Innovative Demand Creation for VMMC in Zambia

SOCIETY FOR FAMILY HEALTH
Dr. Albert Machinda, Project Director
Qualitative Results: Journey Mapping

- 2 years 3 months from awareness to circumcision
- Major drop off due to Cognitive dissonance
- 3 Strategies to reduce dissonance:
  - Decrease negative near term consequences
  - Increase near term benefits
  - Compress time

94% Aware — 34% Circumcise — 11% Advocate
STACKED SEGMENTS:

BASE: all uncircumcised men, n=1189

1. **Socially Supported Believers**
   - Large potential (27%), but hard to crack; absence of motivation and almost no concerns or fears, but could be reached via advocates in the community.

2. **Self-Reliant Believers**
   - Moderate potential (11%), but easy conversion to action and highly likely to act as advocates for friends and to some extent other men.

3. **Knowledgeable Hesitants**
   - Moderate potential (10%), but the key barrier is concern in safety which reduce motivation – increase of their commitment is relatively easy by addressing their issues.

4. **Friends Driven Hesitants**
   - Large potential (20%), but rather low motivation and need in additional assurance in need of VMMC. But can be easily converted by strong advocacy around them.

5. **Indifferent Rejecters**
   - Large potential (27%), but hard to crack; absence of motivation and almost no concerns or fears, but could be reached via advocates in the community.

6. **Scared Rejecters**
   - Large potential (17%) but low motivation and strong concerns, including fears and embarrassment – need a lot of support.

7. **Traditional Believers**
   - Small potential (6%), no need in support; have very high commitment driven by tradition.
• Prioritization of segments
• Workshop for Insights
• Design tailored approaches
• Adapt Typing Tool
### STEP 1: SEGMENT PRIORITIZATION: CRITERIA BY ALL SEGMENTS

<table>
<thead>
<tr>
<th>SEGMENT:</th>
<th>% POPULATION</th>
<th>% CIRCUMCISED</th>
<th>COMMITMENT LEVEL</th>
<th>ADVOCACY LIKELIHOOD</th>
<th>SEXUAL BEHAVIOR</th>
<th>PRIORITIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGEABLE HESITANT</td>
<td>10%</td>
<td>50%</td>
<td>Low</td>
<td>High</td>
<td>Very risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>SELF RELIANT BELIEVER</td>
<td>9%</td>
<td>71%</td>
<td>Very High</td>
<td>High</td>
<td>Very Risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>FRIENDS DRIVEN HESITANT</td>
<td>19%</td>
<td>14%</td>
<td>Conflicted</td>
<td>Medium</td>
<td>Average</td>
<td>SELECTED</td>
</tr>
<tr>
<td>sociaLY SUPPORTED BELIEVER</td>
<td>11%</td>
<td>56%</td>
<td>High</td>
<td>High</td>
<td>Very Risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>INDIFFERENT REJECTER</td>
<td>27%</td>
<td>6%</td>
<td>Very Low</td>
<td>Very Low</td>
<td>Low Risk</td>
<td>LOW MOTIVATION</td>
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<tr>
<td>SCARED REJECTER</td>
<td>17%</td>
<td>10%</td>
<td>Very Low</td>
<td>Very Low</td>
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HUMAN CENTERED DESIGN APPROACH

We are all DESIGNERS!

- **Empathize**: Learn about the audience for whom you are designing, by observation and interview. Who is my user? What matters to this person?
- **Define**: Create a point of view that is based on user needs and insights. What are their needs?
- **Ideate**: Brainstorm and come up with as many creative solutions as possible. Wild ideas encouraged!
- **Prototype**: Build a representation of one or more of your ideas to show to others. How can I show my idea? Remember: A prototype is just a rough draft!
- **Test**: Share your prototyped idea with your original user for feedback. What worked? What didn’t?
**What does Mr. Green need to hear:**

**Hygiene:** He needs to hear about the hygiene benefits of VMMC but also to understand exactly how they are achieved. He’s skeptical about the cleanliness aspect and doesn’t understand the link between hygiene and reduced infections. Showing a model of foreskin, and explaining about how the exposed skin is easier to wash helps. Mention of women here embarrasses them.

**Pain Management:** He wants to know that the pain is bearable.

**Healing & Aftercare:** He wants very detailed information on what to do to care for himself after, even to the level of what temperature of water to drink to stay hydrated. Since he’s less informed about sex he also needs to know why a man can’t have it for six weeks.

**Risk Reduction:** He needs to understand the meaning of 60% protection, but to understand the risk they also need basic information on what an STI is. It’s important not to overwhelm him, as this is a new concept, but to give enough basic information to appreciate risk reduction.

**Popularity:** It is best to emphasize that the MOH approves of VMMC enough to want it to be free.

**National Pride:** MOH approves of VMMC and he is being a responsible man by helping reach an AIDS free generation.

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**Value Statement:**
“Now that I know how VMMC works to keep me clean and healthy, why wouldn’t I want to do the responsible thing?”

**Most Relevant IPC Tools:**
- 60% Jar: Keep it basic
- Pain-o-meter: Emphasis on healing
- Hygiene Messaging: Penis Model Buddy system: Chance to join
HCD APPROACH: PRE-TESTING AND PROTOTYPING

PROCEDURE WALK THROUGH

TRUE OR FALSE WHEEL

SEX WHEEL

BUDDY SYSTEM

60% JAR

VIP WAITING ROOM

PAIN-O-METER
HP Says: We have been talking to men just like you and we've heard and answered a lot of questions. This information is meant to help answer the ones that come up the most. Please let me know if anything I have missed or something you want to hear more about. If it's something you are confused about, you can be we have heard it before! Here are the main topics we are going to cover: 

**Benefits**

- The greatest benefit of going for VMMC is to reduce your chances of contracting HIV and other sexually transmitted infections (STIs). We will also cover hygiene benefits.

**Procedure**

- We will take you through what to expect when you go to the clinic - before, during, and after the procedure.

**Pain**

- Pain is different for everyone, but we can help you know what to expect.

**Healing**

- We will tell you what steps you should take to ensure proper healing after the procedure.

**Support**

- We will talk about you can get more information about VMMC including where the procedure can be received and follow-up care.

HP Says: We have been talking to men just like you and we've heard and answered a lot of questions. This information is meant to help answer the ones that come up the most. Please let me know if there is anything I have missed or something you want to hear more about. If it's something you are worried or confused about, you can be we have heard it before! Here are the main topics we are going to cover:

**Benefits**

- We will help you understand why men want this procedure, and how it helps you stay safe.

**Procedure**

- We will talk about what you can expect at the clinic and during the procedure. We will also tell you how long the procedure should take.

**Pain**

- Pain is different for everyone, but we can help you know what to expect.

**Healing**

- We will talk about how you can take good care of yourself after the procedure, and what you need to do.

**Support**

- We will talk about ways you can get more information about VMMC, including where to go for
Piloted new approach

- 6-month pilot, August 2016 - February 2017
- 5-day training of health promoters

<table>
<thead>
<tr>
<th>Zambia VMMC Program</th>
<th>Pilot Indicators</th>
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<tr>
<td>Project Outcomes</td>
<td>Efficiency (increased conversion rate) and effectiveness (increased MCs)</td>
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<tr>
<td>Programmatic Indicators</td>
<td>Client age distribution, HP productivity, effective IPC format (group size) and setting (location of clients)</td>
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PILOT FINDINGS: JOURNEY CASCADE

- Avg. Received Full Intervention/HP: 358
- Avg. Appointment Booked/HP: 301
- Avg. Actual MCs/HP: 148

Intent: Anticipate
PILOT FINDINGS: Client Conversation Rate by Age Group, Aug-Feb 2017 (n=8,227)

91% of clients circumcised between 15-29 years during pilot period.
PILOT FINDINGS: VMMC Booked vs. Actual, All Segments (n=6,926)
1. Data delivery matters. Presentation, user-friendliness key considerations.

2. Must align outreach structure/communication channels with segmentation approach. Tailoring is key!

3. Job requirements may change and extra training/time may be necessary

4. M&E system updates may be required; near real-time data extremely beneficial