• ShangRing circumcision is safe in the Kenyan -no displacement or self removal; MOH has endorsed ShangRing for phased program rollout – initially at 6 designated AAES sites
• ToT/conversion training for providers to use no flip and EMLA
• Procurement of SR manageable but EMLA is problematic – not registered for use in Kenya (exemptions through MOH for research/AAES)
• Full range of SR device sizes used among 13+ yo in Kenya
  – Stock out of fast moving device sizes (D-H) - transition to using every other device size
• Development of guidelines IEC materials, other demand creation, reporting tools, operations/planning- ongoing
• Day 7 follow for SR removal consistent with current guidelines
• SR procedures done under AAES protocol during transition
• Study approved by MOHSS through Department of Special Programmes; research waiver for device use from Pharmaceutical Board through Permanent Secretary
  – MOHSS eager to review pilot results and determine way forward
• EMLA procured from local pharmacies
• SR supply chain currently limited (suppliers in Kenya and Malawi) and lead times can be long factoring in customs
  – Size forecasting based on other country size for age; not generalizable to Namibia; stock outs in A and B
• SR take up minimal storage space; EMLA is shelf stable
• Disposal follows waste sorting same as surgery
• In study we did not promote SR in field; would do in routine implementation but include caveat about eligibility screening
• Jhpiego adapted our database for SR
• National MC form: add fields for SR method and removal date
• Area clinics/hospitals need to be aware of SR to ensure removals/AEs are handled correctly – call service provider
• ToT needed/training requires consensus on # of placements/removals for competency
Thank you!

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