

Early Infant Male Circumcision in Reproductive and Child Health Services: Using an Integrated Service Delivery Model in Tanzania

Authors and Affiliations

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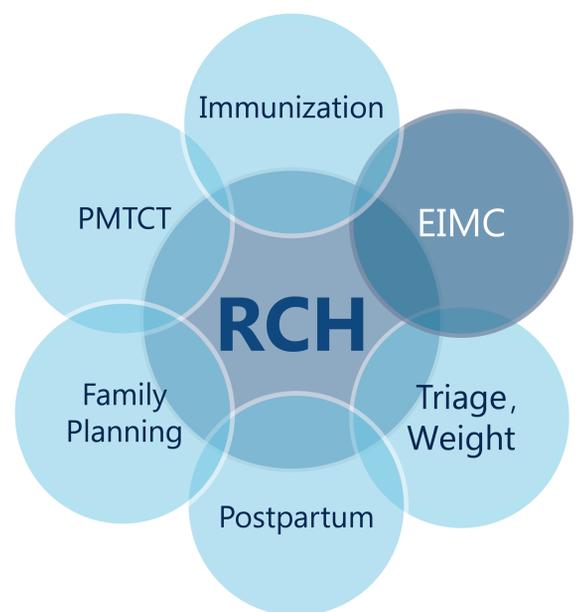
Early infant male circumcision (EIMC) is seen as a possible long-term, sustainable strategy for an AIDS-free generation. The more infants who are circumcised, the fewer adolescents and adults who will need circumcision in the future. When compared to voluntary medical male circumcision (VMMC), EIMC requires less time, has a shorter healing period, and may be more cost-efficient. The Ministry of Health, Gender, Community Development, Elderly and Children (MOHCDEC) introduced an EIMC pilot in 2013 in Iringa Region with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID)-managed Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree), Acceleovate, and Maternal and Child Health Integrated Program (MCHIP) Projects. Jhpiego supported the introduction of EIMC services within the existing reproductive child health (RCH) services outpatient department.

Advantages of EIMC in Comparison to VMMC

World Health Organization (WHO) recommends that EIMC be performed between 24 hours and 60 days after delivery.

- ▶ Healing is faster: Partial healing in 5–7 days; complete healing in 7–14 days.
- ▶ Lower rate of adverse events (AE); less than 0.1%
- ▶ No risk compensation behaviors or post-circumcision abstinence concerns
- ▶ Easier wound care
- ▶ EIMC cost estimated at 50% of adult VMMC
- ▶ Procedure takes less time and no sutures are required.

Service Integration in Reproductive and Child Health



EIMC Service Delivery Model Methodology

- ▶ EIMC service pilot was integrated seamlessly into existing RCH services.
- ▶ Parents of infant males were introduced to the concept of EIMC during antenatal care (ANC), maternity, and/or postpartum care as well as during well-baby visits.
- ▶ Male infants and their parents were referred to the EIMC service in the outpatient RCH department, where trained health care providers performed the procedure during regular well-baby visits.

Demand Creation and Community Engagement

The following activities were conducted to educate the community about EIMC:

- ▶ Led group education at health facilities
- ▶ Produced EIMC community brochures, posters, t-shirts, and khangas (local cloth usually printed with messages and worn by women)
- ▶ Printed post-operative instructions on parent appointment cards
- ▶ Ran radio ads and spots that discussed EIMC risks and benefits and let parents know where to find the services.

Demand Creation Materials



Results

Since the pilot project inception, 4,146 EIMCs have been performed in the 16 health facilities that offer EIMC:

- ▶ Follow-up rates were above 90%
- ▶ AE rates were less than 0.1%
- ▶ RCH health care providers perceived EIMC as a good practice and believed that integrating EIMC within RCH reduces delays in EIMC service
- ▶ Providers felt that their work responsibilities had changed since the introduction of EIMC services, noting that their workload had increased and their work plan or schedule had changed
- ▶ Parents who had been sensitized to the service reported high acceptance of and satisfaction with EIMC.

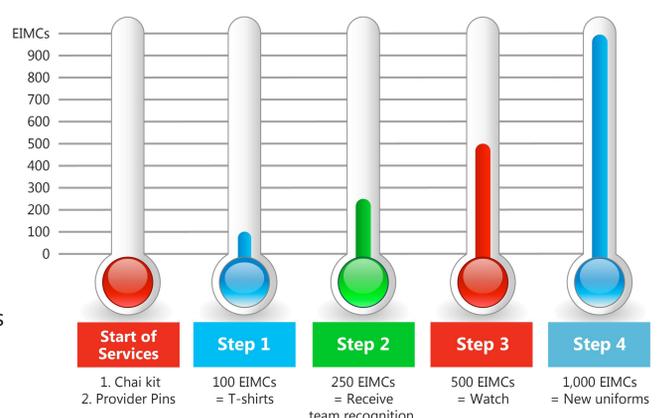
EIMC Strengthens RCH Services

- ▶ EIMC can facilitate mothers to remain at the health facility at least 24 hours post-birth (a WHO recommendation) so their infant sons can be circumcised—this also benefits the mother's health
- ▶ In-service training offered to RCH providers to refresh their skills in infection prevention and control (IPC), on emergency management of sick infants, and on linkages to care and treatment for parents and HIV-exposed infants
- ▶ Infants and parents can be referred to additional services depending on their EIMC intake status
- ▶ Undetected HIV-exposed infants can be referred for PMTCT
- ▶ Encourages fathers to be involved in their children's health (20% of infants are accompanied by their father)
- ▶ Potentially increases postpartum care visits: EIMC follow-up rates are >90%
- ▶ Provides additional resources to RCH department (equipment, training, supportive supervision, mentorship)
- ▶ Encourages infants born at home to come to a health facility for services.

Providers' Motivation

- ▶ EIMC providers delivered services during normal working hours (i.e., with no overtime pay) which was met with some resistance.
- ▶ The EIMC motivation ladder was introduced to EIMC providers to improve their morale.
- ▶ Providers suggested nonmonetary ways to motivate and reward facilities to achieve targets.

EIMC Providers' Motivation Ladder



Lessons Learned

- ▶ Providers and facilities needed to be supported to develop duty rosters and think through the best way to integrate services into RCH.
- ▶ Additional trainings (neonatal emergency skills, IPC, and autoclave use and maintenance) were required to ensure that services delivered were of high quality.
- ▶ Demand creation and community involvement were essential to sensitize the community on the practice of EIMC.

Conclusion

- ▶ Use of the integrated model of service delivery is appropriate, safe, feasible, and prevents delay in infants seeking EIMC services.
- ▶ There is potential to further strengthen the linkages of postpartum and postnatal services to EIMC that will be mutually beneficial for both RCH and HIV prevention services.

