Human Centered Design approach to demand creation for VMMC in Zambia and Zimbabwe

Ngoni Madidi & Kumbirai Chatora
Population Services International

Albert Machinda & Brittany Thurston
Society for Family Health

August 24, 2016
The overall objective is to contribute demand generation insights to help further scale-up of VMMC in Zambia and Zimbabwe.

The program has five objectives:

1. **Identify key market insights** to guide development of effective demand creation strategies and communications.

2. **Develop market-segmented strategies** for effective demand creation activities and their scale-up.

3. **Develop tracking tools** for measuring demand creation activities and ongoing market trends.

4. **Identify the role-potential for devices** in demand creation, including forecasting uptake/volumes and developing device introduction strategies.

5. **Assess potential & approaches for** sustainable MC solutions (EIMC & EAMC).

- Research took place in Zambia and Zimbabwe from 2014 – 2015 by IPSOS Healthcare with support from the Bill and Melinda Gates Foundation.
- The in-depth market insights have been used by both Ministries to inform their communications strategy (further along in Zimbabwe) and by PSI/SFH to develop, pilot, and scale interventions targeting high-risk segments, including men 15-29.
An overwhelming majority of men in Zambia and Zimbabwe are aware of VMMC and believe in its benefits; however two significant declines are defined on the path: from commitment to scheduling of the appointment and from appointment to advocacy.

<table>
<thead>
<tr>
<th>Relate Stage</th>
<th>Anticipate Stage</th>
<th>Relief Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not aware</td>
<td>Only aware of VMMC</td>
<td>Committed to procedure</td>
</tr>
<tr>
<td>6%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>11%</td>
<td>29%</td>
<td>23%</td>
</tr>
<tr>
<td>6%</td>
<td>23%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Conversion rates:
- 94% conversion from awareness to belief in VMMC benefits
- 80% conversion from belief in VMMC benefits to commitment
- 60% conversion from commitment to appointment
- 40% conversion from appointment to advocacy
- 34% conversion from advocacy to circumcision
- 11% final circumcision rate

On average, 2 years and 3 months pass since awareness till circumcision.

Bases: % are calculated based on the sample of all men, excluding those who are non-medically circumcised, n=1793.
Bases for means in months: time between becoming aware to belief in benefits, n=1226; time between belief in benefits to commitment, n=642; time since commitment to scheduling appointment, n=122; time since scheduling appointment to appointment (projection), n=122.
Research Insight: Compress Time

- Created artificial deadlines to prompt men to get circumcised
  - Implemented a time bound Valentine mass media campaign encouraging men to get circumcised
  - 14% increase in uptake among older men compared to same period previous month
  - Revised discussion guide to include time prompters – circumcision before marriage and after spouse delivery

- Community mobilization activities with mobile service delivery
  - Mr Smart Fun Days – community owned edutainment events with service delivery
  - Outside radio broadcast shows
  - Community soccer, meetings and edutainment activities targeting out of school
  - Average of 70 men circumcised per Mr. Smart Fun Day event and outside radio broadcast shows
Research Insight: Compress Time

**Activities to attract older men**

- Preferential treatment for older men at service delivery sites to reduce time
- Ring mass media campaign promoting time saving benefits of the procedure
- Basic Men’s Health Check-ups as a hook to access services
- Mobile service delivery during public holidays
- IPC agents incentivised on number of older men recruited
- Schedule special circumcision days during the week at formal and informal workplaces
SEGMENT PRIORITIZATION: SEVEN SEGMENTS

- Traditional Believers: 27%
- Socially Supported Believers: 11%
- Self-Reliant Believers: 9%
- Knowledgeable Hesitants: 10%
- Friends Driven Hesitants: 19%
- Scared Rejectors: 6%
- Indifferent Rejectors: 17%
## SEGMENT PRIORITIZATION: CRITERIA BY ALL SEGMENTS

<table>
<thead>
<tr>
<th>SEGMENT:</th>
<th>% POPULATION</th>
<th>% CIRCUMCISED</th>
<th>COMMITMENT LEVEL</th>
<th>ADVOCACY LIKELIHOOD</th>
<th>SEXUAL BEHAVIOR</th>
<th>PRIORITIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable Hesitant</td>
<td>10%</td>
<td>50%</td>
<td>Low</td>
<td>High</td>
<td>Very risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>Self Reliant Believer</td>
<td>9%</td>
<td>71%</td>
<td>Very High</td>
<td>High</td>
<td>Very Risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>Friends Driven Hesitant</td>
<td>19%</td>
<td>14%</td>
<td>Conflicted</td>
<td>Medium</td>
<td>Average</td>
<td>SELECTED</td>
</tr>
<tr>
<td>Socially Supported Believer</td>
<td>11%</td>
<td>56%</td>
<td>High</td>
<td>High</td>
<td>Very Risky</td>
<td>SELECTED</td>
</tr>
<tr>
<td>Indifferent Rejecter</td>
<td>27%</td>
<td>6%</td>
<td>Very Low</td>
<td>Very Low</td>
<td>Low Risk</td>
<td>LOW MOTIVATION</td>
</tr>
<tr>
<td>Scared Rejecter</td>
<td>17%</td>
<td>10%</td>
<td>Very Low</td>
<td>Very Low</td>
<td>Low Risk</td>
<td>LOW MOTIVATION</td>
</tr>
<tr>
<td>Traditional Believer</td>
<td>6%</td>
<td>71%</td>
<td>Very High</td>
<td>High</td>
<td>Low Risk</td>
<td>HIGH MOTIVATION</td>
</tr>
</tbody>
</table>
SEGMEMENTATION TYPING TOOL

REVISED TYPING TOOL

**SCALE #1**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Description</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Could you imagine yourself getting circumcised?</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>Would you encourage a brother of you to get circumcised?</td>
<td>5-6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Would it be easier for you to get circumcised if no surgery or stitches are required?</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>1-6</td>
<td>Do you feel that getting circumcised is your own decision?</td>
<td>1-6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Would getting circumcised be an easy thing for you to do?</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**SCALE #2**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Description</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Could you imagine yourself getting circumcised?</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>Would you encourage a brother of you to get circumcised?</td>
<td>5-6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do you believe about the benefits that male circumcision might give you?</td>
<td>1-6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Would getting circumcised be an easy thing for you to do?</td>
<td>1-6</td>
<td></td>
</tr>
</tbody>
</table>

**SCALE #3**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Description</th>
<th>Options</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Imaging you had a healthy grandfather, would you recommend him to choose circumcision?</td>
<td>5-6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do you understand the procedure and the health process for circumcision?</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

*Improving Quality VMMC*
HCD APPROACH: MESSAGING METHOD

- Common and unique barriers and drivers
- Client Feedback
- Cross-cutting media messages
- Media Criteria

Messaging
**HCD APPROACH: CONCEPT IDEATION AND PROTOTYPING**

| **Focus Area** | • Used behavioral economics triggers from journey mapping, in combination with highest priority topics uncovered, to generate a list of focus areas |
| **Prompts**   | • Went through ideation for concepts, picked best ideas in plenary, asked participants to use prompts (how the client can see, touch etc.) to ideate each concept |
| **Criteria**  | • Developed criteria and rules to narrow the ideation output and to select concepts to move forward  
• Selected a small set to pitch to clients |
| **Client Feedback** | • Get a ‘gut check’ on the messaging by giving visiting clients 2 minute pitches of concepts  
• Refined and dropped based on feedback |
| **Physical Prototyping** | • Went through 2 rounds of physical prototyping in small groups, which fed into development of final concepts to be tested in the field |
HCD APPROACH: PRE-TESTING CONCEPTS

- PROCEDURE WALK THROUGH
- TRUE OR FALSE WHEEL
- SEX WHEEL
- BUDDY SYSTEM
- 60% JAR
- VIP WAITING ROOM
- PAIN-O-METER
SUMMARY

- Segmentation enables better identification and targeting of potential clients.
- High risk and highly impactful age group 15-29 years represent a large majority of the selected segments.
- Target messaging based on segment allows health workers to address specific barriers and reduce IPC session time.
- HCD approach generates demand creation activity ideas throughout the year - not dependent on school campaign months ensuring older men are also reached.
- Mapping man’s pathway helped to identify appropriate times and points to place interventions.
- Better understanding of man’s journey helped create suitable activities to address clients’ needs along the journey.
- Compressing time acts as a final nudge to get circumcised.
Samples in Zambia (Zimbabwe nearly the same)

- **Qualitative Path to VMMC & Behavioral Economics**
  - Path to VMMC Interviews
    - n=75 men, circumcised & uncircumcised in 6 provinces, interpersonal influencers and community influencers
  - Behavioral Economics Ethnolabs
    - 15 groups of 10 men (n=150), 3 groups of female partners and providers, each (n=30, each)

- **Quantitative Path to VMMC & Segmentation**
  - Uncircumcised & circumcised boys/men, ages 15-29; n=2,000 population-proportional to MC targets by district

- **Device Forecast**
  - Uncircumcised boys/men, ages 10-49; n=1,250 population-proportional to MC targets by district (parents included for boys)

- **Qual & Quant Sustainability Research**
  - Qualitative Interviews
    - 18 Fathers & Mothers each, 9 Grandfathers & Grandmothers each, 18 Neonatal / Antenatal HCWs and 8 trained providers of EIMC, 6 Ethnolab groups of 8 mothers and fathers, each, in 3 provinces (n=96)
  - Quantitative Survey
    - Mothers & fathers expecting baby boy or unknown sex or have baby boy 1-2 months old; n=500 mothers & 500 fathers