



SOUTH AFRICAN MEDICAL MALE CIRCUMCISION DEMAND GENERATION IMPLEMENTATION GUIDE

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ACRONYMS

ACSM	Advocacy, Communication and Social Mobilisation
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CEO	Chief Executive Officer
DMPPT	Decision-Makers' Program Planning Toolkit
DoH	Department of Health
HAST	HIV, AIDS, STIs and TB
HIV	Human Immunodeficiency Virus
HEAIDS	Higher Education and Training HIV/AIDS Programme
HR	Human Resources
HTS	HIV Testing Services
IEC	Information, Education and Communication
MMC	Medical Male Circumcision
NSP	National Strategic Plan for HIV, TB and STIs 2017 - 2022
PRO	Public Relations Officer
STI	Sexually Transmitted Infection
TB	Tuberculosis
TVET	Technical Vocational Education and Training

1 BACKGROUND

The country's strategic goal for HIV prevention is to reduce the number of new infections per year from 270 000 to 88 000 by 2020. Medical male circumcision (MMC) is a key element of this HIV prevention strategy and the aim is to circumcise 2.5 million men between 2017 - 2022.

Currently, our facilities are set up to provide a comprehensive MMC service package across the country, however, there is a need to increase the uptake of MMC at district and sub-district level. We can achieve this by increasing our demand generation efforts.

Although general information about MMC and its benefits have become public knowledge through previous demand generation campaigns, men who have not yet chosen to circumcise may need more comprehensive information, rather than information about benefits only, to overcome the various barriers they may face. Men tend not to access health services in general. MMC may be their first experience with health services.

At district and sub-district levels, you have an important role to play in strengthening the MMC programme by implementing well-thought out demand generation activities that will result in more men choosing to get circumcised.

1.1. WHAT IS DEMAND GENERATION?

Demand generation for medical male circumcision is the process by which uncircumcised and HIV-negative men:

Learn about MMC > Understand what the benefits are > Make the decision to get medically circumcised > ultimately become champions for MMC.

This guide is designed to assist you with how best to generate demand for MMC, meet your MMC targets and reduce new HIV infections in your community. This implementation guide has arisen out of a need for more direct guidance in running successful MMC campaigns within a resource-limited environment.

Please refer to the MMC demand generation strategy document should you require more in-depth information about demand generation.

2 HOW TO USE THE GUIDE

This implementation guide serves to provide you with practical information, ideas and step-wise processes on how to plan demand generation activities in your area/location. It is a practical guide, which accompanies the more comprehensive MMC demand generation strategy document.

- This guide is a useful resource when drawing up your micro plan and business plans to ensure you include budget line items for demand generation in your annual planning.
- Go through this guide in your planning sessions and choose the activities which are best suited to your objectives for your particular campaign.



Remember that demand generation is not just the responsibility of the demand generation team.

The entire MMC team is responsible for MMC recruitment and the circumcision programme. Where possible, everyone, including local men who have received the service, should be part of the brainstorm sessions to share valuable information which may contribute to the success of the MMC initiatives.

It is primarily written for managers, coordinators and implementers involved in MMC demand generation at provincial, district and sub-district levels.

3 DEMAND GENERATION CAMPAIGNS

3.1. OVERALL OBJECTIVES

The overall objectives of the demand generation initiatives are to:

1. Increase knowledge of the benefits of MMC amongst men and their social influencers.
2. Increase men’s intention to circumcise.
3. Reduce the time between a man deciding to get circumcised and actually going through with the procedure by addressing the barriers.
4. Increase the overall uptake of MMC.
5. Increase the proportion of men who know the importance of consistent and correct condom use and the adoption of safe sexual practices.



Bear in mind that each of your campaigns will be focused on specific objectives tailored to the community you are targeting.

3.2. WHO ARE WE TARGETING?

PRIMARY AUDIENCE

Across the country, we are focused on circumcising HIV-negative men between the ages of 15 - 34. This age group has historically been more difficult to reach. So, to convince these men to medically circumcise, you must carefully plan demand generation activities which influence the targeted individual and his influencers.

SECONDARY AUDIENCE

A man’s influencers include his peers, his family, his romantic partner, traditional or religious leaders, hostel leaders, celebrities and healthcare workers. The knowledge and attitudes of these groups of people towards MMC can affect whether or not a man decides to undergo MMC.

Therefore, it is important that MMC demand generation also speaks to these groups as they can persuade a man towards MMC.

3.3. HOW CAN WE REACH THOSE MEN THROUGH DEMAND GENERATION?

A demand generation campaign for MMC is a set of activities undertaken with the intent of encouraging uncircumcised men to get medically circumcised. This may include interpersonal communication, community events, and mass and social media.

Planning a demand generation campaign may seem difficult at first. Keep your end goal in mind - to medically circumcise a certain number of men within a specific time frame. This is your allocated target for the district or site. If your strategy is simple and realistic, you can implement it successfully and achieve this target.

Because men aged 15 - 34 have reasons why they have not yet circumcised, we, as a country, must change our overall approach to demand generation. This age group has different barriers and enablers which would lead them to getting medically circumcised. This is discussed in greater detail in this guide.

The MMC Demand Generation Strategy and this implementation guide follow the National Strategic Plan (NSP) and use a “focus for impact” approach. This means we need to use detailed understanding and insights about our communities to maximise the impact of our resources and efforts.

The “focus for impact” approach guides you to think about the men in your community, understand what drives them both towards and away from circumcision, how to address these concerns, and what the best ways to communicate in a resource-constrained environment are. You should align your campaigns to this thinking.

Figure 1 on Page 3 provides a breakdown of the “focus for impact” approach to demand generation that treats each man’s individual journey towards MMC separately and specifically.



If influencers are not appropriately engaged, they can discourage men from MMC.

3.4 THE “FOCUS FOR IMPACT” PLANNING PROCESS

1 THE FIRST STEP IN BUILDING A CAMPAIGN IS TO CHOOSE YOUR TARGET MARKET

- Understand the men you are targeting. (*Who are they?*)
- All men are not the same. They can be grouped into smaller groups that share common characteristics, such as those listed in the “Understand your target audience” box in Figure 1. (*What makes them different or the same?*)
 - MMC can be a harder sell than other health interventions, as this is a voluntary procedure which is a proactive and preventative measure towards their health, which men who often do not seek health services may not be used to.
 - However, these same men may also face other health challenges related to their sexual (e.g. STI) or reproductive (e.g. penile cancer) health.
 - Approaching men about their overall sexual health may give you more opportunities to introduce men to the health system and lead them to MMC.
- Learn as much as possible about each of these groups of men. (*Where are they? Who influences them? What do they like? What do they do in their spare time? What do they listen to?*)

THE VALUE OF KNOWING YOUR AUDIENCE

- Developing an in-depth knowledge of your community is important for all stages of your campaign.
- It helps you understand the people, the environment and what approach will work best for them.
- You will obtain all the information you need for your demand generation campaign by conducting formal and informal research in your communities. You will learn how to do this later in the document.

2 THE SECOND STEP IS TO TAILOR MESSAGES FOR EACH GROUP

- After you choose the group of men you are interested in targeting, identify their needs and the barriers to MMC. (*What is preventing them from taking up MMC? If you speak to similar men who have had MMC, what encouraged them do it?*)
- Think about the types of messages that will specifically meet their needs and address these barriers. (*What do they need to know about MMC to help manage their expectations?*)

3 THE THIRD STEP IS TO CHOOSE THE BEST WAY TO COMMUNICATE THE MESSAGES

- Choose the communication channels that reach your focused target market. (*What media do people in my area engage with most?*)
- Use a mix of communication channels to achieve results. (*How can I combine different media to keep the MMC messages at top of mind as possible?*)

The following sections explain each component of the planning process in more detail.

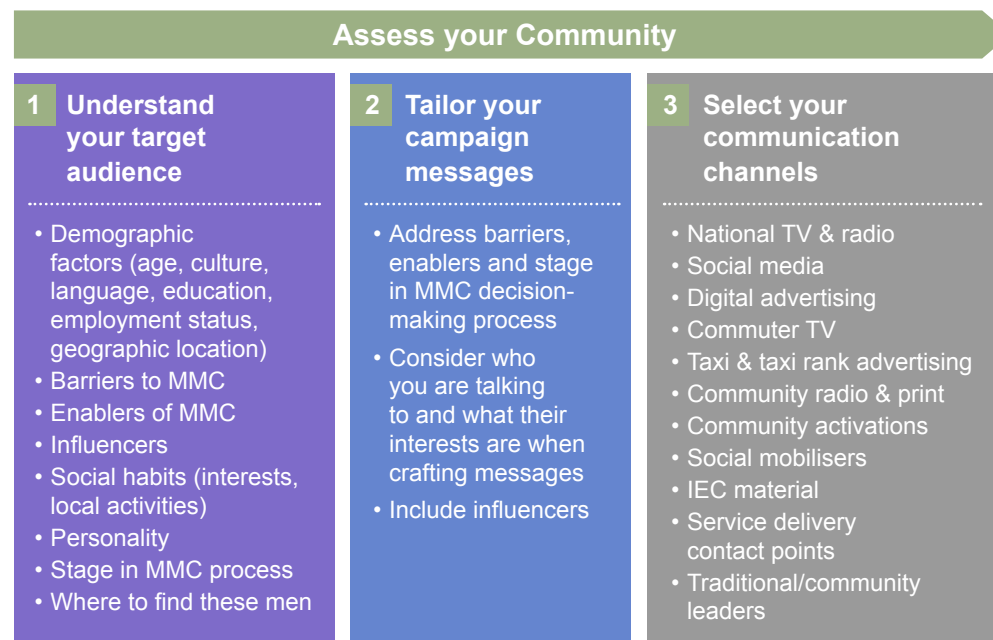


Figure 1: Focus for impact approach to demand generation

4 TARGET AUDIENCE

4.1. WHO ARE THE MEN?

It is vital to have insights into the men you are targeting for MMC. Knowing your target market and how to segment or split up the target market is extremely important to ensure a successful campaign.

The South African population is diverse. This means that **one size does not fit all** – one approach will not effectively engage all men. We need to understand how men can be grouped according to different demographic and individual factors, as well as what their knowledge, attitudes and beliefs about MMC are. This will allow us to craft specific campaigns that will appeal to each segment of the population.

When it comes to MMC it is important to consider the following factors:

INDIVIDUAL INTERNAL FACTORS

- **Individual characteristics:** Every man has his preferences and opinions; these must be taken into consideration when engaging with him.
- **Age:** We are primarily targeting males aged 15-34 for our MMC demand generation campaigns. However, do not turn away men of other ages who seek and are eligible for MMC.
- **Sociological and psychological factors:** Attitudes around masculinity, sex and gender dynamics play a role in how MMC and its messaging should be framed.
- **Risk profile:** It is important to be able to identify whether a man is at high risk for contracting HIV, i.e. multiple sexual partners, unprotected sex, concurrent STIs. Sometimes men perceive themselves as low risk and do not see themselves as the right candidate for MMC.
- **Barriers and enablers:** these refer to the factors that prevent or encourage or support men in accessing MMC.
- **The stage a man is at in the MMC decision-making process.** This is discussed on Page 12.

ENVIRONMENTAL FACTORS

- **Education and literacy level:** Men of all education levels are eligible for MMC, but they may engage with and analyse information differently.
- **Culture and religion:** Different beliefs and opinions exist in the various cultures and religions which may influence how men view MMC.
- **Geographic location:** Men from different provinces, districts or sub-districts may have different trends and norms. A communication campaign carried out in KwaZulu-Natal would have to be adapted in Gauteng or Eastern Cape for example to suit the local context.
- **Employment status:** This will influence the time when men are available for communication campaigns, as well as the MMC intervention. Unemployed men are easily accessible during the day; however, working men may only be available after hours or during weekends, depending on the type of job they have.
- **Type of occupation:** Some men work in occupations that lead to higher risk behaviour such as truck drivers, migrant labour, etc.

SOCIAL FACTORS

- **Social habits:** What do men do in their spare time, during work days and during weekends? Friends and peers are often important influencers for men.
- **Key influencers:** These are the people who are able to affect men's decisions.

4.2. WHERE DO YOU FIND THEM?

A mapping tool is available to help you understand your geographic areas. It also shows you how many men have been medically circumcised in a particular area. You can see which areas have larger numbers of uncircumcised men. This is useful when choosing locations for your demand generation activities. The Decision Makers' Program Planning Tool (DMPPT) is available at: <http://avenirhealth.org/policytools/DMPPT2/>.



To maximise the reach of your MMC campaign, it is important to identify where there are high numbers of men at a community level.

The DoH's aim is to offer core MMC services to all areas, with a focus on high burden areas. (Refer to Appendix 1 on Page 27).

Here are some ideas on how to access large groups of men:

HIGH SCHOOLS

- **Identify high schools or a school health team in your area.**
 - School health teams usually have scheduled days on which they give health talks and perform certain services in schools.
 - Collaborating with them in this way may provide a good way to gain entry as well.
- Contact the school principal and set up a meeting to discuss an MMC programme at the school. Request that school teachers also attend the meeting.
- The DoH can assist with an official letter stating the purpose and importance of MMC programmes in the country and how it fits into the provision of sexual and reproductive health services in schools. This may facilitate access to schools.

- At the meeting, explain why it is important to include high schools and boys aged 15 years and above in the MMC programme.
- Discuss the best way to conduct the programme and how to implement it practically – when to talk to the boys, how to get the relevant permission forms filled in, when and how to arrange for the boys to be medically circumcised (on site with a mobile team or transported to fixed sites), as well as follow-up appointments.

TERTIARY INSTITUTIONS

- **Identify tertiary institutions in your area.**
- Work with the Higher Education HIV and AIDS (HEAIDS) programme to see if they are working at institutions in your area and set up a meeting to discuss how to move forward.
- Investigate whether other partner organisations have implemented MMC campaigns at these institutions. How often and when was the last campaign?
- Contact campus health (HIV/AIDS unit or campus clinics for universities, or Student Liaison Office for TVETs) and set up a meeting to discuss collaboration to increase MMC and overall sexual and reproductive health for both men and women.
- Contact the campus radio station and discuss opportunities to promote MMC.
- Contact the campus marketing and communication officer to find out how best to approach the students. Find out if you can piggy back off other campus events.
- Identify student societies and clubs which may assist in promoting MMC.
- Speak to the management at the campus residences and explore how to best target men staying in campus accommodation.
- Find out as much information as possible about other MMC campaigns that took place at the institutions. What worked, what didn't work and why? Use this information to improve your MMC strategy.

- Identify men who have already undergone MMC and other influential men within the campus/institution who can act as champions and recruiters for the programme.
- Explore possible partnerships for implementation.

CORRECTIONAL FACILITIES

This captive audience is a logical fit for the MMC programme – a large number of men at high risk of HIV and STIs with a lot of free time.

- **Take note of the correctional facility in your area.**
- Note that government at national and provincial level are in the process of engaging with correctional facilities to discuss how to incorporate MMC into their existing HIV and men's health programmes. Contact the relevant government representative to find out how far they are with this process and ask them to put you in touch with the contact person at the facility.
- If no progress has been made with the facility, contact the HIV programme manager at the correctional facility and arrange a meeting to discuss how to incorporate MMC into their existing HIV programmes.

MILITARY

- This follows a similar process to the correctional facilities.
- Find out whether the DoH has engaged with the military heads to discuss how to incorporate MMC into their existing HIV and men's health programmes. Contact the relevant government representative to find out how far they are with this process and ask them to put you in touch with the contact person at the military facility.
- If no progress has been made with the facility, then contact the HIV programme manager and arrange a meeting to discuss how to incorporate MMC into their existing HIV and men's health programmes.
- HIV programme managers or decision makers who would grant access to a military base are usually concerned about time off work, so ensure that you address this adequately by properly explaining how much

recovery time is required immediately after the surgery and how much work a man could be expected to do during the six-week healing period.

WORKPLACES

- **Make a list of companies or organisations in your area that you think will be suitable for MMC, particularly companies or organisations which have a large male workforce.**
- You have the option to obtain an official letter of invitation from either national or provincial DoH as required and email it to the relevant company representative – he or she could be part of a health and wellness programme, HIV programme, occupational risk management, or HR. If the letter comes from someone with authority at the DoH, then it would work well to send it to the CEO, or director to get buy-in. The letter should explain the benefits to the company (increased productivity through fewer sick days and improved well-being) and to the employees (improved overall health and longevity). This is not mandatory, but may assist in gaining access to decision makers.
- Speak to your communications manager or public relations officer (PRO) about creating a PowerPoint presentation, which includes MMC benefits and information relevant for the workplace.
- Set up a meeting with the relevant company representative and share your presentation.
- Take briefing packs to the company, containing MMC pamphlets/ infographics, and any other relevant information to give to the company.
- Ask about the requirements for incorporating MMC services into their existing structure– what are the challenges and possible solutions. Propose that you will undertake demand generation at the company, with approval from the company management.
- You may have to prepare another talk or presentation for the employees which speaks more directly to motivating the individual, rather than the workplace/company.

MINES

- This follows a similar process to workplaces.
- Mining companies have HIV or health programmes in place, so reach out to the appropriate programme manager. Mines tend to also provide health services to their workers and their families.
- The primary concerns here are time off work which means decreased productivity for the employer and loss of income to the miner, as well as the risk of post-op infection.

COMMUNITY EVENTS

- **Research what events are taking place in the communities at district and sub-district level.** It is more cost-effective and simple to take part in pre-existing events than creating your own. However, there is sometimes a need for an MMC-specific event.
- Contact the event organisers to ask if you can set up a booth at the event.
- Be sure to establish the rules of what you are allowed to do at these events.
- Be friendly and polite and explain the MMC initiative as a social cause – request that they waive the payment or provide a good discount for allowing you to set up a booth at the event.
- Depending on the event, decide on whether this will be an opportunity to raise awareness of MMC and men's sexual health, recruit potential clients for medical circumcision later that week, or to provide MMC services on that day – with transport to fixed clinics, or have a mobile unit at the venue.
- There may be social media groups with popular pages in your area. Some examples might include: soccer teams, churches, DJs or community media sites.
- Refer to section 7 of the MMC Demand Generation Strategy, for more details on community activations.

OTHER

- The above groups may not include all of the groups in your area.
- Use your imagination and think of other relevant examples where men may be accessed in large numbers within your community, such as shebeens, taxi ranks, hostels, concerts, etc.



GET TO KNOW YOUR COMMUNITY

The power of observation - observe people in the community you are working in. You will look for behaviours, attitudes, relationships, trends, where people hang out, etc. in the community.

- Have casual conversations with community members. It is important that people understand why you are asking their opinions about MMC and what their responses could be used for. Ensure that you obtain their verbal consent.
- Speak to local community-based organisations and NGOs that work in your area, particularly those which share a similar target of men aged 15-34 years. This does not have to be limited to health-based organisations. They may be able to provide you with useful information about your target groups.
- Create a short questionnaire that will help you understand your community: who and where the men are, what their perceptions of health facilities are, what they know about MMC and their preferred media sources.
- Print it out and ask community members to fill them out, or ask them the questions and write down the answers. Keep for your records.
- Ask people at other community events to respond to your questionnaire.
- Talk to people who attend the clinic for other reasons and discuss these topics with them.
- Hold a few focus groups with men and/or their influencers in the community you are working in to get more in-depth answers.
- It doesn't matter what your role is in the MMC team. Your every day meetings with people are opportunities to talk to them about MMC.

TYPES OF QUESTIONS TO ASK

General information about men

- Demographic information can be easily collected by asking the age, employment status, occupation, place of residence, language, relationship status, etc.
- Where do the men hang out during the day, evening, weekdays, weekends?
- What are the cultural norms around masculinity, role of women, etc.?

Ask about men's health in your community

- How are health clinics perceived in your community?
- Do men talk about their health in your community? With whom?

- Do men visit the health clinics? Why or why not?
- What services are available for men at the clinics? (e.g. screening for STIs, diabetes, blood pressure, prostate)

Ask about general thoughts about MMC

- Do they know about the benefits?
- What prevents men from getting medically circumcised?
- What are their concerns about MMC?
- What would motivate them to get medically circumcised?
- What would make them feel comfortable about getting medically circumcised?
- Who are the most influential people in their lives?
- What clinic hours are suitable?

Ask about communication channels

- What newspapers and magazines do people read? Is it both national and community media?
- What social media platforms do they use?
- What radio stations do they listen to? On which days and at what time? What DJs do they like?
- How do they like to receive information?
- What types of events do they like to attend?
- What types of entertainment do they like?
- Would they attend talks on MMC?
- Are they comfortable with female mobilisers approaching them?

Ask medically circumcised men:

- How did they hear about MMC?
- How do they feel about their MMC experience?
- Have you spoken to other people about your experience to encourage them to circumcise?

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*Ask medically circumcised men to become
MMC ambassadors by giving informal word
of mouth referrals or formally as social mobilisers.*

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4.3. BARRIERS AND ENABLERS AFFECTING THE TARGETED MEN

It is clear that many men have sufficient knowledge of MMC and its benefits in South Africa, yet they are hesitant to get medically circumcised. It is important for us to explore the reasons why so many men remain uncircumcised despite having the positive intention to do so. There are barriers that prevent behaviour change, which are linked to knowledge, beliefs, attitudes, social pressures, financial factors and service delivery issues. Fortunately, there are also enabling factors that help to counter these barriers.

Table 1 provides a list of barriers and enablers to assist you in understanding the men you are targeting.

BARRIER THEME	SPECIFIC BARRIER	ENABLER
LACK OF KNOWLEDGE OF MMC BENEFITS 	<ul style="list-style-type: none"> Does not know about MMC benefits 	<ul style="list-style-type: none"> Provide information on the benefits of MMC including reduction in penile and prostate cancers and cervical cancer for their female sexual partner. This is often overlooked.
LOW PERCEPTION OF RELEVANCE 	<ul style="list-style-type: none"> Some men know the benefits of MMC but believe that they are not at risk of becoming infected with HIV 	<ul style="list-style-type: none"> Focus on the benefits to the man's partner The preference of many women for medically circumcised men Cultural norms that support medical circumcision
AVOIDANCE OF HIV TESTING 	<ul style="list-style-type: none"> Fear of being tested and finding out they are HIV positive 	<ul style="list-style-type: none"> Enablers could include clarifying that HIV testing is not required to access MMC If you test positive, it is possible have a full life living with HIV Access to ART is immediate for those who test positive Promote knowing one's status and making informed health decisions
ANTICIPATED PAIN 	<ul style="list-style-type: none"> Pain during the procedure and post-op 	<ul style="list-style-type: none"> Local anaesthetic is given at the beginning of the procedure Procedure itself is not painful Post-procedure pain is manageable and lessens over the course of the healing period Painkillers are available to help manage pain It take six weeks for the cut to heal completely, but the wound starts closing in about a week
ANTICIPATED SHAME 	<ul style="list-style-type: none"> They may not want to be seen going for MMC by people they know at the clinic They will expose themselves to strangers, especially female doctors and nurses They may walk funny after the procedure Older men waiting in the same room as young boys who are being circumcised 	<ul style="list-style-type: none"> Communicating the experience and professionalism regardless of clinician's gender Allocate certain days of the week for older men only and documenting positive experiences at the clinic to share with others







BARRIER THEME	SPECIFIC BARRIER	ENABLER
ANTICIPATED LOSS 	<ul style="list-style-type: none"> • Loss of sex during the recovery period • Reduction in sexual pleasure • Not fitting in with cultural or religious group which do not circumcise 	<ul style="list-style-type: none"> • Focus on the early benefits of medical circumcision • New kinds of sexual pleasure after medical circumcision • Medical circumcision for health reasons has long been accepted by many groups who do not traditionally circumcise
UNCERTAINTY 	<ul style="list-style-type: none"> • Unsure about the procedure itself 	<ul style="list-style-type: none"> • Provide clear information about the duration and process of the procedure and after-care • Refer to a trusted service provider • Refer to a trained peer advocate who is medically circumcised
DISTRUST 	<ul style="list-style-type: none"> • Of women's motives for encouraging MMC • Of men who have been circumcised under-representing the pain involved 	<ul style="list-style-type: none"> • Focus on increased sexual satisfaction for the man • Pain is short-lasting and easily managed
ANTICIPATED FINANCIAL LOSS 	<ul style="list-style-type: none"> • Time off work • Transport costs 	<ul style="list-style-type: none"> • Facilities operate outside normal working hours • Mobile clinics available • Use locum general practitioners • Assist with transport costs • Emphasise that the procedure is free
CLINIC FACTORS 	<ul style="list-style-type: none"> • Lack of privacy • Opening hours • Lack of male-friendly clinics with trained male staff to perform medical circumcision procedures • Quality of service • Long waiting time 	<ul style="list-style-type: none"> • Facilities operate outside normal working hours • Emphasise that female staff are professional and competent • Testimonials of medically circumcised men about good service
TIMING OF MMC 	<ul style="list-style-type: none"> • Seasonality 	<ul style="list-style-type: none"> • Schedule school-going boys for MMC during public holidays • Correct misconceptions about weather affecting the healing process

Table 1: Barriers and enablers

4.4. WHO ARE THE MAIN INFLUENCERS?

PEERS

Friends, family, colleagues and community members are very influential in the MMC decision-making process. Their attitudes and comments can either support or deter men from seeking MMC services. Medically circumcised men are particularly influential as they are a credible source.

WOMEN

Females are also targeted in many MMC campaigns as they have better health-seeking behaviour than men and have some influence in encouraging men to be medically circumcised, especially if they are romantic partners. This depends on whether the women are empowered in that context – not all men, cultures and communities appreciate a woman's input in these matters. Mothers, on the other hand, can often make an informed decision for their children.

TRADITIONAL AND RELIGIOUS LEADERS

Demand generation activities and education around MMC should involve religious and traditional leaders especially in contexts where they are well-respected in the community.

HOSTEL LEADERS

Hostels normally house men who are involved in manual labour. Hostel leaders are respected and play a leadership role in guiding these men.

HEALTHCARE WORKERS

They are viewed as medical experts. Their attitudes and the way they treat patients can affect MMC uptake; therefore, quality of service is important. It is important that healthcare workers also understand the importance of MMC and can identify men who present themselves for other health matters and appropriately refer them for MMC.

MEDIA AND CELEBRITIES

Talk shows, drama series and advertisements on television and radio normalise MMC in the public domain, which assists in our targeted campaigns. Local celebrities can play a huge role in motivating men to get medically circumcised, especially if they lead by example.




4.5. UNDERSTANDING MEN ON A DEEPER LEVEL - WHERE ARE THEY ALONG THEIR DECISION JOURNEY?

Every man is on a journey towards deciding to become medically circumcised from when he has first heard of MMC to his behaviour after the surgery. This means that if he is properly encouraged and his barriers are removed, he would get medically circumcised and even become an ambassador for the programme.

Here, this journey is described in four steps, where a man exhibits specific characteristics. At each step he has different feelings towards circumcision and needs specific messages to continue encouraging him towards MMC.



Table 2 below provides a summary of these stages and what a man in that stage is like in relation to MMC.

STAGE	CHARACTERISTICS
PRE-CONTEMPLATION 	<ul style="list-style-type: none"> • He may or may not visit health clinics for any other services • He has no intention to be medically circumcised in next the six months • He has lack of awareness of the benefits • He underestimates the pros of the MMC • He focuses on cons
CONTEMPLATION 	<ul style="list-style-type: none"> • He wants to make a positive decision towards his health • He intends to get medically circumcised in the next six months • He thinks about the pros and cons of changing his current behaviour and getting circumcised
PREPARATION (DETERMINATION) 	<ul style="list-style-type: none"> • He intends to get medically circumcised within the next 30 days • He takes small steps towards preparing for the MMC as he believes it will lead to a healthier life
ACTION 	<ul style="list-style-type: none"> • He is medically circumcised • He attends follow-up visits and knows where to get help if he needs it • He abstains from sex during the healing period and properly cares for the wound
MAINTENANCE 	<ul style="list-style-type: none"> • MMC is a once-off occurrence, so satisfaction with the decision is important • He is content with his medical circumcision decision and promotes it to his peers • He continues to use condoms and practice safe sex

HOW TO APPLY THIS KNOWLEDGE

- It is important for mobilisers to understand what stage a man is, in order to engage with him in the best possible manner. This will be explored in detail in the mobiliser training workshops.
- However, it is also important for other members of the MMC team to understand these stages when planning a focused campaign. As you get to know your community, you will have a general idea of where the men are with respect to their mindset towards MMC and their physical location, so that you can tailor your campaign to suit most individuals.
- This information is also useful when you give talks in the community, or when you engage with individuals you may encounter.

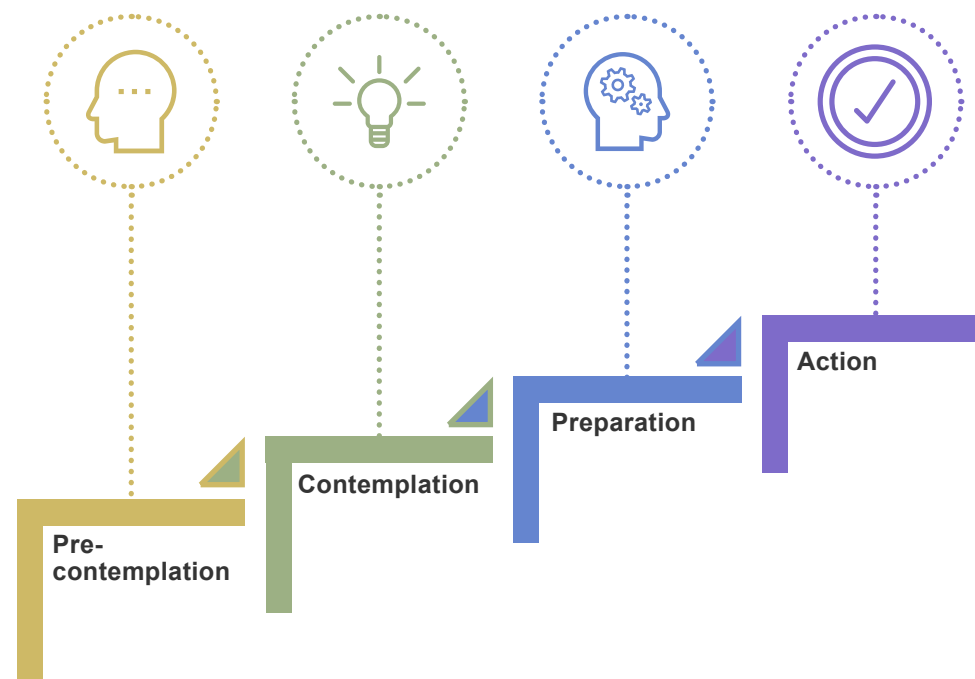



Figure 2: Stages of change


5 TAILORING MESSAGES FOR YOUR CAMPAIGN


Now that you have a deeper understanding of your target audience, it is important to send out the right messaging which is specific to those persons.


Remember that men come across messages and advertisements for all kinds of products and services. They may also receive messages about MMC that are not true, which can be very confusing. Therefore, you can use general messages about men's sexual and reproductive health to start the discussion with men (such as promoting that being a healthy man is being a responsible man), however without truly understanding what a man needs to finally get medically circumcised, your message will be lost in the clutter.


Table 3 below provides examples of how to decide who needs what message to support their decision journey. This is based on the stages of change in a man's MMC process, however, the other demographic factors (e.g. age, culture, education level, etc.) discussed earlier are also at play. For more insights, refer to the main strategy document.


STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
PRE-CONTEMPLATION 	Lack of knowledge of benefits of MMC	He is not aware of all of the benefits of MMC	<ul style="list-style-type: none"> • MMC reduces the risk of HIV infection in men by about 60%. • Reduces risk of contracting STIs. • Reduces risk of women contracting HPV (cervical cancer). • MMC improves hygiene. • Improves sexual performance.
	Low perception of relevance of benefits of MMC	He believes that he is not at risk of HIV infection and therefore MMC has no relevance to him	<ul style="list-style-type: none"> • Any sexually active man, regardless of relationship status, is at risk of STIs. • All it takes is one unprotected sexual act with one person to place you at risk. • Roughly half of all men in South Africa are medically circumcised and in relationships.
		He believes that MMC is not relevant to him because he is in a relationship or is married	<ul style="list-style-type: none"> • Many women say that they prefer a medically circumcised partner. • MMC has other benefits – it protects you from STIs, improves hygiene and is reported to improve sexual performance.

STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
<p>CONTEMPLATION</p> 	Avoidance of HIV testing	He is afraid to get tested for HIV, or does not want to get tested	<ul style="list-style-type: none"> • It is important to know your HIV status, but we will not force you to get tested. • If you are afraid that you may find out that you are positive, we will support you, and you can live well on ART. • HIV testing is your choice. Make an informed decision.
	Anticipated pain	He is afraid that the procedure will be painful	<ul style="list-style-type: none"> • MMC is performed under local anaesthetic so there is no pain during the surgery. • There is a little pain for a short time when you receive the anaesthetic. • You get painkillers for the next day or two. • Describe how the wound heals. • There may be some discomfort as the wound heals. • Drink cold water or apply ice to prevent pain from erections.
	Anticipated shame	He feels shame that he is not already medically circumcised	<ul style="list-style-type: none"> • Medically circumcised men care for their communities. • Medically circumcised men care about their own well-being. • Medically circumcised men care about their partners and families. • Around half of all men in South Africa are medically circumcised.
	Anticipated loss	If most men in religious or cultural groups are not medically circumcised, he may feel like he does not fit in anymore	<ul style="list-style-type: none"> • An x% of men in this community are medically circumcised (make circumcision locally relevant to someone who thinks they would be the only medically circumcised man in the community). • Many men medically circumcise for health reasons, and not religious or traditional reasons. • MMC reduces the risk of HIV infection in men by about 60%. • Reduces risk of contracting STIs. • Reduces risk of penile and prostate cancer. • Reduces risk of women contracting HPV, which could result in cervical cancer. • MMC improves hygiene. • Men medically circumcise to protect their partner, family and community. • Improves sexual performance.
		He is afraid of being less sensitive and having less sexual pleasure after MMC	<ul style="list-style-type: none"> • Women appreciate medically circumcised men and find them more attractive and cleaner. • Perception that medically circumcised men care for others.

STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
<p>CONTEMPLATION</p> 	<p>Anticipated loss</p>	<p>He is unhappy with the 6-week sexual abstinence period</p>	<ul style="list-style-type: none"> • The medium- and long-term benefits of MMC outweigh instant gratification. • Speak to your partner about the benefits to help her understand. • The benefits include protection from HIV, STIs, better hygiene and improved sexual performance. • Having sex in this time period may cause complications and affect the healing time. • Wash with cold water to ease the pain of erections.
	<p>Uncertainty</p>	<p>He does not understand everything about the procedure and timelines</p>	<ul style="list-style-type: none"> • Explain the important steps to help him understand how the procedure takes place. • Answer the commonly asked questions. • Provide information about how long each step should take, for example: anaesthesia = 5 minutes.
		<p>He is unsure about the consequences of the MMC</p>	<ul style="list-style-type: none"> • Men have varying experiences with their sensitivity. • If you experience decreased sensitivity, you still have a satisfying experience; it may take longer. • Women appreciate the longer and better sexual performance.
		<p>He is afraid of potential complications (bleeding and wound healing)</p>	<ul style="list-style-type: none"> • The clinical team are experts with lots of experience. • MMC is a small and common procedure. • Talk about up-to-date and local information regarding adverse events. • Complications are rare. • If complications occur, they are generally small and not life-threatening. • Proper wound care minimises risk of complications.

STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
<p>PREPARATION</p> 	<p>Anticipated financial loss</p>	<p>He believes he will lose wages due to leave taken for the procedure and recovery and cost of transport</p>	<ul style="list-style-type: none"> • If available, provide information about food vouchers or financial compensation to recover some expenses.** See guidance on page 24. • Communicate exactly how many days men will need to be away from work as men may overestimate loss of wages. It is usually 2 days in most instances.
		<p>He is worried about the cost of the medical circumcision</p>	<ul style="list-style-type: none"> • It is a free and safe service.
	<p>Distrust</p>	<p>He may feel pressured by his romantic partner and worry she has ulterior motives for asking him to circumcise</p>	<ul style="list-style-type: none"> • Reduce focus on partner-driven messaging. • Focus on mutual benefits, such as hygiene and better sexual performance. • Do not focus on HIV and STI reduction which might imply infidelity.
		<p>He is worried that no one has been honest with him about the pain of MMC</p>	<ul style="list-style-type: none"> • Everyone has different pain threshold. • Play on the concept of masculinity: <ul style="list-style-type: none"> • Even babies and boys do it. • The many benefits outweigh the short-term pain. • Medically circumcised men and mobilisers can share their personal experiences with pain. • Address specific pain concerns of the individual.

STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
ACTION 	Clinic factors	He is concerned with the lack of privacy and opening hours at the clinic	<ul style="list-style-type: none"> • Each clinic should communicate when it is open and include time slots over weekends or evenings which are convenient for men. • Each clinic should make a plan to ensure privacy for older men (separate waiting rooms) or have specific time slots for this group.
		He is worried about the quality of services	<ul style="list-style-type: none"> • The clinic staff are friendly. • Clinic staff are professional and competent. • Men who have been to this clinic can provide testimonials of their positive experience.
	Anticipated shame	He is worried about feeling shame while at the clinic	<ul style="list-style-type: none"> • Share information that MMC is becoming very common; many men are doing it. • Tell him how many men from his district were medically circumcised last year. • Also emphasise that the clinical staff are very professional and non-judgemental, so there is no need to be embarrassed.
	He is worried he may regret his decision to get circumcised and/or have to turn down his partner for sex during the healing period	<ul style="list-style-type: none"> • Think about all the positive reasons you chose to get medically circumcised. • Provide coping strategies, such as avoiding trigger events during healing period. • Speak to other circumcised men and share experiences. • Speak to social mobiliser for support. • If you are embarrassed that you have to abstain from sex, explain why you have chosen to get circumcised and how this will benefit you both. 	

STAGE	BARRIER THEME	SPECIFIC BARRIER	CAMPAIGN MESSAGES
MAINTENANCE 	Low perception of relevance	He does not believe follow-up visits are necessary if he is not feeling bad	<ul style="list-style-type: none"> • After the procedure, men should return to the clinic for follow-up at 48 hours, 7 days and 14 days. • Keep your appointments and minimise the risk of complications. • You have come this far in the process; come for your appointments and ensure you get the full benefit of the MMC.
		He may believe that he no longer needs to use condoms because he is now medically circumcised	<ul style="list-style-type: none"> • All men need to continue to use a condom every time they have sex. • MMC reduces risk of HIV infection by 60%.
	Anticipated shame	He may not want to motivate other men to get medically circumcised	<ul style="list-style-type: none"> • If you are happy with your decision, share your positive experiences with other people. • Know that you are making a positive difference by helping other men and your community to be healthy. • You are a champion and a leader in your community. You are a great example of a responsible man in your community.



6 WHAT COMMUNICATION CHANNELS ARE AVAILABLE FOR YOUR CAMPAIGN

6.1. AT NATIONAL AND PROVINCIAL LEVEL

TELEVISION AND RADIO

These platforms have the largest reach; hence they are extremely expensive channels and are primarily used for specific campaigns that aim to normalise MMC across the country. They play an important role in providing general information to the public around MMC. This takes place in the form of advertisements, talk shows, radio and television series or soaps.

PRINT MEDIA

These consist of national and provincial newspapers and magazines. Articles and advertisements may focus on specific topics in these publications, as paid for awareness raising. If the story is newsworthy, then there is a chance that a journalist may cover the story free. Many publications also have online platforms that are widely read. Soccer publications are generally quite popular.

HOW CAN YOU CONTRIBUTE?

You are in the perfect position to provide valuable information based on your research and experience in your district as to what types of information needs to be publicised on national TV, radio and print media. What are the gaps and challenges in your area? What types of information seem to be lacking?

Share this information with your Communications manager, HAST manager or Chief Director and request that the information is shared at national level. Hopefully, this information will be used at brainstorming or media briefing sessions.

At present, you should ensure that all of your materials and adverts link an interested individual to a **call centre** that may be run by a partner organisation. Please ensure that clinic phones work and that the phone numbers and opening times are up-to-date and visible on all communication channels. In the future, referrals for MMC may be managed via the National AIDS Helpline.

6.2. AT COMMUNITY LEVEL

There are many platforms to implement excellent local demand generation campaigns. The strength of your campaigns will be determined by your understanding of the community or target market. The types of channels you use will be based on your research and knowledge you gained from your community.

You may choose to use one or a number of the channels in your campaign. A common combination is to use community radio, community print media, social media and host a community event as part of the same campaign.

Refer to Appendix 2 for costing details.

6.2.1. SOCIAL MOBILISERS

They have the most important function in demand generation as they are the people who engage directly with the community on an ongoing basis. Their primary responsibility is to recruit as many men as possible to achieve the MMC targets.

WHAT TO LOOK FOR WHEN HIRING A SOCIAL MOBILISER:

- The male recruiters should reflect the target market's age, speak the same language and live in the same community.
- **It's all about sales** – the person should have a natural ability to 'sell' a service or concept. Think about the characteristics of a salesperson:
 - Personality, personality, personality – they are friendly and vibrant and connect with you easily.
 - They look good, are well groomed and well dressed.
 - They naturally understand you and are able to quickly learn what your needs are and how to address your needs with the service.
 - They sound knowledgeable and articulate when they communicate about the product or service.
 - They should preferably be medically circumcised.
 - They are passionate about MMC, and believe in the cause.
 - They should be comfortable talking about HIV if we want people to test.

TRAINING

- This is absolutely essential when hiring a mobiliser. Training will be provided through regional training centres. Comprehensive training will include the following:
 - The facts about MMC.
 - Understanding your target markets, influencers, barriers and enablers.
 - Marketing techniques and approaches.
 - Monitoring and Evaluation.
 - The provision of toolkits to aid mobilisation efforts for MMC.

6.2.2. Checklists to help you plan your campaign

COMMUNITY RADIO

- Make a list of radio stations your target group listens to.
- If you have a contact at the station, contact him or her.
- Otherwise, do a Google search to find the contact phone number and email address of the station manager or radio programme manager.



Send an email which includes the following

- Request for demographic information on their audience (this will be helpful for your reporting).
 - Ask for this information over the course of the day and for men and women, age of listeners if possible.
- State that you would like to raise awareness about sexual health in the community.
 - Using a broader hook such as men's health, HIV, STIs, prostate cancer, etc. may garner more overall interest rather than only MMC.
- Request a face-to-face meeting with the relevant radio representative to discuss how you can work together.
- If you don't receive a reply in two days, give them a call. Ask if your email was received. Ask to speak to the relevant person. Arrange the meeting.



Prepare for your meeting

- Make an agenda of what you would like to discuss.
- Include questions about what radio approach works best in the community.
- What are the most popular time slots?
- What are the different formats of programmes suitable for raising awareness about community health issues? E.g.: talk shows, Q&A show, live reads, public service ads, announcements of events.
- Discuss over what time period you would like to hold your radio campaign – the more exposure you get over time, the better.
- Discuss any costs involved and see if they are willing to throw in freebies or give you a discount for ongoing campaigns.



For talk shows

- Request dates and time slots from the radio station.
- Make a schedule of MMC-related topics, such as overall health, men's health, sexual and reproductive health, to be covered and their dates and times.
- Assign credible speakers who are well spoken, knowledgeable and respected. These may include health professionals, a mobiliser with good rapport, medically circumcised men, community leaders advocating for MMC, a sex therapist, trusted local celebrity or sports person, etc.
- The radio station may expect the person to come to the studio or they may allow a telephonic discussion – clarify with the station.
 - Critical to know if it is a call-in or not – call-ins are ideal because the public can ask questions. If it is a call-in the speaker will have to go into the studio.
- Ensure that you provide the radio station with the correct phone numbers of the speakers.
- Ensure that the speakers agree to be on radio. Give them advanced notice of their date and time slot. Also send them a reminder a few days before.
- Brief the speaker on the target audience.
- Prepare and provide the host with a brief for each slot consisting of the background of the topic to be covered, the key themes, the objectives of the show, key questions, key facts to be communicated and relevant contact information that listeners can use to get assistance depending on the topic under discussion.

? For talk show Q&A

- If the audience is calling in: choose an MMC expert who is a great speaker. Provide the radio station with his or her contact details and send reminders when he or she will be on radio.
- If the radio host wants to ask questions: prepare a list of questions that are important for the target audience. Provide the messages you want to get across to the audience.



For live reads

- Ask your communications manager to draft them or send you material that has already been produced.



For event announcements

- Notify the producer of the event you would like to publicise.
- Note the date, time and venue.
- Mention the type of event – informative talk, entertainment, soccer game, etc.
- Arrange with the radio station how many days in advance to start the promotion and stipulate how many times a day and at what times these live reads will take place.
- Ask the radio station for the live reads schedule for your reporting purpose.



Community events

- Ask them about the options for collaboration at your MMC-related community events. For example, find out if they can do an outside broadcast at your event.



All shows should include a call to action with a 'Please call me' number or number to call, as well as the name of the nearest MMC clinic.



Pricing

- Remember to always negotiate prices and ask for perks and freebies. Also, the more bookings you make, the cheaper the rates.

COMMUNITY PRINT MEDIA



- Make a list of which community newspapers or magazines your target audience reads.
- Contact the editor or journalist from the newspaper or magazine. Find the contact information in the newspaper or Google it.
- Request the demographic information of the readership.
- Find out the publication schedule – deadlines for material submission to help plan your schedule.

If there is a newsworthy story, an event taking place or a person to interview

- Invite a journalist to cover the story or event or invite him/her to interview someone of interest.
- Provide the journalist with a fact sheet on MMC, and IEC material if available.
- For an event: arrange for the journalist to interview the necessary people at the event – it may be the main speaker, a health professional, mobiliser, a local celebrity, medically circumcised men providing a testimonial, other people attending the event, etc.
- For an interview: arrange a date, time and meeting place for the interview to take place. Brief both parties adequately. And ensure that the person being interviewed is aware of the messages that need to be relayed.
- Ask to review the article before it is published.
- When you receive the article, send it to your communications manager for approval.
- Once approved internally, ask the journalist to publish the article.
- Request a hard copy of the publication once published.
- Also scan the article and keep it on digital record.
- Be mindful of publication deadlines, so make sure that all internal processes and approvals have a fast turnaround time.

If you would like to submit a press release or written article

- Ask your communications manager (or another designated expert) to write an MMC-related article on a sexual health or men's health according to what would be most interesting and appropriate to your target and secondary audience.

- You could even arrange for a series of articles depending on your needs and budget available, in which case, prepare a list of topics for each article and request them to be written well in advance.
 - **Note:** if you are promoting other men's health services in your area, you must ensure that those services exist. Similar to mobilising a man to MMC without adequate supply of services, you may lose a man entirely if he feels he was misled by the health system.
- Once you receive the article, submit it to the journalist or editor of the publication. Sometimes, the sales rep may be the contact person.
- Always ensure that you request the editorial proof (article laid out) to approve before it goes to print.
- Ask the relevant internal person to approve the editorial proof. If there are changes, ask to see the proofs until the final version is approved.
- After print, request a copy of the publication and scan the article for digital recording purposes.

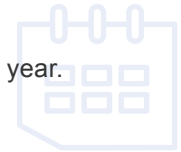
If you would like to place an advertisement

- You can request a print ready file of any MMC advert that was produced at national level and submit this to the sales rep or designer at the publication. Note that this advert will contain the general national contact details. It will not be specific to your district.
- You may request that the publication's graphic designer lay out a simple advert that contains the logo, a high-resolution graphic of your choice and a few lines of text. Your communications manager can help you with the content. This ad will contain your local clinic information and contact details.
- You can create an ad that showcases your MMC services at your local clinic and include photos of the clinic and team. Invite men to get involved with their own health and experience excellent service.

Pricing

- Always negotiate. Be friendly and polite and build a strong relationship with the publication.
- The more bookings you have, the cheaper the overall rate. Also, they can throw in freebies.
- Often you may get a free article of 250-450 words if you pay for an advert.

COMMUNITY ACTIVATIONS



- Think about the number of events you would like to host in the year.
- Establish the objective of each event.
- Have an idea of the type of events you want to host and what will be the main attraction for each one.
- Set dates for when you would like to host your community events.
- Look at the calendar and see when the national health days are taking place. You may organise small events around these dates.
- Once your schedule is set, start planning in advance as there are many components to coordinate.
- Plan your agenda or programme for the event – what will take place at the event? E.g.: talks, entertainment, HTS, soccer game, MMC recruitment, etc.



Venue

- Choose a venue that is suitable for the type of activities and number of people you aim to attract.
- It should be in a central location that is easy for your target market to access.
- You may need to get permission to book the venue – from the municipality or mall management, etc.
- Ask for a quote and see if this fits into your budget. Follow internal procedures for procurement (e.g. you may require 3 quotes).
- Once permission is granted and the quote is accepted, make the official booking.



Entertainment

- This is usually the expensive part of the campaign. Will there be entertainment or will the event focus on the MMC-related activity alone?
- You will need an excellent MC who creates rapport with the crowd. Choose someone who is energetic, fun and vibrant who will get the crowd excited. The MC also introduces the other speakers, activities and entertainers.
- Be creative in choosing entertainment that suits your target audience. The entertainment may include anything from local DJs playing their music, local singers, local artist selling some art, crafts market, food fair, sports game, family day with fun games, screening of a movie, whatever fun activity that draws your target market and their influencers, etc.

- Plan in advance to identify entertainment and book them.
- Local artists may do it for free as they receive free publicity. Others may charge a small fee.
- If it is a food fair or crafts market, you need to collaborate with suppliers to make this happen. Or invite locals to bring their products.
- For sporting events, you can either organise a small local tournament or ask the organisers of an existing sports event to allow you to be present with a stall, IEC material and social mobilisers.
- You can also book a media truck which has a built-in stage and is able to play video clips and play music. But remember that this is very expensive, and you still need entertainment on the stage.
- Well-known celebrities linked to national MMC campaigns are often organised at the national level. Your district may be one of the lucky sites chosen for the roll out of these campaigns. However, this does not stop you from organising your own relevant local celebrities.



Branding

- Ensure that you have all the branded items you need for the event – gazebos, tents, banners, posters – all available through your local DoH office.
- Make arrangements to have them ready for your events if they are not in your possession.



Marketing

- Pre-arrange community radio live reads.
- Place small adverts in community print.
- Place posters in public areas.
- Use social media platform by creating a Facebook event or promoting the event on popular local pages, such as hairdressers or DJs.

For small simple events

- All you need is a few tables, gazebo, or stand-up banners and a few mobilisers with loud hailers to set up quickly in busy areas, taxi ranks, certain road corners, markets, grounds, shopping centres, etc.
- This has been proven to be effective in recruiting men.



IEC materials and promotional items

- Ensure you have sufficient IEC materials to hand out at the event.
- Ensure that you have sufficient promotional items to hand out, such as t-shirts, caps, bags, pens, etc.
- Condom supply should be adequate for distribution at the event. Remember to always encourage men to medically circumcise and condomise correctly and consistently.
- Order whatever is needed way in advance to prevent last minute panic.



MMC Team meetings

- At least one brainstorm session for the whole team is advisable when planning the events for the year.
- Before each event, all members of the MMC team should meet to prepare for the event and to be briefed.
- The team needs to be aligned and understand their responsibilities.



Mobilisers should

- Ensure that they have the necessary recruitment contact forms printed out to write down contact details as part of MMC recruitment.
- Wear their branded kit so that they are identifiable.
- Know the relevant information about MMC and about HIV and STIs more broadly.
- Sign up and refer as many men as possible to the local clinic.
- Distribute condoms to potential clients and promote safe sexual practices.



If you intend to have a mobile clinic on-site for MMC

- Book it in advance.
- Have the necessary number of HTS and MMC kits available for on-site service delivery.
- Some men don't mind the blatant branding of the mobile unit, while others prefer to be discrete.



If you intend to transport men to the nearest clinic

- Make sure that you have arranged for vehicles to transport men from the site to the clinic.
- Again, some men may prefer unbranded vehicles as they may feel embarrassed.

- Clinic staff and the clinical teams need to be briefed to be prepared and ready for influx of patients.
- Plan how many staff members will be available and how many men they will be able to medically circumcise on the day.
- You do not want long queues, long waiting times or to turn away men due to limited capacity.



Participate in other community events:

- Identify district, sub-district or community events being hosted by locals or other organisations that will draw large crowds or attract your target market. Events do not need to be health-related.
- Ask permission to attend.
- Find out what you will be able to do at the event to recruit men.
 - Will you have mobilisers manning a stall, gazebo with tables, handing out IEC materials and t-shirts, caps, condoms, etc., and talking to individual men?
 - Will the mobilisers be able to give short talks?
 - Will you be able to arrange a talk with another expert or local celebrity to address the crowd?
- Ensure that you prepare by making a list of everything you need for this recruitment drive at the event.

6.2.3. IEC materials – pamphlets, flyers and posters

- Ensure that you have sufficient IEC materials for each of your events.
- If not, order them a month in advance to receive them in time.
- Note which languages are needed in certain areas and print sufficient numbers of materials.
- Make a note of which IEC materials are more effective.

6.2.4. Service delivery

Identify which type of service delivery model is best suited for your campaign

- Fixed sites
- Roving teams
- Mobile services

Service quality

- Are men happy with the overall service? Ask them a few quick questions about their experience. A happy client will become an ambassador and promote by word-of-mouth.
- Would they recommend other men come to the clinic to get medically circumcised? Why?
- **Operational aspects for efficient service**
 - Are you well stocked with supplies and kits for HTS and MMC?
 - Is the service well branded and identifiable?
 - Is the patient flow through the clinic quick and smooth?
 - Are men waiting for too long in the waiting room?

Staff

- Are they friendly, helpful and compassionate?
- Do they know their roles and responsibilities?
- Are they motivated to medically circumcise men?
- Do they treat MMC clients with respect?

6.2.5. Partnerships

Explore partnerships with other NGOs, CBOs, corporates and government departments so that you can combine resources and co-host events.



**** Sometimes MMC campaigns use incentives. Cash transfers to clients are not allowed, but for a short period of time, food vouchers or transportation refunds are acceptable to compensate individuals who choose to be medically circumcised. Food vouchers are also sometimes given to people identified as potential recruiters for MMC. Budgets for MMC are often limited and therefore this is not a sustainable solution for demand generation and should not replace the use of other enabling methods.**

7 MONITORING AND EVALUATION

Demand generation campaigns require time and effort. It is important to know whether your campaigns are working or not - do they motivate more men to get medically circumcised? For this reason, it is useful to monitor and evaluate your campaigns so that they can be improved.

We need to collect data to see if our MMC demand generation campaigns, overall MMC interventions and outcomes are successful. Table 4 provides an overview of indicators for District HAST/MMC Coordinators to report on demand generation at district level. This information will feed into the national MMC programme and ACSM directorate for all levels of the programme and will reveal whether we are obtaining the MMC targets and the reasons why. Some of the key indicators will be reported through the DORA (a National Treasury reporting framework) to ensure compliance and accountability in the implementation of the strategy.

However, reporting must first take place from the community level and reported at a facility to the Facility Manager, PRO or MMC Champion, who then sends weekly/monthly reports to the District HAST/MMC Coordinators.



Table 4: Overview of reporting indicators for District MMC Coordinators.

INDICATORS FOR DEMAND GENERATION CAMPAIGNS	TIMING OF REPORT	LEVEL OF INFO TO INCLUDE
SOCIAL MOBILISATION		
Number of social mobilisers recruited and trained	Quarterly	District
Number of men reached by social mobilisers	Monthly	Age group, district
Number of IEC materials distributed by social mobilisers	Monthly	District
Number of men reached with messaging about barriers to accessing MMC	Monthly	Key message, age group, district
Number of men booked for MMC services by social mobilisers	Monthly	Age group, district
Number of men who are medically circumcised after being booked for services by social mobilisers (conversion rate)	Monthly	Age group, district
Number of community activation events	Monthly	District
Number of people reached from community events	Monthly	Age group, district
REGIONAL AND COMMUNITY MEDIA		
Number of MMC adverts flighted per type (TV, radio, print, outdoor, social media) and specify (language, frequency, and reach/listenership/readership where possible)	Monthly	District

8 GOVERNANCE – ROLES AND RESPONSIBILITIES

- At district level, all activities will be coordinated by district MMC coordinators or district HAST coordinators under the guidance and leadership of the district HAST managers.
- At sub-district level, HAST sub-district coordinators will be responsible for coordinating the facilities within the sub-district.
- At facility level, facility managers, PROs or a nominated MMC champion will be tasked with coordinating and leading the implementation of the programme.



For further detail about programme governance, refer to the National MMC Demand Generation Strategy.

9 IMPORTANT OVERALL KEY CONSIDERATIONS

- We are all walking adverts and ambassadors for men's sexual and reproductive health, especially MMC. Take opportunities to address people when you can. Hold yourself with integrity at all times.
- Understanding your target audience will help you to know how to appropriately reach and convert clients.
- One size does not fit all – adapt your messages.
- Be consistent across all platforms and campaigns – relay the same messages across all media platforms, and through mobilisers and staff who interface with clients.
- Make sure all communication has a clear way for someone to find out more information or book an appointment.
- Collaborate with partner organisations: not only other MMC implementers, also other health programmes in your district office who work with men in the same target audience.
- Planners, coordinators and financial people need to plan together. Budget for your campaign with the conditional HIV grant funding and make sure you use it throughout the year.
- Don't run campaigns in problematic areas only.
- Remember that the number of times a man is exposed to consistent MMC messaging over time, the more effective the message and this impacts on his eventual conversion from intention to action.

We need to minimise the gap between a man's intention to circumcise and action.

APPENDIX 1 *High and lower burden districts*

Table 5: List of districts with high and lower burden of HIV infections

PROVINCE	HIGH-BURDEN DISTRICTS	LOWER-BURDEN DISTRICTS
GAUTENG	<ul style="list-style-type: none"> • City of Johannesburg • Ekurhuleni • City of Tshwane • Sedibeng 	<ul style="list-style-type: none"> • West Rand
KWAZULU-NATAL	<ul style="list-style-type: none"> • eThekweni • uMgungundlovu • King Cetshwayo • Zululand • uGu • uThukela • Harry Gwala 	<ul style="list-style-type: none"> • uMkhanyakude • Amajuba • uMzinyathi • iLembe
MPUMALANGA	<ul style="list-style-type: none"> • Ehlanzeni • Nkangala • Gert Sibande 	
EASTERN CAPE	<ul style="list-style-type: none"> • OR Tambo • Amathole • Alfred Nzo • Chris Hani • Buffalo City 	<ul style="list-style-type: none"> • Nelson Mandela Bay • Joe Gqabi • Sarah Baartman
FREE STATE	<ul style="list-style-type: none"> • Thabo Mofutsanyana • Lejweleputswa 	<ul style="list-style-type: none"> • Mangaung • Fezile Dabi • Xhariep

PROVINCE	HIGH-BURDEN DISTRICTS	LOWER-BURDEN DISTRICTS
NORTH WEST	<ul style="list-style-type: none"> • Bojanala Platinum • Ngaka Modiri Molema • Dr Kenneth Kaunda 	<ul style="list-style-type: none"> • Ruth Segomotsi Mompati
LIMPOPO	<ul style="list-style-type: none"> • Capricorn • Mopani 	<ul style="list-style-type: none"> • Waterberg • Sekhukhune • Vhembe
WESTERN CAPE	<ul style="list-style-type: none"> • City of Cape Town 	<ul style="list-style-type: none"> • Central Karoo • Cape Winelands • Overberg • Eden • West Coast
NORTHERN CAPE		<ul style="list-style-type: none"> • Namakwa • Frances Baard • John Taolo Gaetsewe • Zwelentlanga Fatman Mgcawu • Pixley ka Seme

APPENDIX 2 *Benchmark costs by communication channel*

Note these are sample costs only and local costs may vary.

SOCIAL MOBILISATION	
ITEM	UNIT COST
COSTS OF TRAINING MOBILISERS AND TEAM LEADERS. INCLUDE (PER TRAINING):	
Venue hire (x3 days training) – <i>Can be free if hosted at NDoH</i>	R 2,700 – R 6,000
Trainer	R 6,000
Transport (for trainee mobilisers)	R 300 – R 1,500
Training manuals (printing) – <i>for max 25 people</i>	R 2,875
Certificates (design and printing) – <i>for max 25 people</i>	R 1,250
SUPPLY AND MAINTENANCE COSTS FOR MOBILISERS. INCLUDE:	
Mobiliser tool kit (facilitator guide (printed), cap, t-shirt, name badge, pens, intake register, condoms)	R 1,160 p/m
COSTED SEPARATELY:	
T-shirt (short sleeves)	R 79 per unit
Caps	R 34 per unit
Name tags	R 40 per unit
Training manuals	R 167 per unit
Umbrellas	R 125 per unit
Once-off cell phone purchase (for transmitting of intake registers from the field)	R 400 per unit
Printing of MMC DG pamphlets	R 0.56 per unit
Airtime for team leader and mobilisers	R 250 – 300 p/m
EMPLOYMENT COSTS. INCLUDE:	
Salary of Mobiliser (<i>Can also be incentivised based on performance i.e. number of leads generated</i>)	R 4,600 p/m
Salary of Team Leader	R 12,840 p/m
Salary of Recruiter for social mobilisers	R 2,000 p/m
Transport: Team Leader	R 2,000 p/m
Transport: Mobilisers	R 100 – R 500 p/m
District level support staff (i.e. portion of management, HR, finance, stakeholder engagement, M&E, admin etc.)	R 3,605 p/m

CALL CENTRES

ITEM	UNIT COST
TRAINING COSTS:	
Call centre trainer	R 6,000 p/m
Catering (x 3-day training)	R 100 – R 200 p/p
Transportation	R 300 – R 1,500 p/m
SUPPLY COSTS:	
Call Centre Support (includes: telephonic and SMS booking support, reminders, confirmations, direct telephone costs (airtime), hardware/software, IS/IT programming and troubleshooting)	R 6,187 p/m
Telephone (for i.e. transmitting of intake registers)	R 1,800 p/m
EMPLOYMENT COSTS:	
Call centre agent	R 2,000 – R 6,000 p/m
Team lead/Supervisor	R 12,840 p/m
Support Staff (IS/IT programmer)	R 8,000 p/m

ACTIVATIONS

ITEM	UNIT COST
SUPPLY COSTS:	
Venue hire – <i>Can be free depending on venue (NDoH) or type of event</i>	R 2,700 – R 6,000 p/m
Media truck (with sound system/daylight screen)	R 50,000 p/m
Sound system (includes speakers, amplifier, transport and technical support for 1 x day)	R 1,500 p/m
Transport for equipment (includes crew and set up x 1 day)	R 1,000 p/m
Catering	R 100 – R 200 per person
Printing of pamphlets	R 0.56 per unit
Design and printing of posters (estimated cost of printing 250 posters)	R 95,000
Gazebos, x 2 tables, banners/bunting	R 8,800
EMPLOYMENT COSTS:	
Presenter/host	R 500 per day
Supervisor/Event coordinator	R 3,000 per day
Celebrity/Champion	R 2,000 per day
Security guard	R 250 – R 500 per day

TELEVISION

ITEM	UNIT COST
Pre-testing (<i>Based on two districts in one province</i>)	R 280,000 p/m
Production	R 1,300,000 p/m
Placement (<i>National, based on two months with four bursts</i>)	Free-to-air TV: R0.32 * ~17.8M impressions = R 5,700,000 DSTV: R0.70 * ~4.3 M impressions = R 3,000,000

RADIO

ITEM	UNIT COST
OPERATIONAL COSTS:	
Research and Testing	R 3,800 per ad
Radio Production (includes 10 x themes, various accents, sound studio and engineer, music etc.)	R 3,177 per ad
Placing 30 second radio advert (varies by day and time of the week)	R 400 – R 700 per ad
Administration fee	R 450 – R 750 per spot
EMPLOYMENT COSTS:	
Voice-over artist to present advert (varies by months)	R 900 – R 3,080 per ad
Advert translator per language	R 700 per ad

PRINT

ITEM	UNIT COST
POSTERS	
Design and upload to publisher	R80,000
Placement	Varies by media outlet, date, location on page and size One-time insertions starting at: <i>National (37): R 246 per square cm</i> <i>Regional (38): R 113 per square cm</i>

IEC MATERIALS

ITEM	UNIT COST
POSTERS AND PAMPHLETS	
Posters: Design and printing	R 95,000 (estimated cost of printing 250 posters)
Placement	R 2,500 per poster for 4 months
Pamphlet: Printing	R 0.56 per Unit

OUT-OF-HOME

ITEM	UNIT COST
BILLBOARD	
Used at a local level can be used effectively in highly visible places to maintain awareness of MMC services or to highlight changes to a clinic's hours or address. (1.5m x 3m Metro township and non-urban) Located inside taxi ranks/shopping nodes close to POS and key retailers around the taxi ranks and shopping centres	
Production	R 930 p/m
Research and Testing	R 3,800 p/m
Placement	R 1,430 p/m
TAXI BRANDING	
Wrapping a taxi can be effective along a commuter belt as the vehicle serves as a moving advertisement. Options include the back of a taxi or fully wrapping the vehicle (<i>See benefits of taxi back vs. full wrap in section 6</i>). Price below illustrates full wrap	
Production	R 4,100/taxi
Placement (4 months)	R 4,500/taxi
COMMUTER TV (Adverts placed on TVs in taxis and buses)	
Purchased at a national level (15 sites) and is a highly visible to target audience (30 seconds airing on TV). Media buy includes running the spot/ad 32 times per day on either weekdays (20 days/month) or weekends (8 days/month) (39). If purchasing a longer duration (i.e. 2+ months), there is a monthly rate discount	
Production – <i>Potentially coupled with another TV production</i>	
Placement (up to two months on weekday only)	R 140,000 p/m

ADVOCACY

ITEM	UNIT COST
TRAINING COSTS:	
Venue hire for training – <i>Can be free if provided at NDoH</i>	R 2,700 – R 6,000/day
Transportation (depends on distance to training venue)	R 100 – R 500 per person
Catering	R 100 – R 150 per person
SUPPLY COSTS:	
Catering for meetings	R 100 – 150 per person
<i>Printing of IEC materials</i>	
Pamphlets	R 0.56 per unit
Posters: Design and printing	R 95,000 (estimated cost of printing 250 posters)
Stationery (note books, pens etc.)	R 50 per package
EMPLOYMENT COSTS:	
Salary of advocate	R 12,840 p/m



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