

Case study 6: Applying differentiated service delivery and innovative demand creation models to increase the uptake of VMMC in KwaZulu-Natal province, South Africa

Setting

eThekweni and Zululand districts of KwaZulu-Natal (KZN) Province, South Africa (1 October 2017 to 30 September 2018).

Challenges

Among the nine provinces of South Africa, KZN has the highest HIV prevalence rate and low VMMC uptake, partly due to the banning of customary male circumcision (MC) in the 19th century by Zulu King Shaka. The reigning King reinstated the practice of MC in 2009. Although achieving 1 million MCs in nine years was a significant milestone, about half of the provinces' population eligible for VMMC has not yet been circumcised. Doubling the number of VMMCs in the province requires creative approaches to involve men who are difficult to reach and/or to convince of the benefits of VMMC. Research conducted by the South African Department of Health and VMMC implementing partners showed that there was low uptake of VMMC amongst the target age group (men 15–34 years of age).

Barriers

Barriers included lack of knowledge of VMMC benefits and that free VMMC services were available in public and private sector facilities; low perception of the relevance of VMMC; and anticipated shame of men grouped with young boys whilst awaiting services. There was a need to make VMMC more accessible and convenient for the target population and amplify VMMC messages through employing multiple platforms and channels of communication.

Initiatives taken

- 1) The King called on all Zulu men to get medically circumcised. The King's son, Prince Nhlenganiso Zulu, was an active ambassador for VMMC. Endorsement by traditional leadership has supported the province in exceeding 1 million VMMCs from 2009 to April 2018.
- 2) In KZN, the USAID VMMC Project provides VMMC services in multiple settings, ranging from public health facilities to private doctors' practices and VMMC camps serviced by contracted private clinical providers.

Fig. 1. Influencers of men to undergo VMMC



3) The USAID VMMC Project applies various methods to promote health seeking behaviour and increase VMMC uptake. In addition to employing trained social mobilizers, the following individuals/entities have proven efficient in influencing men to undergo VMMC: family members, sexual partners in married or committed relationships, peers and friends (especially satisfied VMMC clients), cultural, traditional and religious leaders and celebrities or ambassadors and other role models.

Results

Differentiated service delivery and innovative demand creation contributed to significant uptake of VMMC. During the intervention period, the majority of clients were in the priority age group (15–34 years). In terms of mobilizing adult men for VMMC, eThekweni and Zululand performed better than other districts, reaching over 50% of the men ages 15–34 years. The table below shows the VMMC age pivot achieved across districts of operation for the period October 2015 to September 2018.

District	Number of VMMCs		
	October 2015–September 2016	October 2016–September 2017	October 2017–September 2018 (interventions applied)
eThekweni	10 774	19 698	50 042
Zululand	9922	8132	21 833

Lessons learnt

- 1) Keys to success are endorsement and collaboration with government initiatives and traditional leadership.
- 2) Employing social mobilizers from communities where they are expected to work proves effective.
- 3) Demand creation needs to be contextualized.
- 4) Mobilization activities performed at places that men frequent (for example, barber shops, taverns) can be very effective.
- 5) Promoting the comprehensive benefits of VMMC (broader than just HIV prevention) in messages aimed at mobilizing men for services has proven effective amongst adult men.