



A DECISION-TO-ACTION MENTAL JOURNEY THAT INCREASED UTILIZATION OF VMMC SERVICES AMONG FISHERFOLKS IN LAKE VICTORIA ISLANDS, TANZANIA

September 2021

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BACKGROUND

According to the 2016-17 Tanzania HIV Impact Survey, national male circumcision prevalence is near 80% among 15-29 year-old males. However, pockets of low coverage remain, especially in areas with non-circumcising communities and among high-risk and hard-to-reach groups. Prevalence of HIV among fisherfolks in the Lake Victoria islands (LVIs) is 14%—three times higher than the national prevalence.

Barriers affecting uptake of voluntary medical male circumcision (VMMC) services among fisherfolks include long distances to reach facilities, inadequate privacy due to structural set-up of facilities, and worry of losing wages. Traditional VMMC outreach

approaches that have been successful among the general population have not been as effective among adult and mobile high-risk men. Thus, nonconventional solutions are needed to reach this segment of the population.

In 2020 IntraHealth International won a global ambition funding opportunity through its Tohara Plus project to bridge the VMMC coverage gap in men above 25 years and in high-risk and hard-to-reach underserved groups. To increase the pace of recruiting adult uncircumcised men from high-risk populations, including fisherfolks, the project used human-centered design (HCD), a behavioral sciences-based and client-centered approach. HCD emphasizes both the perspectives and participation of the target populations at every step, resulting



in more inclusive, tailored, and empowering solutions. It equips implementers with interpersonal communication skills to better deliver alternatives and solutions to address the barriers along men’s mental journeys between decisions to action on VMMC service uptake.

ADAPTING HCD FOR FISHERFOLKS

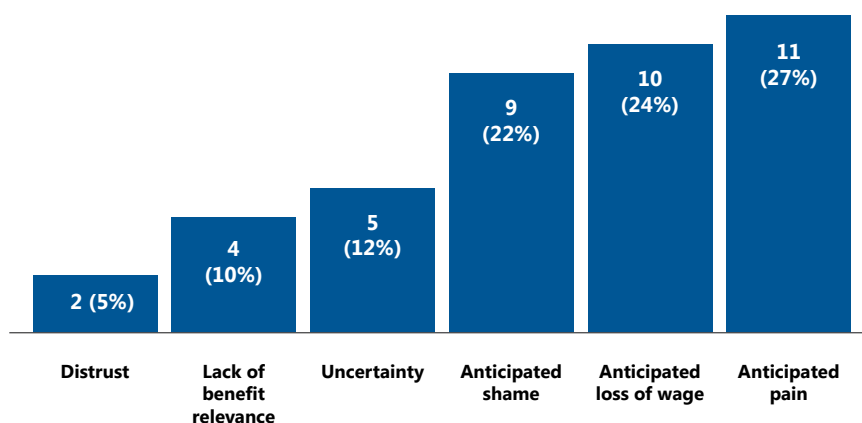
IntraHealth, in collaboration with Desire Line consultants, worked with regional, council, and facility level managers, service providers, and community mobilizers to develop and refine an HCD intervention and prototype for targeting fisherfolks in the LVIs.

CONTEXT ANALYSIS

IntraHealth’s VMMC team conducted informal discussions with fisherfolks in their fishing camps to ascertain what their daily lives were like and the culture and beliefs that might affect their readiness to utilize VMMC services. The team also explored recommendations for improvements in the way VMMC services are delivered to motivate more adult men and fisherfolks in the LVIs. Results from a situation analysis showed key barriers to be anticipated pain, loss of wages, anticipated shame, uncertainty, lack of relevance of the benefits, and distrust (Figure 1).

Additionally, mobilizers had difficulty communicating with potential clients because they lacked skills on how to start conversations as well as basic knowledge on VMMC.

Figure 1: Frequency of reporting on barriers hindering adult men and fisherfolks from using VMMC services



USING HCD TO CREATE DEMAND AMONG FISHERFOLKS

To address the barriers identified from the analysis, IntraHealth convened a joint stakeholders’ meeting that brought together fisherfolks, Desire Line consultants, representatives from the regional and council health management teams (R/CHMTs), council HIV/AIDS control coordinators, and community development officers to design relevant interventions. This meeting produced the following resolutions:

1. To address distrust and shame, capitalize on interpersonal communication as the sole mechanism for recruiting adult men for VMMC services.
2. To yield more adult men for VMMC services, carefully identify and train, retain and sustain community volunteer agents (CVAs) that include satisfied clients, popular opinion leaders, and other influential personalities in the supported communities. CVAs raise awareness, mobilize, recruit, and book clients for VMMC services and, where needed, escort those who are ready for VMMC to the health facility. Qualities of CVAs include being:
 - A permanent resident of the targeted community
 - Well known, trusted, respected, and acknowledged by other community members.
 - A trained community health worker (added advantage).
3. Provide training to CVAs on HCD approaches to increase their skills, confidence, and capacity to identify individual adult clients’ barriers and use the available tools to address those barriers and successfully bring them to services.
4. Integrate the use of differentiated service delivery models to meet specific client needs for ensuring privacy and confidentiality such as extended working hours, services over weekends, operating “VIP” VMMC clinics, and using mobile clinic vans to reach more secluded places and offer late evening/night hours.
5. Develop an HCD booklet to provide guidance for low- or semi-literate CVAs and other non-specialized community mobilizers using prototypes such as the Tohara Journey mobile app as

additional job aids. These tools provide CVAs/ mobilizers and service providers with guided answers to individual clients' questions that often get them stuck along the journey toward accessing VMMC services.

6. Capitalize on the use of one-on-one sessions to deliver individualized information to specific prospective clients. Community mobilizers were oriented to reach their peers and provide a room for them to ask questions confidentially and get answers relevant to address their worries.
7. To incentivize them, provide CVAs with a pair of branded T-shirts, branded jackets, HCD booklet, and smart mobile phones with the Tohara Journey app for recruiting prospective clients.

PILOT TESTING OF THE HCD BOOKLET

In collaboration with Desire Line consultants, the project pilot-tested and refined the HCD booklet to ensure appropriateness of content, clarity of language used, and whether the booklet provided clear options for men (fisherfolks) to overcome common barrier themes.



An HCD booklet customized for adult males in Lake Victoria Islands

Community mobilizers were introduced to the concept of HCD and interpersonal communication skills specific for fisherfolks. During the pilot exercise, detailed information was collected detailing the process and challenges encountered. Feedback from community mobilizers was used to make the necessary amendments to the booklet and how interpersonal communication sessions should best be conducted.



CVA attending a feedback meeting in Ukerewe

RESULTS AND LESSONS LEARNED

- A total of 66 fisherfolks were circumcised within five days in the Lake Victoria islands. Of these, 36 (54%) were adult men aged 25 years and above.
- 109 CVAs and 12 health workers were oriented on how the HCD approach is useful in improving VMMC client recruitment by being more attentive to the personal behavioral barriers of men in their path to getting VMMC.
- One experiential learning tour was conducted to familiarize the mobilizers with all the steps a VMMC client goes through during service provision within a clinic.
- Only 12 pages out of 25 from the draft booklet proved useful to the CVAs (see Table 2). Of these, pages 7, 6, and 3 were the most frequently used.
- Potential clients encounter more than one barrier theme; however, anticipated pain, shame, and wage loss were frequently reported. Community mobilizers should consider more than one encounter with the prospective client to ensure all barriers are addressed.
- Community mobilizers need to be oriented well in advance before using the booklet; thus, a clear set of instructions is needed for orienting and training mobilizers.

Table 1: List of content for the pages used by CVAs in the HCD booklet during pilot exercise

Pg. 2	Guide on how to use the booklet
Pg. 3	HCD start up questions; list of content
Pg. 4	Meaning of male circumcision with pictorial images
Pg. 6	Benefits of circumcision for adult men
Pg. 7	Mobilizer's speaking notes: benefits of circumcision to an adult man
Pg. 8	Graphical presentation indicating circumcision + consistent use of condoms = 99% protection
Pg. 10	Benefits of circumcision to a female partner
Pg. 13	Mobilizer's speaking notes: roles of female partners helping men to circumcise
Pg. 19	Mobilizer's speaking notes: how men can cope with shame and understanding the MC procedure
Pg. 21	Painometer
Pg. 22	Card – showing where can individually access services
Pg. 25	Post-circumcision messages

CONCLUSIONS

- Use of a pre-designed, well researched, and well laid out tool that considers both the client's and mobilizer's needs proved very helpful for mobilizers to diagnose the barrier themes and provide customized information aligned to the specific client's barriers.
- HCD interventions are needed during the initial program design and operationalization to identify and address the behavioral barriers facing prospective adult male clients for VMMC.
- Health interventions need to understand the community in which they are going to introduce the program and ensure that community-facility linkages and sustainable communication systems are in place.
- VMMC community mobilizers are key partners for a successful VMMC program and need to be well and thoroughly trained and provided with relevant job aids.
- Fisherfolk communities consist not only of the fishers but the whole group of people operating in the fishing process such as boat technicians, Boda-Boda drivers, boat owners, women selling

food at the beach, and partners of fishers; many residents around the fishing area can fall in the high-risk group.

- The HCD booklet can be used not only by mobilizers in the fisherfolk communities but also in other areas as it serves the general purposes of understanding behaviors and providing solutions.

RECOMMENDATIONS

- Provide simpler illustration of how to express the concept of the 60% prevention benefit of circumcision because mobilizers are still facing challenges in expressing this concept clearly to potential clients in ways they can understand. Graphic representation of the percentage, e.g., 3 colored stones among 5, or games can help simplify the communication to impart the intended information.
- Include role plays in the booklet orientation workshop, especially on how to conduct interpersonal communication using the HCD approach and simulating a "learning tour" through a VMMC clinic.
- Include mounted mobile vans as one of the options for service delivery.
- Build capacity of project technical teams and R/CHMTs on how the booklet is used so that it is considered and thoroughly integrated into supervision and mentorship for CVAs.
- Disseminate the HCD booklet and tools at national, regional, and council avenues.

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