



- ShangRing circumcision is safe in the Kenyan -no displacement or self removal; MOH has endorsed ShangRing for phased program rollout – initially at 6 designated AAES sites
- ToT/conversion training for providers to use no flip and EMLA
- Procurement of SR manageable but EMLA is problematic – not registered for use in Kenya (exemptions through MOH for research/AAES)
- Full range of SR device sizes used among 13+ yo in Kenya
  - Stock out of fast moving device sizes (D-H) - transition to using every other device size
- Development of guidelines IEC materials, other demand creation, reporting tools, operations/planning- ongoing
- Day 7 follow for SR removal consistent with current guidelines
- SR procedures done under AAES protocol during transition

# START UP/OPERATIONS NAMIBIA



- Study approved by MOHSS through Department of Special Programmes; research waiver for device use from Pharmaceutical Board through Permanent Secretary
  - MOHSS eager to review pilot results and determine way forward
- EMLA procured from **local pharmacies**
- SR supply chain currently limited (suppliers in Kenya and Malawi) and **lead times** can be long factoring in customs
  - **Size forecasting** based on other country size for age; **not generalizable** to Namibia; stock outs in A and B
- SR take up **minimal storage** space;
- 2 EMLA is **shelf stable**
- **Disposal** follows waste sorting same as surgery
- In study we did not promote SR in field; would do in routine implementation but include caveat about **eligibility** screening
- Jhpiego adapted our database for SR
- National MC form: add fields for SR method and removal date
- Area clinics/hospitals need to be aware of SR to ensure removals/AEs are handled correctly – call service provider
- ToT needed/training requires consensus on # of placements/removals for competency



Improving Quality VMMC

Thank you!

<https://project-iq-resources.jhpiego.org/>

ProjectIQ@jhpiego.org