



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

## Partnering with Private Providers in South Africa to Offer Medical Male Circumcision Services: A Case Study



November 2014



## Acknowledgements

This report, *Partnering with Private Providers in South Africa to Offer Medical Male Circumcision Services: A Case Study*, resulted from a collaboration among Dr. Maphisa & Partners, the Centre for HIV and AIDS Prevention Studies (CHAPS), the U.S. Agency for International Development (USAID) Mission in South Africa, and the Health Communication Capacity Collaborative (HC3). Special appreciation goes to Dr. Shephard Maphisa for all of his hard work and dedication, as well as his support in providing much of the information for this case study. We would also like to acknowledge Dr. Maphisa's thousands of clients who made the brave decision to step up and protect their health, families and communities by getting circumcised.

We would also like to acknowledge the important contributions of Mr. Siraaj Adams of Metropolitan Health, Dr. Yogan Pillay of NDOH, Collen Bonnecwe, Ayanda Nqeketo and Dayanund Loykissoonial from the MMC Team at NDOH, and Patricia Mengech, Kerry Pelzman and Paul Mahanna, USAID South Africa, for all of their support in developing the partnership with Metropolitan Health.

Contributing writers to this report include Dr. Dino Rech and Dr. Dirk Taljaard, Co-CEOs, CHAPS, and Elizabeth Gold, Senior Technical Advisor, Voluntary Medical Male Circumcision (VMMC) Communication, HC3. Contributing editors include Dr. Emmanuel Njeuhmeli, Senior Biomedical Prevention Advisor, USAID Washington and Ananth Thambinayagam, Health Development Officer, USAID South Africa, with editing and design support from the Health Communication Capacity Collaborative (HC3).

Photos courtesy of CHAPS and Dr. Maphisa & Partners.

## Introduction to Dr. Maphisa & Partners, General Practitioners

It was November 2012, the heart of the summer season in South Africa. Attendance was low that month at the medical male circumcision (MMC) clinics. The South African Department of Health (NDOH) had officially added MMC to its HIV response as a key prevention strategy in April 2010. Operating in a country with an overall target of circumcising more than 4.3 million men by 2016, the Center for HIV and AIDS Prevention Studies, known as CHAPS, was aiming to expand and grow its MMC services. For good, sustainable growth, CHAPS needed to identify and collaborate with strong business-minded partners. Enter Dr. Maphisa & Partners, General Practitioners.

Founded in 2002 by Dr. Shephard Maphisa, Dr. Maphisa & Partners focused from the outset on providing quality and affordable primary healthcare to the inner city community of Johannesburg and the surrounding townships. Dr. Maphisa, who serves as managing partner of the practice, completed his medical studies at the University of Zimbabwe in 1990.



Dr. Shephard Maphisa

He worked for the NDOH in South Africa for 11 years and then transitioned to private practice. Using start-up capital from his own personal savings, Dr. Maphisa opened his first consulting rooms at Netcare Rand Clinic in Hillbrow. As a result of the quality and affordability of the services, the practice grew rapidly, with Dr. Themba Bhulle joining the practice in 2003, followed by Dr. Themba Nxumalo in 2004. That year, they opened a second office at the Lister Medical Center building in Johannesburg Central Business District (CBD). Today, the Lister Clinic branch operates 24 hours a day, with six full-time doctors and clinical associates, as well as four additional part-time employees. In addition, the practice employs a total of 32 staff including nurses, reception, administrative and support staff. Dr. Maphisa is proud that his practice has grown so much over the past decade, without ever needing any financing.

Dr Maphisa & Partners offers a diverse range of primary health care services to its 156,000<sup>1</sup> patients, including consultations for adults and children; dispensing of medication to both uninsured and insured patients; flu vaccines; family planning; antenatal care; pregnancy ultrasound scans; women's clinic services; men's clinic services; radiology; medical tests; general medical examinations; short-stay admissions and observations; minor surgical procedures; and HIV counseling, testing and treatment.

## Partnering with CHAPS to Offer Free MMC Services

When CHAPS co-CEOs Dr. Dino Rech and Dr. Dirk Taljaard first met Dr. Maphisa in late 2012, his practice was already offering MMC services, but as a low-volume service. In the winter season, for example, they might perform 20 circumcisions a day, at most. Their average yearly total was approximately 500 circumcisions. Patients were paying 750 Rand (about US\$70) for the service—mostly uninsured patients paying out of pocket. The practice was well located in a central area with good transport access. “When we met Dr. Maphisa and saw the style, organization and size of his facility, we knew we were on to something very promising,” says Dr. Rech. “Dr. Maphisa was interested in the concept of high-volume circumcision services both as a way to generate income, contribute to community well-being, and grow his practice through word-of-mouth referral and return clientele who were happy with their MMC experience.”

The partnership functions as follows: Dr. Maphisa and his team promote and offer free, high-quality and high-volume MMC services to patients. In turn, CHAPS refunds Dr. Maphisa's practice per patients circumcised at a low cost of around US\$60 (per circumcision) and provides technical guidance on how to run a high-quality, high-volume circumcision center. While it's less money per surgery than the practice was receiving before the partnership with CHAPS, the volume is much, much greater, reaching as high as 114 circumcisions a day in winter season.

Dr. Maphisa had some concerns initially about how his current clients might perceive free services—usually found in the public facilities—being offered at his private clinic.

<sup>1</sup>The definition of a “patient” is someone who has been active over the past three years.

“ At first we were skeptical,” notes Dr. Maphisa, “because it was a free program and we were afraid it might chase away our core patients, but it turns out the opposite happened.”

“It created new patients for us!” he said.

Television screens in the busy clinic advertise the various services offered and many of the MMC clients and their family members come back for other services.

“Mothers are bringing their adolescent sons here for MMC,” says Dr. Maphisa, “and then that same mother might come back for another service for herself later.” Roughly 33 percent of the circumcision patients will come back as private patients for another service. Dr. Maphisa & Partners contributes to the expansion of accessible MMC services—a goal for CHAPS, as well as the National Department of Health, so it’s a win-win situation for all.

***“Mothers are bringing their adolescent sons here for MMC,” says Dr. Maphisa, “and then that same mother might come back for another service for herself later.”***

Dr. Maphisa trained at a CHAPS clinic and received CHAPS mentoring while he focused on setting up the MMC program for several months before announcing via SMS messages to all of his 156,000 existing patients in December 2012 that the clinic would now be offering free MMC services for ages 10 years and older. The response from his patients was more enthusiastic than he had anticipated. Today, the practice no longer relies as heavily on its existing patients to bring in clients for MMC services. Dr. Maphisa and Partners invest in their own demand creation efforts to attract clients for MMC services, both in-house and out, including advertising in newspapers and on billboards. [See section on Creating Demand for Services, page 6.]

Today, CHAPS contributes to the national MMC targets by providing over 100,000 circumcisions annually. Since 2010, this has grown and in total, the more than 300,000 MMCs performed contributes

significantly to the larger national goal of reaching about 80 percent of men in South Africa through the MMC program. With the largest number of men to circumcise in the world (4.3 million), the MMC program in South Africa has tremendous potential to make a significant public health impact by averting more than one million new HIV infections between 2011 and 2025 if the country reaches its target.<sup>2</sup>

With the support of Dr. Maphisa and Partners, this goal is more easily met. Approximately 25 percent of CHAPS’ MMCs are now performed by private practice partners just like Dr. Maphisa. Dr. Maphisa & Partners continues to be amongst the top performing partners in the CHAPS network of private providers.

Between December 2012 and September 2014, they’ve performed just short of 12,000 circumcisions. “Dr. Maphisa manages and oversees the daily activities,” says Dr. Rech. “We provide support and mentoring if and when required and visit regularly to discuss ideas for demand creation and review service quality standards. It is very much like a social franchise arrangement.”

For the new private providers joining CHAPS network, Dr. Maphisa & Partners serves as a successful private model on which to base their facilities and practices.



<sup>2</sup>Njehmeli E, et al. Voluntary Medical Male Circumcision: Modeling the Impact and Cost of Expanding Male Circumcision for HIV Prevention in Eastern and Southern Africa. PLoS Med 8(11): e1001132. doi:10.1371/journal.pmed.1001132

## CHAPS Provides Support to Dr. Maphisa & Partners

### Who is CHAPS?

CHAPS, headquartered in Johannesburg, is one of the largest non-governmental organizations focused on MMC as HIV prevention on the African continent. In addition to delivering MMC services in South Africa, CHAPS has also offered MMC training and technical support to a number of countries in the region, including Uganda, Namibia, Botswana, Lesotho, Swaziland and Mozambique.

Through its pioneering work in the research and promotion of MMC scale-up activities, CHAPS has successfully implemented and disseminated sustainable evidence-based health solutions throughout South Africa and the region. Founded in May 2010 by Dr. Dino Rech and Dr. Dirk Taljaard, the



organization evolved from the Orange Farm research program and team that, in the five years prior to 2010, had researched and published extensively around the topic of MMC. This research and the publications of the Orange Farm team, most notably the randomized controlled trial which demonstrated the 60 percent protective benefit of MMC, contributed to the WHO-UNAIDS recommendations in 2007 for scaling up VMMC in priority countries in Eastern and Southern Africa.<sup>3</sup>

The NDOH officially added MMC to its HIV response as a key prevention strategy in April 2010. Drs. Taljaard and Rech realized that the unique expertise of the Orange Farm team would be required to successfully assist government and other NGOs in scaling up and rolling out an effective and efficient MMC program in South Africa. With this in mind, they registered and founded CHAPS. The NGO quickly focused on training and capacity building for new providers and circumcision teams, specifically in the high-quality and high-volume approaches pioneered in Orange Farm known as Models for Optimizing Volume and Efficiency (MOVE).

CHAPS was established with the support of PEPFAR through USAID who continue to fund a large portion of CHAPS work to this day. Since launching in 2010, CHAPS has expanded from one to over 55 clinic sites. In just three years, CHAPS has trained over 3,800 healthcare practitioners in South Africa and its consulting teams have assisted almost every NGO currently offering MMC services in South Africa to establish their programs. Because of innovative ideas for efficient service delivery models developed and implemented by CHAPS, they have been the central catalyst to the successful South African MMC program.

### Training and Systems Support from CHAPS

The initial support provided by CHAPS to Dr. Maphisa & Partners was intensive and involved a CHAPS team of experts working closely with Dr. Maphisa's team to integrate CHAPS' operating model and culture into his practice. CHAPS provided intensive medical training and support to a range of providers—Maphisa & Partners' doctors, clinical associates, nurses, counselors, social mobilizers and administration staff—to ensure technical and surgical skills were optimal. CHAPS placed a full-time



<sup>3</sup>Auvert, B., et al., Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. PLoS Med, 2005. 2(11): p. e298.

experienced CHAPS nurse/manager, Nikki Okejimi, with Dr. Maphisa's clinical unit for one year to oversee quality and service delivery and ensure that it conformed to CHAPS' standards and systems.

"There were some similarities in our organizational cultures which certainly helped us," said Dr. Rech. "Dr. Maphisa and his team were very much performance-, efficiency- and quality-focused which is in keeping with the CHAPS culture."

While it took three to six months to get everything set up, Dr. Maphisa saw this as an opportunity to improve his practice overall. "CHAPS is very strict about protocols, audits and not cutting corners," he says. "The strict protocols have rubbed off on our practice. We apply service delivery efficiencies, quality assurance and quality improvement we've learned from CHAPS to the rest of our practice, like using our nurses more effectively and efficiently."

### **Models for Optimizing the Volume and Efficiency for Male Circumcision Services**

CHAPS introduced their MOVE model, which Dr. Maphisa now applies across his practice. In 2010, based on CHAPS pilot initiatives in Orange Farm, WHO issued a document entitled Models for Optimizing the Volume and Efficiency for Male Circumcision Services (MOVE), which outlines a number of considerations in which efficiency within MMC programs could be improved. Some of those considerations include the following: optimizing the use of facility space, task shifting to allow other clinical providers who are not medical doctors to perform VMMC; pre-bundling of supplies and surgical instruments into sterile kits, task sharing which allows other providers to conduct certain aspects of the procedure, among other elements.



According to Dr. Maphisa, before the introduction of MOVE to his practice, the doctors were doing everything, including blood pressure checks. Now, nurses have taken on many of these tasks. The clinic space is also being used more efficiently, with two surgical rooms holding four beds each as opposed to just one bed per room before MOVE. With this set-up and two teams, Maphisa says he has the capacity to perform over 100 circumcisions a day with just two doctors.

CHAPS also advised Maphisa's practice on facility client flow and quality assurance, as well as referral systems and assistance in the event of any undesired outcome from the surgery or "adverse event" such as bleeding, infection or pain. CHAPS facilitated links between Dr. Maphisa & Partners and local government healthcare teams and clinics to foster collaboration, reporting systems and shared supplies. (See HIV test kits mentioned below.)

CHAPS also supports Dr. Maphisa by supplying the MC procedure kits, which are received through the USAID's partnership for Supply Chain Management Services (pSCMS). A procedure kit includes all of the



consumables and instruments to perform one MMC and is pre-packaged and sterilized. CHAPS orders and receive the kits from pSCMS and distributes the kits to Dr. Maphisa. CHAPS also assisted Dr. Maphisa in negotiating with the public sector sites in the area to obtain HIV testing (HCT) kits from them. The government sites provide the HCT kits free-of-charge and the numbers of patients tested are then recorded as part of a Government HCT scale-up program. Dr. Maphisa made the initial investment of buying the necessary equipment and furniture

for the surgery room where the circumcisions were to be performed. Dr. Maphisa also purchases the local anesthetic, as this is the only consumable not included in the packs due to statutory limitations.

### Creating Demand for MMC Services

Creating demand for MMC services is always challenging, particularly in the summer season. Dr. Maphisa & Partners has been aggressive in their marketing and absorbed much of the marketing costs as well. In this aspect, too, the two organizations collaborate effectively with CHAPS and their communication partner, JHHESA, offering guidance and support, and Dr. Maphisa & Partners taking on the daily demand creation activities. Dr. Maphisa & Partners has two teams of recruiters, trained by CHAPS. Each team, consisting of two recruiters and a driver who also acts as a recruiter, present at schools, churches, hostels and other gathering points. Traveling around in branded vehicles, they have proven to be very effective in mobilizing new clients for MMC. JHHESA has also assisted with local community mobilization.



Using a patient management system which captures all of the pertinent information about each patient, Dr. Maphisa is able to send out SMS messages to existing and new patients informing them about the MMC services. In addition, he sends bulk SMS messages to the public in his catchment area—Johannesburg Central Business District (CBD) and the surrounding area. These are not his patients, but rather names and numbers he obtains from open source data bases.

Dr. Maphisa also runs advertisements in community newspapers in his catchment area and writes editorials every two months for the Inner City

Gazette newspaper. For the summer campaign, he ran advertisements on the leading community radio stations that reach his target audience. Dr. Maphisa & Partners even have their own billboards in the Central Business District. CHAPS supplies them with the creative artwork for the billboards, which is being used by all of the USAID partners, and Dr. Maphisa adds the specific information about his clinic to the billboard. All of this is paid for by Dr. Maphisa & Partners.

“It’s important to position yourself,” says Dr. Maphisa. “There’s a perception that if you have billboards then you must be authentic and credible.”

One of the more innovative approaches that Dr. Maphisa is using to generate demand for services is posting signage at 25 of the City of Johannesburg (COJ) clinics in his catchment area that don’t offer

***“There’s a cross-pollination happening,” says Rech, “with both organizations learning from each other’s successes and mistakes, and improving their systems. This collaboration goes beyond just the circumcisions.”***

MMC services as a way to refer to his clinic for VMMC. Dr. Rech says his organization has learned from Dr. Maphisa’s demand creation strategies and has tried some, such as the SMS bundles. “There’s a cross-pollination happening,” says Rech, “with both organizations learning from each other’s successes and mistakes, and improving their systems. This collaboration goes beyond just the circumcisions.” Collecting data to inform the demand creation efforts is also part of the Maphisa approach. On the patient intake form, patients are asked what brought them in for MMC and that data is then analyzed monthly so Dr. Maphisa knows what’s working best and invest his marketing budget accordingly. Of all the marketing strategies, Dr. Maphisa feels that offering his patients good service is the most important one as his practice is built on word of mouth, with more than 60 percent of the MMC patients coming to the practice through word of mouth. Offering MMC services daily from 8 a.m. to 3 p.m., even on Christmas day, their mantra is

“no waiting.” Patients have access to a doctor 24 hours a day, seven days a week should anything go wrong. He even gives his personal email address and number (displayed around the clinic) to his patients.

“You have to make yourself accessible to your patients,” says Dr. Maphisa. “It’s your reputation on the line if something goes wrong.”

***“You have to make yourself accessible to your patients,” says Dr. Maphisa. “It’s your reputation on the line if something goes wrong.”***

### Reaching “Older Men” with MMC Services

Circumcised: Yes			
Clinic: Lister Building			
<b>Count of Circumcised</b>			
Row Labels	Private	Age2	Total
<b>2012</b>	Private	0-9 years	4
		10-14 years	79
		15-19 years	72
		20-24 years	32
		25-29 years	47
		30-49 years	99
		50+	6
<b>2012 Total</b>			<b>339</b>
<b>2013</b>	Private	0-9 years	2
		10-14 years	1228
		15-19 years	808
		20-24 years	886
		25-29 years	1059
		30-49 years	1368
		50+	40
<b>2013 Total</b>			<b>5391</b>
<b>2014</b>	Private	10-14 years	1396
		15-19 years	584
		20-24 years	690
		25-29 years	797
		30-49 years	1084
		50+	31
<b>2014 Total</b>			<b>4582</b>

Dr. Maphisa & Partners' success in demand creation has a strong component centered on an aggressive and diversified demand creation approach. This is reflected in the balanced distribution across age ranges of their clients, which is noted in the age breakdown figures. Dr. Maphisa & Partners is one of just a few CHAPS facilities with a higher number of men 20 years and older accessing VMMC services. Over 25 percent of the men accessing services are older than 30. This is a remarkable statistic in a time when general trends in South Africa show average age of males accessing services getting younger.

In South Africa and in the region, the majority of clients accessing MMC services to date are adolescents. MMC is a one-time intervention whose benefits accrue during the lifetime of the client and his sexual partners. If those at higher risk of being exposed to HIV currently could be reached now with MMC services, HIV incidence reduction benefits would be achieved more quickly than if these men are not reached by the program.

Therefore, it's important to reach men 20 years old and older to achieve the most immediate impact as they constitute the age group with peak HIV incidence. Dr. Maphisa's practice seems to be reaching this important group.

The practice's older age profile warrants further in-depth investigation and analyses. Possible reasons are eluded to previously and in that Dr. Maphisa has diversified demand creation channels and targeted age groups. He also originally leveraged his large existing patient database, which included a high proportion of older men, though he is not as reliant on this today.

As described previously, demand creation strategies utilized have included the use of social mobilizers,

*Dr. Maphisa & Partners is one of just a few CHAPS facilities with a higher number of men 20 years and older accessing VMMC services. Over 25 percent of the men accessing services are older than 30. This is a remarkable statistic in a time when general trends in South Africa show average age of males accessing services getting younger.*

mass media (radio, local newspapers), billboards, SMS campaigns in the inner city and targeting hostels where workers reside. The fact that his practice is located in the inner city may also play a role, as the demographics of this region show a higher older age group percentage breakdown. There is also the possibility that since the age profile of his clientele is older men, there is a positive feedback loop promoting services to more older men through word-of-mouth since they are less likely to queue and interact with younger clients at this facility compared to others.

To accurately pinpoint the reason behind the older age profile will require further investigation. What is clear is that this site has achieved good client flow across multiple age sectors. The facility is less reliant on holiday periods (when students are out of school) and seasonality due to this broader age profile. This assists with easier operation planning and a more sustainable and possibly higher impact facility.

For **Lessons Learned**, see page 10.

## Metropolitan Health Insurance

Metropolitan Health is the largest administrator of medical schemes in South Africa. It provides administration, managed care and wellness services for more than 20 clients, including medical schemes, various blue-chip organizations and government departments, covering over 3 million lives. Also, it manages a number of funds, of which the most important ones are GEMS (public servants' medical aid), Bankmed (medical aid for the banking sector) and many more retail related schemes.

USAID, its partner CHAPS and Metropolitan met towards the end of 2013 to discuss how medical male circumcision (MMC) could be incorporated into medical aid schemes. Actuaries calculated that the scheme could have substantial savings over time if it supported MMC by covering it under the schemes' preventative benefits and paying for it from the insured benefits. While all other schemes allowed MMC, it has always been drawn from the members' savings part and not from their insured part, which in essence meant that it came from the members' pockets.

Metropolitan is the first medical aid that proposed to all schemes that they manage to pay for MMC out of the insured or risk portion. All of the schemes under the Metropolitan umbrella accepted this proposal.

"Metropolitan Health endorses the evidence that male circumcision is associated with a number of preventative health benefits, including playing an important role in HIV prevention," notes Siraaj Adams, Executive Manager for Metropolitan Health Risk Management's HIV Programme.

"The WHO advocates that MMC will have the best results when implemented on a large scale in areas where HIV prevalence is high and male circumcision rates are low. The successful implementation of the MMC strategy requires a strong network of partnerships between government, NGOs and the private sector. As the private sector, we have an important role to play in supporting HIV prevention, by empowering more healthcare providers to achieve the Department of Health national objectives," says Adams.

Under the fee-for-service contract CHAPS has with USAID, CHAPS is then able to offer to general practitioners (GPs) in their clinics a scheme that will pay for insured and uninsured clients to be circumcised. The insured patients are paid for by the medical aid and the uninsured are paid for by CHAPS under their agreement with USAID.

CHAPS trains all providers to offer a safe and efficient service in their clinics. It offers a customized training course over weekends for GPs in private practice, certifying them after an assessment. CHAPS then assists the GPs in setting up the MMC facility in their clinics, helping them to obtain the equipment, documentation and supplies required. USAID provides the surgical packs for both insured and uninsured patients. Going forward, CHAPS also supports the GPs with assistance on quality assurance, management of adverse events and regular visits to update and mentor GPs in their MMC practices.

Roughly 30 GPs have been set up to date and many of them have already started the process of performing MMC in their clinics. Some GPs who have been involved before with CHAPS on MMC service delivery have also migrated to the scheme in order for them to claim from the medical aid for insured patients.

This model will be written up and proposed to the rest of the medical insurance community and other schemes. The National Department of Health has taken a keen interest in the project because they see benefit in private providers providing a community health service through their own practices. Although not unique in this regard, there are also HIV testing and treatment agreements in place with private providers; this is a good opportunity for more private health care systems and organizations supporting important national programs.

Many doctors are being trained with the support of USAID and hopefully, the program will be able to scale up even more in the future.

## Lessons Learned for Working with Private Providers

In working with Dr. Maphisa and the other private providers in the CHAPS network, some key lessons have been learned along the way.

The private sector is well-regarded and generally provides a good quality of services to patients in South Africa. This sector has always offered medical circumcisions, but in the past, clients had to pay out-of-pocket for the services. With the introduction of a partnership between the private and NGO/ public sector which allows private partners to offer free MMC services to the public, both the patient flow and numbers have increased and the costs required decreased (economies of scale).

Patients, the NGO involved and the practice have benefited from wider access, access to high quality facilities and cost benefits of this partnership. There has been an ongoing back and forth cross-pollination of ideas, systems efficiency measures between CHAPS and Dr. Maphisa & Partners. The organizations have learned from one another, grown and developed.

CHAPS is currently working with Dr. Maphisa & Partners to introduce family practice units, based on his well-established practice, into a number of the specialized MMC clinics that CHAPS run and manage directly. It is essentially a reversal of what CHAPS offered to Dr. Maphisa by introducing MMC. Offering both a high-quality practice and MMC services at a facility expands the service offering, client and patient base, and improves the sustainability of the clinic/site and the ability of the facility to assist the people who need healthcare services.

Ongoing regular communication and interaction between the private practice and CHAPS has been central to the partnerships smooth functioning and success. The positioning of Dr. Maphisa & Partners in an area which is central with good transport access, high population density and not many nearby competing facilities has assisted in insuring a good and regular client flow to the MMC services the practice offers.

The decision by Dr. Maphisa and partners to commit so much of their own resources up front to promote the service and establish the MMC units was

essential—private providers with healthy financial resources is great assistance.

- It is feasible for private providers to provide MMC services in a safe, efficient and cost effective way.
- Private providers have access to clients who may not necessarily go to public facilities for services.
- Quality of services provided by private providers can be monitored and maintained at very high levels.
- Private providers have designed specialized and tailored demand creation activities to stimulate demand for MMC services in their practices. The new ideas introduced in terms of demand creation have assisted CHAPS in reassessing and revisiting their own well-established demand creation services and techniques.
- When selecting private providers to partner with, select ones who are in different areas of the city, not in the same area where they will be competing. Too much competition or too many private providers in the same area split the access points of clients looking for services. This could mean lower client volumes-to-site/clinics ratios, and in this scenario the practices do not benefit from economies of scale of high-volume client flow and the sustainability of the model is jeopardized.
- Choose a successful, well managed and established practice that will be able to adhere to stringent requirements and quality standards, and offer a comprehensive package of minimum services required by WHO and funders.

## Achievements and Success to Date

With the support of private providers, CHAPS' targets for MMCs have been reached more easily. The following are specific achievements to date:

- CHAPS has contracted over 10 private partners in all of the CHAPS allocated districts to assist CHAPS and NDOH in providing high quality safe MMC services.
- Approximately 150 private providers have been trained by CHAPS.
- Quality of services provided by private providers is being monitored regularly by CHAPS and standards upheld are very high.
- The number of adverse events reported by private providers is under the 2 percent threshold and is closely monitored.

- Private providers have contributed over 40,000 MMCs to the national scale-up initiative in just a 16-month period. The top providers achieve targets of between 5,000 and 8,000 circumcisions per year per facility.
- Sharing of systems knowledge and ideas have benefitted the services that both CHAPS clients receive, as well as private partner clients. Healthcare systems strengthen both of the private partners and CHAPS itself has been a significant benefit of the partnership.
- Private partners have increased the client/patient flow through their family practices by over 30 percent, increasing their turnovers and improving their businesses and the services their clinics offer.
- Perhaps most importantly and significantly, the private network CHAPS has created and that others are now replicating has assisted tens of thousands of people to more easily, conveniently and affordably access both MMC and other family practice services.