

Overcoming Seasonality in Scaling Up Voluntary Medical Male Circumcision: A Case Study from Tanzania

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Background: Seasonality in Voluntary Medical Male Circumcision

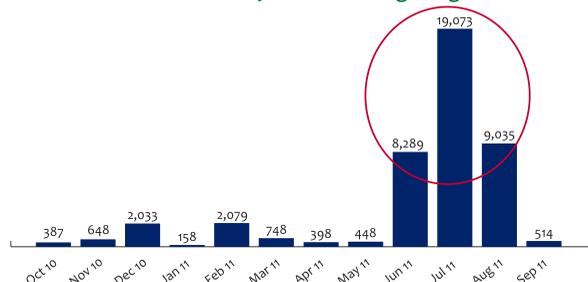
- “Seasonality” refers to demand that fluctuates with the season.
- Most of the 14 voluntary medical male circumcision (VMMC) priority countries experience at least some seasonality with regard to VMMC preferences because of:
 - Client and health care provider beliefs that wound healing is faster in cold weather
 - School calendars
 - Agricultural seasons
 - Local traditions (traditional circumcision is often conducted in winter)
- Formative research conducted in two Tanzanian regions in 2011 revealed that the season was a major determinant for clients.



Why Overcome Seasonality?

- Early in the program, seasonality was an advantage because:
 - It was easy to create demand during that period.
 - Program managers knew when and where to concentrate resources.
 - The program planned around seasonality to meet annual targets.

FY 2011 Circumcisions by Month in Iringa Region



But Seasonality Also Became a Hindrance to Scale-Up

- Increasing annual VMMC targets became impossible to achieve if client load was high only three months of the year.
- Facility space and trained human resources are underutilized during “low season,” leading to inefficiencies:
 - Low service utilization was projected to result in the greatest increases in unit price among all factors examined during modeling of VMMC costs (Njehumeli et al. 2014).
- Pulling so many trained health care workers away from other key health services to meet demand for VMMC during the winter season undermined other parts of the health system.

Njehumeli E, Kripke K, Hatzold K, Reed J, Edgill D, Jaramillo J, Castor D, Forsythe S, Xaba S, Mugurungi O. 2014. “Cost Analysis of Integrating the PrePex Medical Device into a Voluntary Medical Male Circumcision Program in Zimbabwe.” PLoS One 9 (5): e82533. doi:10.1371/journal.pone.0082533.



Approaches Used to “Break” Seasonality in Tanzania

Focusing on Remote Areas in the “Off Season”

- Program managers decided to “take VMMC to the people, not wait for the people to come to VMMC.”
- People in remote areas knew that if they didn’t circumcise when the service was nearby, they wouldn’t otherwise have access to VMMC.
- This approach was most effective after demand for VMMC was already established generally.
- The approach requires a high level of mobility and flexibility in service delivery.

Two Tools to Stay Efficient in Remote Areas

Parent-Child Clusters:

- A large “parent” outreach VMMC site anchors the team.
- When client load falls below 40 per day in the parent site, half the team splits and begins to serve one or more smaller “child” sites 10 to 15 km down the road.
- This allows the team to maintain 70–100 clients per day, even in rural settings.

GIS Mapping



Working with Schools

- Was not possible to work with Ministry of Education formally.
- Worked with regional and district authorities who went to school principals directly to discuss releasing groups of students (with parental consent) for VMMC services.



Men Shared Their “Off-Season” Circumcision Stories

- Peer promoters addressed seasonality directly, shared their personal experiences, encouraged potential clients to talk to their peers who were circumcised “off season,” and encouraged testimonials by men who received “off-season” circumcisions.
- On VMMC radio programs, men circumcised “off season” were encouraged to call in and share their experiences.



Campaigning Year-Round

- The team stopped planning campaigns around the winter and school holidays—focusing instead on rural areas for “off-season” campaigns.

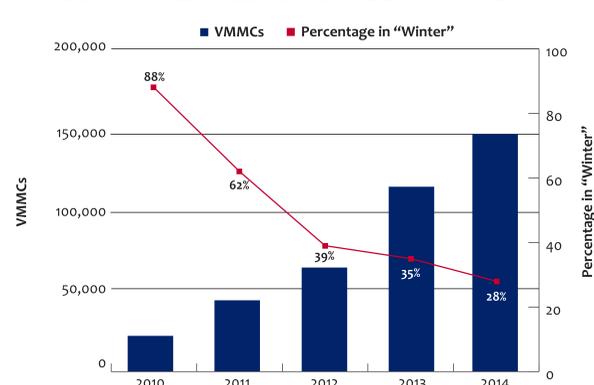


Health Care Provider Attitudes Also Shifted

“In Iringa (region) people believed that the proper period for circumcision was in May, June, and July, the winter months, but there is a great change among our community concerning this. Now clients are coming throughout the year and the difference in numbers between the seasons is not big.”

“Personally, I don’t believe in seasonality anymore,” said one nurse/surgeon. “I learned that by following those principles of proper surgical techniques and good interpersonal counseling that wound healing is good and fast. My attitude toward seasonality and MC has changed totally.”

Results: Since 2009, a Decreasing Percentage of Annual VMMCs Was Performed in Winter



Recommendations for Overcoming VMMC Seasonality

- VMMC service location:** In the hot or off season, take services to more remote areas of the country, focusing on men who would not otherwise have easy access to services. Use GIS to optimize site selection.
- Year-round availability of services:** Campaign year-round, not just in the cold season, and focus on those remote areas.
- Collaborate with schools:** Work with provincial or district school officials to allow students to be released for VMMC services during the school year, rather than only in the school holiday periods.
- Testimonials:** Through interpersonal communication and radio programs, allow potential clients to hear personal stories from men who have been circumcised during the hot season and have healed well.
- Play up the positive:** Find out what people dislike about VMMC during the high season, such as long waiting times at clinics and lack of sufficient privacy, and then play up the attributes of the “off season” (e.g., more privacy, easier appointment scheduling).
- Provider training:** Be sure to address the issue of healing and seasonality during training for health care providers. If providers believe healing is better in the cold season, they will pass that belief on to their clients.

