

Case study 3: Reaching older men with VMMC services in Zambezia Province in Mozambique

Setting

Zambezia Province, Mozambique (2013 to date).

Challenges

Male circumcision is common in the northern provinces of Mozambique, where it is performed for traditional and religious reasons. However, despite the Government of Mozambique's adoption of VMMC in 2009, coverage in the Zambezia Province on the central coast remained low (48%), even after scale-up was initiated in 2010.

Barriers

Research in sub-Saharan Africa points to an "intent–action" gap, with over 60% of men ages 15–49 years being aware and interested in VMMC for HIV prevention, but only 11% actually circumcised. This gap was also perceived in Zambezia, where MC is not traditionally performed.

Initiatives taken

- 1) In order to reach older men, ICAP's comprehensive package of care to support VMMC services included focus on the HIV prevention & care cascade; adherence to the ICAP client-centred VMMC model; an advanced strategic information system that fed into project decision-making and advocacy with local leadership around transforming gender norms.
- 2) Demand creation was achieved through communication and social marketing campaigns, outreach by mobilizers, VMMC campaigns, involvement of women as mobilizers and incentives to mobilizers.

- 3) Trained and equipped ICAP VMMC teams provided client-centred care that addressed older men's specific needs in fixed health facilities and mobile sites. They offered tailored, integrated, differentiated VMMC and prevention packages that were youth and male-friendly and services for specific age groups. This included "one-stop shopping" for services; evening/weekend clinic hours to accommodate work schedules; messaging addressing specific male concerns; use of local health promoters to educate and follow up on men who have not presented for VMMC, thus increasing the number of men who transition from simply expressing interest in the procedure to having it completed.
- 4) VMMC quality assurance and quality improvement initiatives were undertaken that helped achieve service excellence.
- 5) Interventions included intensive follow-up for wound care; comprehensive prevention; age-appropriate sexual and reproductive health education; gender norms and condoms; escorted and supportive linkage to care and treatment for HIV-positive clients; and pre-exposure prophylaxis (PrEP) for men at higher risk of HIV infection.

Results

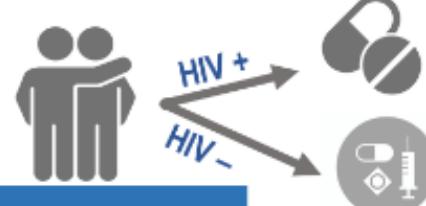
- 1) Between March 2013 and February 2019, ICAP supported 15 health care clinics providing facility-based VMMC and two mobile clinics to provide VMMC to rural areas. To generate demand, ICAP conducted age-specific outreach, including mass media campaigns and educational sessions at schools and community events. During this time 258 770 males were circumcised and, among them, 253 193 (97.84%) were screened for HIV. In total, 1943 males (0.77% of those screened) tested positive for HIV.



robust demand creation



service delivery excellence



intensive follow-up care

comprehensive prevention package

Enabling Environment & Quality Control for VMMC Programming (HSS, Training, HR, M&E, Advocacy)

- 2) Altogether, 130 507 (50.43%) of those circumcised were adolescents and young men 15–24 years of age. Clients 15 years or older increased from 54.7% between March 2013 and February 2014 to 61.5% between March 2018 and February 2019.
- 3) Those who underwent VMMC had heard about the service from the following sources: 30.26% from a friend; 20.22% from family members; 4.29% from TV or radio mass media campaigns; 10.58% from a health care worker; 14.05% from a community counsellor; and 0.47% through other means. Among the 660 males newly diagnosed as HIV-positive between June 2015 and May 2017, 644 (97.6%) were referred for HIV care, and 616 of these men (95.7%) were enrolled in care and treatment services.

Lessons learnt

- 1) Targeted demand generation strategies can lead to large numbers of older men being circumcised.
- 2) Utilization of mobile clinics can help VMMC programmes ensure that they are providing services to communities not in easy reach of health care facilities.
- 3) Ensuring that men who express interest in VMMC eventually accept VMMC requires persistent and longitudinal effort – not just a single educational event. To this end, the use of VMMC champions based in the community to not only educate but ensure that older men follow up for the procedure is key.