Leveraging Local Intelligence: Use of Volunteer Community Advocates Leads to A Five-Fold Increase in Number of VMMCs in Routine Services in Tanzania

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Background

In 2009, Jhpiego began supporting the government of Tanzania to implement voluntary medical male circumcision (VMMC) services for HIV prevention.

Since April 2014, the Strengthening High-Impact Interventions for an AIDS-Free Generation (AIDSFree) Project has supported MOHCDGEC to implement the VMMC program in 27 health facilities in the Iringa, Njombe, and Tabora regions.

AIDSFree is funded through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) with USAID.

Between April 2015 and March 2016, a team of community health promoters (CHPs) who were not from the communities where they worked and did not have any demands creation efforts for VMMC services.

In April 2016, based on formative research findings that showed communities are more receptive to local health promoters, AIDSFree Tanzania replaced CHPs with local volunteer community advocates (VCAs).

AIDSFree Tanzania VMMC Regions

AIDSFree Tanzania’s VCA Recruitment and Deployment

VCAs: were recruited from local communities in each AIDSFree Tanzania region and attended a 2-day training on VMMC demand creation

Were linked to a specific health facility in their community, which provided VMMC services

Volunteered 3 days a week and received a small stipend to cover their transportation and food for the days they volunteered

Met biweekly with AIDSFree Tanzania mentors who provided supervision and support

Characteristics of VCAs

Are natives or longtime residents of the specific AIDSFree community in which they work

Have good reputations in the community they serve

Are circumcised (through a VMMC program) or are partners or parents of another who received circumcision through a VMMC program

Read and speak Swahili (national language)

Speak the local language of the community they serve

Have training in reproductive health or HIV prevention

Have recent volunteer experience or are current volunteers educating their community on health issues, including HIV prevention

VCAs Received Training in Demand Creation Techniques to Recruit Clients for VMMC Services

Prior to deployment, VCAs participated in 2-day training:

Evidence that VMMC can help prevent HIV

Different ways to prevent HIV

Targeted interpersonal communication

Stages of change theory

Common misconceptions about medical male circumcisions

VMMC demand creation materials

Number of VCAs Recruited by Region and Sex

<table>
<thead>
<tr>
<th>Region</th>
<th>Total number of VCAs</th>
<th>Number of male VCAs</th>
<th>Number of female VCAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Njombe</td>
<td>25</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Iringa</td>
<td>34</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Tabora</td>
<td>32</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>48</td>
<td>43</td>
</tr>
</tbody>
</table>

Methods

Conducted retrospective review of Jhpiego’s VMMC service delivery database

Compared the uptake of VMMC services before and after using VCAs to create demand

Reviewed data of clients who were at least 10 years old and circumcised at one of the 27 health facilities in the three AIDSFree Tanzania regions

Compared number of VMMCs performed in the routine services setting in these time periods:

- Before the use of VCAs: October 1, 2015, to March 31, 2016
- After the use of VCAs: April 1, 2016, to September 30, 2016

Used chi-square test to analyze significance

Results

A total of 13,618 clients were circumcised between October 2015 and September 2016.

- 2,333 between October 1, 2015, and March 31, 2016
- 11,296 between April 1, 2016, to September 30, 2016

Overall, number of VMMCs increased five folds after VCAs were introduced.

Number of VMMCs at Health Facilities by Region, and Before and After the Introduction of VCAs

<table>
<thead>
<tr>
<th>Region</th>
<th>Before VCAs</th>
<th>After VCAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iringa</td>
<td>1,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Tabora</td>
<td>2,595</td>
<td>14,880</td>
</tr>
</tbody>
</table>

Conclusions

Client age distribution remained similar 6 months before and 6 months after VCA introduction.

Seasonality may have played a role in the overall increase in the second 6 months.

Formative research indicates that some adolescent boys and men in Tanzania prefer to be circumcised during the cold season, which encompasses the months of June, July, and August.

However, when reviewing the extended 6-month timeframe (corresponding to the 6 months before VCAs), further increases in VMMC numbers are seen even beyond the cold season.

Within 6 months of their introduction, VCAs had an impact on the number of VMMCs performed in all three AIDSFree regions.

Upward trend in number of VMMCs performed during the study period continued throughout the first year of VCA deployment.

The impact of VCAs on age of clients follows the same direction as before their introduction.

There was a 4% increase in clients aged 10–29 years, with the largest increase in clients aged 10–14 years (7%).

Local volunteers offer a viable and cost-efficient option compared to paid CHPs who come from outside the community.

The following factors underpin VCA success: credibility in their community, familiarity with the local area, availability when needed, and accessibility to people and places as insiders.

Recommendations

Local volunteers can play an important role in advocating for services for their community, thereby resulting in new VMMC clients.

VMMC programs should assess whether local volunteers can be added to their demand creation approaches.

The effect of female VCAs on VMMC performed should be assessed; in this analysis, it did not seem to have a negative effect.