Voluntary Medical Male Circumcision (VMMC)

Community Mobilization Guide for District Campaigns

Draft 000
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VMMC
Voluntary Medical Male Circumcision

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Acknowledgements

Acronyms

Introduction to the guide

Male circumcision, the surgical removal of all or part of the foreskin of the penis is one of the oldest and most common surgical procedures worldwide. It is usually practiced for religious, cultural, and/or social reasons. Recently, scientific evidence has shown that medical male circumcision, defined as the complete surgical removal of the foreskin, has a number of health benefits including reduced risk in acquisition of urinary tract infections, syphilis, chancroid, and the human papilloma virus. Furthermore, it has been established that cervical cancer is 2 to 5.8 times more frequent among women partners of uncircumcised males compared to partners of circumcised males.

The linkage between male circumcision and HIV infection acquisition has also recently been explored. A 25-year longitudinal study of a birth cohort of New Zealand children concluded that male circumcision may reduce the risk of sexually transmitted infection acquisition and transmission by up to one half, suggesting that there are substantial benefits accruing from routine neonatal circumcision. More recently, a 60% reduction in HIV acquisition among circumcised men aged 18-24 years was demonstrated in a study from South Africa[1]. Subsequently, two other studies in Kenya and Uganda have demonstrated reduction in risk of HIV acquisition of 53 and 48% respectively among circumcised men[2]. In addition, an ongoing follow-up study in Kenya found that this protective effect was sustained over 42 months, reducing men's chances of becoming infected with HIV by 64 percent.[3]

In view of the foregoing, the Ministry of Health, in collaboration with other major partners in HIV prevention in the country, convened a national stakeholders meeting to map out the process for developing a Communications Strategy that will address the communication needs of men and others with regard to VMMC as well as promoting the uptake of VMMC for HIV prevention. At the meeting it was agreed that a task force be instituted to facilitate the process of developing the Communication Strategy.

The Government of Malawi, through the Ministry of Health (Health Education Unit and HIV and Aids department) and partners, has developed this National Communication Strategy for Voluntary Medical Male Circumcision (VMMC). The Strategy will guide communication interventions aimed at promoting VMMC as an HIV prevention intervention in Malawi and increasing demand for VMMC service in the country (2012 – 2015).

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[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 Medicine* 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.

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.

[3] Bailey RC, Moses S, Parker CB, et al. (Abstract only) The protective effect of male circumcision is sustained for at least 42 months: results from the Kisumu, Kenya trial. XVII International AIDS Conference, Mexico City, August 3-8, 2008.

What follows is a Community Mobilization Guide for the roll out of VMMC that builds from the National VMMC Communication Strategy.

What is this guide?

This is a "how to" guide that provides a brief outline of the issues involved in designing, conducting, and monitoring and evaluating community mobilization around VMMC in Malawi. It is based on experience from a short 3-4 week intensive VMMC campaign in Mulanje, and lessons learned from other countries in the region that have been running large scale VMMC campaigns with similar audiences.

The Guide provides, in the Annex, a brief overview of all the main content issues, key messages, behavioral barriers, and benefits, needed for promoting VMMC. But it is not meant to provide a detailed explanation of the all the issues around VMMC. That information is more readily available in the National VMMC Communication Strategy, available from the HEU Headquarters in Lilongwe.

Why and how this guide was developed?

There are many districts that are beginning to focus on VMMC as a priority health issue to reduce HIV infection. But VMMC is a complex issue. This guide is intended to help all program managers to fastrack the introduction of VMMC in their districts by providing a proven operational plan for community mobilization. The plan provides a step by step process for implementing a consistent, effective and cost-effective VMMC campaign.

Who is this guide for?

This Guide is intended for use by all Senior Program Officers or Project Managers within Government, the NGO and CBO sector, and internationally funded donor projects. The Guide is sanctioned by the MoH as the official Guide for roll out of VMMC campaigns in Malawi, and should be followed as closely as possible.

What are the sections in this guide?

The Guide provides the following sections:

- Introduction to the guide
- Introducing community mobilization/demand creation for VMMC
    - Overall objectives
    - Specific objectives
    - Target Audiences
- Planning and implementing Community mobilization/demand creation activities
- Coordination of activities at District level
- Materials and Channels for addressing VMMC
- Implementing demand creation activities at community level
- Common challenges and how to address them

- Working with Journalists in your district
- Monitoring and Evaluating community mobilization/Demand Creation activities for VMMC

What do you need to use this guide?

Before implementing a local campaign or community mobilization activities based on this Guide, you will need to gather information on the key audiences, the key messages for each audience, and get access to the materials that are outlined in this document. All of these should be available from the HEU headquarters in Lilongwe.

Guiding Principles

The National VMMC communication strategy outlines a set of guiding principles that should guide all SBCC activities around VMMC:

- VMMC shall be implemented and promoted as part of a minimum package developed within the National Action Framework and the National HIV prevention Strategy.
- Communication activities shall be implemented such that the demand for services meets the capacity of the health system to provide such services.
- The social ecological model of communication and behaviour change shall be used to guide multilevel communication interventions by addressing the barriers identified and levels of influence in decision-making.
- Timing and content of messaging shall be linked to the specific requirements of clients at each step in the VMMC process (see Annex 1).
- Intervention messages shall be tailored to each respective audience as defined in the National VMMC communication strategy.
- All SBCC implementing partners shall work under the direction and guidance of Ministry of Health (MoH) and the National AIDS Commission (NAC)
- The national Behaviour Change Communication (BCC) subgroup of the HIV Prevention Technical Working Group (TWG) will need to approve the design, implementation, and evaluation plans for any VMMC communication activities before they are put into effect at district or national level.

Introducing community mobilization/demand creation for VMMC

Background—Findings from Mulanje Campaign

Below is a list of the issues that emerged from the 4 week intensive campaign conducted in Mulanje in October 2011.

- Most men who get circumcised miss check ups

- After the procedure, most men also start sex early, well before the six weeks' healing period is over.
- Young men think VMMC is for sexual pleasure
- Old men think VMMC is unnecessary
- Men do not speak to their partners about their intention to go for VMMC
- Women have been left out of the VMMC discussion
- Leaders need to know more about VMMC so that they help in mobilizing people for the procedure
- Providers need to know more about VMMC
- Providers need better skills in handling clients
- VMMC communication should target Older men, Younger men, Men's partners, Women in general, Leaders, decision makers and service providers
- Messages should point out that:
    - ✓ VMMC offers partial protection from HIV infection and circumcised men still need to use condoms every time they have sex
    - ✓ Check ups are important and explain why this is important
    - ✓ Abstinence six weeks post circumcision is essential and explain why
    - ✓ Talking to your partner before you go for VMMC is very beneficial

Overall objectives of community mobilization/demand creation activities for VMMC

This Community Mobilization Guide follows the same communication objectives as in the National VMMC Communication Strategy:

- To increase levels of knowledge on the facts regarding and benefits of VMMC
- To increase informed demand for and uptake of VMMC services
- To create an enabling environment for VMMC and foster its widespread acceptance
- To increase consistent safer sexual practices post-VMMC

Specific District Community Mobilization objectives

Objectives for District level community mobilization are:

- To gain the political buy-in of local leaders for support for VMMC in their district
- To create a functioning district VMMC Coordinating Committee, made up of representatives from all district stakeholders—e.g. from government, NGOs and CBOs, service delivery groups, community leaders, etc
- To develop consistent approaches and messages under a common national brand, slogan and messaging
- To achieve, over time, VMMC for xx% of male adults in the district (based on local data)
- To have the full active engagement and participation of women (as partners), FBOs, local NGOs and CBOs in the VMMC campaigns

Target Audiences (primary and secondary)

From the VMMC National Communication Task Force review, the group decided that the key audiences for VMMC should be:

Older men in long-term relationships

The mathematical model for rapid scale up of VMMC identifies older men, who are in the highest risk category for getting HIV, as a priority audience. But few campaigns have been able to capture this audience in significant numbers. They are identified here as a key audience that has different needs than younger men, and therefore needs to be addressed through a different strategy

Partners of older men

It is important to engage the partners of older men, to help them understand the benefits of VMMC both for their husbands and for themselves. They are the key influencing group for their husbands and need to be well informed about VMMC.

Young men, 15 – 24, whether in relationships or not

Young men constitute about 75% of the total number of men getting circumcised in mass campaigns in the region. They are, for the most part, enthusiastic, participants in VMMC. They remain a critical group if the effects of mass VMMC are to be achieved.

Key Messages

Below is a table of key messages for any VMMC campaign, whether of high- or low intensity. More detail on each message will be needed by CHVs. This can be found at HEU.

Key Messages for VMMC

Before you make a decision:

1. VMMC provides only *partial* protection from HIV Infection
2. Circumcised men still need to use other effective methods of prevention: consistent and correct condom use; reduction of partners; regular HIV testing to ensure the best possible protection
3. Get the facts: Visit a health centre to get information on VMMC
4. Talk to your partner/wife about the idea of VMMC before you decide if you want to do it
5. Talk to your friends about the issue
6. Agree to go for testing with your partner. You live together, you plan a family together, so test together to know your future together
7. Prepare yourself for the idea of 3 checkups and 6 weeks of abstinence after the operation. Make a plan to stay abstinent

Before the operation

1. Confirm all the details of the operation with the counselor before you get tested
2. Make sure you are committed to going for the check-ups and abstaining for 6 weeks
3. If you do not think you can abstain from sex for 6 weeks after the operation, perhaps you should postpone the operation until you can.

After the operation:

1. Ask your partner to remind you of all your checkups: at 2 days, at 7 days, and after 6 weeks
2. Go for all the checkups
3. Discuss again with your partner how you will stay abstinent for the 6 weeks
4. Reduce the risks of wanting sex during the 6 week period
5. Make sure you clean your penis every day with a soft cloth
6. Visit the clinic as soon as you feel there is pain or infection

Planning and implementing Community mobilization/demand creation activities

Briefly, these are the steps that need to be carried out chronologically, to create a successful campaign to increase VMMC in your district:

1. **Advocacy** for buy-in with local leadership
2. **Preparation** for campaign activities, and pre-testing materials
3. **Training**
4. **Community Mobilization**
5. **Monitoring and Supervision**
6. **Reviewing and Replanning** after 3 months

Step 1: Advocacy

Conduct Advocacy Meetings

The first order of business is for the Dsitrict VMMC team to **conduct a series of meetings** with key leadership in the district: DHMTs, DEC, District Council; Traditional Leaders; Religious Leaders; and other district partners that would support the VMMC community mobilization activities.

Establish of a District VMMC Steering Committee

The *District VMMC Steering Committee* is critical to the success of the whole campaign. A strong, functioning Steering Committee will make a huge difference in how well the campaign is coordinated, and how well it reaches all the members of the community in timely fashion.

Step 2: Preparation

Committee Tasks

Once the Committee is established the real preparation begins. Following are tasks the committee needs to do or oversee:

1. Identify partners within their districts who will work together in this endeavor.
2. Identify existing activities within the districts that they will take advantage of as they roll out community mobilization activities like meetings, trainings etc.
3. Come up with a list of all the T/As from their district.
4. Develop maps or lists that locate all the main Health Centers in each of the T/As within each district. Identify those Health Centers where VMMC could be offered.
5. List possible outreach sites based on population distribution within the district (in consultation with service providers).

6. List all activities that other district level partners can facilitate
7. List the strategic places where community mobilization activities would be conducted like open days in each T/A.
8. Develop a list of all proposed community mobilization activities to be conducted in their districts.
9. Come up with an action plan of the proposed activities that includes; time frame, institution/person responsible, inputs and outputs.
10. Share monitoring and evaluation plan of the proposed activities.
11. Develop a list of challenges that they envision in the implementation of the program plan, and as they discover during implementation, and make sure they have a plan to address each of those challenges (hold special meetings if necessary)

The VMMC National Task Force suggests that VMMC campaign plans be included in the DIPs. Districts were therefore encouraged to take advantage of this time when they are developing DIPs and include VMMC Activities in the DIP.

Step 3: Training

Before there can be an effective VMMC demand creation campaign, all the groups and individuals who will be involved in that campaign need to know what activities they will facilitate, where and when; who they are going to reach and what they are going to say; how they address questions about VMMC, and there are always many; and where and how they will refer people to VMMC services.

Training needs to take place and be completed ideally only a week or two before the community mobilization will take place. This ensures that those trained will still feel fresh and able to deal with the issues. Any delays inevitably reduce the quality of the mobilization as trainees start to forget small, but important details.

Trainees

There will be differing training needs for each of the participating groups or individuals depending upon what they need to do:

Community Health Volunteers (CVHs), **Drama Groups, Road Show staff, and performers,** will all need to fully understand all the content issues around VMMC (the actual procedure, benefits, cautions, check-ups, etc). They will also need to fully understand the best ways in which to reach all the various audiences, for example:

- where best to meet that audience and how to set up those meetings

- what issues to discuss as priorities
- how to answer challenging questions

The **performers** will also need to know how to craft good stories and dramas around the various issues related to VMMC.

VMMC providers, counsellors and clinic staff (not just the clinicians, but all staff) will need to be very well versed in all the medical issues around VMMC: what exactly happens in the operation; how to care for the wound; when to come for check-ups and why; identifying adverse effects and what to do about them; remaining abstinent during the healing process; sexual performance after VMMC, etc.

Community and Faith Based Leaders need to understand what VMMC involves, and how it differs from traditional circumcision, as well as knowing the benefits not just for individuals but also for the community at large. They also need to be willing to advocate on behalf of VMMC

Journalists need to understand all the issues around VMMC, including having a broader understanding of how it has been dealt with in other southern African countries, how the evidence has been gathered to support VMMC, and how they might want to seek out personal stories of those who have (or have not) decided to get circumcised. They also need to know where to seek out further information within the country and through the internet.

Trainers

Each of the groups above needs slightly different training. You will therefore need to identify and train Master Trainers, according to the needs of each of the above groups of trainees. There are usually a number of very experienced master trainers and facilitators in every district, who have been trained for various health issues, and for carrying out SBCC activities. The VMMC Steering Committee should therefore know who to reach to identify and bring on board those trainers.

There may also be local and international NGOs in the district who conduct trainings—e.g. BRIDGE II, PSI, BLM, FHI/360, Jhpiego, CHAM, and so on. The Committee should already have representatives from those groups as members.

Step 4: Community Mobilization

Coordination of activities (how can they link with the national level teams and why is this important. And district level coordination)

Community mobilization will, ideally, start about 2-3 weeks in advance of the MOVE clinics opening. Older men and their partners, in particular, will need to have time to find out and discuss the advantages, benefits and repercussions of VMMC. They will not be keen on making suddenly immediate decisions on VMMC. Younger men, however, do not need much time to think about the idea. For them, there is considerable peer influence to seek out and use VMMC.

As suggested in the Jhpiego report on the first Mulanje campaign, the SBCC Coordinating Committee, which includes service delivery partners, should meet daily for the first week or two of the intensive campaigns, and then weekly, once the campaigns have settled down into a more predictable process.

Implementing demand creation activities

The VMMC Communication Task Force agreed that district level VMMC campaigns must be driven by the VMMC service delivery groups, in terms of timing. There needs to be a good balance between demand and supply for VMMC. Demand should not be created before the services are capable of accommodating that increased demand.

Harmonization of messages between different players (why is this important and how it can be achieved)

It is important for any BCC campaign that all the different groups and stakeholders have a clear, consistent and effective set of materials and messages. This is why it is best always to use the approved materials provided by HEU or other government ministries. This also requires that all the implementing groups on both service delivery and demand side in each district work together in harmony as they move out to reach their local populations. The key mechanism for ensuring this happens is the District VMMC Steering Committee. It needs to meet regularly, to draft timelines that everyone agrees are achievable, and to keep all stakeholders informed on progress. It is also importnant, on the other hand, that the individual service delivery and mobilization groups keep the Committee informed of any changes, so they can inform the rest of the district players. This coordination cannot be over-emphasised. If the campaign is not well coordinated and the messaging is not harmonized, it can really affect the effectiveness of the campaigns.

Use of existing community level structures (how can they support VMMC activities and what needs to be done)

There are many groups that exist in communities with the express purpose of informing their own community members of public health issues. The VMMC campaigns should, as much as possible, engage these groups, and train them to whatever level is necessary. There is little point having separate groups of community mobilizers who are only talking about VMMC, while there are other trained and willing volunteers who would

happily take on the task of talking about VMMC, as long as they are properly informed about the issues, and have appropriate sets of materials, badges, etc, to perform the task.

High intensity demand creation activities vs low intensity demand creation activities (when can these be done, how can we mix them etc)

Careful planning and coordination are absolute necessities if the VMMC campaigns are to succeed. This requires a rigourous process to start at least 6 months in advance of the time planned for role out of the VMMC services, especially if a high intensity campaign is going to be implemented. If, on the other hand, VMMC services are being provided as a normal service within a clinic (e.g. as exists in BLM clinics at the moment) then it is not as important to have intensive local campaigns to promote those services. In fact, quite the opposite. Demand for services will increase rapidly if there are high intensity campaigns, but it is critical that demand does not outstrip the capacity of services to respond to that demand. So where normal services exist, the accompanying demand side activities should be appropriately gentle and low intensity.

Recommendations from experience on other large scale VMMC campaigns

For VMMC Services

- The VMMC services need to conduct HTC and booking of clients at community level up to 1-2 weeks in advance, to reduce bottlenecks at the facility.
- Prepare plan to rapidly shift from one site to another based on demand.
- The VMMC service delivery sites need to cover the entire District so that there is no need to ferry clients from other parts of the district.
- Services need to allow adequate time of preparation- at least 6 months- to avoid last minute rush in ordering and receiving all medical supplies.
- Conduct training of all VMMC providers and CHVs at least one month before the campaign starts

For Demand Creation

Four key stages:

1. Preparation
2. Implementation
3. Monitoring
4. Evaluation

Suggested tips for planning demand creation campaigns:

- Plan for demand creation needs to start at least 4 months in advance of the planned launch date for intensive campaigns.

- Demand creation should be the responsibility of an experienced SBCC organization, working in very close and regular coordination with the primary MMC service delivery organizations. Multiple partners taking a lead role can cause confusion if no one is held accountable.
- All partners involved in Community Mobilization should participate in daily team debriefs and weekly management debriefs with DHMT.
- The community mobilization campaigns need to start at least two weeks in advance of the MMC services open for large volume MMC.
- The SBCC campaigns need to use multiple channels to reach all key stakeholders at four levels of society: the enabling environment; service delivery; community; and individual level. This will ensure that all key stakeholders are on board: leaders at district and community level; all key personnel in the MMC services, especially those in contact with clients; all adult men in the catchment areas to all the services; and especially the partners/wives of all those men. All these groups need to understand the process and implications of VMMC.

VMMC package of materials and activities for Malawi

Print materials

Three posters

There will be three posters produced to address VMMC for the three primary audiences: Older men, Young Men, and the long-term partners of Older Men. Each poster places emphasis on identifying the particular audience with the key message. [attach images of the draft materials?]

Six leaflets

There will be six leaflets produced, each for very specific audiences and each with a slightly different emphasis, though all the leaflets will carry the same branding, slogan, and key messages, to provide a consistent and strongly recognizable brand for VMMC across the nation. Those six leaflets will address:

- Older men
- The partners of older men
- Young men
- Religious leaders
- Community leaders
- Providers

VMMC Flip Chart

A new flipchart for use by VMMC health providers will be produced. The new flipchart is a revised version of the flipchart developed and used by BLM. It has been approved

by the VMMC Technical Working Group and carries the branding and slogan for the national VMMC campaign.

Tasankha Discussion Guide

The Tasankha Message Guide is a very highly participatory, user-friendly guide for community mobilizers and small group facilitators, that covers the main issues relevant to HIV prevention. There are xxx topics each of which is packaged as a single module containing group warm-ups, exercises, basic VMMC content and suggested *small doable actions* that each participant can undertake after going through each session. The Guide was developed by and for BRIDGE II project, but is relevant for all audiences throughout Malawi.

Audio-video

VMMC Video

A 15 minute video documentary called xxx is available for all community mobilization activities. The video is accompanied by a discussion guide for use by facilitators, to enable them to have the group explore all the issues around VMMC in an in-depth, organized, and entertaining manner. The discussion guide also provides the same consistent messaging and calls to action as the Tasankha Guide.

HEU Video (can't remember title)

- Video spots (Sarah had seen them—need info from HEU)

Community activities

Low intensity

Small group discussions

Small group discussions serve a number of useful functions:

- They provide a more intimate and organized opportunity to explore the many complex issues around VMMC
- They are small enough that all participants have a chance to contribute to the discussion without feeling intimidated or nervous

Open days

Open Days provide the opportunity for large numbers of people to see and hear about VMMC. There can be a number of different activities within an Opern Day event in a community:

- Local dramas, illustrating the social, personal, and medical issues around VMMC
- Booths set up by VMMC service providers, in which they can explain in detail what it is about, the cautions and benefits of VMMC, where and when to get the services, etc
- Distribution of leaflets and printed information for take-home

- Showing the video documentaries that follow a couple who discuss and then decide to go ahead with VMMC. The video also has interviews with the couple 2 months after the video is complete
- Leaders talking to their community about the advantages of VMMC not just for the individuals involved but for the community at large (reduction of HIV in the community, thereby reducing further potential risk of HIV)

Forum discussions

Drama

Traditional Leaders Forum Meetings

Forum discussions are opportunities to bring together smaller groups of people with similar interests. A Traditional Leaders' Forum for example, provides a great chance to address local leaders on the issue of VMMC. Because it is a closed forum, it allows for in-depth discussion about all of the medical social and community implications of VMMC. It also provides the leaders with the information they need to talk to their community members about the issues and potential benefits of VMMC. Having leaders' provide well-informed advocacy to the community can really help accelerate the acceptance of VMMC by the community at large.

Meetings with Religious Leaders

Like the Traditional Leaders' Forums, meetings with Religious leaders can serve the same purpose, but with a focus on what the religious leaders can tell their congregations. They also have the opportunity to create smaller discussion and support groups within their religious community, to specifically discuss issue like VMMC for both older men and their partners, and for young men, who tend to be much more enthusiastic about going for VMMC.

High Intensity

High intensity mobilization is designed to reach larger numbers of people in the catchment area of the VMMC clinics, in a shorter time, with a greater number of interventions and activities all focused on the same messages around VMMC. Research shows that the more activities that a person is exposed to addressing the same issue, the more likely they are to accept and support the action being discussed (in this case VMMC). But high intensity campaigns need to be very well coordinated, with all the local partners and stakeholders fully engaged well in advance and properly informed about what is expected of every partner during thewse high intensity campaigns, which typically will last about 2 – 3 weeks, but can be repeated at intervals if the VMMC service providers feel there is still the demand.

Road Shows

Road shows are typically carried out by professional groups whose experience and resources are best suited to reaching large groups of people in a cost-effective and entertaining manner. There is, however, a lot of preparation that needs to go into ensuring the Road Show team knows all the issues and can address any q uestions from

the audiences. It is probably best for the District Steering Committee to engage Road Show groups through any donor funded project that has experience using them. They can then handle all the issues of funding, report writing, developing the Road Show approach, etc.

Health Education Band

The Health Education Band is, of course, well known, and provides a similar but smaller scale role as the Road Show groups. They already have experience doing mobilization for VMMC, and should be sought out through contact with the HEU in Lilongwe.

Use of Community Radio (where possible)

If the district has a good community radio station, they should engage that station as much as possible. Local stations have local intetrestes at heart, and they can provide an invaluable service in promoting VMMC, and in provoking public debate abd discussion about VMMC. They may need assistance from the District team in a number of areas: being trained about all the relevant issues and details of VMMC; knowing who to talk to to collect interviews or to create panel discussions with local experts, being kept up-to-date on where and when thre VMMC clinics will be open, etc. They are also an excellent forum through which the DHO can feed back data on VMMC back to the local population. This is an important issue, of helping community members know how well the program is going. That information serves as an incentive for further discussion and perhaps direct action of getting circumcised.

Step 5: Monitoring, Mentoring and Supervision

It is critical that there be a fully developed action plan that identifies the process of how monitoring, mentoring and supervision take place; the timing; and the means by which the results of those actions are recorded and followed up on. The VMMC Steering Committee in each District should be the group that puts together that plan of action, or at least oversees its development. There could be a sub committee which develops the plan itself.

JHPIEGO developed such a plan for the Mulanje campaign. Perhaps that could be the basis for the plan. One key element of that plan is the need for regular weekly if not daily meetings between the Community Mobilization teams and the Service delivery groups, before the start of, and during the first few weeks of the intensive VMMC campaigns. The demand and supply side groups need to work closely during those times, because the location and duration of mobile clinics can change very quickly depending on consumer needs. So the two groups need to coordinate their activities closely.

Step 6: Review and Re-planning

Annex 1: Key Audiences and messages

Table of audiences, key issues and materials (to go ith the S-E model)

Domain/Audience	Issues	Channels
Enabling Environment		
Community, Religious and Traditional Leaders Government Senior Staff, Directors, Policymakers	Age Partial protection Condom use Partner involvement Post-op obligations: 2/7/6 Medical vs Traditional Collective reduction of community Support for Testing	Advocacy kits, FAQs, Talking Tips, fact sheets
Media	Partial protection Condom use Partner involvement Post-op obligations: 2/7/6 Medical vs Traditional	Background docs, article abstracts, FAQs, contacts at national and district level
Service Delivery		
Health Providers, Managers, Counsellors, and HSAs	HIV Couple Testing Partial protection Condom use Partner involvement Post-op obligations: 2/7/6 Medical vs Traditional	Chichewa flipchart and counseling tools, Key issue job aids, client leaflets, condoms, videos
Community		
Local leaders, women's groups, men's groups, youth groups Local Facilitators	Partial protection Condom use Partner involvement Post-op obligations: 2/7/6 Medical vs Traditional	Advocacy kits, FAQs, Talking Tips, fact sheets VMMC Discussion Guides, condoms
Individuals		
All adult men Their partners Young Men	Partial protection Condom use Partner involvement Post-op obligations: 2/7/6 Medical vs Traditional	Posters, leaflets, FAQs, Flyers giving location and dates

Annex 2: Task list for Implementation of District level VMMC community mobilization

District level Advocacy

1. Conduct District stakeholders meetings
1. Advocacy meetings with Tea estate owners
2. Conduct DACC briefing session
3. Conduct ADC briefing sessions in each T/A
4. Conduct VDC briefing sessions in each T/A
5. Conduct sensitization meetings with local CBOs/support groups
6. Conduct VHC briefing sessions in each T/A for monitoring
7. Write letters, advocacy kits for all leaders
8. Advocacy meetings with Community Leaders

Preparation

1. Identify all SBCC potential partners
1. Identify roles of each partner
2. Identify existing Commob activities in district
3. List of all the T/As from their district
4. List of all the VMMC Health Centers
5. List possible outreach sites
6. List of activities that other district level partners can facilitate
7. List of strategic places for commob for VMMC
8. List of proposed community mobilization activities
9. Develop an action plan: time frame, group/person responsible, inputs, outputs
10. Map resources: economic, facilities/equipment, HR, transport, etc
11. Identify and train local facilitators for VMMC mobilization
12. Contract any necessary groups—drama, road shows, tent rentals, etc

BCC Materials

1. Gather all BCC materials from HEU
2. Distribute all materials to each of appropriate groups
3. Develop a community education video
4. Agree on the channel mix for community mobilization

Training at District level

Train IPC on VMMC for existing HTC trainers

1. Train counselors and VMMC HPs on job aids, client materials
5. Conduct drama briefing session on MC key messages
2. Train community facilitators with VMMC guides
3. Train media around VMMC issues
4. Identify and train VMMC champions

Community Mobilization

Steering Committee finalizes and launches VMMC Commob plan

Focus all activities in VMMC service catchment areas

Ensure participation in mobilization by HSAs and local health clinic staff

5. Meet weekly to track progress and make alterations to plan where needed
6. Collect clinic data every week or few weeks and feed back to community leaders
6. Make sure DHO and communities all have easy to use data on # of VMMCs
7. Assist local journalists to gather personal stories about people's experiences

Management and M&E

1. Regular meetings SBCC and VMMC SP partners (timing as needed)*

2. Design M&E plan and indicators for SP and SBCC
3. Orientation on M&E plan

Annex 3: Leafets, Posters, etc

Do we need to put in copies of all the materials so they know what they should be looking for?

Comment [jB1]: Would say yes