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Voluntary Medical Male Circumcision Moving Communication Forward



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Moderator:

Kim Seifert-Ahanda, USAID/OHA

Presenters:

- Daniel Makawa, MOH Zambia
- Glory Mkandawire, Bridge II, JHU/CCP Malawi
- Amos Zikusooka , JHU/CCP Uganda
- Pamela Chama, SFH Zambia, PSI Zambia
- Steve Kretschmer and David Pring, IPSOS
- Celeste Sandoval, UNAIDS
- Sema Sgaier, BMGF



Objectives

This *how to* webinar will help participants succeed in VMVC demand creation.

Colleagues from Uganda, Zambia and Malawi will share their experiences and offer practical advice on two communication approaches:

- Community engagement discussion will feature:
- Zambia's experience with traditional leaders
- Malawi's community platform with a focus on couple communication

The consumer- oriented marketing discussion will feature:

- Uganda's *Stylish Man* campaign, positioning VMVC in a new way
- Zambia's Men Who Care campaign
- Research to understand your market, presented by Ipsos Marketing



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Welcome and Introduction

Kim Seifert-Ahanda

USAID/OHA
(Moderator)



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Male Circumcision in Zambia working with traditional leaders



Daniel Makawa

Ministry of Health
Zambia



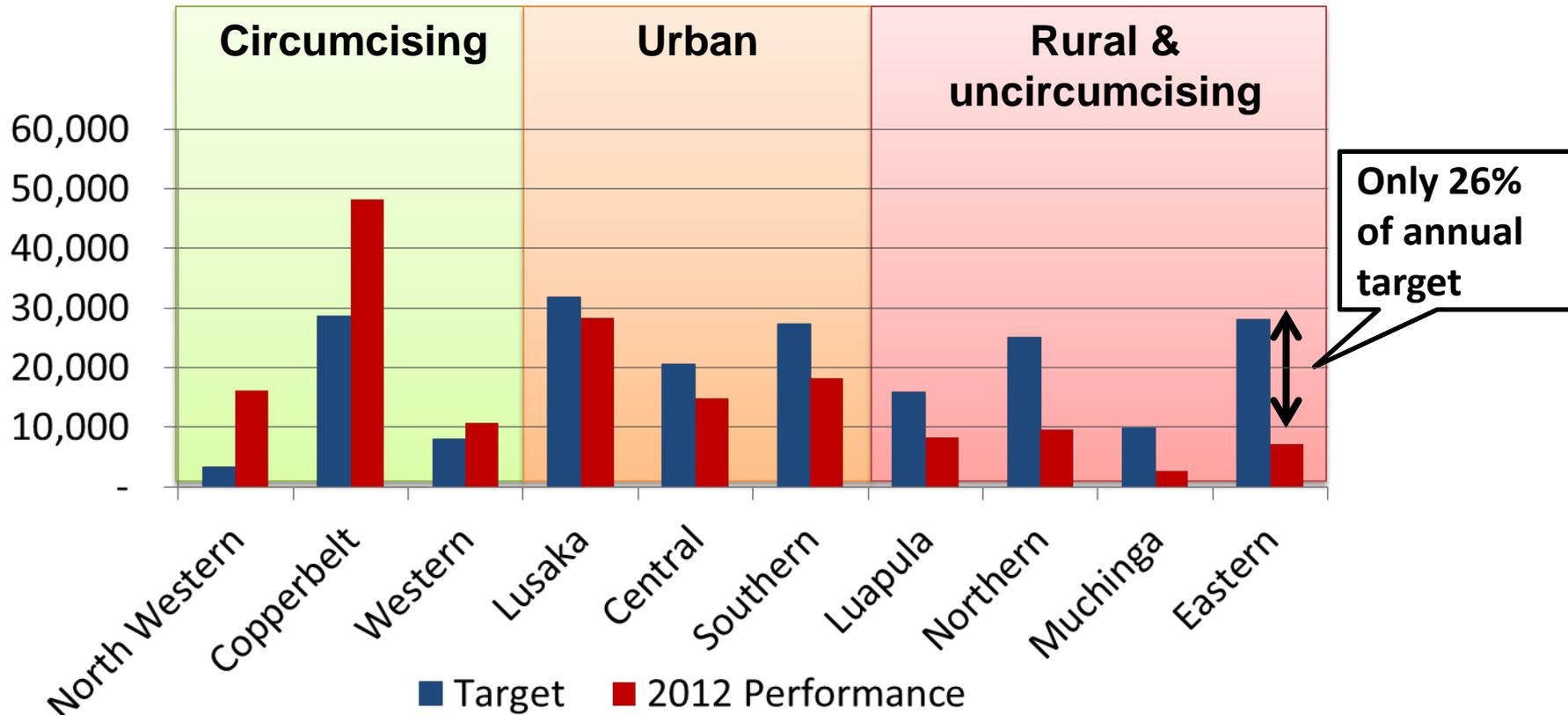
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Working effectively with traditional leaders is generating results in even the most challenging communities

- Cultural attitudes toward male circumcision (MC) vary greatly by region in Zambia, even among uncircumcising tribes.
- In uncircumcising tribes where tribal rivalries have created a negative perception of MC, demand creation is a challenge.
- In these provinces, scaling up voluntary medical male circumcision (VMMC) is not possible unless the messages come through traditional leaders.
- This presentation provides examples of approaches that are working in Zambia.
- **It has not been an easy process, but our hard work is paying off and we are finally starting to see results!**

Zambia reached 88% of its annual target in 2012, but achievements varied greatly by province

Total VMMCs vs. target by province

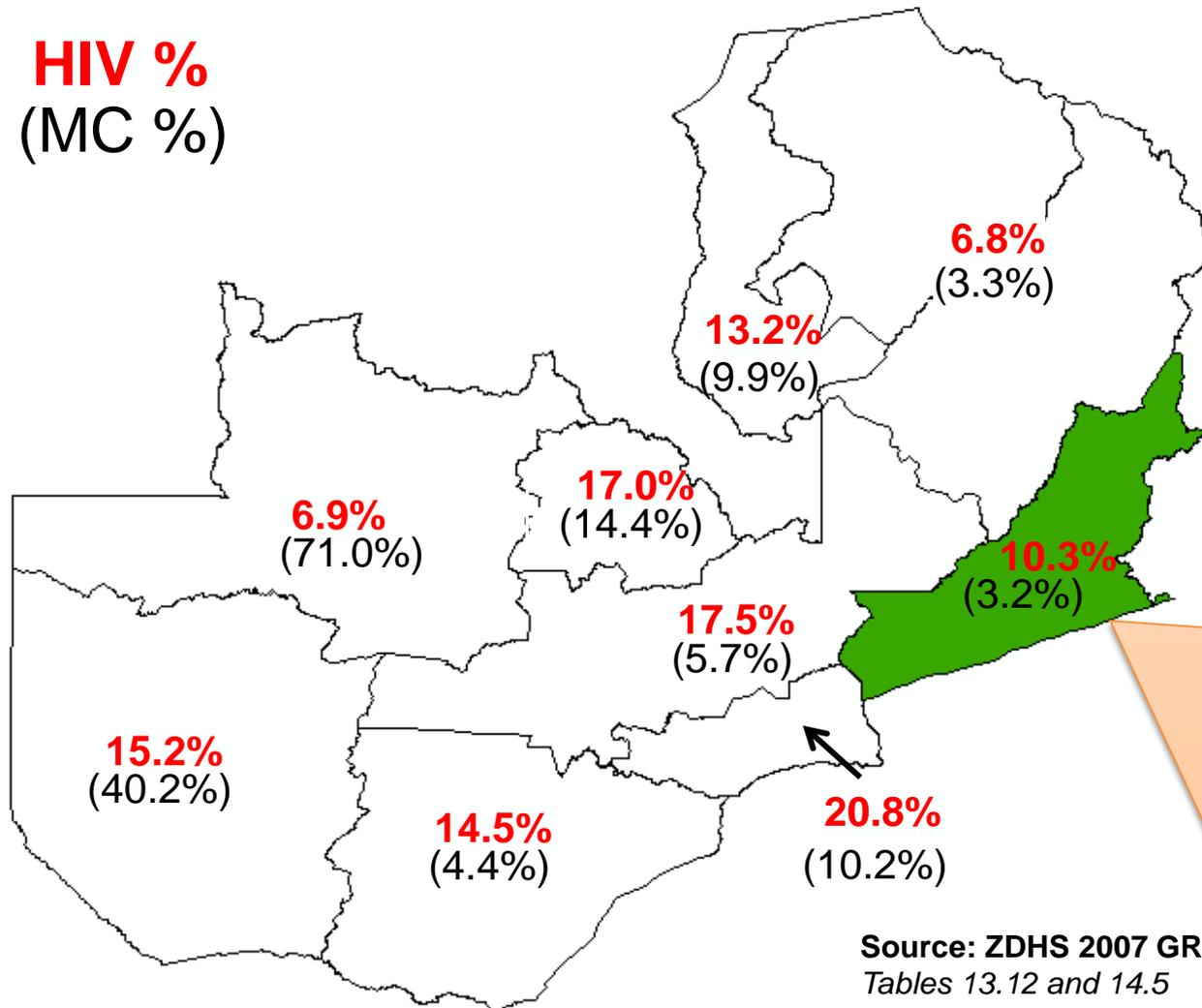


Low performance has been concentrated in rural, uncircumcising provinces where cultural barriers and misconceptions are strongest.

Case Study – Eastern Province

Negative cultural perception of MC led to high investment and low return

HIV %
(MC %)



Source: ZDHS 2007 GRZ
Tables 13.12 and 14.5

Eastern Province

Due to low MC prevalence, the target for Eastern Province is **280,791 over 4 years.**

This is an average of **5,800 MCs per month.**

In January 2012, the program was conducting an average of **only 200 MCs per month** due to cultural barriers.

This low productivity also led to **high MC unit costs** in the province.

Key lessons from work with traditional leaders in Eastern Province

- **Lesson 1: Work at the community level**

- **Communicate in the local language:** If you don't speak the language, you will be viewed as an outsider who is not in a position to comment on the cultural appropriateness of MC. Radio communication and community sensitizations must be delivered in the local language.
- **Focus on mid-media and IPC:** The appearance of one chief on TV as a national advocate generated very negative reactions from other tribes, especially in nearby communities. Advocacy by traditional leaders is most effective when restricted to their territory.
- **One tribe at a time:** Combining two tribes for a sensitization during Safe Motherhood Week led to arguments, and the workshop was not effective. Each chiefdom should be addressed separately according to their protocols.
- **Link headmen to facility managers:** If headmen and facility "in-charges" work together, both demand- and supply-side barriers can be easily tackled.

Continued...

Key lessons from traditional leaders (cont'd)

- **Lesson 2: Empower traditional leaders to take the lead**
 - **Work through *indunas*:** Messages delivered through community members carry more weight. Instead of using MOH staff, we sensitize *indunas* (advisers to chiefs), who act as facilitators during the sensitization of chiefs. This ensures that appropriate protocols are followed and that the process is viewed as being led by the community.
 - **Involve local leaders in target setting:** When asked, local chiefs are willing to set and allocate campaign targets to their headmen.
 - **Ask local leaders to appoint mobilizers:** Through a pilot run by PSI, we found that mobilizers appointed by headmen are more effective than satisfied clients!

Here are a few case studies to illustrate how we have put these principles into action

Example 1 – Petauke district

Local chiefs reinforce local language radio programs

Standard approach

- Ads developed centrally in English and translated to local language
- Local language call-in shows with expert medical staff

New approach

- Chief Nyamphande was asked to record an ad in the local language
- Ad played before and after local language call-in shows

Impact

- In April, 473 circumcisions were conducted (compared to 176 in March)
- April is peak harvest season in this district
- to 176 in March

- By identifying an educated chief in a highly populated area where radio is accessible, we generated significant demand.
 - Using the recognizable voices of local leaders will grab the attention of listeners.
 - This is then followed up with a more interactive call-in show to directly address local concerns.

Example 2 – Nyimba district

Local chiefs involved in deciding how to set and achieve

Standard approach

- The MOH sets district targets centrally and allocates to facilities based on outreach plans

New approach

- Chief Ndake was consulted; he allocated target to his headmen
- Headmen then actively engaged in mobilization

Impact

- In 2 weeks, 234 clients were circumcised, compared to 62 in all of March
- This was despite a delay due to funding

- The previously unattainable target of 100/month was doubled in 2 weeks because we went to the chief and asked him how he thought the program should be implemented.
- We now have a strong mobilization team in Nyimba district that is built on traditional structures.

Example 3 – Chikando rural health center

Headmen appoint health promoters (HPs)

Standard approach	New approach	Impact
<ul style="list-style-type: none">▪ PSI Zambia recruited satisfied clients to act as HPs (mobilizers)▪ Volunteers tended to be young adults	<ul style="list-style-type: none">▪ Headmen were sensitized and those who were supportive were asked to identify community members whom PSI would support to act as HPs▪ Older men selected	<ul style="list-style-type: none">▪ In their first month, three HPs mobilized 92 men, who were circumcised over 5 days▪ Each HP receives \$80/month + \$10 talk-time

- Asking headmen to appoint HPs resulted in selection of older men, who are proving to be more effective.
- At one facility where MC had never been provided, three mobilizers were able to attract 92 men from local villages in their first few weeks.

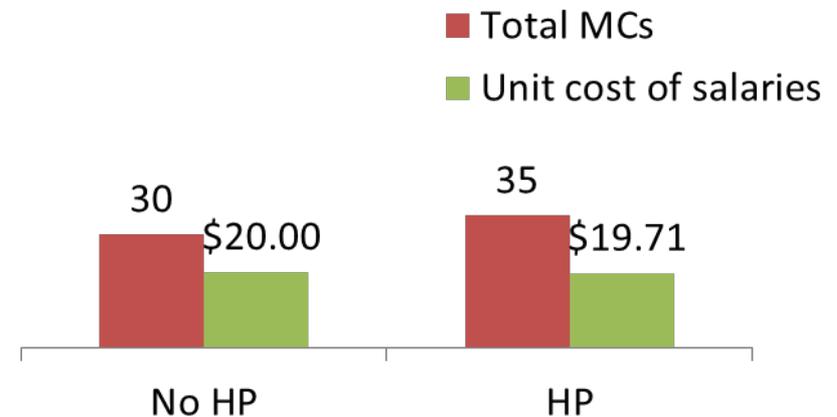
Example 3 (cont.) – Chikando rural health center

Investing in HPs is cost-effective, even for low volumes

Impact of HPs on salary costs per MC conducted

Illustrative example: Cost per MC of salaries and allowances for 2 providers for 3-day outreach, with and without HP*

Salary and allowances	No HP	HP
Provider salaries	\$360	\$360
Provider allowance	\$240	\$240
HP salary		\$90
Total cost	\$600	\$690

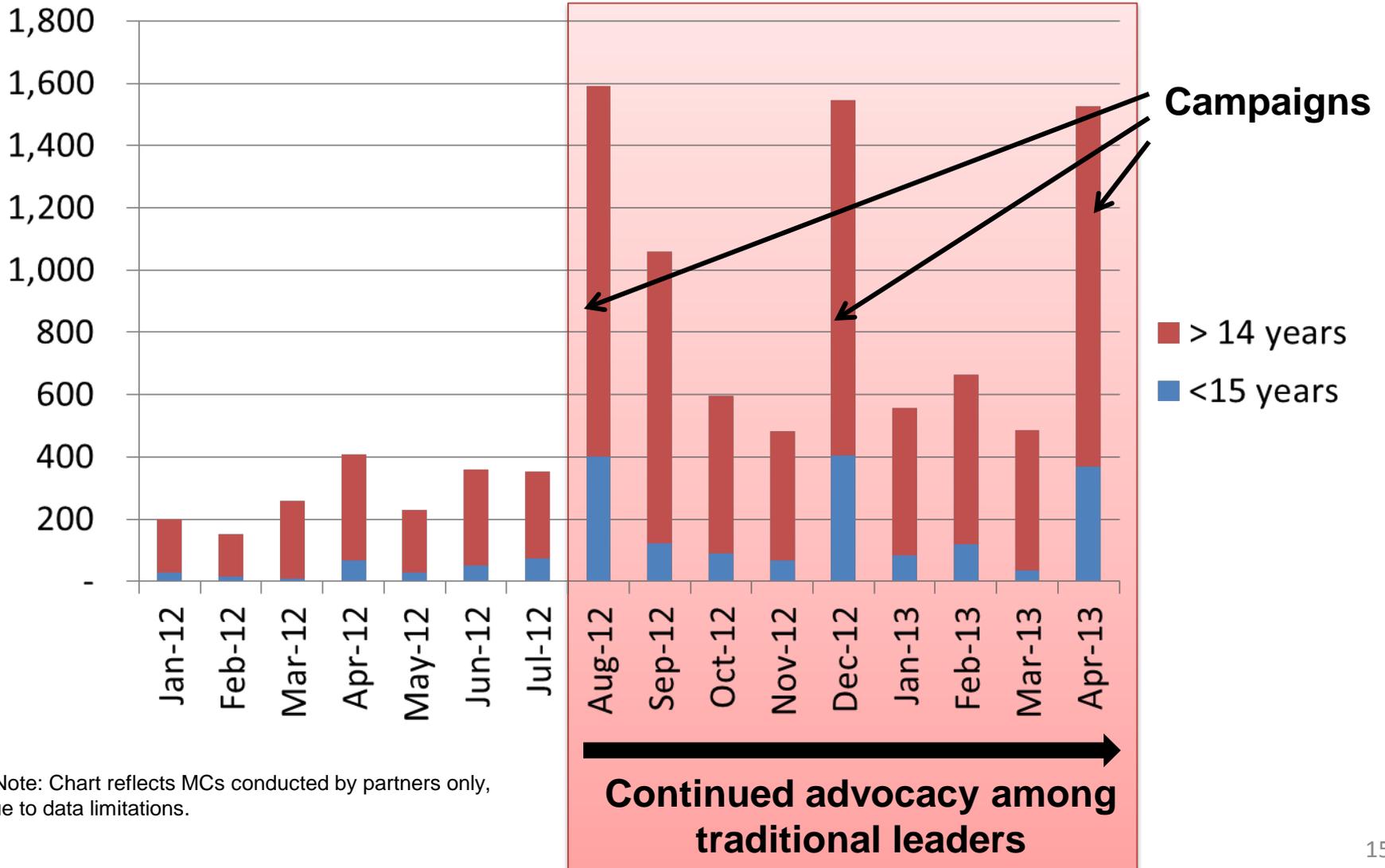


- The total monthly compensation for one HP (\$90) is less than 1 day's overnight allowance for a health care worker.
- If an HP can generate an additional 5 MCs in a month, for a facility where a 3-day outreach is conducted each month, the HP can actually reduce the cost of salaries and allowances per MC.

* Based on total cost for 3 days of \$600 without an HP (salary cost of \$60/day for 2 providers for 3 days=\$360 + 3 days allowance = \$240 for one of the providers who is assumed to have travelled from another facility) vs. \$690 if the HP is employed for the month. Cost of driver and travel excluded.

These initiatives are starting to translate into significant increases in uptake in Eastern Province

Monthly VMMCs conducted in Eastern Province*



Working with traditional leaders is challenging, but we have learned 2 key lessons that are informing our planning

Additional interventions we plan to pilot

Lesson 1: Work at the community level

- Setting up mobile clinics (tents) in communities where headmen request the service
- Providing better incentives for local HPs (e.g., bicycles)
- Integrating MC with other community outreach (e.g., cervical cancer screening)

Lesson 2: Empower traditional leaders to take the lead

- Involving local leaders in activity planning
- Scaling up use of *indunas* as sensitization agents

Zikomo! Thank you!



**Dr. Makawa and headmen from Northern Province
on radio call-in show**



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Women's Engagement— Couple Communication

Glory Mkandawire

Bridge II

JHU/CCP Malawi

Partners:
Save the Children
International HIV/AIDS Alliance
Pact Malawi
Local Partners



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Background

- BRIDGE II formative research and literature review findings showed:
 - Lack of couple communication as a factor that makes men and women go outside of marriage for sexual satisfaction
 - Family value was an important element of influence on individual behavior
 - Partner reduction viewed as a good strategy toward HIV prevention
- BRIDGE II developed the “*Tasankha*” (We choose/Choices) Mass Media Campaign to strengthen risk reduction, individual/couple efficacy and collective efficacy
 - First phase focused on strengthening risk reduction, individual/couple efficacy, and collective efficacy.
 - Building on first phase, second phase of the campaign focused on linking people to services such as VMMC, PMTCT & HTC.

Strategic Approaches

- Creating an enabling environment at national level through *Tasankha* (Choices) Campaign and *Chenicheni Nchiti?* (What is the reality?) radio program
- Mobilizing communities to address HIV/AIDS issues affecting their communities
- Building capacity of community structures to facilitate engagement
- Creating dialogue among couples and communities using transformative tools, community activities and national forum
- Linking communities to various HIV prevention services



PEPFAR Approach: Couple Communication

- Starting **local** (community):
 - Use local personal stories/diaries
- Making it **global** (radio) through:
 - Reality radio
 - National dialogue on couple communication
- Taking the **global back to local** (community discussions):
 - Build capacity of local structures
 - Use transformative tools
 - Use community-wide events
- All reflect same issues as radio ... while radio reflects community voices
- Localizes the discussion to community level
- Addresses the importance of couple communication in making decisions and choices around so many health issues



Approach: Women's Engagement

- Women's engagement is part of overall community engagement.
- Community entry process following the Community Action Cycle (CAC) to build partnerships with and capacity of community structures, and ensure engagement and ownership.
- Community Action Groups (CAGs)—members of community-based organizations (CBOs)—lead process of identifying key issues to be addressed.
- The whole community (men and women) then comes to an agreement and prioritizes three key issues.
- CAGs develop plans to address the priorities.



How to Stimulate Open Dialogue: Couple Communication

- In FBOs, couples trained as counselors lead discussions with a group of couples or individual couples using the counseling guide.
- Community facilitators lead small group discussions using transformative tools:
 - Easier for women to take part in discussions in a small group.
 - Real stories, games and role plays to stimulate discussion.
 - Provides an avenue for women and men to talk openly.
- Community wide events (interactive drama, open days, discussion forums):
 - Provides a forum for sharing testimonials from real couples.
 - Helps to openly address sensitive issues around infidelity.
 - Traditional leaders lead the process through speeches and by being an example.
- CBO networks support individual CBOs and Community Referral Agents through supervision and monitoring.



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Women's Engagement, Couple Communication and Linking to Services

- With women's support and couple communication, men find it easier to take advantage of voluntary medical male circumcision (VMMC) and other services.
 - Men find it easier to talk about VMMC with their partners.
 - Men find support post VMMC from their partners.
 - Women see the need to talk about VMMC because they also benefit—reduced risk of cervical cancer.
- Community Referral Agents engage individuals and couples, and link them to various services including VMMC, HIV testing and counseling (HTC), prevention of mother-to-child transmission of HIV (PMTCT).
- Women's engagement and couple communication help to increase protection for couples who choose not to go for VMMC through:
 - Joint decision-making, making positive choices
 - Increased HTC uptake and access of risk reduction measures
 - Increased protection among couples

Success Story

“Due to encouragement from my wife, I went for VMMC and now I can testify publicly to my people that it is very nice... and apart from minimizing the risk of HIV infection, it also add up to sexual satisfaction.”



Traditional Authority Kaduya, Phalombe.



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Success Stories

“I was afraid because people said the wound would not heal because it’s one way of family planning. However, due to encouragement from my wife, I decided to go for circumcision ... everything is alright now.” said Weston Maganga. And the wife said *“I decided to encourage my husband to minimize the risk of cervical cancer because I fear it a lot”* Enelesi Maganga.

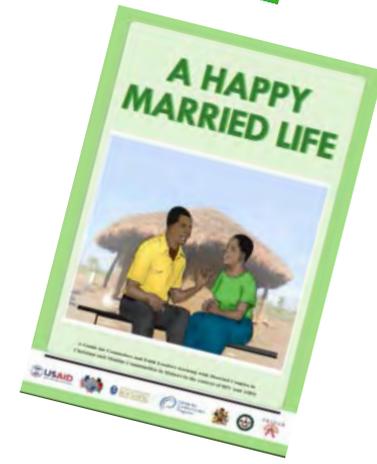
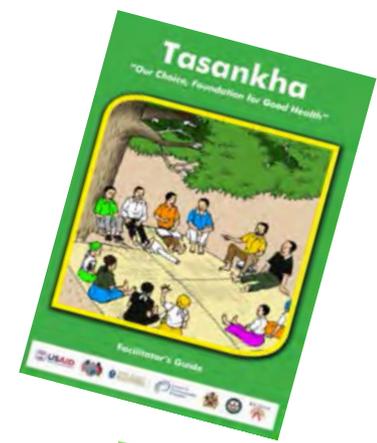
Weston & Enelesi Maganga, Phalombe

Fibby Mwangala used to attend BRIDGE II VMMC demand creation activities and always told her husband about the benefits of VMMC. Last week on 31st May 2013 Fibby’s husband, John, went for VMMC and had this to say: *“meanwhile together with my wife we are nursing our wound after check up and the support I am receiving from my wife is overwhelming.”*

Fibby and John Mwangala, Phalombe

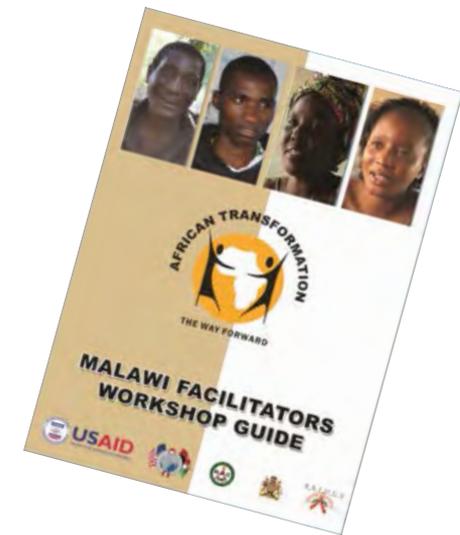
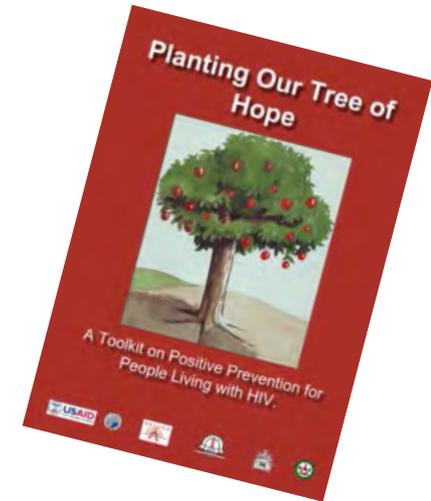
Transformative Tools

- **Tasankha Discussion Guide:**
 - A modular, interactive and participatory guide that promotes couple and community dialogue.
 - Covers 10 topics including couple communication, multiple concurrent partnerships (MCPs), PMTCT, HIV testing and VMMC.
 - Uses small discussion groups of men and women.
- **A Happy Married Life:**
 - A guide for counselors and faith leaders working with married couples in Christian and Muslim communities in the context of HIV and AIDS.
 - Covers topics such as couple communication, sex in marriage, sex outside marriage, conflict resolution and management.
 - Uses small discussion groups of couples.



Transformative Tools

- **Planting Our Tree of Hope: A Toolkit on Positive Prevention for People Living with HIV (PLHIV):**
 - Helps PLHIV develop interpersonal communication skills to address issues, such as discordance and protecting oneself and one's partner, and identify doable actions that will help them, their partners and families to live healthy and productive lives.
- **African Transformation:**
 - Enables communities to explore how gender norms and social roles shape the lives of men and women.
 - Adapted from Uganda, includes Malawian profiles on MCP, VMMC, social roles, gender-based violence and intergeneration sex.





Research: Couple Communication

- BRIDGE II endline research to evaluate effects of couple communication:
 - Include questions that ask specifically about communication with partner, topics discussed, frequency and how couple communication affected their relationship.
 - Explore relationship between the above communication variables to exposure to BRIDGE II including HIV preventive behaviors such as multiple partnerships, condom use, HIV testing and VMMC.
 - Conduct mediation analysis to understand the role that couple communication had on the relationship between BRIDGE II exposure and HIV prevention behaviors.



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Summary

- Women should be part of the larger community engagement process to ensure women's open communication with their partners.
- Using real stories, and interactive and participatory methodologies stimulate discussion and help couples identify ways of addressing difficult issues such as trust, fear of infidelity, etc.
- Women's engagement and couple communication help mutual decision-making and linkage to various services including VMMC and HTC.



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Thank You!



Acknowledgments

- PEPFAR for funding the project
- Implementing partners
- Collaborating partners
 - Ministry of Health
 - National AIDS Commission



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Q & A on Community Involvement

Participants and Presenters



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“Stylish Man” Campaign

Amos Zikusooka

JHU/CCP

Uganda



Rakai Health
Sciences Program
Improved Health Through Research



JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH



USAID
FROM THE AMERICAN PEOPLE



Maternal and Child Health
Integrated Program



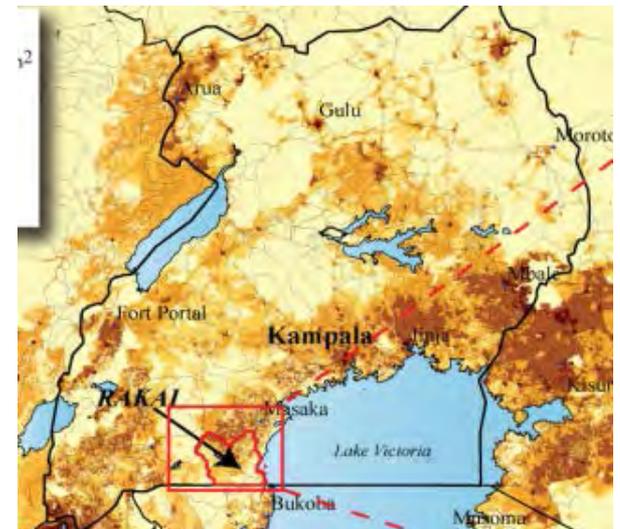
CDC
SAFER • HEALTHIER • PEOPLE™



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The Stylish Man Campaign

- A community mobilization, multimedia and demand generation campaign in Rakai district, SW Uganda
- Mass media: district-wide implementation
- Community mobilization nested within the 50-village longitudinal Rakai Community Cohort Study (RCCS)
- Funded by Bill & Melinda Gates Foundation
- Implemented by the Rakai Health
 - Sciences Program (RHSP) and
 - the Johns Hopkins Center for
 - Communication Programs (JHU-CCP)



Campaign Overview

- **Target Audience:** Men 25-45 years
- Spouses & successful business men/community leaders (as influencers)

Campaign goals/approach:

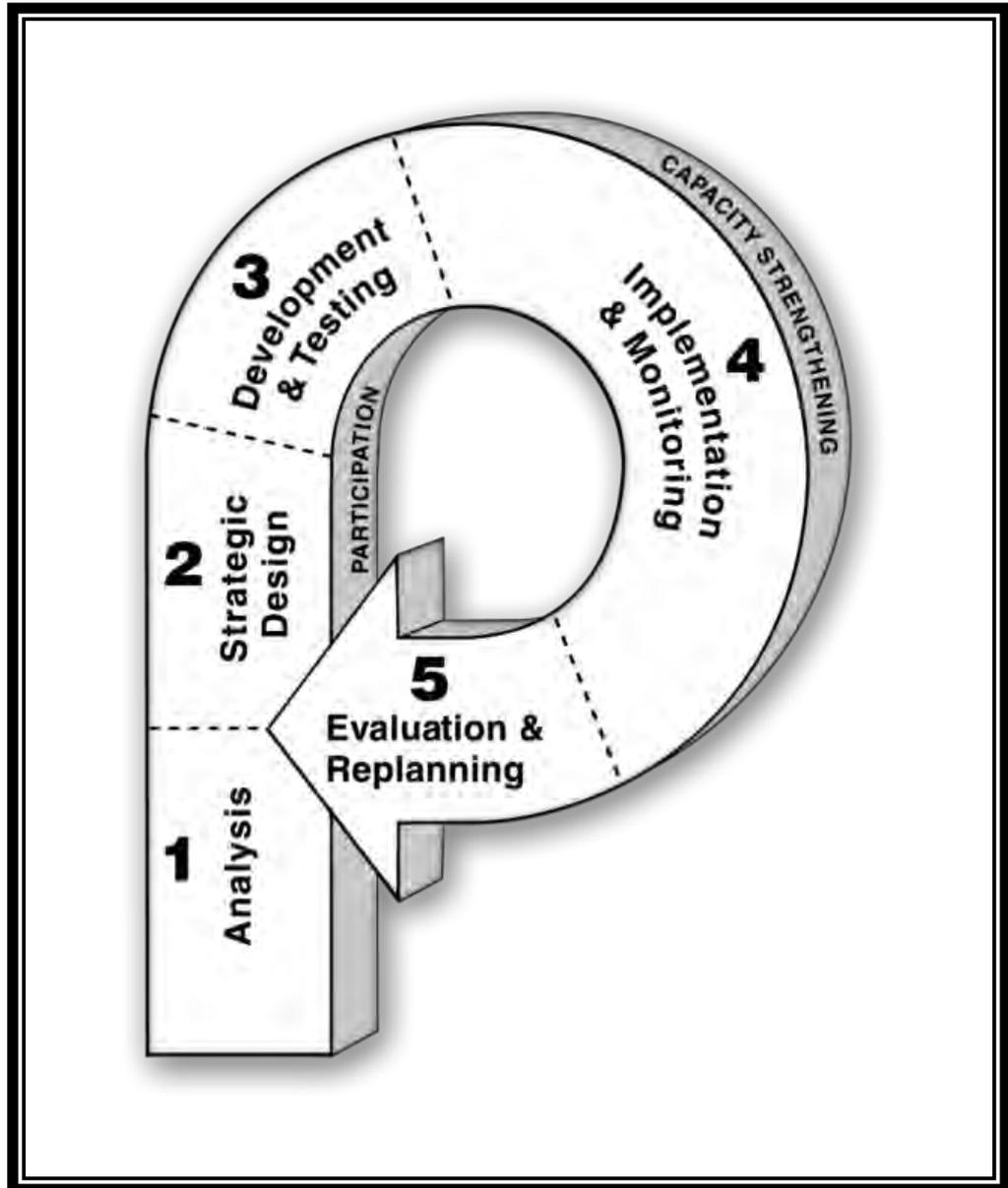
- Demedicalize SMC and HIV prevention, and reposition HIV services as stylish and desirable for the modern Ugandan man.
- Make learning fun and stylish.

Hypothesis: If men come to see SMC, HCT, PMTCT, condom use and ART as attributes of a stylish, modern Ugandan man, they will be more likely to adopt these services.



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Design Process



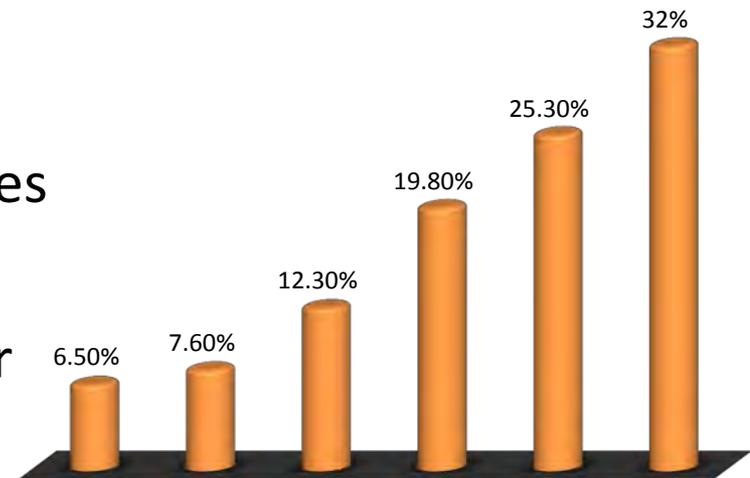
Research — RCCS 2011

- With 30,000 SMCs done by RHSP and intensive promotion of SMC in RCCS, there is near universal knowledge about SMC.
- However, only 32% of non-Muslim RCCS men had accepted SMC by 2012.
- Men coming for SMC:
 - Were disproportionately younger (≤ 19)
 - Had lower risk behavior profiles

RCCS community level:

HIV incidence = 1.1/100 per year

HIV prevalence = 12.2%





Research — “The Problem with Men”*

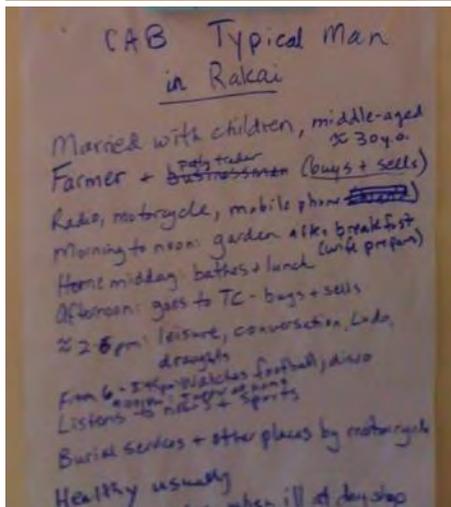
- Satisfied SMC clients do not discuss SMC
- Misconceptions:
 - SMC requires a 6-month healing period.
 - SMC causes persistent pain, decreased sexual satisfaction and infertility.
- Information/messaging via town hall meetings focused on health aspects.
- SMC has been framed as a medical issue to reduce HIV transmission.
- The medicalized approach is not resonating with men, and it deters some men from accepting SMC.

*funding: BMGF and NICHD RO1

Design Workshop

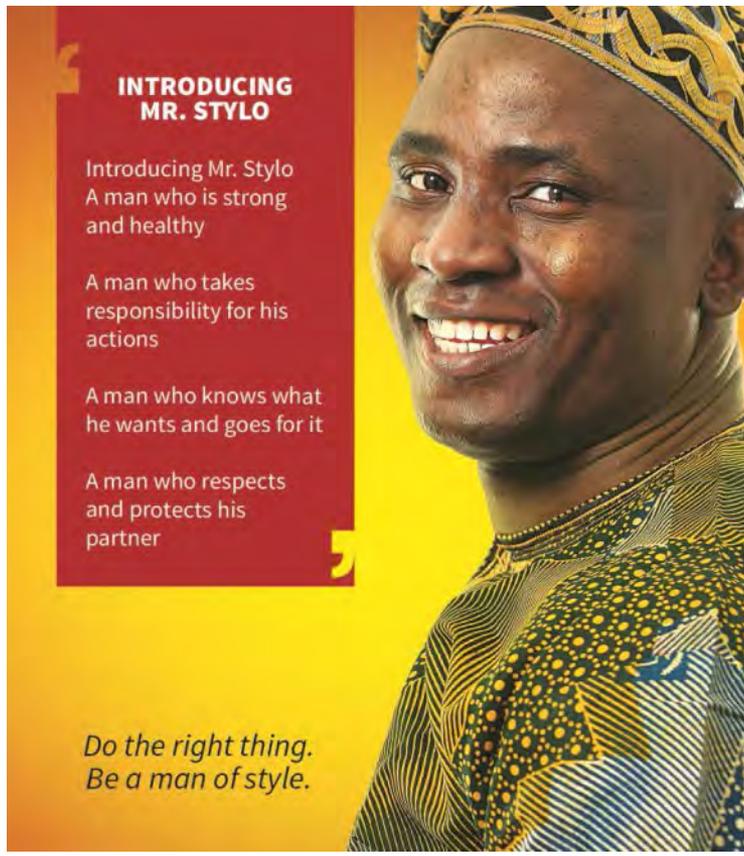


Design — Audience Profile



Ronald is a 30-year-old P.7 leaver. He is a farmer in a rural area in Rakai district. He has two wives and five children and also has extramarital partners. He spends much of his free time “drinking” and watching football. He wants to see that his children grow up with good morals and a fear of God. He believes in success and looks at the rich men in the community as his role models. He listens to soccer, politics and music on the radio, and he occasionally goes to the trading centre (town) to watch soccer at the video hall (Kibanda). He hates using condoms because he wants to have many children, and he enjoys sex more when it is “live.” He has never discussed HIV prevention with any of his wives/partners, has never had an HIV test and is not circumcised.

Creating Campaign Concepts



INTRODUCING MR. STYLO

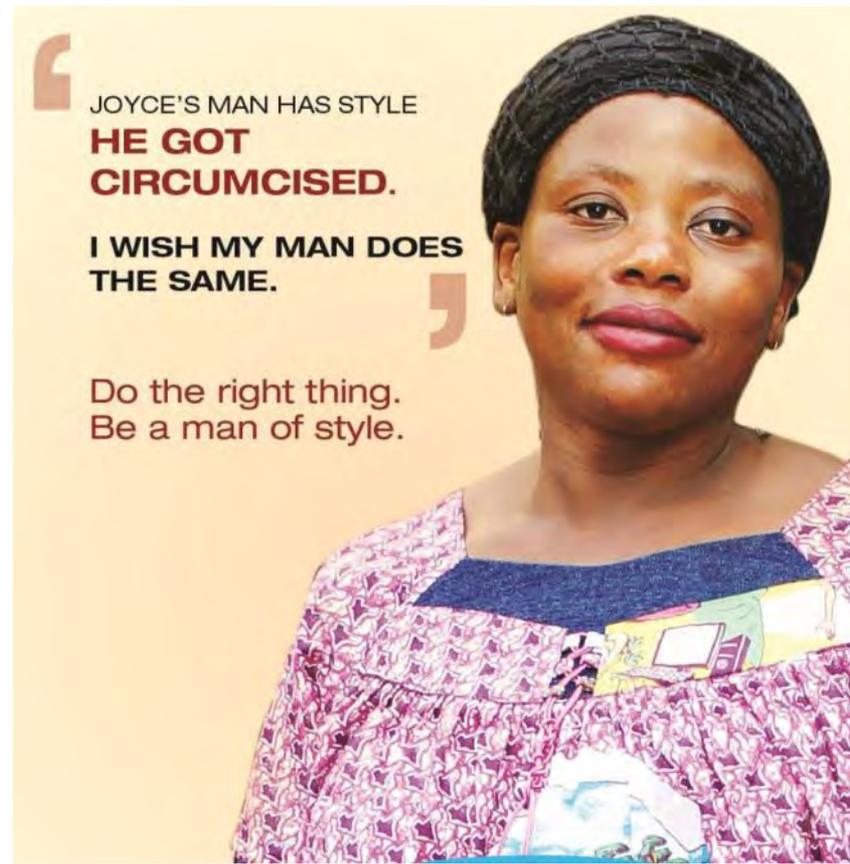
Introducing Mr. Stylo
A man who is strong and healthy

A man who takes responsibility for his actions

A man who knows what he wants and goes for it

A man who respects and protects his partner

*Do the right thing.
Be a man of style.*



JOYCE'S MAN HAS STYLE
HE GOT CIRCUMCISED.

I WISH MY MAN DOES THE SAME.

Do the right thing.
Be a man of style.

Some initial campaign concepts from which final executions will come

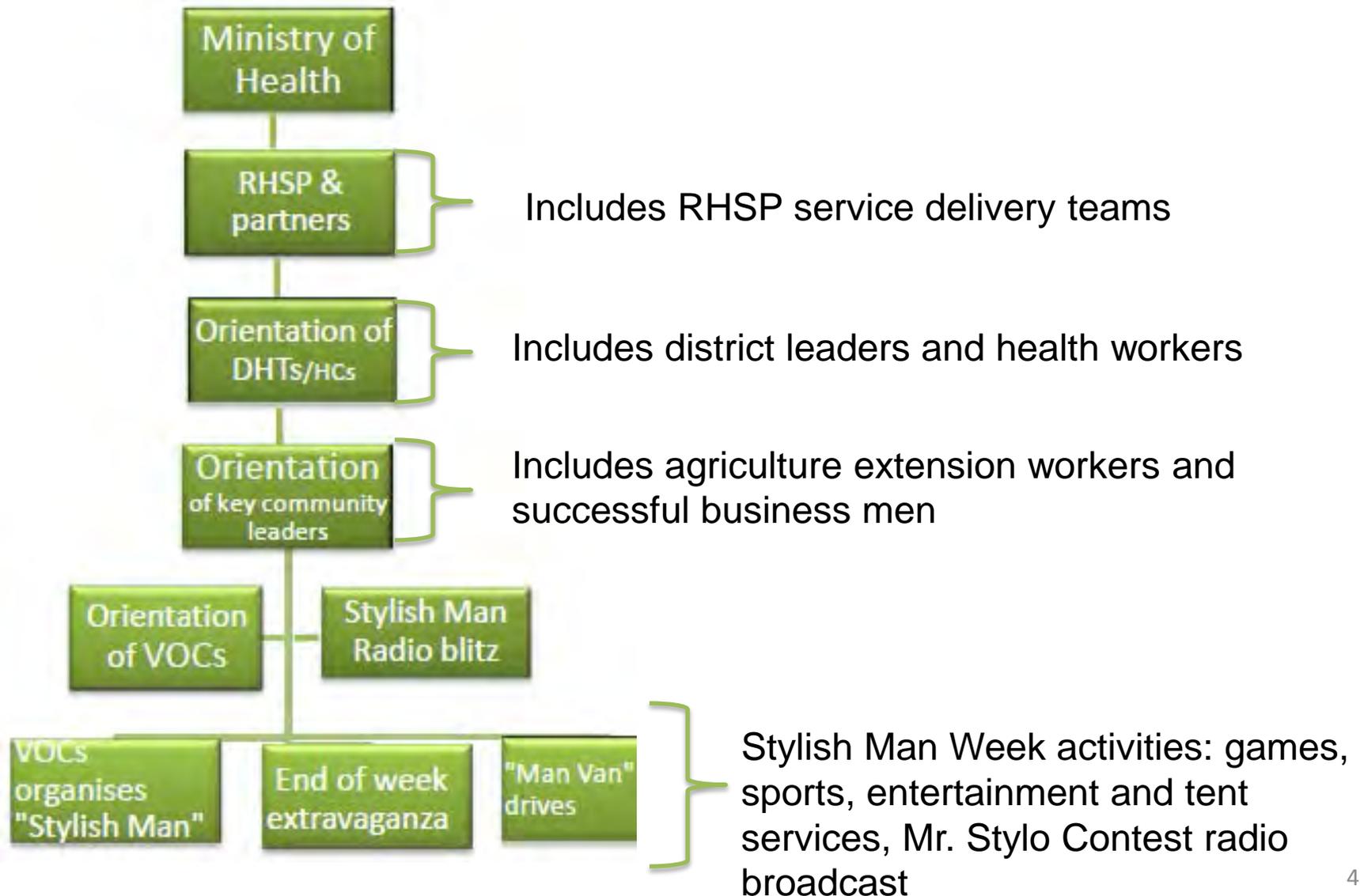
Implementation & Monitoring

Using entertainment-education:

- District-wide implementation through mass media
 - “Stylish Man” radio programs and popular DJ mentions
- Experiential activations using the “Man Van” in randomized clusters :
 - “Stylish Man” weeks and community extravaganza
- Community video clubs (Bibanda) show videos about “Stylish Man”



Implementation & Monitoring



Evaluation

- Mass media campaign component
 - District-wide implementation: evaluated in the 50 RCCS villages
 - Comparison of knowledge, attitudes and SMC service acceptance/coverage rates in RCCS survey rounds prior to the campaign and after campaign roll-out (pre- and post-design)
- Experiential “Man Van” component
 - 50 RCCS communities aggregated into 12 community clusters (geographically distanced to reduce contamination)
 - Community clusters randomly assigned to intervention and control
 - Comparison of knowledge and service coverage between arms



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Thank You!



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“A Man Who Cares?” Campaign



Pamela Chama

SFH Zambia

PSI Zambia



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Content



- Situation Analysis and Campaign Background
- The Campaign Strategy
- Communications Objectives
- Campaign Design and Personality
- Marketing Objectives (4 Ps)
- Summary

Situation Analysis

- HIV prevalence urban vs rural (19.7% vs 10.3%)
- Low coverage of male circumcision (MC) 13% (ZDHS 2007)
- 1.9 million men and boys by 2015
- Hygiene main reason men seeking MC services (SFH MIS data 2010)
- Zambian men and women linked genital hygiene to STIs including HIV (PSI FoQus, 2008, Lukobo and Bailey 2007)
- Women preferred circumcised men in Zambia (ZSBS 2010, TRaC 2007)



man who cares

The Campaign – DELTA

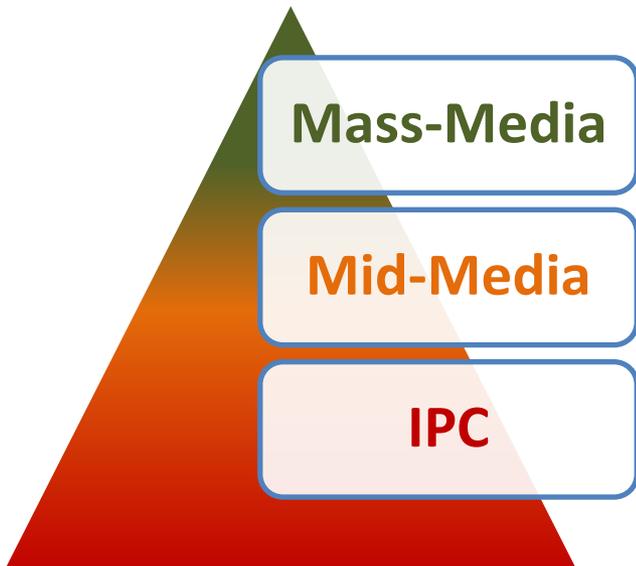
- **Objective of the campaign:**
 - ➔ Increase uptake of MC
 - Launch the national MC logo
 - Provide links to vital information
 - Introduce 990 toll-free Talkline
- **Target audience: Prototype male**
 1. Primary Target: Men, 18- to 29-year-old urban and peri-urban males
 2. Secondary Target: Teenagers
- **Functional benefit to be communicated:**
 - ➔ If the target “Danes” is circumcised, his penis will be easier to keep clean and he will be less likely to get some STIs, including HIV.
- **Emotional benefit to be communicated:**
 - ➔ For the target “Danes,” MC will give him the confidence to meet women who expect their spouse/partner to be circumcised.
- Campaign personality



Campaign Design and Personality

- Three components:
 - **Electronic Media: TV and radio**
 - **Print Media: Journalist advocacy**
 - **Graphic Design: Posters and promotional materials**
- Encourage potential clients to call 990 toll-free hotline
- Direct potential clients to service delivery sites to learn more about MC
- Pre-tested campaign tone using a mood board – Clean, Healthy and In Control

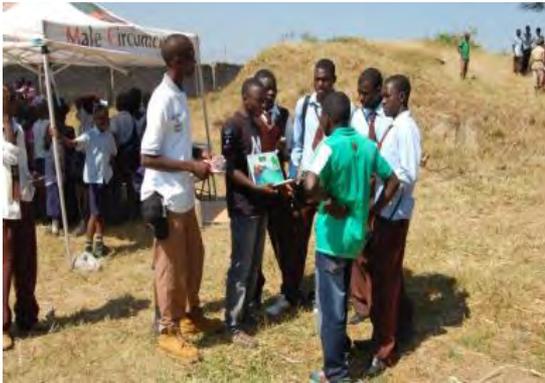
Marketing Objectives “4 Ps”



Mid-Media:

“The university hall, packed with students, comes alive with a thick air of laughs and greetings as the SFH IPC team, all clad in VMMC T-shirts, finalize the setting up of the Mobile Video Unit (MVU). Within minutes, the room becomes quiet as the film starts. . .”

Marketing Objectives “4 Ps”



Mass-Media

Mid-Media

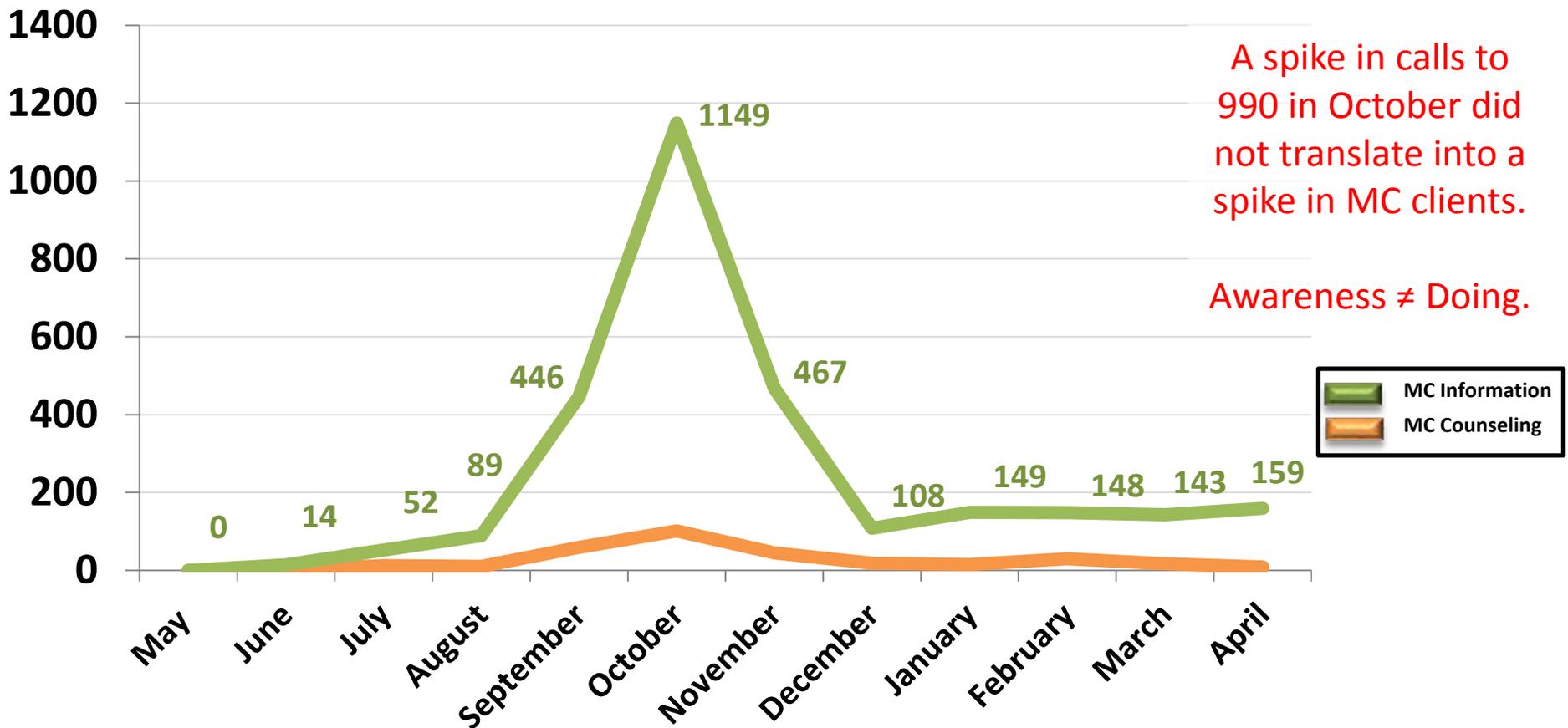
IPC

IPC:

“In the sweltering heat of October, Don Miyanda, an IPC Officer, sets the stage as he conducts a quiz around VMMC. Within a few minutes, Don draws attention to passersby at the bus terminal. ‘Here! Here!’ shouts one man in the crowd. . . . ‘I know the answer. . . . MC reduces the risk of a negative man getting HIV. . . . Now give me the T-shirt,’ he says amid laughter.”



Calls to 990 During October Campaign





Summary



- Initiated a national conversation
- Set the MC tone in the country
- 4,163 MCs – 148,601 since the 2010 campaign
- Successfully launched national MC Logo
- Success linked MC to the 990 toll-free line
- Increased advocacy for MC

Male Circumcision

Male Circumcision can reduce the risk of HIV transmission in men.

For more information go to your local clinic or call the hot line: 990

Logos: USAID, PEPFAR, VMMC, and other partners.

Male Circumcision

are you a *Man who Cares?*

Male Circumcision can reduce the risk of HIV transmission in men.

For more information go to your local clinic or call the hot line: 990

Logos: USAID, PEPFAR, VMMC, and other partners.



Male Circumcision

What are the benefits of MC?
 MC provides partial protection for men against HIV and some other STIs. MC does not protect women and does not provide 100% protection for men, so circumcised men still need to use condoms during sex. MC makes it easier to keep the penis clean. MC also provides partial protection of:
 - Cancer of the penis
 - Cancer of the cervix in female partners
 - Urinary tract infections in infants

What are the risks of MC?
 MC is a surgical procedure and so there is some risk of complications, such as:
 - Pain
 - Bleeding
 - Infection
 - Reaction to anaesthetic (medicines used to reduce pain during the MC procedure)
 Most clients do not have any problems and getting it at a trained provider is a good way to reduce your risk of complications.

At what age should I go for MC?
 MC can be performed at most clinics in Zambia for the following ages:
 - 0-60 days old (infant)
 - 7-24 years old (children & adults)
 If you are under the age of 18 you will need parent or guardian permission.

How painful is MC?
 MC in Zambia is done with a local pain-relieving medicine called anaesthetic so that the client does not feel what is happening.

Male Circumcision

It is normal to feel a bit of pain after the MC procedure, but if normally you were after a few hours.

Do I need to take an HIV test before being circumcised?
 It is always a good idea to know your HIV status before you go for MC. You will have the opportunity to get a test at the clinic.

What activities can I do after MC?
 After MC a man must abstain from sexual activity including masturbation for at least 4 weeks to allow for complete healing. Smoking sex is recommended after the healing period. It is normal for men to take up to two weeks off from work, especially if the work is very physical.

Does MC affect sexual performance or pleasure?
 Sexual pleasure is individual and depends on many things. Research shows that men who are circumcised experience the same pleasure as other men.

Where can I get MC?
 It is important to find a provider who has been trained in MC and offers HIV testing and counseling in a safe, clean environment.

Is there an MC location near you, call the FREE health hot line 990 - from your mobile phone!

For more information, call 990

Logos: USAID, PEPFAR, VMMC, and other partners.



A 3D cube graphic with the 'MC' logo on the top and left faces, and the text 'Male Circumcision a Man who Cares' on the right face. The top face also features the slogan 'Man who Cares!'. Logos for VMMC and APRISM are visible on the top edges.



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Insight to Activation through Market Research

Steve Kretschmer and David Pring

IPSOS



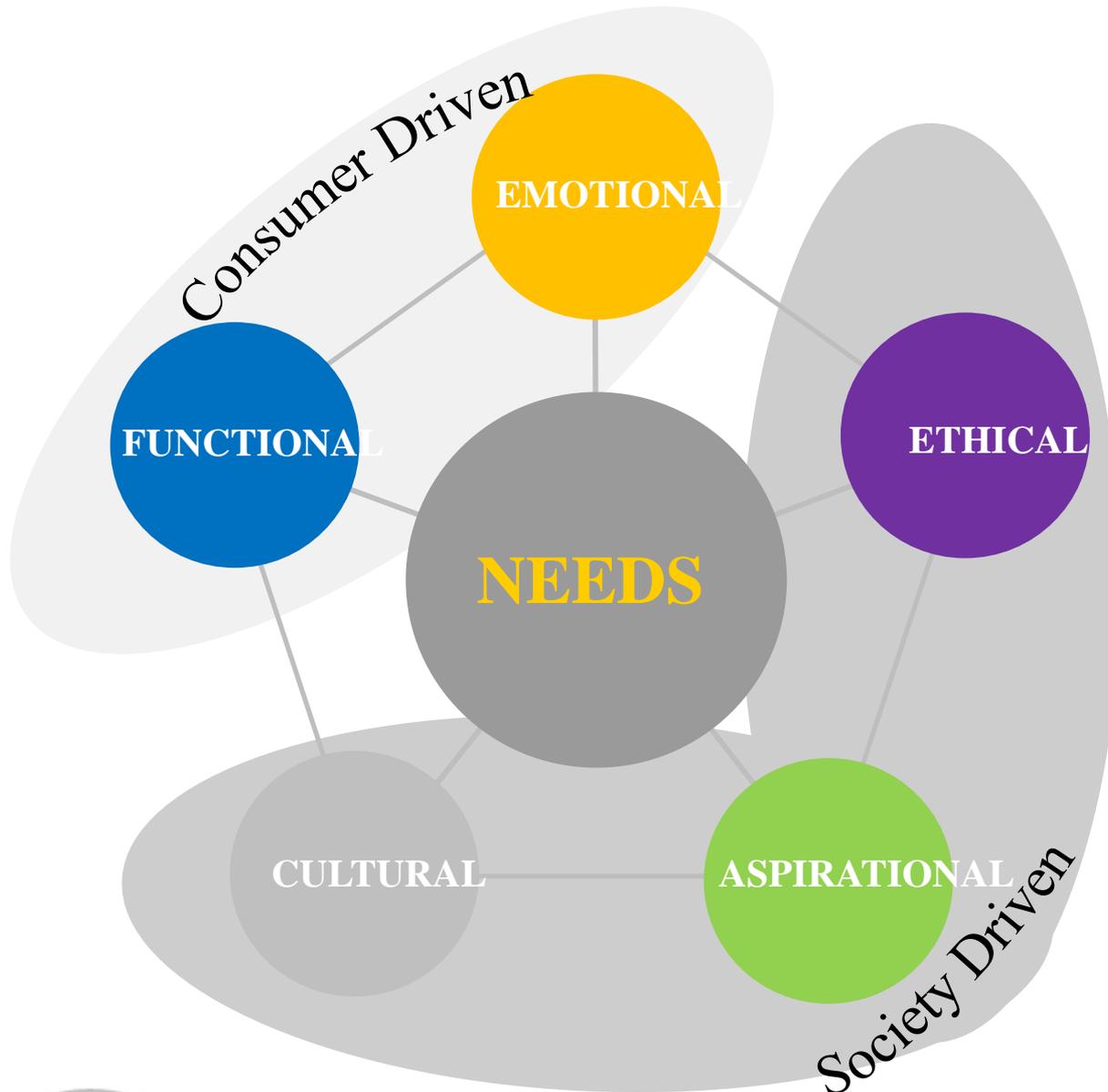
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GATES foundation

SUPPLY SIDE TO DEMAND SIDE

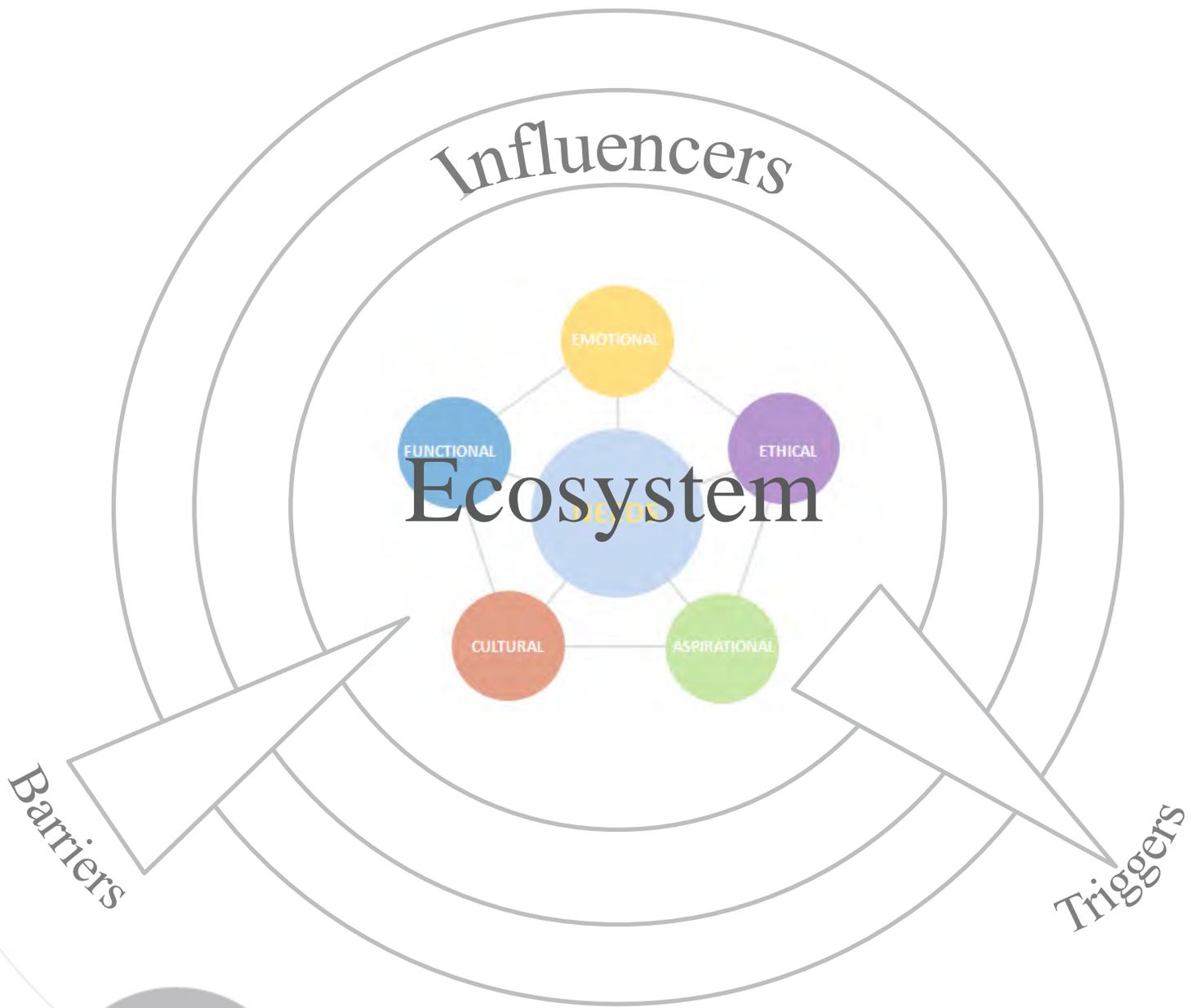
UNDERSTANDING THE CUSTOMER



UNDERSTANDING NEEDS



UNDERSTANDING NEEDS



UNDERSTANDING NEEDS



NEEDS

Current Knowledge

Stakeholders

Consumer Journey:

Decision process

Ecosystem – barriers/influencers/triggers

Ethnography

Segmentation (multivariate):

Attitudes

Needs

Behaviors

Socio-demographics

Targeting

THE “AHA”!

INSIGHT

THE REVELATION OF A **SIGNIFICANT GAP** BETWEEN WHAT CONSUMERS ASPIRE TO AND WHAT THEY PERCEIVE AS AVAILABLE

is
IMPORTANT

RELATES TO SOMETHING THE CONSUMER REALLY CARES ABOUT (OR ENJOYS)



is
personally
ENGAGING

THE CONSUMER SHOULD RELATE PERSONALLY TO THE SITUATION, NOT A GENERAL IDEA



RESONATES
with
daily life

A SITUATION THAT REALLY OCCURS IN DAILY LIFE (WITH A FREQUENCY THAT CREATES A REAL OPPORTUNITY)



BRINGING THE INSIGHT TO LIFE

ALIGNING THE OFFER TO THE NEEDS



ACTIVATE WHEN, WHERE, BY WHAT MEANS

COMMUNICATE HOW TO BEST CONVEY THE WINNER(S) TO THE CONSUMER

TEST/FORECAST DEFINE/SIZE THE MOST VIABLE/BIGGEST OPPORTUNITY "BUNDLE"

CONCEPTS BEST EXPRESSION OF "OFFER" THAT IS RELEVANT, BELIEVABLE AND DIFFERENTIATED

IDEA(S) CO-CREATE, MOST LIKELY TO SUCCEED AS CONCEPTS FROM INSIGHTS

INSIGHT(S) REVELATION OF A SIGNIFICANT "AHA" GAP



INSIGHT TO ACTIVATION THROUGH MARKET RESEARCH

■ Customer-Centric:

- Focuses on understanding the needs of men
- Identifies how to position VMMC/MC to meet those needs
- Can place VMMC/MC on their vector of aspiration

■ Consumer Journey:

- Assesses men's needs ...
- ... within their *ecosystem of influencers*
- Identifies key influencers, barriers and triggers to action

■ Segmentation:

- One size does not fit all!
- Provides for customized targeting of messaging and services to *different men with different needs*

■ A Systematic Approach

- **Understanding Needs** → **Insights** → **Solutions** → **Tracking**



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Q & A on Marketing Approaches

Participants and Presenters



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Announcements—Final Q & A

Update on Bill & Melinda Gates Foundation's Demand Generation Initiative for VMNC

Sema Sgaier

Bill & Melinda Gates Foundation



BILL & MELINDA GATES foundation

BMGF's Demand Generation Strategy

- **Strategy:** Collaborate closely with all stakeholders to catalyze and scale up innovative demand generation approaches
- **Initiatives:**
 1. Systematic analysis of demand generation literature (3iE)
http://www.3ieimpact.org/media/filer/2013/03/22/white_paper_vmmc.pdf
 2. Documentation of ongoing demand generation initiatives in the field (BBC WST)
 3. Funding for impact evaluations of innovative demand generation initiatives (3iE)
<http://www.3ieimpact.org/en/funding/thematic-window/thematic-window-3-voluntary-male-medical-circumcision/>
 4. Co-organize convening on demand generation in Zambia (Government of Zambia and PEPFAR)
 5. Fund market research and demand generation initiatives where and when needed (TBD)

Update & Next steps:

1. BBC WST documentation:

- Second round of country visits to fill in information gaps (June/July 2013)
- All materials to be posted on VMMC Demand Generation URL page by September 2013

2. 3iE Impact evaluation:

- Proposals received and are being reviewed
- Announcement to be made on July 30; grants signed by August 30

3. Zambia convening:

- Meeting report completed and distributed by June 30, 2013
- Short film on meeting by July 15, 2013



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Information related to the VMMC webinar series please contact:

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<https://www.surveymonkey.com/s/TTXGPGR>



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Close of Webinar



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