

# PHC-MMC Referrals & Integration using Behavioural Insights

South African VMMC Programme Management Unit and MMC SUSTAIN

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health  
Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Content overview

## a) Background

1. *Why is a referral intervention necessary?*
2. *What are some basics of behavioural science?*

## b) Intervention overview & planning

4. *How does the intervention work?*
5. *What should we plan beforehand?*

click to view different sections



## c) Implementation

7. *The available materials*
8. *Setting up the materials*
9. *Orientation of healthcare workers*
10. *Maintaining & Monitoring the intervention*

## d) Other resources

11. *Orientation quiz answers*
12. *Acronyms list*



Background

## The need for PHC-MMC referrals

MMC demand creation at primary healthcare (PHC) level is executed mostly through direct client recruitment by implementing partners. Men presenting at PHC facilities for other services already demonstrate health-seeking behaviour, and trust in healthcare workers, meaning they are more susceptible to information and advice around MMC. However, in-facility referral pathways to MMC are often non-existent or fragmented and inconsistent. This presents **a missed opportunity** to extol the benefits of MMC/HIV prevention to a captive audience, thereby reducing the relatively high costs of MMC demand creation activities. **A missed opportunity** = a missed MMC = missed contribution to HIV infections averted = missed opportunity for reduced expenditure

**So, what if PHC healthcare workers are trained to speak to PHC patients about MMC and help them commit to making a MMC appointment?**

**Designed with behaviour change principles in mind, our initiative promotes MMC through:**

- Printed materials that prime and assist patients to ask their healthcare worker about MMC
- Visual healthcare worker prompts, including a conversation guide, to nudge a conversation about MMC between healthcare worker and patient, and to screen them for eligibility
- A MMC appointment commitment card that is filled in by the eligible male, assisted by the healthcare worker

# Behavioural science offers insights for the decision-making challenges people experience

It can be tricky to start a new habit, commit to an activity, or trust a process as our brains are wired to choose *'the way of least resistance'*. It has to favour mental shortcuts when making decisions (SYSTEM 1): reasoning out every option would take too much energy and time (SYSTEM 2). These mental shortcuts (SYSTEM 1) don't always work in our favour, but when an environment or communication is designed with this insight in mind, it can bring about the desired results.

This intervention thus tried to 'speak' to the SYSTEM 1 mental shortcuts/habits people use like respecting an authoritative opinion, trying to repeat good behaviour they were commended for, or remembering something they see more than once

There are two brain systems\*:

## SYSTEM 2

**Conscious**, goal-directed system that uses decision-making to direct behaviour towards emotionally and motivationally valued outcomes

## SYSTEM 1

**More automatic**, cue-driven system that uses familiar behaviour patterns, signals from the environment, and simple decision rules to guide behaviour

System 1 (quick & automatic)

System 2 (slow & deliberate)

Heuristics (mental shortcuts)

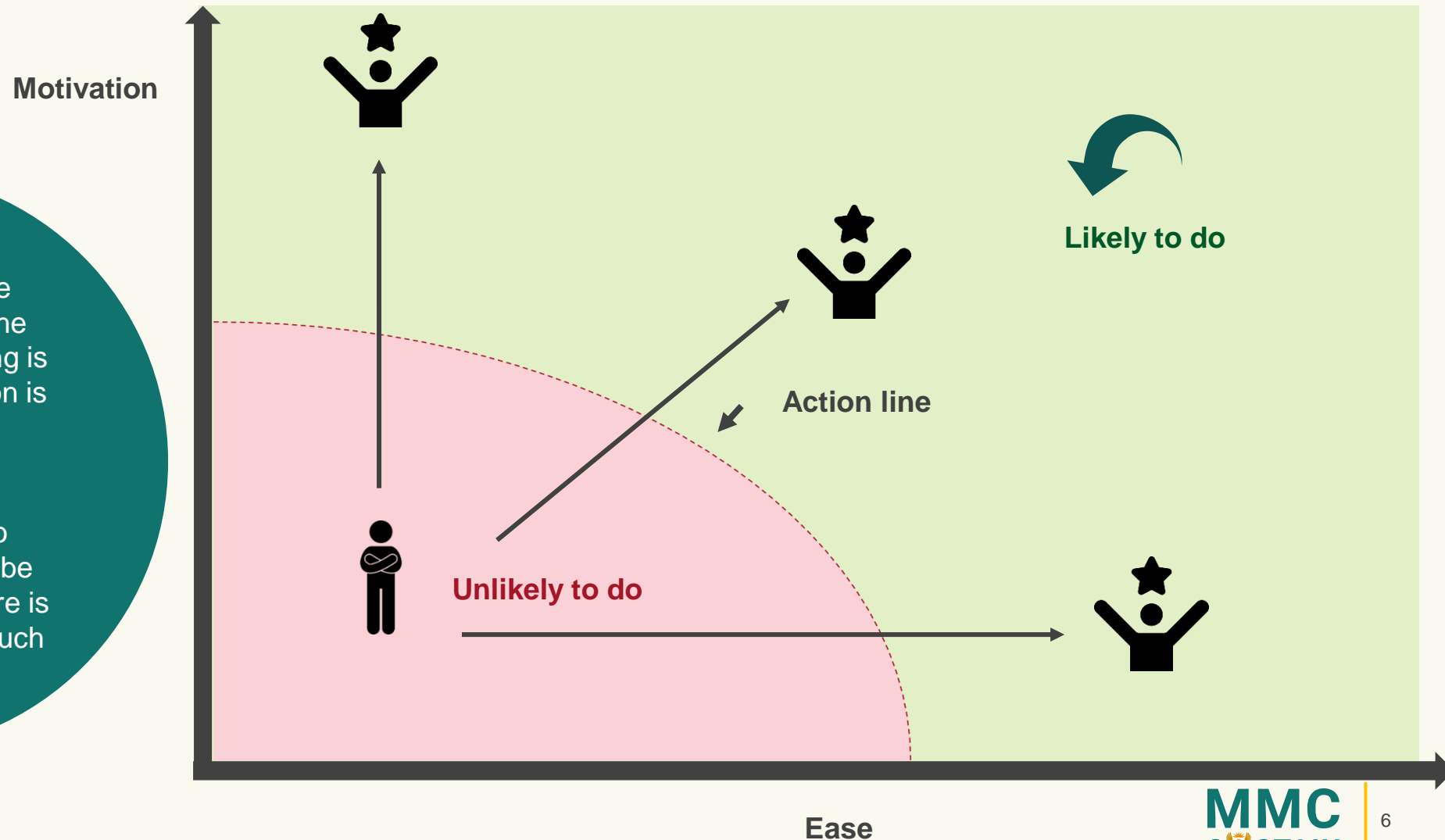
Habits

\*Kahneman, D. Thinking, Fast and Slow. 2011



## Ease + motivation = increased chance of desired behaviour

Another very simple way we can consider the likelihood of someone following through on an action, is the ease/motivation matrix: if something is difficult or tedious but the motivation is high (e.g., submitting invoices to receive payment), people will do it. When something is tricky and the reward is small, they are unlikely to finish it. If something can however be made as easy as possible and there is some sort of reward, people are much more likely to get it done.





# Intervention overview & planning

# About the PHC-MMC referral intervention

## Basic principles

**IMPLEMENTER** District or facility managers and their support staff take responsibility for implementing the initiative - with the support of MMC/men's health implementing partners or GPs. The PHC healthcare workers conducting patient consultations are the key role players.

**TARGET** It primarily targets eligible male clients visiting the PHC facility (whether related to MMC or not) though females are also invited to enquire about MMC. The basic eligibility criteria include 15+ years old males with an HIV- status, normal renal function, and who are fit for surgery. (Sub-16 year olds will need consent from a parent/guardian to undergo the procedure).

**WHERE** The intervention and its materials are implemented within the PHC facility encouraging PHC healthcare workers to talk to both men and women about MMC and guide men to commit to making an appointment at the MMC unit.

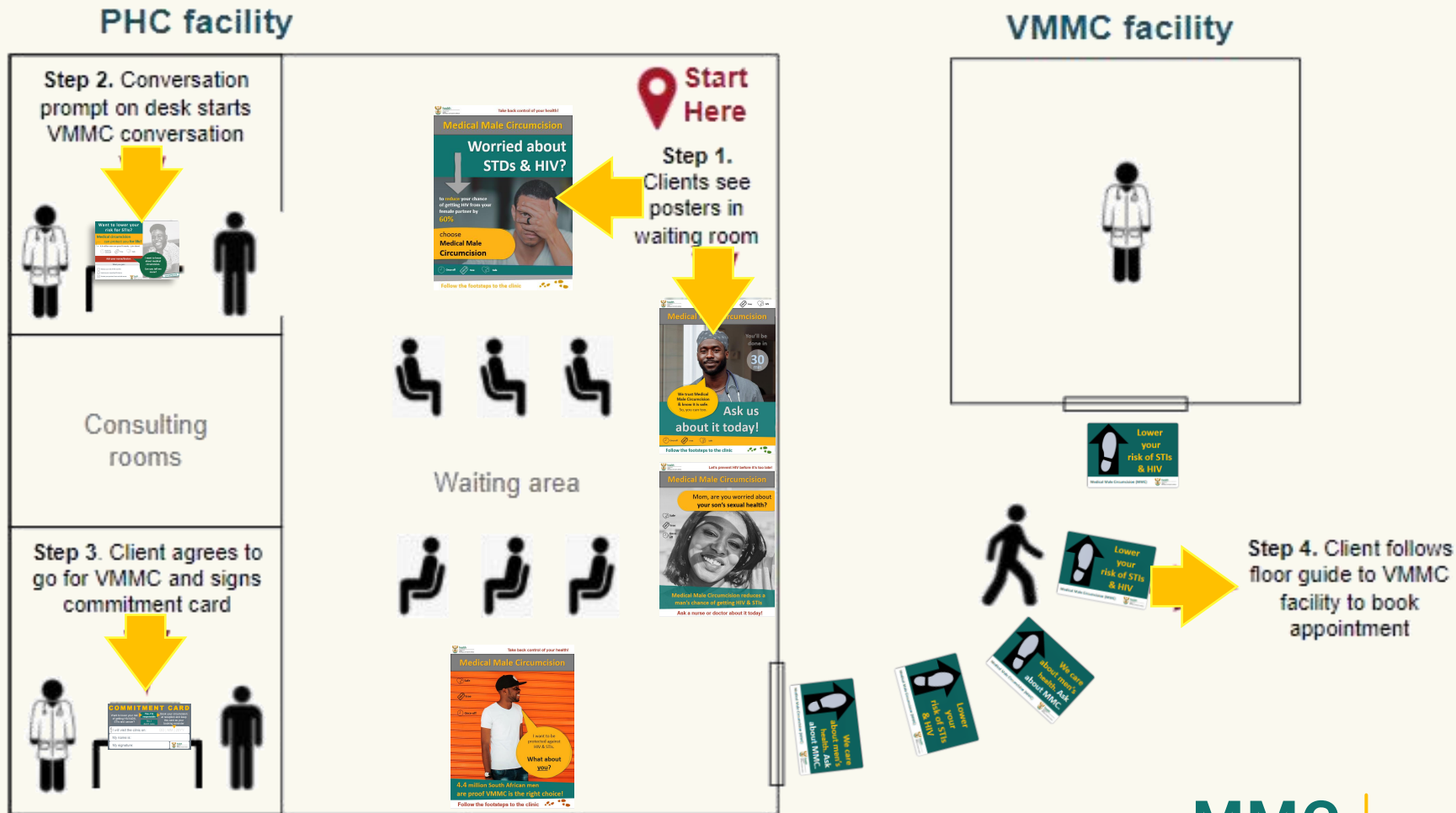
**WHEN** It can be implemented at any time, is meant to be used during consultation hours, and run throughout the year - potentially bridging the demand creation gap during low demand periods.



# The intervention visualised

**Target** men (and women) presenting at a Primary Health Care (PHC) facility

**How?** The PHC area & healthcare workers sensitise them to MMC and help them commit to booking an appointment



# What behavioural insights mean for this referral intervention

In this intervention, there are two main stakeholder groups that need to be persuaded to take part in an activity:

1. The **healthcare workers** (including community health workers) who are tasked with sparing a few minutes during a patient consultation to explain MMC to the patient, then help him fill in the commitment card, and tell him what to do next
2. The **potential client** who needs to ask about MMC, then be persuaded that it is a good idea for him, and then actually follow through with his commitment by returning to the facility for the procedure

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From the above, it is clear there are multiple times in their 'journeys' that they are confronted with a new decision or action that will require them to exercise willpower.

Behavioural Science says that three elements must meet at the same moment for a behaviour to occur: **Motivation**, **Ability**, and a **Prompt**. Our intervention aimed to provide prompts to target an increase in motivation and ability. The materials were also designed to not only **counter certain mental pitfalls** but also **leverage the audience's mental shortcuts**.

- [Read about the specific behavioural insights used later in this document](#)

## What to keep in mind

### Key factors for success

1. Buy-in from the facility/clinical manager: without them to keep healthcare staff reminded, trained and accountable, the intervention won't last long
2. A win-win and collaborative mindset among both the PHC staff and the MMC unit implementer is needed
3. Posters and commitment cards in local languages (already available in English, Sesotho, isiZulu)
4. An emphasis on the improved long-term health outcomes in South Africa (HIV/STI/cancer prevention)

### Potential benefits

1. Decrease in reliance on external client recruitment campaigns & implementing partner funding for demand
2. Increase in PHC health workers' awareness of HIV prevention and men's health interventions
3. Increase in PHC to MMC referrals and vice versa (linkage to care)
4. Increase in MMCs conducted = decrease in HIV/STI risk
5. A blueprint for integrating men's health services and increasing demand for MMC
6. Capacitates District Health Counsellors to provide peer education

## Recommended implementation process

- ☐ **Plan how many materials are needed** (including double-sided tape, elastic bands)
- ☐ **Plan monitoring methods & discuss with facilities**
- ☐ **Print & distribute materials, etc. to facilities**
- ☐ **Plan & invite facility staff to HCW orientation**
- ☐ **Conduct orientation of healthcare workers**
- ☐ **Set up all materials on the same day as the HCW orientation**
- ☐ **Maintain & monitor the intervention**





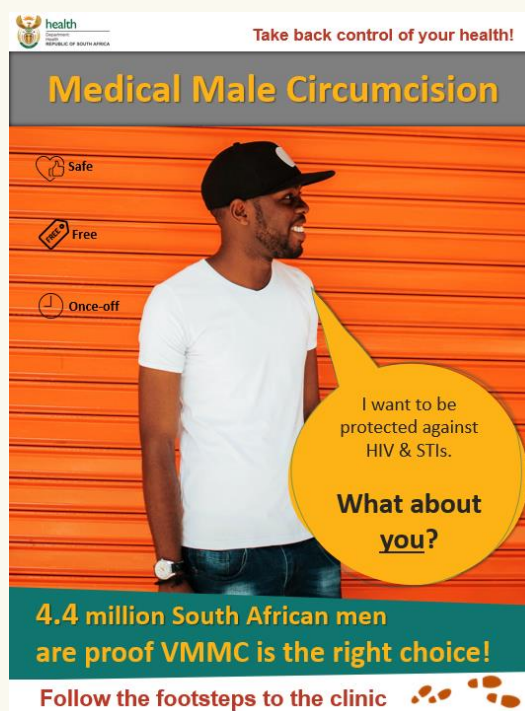
# Implementation

## Consider the PHC-MMC referral intervention in 4 themes

- 1. Understanding the materials**
- 2. Setting up materials**
- 3. Orientation of healthcare workers**
- 4. Maintaining & Monitoring the intervention**

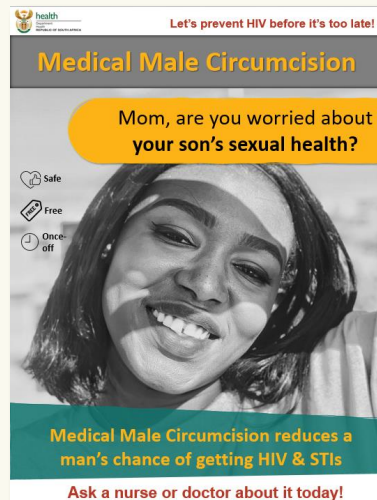
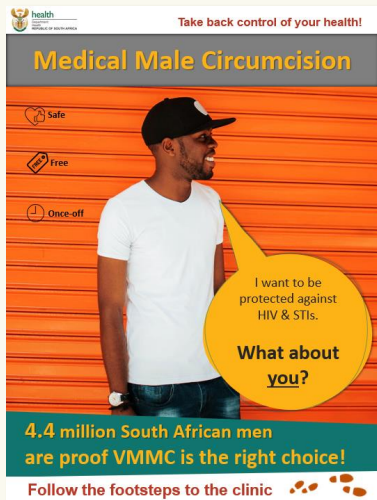
# The intervention materials: priming posters (some available in seSotho)

Waiting area/outside





# Priming posters



## Objective

- MMC posters in the MMC clinic are not very effective as they only reach men who are already going for MMC – the idea is to move these posters into the PHC waiting area.
- Objective of the posters is to warm people up to the idea of MMC before they reach the consulting room.

## The Behavioural Science Principles at play

1. **Priming**: Priming refers to the activation of mental concepts through subtle situational cues. These posters act as subtle cues to people that get them thinking about MMC and its benefits.
2. **Social norms**: People tend to look to others for how to behave, we draw on norms here and state “4.4 million men” have already been circumcised.
3. **Authority bias**: Posters feature health workers that show their support for MMC
4. **Ambiguity aversion**: Individuals like to know what is coming, hence the posters make it clear that the procedure will take less than 30min, is once-off, free and safe.



# The intervention materials: conversation prompt

Consultation rooms



Healthcare worker side

Patient/client side

Hey there!

Thanks for helping these patients today! Here's how to tell them about Medical Male Circumcision:

What to do:

☐ Tell him 'It's great you're here looking after your health!'

☐ Explain VMMC health benefits

☒ Check eligibility here:

Why circumcise?

✓ Once-off

✓ Lowers risk of HIV, STI and cancer

CHECK ELIGIBILITY

☐ HIV status unknown?

☐ HIV+?

☐ Possible STI?

Yes

Refer for testing or treatment, please

No

☐ Over 16 years old?

☐ Normal renal function?

☐ Fit for surgery?

Yes

He's eligible!

☐ Make sure he fills in the commitment card & knows where to go

No

☐ None of the above?

Yes

Refer patient for additional treatment

Want to lower your risk for STIs?

Medical circumcision can protect you for life!

4.4 million men are proof it works – join them!

Quick & once-off

Free

Safe

Ask your nurse/doctor:

What you gain:

☒ Reduce your risk of HIV and STIs

☒ Improve your sexual performance

☒ Protect your partner from cervical cancer

I want to know about medical circumcision.

Can you tell me more?

DOH APPROVED

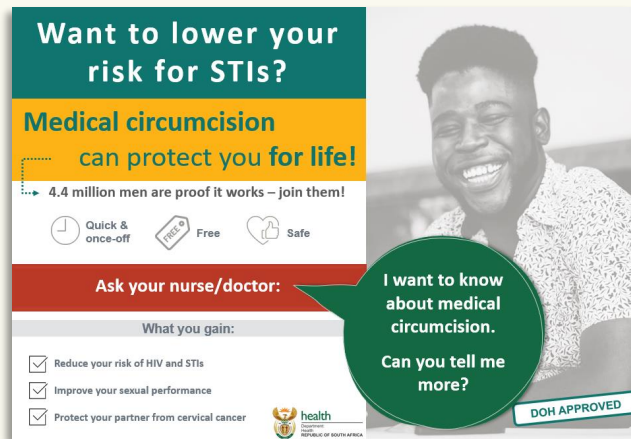
Highly recommend you translate this to a local language too

1. Materials 2. Set up 3. Training of HCWs 4. Maintaining & Monitoring

MMC SUSTAIN

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# Conversation prompt



## Objective

- Many healthcare workers and men find it difficult to initiate a conversation about MMC.
- These conversation prompts should make starting a conversation easier for both healthcare workers and men.

## The Behavioural Science Principles at play

1. **Salience:** This is our tendency to focus on things that seem noteworthy while ignoring those that do not grab our attention. Prompts are colourful, with pictures and should be placed in the center of the desk to attract attention.
2. **Personalisation:** We are drawn to information which seems relevant to us, hence why the design uses words like “you” and “yours”.
3. **Ease:** The easier something is, the more likely we are to do it. The prompt makes starting a conversation easy by giving the man the words to use: “I want to know about medical circumcision. Can you tell me more?”

The same principles of **authority bias** and **social norms** (in the priming posters) apply here too.

1. **Materials**
2. **Set up**
3. **Training of HCWs**
4. **Maintaining & Monitoring**

The intervention materials: commitment card (also available in seSotho)

Consultation rooms

# COMMITMENT CARD

Want to lower your risk of getting HIV/AIDS, STIs and cancer?

Yes, I'm responsible

No, I don't care

Book your circumcision at reception and keep this card as your booking reminder

I will visit the clinic on:


DD | MM | 20YY

My name is:

( Fill in with HCW )

My signature:

( Sign in with HCW )



## THINGS YOU NEED TO DO:

1. Book an appointment today; fill in booking date

2. Take a half-day off work on the day of circumcision

3. Eat breakfast on the day of the circumcision

4. Come back to the clinic 2 days later for a check-up

## Don't miss out on the BENEFITS of VMMC

✓ Safe

✓ Free


✓ Lowers risk of HIV, STIs and partner cervical cancer

✓ Improves sexual performance

✓ Quick

✓ Once-off

Day 1-3 post-operative pain scale



( Tick this one with HCW )

1. Materials 2. Set up 3. Training of HCWs 4. Maintaining & Monitoring

MMC  
SUSTAIN

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# How to talk about: **commitment cards**

## COMMITMENT CARD

Want to lower your risk of getting HIV/AIDS, STIs and cancer? **Yes, I'm responsible** Book your circumcision at the VMMC site and keep this card as your booking reminder

**No, I don't care**

I will visit the clinic on: DD | MM | 2020

My name is:

My signature:



### THINGS YOU NEED TO DO:

1. Book an appointment today; fill in booking date ☐
2. Take the **day off work** on the day of circumcision ☐
3. Eat a **good breakfast** on the day of the circumcision ☐
4. Come back to the clinic 2 days later for a check-up ☐

### Don't miss out on the **BENEFITS** of VMMC

- ✓ Safe
- ✓ Free
- ✓ Lowers risk of HIV, STIs and partner cervical cancer
- ✓ Improves sexual performance
- ✓ Quick
- ✓ Once-off

Day 1-3 post-operative pain scale

0 1 2 3 4 5 6 7 8 9 10

NO PAIN MILD PAIN MODERATE PAIN SEVERE PAIN VERY SEVERE PAIN WORST POSSIBLE PAIN

## Objective

- Once there has been a conversation about MMC, and the man agrees MMC is a good idea for him, the healthcare worker should present him with a commitment card to sign.
- This will encourage the man to follow through with his intention to get circumcised.

## The Behavioural Science Principles at play

1. **Intention-action gap**: Individuals often do not follow through on what they said they would do. Committing and signing helps to close the intention-action gap, including a date.
2. **Authority bias**: We are disproportionately swayed by the opinions of those in authority. Men will be more likely to adhere if an authoritative figure such as a healthcare worker is watching them sign.
3. **Checklists**: Checklists can make big tasks feel achievable. The commitment card uses checklists to simplify the process for men.
4. **Loss aversion**: Individuals act to avoid loss wherever possible. The framing of the commitment card makes men think about what they could be losing: “Don’t miss out on the benefits of MMC”.



## The intervention materials: floor guides to MMC unit

Consultation/entrance >  
MMC unit



# Floor guides to the MMC unit



## Objective

- After the man has signed the commitment card, healthcare workers should direct them to the MMC clinic to book an appointment.
- Healthcare workers should point them to the floor guides which will help them find the clinic.

## The Behavioural Science Principles at play

- 1. Frictional barriers:** Individuals are often put off from doing a task due to seemingly small barriers. In this instance, if a man gets lost on his way to the MMC clinic, he may become impatient and give up and go home. To avoid this, and reduce friction barriers, floor guides will be used to guide men to the MMC clinic.
- 2. Power of free:** Individuals are more drawn to something when it is free. Hence, highlighting that this service is free will attract attention.

# Printing the materials (dependent on facility size but budget R13,000 – R20,000 per 4 facilities)

Intervention material	What to order?	How big to print?	How many to print?
Posters 	Print on full colour poster paper. This will ensure the posters are glossy and eye-catching.	A2	This depends on the size of your PHC waiting room.  We recommend 10 and 15 posters so that they are visible from any seat.
Conversation prompts 	Ask to print the same way a pop-up desk calendar is done. This material is sturdy and lasts for a long time.  Share both sides of the conversation prompt separately. The printer should combine these and print them both on one A3 which is then folded.	A3 single-sided and folded	Count the number of consultation rooms in the PHC facility.  You should print one conversation prompt for every consultation room.
Commitment cards 	Print these the same way they would print standard business cards.	Business card size	Business cards usually come in sets of 500.  You can start with one or two boxes and order more when needed.
Floor guides 	Order vinyl stickers. This will ensure that the stickers last for a long time and will stay put even when the floors are cleaned.	A5	Measure the distance from the PHC facility to the MMC facility.  You should take this distance and divide it by 2 to determine the number of stickers needed. This will ensure there is a sticker every 2 meters.  E.g., 50 meters / 2 = 25 stickers

# Setting up the materials across the facility

1

## Posters



### In waiting area/entrance of PHC facility:

- Mount posters using double sided tape, this will last longer than Prestik
- Try not to mount posters on crowded walls, make sure they stand out
- Make sure posters are not too far for individuals to read from their seat

2

## Conversation prompts



### In consultation rooms:

- Mount conversation prompts to the middle of the desk using double sided tape
- Make sure the prompt is in the middle of the desk, close enough for the man to read

3

## Commitment cards



### In consultation rooms; with community health workers (CHWs):

- Secure commitment cards using elastic bands or plastic bags – place in conversation prompt
- Commitment cards should be accessible & visible (don't put them away in a drawer, e.g.)
- Make sure that healthcare workers have enough of every language

4

## Floor guides



### From PHC (waiting area/consultation rooms) all the way to the MMC unit:

- Floor stickers should be 2 meters apart
- Try not to stick floor stickers over cracks/grout to ensure they last
- Alternate the different versions of the floor stickers



# Materials & set up recap

## 1. Materials & set up

1. Which are true about the priming posters? (Multiple Choice) \*

- ☐ Displayed at the VMMC unit
- ☒ Meant to warm patients up to the idea of VMMC and asking about it
- ☐ Should be printed on A4 normal paper
- ☒ Should be printed on A2 poster paper
- ☒ Social norms bias refers to us wanting/trusting to do what other people do

2. Which are true about the conversation prompt? (Multiple Choice) \*

- ☒ Should be printed as a 'pop up desk calendar'
- ☐ Guides only the patient to ask about VMMC
- ☐ The HCW's first words should be about whether the patient is fit for surgery
- ☒ The intervention's success relies on the conversation about VMMC by the HCW
- ☐ The conversation prompt should be displayed in the PHC waiting area

3. Which are true about the commitment card? (Multiple Choice) \*

- ☒ The commitment card = appointment reminder card
- ☐ The admin clerk hands them out
- ☒ The PHC healthcare worker and community health workers hand them out
- ☒ Even if the patient only considers VMMC, they should take a card
- ☒ Authority bias says we are more likely to do something if we commit in front of someone we look up to

☒ True

☐ False

# #1 Success factor? buy-in from healthcare workers

If they don't feel confident and believe  
in it, they won't speak about it.

# PHC healthcare workers (incl. CHW) brochure

*Print double-sided  
and hand out*



**Voluntary Medical Male Circumcision (VMMC)** has been shown to reduce the risk of female-to-male sexual transmission of HIV by 60%

**Imagine what it can mean for our health system**

### National VMMC Programme

In 2010, the South African Department of Health (DoH) initiated the VMMC programme as a part of the country's HIV prevention strategy based on compelling evidence that VMMC reduces the female-to-male sexual transmission of HIV by 60%.

At present, VMMC service provision and demand creation are executed mostly by government-contracted implementing partners. But to ensure that demand creation is sustainable over time, the DoH is working to better integrate PHC and VMMC units at a facility level. This will enable you to play an active role in VMMC demand creation.

More than 4.4 million men have been medically circumcised in South Africa. But we still have a long way to go to improve our men's health and in effect, our entire country's health.

For more information, speak to your facility manager, or reach out to:  
[ntombizonke.Mehlomakulu@health.gov.za](mailto:ntombizonke.Mehlomakulu@health.gov.za)  
[dayanund.loykissoonlal@health.gov.za](mailto:dayanund.loykissoonlal@health.gov.za)





**VMMC REFERRALS**  
HEALTHCARE WORKER GUIDE



### The goal

VMMC is an integral part of HIV prevention. In order to ensure VMMC demand is consistent and sustainable, it is important that you as a health worker are involved in demand creation and referral activities.

**Patients at PHC facilities already display health-seeking behaviour, trusting you as their healthcare worker to recommend what is best for them.**

The below materials will assist you in starting a conversation about VMMC and then help to successfully refer men to make a booking and finally undergo the procedure.

Behavioural science studies human decision-making and behaviour.

These materials were designed using decision-making insights and should help you nudge men towards better health decisions.

Thank you for contributing to better health outcomes for the people of South Africa each day.

### The process


- 1. Start a conversation**

Conversation prompts on the desk are used to make starting a conversation about VMMC easy for both you and your patients. Make sure the prompt is salient on the desk and then use this as a reason to speak about VMMC. Follow the steps – if the patient seems eligible for VMMC, help them sign the commitment card.
- 2. Sign the commitment card**


The intention-action gap refers to when individuals plan to do something but do not follow through with it. Signing a commitment helps to nudge men to follow through with VMMC. Explain the card to them, then let them fill in their name and sign. The procedure date will be filled out at reception.
- 3. Direct for booking**

Frictional barriers refer to when individuals are put off from doing something due to seemingly small inconveniences, e.g. not knowing where to go. After signing the commitment card, point him to the floor guides which will lead him to the VMMC clinic.


**1**



**2**



**3**



# Orientating PHC healthcare workers: **preparation**

## Suggested agenda

- |   |                              |
|---|------------------------------|
| 1. Welcome & intro  | 1. District/Facility manager |
| 2. Orientation on MMC benefit and how it works (short)  | 2. Service provider          |
| 3. Orientation on the referral intervention <ul style="list-style-type: none"><li>• Rationale for involving HCW (e.g. patient/client's challenges: we bridge behavioural barriers)</li><li>• Explain new experience of patient/client</li><li>• Explain materials and how to use them</li><li>• Explain specific site booking logistics to guide client</li></ul> | 3. District                  |
| 4. Question & Answer opportunity  | 4. Facility/clinical manager |
| 5. Quiz on MMC benefits/stats/process   | 5. Facility MMC focal point  |
| 6. Role play to practice conversation   | 6. Choose 4 volunteers       |
| 7. Conclude: how you'll check-in, monitor   | 7. District/Facility manager |

This is because HCWs should be able to answer the patient's basic questions

## Orientating PHC healthcare workers: **preparation**

### a) Who should be present?

- ☐ Doctors & nurses who work with patients
- ☐ Community health workers { Try to do it on a day the regular doc is there if only outreach
- ☐ Facility/clinical manager
- ☐ Right to Care team
- ☐ District roving team } Good candidates to provide the orientation?
- ☐ 1x Admin person (info about bookings)

### b) What should you prepare?

- ☐ “Formal” invitation to prime attendees
- ☐ Venue & time (30min early morning)
- ☐ Refreshments (if possible)
- ☐ Agenda & speakers/facilitators
- ☐ Examples of printed materials { Want them to touch and engage with it
- ☐ Attendance register
- ☐ Consultation role-play set-up



## Orientating PHC healthcare workers: **preparation**

### c) Tips for an engaged session

- ☐ Printed materials (HCW guide)
- ☐ Informal quiz
- ☐ Role play x2 [ Set up table with 2 chairs, convo prompt in the middle, commitment cards + pen ]

### d) Tips for orientation follow up

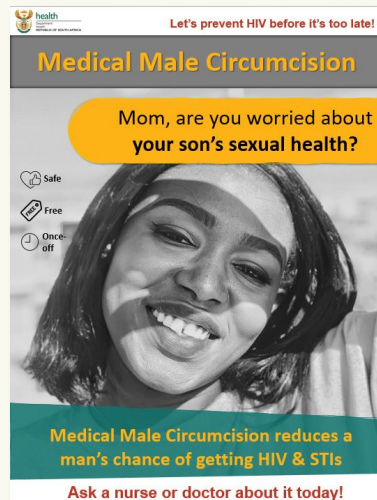
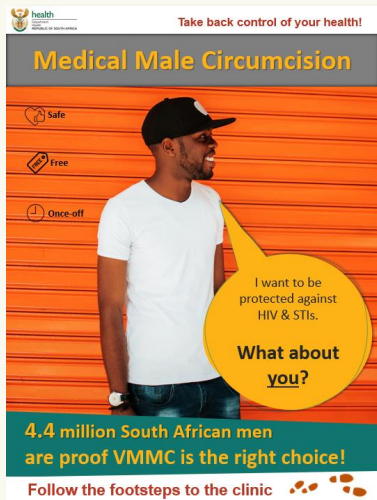
- ☐ 1<sup>st</sup> month: weekly HCW experience check-in
- ☐ 2<sup>nd</sup> month+: monthly materials check-in with HCWs

### Possible quiz questions

(see answers [here](#).)

1. *With how much % does MMC reduce female-to-male transmission of HIV?*
2. *What benefit does MMC hold for women?*
3. *When is a patient likely eligible and should fill in/take home a commitment card? Choose all applicable:*
  - a. *HIV status unknown*
  - b. *Possible STI*
  - c. **Normal renal function**
  - d. *14 years old?*
4. *Where/with who do the client make a booking?*
5. *What is the first thing to tell the patient/client?*

# How to talk about: priming posters



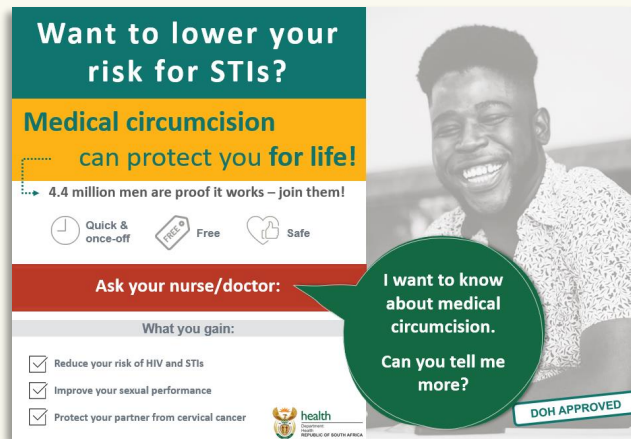
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- MMC posters in the MMC clinic are not very effective as they only reach men who are already going for MMC – the idea is to move these posters into the PHC waiting area.
- Objective of the posters is to warm people up to the idea of MMC before they reach the consulting room.

## The Behavioural Science Principles at play

1. **Priming**: Priming refers to the activation of mental concepts through subtle situational cues. These posters act as subtle cues to people that get them thinking about MMC and its benefits.
2. **Social norms**: People tend to look to others for how to behave, we draw on norms here and state “4.4 million men” have already been circumcised.
3. **Authority bias**: Posters feature health workers that show their support for MMC
4. **Ambiguity aversion**: Individuals like to know what is coming, hence the posters make it clear that the procedure will take less than 30min, is once-off, free and safe.

# How to talk about: **conversation prompt**



## Objective

- Many healthcare workers and men find it difficult to initiate a conversation about MMC.
- These conversation prompts should make starting a conversation easier for both healthcare workers and men.


## The Behavioural Science Principles at play

1. **Salience**: This is our tendency to focus on things that seem noteworthy while ignoring those that do not grab our attention. Prompts are colourful, with pictures and should be placed in the center of the desk to attract attention.
2. **Personalisation**: We are drawn to information which seems relevant to us, hence why the design uses words like “you” and “yours”.
3. **Ease**: The easier something is, the more likely we are to do it. The prompt makes starting a conversation easy by giving the man the words to use: “I want to know about medical circumcision. Can you tell me more?”

The same principles of **authority bias** and **social norms** (in the priming posters) apply here too.

## How to use: conversation prompt

**Hey there!** Thanks for helping these patients today! Here's how to tell them about **Medical Male Circumcision**:



**What to do:**

- ☐ Tell him 'It's great you're here looking after your health!'
- ☐ Explain VMMC health benefits
- ☒ Check eligibility here:

**Why circumcise?**

- ☒ Once-off
- ☒ Lowers risk of HIV, STI and cancer

**CHECK ELIGIBILITY**

☐ HIV status unknown? **Yes**

☐ HIV+? **Yes**

☐ Possible STI? **Yes**

Refer for testing or treatment, please

☐ Over 16 years old? **No**

☐ Normal renal function? **Yes**

☐ Fit for surgery? **Yes**

**He's eligible!**

☐ Make sure he fills in the commitment card & knows where to go

☐ None of the above? **No**

Refer patient for additional treatment

1. Recognise their good health-seeking behaviour
2. Explain MMC benefits and why it is a good choice
3. Check for eligibility

*Opportunity for linkage to care (testing, ART)*

4. If eligible, show, explain commitment card; then fill it out with him
5. Direct to admin for booking + tell them to look for footsteps to MMC unit

**Want to lower your risk for STIs?**

**Medical circumcision can protect you for life!**

4.4 million men are proof it works – join them!

Quick & once-off   Free   Safe

Ask your nurse/doctor:

**What you gain:**

- ☒ Reduce your risk of HIV and STIs
- ☒ Protect your partner from cervical cancer

**I want to know about medical circumcision. Can you tell me more?**

DOH APPROVED

Make it clear: this is not just meant for male patients – pitch it to females as well



# How to talk about: commitment cards

## COMMITMENT CARD

Want to lower your risk of getting HIV/AIDS, STIs and cancer? **Yes, I'm responsible** Book your circumcision at the VMMC site and keep this card as your booking reminder

**No, I don't care**

I will visit the clinic on: DD | MM | 2020

My name is:

My signature:



### THINGS YOU NEED TO DO:

1. Book an appointment today; fill in booking date ☐
2. Take the **day off work** on the day of circumcision ☐
3. Eat a **good breakfast** on the day of the circumcision ☐
4. Come back to the clinic 2 days later for a check-up ☐

### Don't miss out on the BENEFITS of VMMC

- ✓ Safe
- ✓ Free
- ✓ Lowers risk of HIV, STIs and partner cervical cancer
- ✓ Improves sexual performance
- ✓ Quick
- ✓ Once-off

Day 1-3 post-operative pain scale

0 1 2 3 4 5 6 7 8 9 10

NO PAIN MILD PAIN MODERATE PAIN SEVERE PAIN VERY SEVERE PAIN WORST POSSIBLE PAIN

## Objective

- Once there has been a conversation about MMC, and the man agrees MMC is a good idea for him, the healthcare worker should present him with a commitment card to sign.
- This will encourage the man to follow through with his intention to get circumcised.

## The Behavioural Science Principles at play

1. **Intention-action gap**: Individuals often do not follow through on what they said they would do. Committing and signing helps to close the intention-action gap, including a date.
2. **Authority bias**: We are disproportionately swayed by the opinions of those in authority. Men will be more likely to adhere if an authoritative figure such as a healthcare worker is watching them sign.
3. **Checklists**: Checklists can make big tasks feel achievable. The commitment card uses checklists to simplify the process for men.
4. **Loss aversion**: Individuals act to avoid loss wherever possible. The framing of the commitment card makes men think about what they could be losing: “Don’t miss out on the benefits of MMC”.

# How to use: commitment cards

## COMMITMENT CARD

Want to lower your risk of getting HIV/AIDS, STIs and cancer?

Yes, I'm responsible

No, I don't care

Book your circumcision at the VMMC site and keep this card as your booking reminder

I will visit the clinic on: *Admin fills in after booking*

My name is: *Fill in with HCW*

My signature: *Sign in with HCW*



## THINGS YOU NEED TO DO:

1. Book an appointment today; fill in booking date ☐
2. Take the **day off work** on the day of circumcision ☐
3. Eat a **good breakfast** on the day of the circumcision ☐
4. Come back to the clinic 2 days later for a check-up ☐

## Don't miss out on the BENEFITS of VMMC

☒ Safe

☒ Quick

☒ Free

☒ Once-off

☒ Lowers risk of HIV, STIs and partner cervical cancer

☒ Improves sexual performance

Day 1-3 post-operative pain scale



*( Tick this one with admin clerk )*



Make it clear: this is a **reminder** for *him* – if he loses it, his booking still stands and he is welcome to come.

# How to talk about: floor guides to the MMC unit



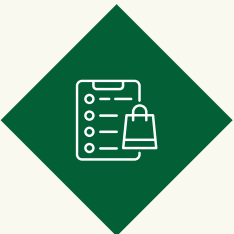
## Objective

- After the man has signed the commitment card, healthcare workers should direct them to the MMC clinic to book an appointment.
- Healthcare workers should point them to the floor guides which will help them find the clinic.

## The Behavioural Science Principles at play

1. **Frictional barriers:** Individuals are often put off from doing a task due to seemingly small barriers. In this instance, if a man gets lost on his way to the MMC clinic, he may become impatient and give up and go home. To avoid this, and reduce friction barriers, floor guides will be used to guide men to the MMC clinic.
2. **Power of free:** Individuals are more drawn to something when it is free. Hence, highlighting that this service is free will attract attention.

# Maintaining the intervention across the facility



## Check on materials regularly

E.g. the 1<sup>st</sup> of the month.



## Orientate new healthcare workers

Whenever new healthcare workers join, take them through the intervention training.



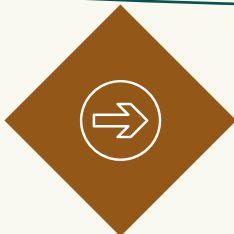
## Seek feedback

Listen to healthcare workers' feedback. You can adjust the intervention then



## Make it social & involve partners

Staff meetings:  
- HCW to **collect new commitment cards at staff meetings**. This will signal to others they should be using theirs too.  
- Partners to give **feedback on uptake of MMC**



## Hold refresher orientation

Twice a year, refresher orientation should be held to bring the intervention front of mind

Remember, after first orientation:

- ☐ 1<sup>st</sup> month: weekly HCW experience check-in
- ☐ 2<sup>nd</sup> month+: monthly materials check-in w/HCW



## Keep it exciting

To keep it exciting, **consider running competitions for most MMC referrals** etc.



## Monitoring the intervention (recommended)

### What evidence will show it is working? You can consider any of the following indicators:

1. Attendance at refresher training
2. HCW asking for more commitment cards when needed
3. HCW feedback, confidence
4. Compare # site bookings + volumes
5. MMC site: monitor 'referral' section on client form

### Some common issues that may occur:

HCW may not want to talk about MMC may not want to use the intervention materials – remember, at this stage it will still take a lot of mental energy for them to get into a habit of using them.

>> Acknowledge these, check in regularly, ensure them that they are supported, and make it both as easy and as motivating for them as possible to implement it.



Other resources

# Healthcare worker orientation quick quiz

## Possible quiz questions + answers

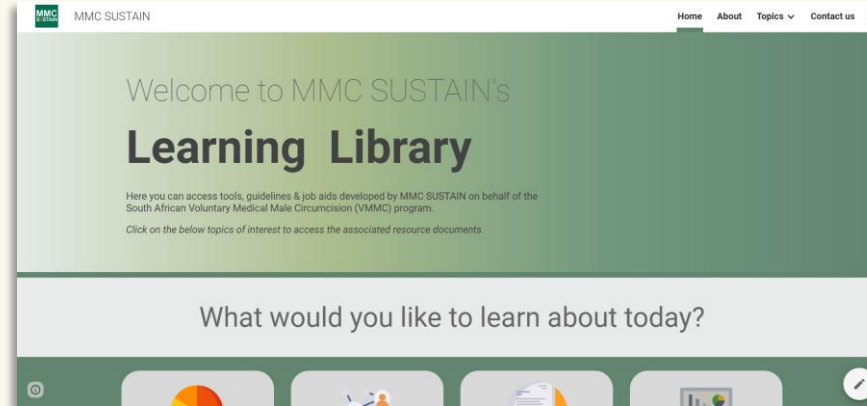
1. *With how much % does MMC reduce female-to-male transmission of HIV?* **60%**
2. *What benefit does MMC hold for women?* **Reduces her chance of cervical cancer**
3. *When is a patient likely eligible and/or should fill in/take home a commitment card? Choose all applicable:*
  - a. **HIV status unknown but already referred for testing**
  - b. *Possible STI*
  - c. **Normal renal function**
  - d. *9 years old?*
  - e. **Curious about MMC**
4. *Where/with who do the client make a booking?* **Depends on the facility – clarify the process for all stakeholders**
5. *What is the first thing to tell the patient/client?* **“It is great that you are here today, that you care about your health and that you are willing to consider MMC.”**

## List of acronyms used in this document

- **ART** Antiretroviral Therapy
- **CHW** Community Health Worker
- **HCW** Health Care Worker
- **GP** General Practitioner
- **PHC** Primary Health Care (in case of services or a facility)
- **MMC** Medical Male Circumcision (also VMMC)
- **MMC SUSTAIN** MMC Sustainability



To view other best practice resources by MMC SUSTAIN, click [here](#)



To view official guidelines and documents for MMC, click [here](#)

