IMPLEMENTING THE 2017 - 2021 FRAMEWORK FOR VMMC

Two approaches: Interpersonal communication to reach men 18 – 49 yrs and expanding community mobilizers

Dirk Taljaard and Joris Vandelaanotte
Background to South Africa VMMC program

- 52 million inhabitants
- Traditional circumcisions – Winter months
- CHAPS consortium: Right-To-Care, CHAPS, MatCH, and private practitioners
- Pepfar funded USAID CDC
- Government funded in Non-Priority Districts
- Demand Creation has developed
CHAPS have had outreach teams in all major centers of service delivery for a number of years.

Outreach teams consist of Outreach managers, outreach mobilisers, drivers and vehicles.

Effectiveness of these outreach staff declines over time.

Re-focus, re-training and skills development assisted in increasing effectiveness, but did not stop the decline.

Many assumed reasons for decline:

- Fatigue
- Less effective cold canvassing – as opposed to social networks
- Geographical areas exhausted for their skill – approach
- Current research on this issue

Expanding Social Mobilisers
Summer 2015/6 campaign

- **New strategy for 2015/6:**
  - Dramatic increase in number of temporary Outreach Mobilisers (OMs)
  - New management level added
  - Using current OMs to manage and supervise
  - 5-6 temporary Outreach Mobilisers given to each Permanent OM
  - Using current OMs to recruit and train new
  - Using current transport
  - Implementing standard pick-up points
  - Abandoned the team approach – they decide by themselves where to go when
  - Minimal costly support, they receive airtime and limited own transport allowance
  - Temporary OMs were **specifically excluded** from visiting schools
  - Temp OMs were trained and sensitized to access their networks of specifically older men
Temporary Outreach Fieldworkers:
- On a 6 month contract – Within local labor law requirements
- Use only during summer months, or during winter months
- They are remunerated at a basic level and bonuses for reaching certain targets
- Performance is managed and monitored strictly and periodically
- Breakeven has been calculated and this is the first target
## Results of Expanded Mobiliser Program for Sep 2015 – Mar 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Average per month September 2015 to March 2016</th>
<th>% of total patients recruited by Temps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange Farm Gauteng</td>
<td>9</td>
<td>64</td>
</tr>
<tr>
<td>Tshwane Gauteng</td>
<td>9</td>
<td>47</td>
</tr>
<tr>
<td>Yeoville/Hillbrow Gauteng</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>Katlehong Gauteng</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>Zola Gauteng</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>Bapong NW</td>
<td>5</td>
<td>55</td>
</tr>
<tr>
<td>Sasolburg FS</td>
<td>8</td>
<td>49</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>49.9</strong> or 9223 out of 18895</td>
<td></td>
</tr>
</tbody>
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The average for the temp Outreach Mobilisers increased to 22.8 for winter campaign.
Focused recruitment for males 15-29 years

Swaziland

Mr Muhle Dlamini
Mr Vusi Maziya
MOH SWAZILAND
Background: Swaziland

- 1.1 million inhabitants
- No traditional circumcisions
- CHAPS consortium: CHAPS, PSI, FLAS, Pact, Bantwana, Joyful Hearts, Kwakha Indvodza and private practitioners
- Pepfar funded 5 year USAID Cooperative agreement
What did we do to increase uptake among 15-29 year olds?

- Focus on High Schools
- Group based support – Per School Grant
- Encourage partners to focus on age pivot with differential reimbursement
- Lihawu camps (circumcision camps)
- Trial and error (Fail often and fail fast)
Focus on high schools to get 15-19 years

- Engage teachers for their buy in on VMMC
- Recruit students who circumcised to be champion and explain their circumcision journey
- Engage uncircumcised students in one on one sessions
- Recruit out of school youth in communities around school
Failed: University students and Uniformed services (military)

Companies: partial success – about 50 circumcisions
- Senior manager needs to meet initially with the company management and HR
- Recruiters well dressed and presentable
- Provide services in small groups (5 max) per week
Swaziland circumcisions per quarter 2016/7 to date

Q1 17 - Oct to Dec 2016
One of our partners: 15-29 proportion per month, Oct 15 - Dec 16
(absolute numbers as label in black)

New contract with bigger differential

<table>
<thead>
<tr>
<th>Month</th>
<th>Numbers</th>
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</thead>
<tbody>
<tr>
<td>Oct-15</td>
<td>69</td>
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<tr>
<td>Nov-15</td>
<td>70</td>
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<tr>
<td>Dec-15</td>
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<td>Jan-16</td>
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<td>Feb-16</td>
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<td>Mar-16</td>
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<td>Apr-16</td>
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<td>May-16</td>
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<td>Jul-16</td>
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<td>Aug-16</td>
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<td>Sep-16</td>
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<td>Oct-16</td>
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<tr>
<td>Nov-16</td>
<td>177</td>
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<tr>
<td>Dec-16</td>
<td>81</td>
</tr>
</tbody>
</table>
Our main success comes from high schools

We need to make inroads into the 20-29 age group - This is far more difficult, expensive and time consuming.

A final thought – Do not forget the other age categories
Thanks to our funders USAID and PEPFAR and the Ministry of Health of both countries

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