INTEGRATE Insight Series

Sustainable Community-Led **Demand Models in Zimbabwe**

Population Solutions for Health

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Catalyzing Integrated Sustainable Subnational Biomedical Prevention in Zimbabwe

Rethinking VMMC Demand Creation

Demand creation for voluntary medical male circumcision (VMMC) depends on implementing partners hiring community health workers (CHWs) to conduct one-on-one sessions, host media events, and participate in school health programs. This reliance on implementing partners poses sustainability challenges for Zimbabwe's VMMC program, as activities usually end when funding from the implementing partner stops. Additionally, CHWs are paid based on the number of VMMC clients they recruit, limiting the scope of community engagement to activities that directly increase VMMC uptake. This output-based payment model can discourage broader community involvement and exclude key groups, such as local leaders, from contributing effectively to VMMC promotion.

Shifting from Partner-Driven to Community-Centered Demand Creation Models

Since 2021, the INTEGRATE project has piloted a novel approach to community-led VMMC demand creation. The project introduced a suite of interconnected community-based interventions designed to leverage the unique strengths of various community structures, fostering a more cohesive and sustainable approach to demand creation. These interventions include the Rock Leadership Model, Village-to-Village (V2V) Campaigns, Male Mentorship Clubs, and Income-Generating Activities (IGAs).

Digital Health Program. Zimbabwe, 2021

Rock Leadership Model.

Leverages the power and influence of traditional leaders in supporting and guiding VMMC and biomedical prevention. Community leaders undergo capacity-building sessions to gain knowledge and skills in VMMC and demand creation, increasing their confidence in mobilizing and engaging their communities. Trained traditional leaders use existing community platforms and community development gatherings to promote positive conversations about VMMC and biomedical prevention. This model is based on the insight that communities are more receptive to health messaging when their trusted leaders publicly endorse and advocate for uptake.

Village to Village Campaigns.

Community dialogues focused on VMMC and HIV biomedical prevention services, led by traditional leaders trained under the Rock Leadership Model. V2V campaigns replace partner-led mid-media activities with a more community-centered approach. Traditional leaders target parents and caregivers of in-school adolescents and out-of-school boys and men aged 15-29, aiming to promote service uptake and inform quality assent and consent. The campaigns provide opportunities to deliver accurate VMMC information, address barriers and misconceptions preventing uptake, and address parental and caregiver concerns.

Male Mentorship Clubs.

Safe platforms for openly discussing VMMC, biomedical prevention, and other men's health-related topics. Established at the village level, the clubs engage uncircumcised men and boys interested in VMMC who are not yet ready to undergo the procedure.

Income Generating Activities.

IGAs, which include ventures like poultry farming and fish trading, are chosen based on local market demands. The community manages and owns these activities, overseeing them through a locally developed operational charter. Community mobilizers draft this charter and agree on a 'group constitution,' which outlines roles such as group chair, secretary, and treasurer, ensuring clear definition of roles and governance. Unlike individual incentives, IGAs link rewards to the collective success of the group, with benefits distributed equally among members based on their contributions, as detailed in the group constitution. Members actively engage in community mobilization, set performance targets, and focus on building sustainable livelihoods by reinvesting their earnings back into the IGAs. They track their earnings using a dedicated IGA tracker, ensuring transparency and accountability.

Impact of Community-Led Demand Creation

The community-led approach effectively integrates various community structures, promoting a cohesive approach and fostering local ownership. By engaging diverse groups—from local leaders and health workers to the broader community—this approach builds a foundation of local knowledge and buy-in. It reaches individuals across different community sectors, strengthening communal ties and encouraging shared responsibility for health outcomes. This broad engagement is crucial for the long-term success and resilience of public health interventions, as local ownership and leadership are key pillars for sustainability.

However, the model demonstrates significant variability in its ability to meet targets, reflecting both its potential and the challenges it faces. In 2022, the model reached only a small percentage of its targets, achieving 5%, 10%, and 52% in March, July, and November, respectively. However, in 2023, despite disruptions such as national elections and a cholera outbreak, the model exceeded expectations, reaching 185%, 147%, and 73% of its monthly targets in the same months. This suggests that the effectiveness of community models increases over time, with performance improvements correlating with their maturity. It also underscores the vulnerability of these models to external disruptions, such as elections and cholera outbreaks, which caused a notable performance decline in 2023.

To better understand the enablers and barriers affecting the models, the INTEGRATE team conducted targeted insight gathering to explore the effectiveness of community engagement strategies, measure the impact of interventions, and identify areas for improvement.

Digital Health Program. Zimbabwe, 2011

Key Insights and Lessons Learned

Rock Leadership, V2V, and MMC work synergistically, jointly supporting a high conversion rate.

Rock Leadership, V2V Campaigns, and Male Mentorship Clubs work together to optimize VMMC uptake. Rock Leadership enables community leaders to promote VMMC and biomedical prevention by using their influence in V2V Campaigns that target a broad audience of boys and men. While these campaigns successfully convert many, Male Mentorship Clubs provide a more private setting for those still hesitant to discuss VMMC. This multifaceted approach not only reaches a wide audience through V2V Campaigns but also supports a high conversion rate through targeted engagement in Male Mentorship Clubs, effectively addressing varying levels of readiness within the target population.

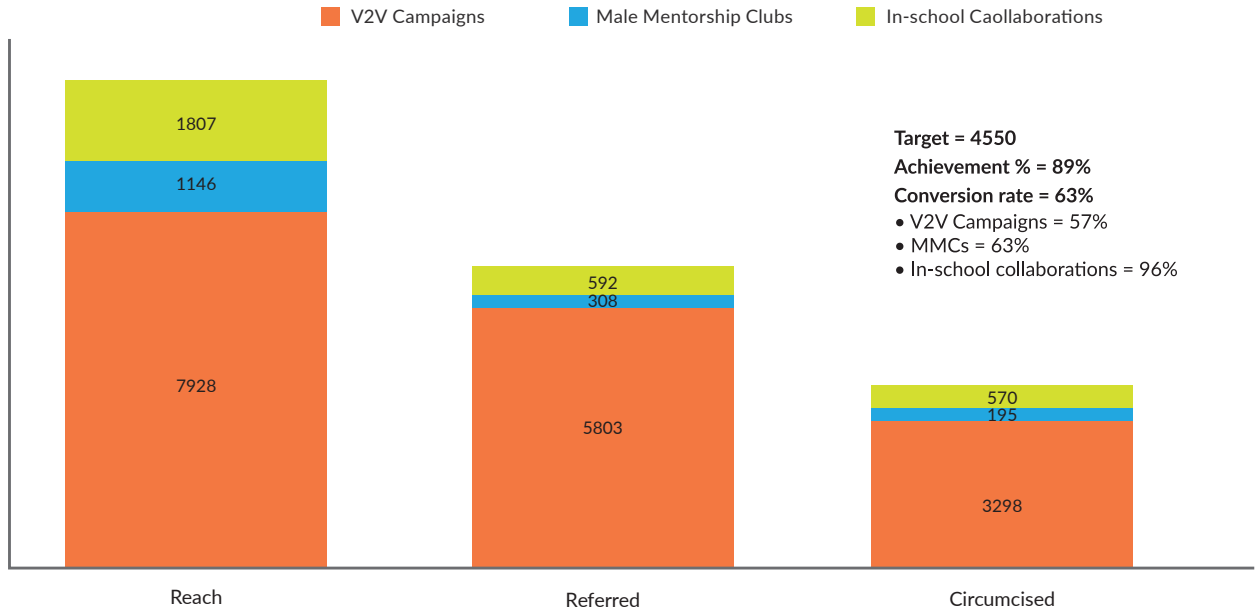

Figure 1. Conversion Rates of V2V Campaigns, Male Mentorship Clubs, and In-School Collaborations.

Investment in community capacity is necessary.

Skills and capacity for leading community VMMC activities do not inherently exist within communities. To effectively shift ownership and increase demand for VMMC, communities require basic training. It is crucial to engage and train community leaders early and continuously, beginning well before and continuing throughout the sustainability phase of the project.

Active, local presence is essential when selecting community-based organizations.

Effective implementation depends on collaborating closely with CBOs that have strong, current relationships with community leaders and health authorities. Challenges emerged when selected CBO partners lacked an active presence in the districts, despite having historical involvement. Establishing trust and building relationships with communities takes time. Therefore, partnering with CBOs that already have active relationships and established trust enables more meaningful and faster engagement.

Challenges with consent can be an indicator of misinformation.

Equipping diverse community structures with VMMC messaging has reduced myths, misconceptions, and gaps in community understanding. This increases parental consent for VMMC, on behalf of their children.

Group mobilization should be complemented with on-on-one engagement.

While group mobilization strategies such as V2V Campaigns can effectively generate broad awareness and acceptance of VMMC, one-on-one engagements are still necessary to assist clients with hesitations or concerns, offering a more personal approach that supports informed decision-making.

Male Mentorship Clubs could serve as platform for integrated men's health information.

Male Mentorship Clubs proved effective in encouraging men to take up VMMC; however, participants expressed a desire for more comprehensive health information. They sought discussions on broader topics such as STIs and mental health, alongside opportunities for economic strengthening. This feedback suggests that these clubs could be a powerful platform for addressing men's health more holistically and promoting positive masculinity.

IGAs must generate enough income to be effective incentives.

IGAs provide a more sustainable method to incentivize community mobilizers by transitioning from individual, donor-funded incentives to a community-led approach. However, their success hinges on profitability and sustainability. In Zimbabwe, economic instability, high livestock mortality, and climate vulnerability have led to minimal profits. The INTEGRATE project initially supplied start-up capital, but ongoing financial support became necessary due to these low returns, fostering a dependency on external funding that complicates long-term sustainability. In more stable economic environments, IGAs might need less external support and could more effectively sustain income generation.

Digital Health Program. Zimbabwe, 2021

Applying Lessons

Recommendations for Future Action

The insights gleaned from the INTEGRATE project provide valuable lessons for public health strategies both within Zimbabwe and on a broader scale. These insights are particularly relevant for governments and their partners aiming to adopt sustainable, community-driven solutions to public health challenges. These insights are applicable not only to VMMC programs but also to other health services that rely on community demand creation for their success.

Recommendations for policy makers:

- **Strengthen local capacities.** Advocate for policies that support and fund the development of local demand creation capacity. Scalable tools, such as e-learning platforms, can strengthen skills and knowledge throughout communities, preparing them to independently manage public health interventions. A significant threat to sustainability is the abrupt termination of programs without having built sufficient local capacity, which leaves communities unprepared to continue initiatives on their own.
- **Standardize incentive structures.** Consider frameworks that facilitate greater autonomy for local structures in health planning and implementation, accompanied by standardized funding models that incentivize community-wide outcomes rather than individual outputs. IGA's attempted to support this but were not suitable to the Zimbabwe economic context.
- **Continue researching and refining incentive structures.** Sustainable incentive structures require further research and refinement. Policymakers should invest in and explore alternative structures that offer long-term potential.
- **Facilitate broad private sector engagement**. Foster favorable conditions and incentives for private sector engagement in community health initiatives through in-kind contributions and purchasing agreements. For instance, in a conducive economic environment, IGAs could benefit from increased private sector involvement. This could include private entities providing in-kind support for essential goods like grains, livestock, and crops. Additionally, the private sector could support these initiatives by purchasing products locally produced by the IGAs.

Implications For Other Programs Implementers:

Introduce and expand Rock Leadership, V2Vs, and MMCs in new geographies.

The success of these models underscores their effectiveness and potential for broader implementation. These models should be introduced as an interconnected approach, rather than selectively adopting individual components. The three models function synergistically, collectively contributing to a high uptake in VMMC services. The models could be adapted to other health areas and expanded to encompass integrated health messaging.

Balance mobilization strategies.

Employ both group and individual engagement strategies to ensure broad coverage while also addressing personal concerns.

Leverage MMCs for broader health education.

Use Male Mentorship Clubs to provide holistic men's health education and promote positive masculinity.

Address misinformation proactively.

Implement comprehensive communication strategies to combat misinformation and improve community understanding and acceptance of VMMC.

Partner with local community structures.

Build genuine partnerships with local leaders and community structures. Community stakeholders should be involved from the earliest planning stages to ensure the interventions are culturally appropriate and responsive to local needs.

Select the right partners.

Choose community-based organizations with strong local ties for collaboration, ensuring faster and more meaningful community engagement.

Ensure IGAs are profitable.

Implement and manage IGAs to ensure they are not only self-sustaining but also profitable, adapting business models to fit local economic conditions. IGAs will not be suited to all economic settings and are not suited to Zimbabwe's challenging economic environment.

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KLKMB Campaign Digital Health Program, Zimbabwe 2016