary barriers to service utilization: the belief that VMMC does not prevent HIV, cultural and religious reasons, fear of pain, and concerns about adverse effects. The research also pointed out several interesting findings about female's perceptions of VMMC. For example, females tended to be opposed to VMMC because they were skeptical about the protective effect, they were concerned VMMC was not culturally accepted, and they also had fears of possible adverse effects from the surgery.

Based on these results, the implementing partner identified their primary key message to promote the benefits of VMMC: VMMC works in preventing HIV infection by providing 60% protection against HIV in males. It believed the message had functional benefits that would fully explain the importance of the service as well as emotional benefits that were selected to appeal to the aspirations of the target group. The functional benefits included the following: VMMC reduces HIV risk, it helps to prevent penile cancer, and it improves hygiene. For the emotional benefit, they aimed to position VMMC as the HIV prevention strategy that could give males the life and health that would allow them to realize their dreams.

Through promotion of this key message, the partner also hoped to address common myths and misconceptions about VMMC among target communities. For example, 22% of uncircumcised males believed VMMC was not culturally or religiously appropriate, 13% were afraid of pain, 12% were afraid of adverse events, and a small proportion believed circumcised males have reduced sexual pleasure and fertility. Consequently, communication materials addressed basic facts about VMMC and emphasized that

- VMMC was not 100% protective,
- VMMC is offered in a medical setting as part of HIV prevention and not for cultural reasons,
- pain was minimized through the use of local anesthetic,
- VMMC does not affect a male's ability to get an erection, and
- VMMC does not reduce fertility.

CASE STUDY 3: EVIDENCE-BASED KEY MESSAGE DEVELOPMENT FOR MALE CIRCUMCISION CAMPAIGN IN ZAMBIA

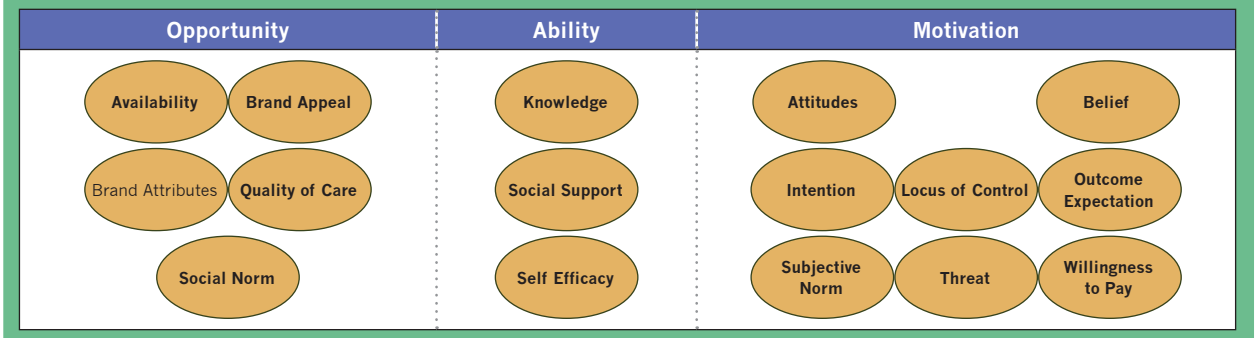
In 2007, an implementing partner in Zambia first began to look at what kind of messages would be most relevant and compelling to Zambian males to motivate them to undergo VMMC.

STEP 1: QUALITATIVE RESEARCH

The partner conducted a series of in-depth interviews with circumcised as well as uncircumcised males aged 15 to 30 to

- better understand existing perceptions of VMMC as an HIV/STI prevention option for males and
- identify attitudes, beliefs, and social norms related to VMMC uptake in need of reinforcement and/or to be addressed through communications activities.
- As a result of the qualitative study, specific factors associated with VMMC uptake were organized into three categories, according to an existing behavioral framework used by the organization (Figure B-1). Each circle represents a different barrier or motivator. Each is categorized as either influencing a client's opportunity, ability, or motivation to seek VMMC services.

FIGURE B-1. CAMPAIGN BEHAVIOR CHANGE FRAMEWORK

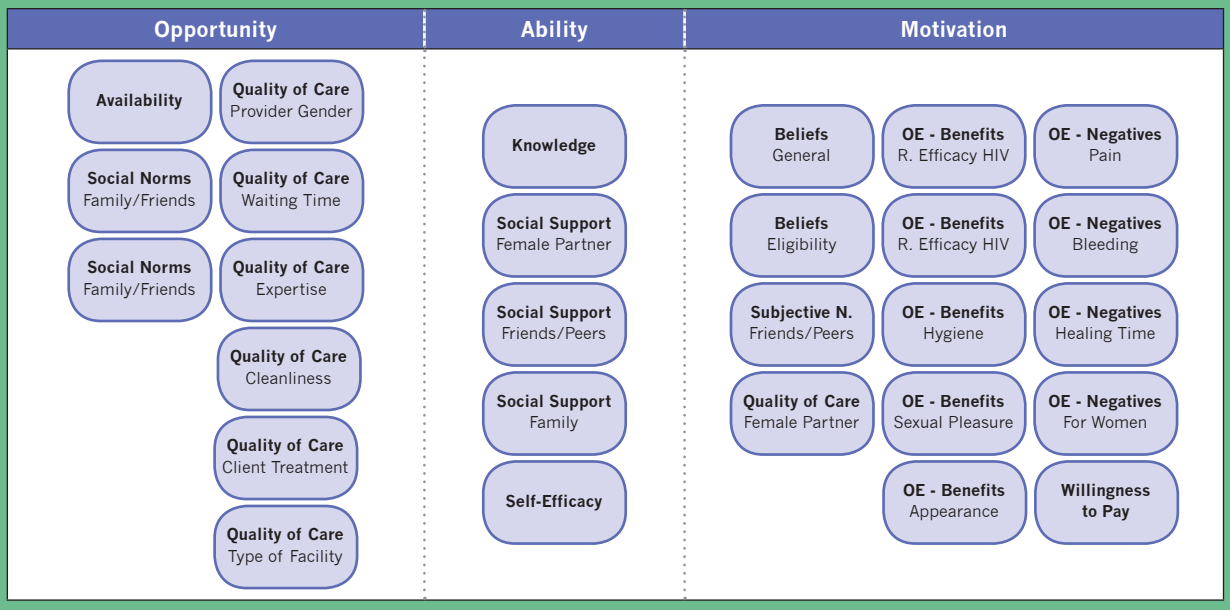


Source: Patel DS & Chapman S, 2005

An analysis of the issues raised by the study participants was then used to create a VMMC-specific behavioral framework (Figure B-2).

For example, several uncircumcised respondents described that they were concerned about the pain as well as the final outcome or result of the surgery. One respondent noted that "it is known in the community that [VMMC] is risky and painful." Others

FIGURE B-2. ADAPTED MALE CIRCUMCISION BEHAVIOR CHANGE FRAMEWORK



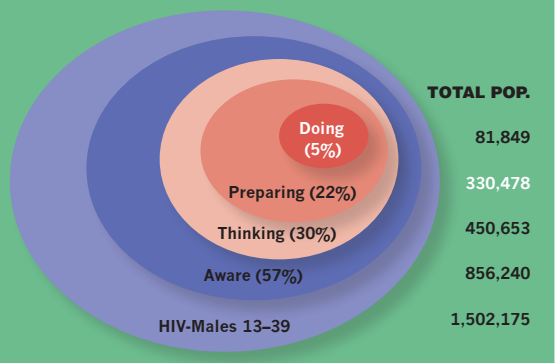
Source: PSI MC TRaC Study Design, Manda J & Sichiliya N, 2009

were attracted by the notion that VMMC would provide improved personal hygiene. One responded said, "Well, generally it's cleanliness, because the skin which they remove keeps a lot of white stuff which really smells bad." These factors were grouped into negative and positive outcome expectations.

STEP 2: QUANTITATIVE RESEARCH

The VMMC-specific behavioral framework that resulted from the qualitative work was then used to design a representative household survey aimed at understanding the relative importance of each of the identified behavioral factors preventing certain males from accessing VMMC services in Zambia. The survey also asked respondents about their personal stage of readiness to go for VMMC (not thinking, thinking, preparing, and action). Statistical methods were used to compare common factors associated with males from each of these stages of readiness. The results of the survey revealed several very important insights (Figure B-3):

FIGURE B-3. RESULTS OF STAGES OF READINESS ANALYSIS



A sizeable proportion of uncircumcised males (22%) was already in the preparation stage.
The number of males who had already made up their minds to undergo VMMC and who had taken some concrete action, such as speaking with a healthcare worker about VMMC, was larger than expected. In fact, when translated into real population figures, it represented more than 300,000 males (see Figure B-3).

1. The factors that lead some uncircumcised males to move from one stage of readiness to another (for example, from not thinking to thinking vs. from preparation to action) are very different.
Figure B-4 highlights the behavioral factors associated with successful progression through each of the stages of readiness toward actual VMMC adoption (doing).

FIGURE B-4. BEHAVIORAL FACTORS ASSOCIATED WITH SUCCESSFUL PROGRESSION THROUGH EACH STAGE OF READINESS

	Not Thinking vs. Thinking	Thinking vs. Preparing	Preparing vs. Doing
Opportunity	• Social norms: friends • Social norms: family	• Social norms: friends	• Quality: **Expertise** • Social norms: family • Quality: **waiting time** • **Availability** of services
Ability	• Self-efficacy	• Knowledge: myths • Self-efficacy • Knowledge: healing time • Social support: partner	• Knowledge: **healing time**
Motivation	• Belief: partner reaction	• Pressure: partner & friends	• Perceived benefits • Expectation: bleeding • Expectation: pain • Norms: partner reaction

This analysis helped focus demand creation efforts on those factors within the direct control of the program that were also significantly associated with moving uncircumcised males from the preparation phase into the action phase (see right-hand column in Figure B-4). These factors include public perceptions of surgical providers being well trained (expertise), reasonable waiting times, the availability of VMMC services at convenient times and locations, a relatively rapid and unobtrusive

healing period, limited or no bleeding during and after the VMMC procedure, and minimal pain. Social norms related to family support and the anticipated reaction of the clients' female partners were not included as priority determinants because it was felt these were more difficult to modify directly through the program.

While knowledge about key benefits of VMMC was highly associated with males who had undergone the procedure, the research did not clarify whether greater knowledge of the benefits of VMMC led males to get circumcised or whether it was a result of males undergoing the counseling during the VMMC process. Priority determinants were then grouped into two categories for more concise key message development: expertise and availability (Figure B-5).

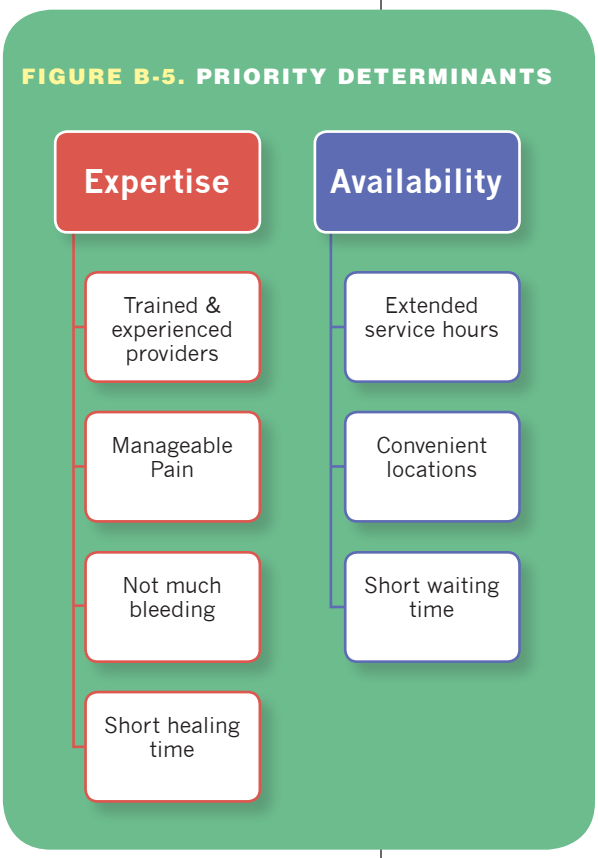


FIGURE B-5. PRIORITY DETERMINANTS

Addressing perceptions of expertise as well as fears of pain, bleeding, and healing times would require communication and promotional activities, whereas issues of availability would require substantive changes to the way the services were delivered. The team made some programmatic decisions to offer services every Saturday and to offer Sunday and evening services by appointment at all six fixed sites run by the partner throughout the country. These expanded service hours would also need to be communicated through similar channels.

STEP 3: MESSAGE DEVELOPMENT

Once qualitative and quantitative research results were compiled and evidence-based programmatic adjustments had been made, key message development was fairly straightforward. Radio spots, print materials, and IPC training guides were developed to convey these key messages. Satisfied clients were engaged to reinforce messages at the community level about rapid healing time, minimal pain, and bleeding during and after the procedure. Special initiatives such as phone-in radio programs were dedicated to topics such as pain, bleeding, healing time, and family and female partner support for VMMC.

The following are sample texts from a VMMC radio spot in Zambia:

(**Expertise & Availability**) "Organization X is offering safe male circumcision services done by well-trained providers every day, including evenings and weekends. Call 990 or go to your nearest New Start Centre for more information."

(**Pain**) "Hi my friends. Listen, this was my experience. I went for male circumcision. At first, I was afraid of the pain, but I made a bold decision and went to the clinic for MC, and there was very little pain! I did it, and so can you! For more information on male circumcision, call the free talk-line by dialing 990 right now."

(**Healing time**) "Hi my friends. As you know, I am a very busy man. I work in the office all day. But guess what, I went for male circumcision on a Friday evening, and I was back at work on Monday! Now I feel great. For more information on male circumcision, call the free talk-line by dialing 990 right now."

CASE STUDY 4: ZIMBABWE CHANNEL SELECTION–COMMUNITY MOBILIZATION

When the VMMC program started in Zimbabwe, it was a new intervention that most people in Zimbabwe were unfamiliar with it. To spread the message that VMMC reduces HIV risk, an implementing partner focused on using mass media channels such as radio and television. However, it was clear from their research that there were a lot of individual-level barriers to service utilization among the target group. Additionally, at the onset of the campaign, fewer males than anticipated were coming forward for the service. Consequently, the program decided that overcoming personal barriers to help motivate males to seek VMMC services would require more in-depth discussion and messaging more commonly conveyed through IPC channels such as peer education and small group discussions.

The organization developed a community mobilization strategy with the goal of improving the number of males accessing VMMC services. They hired community-based personnel to carry out an intensive door-to-door campaign. Initially, with support from existing MOH structures, these IPC agents conducted advocacy activities with local leadership to educate about VMMC and to ensure support for the door-to-door campaign. Once approvals were obtained, communication staff designed a flip chart to serve as a job aid to guide the agents in conducting small group discussions. They also worked closely with a group of 14 community-based implementing partners to develop edutainment activities to be conducted in communities to complement the door-to-door campaign.

The organization created a schedule and each day different teams went into the communities and conducted a mix of community mobilization activities. The activities on any given day might include an edutainment show at a market, shopping center, or other area with large crowds of people. The edutainment show was followed by a facilitator-led small group discussion with audience members. Other agents went

door-to-door to people's houses to talk about VMMC and identify any interested males aged 15 to 49. The agents would then make the necessary referrals or bookings for services. One community group might conduct a street march to help draw people out of their homes, which would allow other agents access for one-on-one discussions during the march.

To ensure high-quality activities, the organization conducted quarterly refresher trainings on key VMMC messages for its staff and for implementing partners. The trainings provided a context through which the team could share experiences, discuss strategies for dealing with complicated questions, and develop new implementation activities.

Field officers acted as supervisors to monitor each of the partners' staff and the organization's own staff to ensure the teams were conducting activities according to schedule and that the content of the activities were on message and reaching the appropriate target group. Supervisory visits took place every other week. Written and verbal feedback was provided on areas needing improvement.

Reporting forms were completed for each community mobilization activity that took place. The forms outlined the type of session, the location, the number of attendees, and ultimately the number of males who were referred or registered for VMMC. Reporting forms were signed and endorsed by a community stakeholder, such as the District AIDS Coordinator, District Nursing Officer, or a Health Promotions Officer from the MOH who had been trained on VMMC messaging. Partners were also encouraged to take photographs of their sessions for further documentation.

Perhaps the most important component of the community mobilization activities was the ability to move beyond sensitization to actually book clients directly for VMMC. Through use of a booking system, any males who participated in any of the community-based events were registered on a list by taking their name and contact details. These potential clients were passed along to a VMMC Linkage Officer who then worked with the various VMMC sites to book clients for service delivery on the nearest available date. In other words, the Linkage Officer helped ensure any male interested in VMMC was connected to a service delivery point. The Officer communicated with the VMMC sites to make sure the number of clients booked maintained a balanced client flow.

CASE STUDY 5: CHANNEL SELECTION–RADIO IN IRINGA, TANZANIA

The Iringa region in Tanzania has the highest adult HIV prevalence (16%) and one of the lowest VMMC rates (29%) in Tanzania, making it a priority region for the national VMMC strategy. The Iringa regional health authorities, in collaboration with PEPFAR and implementing partners, launched the region's VMMC program in September 2009. Since then, the program has been scaled up to all eight districts of the region where 11 facilities provide routine services and more than 30 sites have provided outreach services during the past 2.5 years. More than 85,000 clients have received the WHO-recommended package for VMMC.

Services in Iringa are provided via 11 routine sites that offer VMMC several days per week in public or faith-based organization health facilities, coupled with periodic outreach activities where five or six sites offer campaign-style VMMC for 2 or 3 weeks at high volume. Twice yearly, the program holds high-volume large-scale campaigns involving up to 24 sites during a 2-month period.

Because of the geographic barriers and the large distances between facilities, radio has been the primary channel through which the program communicates about VMMC with the population of Iringa. Initially, radio was the primary demand creation channel because of financial constraints. Today the program uses a strategic mix of channels for demand creation. Nevertheless, radio remains the core and most flexible channel through which the program communicates with the population of Iringa.

The program uses a mix of radio stations, including a regional station, a subregional station that reaches the southern area of the region, a Catholic station that also has a subregional reach, and community stations where they exist. National media surveys have shown widespread access to radio in the region, and during formative assessments both males and females stated they rely on radio for much of their health-related information.

Radio was used to introduce VMMC to the population of Iringa when the program was first launched. Regional authorities participated in radio talk shows and news programs to explain why the region was investing in VMMC and what the benefits would be to the males and females of the region. These shows are still used to introduce large campaign activities, and during campaign season, weekly appearances by program staff and regional authorities allow the program to answer questions and address myths and misconceptions in real time.

During periods of routine service delivery, separate radio spots targeting males and females are aired, in addition to informational spots communicating where and when services are offered. The targeted spots communicate the benefits of VMMC from the perspective of each audience (and based on audience research) and key features (such as the services provided by trained providers and that these services are free). The informational spots contain details such as where and when services are offered at routine sites. These information spots are longer than average (90 seconds or more) because they contain a long list of 11 routine sites and their days and hours, which

differ in each case. Nevertheless, these spots are the primary mode of communicating this information to the audience. The targeted and information spots are usually run back to back so that people inspired to consider VMMC are reminded of where they can access the services.

During outreach activities, the information component of the spots are changed or supplemented to communicate where and when the outreach services will be provided. These changes are only made to radio stations in the catchment area of the outreach activity.

During campaign periods, a hybrid of the approaches listed above is used. Radio spots run in heavy rotation (16 to 24 per day per station) from 2 weeks prior until the last day of the campaign. Advertisements that run during campaign periods are also in two parts. The first part focuses on encouraging people to join the excitement of receiving VMMC services during the campaign. The second part communicates where services are being offered during the campaign. The second part is changed frequently during the course of the campaign to reflect the addition or closing of sites or movement of the campaign to different geographical areas.

These radio ads are supplemented by an SMS program. In the ads, listeners are given a toll-free number to call for additional information about VMMC or to receive a list of the sites currently offering VMMC in their area.

Recent research on VMMC knowledge conducted in the Iringa region has shown widespread accurate knowledge of the VMMC program and positive attitudes, primarily due to information received via the radio. Strategic use of radio allows leaders to communicate with their population about VMMC on a periodic basis, including the program to address myths and misconceptions before they spin out of control and the program to communicate the excitement and energy of VMMC activities while informing the population about where and when they can access the services. Used in combination with other communication channels, radio is a powerful tool in the VMMC scale-up.

CASE STUDY 6: BRANDING OF A DEDICATED VMMC CLINIC IN SWAZILAND

When an implementing partner began offering VMMC services in mid-2009, a very limited number of health facilities existed where one could access VMMC services. In fact, VMMC had only recently been formally introduced into the country by the MOH. The organization had been requested to set up a clinic to help kick-start the program while efforts were focused on integrating VMMC services into public-sector facilities.

The organization wanted to develop a strong brand for the clinic that would speak to potential clients and give them faith in service quality. They also wanted the brand to convey that VMMC was to be the new social norm in the country. Given the organization's long history of HIV prevention programs in the country, program staff was faced with three choices:

1. Develop a brand based on the organization's well-known name
2. Develop a brand that capitalized on the brand awareness and equity of the organization's HTC clinics
3. Develop a new brand focused only on VMMC

The first option was immediately eliminated because whenever the organization brands its products or services the organizational name is not included. It values developing a brand that resonates with the target audience over organizational name recognition.

CLINIC LOGO

After much consideration, the second option was also eliminated. While its branded HTC services program was quite successful and the brand was synonymous with high-quality HTC, formative research had shown HIV testing was a barrier to uptake of VMMC services. Additionally, the vast majority of HTC clients were females, and the organization wanted to make sure it was reaching its target group: males aged 13 to 29. Finally, the testing at its branded HTC centers was provided by lay counselors, and it wanted to ensure there was no confusion that VMMC was provided by highly trained doctors and nurses.

To set out developing a new brand, the organization sought the help of a creative agency. It wrote a creative brief that outlined their goals for the VMMC clinic brand development. The brief provided background information on the current status of VMMC services in Swaziland and presented an audience profile to give the agency insight into the target group. It outlined that their overall objective for the brand name was to instill in the target population the interest and confidence to seek and use the VMMC services provided at the clinic and also to persuade them that using the VMMC clinic is associated with quality. It also provided a list of creative considerations for the agencies

to keep in mind. Specifically, it wanted to depict a sense of quality and class, as well as the feeling of the brand leading the pack. It wanted to provoke a feeling of brightness and masculinity. However, it did not want the brand to be suggestive or controversial. It also wanted a logo that would be simple and easy to print or replicate on a variety of demand creation materials.

The logo was selected to be the brand to represent the VMMC clinic. The organization felt the logo successfully conveyed masculinity and the clean simple lines represented quality. The name, *Litsemba Letfu*, means *Our Hope* in Siswati. By selecting a name in the local language, rather than in English, it hoped to communicate that the VMMC program was a Swazi initiative. The logo was also distinctive. It was the first VMMC logo to use the symbol for male (the circle with the arrow). Furthermore, by referring to the clinic as a "men's clinic" rather than a circumcision clinic, it was hoped the facility would attract males who had other health concerns outside of HIV and truly serve as an effective entry point for males into the health system in Swaziland.

CASE STUDY 7: FINDING THE SWEET SPOT–MATCHING SUPPLY AND DEMAND IN IRINGA, TANZANIA

The Iringa region is a largely rural area of Tanzania with a population of 1.9 million. It has the highest adult HIV prevalence in Tanzania (15.7%) and relatively low male circumcision coverage (29%). As part of Tanzania's national strategy, the 5-year target for VMMC in the Iringa region is 264,990 circumcisions. Modeling estimates suggest that by 2025 one HIV infection will be averted for every 4.5 VMMCs performed in this region today. The Iringa region was one of the first to adopt VMMC as a part of its HIV prevention program. The Iringa regional health authorities in collaboration with PEPFAR and implementing partners launched the region's VMMC program in September 2009. Since then, the program has been scaled up to all eight districts of the region where 11 facilities provide routine services and more than 30 sites have provided outreach services during the past 2.5 years. More than 85,000 clients have received the WHO-recommended package for VMMC.

Effectively matching the supply of VMMC services with demand (or client attendance) enhances financial and programmatic efficiencies necessary for a successful scale-up in limited-resource settings. Demand for VMMC in Iringa is seasonal. In the cold season, clients attend VMMC services in large numbers, and there is the potential for more demand than supply. Off season, the program looks for creative solutions to increase client load.

On the supply side, the program has embraced a full package of efficiency approaches including the following:

- ***Task shifting and task sharing:*** 70% of VMMC providers are nurses, and nurses in the program can work as a bed nurse, "surgeon," counselor, or clinic manager depending on the needs of the site.
- ***Multiple surgical bays:*** This assembly-line style of service delivery allows for a large increase in the number of clients served per hour over the traditional VMMC surgery (one client/two providers).
- ***Time-saving surgical techniques:*** The program uses the simple and relatively quick forceps-guided method.

On the demand side, the program uses the following approaches:

- ***Use a strategic mix of communications:*** These include radio advertisements in heavy rotation, small media (posters, flyers, and brochures), IPC (peer education, outreach workers), and experiential media (road shows, big community events, football matches) to communicate key messages about VMMC and also inform the population where VMMC services are being offered. These are supplemented by an SMS program where clients can dial a toll-free number to receive information about VMMC and learn where services are currently offered.
- ***Reach out to community leaders for assistance:*** Working with religious leaders, school principals, and other community leaders allows program managers to access key populations and create a local environment conducive to VMMC-seeking behaviors.
- ***Collaborate with other partners in the field:*** International and local organizations working in HIV prevention, care, treatment, and testing are natural demand creation partners for VMMC programs. By developing strong referral systems with these partners and helping them integrate VMMC messaging, the program maximizes opportunities for contact with the target audiences.
- ***Form Demand Creation Committees:*** Demand creation committees are formed prior to each major event in every district and include community leaders, partner agencies, and regional officials. Provided with a modest budget, these committees make suggestions for communications activities and often conduct their own demand creation activities directly.

It is a common mistake to assume that because demand is high that demand creation activities are not necessary. Depending on the situation, facilitating access to VMMC by priority populations, such as older clients or males from most-at-risk populations, is an important activity even in high-volume periods.

Additionally, when volume is high, the Iringa program does the following:

- ***Adds counselors and counseling space:*** The most common bottleneck for serving a high volume is in the preparation of clients, rather than the surgery itself.
- ***Schedules clients in advance:*** In Iringa, some clients go through all preoperative steps and then are scheduled to come back a day or two later. Scheduling has two advantages: it allows clients who want special hours or separate services to be prioritized and segregated (such as older males), and it ensures that there are clients ready for surgery first thing every morning (rather than needing to spend the first hour or two prepping clients for surgery).
- ***Prepares clients outside the health facility:*** Group education, individual counseling, and even preoperative exams can be performed easily in the community rather than in the facility as a means to decongest the VMMC service delivery site.

These supply-side approaches can be used in any setting, small or large, and have the potential to serve large numbers of clients per day. In Iringa, an eight-bed site using the above efficiencies is capable of performing 150 VMMCs per day; a four- or five-bed site can perform 100 VMMCs per day. The Tanzania program supplements the limited available space in most facilities by using temporary structures such as tents or providing services outside the confines of clinical facilities. The program has provided VMMC in school buildings, market places, and backyards, using available structures and curtained-off areas.

When demand is low, other approaches are used to equalize supply and demand in Iringa, including the following:

- ***Increase the number of outreach activities to remote communities.*** In Iringa, some clients will travel long distances for VMMC in the cold season. Nevertheless, long travel distances to VMMC sites are a barrier that few males can afford to overcome. In the off-season, outreach activities are planned for communities far from routine sites. Clients who do not otherwise have access to VMMC will come for services in the off-season when the services come to them.
- ***Open outreach services from an outreach site:*** Even during outreach activities, if demand at a site has dried up or if the volume is lower than desired, programs send part of the service delivery team to another site, that is, an outreach from the outreach site. In this way, the Iringa team serves two lower volume sites that together make up the numbers for one high-volume site. For example, split a four-bed team. Leave providers for two beds at the original site and send two providers to a dispensary 10 km down the road.
- ***Plan special days for key populations:*** Working with the military, prisons, workplace, or schools, program implementers can use targeted VMMC services to increase client load and serve populations with special needs. These can be provided as outreach services or in a facility where routine services are offered.

- ***Engage clinical staff in demand creation activities:*** When clients are not coming to routine sites, providers can be used to supplement PEs and outreach workers in the field. Often they hold more weight than the laypeople who normally conduct IPC activities. Rather than waiting at the facility for clients, clinical staff can join the team recruiting clients for services.
- ***Scale back routine services:*** In the off-season when clients at routine sites are few despite demand creation efforts, consider scaling back the service delivery team. An eight-bed site can be reduced to three or four beds for the low season. The other providers can be reassigned during that period or assigned to outreach services.

Other than services with no demand, nothing is more demoralizing than demand that cannot be met. Effectively balancing supply of VMMC with demand from clients is a challenge faced by most programs. Opportunities to serve large numbers of clients during seasons of high demand should be enthusiastically embraced. Similarly, programs must apply creative solutions to increase VMMC demand during the off-season. In the Iringa region of Tanzania, the program plans for these seasonal variations and uses its arsenal of demand-and-supply efficiencies to balance them.

CASE STUDY 8: THE USE OF GUERILLA MARKETING AS A VMMC DEMAND CREATION CHANNEL

Guerilla marketing is the use of nontraditional and unconventional marketing and communication approaches that rely on time, energy, and imagination—rather than a big budget—to promote a product or a service. Typically, guerilla marketing campaigns are unexpected, potentially inter¬active, and target consumers in unexpected places. The goal is to create a buzz around the product or service of interest.

In Swaziland, an implementing partner opted to use a guerilla marketing strategy as a precursor to the launch of a VMMC media campaign. The campaign visuals depicted mirror images of the same man, only one is wearing a turtleneck. In that image, the man has the turtleneck rolled up covering his face to symbolize the foreskin. In the other image, the turtleneck was rolled down to symbolize circumcision. The image was accompanied by the phrase "Don't Give HIV a Place to Hide."

The organization and the MOH wanted a big campaign launch given that this was to be Swaziland's first national VMMC demand creation mass media campaign. The organization's communication team brainstormed possible strategies to ensure that the campaign launched with the most amount of media attention possible. Because getting media attention was increasingly difficult in an environment with many media campaigns addressing various components of HIV, the team felt that implementing a guerilla marketing tactic would be most successful.

The communication team brainstormed different strategies that met two key requirements. They wanted something that had never been seen before. And they needed a tactic that could be implemented publicly in the urban areas of Swaziland, because this would ensure maximum exposure as well as swift media attention.

Approximately 10 days prior to what was agreed to be the official campaign launch date, an acting troop was hired to stand in public places, such as the mall, wearing green turtlenecks over their faces. They were instructed not to show their faces or speak to anyone.

POSTER FROM SWAZILAND'S PROPOSED VMMC CAMPAIGN

The communication team had originally hoped to use mannequins rather than real people; however, they had trouble finding a place where they could procure mannequins at a reasonable price. Furthermore, during the lengthy permissions process they went through in preparation for the guerilla marketing effort—which included meetings with the VMMC Coordinator at the MOH, as well

as notifications to senior management within the police force and the military—the management personnel at the two urban malls were concerned that using mannequins would disrupt the flow of shoppers through the hallways.

Although no efforts were made to alert the media in advance, the actors caused such an uproar they became front-page news in the national newspaper. The story even appeared for several days as a feature headline posted on telephone poles throughout the country. Despite the fact that the organization had given advance warning to the police, the actors were arrested. The media demanded to know who was behind these tactics, which were being attributed to everything from political activism to devil worship. To diffuse the situation and to avoid disclosing the marketing strategy too early before the launch, the organization had one-on-one meetings with the media houses and the police. After the "green men" (as they came to be known) were arrested, the organization wanted to ensure that everyone was properly briefed so that additional arrests could be avoided and to work with the media to make sure that coverage continued in a controlled way by reassuring the public that this was a marketing tactic and that the "green men" would soon be revealed. The media also committed to continued coverage through the proposed reveal.

HEADLINES POSTED ON TELEPHONE POLES

Ultimately, the campaign was not launched, but the VMMC program did benefit from 2 weeks of having VMMC be the focal news story nationwide. It would have been impossible to have worked with the media to ensure a guaranteed front-page story or to ensure that the story headline was posted on telephone poles throughout the country, because these are internal decisions made by the newspapers themselves. Furthermore, because the media naturally covered the story, the organization did not incur any advertising costs, making the guerilla marketing tactic both cost-effective and successful at getting the VMMC message out.

The guerilla marketing campaign culminated with a televised unveiling of the masked "green men" and a speech from the Deputy Director of Health Services for the MOH who encouraged all eligible males in Swaziland to seek VMMC services. The first males to line up for the service were the actors themselves!

CASE STUDY 9: USE OF MOBILE PHONE TECHNOLOGY FOR VMMC SCALE-UP IN ZAMBIA

In the lead-up to large-scale implementation of VMMC in Zambia, there were concerns that recently circumcised males would engage in riskier sexual behavior as a result of their newfound sense of protection from HIV and other STIs. To prevent this possibility for the recently developed VMMC program, an implementing partner explored a number of ways to reiterate to VMMC clients the partial nature of the protection afforded by VMMC. Ultimately, it decided that given the high prevalence of cell phone ownership among the target group, using mobile phone technology was a cost-effective and straightforward way to reach clients with postsurgical messages.

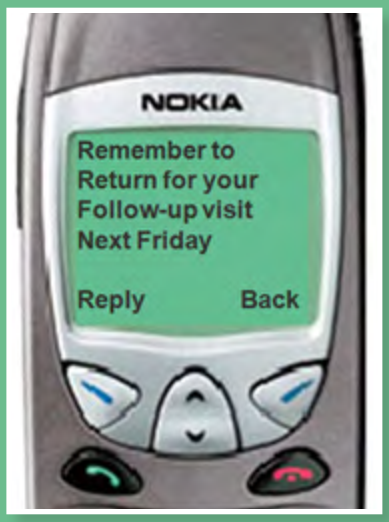
PHASE 1: What else can SMS do for us?

As an inexpensive media that more than 70% of young, urban Zambian males can access, SMS messaging via mobile phones was identified as a promising channel to use as part of the VMMC program. Using SMS to send clients VMMC information allowed control over the accuracy of messages clients received. SMS messaging could be used to reinforce messages of abstinence during the VMMC healing period, and it could even be used in an interactive fashion to get feedback from clients about the service they received.

By hiring a specialized technology company to develop a customized SMS, the program was able to interact with VMMC clients in the following ways:

1. ***Receive general information about VMMC:*** A potential client could SMS the word "MC" to a toll-free short code and automatically receive a series of messages about the benefits of VMMC.
2. ***Make a booking:*** People interested in the service could generate a booking at a nearby clinic by texting the words "book MC" to a toll-free short-code. A receptionist would automatically receive an e-mail and then call the client to provide more details about the VMMC service options available.
3. ***Refer a friend:*** VMMC clients could send their friends' mobile numbers along with the word "friend MC" to the toll-free short code and their friends would automatically receive a note that someone had recommended them for VMMC, along with a series of informational messages about the benefits of VMMC.
4. ***Report a problem:*** A VMMC client with an emergency could text the word "help" to a toll-free short code and the VMMC provider who attended to him, as well as the Program Manager, would automatically receive a warning notice with instructions to call the client back immediately.

SAMPLE SMS MESSAGE



5. ***Receive adherence reminders:*** VMMC clients could register their phone numbers at the VMMC service delivery site immediately after the procedure, and they would automatically receive daily and weekly reminders to follow the instructions given to them by their VMMC provider regarding wound care and 2-day and 7-day review sessions, as well as receive messages encouraging them to stick to the 6-week abstinence period after the procedure.
6. ***Answer a customer survey:*** A random or purposeful sample of registered VMMC clients could automatically be contacted with a series of questions about the quality of the service they received. Using SMS, the clients (if they opted to participate in the survey) could respond yes or no to questions about aspects of the service. The survey data would populate an online dashboard with graphs illustrating data on site-specific performance metrics.

PHASE 2: What happened?

Although the applications of SMS seemed virtually limitless, in practice something did not work. A rapid formative assessment found that users had a difficult time navigating the rather complex interactive aspects of the system. While VMMC clients appreciated the automatic reminder messages, the survey, friend referral, and information request modules were not easily understood by the general public.

Despite nearly universal access to mobile phones in Zambia, low literacy is still a barrier to English-only written communication. Many people use their mobile phones only for verbal communication, relying on friends or family members to compose or read SMS messages. In addition, the assessment demonstrated that young males from the target group reported they were more likely to talk to their friends in person rather than via SMS when discussing highly personal issues such as VMMC. VMMC providers also signaled that clients in some form of distress are also more likely to reach out to a real person, rather than wait for a response from an SMS.

PHASE 3: What is practical?

In light of these findings, the program opted for a simpler SMS system focusing only on reminder messages. The system was designed by a local Zambian telecommunications firm in less than 2 weeks and went live on June 9, 2010. The system relies on facility-based personnel to register new clients by sending client-registered phone numbers in one SMS to a designated phone number at the end of each service day. The date of procedure, client phone number, and phone number of sender (or provider) are captured by the system. These data allow the program team to store client phone numbers and group them according to date of procedure and geography (according to provider phone number).

A series of 15 postoperative reminder messages and post-VMMC behavior change messages are sent to the phones of clients who have registered their numbers. The clients receive these messages periodically, with the first one coming on the day the

client was circumcised and the last one coming almost 8 weeks later. In addition, bulk SMS messages can be sent to select clients to alert them of special VMMC promotional activities or events in their area.

To date, the program has sent a total of more than 200,000 reminder SMS messages to VMMC clients across the country. Clients are not required to respond to or interact with the system (unless they want to stop receiving new messages), and an online database of registered clients tracks which clients receive the automated reminder messages per a timed sequence, as outlined in the table below.

TIMING AND CONTENT OF SMS MESSAGES SENT TO VMMC CLIENTS IN ZAMBIA

Message Number	Number of Days After MC Sent	Time of Day Sent	Message Text
1	0	Right away	This is your MC Provider. Thank you for deciding to go for male circumcision. You have joined the fight against HIV/AIDS in Zambia. More info is yet to come!
2	0	Right away	If you are not the intended recipient of this male circumcision (MC) message, please write: 'MC STOP' and send to 4240 to stop receiving info on MC. Thanks.
3	1	12:00	Don't forget to come back to the clinic for your 2-day review. Your MC provider will check that your healing is OK and the bandage will be removed.
4	2	7:00	This is your MC provider reminding you to come back to the clinic for your TWO-DAY review. Some pain is normal now, but call 990 (toll free) if you experience any continuous bleeding.
5	3	12:00	This is your MC provider. It is normal to feel a bit of pain and swelling, but this should go away soon. Pass urine if you have painful erections.
6	4	12:00	This is your MC provider. Be sure to call or come back to the clinic anytime if you have a concern. Page the mobile number you were given, or call 990 (free).
7	5	12:00	This is your MC provider. When you come for your SEVEN-DAY review, please bring a few friends with you. They will appreciate that you referred them for MC.
8	6	12:00	This is your MC provider. Don't forget to come back for your 7-day review tomorrow. It's a great time to learn about how to stay safe now that you've had MC.
9	13	12:00	Good things come to those who wait. Remember, no sex or masturbation for 6 weeks after MC. If you have a partner, talk to her so you have her full support.

Message Number	Number of Days After MC Sent	Time of Day Sent	Message Text
10	20	12:00	Patience is a bitter plant, but it has sweet fruit. Remember, you may feel fully healed even though you're not! No sex or masturbation for 3 more weeks.
11	27	12:00	This is your MC provider. Abstaining from sex and masturbation ensures that you will heal properly. Talk to a counselor if you have any questions at 990 (free).
12	34	12:00	This is your MC provider. Six weeks may seem like a long time, but it is actually less than 1% of your entire life! No sex or masturbation for 8 more days.
13	41	12:00	Congratulations. Today ends the 6-week MC healing period. Abstain, condomize, and stick to one faithful partner! Remember, MC does not provide 100% protection.
14	48	12:00	The fight against HIV is not finished! If you start having sex again after MC, it is vital to protect yourself and your partner by using condoms every time.
15	55	12:00	This is your MC provider. Now is a good time to think about getting tested again for HIV. Remember that MC does not provide 100% protection from HIV and STIs.

PHASE 4: VMMC Hotline

The program's experiences with SMS led to exploring another form of mobile technology: a toll-free hotline accessible by mobile phone. Continued program monitoring indicated that the public still had a number of questions and concerns about VMMC and that the availability of trained experts was scarce in many parts of the country.

As the program prepared for a national mass media campaign, rather than creating something from scratch, it opted to team up with a local NGO that was running an existing HIV hotline. The goal was to leverage the hotline to serve as a referral point for VMMC-related questions from the public. The program trained a group of existing hotline operators on how to book clients for VMMC and provided the operators with algorithms for how to answer common questions and to respond in an emergency. A trained clinician was also stationed at the hotline on a daily basis to serve as a referral for difficult questions and to provide any other support to the hotline operators who had no clinical training.

EXAMPLE OF TV SPOT FOR 990 HOTLINE

When the national VMMC mass media campaign hit the airwaves, the 990 hotline featured prominently in the TV and radio spots and was supported with promotion through printed fliers and posters.

The impact of the mass media campaign on the hotline was tremendous; VMMC-related call volumes increased by over 500%.

In conclusion, in Zambia, SMS messaging was found to be an acceptable channel to remind VMMC clients about adherence to behavioral issues. A simpler SMS implemented by a local service provider was the most straightforward way to achieve programmatic goals of encouraging follow-up, reminding clients about postoperative care, and encouraging continued HIV protective behaviors after circumcision. The toll-free hotline was an excellent add-on that complemented the mass media campaign by allowing potential clients to get answers to their questions at their own pace from knowledgeable experts. The hotline is also useful for IPC agents who leave printed materials with potential clients, because it provides males with a means to ask additional questions when the IPC agent is no longer around.

CASE STUDY 10: INFLUENCING THE OUTCOMES–A CASE FOR ADVOCACY IN BOTSWANA

Strong political will and the support and commitment of the Government of Botswana resulted in the development of a national VMMC program in 2007, with VMMC services launched in the public sector in April 2009. Since its launch, there have been numerous challenges to achieving high-volume, rapid scale-up. Advocacy and technical assistance of several implementing and development partners have played an important role in assisting the Government of Botswana to achieve its goals, especially with respect to optimizing service delivery and ensuring coordination of all partners.

Context

Despite noteworthy achievements by the Government of Botswana to curtail the HIV epidemic, by 2007 the HIV prevalence remained high at 17.1%. That same year, former President Festus Mogae—one of the first leaders in Sub-Saharan Africa to publically embrace VMMC—called for adding VMMC to Botswana's HIV prevention approach. With strong commitment and support from the top, the MOH drafted Botswana's National Male Circumcision Strategy.

The National VMMC Strategy, a 5-year plan to circumcise 470,000 males aged 0 to 49 years by 2012, was finalized in 2007, and service delivery in selected hospitals and clinics commenced in April 2009. The overall approach was an integrated model of service delivery: VMMC services would be offered through the existing public hospital and health clinic structures, some of which were already performing VMMC, albeit on a small scale.

An implementing partner, through funding from CDC and the Government of Botswana, was selected to lead national VMMC behavior change communication efforts and in 2009 launched a mass media campaign called Know Your Facts to generate awareness of and create demand for VMMC services. Within months, males were lining up for VMMC at health facilities, and demand began to surpass service availability. As queues grew longer and the wait time for VMMC stretched to 6 months or longer at some facilities, the MOH, CDC, and the implementing partner decided to suspend the communication campaigns in November 2010 to allow for a review of service delivery implementation.

This review helped identify several critical problems: insufficient numbers of health staff to handle VMMC service volume, including counseling; low levels of VMMC service delivery training among providers; inconsistent levels of medical supplies and equipment necessary for VMMC; and lengthy procedural times resulting from mandatory surgical protocols, such as requiring full blood count and use of a full operating theater. In addition, the roles and responsibilities of departments in government and various implementing partners required better coordination and clarity.

The Response

With the success of the national VMMC program in jeopardy, the MOH faced a critical juncture in terms of how best to move forward. Key implementers increased advocacy efforts, primarily with the MOH, to promote another approach to scaling up VMMC, namely, using the MOVE model and focusing on dedicated, high-volume service-delivery sites. Experience with the enormous challenge of scaling-up VMMC in other country programs had shown incorporating the MOVE principles of task shifting, task sharing, and clinical techniques, and focusing on optimizing efficiencies in staffing, space, and the supply chain, resulted in dramatically increased volumes without compromising service quality. In addition, several VMMC programs in other countries opted to have NGOs directly manage VMMC service delivery sites where they had achieved considerable success and implementers hoped to use this strategy in Botswana.

Botswana's VMMC implementers used several key advocacy approaches with the MOH to promote the merits of using the MOVE model and expanding service delivery options to allow NGOs to manage VMMC sites.

- ***Provision of targeted technical assistance:*** In May 2011, they organized a trip for a delegation of senior MOH representatives (including the HIV Prevention Director) and implementing partners to visit a successful VMMC program in Zimbabwe. The purpose of the trip was to provide an opportunity for the MOH to observe a successful high-volume, dedicated MOVE site managed by NGO partners. Based on the visit, recommendations applicable to the Botswana VMMC program were documented and submitted to the MOH for consideration. As a result, the majority of the recommendations were adopted by the MOH following a stakeholders meeting in June 2011.
- ***Assuming a leadership role:*** Implementing partners recognized the need for a dedicated forum to address VMMC challenges. To achieve this, the implementers led the formation of the PEPFAR Partner Operations Planning Group to improve coordination among implementing partners, the MOH, and CDC. Monthly meetings are now convened by the MOH and provide an opportunity to review MIS data on demand creation and service delivery, to discuss and resolve specific programmatic challenges, and to plan for the next phases of the VMMC program.
- ***Developing and sharing useful tools:*** One implementing partner developed a tailored MIS tool called the VMMC Tracker, which tracks all demand creation and service delivery activities at PEPFAR-funded clinics. Initially developed as an internal tool, the tool was expanded to include other implementing partners' data. The VMMC Tracker is now an invaluable tool for monitoring the national program and planning future activities, because it links demand creation activities with the number of VMMCs performed.
- ***Ensuring collaboration with all key stakeholders:*** Implementers focused significant time and energy on establishing solid working relationships with the district health management teams (DHMTs), which play a critical role in the VMMC program.

Implementers established and nurtured close working relationships with the DHMTs via holding regular meetings, sharing data and reports, and ensuring approval and support from DHMTs before launching activities in their respective districts.

Results and Next Steps

The combined advocacy efforts, along with the MOH's willingness to consider alternative methods and modify its strategy, have led to significant changes to Botswana's VMMC program. The MOH began allowing NGOs to manage VMMC programs in November 2011, and there are currently five dedicated MOVE sites, with more planned in the future. Volume at many of the sites is steadily increasing, largely because of improved coordination of demand creation and service delivery activities among partners. From February to March 2012 alone, VMMC volume increased by 333% in four MOVE sites, and because of the shift toward the MOVE model, the sites could handle the increased client volume. Stakeholders report feeling an increased sense of teamwork and unit, and now have a deeper understanding of the need to work collaboratively to achieve overall programmatic success.

The experience in Botswana led partners to three key conclusions about their advocacy efforts. First, they found that meaningful, targeted technical assistance can serve as a pivotal advocacy tool to galvanize support. The trip to Zimbabwe, for example, helped inform and guide the MOH in strategic decision making by actively showing them an alternate VMMC service delivery model. It helped "bring to life" one-dimensional reports and data. Second, the implementation of the VMMC Tracker demonstrated that evidence is key to facilitating action. It also helped ensure all stakeholders were informed about program progress and helped guide sound decision making about resource allocation. Finally, involving and securing support from all stakeholders was crucial to successful coordination and implementation. All partners must convene and consult early on in the program, and contact is regularly maintained. Although close collaboration among the MOH, DHMTs, and the NGO partners came much later in Botswana, this collaboration has improved coordination, communication, and overall implementation of the VMMC program.

Samples of Existing Materials

This gallery represents a sample of relevant communication materials pulled from existing VMMC programs in Africa. This is not an exhaustive list of all materials, but rather samples illustrating concepts that have been used in a variety of country contexts. The samples included in this gallery were compiled by a group of communication experts who reviewed more than 75 examples of program materials.

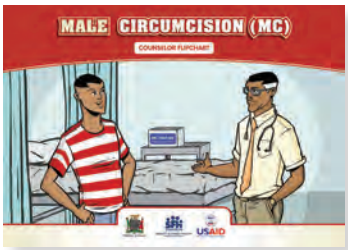
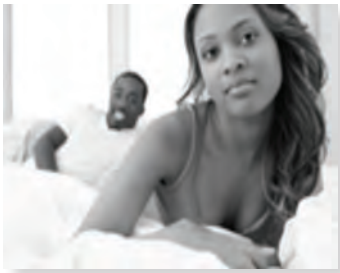
The majority of materials included are from Phase 1 of the programs, focusing on awareness building and education on VMMC. However, where possible, more recent demand creation materials are included. The gallery includes a range of materials, including IPC, print, mass media, social media, community, and back-to-school program materials.

The communication experts used the following criteria to evaluate materials for inclusion in the toolkit's gallery:

- ***Content Accuracy***—Is the content factually accurate?
- ***Message Clarity***—Is the message easy to understand?
- ***Message Purpose***—Does the message have a purpose? Does it fit with the goals of the overall strategy?
- ***Message Promise***—Does the message convey a promise to the audience?
- ***Message Readability***—Is the message easy to read? Is the language appropriate for the audience?
- ***Target Audience***—Is the material geared toward the target audience? Does it include appropriate messages, images, and language for the audience?
- ***Call to Action***—Does the material include a call to action that is feasible?
- ***Aesthetics***—Is the material aesthetically pleasing?
- ***Catchiness***—Does the material grab the audience's attention? Is it memorable?

For program implementers wishing to evaluate existing materials for adaptation for their own VMMC demand creation programs, the **Existing Resource Evaluation Tool** can be found at the end of this section. This tool provides a checklist of criteria to consider when evaluating communication materials for adaptation.

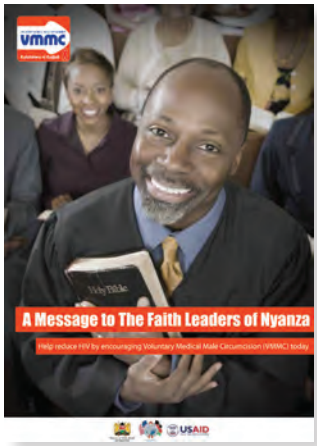
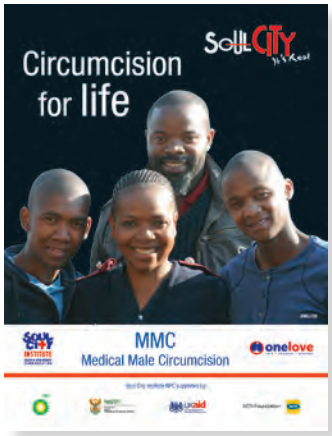
Interpersonal Communication Materials

Type of Material	Country	Target Audience	Description	Image
Flip chart	Zambia	Potential VMMC clients	Details the procedure and benefits of VMMC, postoperative care and beneficial behavior, and additional men's health services.	
Flip chart	Swaziland	Potential VMMC clients	An aid used during counseling sessions outlining risk, benefits, the process (including HIV testing), and life after VMMC. Smaller format makes it easy for IPC agents to use and carry.	

Print Materials

Pamphlets/Booklets/Fliers				
Type of Material	**Country**	**Target Audience**	**Description**	**Image**
Pamphlet	Kenya	Business leaders	Provides basic facts about VMMC and how a comprehensive HIV prevention strategy can benefit a business.	

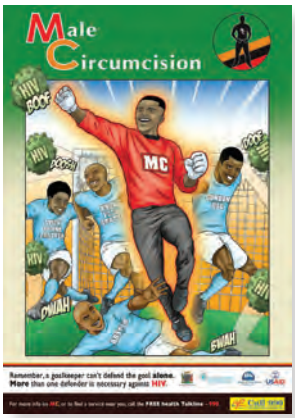
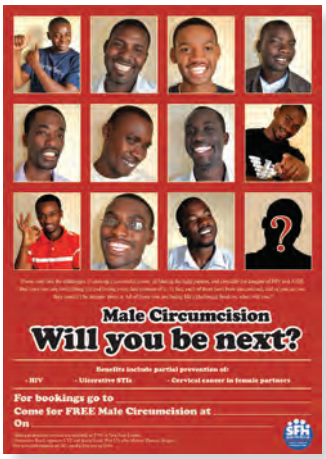
Pamphlets/Booklets/Fliers

Type of Material	Country	Target Audience	Description	Image
Pamphlet	Kenya	Faith leaders	Provides basic facts about VMMC and how faith leaders can provide VMMC messages to their congregations.	
Pamphlet	Kenya	Elders	Provides basic facts about VMMC and how elders can address issues of cultural acceptance, sexuality, discourse between males and females on VMMC, and discussing VMMC in the community.	
Booklet	South Africa	Men and boys	Provides men and boys with an explanation of VMMC.	

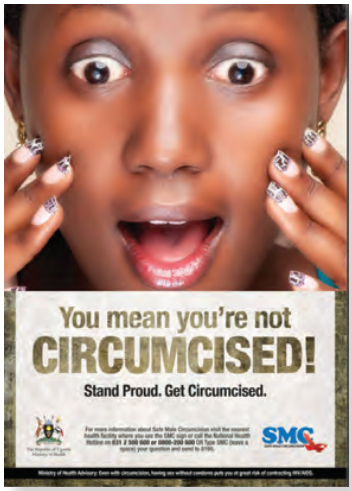
Pamphlets/Booklets/Fliers

Type of Material	Country	Target Audience	Description	Image
Fliers	Zimbabwe	Males aged 15 to 49	Basic communication flyer states the locations where VMMC services are offered.	

Posters

Type of Material	Country	Target Audience	Description	Image
Poster	Zambia	Males aged 15 to 49	Football analogy depicts MC as a goal keeper with his teammates Abstinence, Condom Use, Be Faithful, and Know your Status defending a goal from HIV.	
Poster	Zambia	Males aged 15 to 49	Shows multiple pictures of males in line with a question mark at the end. It asks "Will you be next?" and provides a section to provide information where free VMMC can be obtained.	

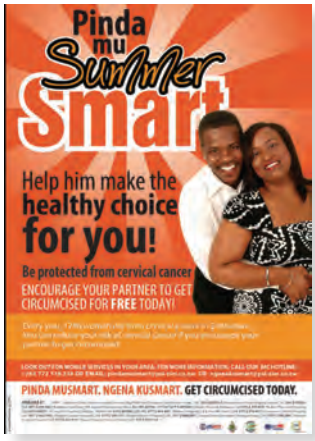
Posters

Type of Material	Country	Target Audience	Description	Image
Poster	Zimbabwe	Males aged 15 to 49	Football analogy depicts MC, Abstinence, Condoms, and Monogamy defending a football goal against HIV.	
Poster	Uganda	Older males - 24 years and above	Depicts a woman stating "I am proud to have a circumcised husband...."	
Poster	Uganda	Older males - 24 years and above	Depicts a surprised woman stating "You mean you're not circumcised." Intended to be placed above urinals.	

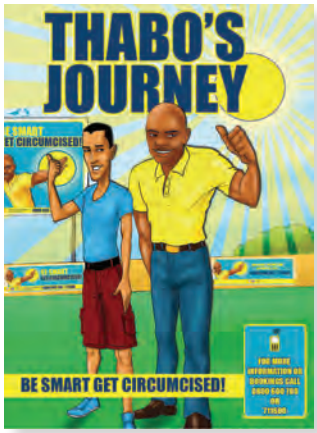
Posters

Type of Material	Country	Target Audience	Description	Image
Poster	Malawi	Couples	Poster promoting the dual benefits of VMMC for males and their female partners. Translation of Poster: **We are advanced** *We have chosen Medical male circumcision* *Be hygienic, reduce your risk of contracting HIV and cervical cancer for your partner*	
Poster	Malawi	Males aged 15 to 24	Poster promoting the hygiene and HIV benefits of VMMC for young males. Translation of Poster: **We are advanced** *We have chosen Medical male circumcision* *Be hygienic, reduce your risk of contracting HIV and cervical cancer for your partner*	
Poster	Malawi	Males aged 25 to 49	Poster promoting the dual benefits of VMMC for males and their female partners. Translation of Poster: **We are advanced** *We have chosen Medical male circumcision* *Be hygienic, reduce your risk of contracting HIV and cervical cancer for your partner*	

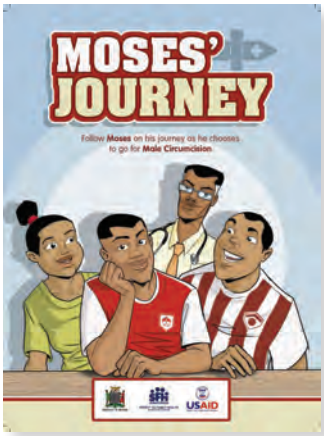
Posters

Type of Material	Country	Target Audience	Description	Image
Poster	Zimbabwe	Males aged 15 to 19	Depicts VMMC as smart, trendy, attractive, and fashionable. Designed to promote VMMC during the April school holiday.	
Poster	Zimbabwe	Males aged 25 to 49	Promotes VMMC as the smart and healthy choice by promoting the multiple benefits of VMMC for males and their female partners.	
Poster	Zimbabwe	Female partners of males aged 25 to 49	Promotes females to encourage male partners to get VMMC. Message stressed the protective benefits of VMMC for reducing cervical cancer in females.	

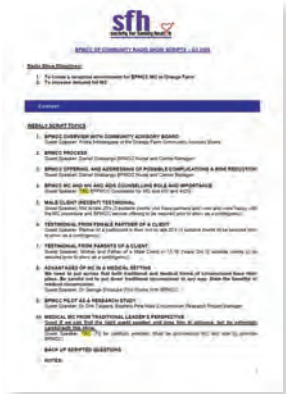
Comic Books

Type of Material	Country	Target Audience	Description	Image
Informational Comic Book	Botswana	Males aged 15 to 49	Provides a narrative of the process of obtaining VMMC.	
Comic Book	Zambia	Males aged 15 to 49	Small booklet that discusses the process, procedure, and benefits of VMMC.	
Comic Book	Zambia	Female partners of males aged 15 to 49	Small booklet that discusses the process, procedure, and benefits of VMMC. Also discusses how females can start a dialogue about VMMC with their male partners.	

Comic Books

Type of Material	Country	Target Audience	Description	Image
Comic Book	Zambia	Males aged 15 to 49 and their female partners	Narrative tells the story of Moses', the lead character, decision to obtain VMMC.	

Mass Media Materials

Radio script	South Africa	Males aged 15 to 49 and their female partners	Scripts outline 10 weekly radio discussions on VMMC.	
Radio spot	Zambia	Males aged 15 to 49	VMMC jingle promotes VMMC and prompts males to call toll-free line to seek information.	
Radio spot	Zambia	Males aged 15 to 49	VMMC song promotes VMMC and prompts males to call toll-free line to seek information.	
Radio spot	Zambia	Males aged 15 to 49	VMMC jingle with brief, first-person dialogue that promotes VMMC.	

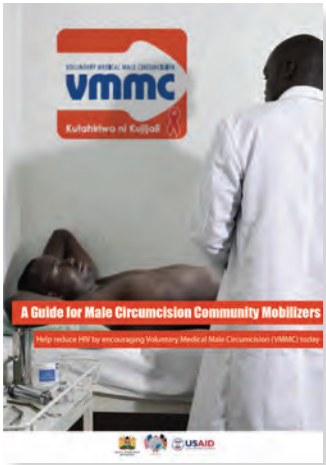
Mass Media Materials

Type of Material	Country	Target Audience	Description	Image
Radio spot	Zambia	Males aged 15 to 49	VMMC jingle teaser for the "Shaking Your Belt Campaign."	
Radio spot	Zambia	Parents	VMMC communication encourages VMMC for all males, with a parental skit at the beginning.	
Radio spot	Zambia	Female partners	VMMC communication with females encourages males to obtain VMMC.	
Radio call-in show guidance	Zambia	Radio DJs & radio show producers	Provides guidance and suggested themes for radio call-in shows on VMMC. Includes background information on VMMC for DJs.	
TV spot	Zimbabwe	Males aged 15 to 49	TV spot that promotes a VMMC event using the popular artist Winky Green.	

Social Media Materials

Type of Material	Country	Target Audience	Description	Image
SMS communication messages	Zambia	VMMC clients	SMS schedule of messages for VMMC clients with post-operative appointment and care reminders as well as words of encouragement.	

Community Materials

Type of Material	Country	Target Audience	Description	Image
Handbook	Kenya	Community mobilizers	Handbook for community mobilizers to use during their VMMC informational activities, including a community drama script, discussion questions, and a quiz.	

Other Materials

Type of Material	Country	Target Audience	Description	Image
Letter of introduction for IEC mobilizers	Zambia	MOH, local leadership	Letter of introduction for IEC mobilizers to verify they are connected with an organizational initiative.	

Back-to-School Program Materials

Flip chart	Swaziland	Male youth	IPC job aid that details the procedure and benefits of VMMC, postoperative care and beneficial behavior targeting youth.	

Back-to-School Program Materials

Type of Material	Country	Target Audience	Description	Image
Poster	Swaziland	Male youth	Poster promoting VMMC to youth during back-to-school campaign.	
Hygiene pack	Swaziland	Male youth	Pack provides youth with essentials needed for proper postoperative care, including a towel, soap, and detailed instructions on proper wound care.	

Existing Resource Evaluation Tool

CHECKLIST FOR REVIEWING EXISTING MATERIALS:

- ❑ Does the material speak to the target audience?
- ❑ Is the material technically accurate in terms of the health content?
- ❑ Is the "Call to Action" to take clear and doable?
- ❑ Is the benefit of the desired behavior clear?
- ❑ Does the material fit with the overall intervention strategy and other communication materials or media products we're producing? Will materials/media products be mutually reinforcing (e.g., messaging, visuals, characters)?
- ❑ Does the material have any obvious errors or issues that would likely cause confusion?
- ❑ Is the material aesthetically pleasing? Does it grab your attention?
- ❑ Does the material give clear information about how and where to get more information or access VMMC services?

International Guidelines and Additional Resources

Existing International Guidelines and Policies

A range of international policies and guidelines from bodies such as UNAIDS, WHO, PEPFAR and others govern VMMC for HIV prevention. WHO has created the *Male Circumcision Clearinghouse*, a Web-based resource containing all relevant policy, research, and program information on VMMC. The Clearinghouse can be found at **www.malecircumcision.org**.

The following list includes a selection of relevant policies and guidelines, including a brief description of how these documents impact VMMC demand creation efforts. Wherever possible, a link to the document is included.

Policy and Legal Frameworks

Joint Strategic Action Framework to Accelerate the Scale-up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa
http://www.pepfar.gov/documents/organization/178294.pdf

This document outlines a joint 5-year framework for use among country, regional, and global stakeholders that encourages coordination and collaboration to promote country ownership and expand coverage of VMMC programs. The document lists community engagement/mobilization/preparation and demand creation as among the strategic activities for VMMC programs and outlines several key considerations for planning and implementing communication activities.

New Data on Male Circumcision and HIV Prevention: Policy and Programme Implications
http://www.malecircumcision.org/advocacy/documents/WHO_UNAIDS_New_Data_MC_recommendations_03_06_07_layout.pdf

This document is the outcome of a March 2007 international consultation meeting that examined the evidence for VMMC for HIV prevention to determine the policy and program implications. The document outlines 11 conclusions and recommendations and includes a basic overview of the need for accurate communication messages and the general content of those messages.

Safe, Voluntary, Informed Male Circumcision and Comprehensive HIV Prevention Programming: Guidance for Decision-makers on Human Rights, Ethical and Legal Considerations
http://www.malecircumcision.org/programs/documents/UNAIDS_safe_voluntary_MC_000.pdf

This document outlines the human rights, legal, and ethical issues decision makers should consider when expanding VMMC programs. The document highlights the need for accurate and precise communication messages for males and for other key target groups such as female partners.

UNAIDS Legal and Regulatory Self-Assessment Tool for Male Circumcision in Sub-Saharan Africa

http://www.malecircumcision.org/programs/documents/unaidsregulatory_selfassessment_en.pdf

This self-assessment tool provides practical guidance on the legal, regulatory, and policy considerations associated with VMMC programs in Sub-Saharan Africa.

Program Planning Guidance

Male Circumcision Situational Analysis Toolkit

http://www.malecircumcision.org/programs/documents/MCSituationAnalysisToolkitFINALforprint409.pdf

Because each country must assess the need for and current status of VMMC activities to identify and fill gaps, this toolkit provides a framework for a VMMC situational analysis at the national level. The toolkit focuses on service delivery; however, the same principles of situation analysis can be applied to better understand the current status of VMMC communication activities in each country.

Male Circumcision Decision-Makers' Program Planning Tool

http://www.malecircumcision.org/programs/DMPPT.html

This tool contains multiple workbooks that enable the user to calculate the cost of VMMC services by delivery mode based on clinical guidelines and local costs for staff time, salaries, supplies, equipment, etc. The toolkit contains a module users can use to calculate an estimate for demand creation and communication activities/campaigns.

Technical Considerations Provided by PEPFAR Technical Working Groups for FY2012 Country Operational Plans and Regional Operational Plans

http://www.pepfar.gov/documents/organization/169737.pdf

While not a policy piece, this document provides technical considerations for all of PEPFAR's priority interventions, including VMMC. The document offers recommendations for how VMMC can fit into a larger HIV prevention portfolio; suggests expanding all social and behavior change communication activities to promote and provide referrals for VMMC; and provides broad guidance on demand creation topics, including balancing supply and demand, advocacy strategy design, and monitoring of communication activities.

PEPFAR's Best Practices for Voluntary Medical Male Circumcision Site Operations
http://www.malecircumcision.org/resources/PEPFAR_best_practices_guide_for_vmmc.html

This document provides examples of best practices for overall site operation of VMMC services for HIV prevention, including service delivery and demand creation.

Service Delivery and Quality Assurance

Operational Guidance for Scaling Up Male Circumcision Services for HIV Prevention
http://www.malecircumcision.org/programs/documents/MC_OpGuideFINAL_web.pdf

This manual provides practical guidance to help operationalize VMMC programs. The document contains chapters on advocacy and social and behavior change communication and emphasizes the need for programs to invest in demand creation activities.

WHO/Jhpiego Manual for Male Circumcision under Local Anaesthesia
http://www.malecircumcision.org/programs/documents/MC_manual_local_anaesthesia.pdf

This training manual covers the minimum package for VMMC services and has become the foundation from which all VMMC providers are trained throughout Sub-Saharan Africa. Though the manual focuses on service delivery, it highlights the importance of counseling to convey accurate VMMC information to potential clients.

Male Circumcision Quality Assurance: A Guide to Enhancing the Safety and Quality of Services
http://www.malecircumcision.org/programs/documents/WHO_Quality_Assurance_GuideFINAL.pdf

This guide outlines the roles and responsibilities of national and district VMMC program managers to implement safe, quality VMMC services and gives an overview on planning for a national quality assurance program. Although the guide does not address demand creation specifically, there are modules to assess the quality of counseling messages within the service delivery setting.

Male Circumcision Services Quality Assessment Toolkit
http://www.malecircumcision.org/programs/documents/WHO_QA_Toolkit_WEB.pdf

This toolkit is aimed at VMMC facility managers and VMMC providers to assess their performance. Counseling modules are included in the toolkit.

Guidance on Engaging Volunteers to Support the Scale-up of Male Circumcision Services
http://www.malecircumcision.org/programs/documents/MC_Volunteer_Guide.pdf

This document serves as a reference for decision makers, program managers, and policy makers on engaging volunteer surgical teams to support service delivery and capacity building for VMMC. From a demand creation perspective, if a country embarks on a large-scale program to host clinical volunteers, close coordination is required to ensure that demand is sufficient to make such a program cost-effective.

Considerations for Implementing Models for Optimizing the Volume and Efficiency of Male Circumcision Services
http://www.malecircumcision.org/programs/documents/mc_MOVE_2010_web.pdf

This document provides guidance to programs to help improve the efficiency of clinical VMMC activities. It focuses primarily on clinical techniques, staffing, supplies, space requirements, client flow, and quality assurance. However, to ensure that these models for optimizing volume and efficiency (MOVE) models are cost-effective, programs must closely align demand creation strategies and activities to guarantee that the site can meet latent demand and that there is sufficient demand to keep the clinical team busy.

Framework for Clinical Evaluation of Devices for Adult Male Circumcision
http://www.malecircumcision.org/programs/documents/MC_device_evaluation_framework_Feb11.pdf
This document provides guidance for assessing the different medical devices for VMMC and the regulatory systems in place. Because circumcision devices have the potential to accelerate the delivery of VMMC programs by reducing the time to perform the operation and in some circumstances may be more acceptable to patients than a surgical approach, countries that incorporate VMMC devices will need to align demand creation activities accordingly. Research on device acceptability would help program managers assess the likely change in demand with the introduction of different types of devices.

Communication

Male Circumcision & HIV Prevention in Eastern & Southern Africa: Communications Guidance
http://www.malecircumcision.org/programs/documents/mc_hiv_prevention_eastern_southern_africa_5_15_08.pdf

This manual presents a communication framework to support VMMC programming and provides specific guidance on advocacy. It outlines communication approaches, highlights some recommended key messages, and proposes eight steps for effective communication.

Voluntary Medical Male Circumcision (VMMC) Communication Materials Adaptation Guide
http://www.malecircumcision.org/documents/VMMC_comm_materials_adaptation_guide_3.2.12.pdf

This guide provides detailed guidance on how to adapt existing VMMC communication materials and products to new settings and new context.

Monitoring and Evaluation

A Guide to Indicators for Male Circumcision Programmes in the Formal Health Care System
http://www.malecircumcision.org/programs/documents/MC_ME_final_3_2010.pdf

This guide presents indicators that programs can use to monitor and evaluate VMMC programs successfully. It is adaptable to different country settings and includes indicators related to demand creation and communication messages.

Advocacy

Some VMMC advocacy resources can be found in the materials gallery. However, the links below are to existing advocacy toolkits and materials that may be applied to VMMC, but they were developed for other health areas.

Care Advocacy Manual
http://www.care.org/getinvolved/advocacy/tools.asp

CEDPA: *Advocacy Building Skills for NGO Leaders*
www.cedpa.org/files/666_file_advocacy_english_all.pdf

MC Clearinghouse Advocacy Tools/Resources
http://www.malecircumcision.org/advocacy/male_circumcision_advocacy.html

Target Audiences

Older and Married Males

Embe Halijamenywa: The Unpeeled Mango—A Qualitative Assessment of Views and Preferences concerning Voluntary Medical Male Circumcision in Iringa Region, Tanzania
http://www.mchip.net/sites/default/files/The%20Unpeeled%20Mango%20-%20Final%20Report%202011.pdf

This report summarizes the findings of a qualitative assessment conducted in Iringa, Tanzania, in February 2011 to improve the understanding of attitudes and beliefs of adult males and females that may enhance or hinder uptake of VMMC and explore views on service delivery.

Plotkin M, Castor D, Mziray H, Kuver J, Mpuya E, Luvanda PJ, et al. *"Man, what took you so long?" Social and individual factors affecting adult attendance at voluntary medical male circumcision services in Tanzania.* Global Health: Science and Practice 2013. 1 (1) 108-116

http://www.ghspjournal.org/content/1/1/108.full

This study from Tanzania explores the attitudes, barriers, and motivators for males to undergo VMMC and females to support VMMC.

Women and Female Partners

Voluntary Medical Male Circumcision (VMMC) Video Discussion Guide

http://www.comminit.com/files/vmmcvideodiscussionguidefinal.pdf (Discussion Guide)

http://www.youtube.com/watch?v=hzU_uK1tCsA&feature=youtu.be (Link to videos on YouTube)

This discussion guide and its accompanying videos are designed to facilitate discussions, reflection, and debate about VMMC. The 10-minute, three-episode video illustrates the important role females can play in supporting VMMC.

Templates

The toolkit includes a sampling of demand creation materials templates. Some were adapted from existing materials, while others, including those in the following pages, are original and therefore untested. The entire template collection is included on the electronic version of the toolkit (CD-ROM), and is provided in MS WORD format to facilitate modification and editing. The electronic materials also include a collection of high-quality photo options that can be incorporated into the development of communication materials or used as guides in producing original tailored (country/community-specific) images. The enclosed photos are available for use in VMMC demand creation activities without cost or restriction. In working with these images and templates it is important to remember that they are untested. Prior to development of any demand creation products it is prudent to pre-test materials in representative samples of your primary and/or secondary target audiences.

Family Benefits Templates

Targeted to older and married men, these templates frame VMMC as a health benefit for the entire family and therefore, a choice consistent with the masculine ideal of family protection. If a man is partially protected from HIV, he can better fulfill his role as a supportive husband or partner and father.

These templates have not been pre-tested with target audiences. As with all demand creation materials, messages should be adapted to the local context and pre-tested to ensure they are appropriate and meaningful for intended audiences. For more information on pre-testing demand creation materials, see Step 3 of this toolkit, describing pre-testing materials.

for **HER**
for **ME**
for **ALL** of **US**

Male circumcision reduces a man's risk for **HIV**

Now's the time to

get circumcised

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

for **HER**
for **ME**
for **ALL** of **US**

A man's way to an

AIDS-free Generation

Now's the time to

get circumcised

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

for **HER**
for **ME**
for **ALL** of **US**

Male circumcision reduces a man's risk for **HIV**, and also helps protect his wife from **cervical cancer**

Now's the time to get circumcised

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

Leadership and Responsibility Templates

The next three templates focus on traditional men's roles as leaders in their communities and as family providers. The messaging reinforces that VMMC is a responsible choice and that men who undergo VMMC can serve as role models and "leaders" among men. Research from Botswana shows that men considering VMMC, are 32% more likely than others, to have learned about VMMC from a trusted friend or relative.[1]

These templates have not been pre-tested with target audiences. As with all demand creation materials, messages should be adapted to the local context and pre-tested to ensure they are appropriate and meaningful for intended audiences. For more information on pre-testing demand creation materials, see Step 3 of this toolkit, describing pre-testing materials.

[1] Population Services International (PSI)/Botswana. *SMC Survey*. 2012

take the Lead
get circumcised

circumcision greatly reduces
your risk for **HIV**

Contact Name Here
Address 1
Address 2

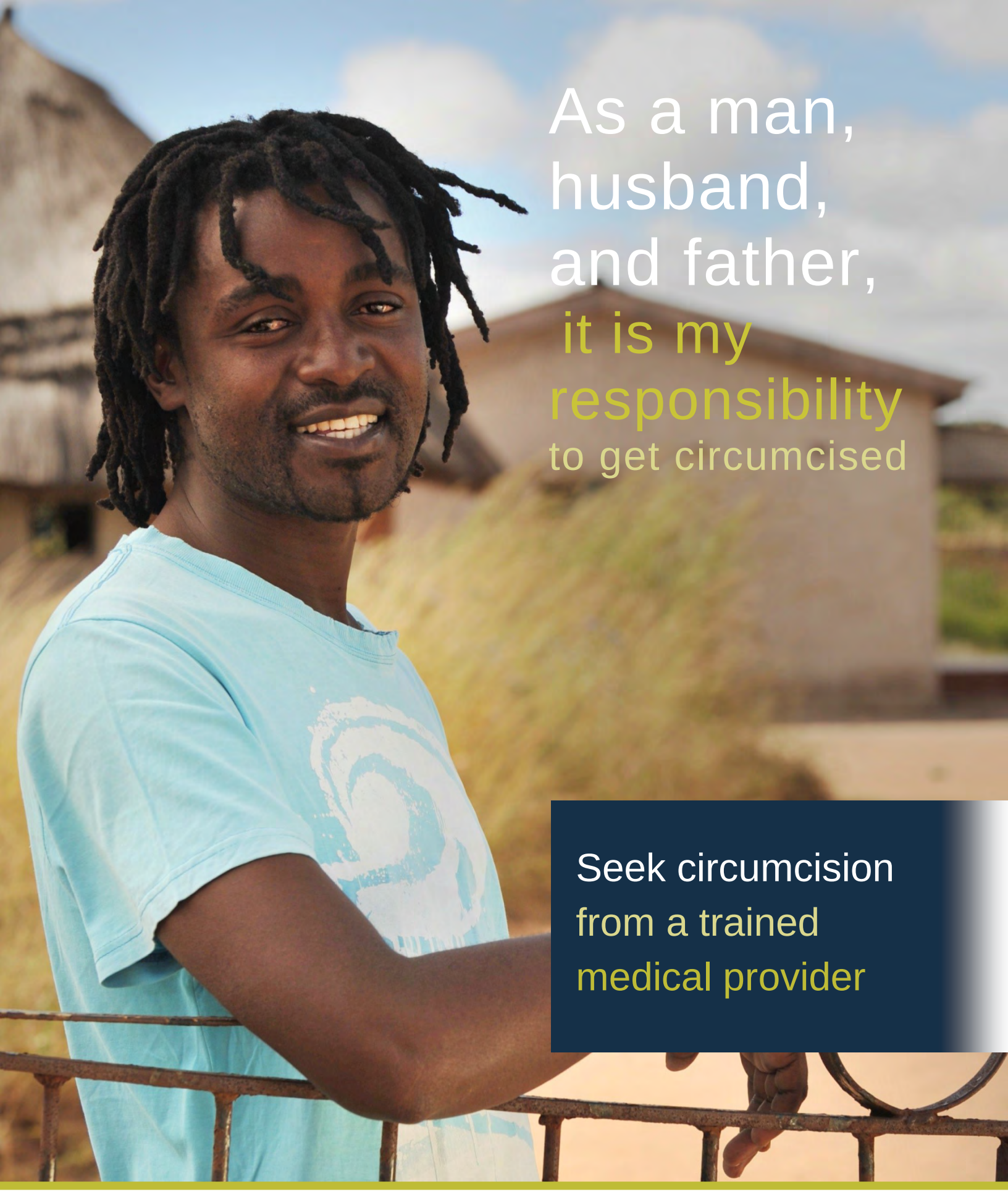
Hotline: xx xxx xxx

take the Lead
get circumcised

circumcision greatly reduces
your risk for **HIV**

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx



Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

Benefits for Women Templates

Research from Botswana and Tanzania affirms that women, as wives and sexual partners, are highly influential in men's decisions to undergo VMMC.[1,2] It is therefore important to discuss the benefits of VMMC for men *and* their intimate partners. These four templates focus on direct health benefits of VMMC to women, specifically the reduced risk of cervical cancer. By expanding discussion of VMMC health benefits to include cervical cancer, these messages provide a basis for couples to consider mutual VMMC advantages. Men attending VMMC clinics in Zambia have cited reducing cervical cancer risks in their partners as a key motivator for seeking VMMC services.

These templates have not been pre-tested with target audiences. As with all demand creation materials, messages should be adapted to the local context and pre-tested to ensure they are appropriate and meaningful for intended audiences. For more information on pre-testing demand creation materials, see Step 3 of this toolkit, describing pre-testing materials.

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[1] Population Services International (PSI)/Botswana. *SMC Survey*. 2012

[2] Plotkin, M., et al. *Embe Halijamneywa: The Unpeeled Mango – A Qualitative Assessment of Views and Preferences concerning Voluntary Medical Male Circumcision In Iringa region, Tanzania*. 2011.

Men, get circumcised to protect the one you love

she will THANK you

Voluntary medical male circumcision reduces your partner's chance of getting **cervical cancer** and reduces your own risk for **HIV**

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

You love Her ... **get circumcised**

You can **greatly reduce** your partner's chance of getting **cervical cancer** while reducing your own risk for **HIV**

Contact Name Here
Address 1
Address 2

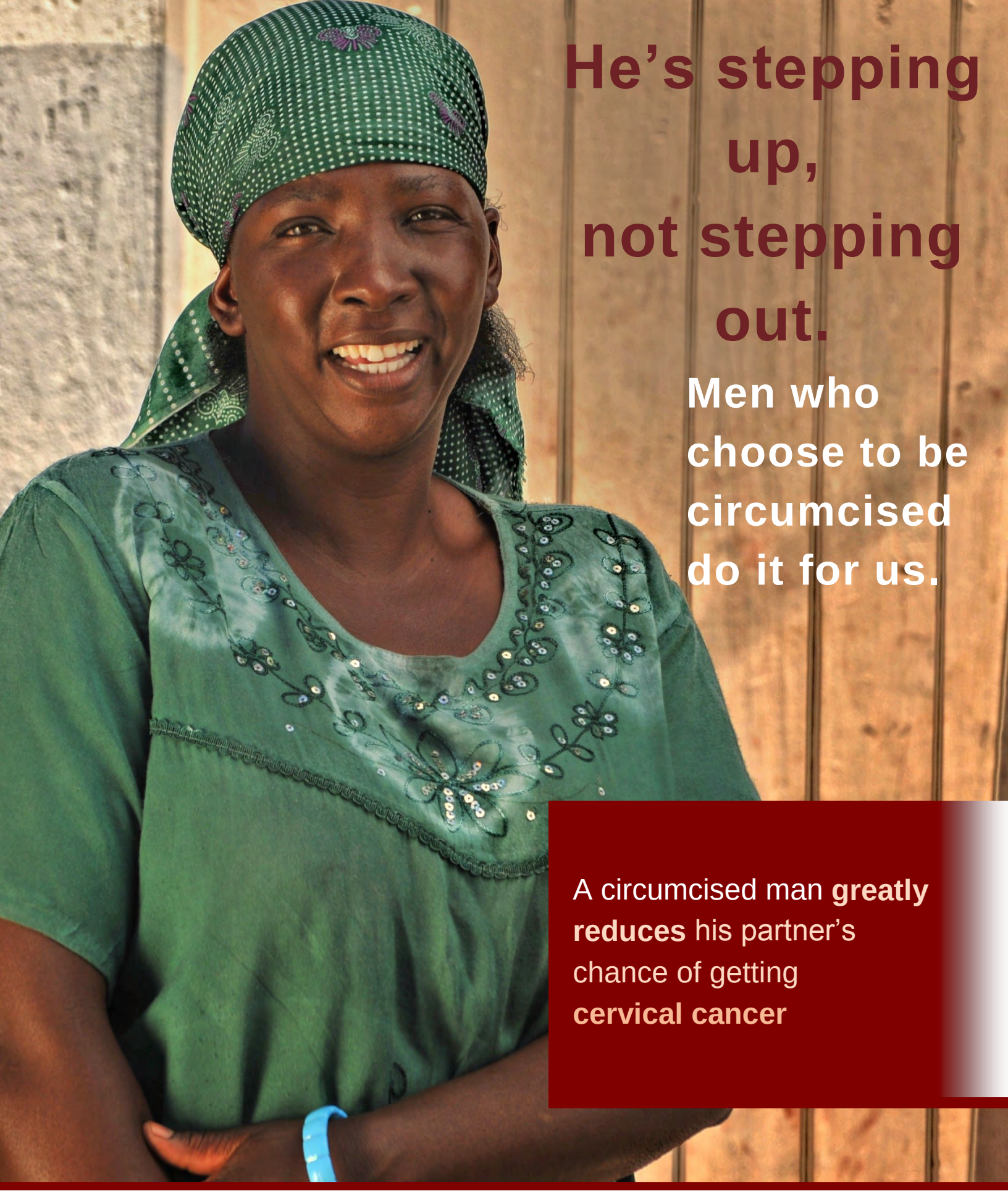
Hotline: xx xxx xxx

You love Her … get circumcised

You can **greatly reduce** your partner's chance of getting **cervical cancer** while reducing your own risk for **HIV**

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx



He's stepping up, not stepping out.

Men who choose to be circumcised do it for us.

A circumcised man **greatly reduces** his partner's chance of getting **cervical cancer**

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

Additional Benefits Templates

Research from across Southern and Eastern Africa shows that increased hygiene and the perception of increased sexual pleasure are powerful motivators for men to undergo VMMC and for women to encourage their partners to do so. The following templates allude to these additional benefits through subtle, tasteful imaging and text.

These templates have not been pre-tested with target audiences. As with all demand creation materials, messages should be adapted to the local context and pre-tested to ensure they are appropriate and meaningful for intended audiences. For more information on pre-testing demand creation materials, see Step 3 of this toolkit, describing pre-testing materials.

enjoy *all* the Benefits

encourage your man
to **get circumcised**

Male circumcision greatly reduces a woman's chance of getting **cervical cancer** and reduces a man's chance of **getting HIV**

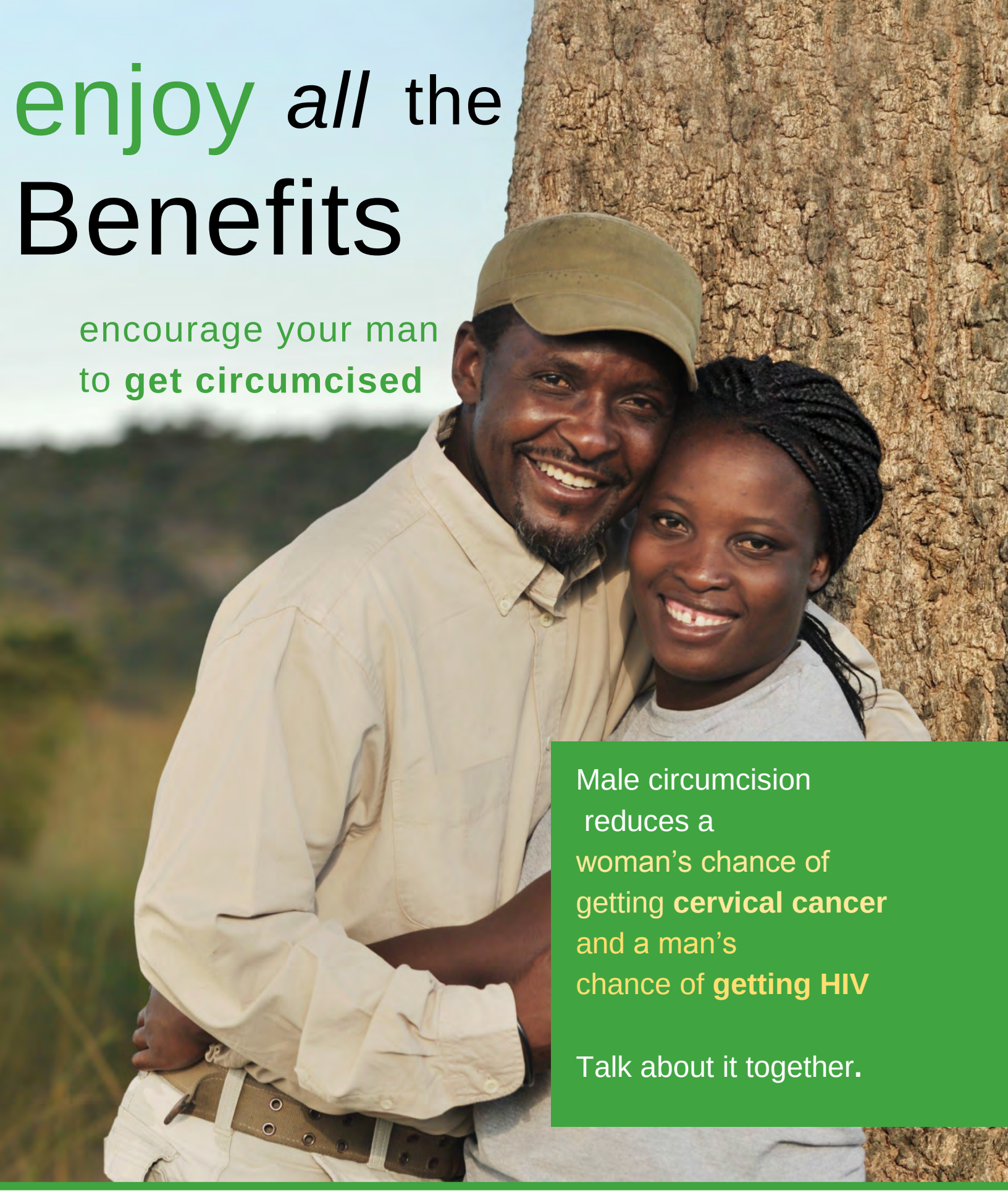
Talk to your man about **getting circumcised.**

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

enjoy *all* the Benefits

encourage your man
to **get circumcised**



Male circumcision
reduces a
woman's chance of
getting **cervical cancer**
and a man's
chance of **getting HIV**

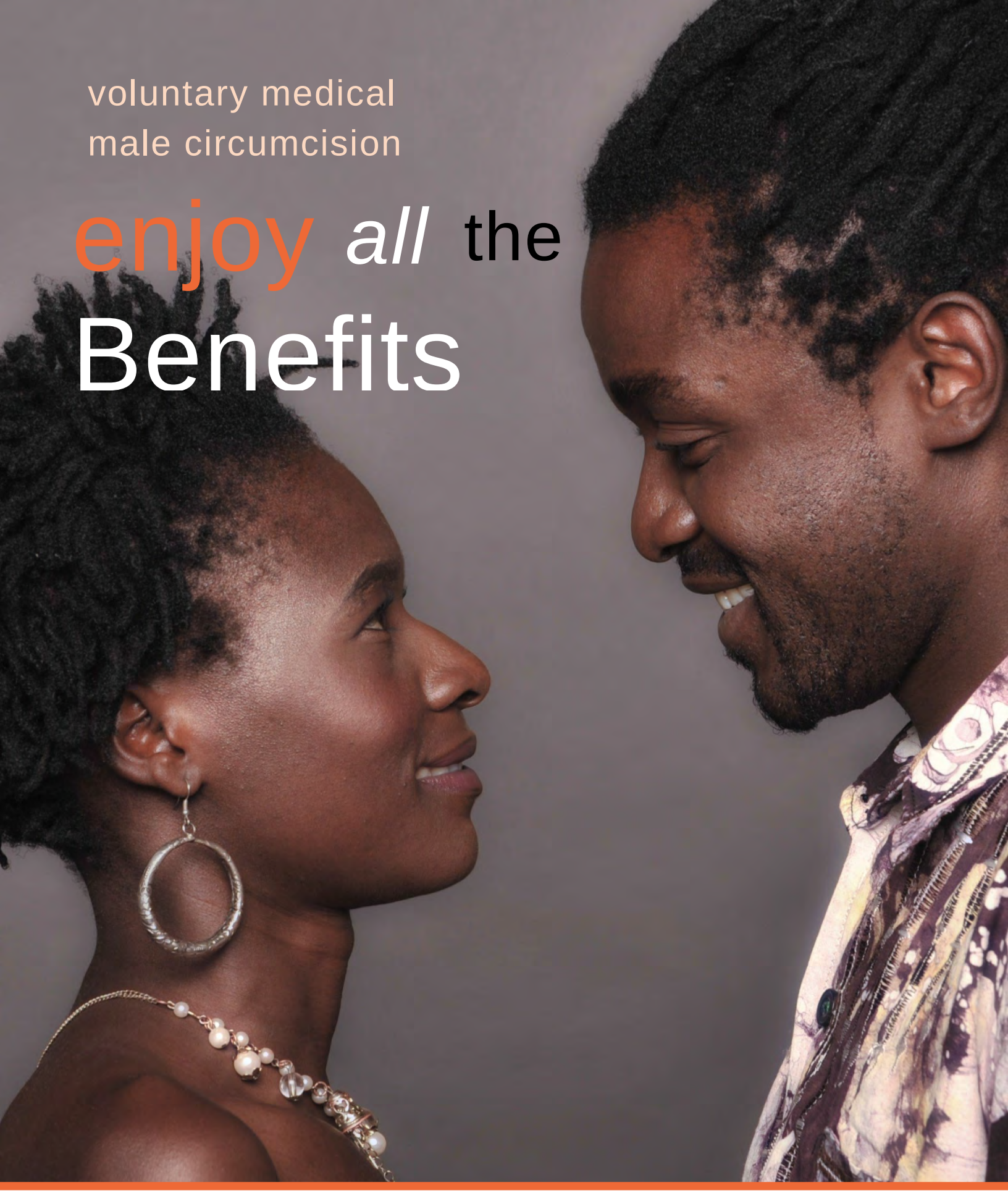
Talk about it together.

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

voluntary medical
male circumcision

enjoy *all* the Benefits



Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

Talk to YOUR MAN

about voluntary medical male circumcision

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx
Hotline: xx xxx xxx

clean cut

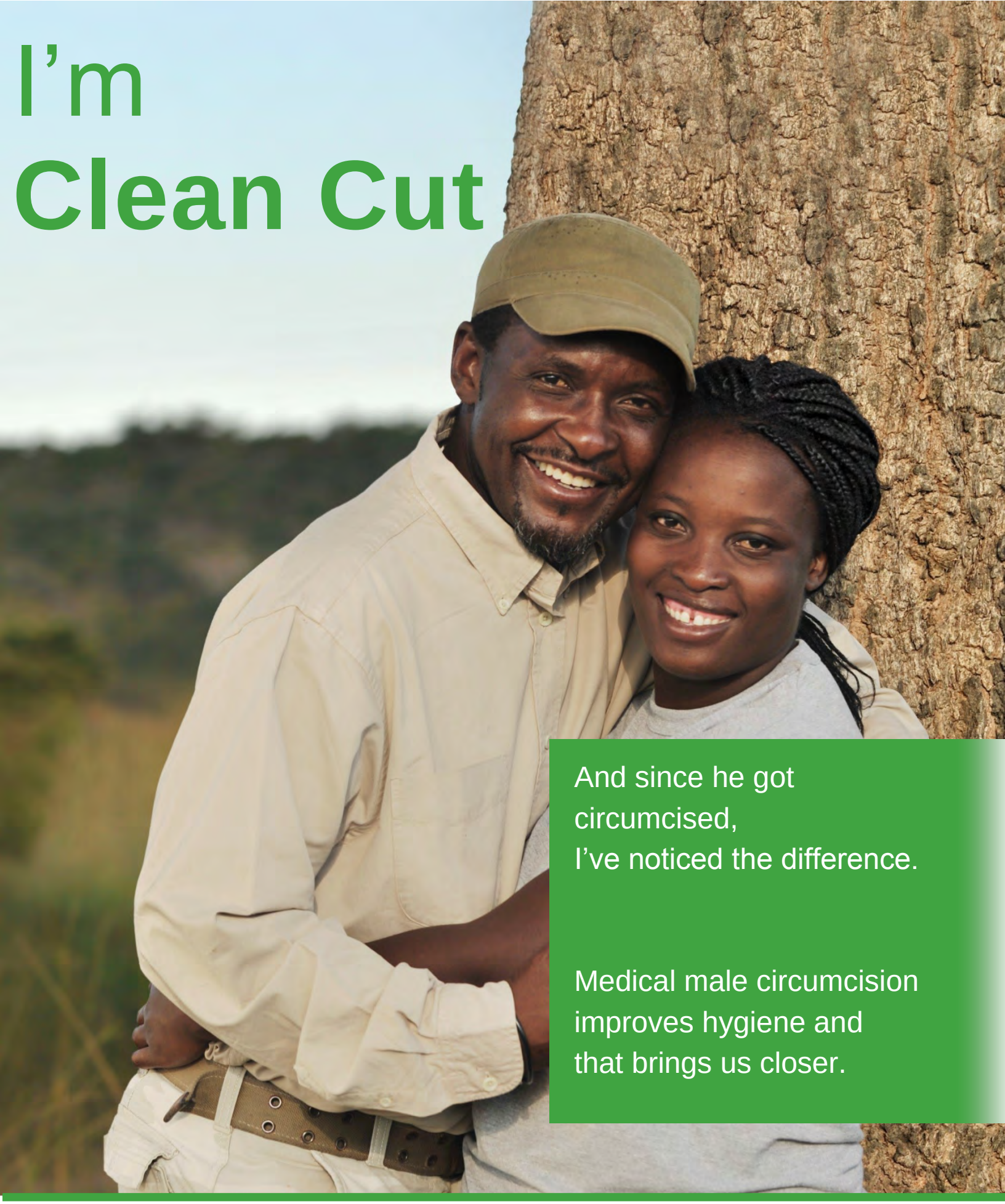
Getting closer is better than ever, since he got circumcised.

Male circumcision makes it easier to stay clean and healthy. I know. I've been circumcised

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

I’m Clean Cut



And since he got circumcised,
I’ve noticed the difference.

Medical male circumcision improves hygiene and that brings us closer.

Contact Name Here
Address 1
Address 2

Hotline: xx xxx xxx

DEMAND CREATION TOOLKIT