Conditional in-kind compensation to increase uptake of VMMC: a randomized controlled trial in Nyando District

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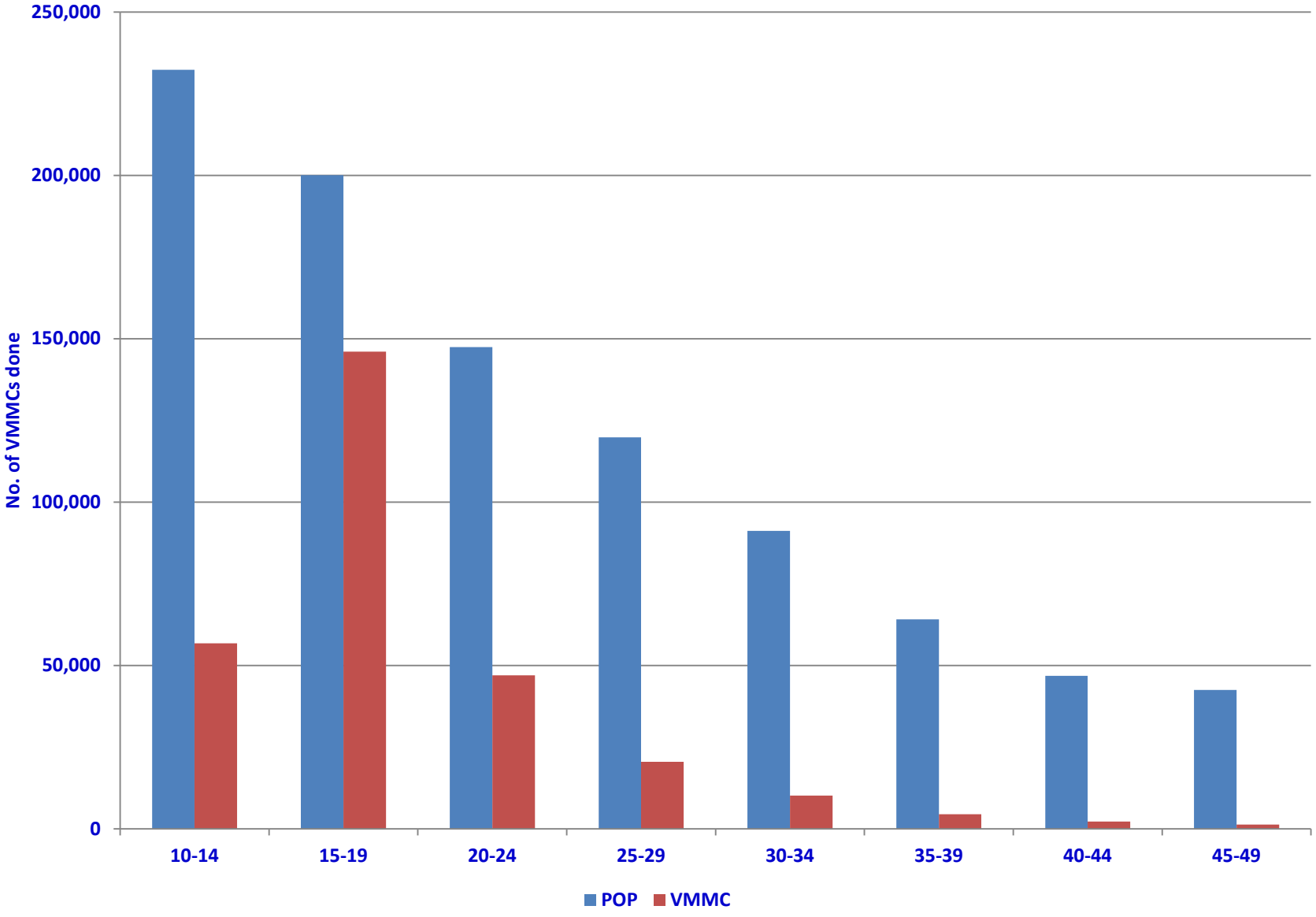
Background

- Since 2008, over 300,000 adult males have been circumcised in Kenya, vast majority of them in Nyanza Province
- Many factors have contributed to Kenya's rapid scale-up of VMMC
  - Government has engaged with community leaders/elders, youth, and women's groups; all of which has led to endorsement and acceptance of VMMC
  - Other key factors have been the introduction of innovative approaches, including task shifting and short intensive service campaigns (RRIs)

Challenges

- Despite success of the Kenyan VMMC program, several challenges remain
- Uptake by men aged 25+ years remains low (10-25%)
  - Older men cite time away from work (what will my family eat when I am healing?), long period of sexual abstinence, sharing service sites with youth, and pain as barriers (Herman-Roloff et al 2011; Evens et al unpublished)
- Barriers faced by older men may differ from those faced by younger men
- New interventions needed to increase uptake among older men

NYANZA TOTAL VMMC DONE: 2008 - 2011



Potential way to increase uptake

- One approach to address concerns about time away from work could be to compensate for earnings forgone during the initial days of healing
  - Idea received support at Stakeholders workshop in Feb 2012 organized by FHI 360
- Several studies have shown that this approach works in modifying other health and education behaviors

Evidence from other countries

- Pioneering program in Mexico called *Progresa* offered cash to low-income households if they sent their children to school and vaccinated newborns.
  - Positive short-term and long-term impacts: Schultz *IFPRI* 2000, Fernald et al. *Lancet* 2009
- *Progresa* inspired many countries to begin conditional cash transfer (CCT) or conditional in-kind transfer programs
  - Typically, benefits distributed based on some condition
  - Review of such programs available in: De Janvry and Sadoulet *World Bank Economic Review* 2006; Lagarde et al. *JAMA* 2007

Applying CCTs to VMMC

- Economic rationale: by offering *conditional* compensation, a government can reduce the cost to an individual of undertaking a health behavior
  - Result can be greater uptake of the health behavior
- For VMMC, we know that even the procedure is offered for free, the costs may include transport to clinic, lost work during day of procedure and several days afterwards
  - Some evidence that compensation is already happening: in Kericho, Anne Thomas reported that an employer is giving staff who go for MC paid time off to heal

Overview of a planned study to increase demand

- **Goal**: Increase uptake of MC among men aged 25-49 by offering conditional in-kind compensation for transport costs and lost work
- **Objectives:**
  - Determine impact of provision of food vouchers conditional on coming for MC
  - Determine optimal size of compensation
  - Explore perceptions of the intervention by men and women
- **Study location:**
  - Selected sub-locations in Nyando District

Overview (continued)

- **Design**: An RCT in which men are offered compensation in the form of food vouchers if they come to clinics in Nyando District for MC
  - Men will have the opportunity to receive small (200 KES), moderate (700 KES) or larger (1200 KES) food vouchers conditional on going for MC
  - Control group compensated only for transport costs
  - 500 men in each study arm
  - Food vouchers will be valid at shops in Nyando District
  - Qualitative work to explore if the intervention was perceived by clients as coercive or not.

Design (continued)

- **Measurement**: Maintain a record of study participants who come for MC at clinics
- **Proposed timeline**: 6-month study (March-Sept. 2013)
- **Funding**: Bill & Melinda Gates Foundation

Policy rationale

- Results from the study will be useful for determining whether conditional compensation can be an effective way to increase uptake of MC
  - If not effective, will help rule out cost as a barrier
- Sustainability – often a concern for CCT and other in-kind transfer programs
- However, MC is a one-off, life-long intervention for which the priority is to have rapid scale-up
  - Use of some funding to complete scale-up among adults can allow us to move on to EIMC

Lingering questions for thought

- Is giving compensation for foregone earnings in order to increase MC uptake unethical?
  - Are the clients leaving the service site richer, poorer or the same?
  - The intervention does not generally lead to clients becoming richer
  - Does the intervention reduce intrinsic motivation for MC? We often give compensation for time in research – does this undermine volunteerism