START UP/OPERATIONS KENYA

• 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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