



Improving Quality VMMC

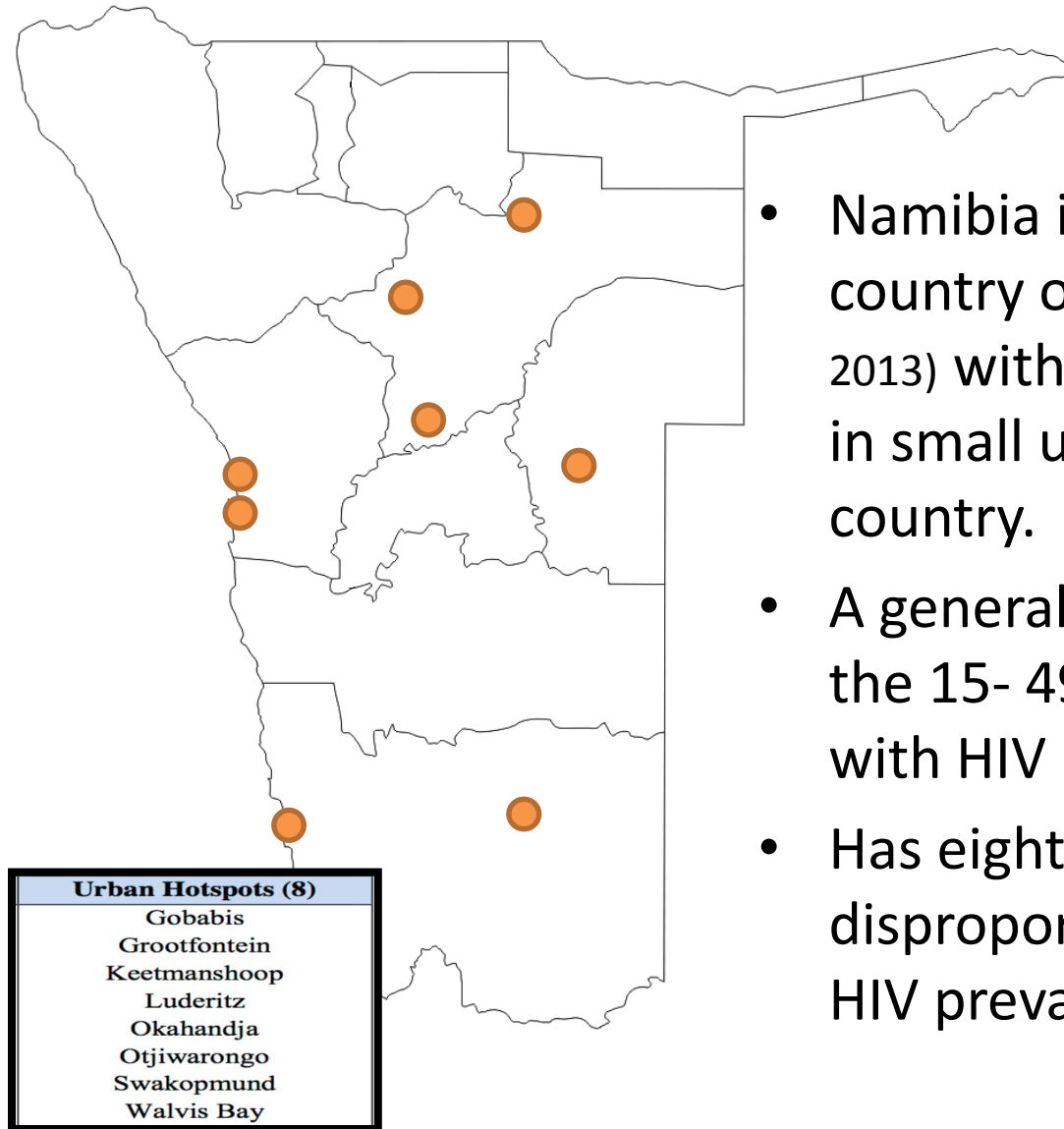
“Working with Working Males” Country perspective: Namibia

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Namibia: Overview



- Namibia is a sparsely-populated desert country of 2.3 million people (World Bank, 2013) with the population concentrated in small urban areas scattered across the country.
- A generalized HIV epidemic with 14% of the 15- 49 year old population living with HIV
- Has eight urban hotspots that are disproportionately higher than national HIV prevalence

Erongo Region

- In May 2016 Jhpiego initiated VMMC service support through Project IQ, covering Swakopmund & Walvis Bay with intended future expansion to outlying areas

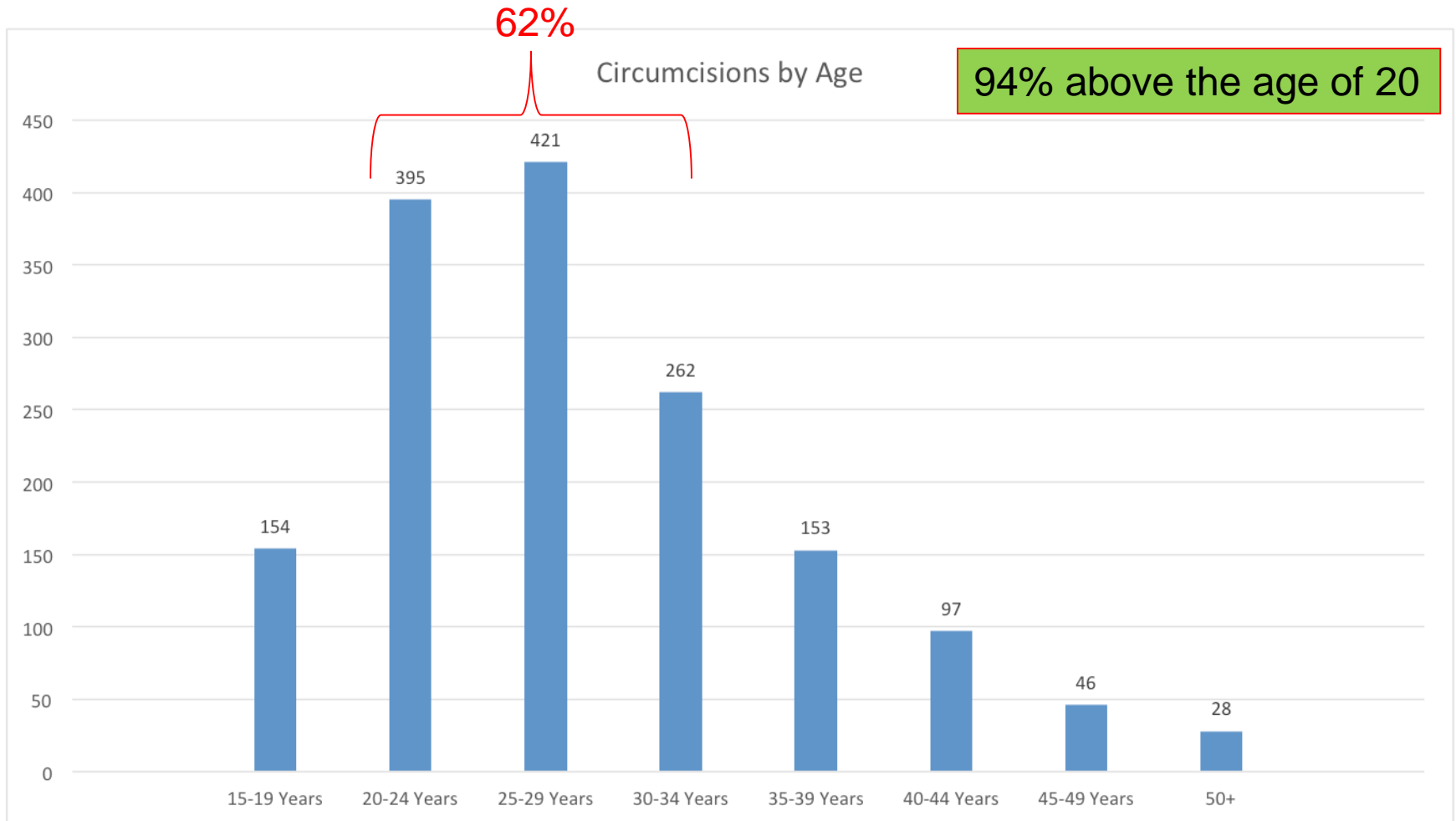


Erongo Region

- Although the self-reported circumcision rate is 25.5% (NDHS, 2013), Namibia has struggled to roll out VMMC for men aged 15-29
- In order to meet the 80% coverage goal by 2017, the projected Ministry of Health and Social Services VMMC targets for Erongo are:
 - Swakopmund 3 986
 - Walvis Bay 4 446

Project IQ Erongo Client Breakdown

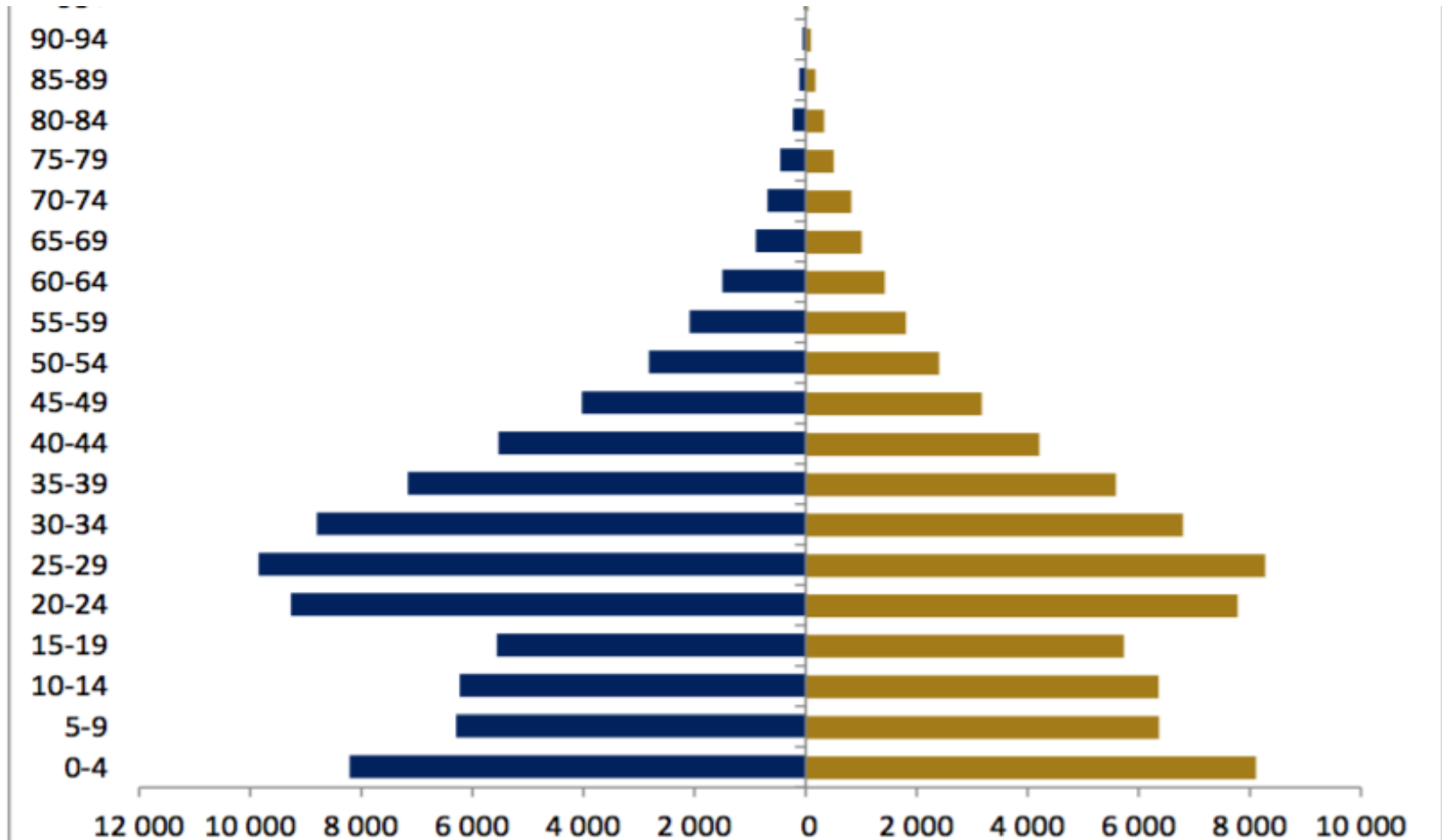
09 May – 21 August 2016



So why this success?



Erongo Population Structure



Older Clients....what differs?

Wrong to assume business as usual....

- Client needs & expectations
 - Cost-benefit
 - Quality of service provision
 - Staff attitudes
- Clinical variances
 - Deferrals
 - Referrals
 - Follow-up rates

Operational Challenges

- Messaging
 - Urban legends
 - Misinformation from clients post procedure
- Client demands
 - Extended sick leave
 - Food
 - Transport (waiting times, reimbursements)
- “Crowd” control
 - Fighting to be seen

Operational Challenges

- VMMC counselling
 - Issues vary
 - Change of emphasis
 - Post-op wound care



(JPS Africa, 2016)

Operational Challenges

- AEs >7- 14 day review
 - ? premature sexual activity
 - “But she wants me”



(CHAPS, 2016)

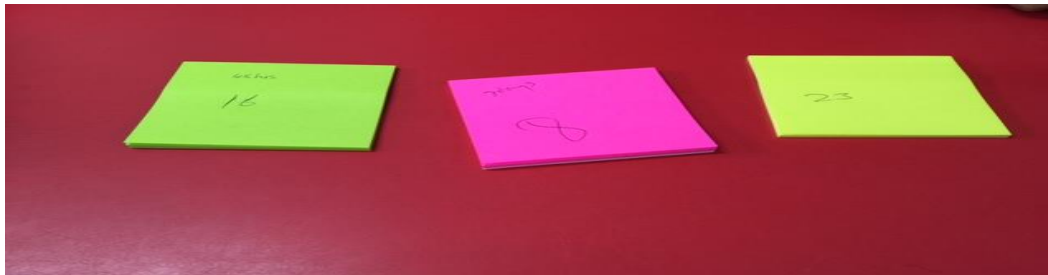
Challenges addressed

- Clarity and uniformity of information
 - Day of procedure, sick leave, transport
 - Absolute honesty regarding procedure, pain, healing process
- Manage client flow whilst keeping clients occupied
 - Professional registration processes
 - Client advocates
 - On-going interactions using humour



Challenges addressed

- Triage post-op follow-ups according to review dates
- Service number according to time of arrival



- Extended daily dressings/reviews indicate empathy, greet by name

Challenges addressed

- Sensitisation and involvement of female sexual partners
 - Counseling to partners during mobilisation
 - Female partners invited to attend
 - Clear message around importance of 6-week abstinence



Challenges addressed

- Evidence of strong male staff complement
- Father and sons encouraged to attend together
- Client charter – “Know your rights”
- Suggestion box with indication of acknowledging and addressing recommendations and complaints
- Food!



Maintaining the Momentum...

Demand creation

- Stakeholder networking (employers, employer associations, unions)
- Client advocates (post procedure)
 - One-on-one interventions
 - Media coverage /personal interviews
- Strengthen female advocacy
 - Advocate at female health clinics regarding health benefits to both partners
 - Advocate VMMC to partners at ante-natal clinics (post natal 6 week abstinence)
- School campaigns
 - Parent participation
 - Father & son days (Mothers too)

Maintaining the Momentum...

- Maintain quality service
- Improve on MOVE model and waiting times
- After hour services
 - Evening clinics
 - Service provision according to industry down time e.g. mining, fishing
- Address AE rates proactively
 - “model” counselling accordingly
 - empower clients to manage post-op wound-care and AEs appropriately
- Continuous learning, feedback, re-evaluation and flexibility to change

THANK YOU



*“Thanks fr yr ofice.
And for VMMC to get a smart cut.
I am very proud of this.
Thank for your nurses and thank me that I make this decision”*

(E.K. – SMS 23 Aug 2016)