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Moving from tens to thousands: how using multiple approaches in East Central Uganda is rapidly scaling-up voluntary male medical circumcision in traditionally non-circumcising areas

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Background

Circumcision prevalence among 15-54 years old males in East Central Uganda stands at 35% among whom 76% were circumcised for religious or cultural purposes. The region has a generalized HIV epidemic coupled with the low male circumcision prevalence making it eligible for the roll out of voluntary male medical circumcision (VMMC) as part of comprehensive HIV prevention. It is characterized by pockets of key high-risk populations including; sex workers, long distance truck drivers, migrant workers and fisher folk. The latter constitutes a large proportion of the East Central Ugandan population living on islands and landing sites within and along Lake Victoria, Lake Kyoga and along the banks of the River Nile. Program data has shown these populations as having positivity HIV rates of 18-20%.

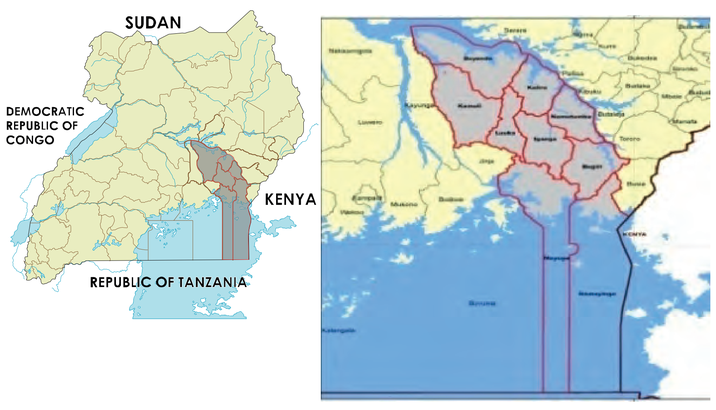


Figure 1: A map showing the nine districts of East Central Uganda served by JSI/STAR-EC encapsulated by the River Nile, Lakes Victoria and Kyoga

Methods

The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC), a USAID funded program managed by JSI Research & Training Institute, initiated VMMC roll out in the region in May 2010. At the start of the roll-out, STAR-EC relied on health facility based static clinics at five sites and reusable surgical instruments. However, by April 2011 the program reviewed her approaches and targets following a technical support visit from PEPFAR. More surgical teams were trained, task shifting was initiated whereby HIV counseling and testing (HCT) was delegated to lay counselors; disposable pre-packaged circumcision kits were used; and VMMC outreaches were initiated at targeted weekdays and times (especially over weekends in order to maximize reach). The static service outlets were increased to 15 as well as week-long 'circumcision camps' initiated to hard-to-reach areas in the region such as the islands on Lake Victoria.

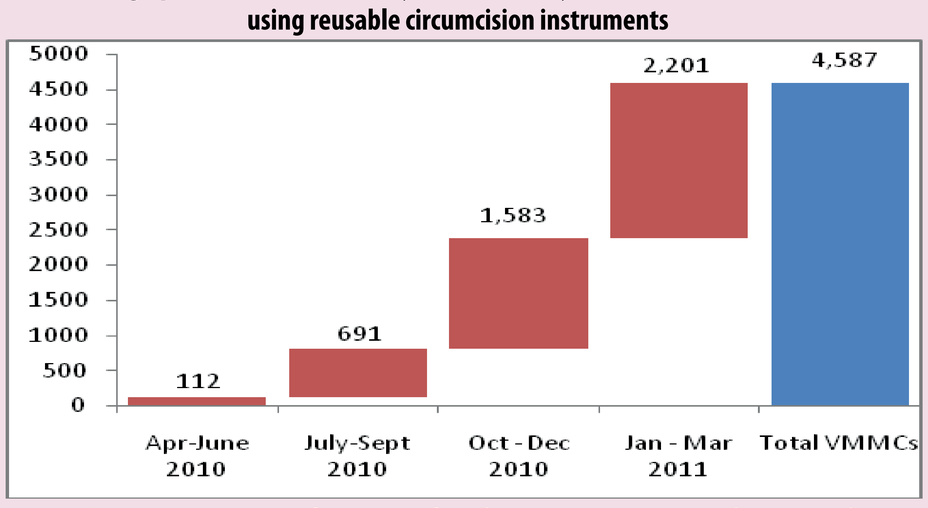
A service providers from East Central Uganda conducting a male circumcision static clinic at a rural hospital

Results

During April 2010 to March 2011, using only static service delivery mode and reusable instruments the program would support an average of 18-50 circumcisions per site per month. As the static health facilities grew, the number of circumcisions conducted increased (Figure 2)

Almost 4,600 circumcisions had been conducted by March, 2011

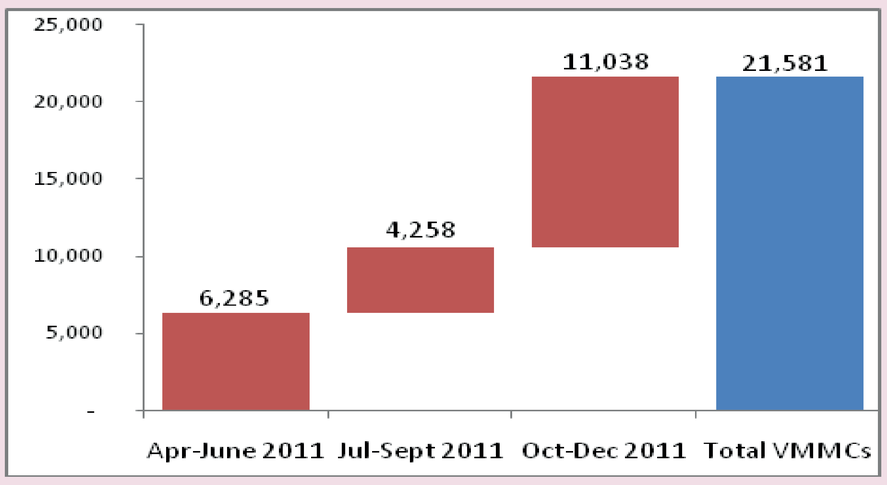
Figure 2. Progress in first year of implementation using single approach to scaling up VMMC services namely; health facility based static clinic services using reusable circumcision instruments



However, between April-December 2011 the program made changes including use of multiple approaches described above thereby resulting in health facilities increasing their monthly output from tens to hundreds of circumcisions

This enabled 21,581 VMMC procedures to be performed between April 2010-December 2011 compared to only 4,600 circumcisions between the period April 2010-March 2011

Figure 3. Progress in second year of implementation using multiple approaches to scaling up VMMC services namely; health facility based static clinic services, using Human resource efficiencies, using disposable circumcision kits as well as using the outreach and camping models in taking services closer to communities



Conclusion

STAR-EC's combined approach of using thoughtfully-timed and creative outreaches to targeted high-risk populations and implementing both surgical and human resource efficiency changes has led to a rapid scale up of VMMC in East Central Uganda resulting in a shift from "the tens to the thousands."

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