

The Sustainability Plan: Early Lessons from the Integration of Early Infant Male Circumcision Services into Reproductive and Child Health Services in Iringa Region, Tanzania

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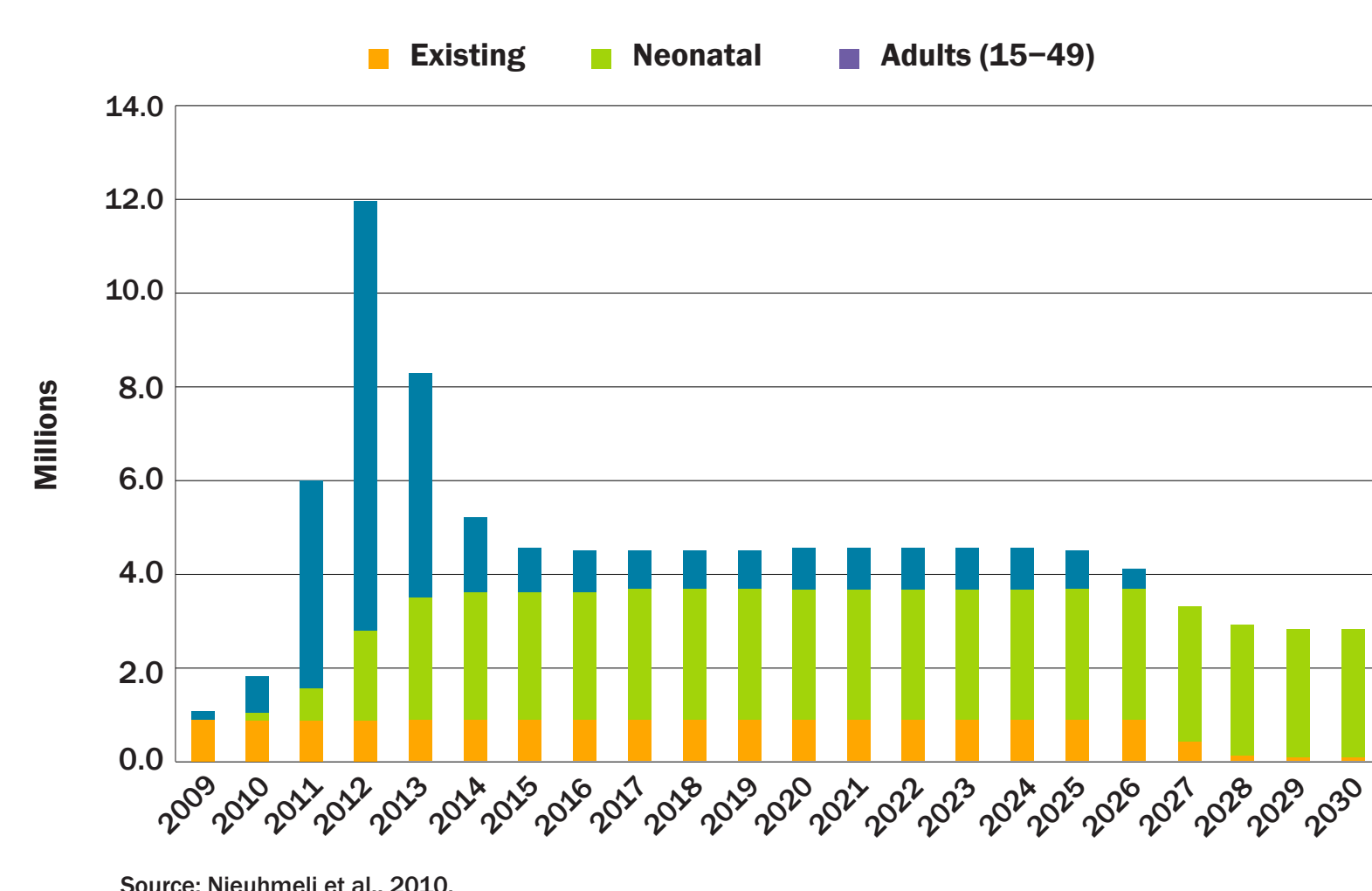
affiliate: ¹Jhpiego, an affiliate of Johns Hopkins University/Tanzania, Dar es Salaam; ²Jhpiego, an affiliate of Johns Hopkins University/Tanzania, Iringa Region; ³Tanzania Ministry of Health and Social Welfare, Iringa Region; ⁴Jhpiego, an affiliate of Johns Hopkins University/Zambia; ⁵Maternal and Child Health Integrated Program (MCHIP)/Jhpiego, an affiliate of Johns Hopkins University/USA; ⁶Johns Hopkins Bloomberg School of Public Health; ⁷MCHIP/Jhpiego, an affiliate of Johns Hopkins University/Tanzania, Dar es Salaam

Background

- The Tanzanian Ministry of Health and Social Welfare (MOHSW), with support from USAID's flagship Maternal and Child Health Integrated Program (MCHIP), has scaled up voluntary medical male circumcision (VMMC) services in Iringa region since 2009.
- To date, more than 250,000 adolescent (10+ years) and adult VMMCs have been provided in Iringa, Njombe and Tabora regions since the inception of the MCHIP program.
- Iringa, with an HIV prevalence of 9.1%, is Tanzania's 2nd most HIV-affected region (THMIS 2011-12).
- Between 2007-08 and 2011-12, adult male circumcision prevalence in Iringa has increased from 29% to more than 60% (THMIS 2011-12).
- Now that the adult VMMC program is mature, the MOHSW with support from MCHIP (through USAID) is piloting early infant male circumcision (EIMC).

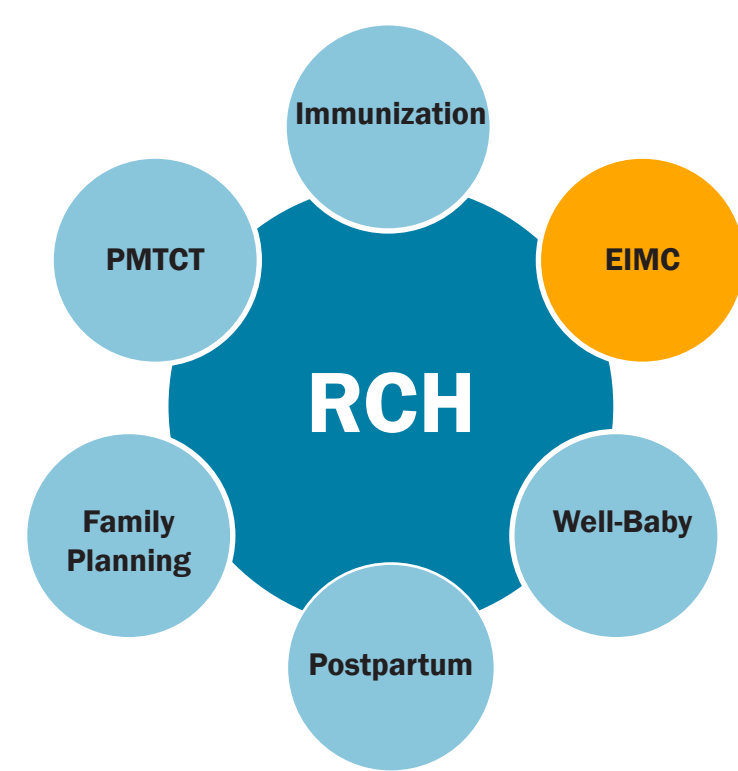
EIMC Is the Sustainability Plan

- The World Health Organization (WHO), UNAIDS and the United States President's Emergency Plan for AIDS Relief (PEPFAR) recommend that the scale-up of adult VMMC be accomplished in 5 years.
- EIMC is the long-term sustainability plan. It is less expensive than adult circumcision, has a lower rate of adverse events (AE) and is easier to perform.
- It is recommended that EIMC be initiated when a country's adult/adolescent VMMC program is well-established.
- EIMC should be integrated with existing maternal and child health services for healthy term infants.



EIMC Service Delivery Model

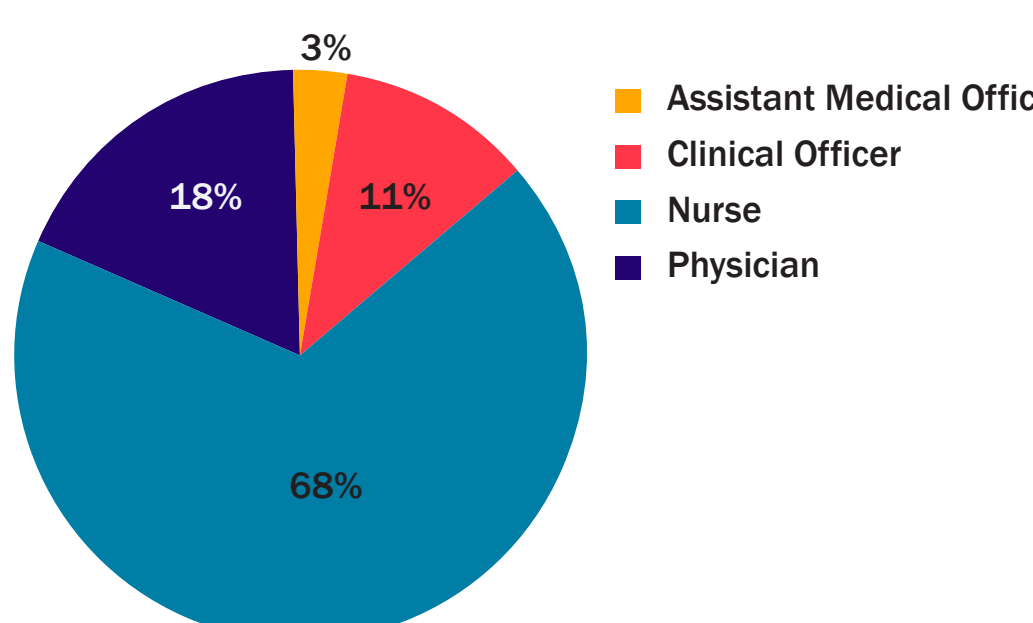
- The Tanzanian MOHSW initiated EIMC pilot services at four sites (three hospitals and one health center) in Iringa region in April 2013.
- EIMC services are integrated with the reproductive and child health (RCH) units at each pilot site.
- EIMC is offered in an integrated model, alongside vaccinations, family planning, well-baby care, etc.
- The EIMC procedure, using a Mogen clamp, is offered for healthy, full-term infant males weighing at least 2.5 kg and aged 24 hours to 60 days old.
- EIMC commodities and equipment are provided to each of the pilot sites.
- EIMC services are being promoted to parents through:
 - Group education in:
 - Antenatal care
 - Labor and delivery
 - Postnatal care
 - Immunization services
 - Radio advertisements and patient educational materials
- EIMC promoters work alongside providers at each site to educate mothers, fathers and communities on EIMC.



EIMC Provider Training

- Two trainings were conducted in Iringa region in April and August 2013.
- A total of 38 Tanzanian EIMC providers of different cadres were trained using the WHO/Jhpiego training manual.
- The course duration was 5 days, including both didactic and clinical components.
- Providers' EIMC surgical competence was assessed using the WHO skills checklist at the completion of the course.
- Sixty percent of EIMC participants achieved competency—lower than what is typical in the adult/adolescent VMMC program (80%).
- VMMC providers have the opportunity to assist and be mentored on a greater number of circumcisions during training, compared to only a couple of clients per participant during EIMC training because of less demand for EIMC.
- Post-training supervision and mentorship were enhanced for all EIMC providers to address this gap.

EIMC Providers Trained, by Cadre



Pilot EIMC Tools

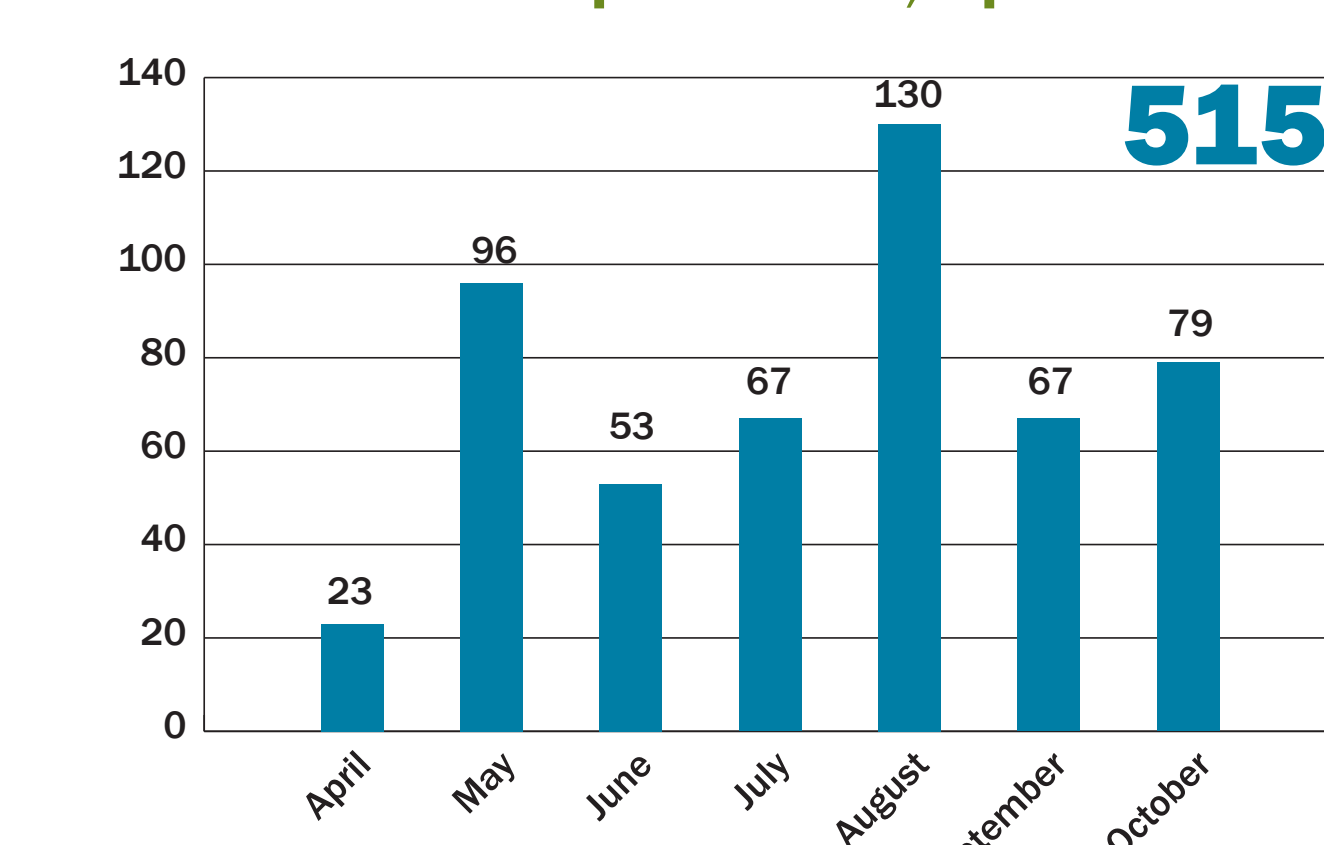
- Monitoring and evaluation tools:
 - Client card, client form, AE form and register
- A database was designed to collect service delivery statistics.
- Communication tools:
 - Counseling flip chart, brochure, poster and referral cards
- Quality assurance and supervision tools



EIMC Service Statistics by Month

- A total of 515 male infants have been circumcised at four piloting sites since the program started, through October 2013.
- The majority of circumcisions were done at Iringa referral hospital, followed by Ipogolo health center.

Number of EIMCs per Month, April-October 2013

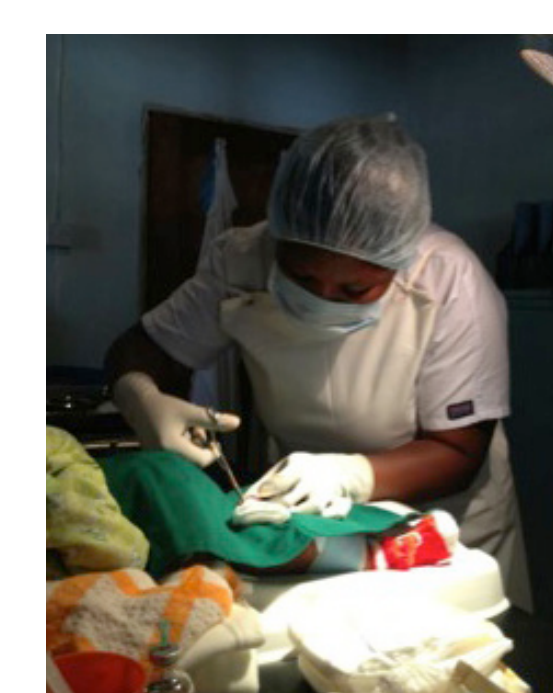


Lessons Learned

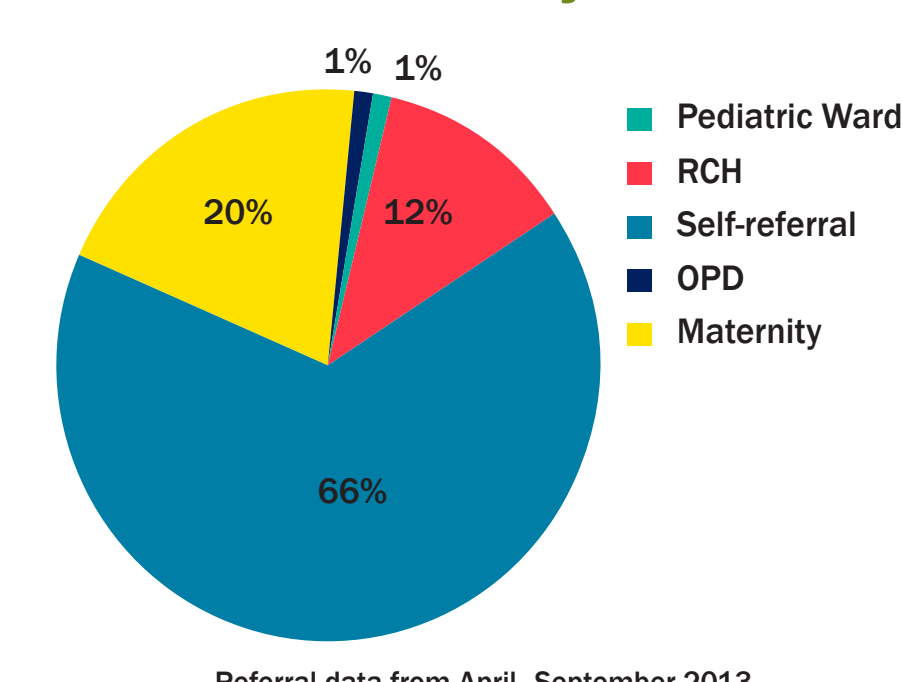
- The EIMC providers report that they enjoy performing EIMC procedures as part of their workload.
- Parents are seeking EIMC at the pilot sites despite the fact that infant circumcision is a totally new practice in Iringa region.
- Community demand seems to be slowly rising with facility referrals and radio ads.
- Mentored and supervised providers are improving with additional practice.
- VMMC providers are being paid overtime hours for performing VMMC at static sites, while EIMC providers deliver services during their normal working hours, with no extra-duty allowances.
 - To compensate:
 - EIMC providers have limited the number of infants they will circumcise per day (between three and five) to fit their work schedules.
 - Duty rosters have been developed to ensure that services are provided by EIMC providers from different departments (maternity, RCH, etc.).

Lessons Learned (cont.)

- Post-training supervision and mentorship have been enhanced for all EIMC providers who did not achieve competency during training:
 - Over 95% of EIMC providers are now competent after 2 weeks of follow-up mentorship and quarterly supportive supervision.
 - Improved demand creation for the August training increased the number of EIMC procedures during training.



Percentage of EIMC Mothers Referred from Different Facility Units



Next Steps

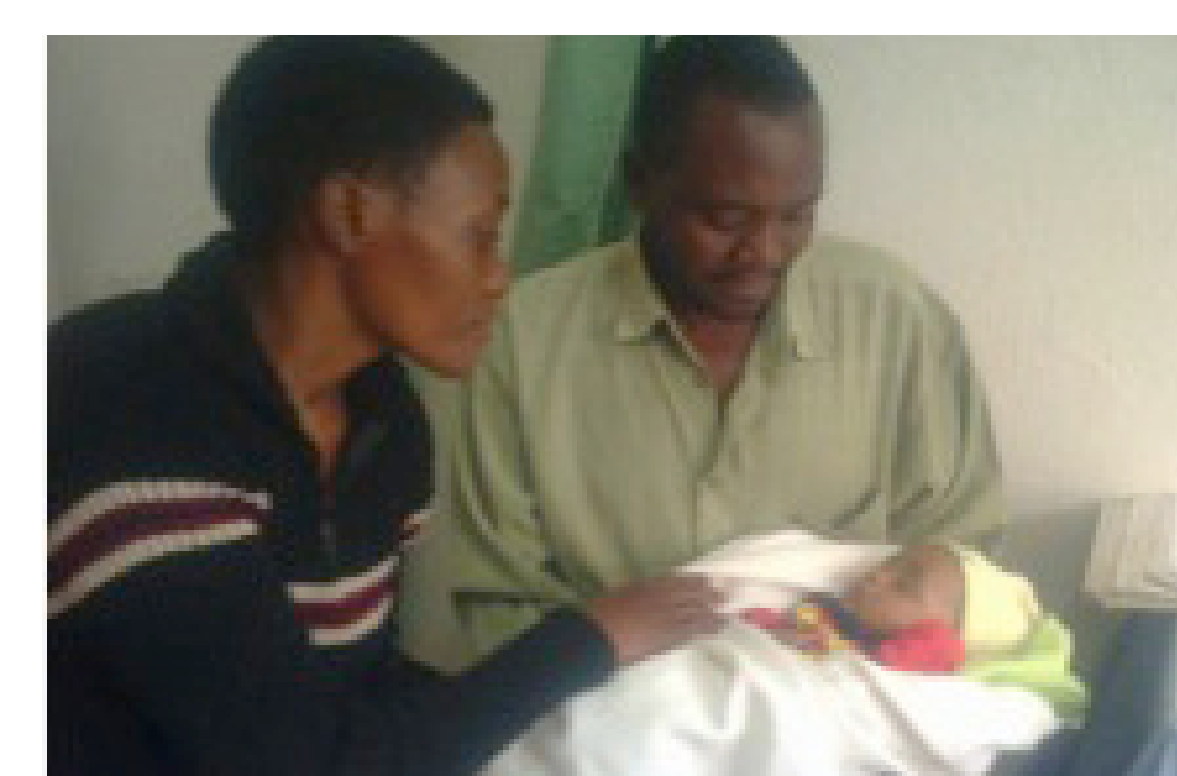
- The EIMC training package is being reviewed for potential enhancements.
- Efforts to secure a larger number of clients will be made for future trainings.
- New providers will be trained from each site for expanding EIMC services.
- Proficient EIMC providers will be trained to mentor their colleagues on-site.
- EIMC acceptability and sustainability will be studied as part of the Iringa pilot:
 - Research will assist in informing scale-up.
- The program will focus on increasing male involvement in infant care to assist with demand for services.



Satisfied Clients



Four-week-old twin boys waiting for EIMC services. Ilula hospital, October 2013.



Nelson Charles (and his parents), 43 days old. First client of the EIMC program in Iringa, April 2013.

References

- Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12. Accessed October 31, 2013, from <http://ihi.eprints.org/746/>
- Njeuhmeli E, et al. 2010. Cost and impact of expanding male circumcision services in Eastern and Southern Africa. XVII International AIDS Conference, Vienna.

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