UNLOCKING BEHAVIORAL DRIVERS: AN EFFECTIVE APPROACH TO MALE CIRCUMCISION IN SHINYANGA

HCD – Why does it matter?

- Most program design make several assumptions about human behavior.
- Help people make and follow through the best decisions for themselves.
- Understanding the perspective of the person who experiences a problem, their needs, and whether the solution that has been designed for them is truly meeting their needs effectively or not.
- Resource saving – when appropriately applied and monitored.

Background

Afya *Plus* with support from the prime partner, Tanzania Health Promotion Support (THPS) through a PEPFAR/CDC supported Afya Hatua project supported the delivery of Voluntary Medical Male Circumcision services (VMMC) through 38 static sites in Shinyanga region. Afya *Plus* in collaboration with Shinyanga Regional Health Management Team (RHMT) and respective Council Health Management Teams (CHMTs) of Kishapu DC, Shinyanga MC, Shinyanga DC, Kahama MC, Ushetu DC and Msalala DC has been supporting delivery of VMMC services through static and facility-led outreaches while taking all necessary Infection Prevention and Control measures in the context of COVID-19 pandemic. Community sensitization, health education and vaccination for COVID-19 has been integrated as part of routine VMMC services targeting VMMC clients and their partners, parents, guardians, and other interested community members.

VMMC program has undergone several changes including the shift in focus to adult men aimed at achieving a more immediate impact on HIV epidemic. Existing demand alignment systems and approaches are largely built for younger boys and aren't working for this newly targeted group of adult men. Yet, older men are traditionally the most challenging population to embrace VMMC for them to accept circumcision they need to travel a "*non-linear mental journey*" crossing different behavioral barriers which often get stuck and ending up chose not to circumcise. The programmatic shift has further been emphasized by the WHO that the greatest

short-term impact on HIV incidence would be obtained by expanding circumcision coverage in the 20–24, 25–29 and 30–34-year age groups, as this is the age range at which men are in the highest risk of HIV infection. Thus, reaching younger adolescents is not urgent[1]. Men centered behavioral design was adapted by Afya *Plus* to empower adult men to overcome behavioral barriers through a step-by-step process which involves; define, diagnose, design, test, and scale phases where each recognized barrier theme is adequately discussed men are helped to make decision and act. According to the regional surveys, conducted in PERFAR and USAID circumcision priority countries; six barrier themes were identified mostly affecting adult males to access VMMC services. The barriers are Lack of benefit relevance, anticipated pain, anticipated loss of wages, uncertainty, anticipated shame, and distrust.

Approach

We conducted site level orientation to the Community Health Workers (CHWs) on human centered design (HCD) approaches to sharpen their abilities carry out one-on-one dialogue with adult men focusing to help them to overcome the behavioral barriers. CHWs were also equipped with interpersonal communication skills to enhance their potential to persuade adult men to circumcise. The orientation was done to a total of 57 CHWs covering all six councils in Shinyanga. CHWs were also provided with Swahili – booklets as job aids to help them recall the steps and messages required at each step. However, we gave each CHWs an opportunity to recruit at least five clients at the beginning to see if they were competent enough to apply the HCD approach.

Depending on the type of barriers adult men encountered, our program team innovatively came up with different solutions such as pick and drop, moonlight services, planning cards, pain-o-meter, appointment cards, VMMC clinic learning tours, one-on-one dialogue, and the role of spouse and female partners to support during healing period.

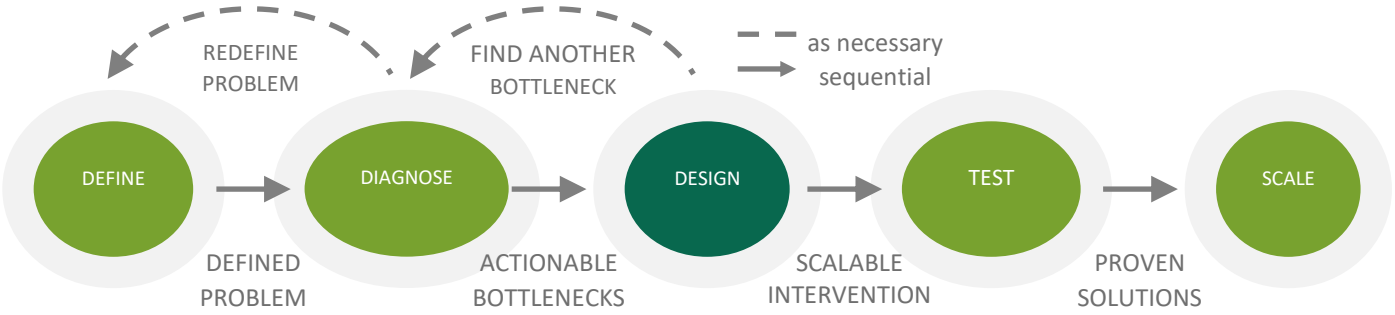
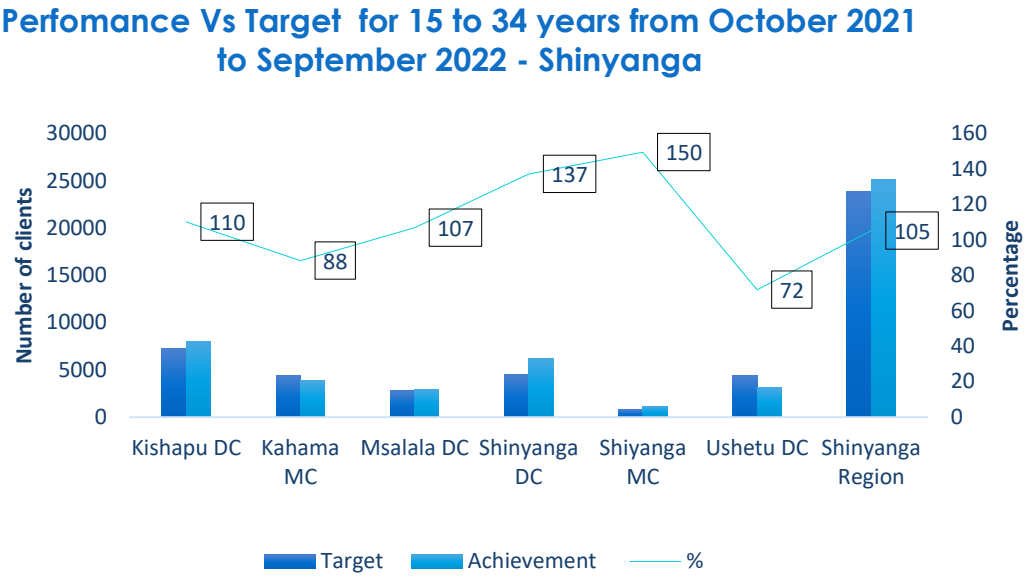


Figure:1 Bio- behavioral Design Process- ideas[42]

Results

[1] *WHO Guideline 2020: Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics recommendations and key considerations*

Afya *Plus* through the THPS led Afya Hatua project reached a total of 25,172 clients who are 15-34 years adult men with VMMC service which is equivalent to 105% of the annual target assigned for the fiscal year 2021/2022. See the graph below.



Recommendations

- We strongly recommend HCD approach which evidently found to be an "*effective approach on unlocking behavioral drivers*" and helping men to utilize a range of HIV services, to be scaled up in reaching more adult and high-risk men for greater impact on HIV epidemic control.
- We encourage VMMC implementing partners to employ *"Site level orientation of HCD"* as a cost-efficiency model of reaching and orient CHWs, voluntary community agents and other community resource persons to augment HIV prevention efforts across the country to sustain the gains made in HIV program.