

USAID Regional Health Integration to Enhance Services in Eastern Uganda Activity

Community-Led Demand Creation Approaches to Improve Uptake of Safe Voluntary Medical Male Circumcision in Eastern Uganda

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USAID RHITES-E Activity

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Introduction

The Uganda Population-Based HIV Impact Assessment 2017 estimated the unmet need for voluntary medical male circumcision (VMMC) at 20% (4,405,741 males) and of these 2.2% (97,400) were in Eastern Uganda. The USAID-funded Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E) activity, led by IntraHealth International, implemented multiple approaches for demand creation to infiltrate and mobilize both traditionally and non-traditionally male circumcising communities of Eastern Uganda for VMMC. The campaign aimed to circumcise 34,313 males based on PEPFAR targets for October 2017-September 2018.



A talk by a female village health team member on benefits of VMMC.

Methods

USAID RHITES-E employed four innovative community-based participatory approaches targeting boys and men aged 15 to 49 for VMMC with special focus on the 15-29 PEPFAR age pivot.

- **Approach 1** engaged 72 female village health teams (VHTs) over nine months to mobilize and educate school-aged boys on the importance of circumcision beyond reducing HIV infection such as hygiene and averting cervical cancer for their female partners.
- **Approach 2** targeted school holidays in April, August, and December to circumcise school-aged boys who reported fears related to wound healing if circumcised during the school time.
- **Approach 3** engaged five religious leaders over three months to educate communities (especially those traditionally circumcising) on safe clinical services rather than traditional methods.
- **Approach 4** used mobilization through radio, peers, and male VHTs conducting home-to-home visits.

Results

37,780 boys and men aged 15-49 were circumcised in 14 months (October 2017 to December 2018), and of these, 54% (20,401) were in the PEPFAR VMMC age pivot of 15-29 years. Of the total, the contribution per approach was 29%, 26%, 19%, and 26%, respectively.

| Contribution per approach during October 2017—December 2018 | | | | |
|---|----------------|---------------|-------------|----------------|
| Approach | % contribution | # circumcised | 15-29 years | % contribution |
| 1. Female VHTs | 29 | 10,956 | 6,902 | 33.8 |
| 2. School holidays | 26 | 9,823 | 8,055 | 39.5 |
| 3. Religious leaders | 19 | 7,178 | 2,425 | 11.9 |
| 4. Mass media | 26 | 9,823 | 3,019 | 14.8 |
| Overall | 100 | 37,780 | 20,401 | 100 |



Young volunteers reading material on VMMC at Kotido Health Center IV.



Health workers at Kotido Health Center IV look through VMMC data.

Conclusions

Customizing VMMC demand creation to specifically target different ages, aligning services with the school holidays to give ample wound healing time, and emphasizing non-HIV prevention benefits, such as improved hygiene, proved to be effective approaches for meeting VMMC targets. Promoting VMMC among women appeared to have considerable influence over men's decisions to get circumcised in traditionally non-circumcising communities, while the influence of religious leaders was highest among traditionally circumcising communities. Multiple demand creation approaches involving both male and female community mobilizers and religious leaders were most effective in reaching the 15-29 age group. These approaches are practical and replicable especially for VMMC programs in rural communities. Further evaluation is needed to measure the impact of these promising demand creation approaches.