

Improving Voluntary Medical Male Circumcision (VMMC) Uptake During The COVID-19 Pandemic

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BACKGROUND

- Voluntary Medical Male Circumcision (VMMC) programs were negatively impacted by restrictions imposed due COVID-19 since they predominantly rely on community-level demand creation.
- In March 2020, all community-level demand creation activities either at household or during community gatherings and sporting activities or at schools and inter-personal interactions were halted due to COVID-19 restrictions.
- Without community mobilization fewer or no clients were visiting VMMC sites even though walk-ins were still allowed.

PROGRAM DESCRIPTION

- In April 2020, EGPAF established a VMMC referral initiative to recruit men through HIV testing services (HTS) in health facilities with the use of HTS counsellors.
- Men agreeing to VMMC or contemplating undergoing VMMC were referred to demand-creation assistants (DCAs), who followed up with clients by phone.
- If the client decided to get circumcised, the DCAs linked the client to a VMMC nurse in a VMMC site who ensured the facility was ready to provide VMMC services and booked the client for VMMC.
- After the circumcision, the client received routine follow-up from the DCA and VMMC nurse.
- Men completing the referral had transport costs reimbursed, starting in August 2020.

Main Findings

- **Out 169 clients recruited and referred for VMMC by HTS Counselors within health facilities, 88% (n=148) reached a VMMC site and 82% (n=122) got circumcised.**
- **The number of referred clients increased from 26 clients in April 2020 to 49 clients in September 2020 when transport reimbursements for clients were provided.**

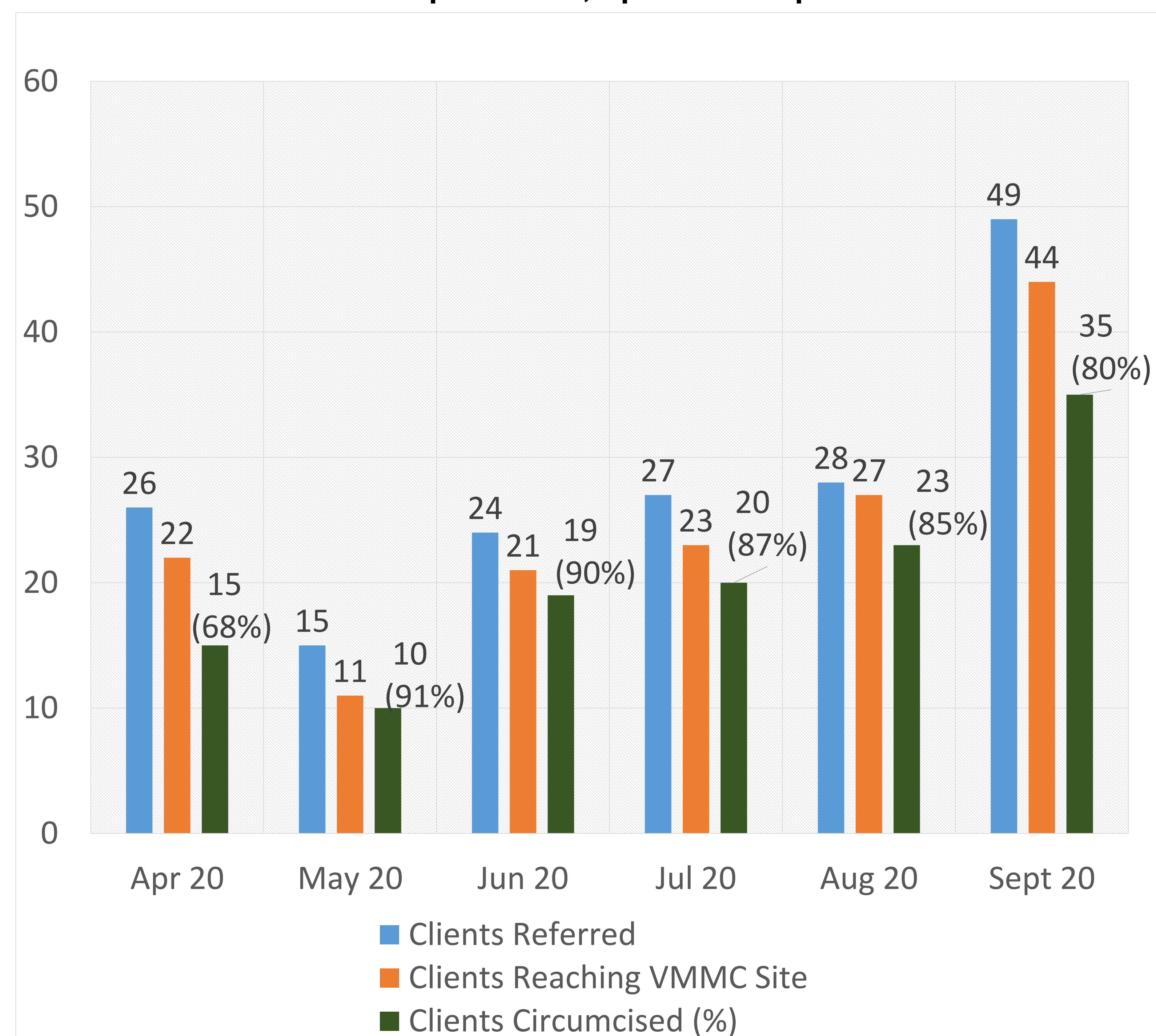
RESULTS

- Health facilities recruited 169 clients:
 - 68% (n=115) were successfully followed up by phone;
 - 12% (n=21) could not be reached (their phones were not available on the network, or did not answer calls, or had purposefully provided incorrect numbers); and
 - 20% (n=33) did not receive follow-up.
- Of the 169 clients recruited:
 - 88% (n=148) reached a VMMC site; and
 - 82% (n=122) were successfully circumcised
- Non-circumcision was mainly due to medical conditions (e.g, 15 clients had STIs, 6 had uncontrolled NCDs, 5 had genital ulcers), which clients needed to receive treatment before they could get circumcised
- In August 2020, to increase number of clients undergoing VMMC, transport reimbursements were provided to client after VMMC visit.
- The referrals improved over time, from 26 clients in April 2020 to 49 clients in September 2020 (Figure) after transport reimbursements for clients started in August.

CONCLUSION

- The COVID-19 restrictions required intentional increased demand generation for VMMC at the facility level
- This intervention improved demand and referrals for VMMC, and calls for further engagement of health facilities to recruit clients and support them through the VMMC process
- Transport reimbursement can be provided to facilitate access to VMMC services

Figure. Number of client referrals, VMMC site visits, VMMC and % VMMC performed, April 2020-September 2020



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