



- When offered as an equally effective alternative to conventional surgery during active surveillance, uptake was varied in different settings from 30-82%
 - Uptake lower at sites where clients had to be transported offsite for SR; Kenya was using SR with injectable LA (prior to expanded PQ)
- Self-reported client satisfaction with the procedure and their inclination to recommend it to friends was very high (>90%)
- Acceptability may be high but uptake remains low
- Initial low acceptability for new devices should be anticipated
- Previous studies show provider acceptability to be high (90% preferred SR to conventional surgery) and that all providers preferred topical anesthetic (TA) over injected anesthetic (IA), though they cited longer dwell time, cost, and need for IA back up as downsides to TA.
- Acceptability assessments be standardized in terms of demand creation and clients reasons for their choices, as well as provider feedback

ACCEPTABILITY MALAWI



- Incorporated SR within program local language community mobilization (targeted messages, dedicated mobilizers)
- **High client acceptability:** 1,717 clients (252 in training, 1465 in AAES) all removed on time, 2 moderate AEs (bleeding)
 - More acceptable to clients 14-19 yrs in and out of school (driven by peer word of mouth) and those aged 20-24 running small business
 - Clients cite ability to continue doing activities with device in situ, lack of sutures, review/removal in one step as advantages
 - Client experience with sizing: if SR is too small, pain within 7 days due to pressure; if SR is too large, increase chance of bleeding and ring may fall off.
- **High provider acceptability:** motivated by the easy/faster procedure especially when there is high demand; follow up not intensive as for conventional surgery
- Common acceptability barriers: pain during erection and removal; use of EMLA – pain during placement even when EMLA was applied to full shaft and inner/outer foreskin
 - Attempted health education on the process of device placement and use in addition to counseling
- **Key learnings:** Use of dedicated mobilizers, client provider contacts and use of local language in messaging

ACCEPTABILITY ZAMBIA



ShangRing Active Surveillance was implemented in 5 sites and offered to males 12+yrs from August 2018 to May 2019.

Demand creation approaches

- IPC, social mobilization, Mass Media, Mid Media, referral from an advocate/ satisfied clients.

Client acceptability

- 22% SR uptake among clients offered both SR and surgery.
- Acceptance on average higher in the rural site, 30% compared to the urban sites, 22%.
- 96% SR clients found procedure acceptable, “Its not painful and I can go back to work sooner”
- No injection, ↓ procedure time, no pain during placement, minimal blood seen, ↓ loss of productive hours, good cosmetic outcome.
- 15-29 year olds represented 77% of SR clients whereas that age group represented only 51% of the surgical client population.



Provider acceptability

- 100% provider satisfaction
- Procedure simpler & faster, cleaner working space (minimal blood in work field), only two fixed appointments
- Initially poor knowledge among key facility staff remedied by orientation and mentorship
- Recommend orientation of District and key facility in charges