

Beyond the Horizon: Recruiting for VMMC services at Bwaila ANC and STI clinics

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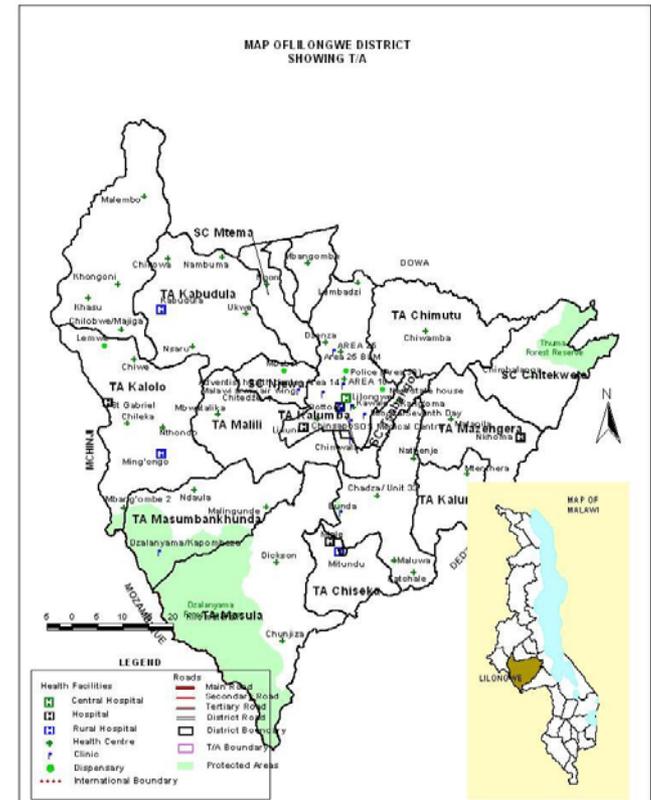
jhpiego.org

Johns Hopkins University Affiliate



Project IQ Malawi

- Started 1st April 2016
- Funding through CDC
- Location: Lilongwe district
- Project covers both urban and rural regions of the district
- No of static sites: 30 (27 MOH, 3 faith-based facilities)
- Service delivery dedicated teams: 13, support intensive/universal coverage of district in routine, outreach, mobile, and campaign services
- 96,924 men and adolescent males reached with quality services by end of December 2018



Why Recruit for VMMC from ANC and STI clinics

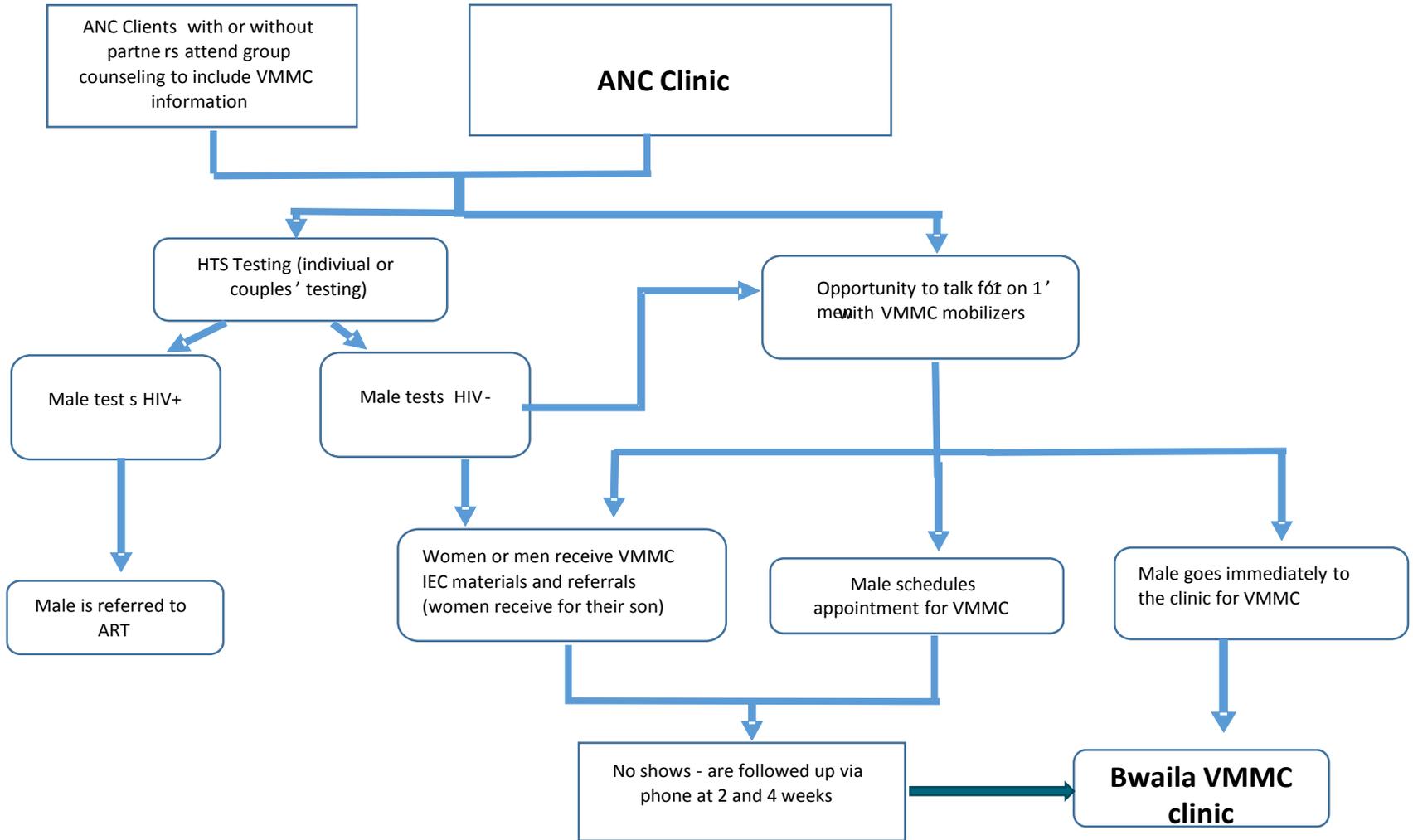
- Co-location of ANC, STI and VMMC services provides men a great opportunity to access VMMC information and support demand creation
- Cost-effective (minimal transport)
- Provides access to older men
- ANC & STI clinics already aim to engage men to promote couples HIV testing and family-based HIV care
- STI clinic clients are high risk for HIV infection



Preparation

- Concept developed
- CDC non-research determination (NRD) updated
- SOPs drafted, reviewed, and translated to Chewa local language
- Developed health education script in English and Chewa
- IEC VMMC messaged materials availed at both clinics
- M&E tools developed and reviewed
- Outbrief meetings on concept with MOH and Implementing partners (Jhpiego and Lighthouse), followed by orientation
- One VMMC mobilizer assigned to each of the 2 clinics
- Implementation start for STI in October 2018 and ANC in November 2018

Recruitment strategy at ANC Clinic

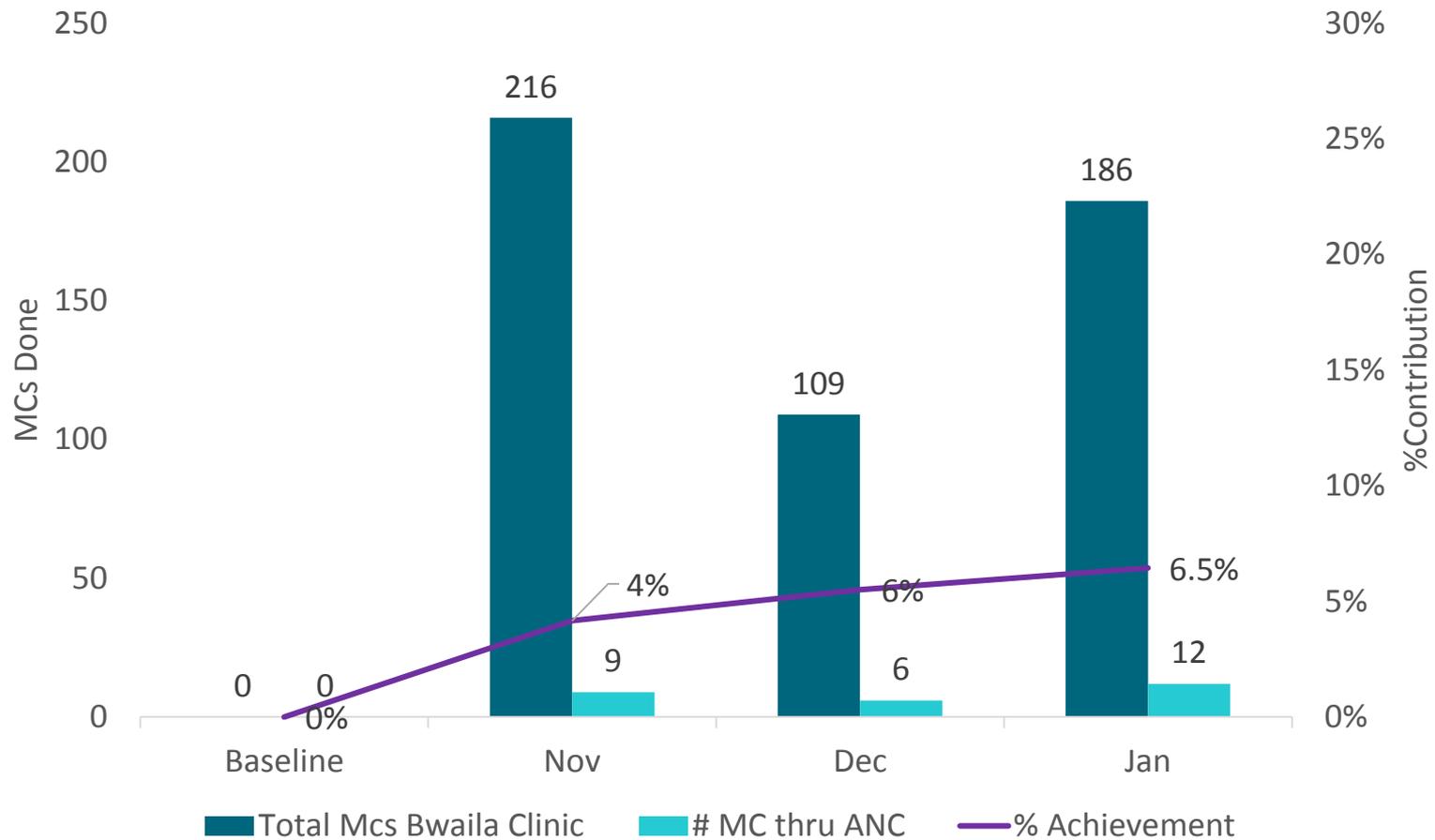


ANC recruitment outputs

Month	# of Uncircumcised males reached at ANC clinic	# Circumcised through ANC	Same day escorts	Number of MCs at Bwaila VMMC clinic	% contribution to total site achievement
November 2018	134	9 (7%)	11 (8%)*	216	4%
December 2018	97	6 (6%)	2 (2%)	109	6%
January 2019	76	10 (13%)	1 (<1%)	186	6.5%
Cum. Total	307	27 (9%)	14 (5%)	511	5.3%

*Two clients escorted the same day of mobilization were deemed ineligible for VMMC upon screening

Contribution from ANC Clinic to the Total MCs done at Bwaila VMMC clinic



Lessons from ANC implementation

- This has been a huge missed opportunity—many men accompany their spouses to ANC
- ANC clinic starts 7am and ends by midday
- One mobilizer assigned to ANC can be overwhelmed
- Some men don't have phones - therefore hard to get in touch
- Many men prefer MC immediately following spouse giving birth
- Mobilizers work at ANC half day and do other work for remainder of the day
- Program did not need to add resources for the concept but rather integrated in the existing mobilization work
- Significant air time required to call those lost to follow up

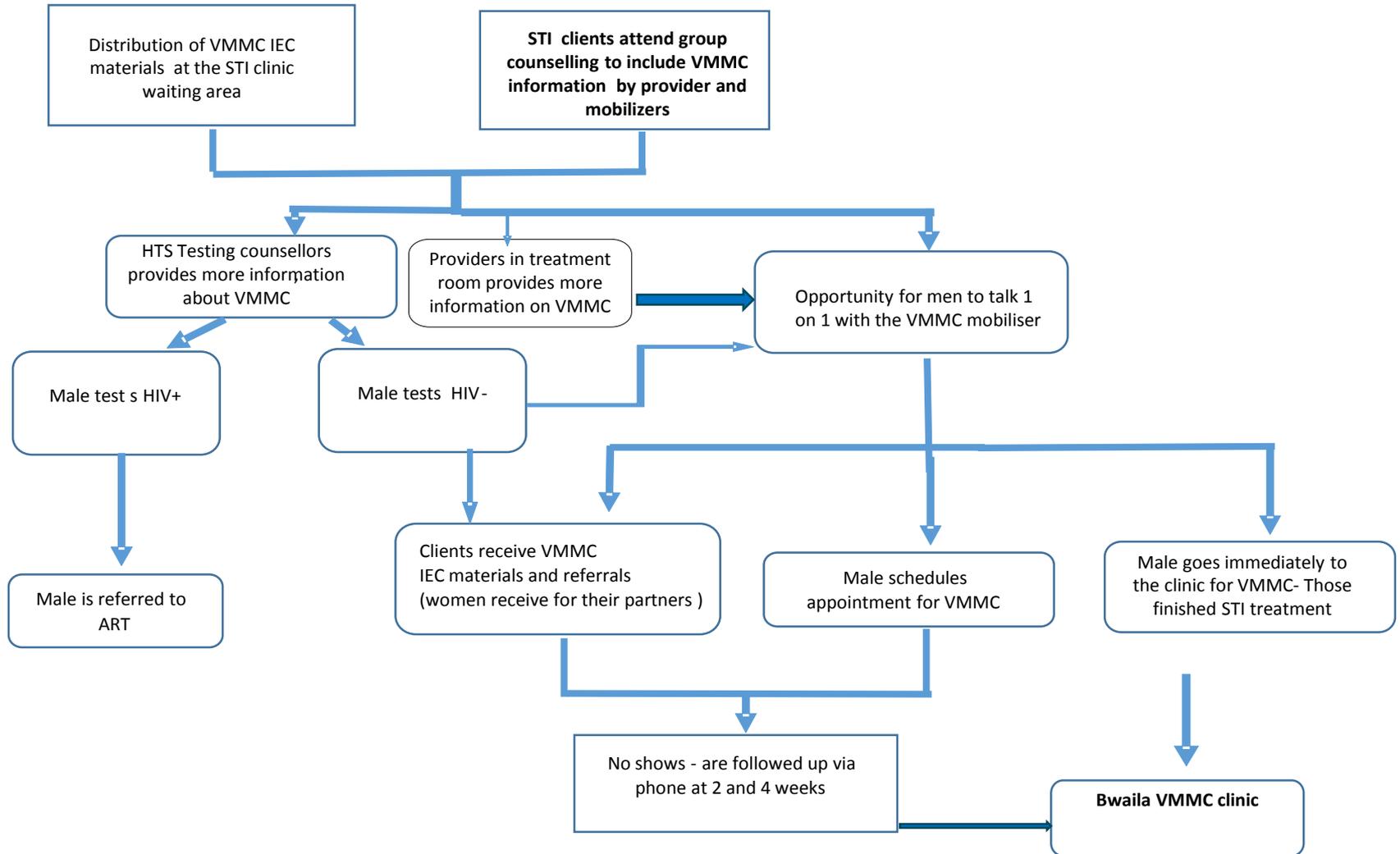


The first VMMC client recruited from ANC clinic with his family at Bwaila VMMC center

Changes made after first month based on lessons:

- Additional mobilizer assigned to ANC to support
- Physical address was collected for all men with no mobile phone numbers and were all linked to general VMMC mobilizers to support with follow up
- All men waiting for spouse to deliver are tracked and followed up after 2-4 weeks
- A log for all men followed and those who came back documented and those who have not are documented follow more follow up

Recruitment strategy at STI Clinic

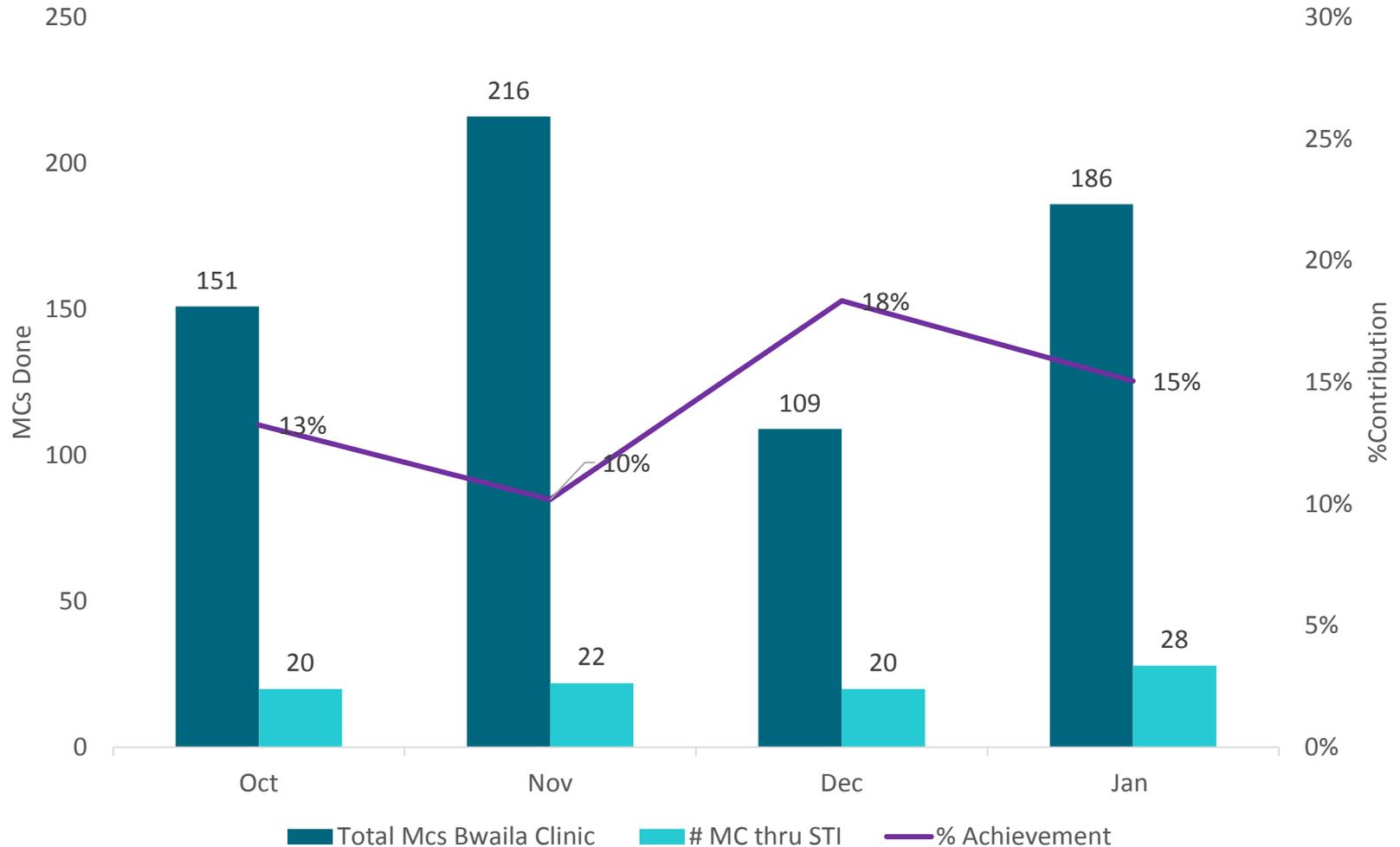


STI recruitment outputs

Month	# of Uncircumcised males reached at STI clinic	# Circumcised through STI	Same day escorts	Number of MCs at Bwaila VMMC clinic	% contribution of STI to total site achievement
October 2018	122	20 (16%)	4 (3%)	151	13%
November 2018	120	22 (18%)	4 (3%)	216	10%
December 2018	42	20 (48%)	0 (0%)	109	18%
January 2019	114	28 (25%)	0 (0%)	186	15%
Cum. Total	398	90 (23%)	8 (2%)*	662	14%

*Same day escorts were at STI clinic for reviews and no longer had active STIs.

Contribution Of STI Clinic to the Total MCs done at Bwaila VMMC clinic



Lesson from STI implementation

- It was easier to start implementation than ANC
- STI National Algorithm requires providers to refer clients for VMMC services
- STI clients have a better appreciation for their risk to HIV and need less convincing
- Keen follow-up is required for those who are still on treatment



Further considerations

- Clients at STI clinic are at higher risk
- At ANC risk is considered low, but there is an hypothesis that this clients may also be exposed due to behavior change when their spouses are expectant by indulging to extra marital sexual relationship (pay for sex, alcohol influence)
- Considering comparing client risk profiles across the 3 different clinics (ANC, STI and VMMC) by administering risk assessment questionnaire

Future plans

- Analyze data after 3 months to examine the impact of the concept
- Analyze and compare mobilization time and the yield for the different concepts (Routine, VIP and Work Place, ANC and STI)
- General mobilizers attached to the MC clinic to conduct follow up to men who have not turn up for VMMC
- Implement the concept in 2 other static sites
- Design, print and distribute IEC materials targeting men at ANC and STI clinics
- Consider similar engagement with female clients at FP, Immunization clinic
- Consider collecting risk behavior data at STI clinic

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