

# Case study 7: Embedding VMMC within community-based HIV testing services to increase uptake in older men in the United Republic of Tanzania

## Setting

The United Republic of Tanzania's five crossover regions of Iringa, Njombe, Morogoro, Singida and Tabora, where the Jhpiego-led AIDSFree project operates (1 July–30 September 2018).

## Challenges

Nationally, only 41% of the 25–29 year-old VMMC target group was reached in 2017. Within AIDSFree, only 16% of the annual target was attained in this age group between October 2017 and September 2018.

## Barriers

Older men were facing barriers in accessing VMMC, which included distance to VMMC services, waiting time and lack of privacy.

## Initiatives taken

- 1) The Jhpiego-led AIDSFree collaborated with a Jhpiego sister project, Sauti, which offers community-based HIV testing services (HTS) plus other HIV prevention biomedical and education services. Sauti utilizes mobile teams in the same geographic areas as AIDSFree VMMC services. A comprehensive review of Sauti HTS data indicated that there was a large number of men ages 20 years and above who reported being uncircumcised. AIDSFree saw this as an opportunity to reach these men.
- 2) AIDSFree developed comprehensive standard operating procedures in order to guide the projects, focusing on the mobile VMMC teams that provide on-site VMMC services alongside Sauti's mobile teams.
- 3) AIDSFree embedded a team of five personnel (two VMMC providers, a counsellor, data clerk and logistician) within the Sauti community-based HTS mobile team to offer on-site same-day VMMC services.
- 4) The HTS teams set up tents near hotspots, with mobilization and outreach activities led by case managers and local civil society organizations. The VMMC team used an adjacent tent, set up at a nearby health facility or in suitable nearby premises, converted into an operating room. HTS clients were asked if they were circumcised, and, if they were not, they were offered VMMC services available on-site or, rarely, they would be referred to the nearest VMMC health facility and given information on VMMC clinic days. Their contact details were shared with an AIDSFree-supported Volunteer Community Advocate (VCA) from their locality for follow-up.

5) Key implementers included the Regional Health Management Teams of the five regions under the President's Office Regional Administration and Local Government (PORALG) with technical oversight from the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) through the National AIDS Control Program.

6) The Sauti HTS team uses peer educators from local civil society organizations to mobilize within their key and vulnerable populations and link clients to services, including referrals and escort to VMMC sites.

## Results

- 1) Prior to full implementation of the mobile team initiative in the fourth quarter (July–September 2018), uptake of VMMC services by older men in the previous three quarters (October 2017–June 2018) was 3% of all VMMCs. This figure increased to 5% in the fourth quarter.
- 2) When examined by modality, older men reached through mobile services were 38% of all clients served by that modality, compared with 11% served through routine services.
- 3) The total number served through the initiative during the quarter was modest (1412 VMMCs), but the comparative advantage of mobile VMMC embedded in community HTS to attract older men relative to other standalone modalities used by AIDSFree was demonstrated in all five regions, irrespective of VMMC programme maturity.

## Lessons learnt

- 1) A mobile VMMC service delivery modality is more adaptive to addressing barriers to older men accessing VMMC services, particularly distance, waiting time and privacy, which are associated with facility-based modalities.
- 2) Female providers are not a deterrent per se for older men using services since 75% of the mobile personnel were female, although not local residents – which may have helped eliminate embarrassment.
- 3) There are synergies to be realized in the collaboration between HTS targeting men who are from key and vulnerable populations and VMMC services aiming to maximize uptake among older men.