VOLUNTARY MEDICAL MALE CIRCUMCISION

STRATEGIC DOCUMENT

2020-2022

FMOH, 2019

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ACKNOWLEDGEMENT

This strategic document is developed by the National Voluntary Male Medical Circumcision Technical Working Group (NVMMC TWG) through the coordination of the Federal Ministry of Health Disease Prevention and Control Directorate of the HIV case team. Thus, the Ministry cordially acknowledges the work done by this working group and recognizes that the NVMMC TWG has undertaken several consultative meetings and reviewed relevant national and international resources during the process.

Thus, the Ministry greatly appreciates the commitment of the NVMMC TWG and various distinguished individuals and organizations who have contributed in the formulation of this strategic document. The Ministry would like to acknowledge the contributions of the following NVMMC TWG members and organizations.

Dr. Petros Olango	WHO
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Ato Abebe Shume	Jhpiego
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Ato Baysa Bulcha	FHAPCO
Ato Dejene Mulatu	FMOH
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ABBREVIATIONS

AEs	Adverse Events
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavioral, change, communication
CDC	U.S. Center for Disease Control and Prevention
DOD	US Department of Defense HIV/AIDS prevention program
EDHS	Ethiopian Demographic and Health Survey
EIMC	Early Infant Male Circumcision
ENDF	Ethiopia National Defense Force
EPHIA	Ethiopia Population-Based HIV Impact Assessment
FBO	Faith Based Organizations
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMOH	Federal Ministry of Health
EPSA	Ethiopian Pharmaceuticals Supply Agency
HCWs	Health Care Workers
HEP	Health Extension Program
HIV	Human Immunodeficiency Viruses
HMIS	Health Management Information System
IEC	Information, Education and Communication
IESO	Integrated Emergency Surgical Officers
IP	Infection Prevention
JHU-TSEHAI	John Hopkins University-TSEHAI
MC	Male Circumcision
NGOs	Non-Governmental Organizations
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHIV	People Living with HIV/AIDS
RH	Reproductive Health
RHAPCO	Regional HIV/AIDS Prevention and Control Office
RHB	Regional Health Bureau
SABERS	Sero-prevalence and Behavioral Epidemiology Risk Survey
SBCC	Social and Behavior Change communication (SBCC)
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

FOREWORD

Voluntary Medical Male Circumcision (VMMC) is a very effective public health intervention for HIV prevention when set targets are achieved. As such it is important to promote VMMC for HIV prevention and dispel myths and misconceptions which have been associated with it for a long time. A clear strategy guiding what needs to be done to achieve the desired goals is necessary for a successful national programme. This national strategic document guides the standardization of the VMMC program.

The national VMMC strategic plan is aligned to the WHO and UNAIDS recommendation for VMMC as an additional HIV prevention strategy. The Strategy is informed by the lessons learnt during the VMMC program implementation since 2009. It took into account emerging issues and opportunities for strengthening programme sustainability and ownership.

The essential components of the document provide the key steps for continued scale-up of VMMC to reach at least 90% circumcision coverage amongst males 10-49 years (with due emphasis to 15-29 years) in high HIV prevalence areas. This requires intense demand creation strategies while also recognizing that all men that have been circumcised need to follow other safer sexual practices post VMMC.

It is my sincere hope that Organizations, Regional Health Bureaus and healthcare facilities will use this strategy as the reference document while implementing the VMMC program.

Lia Tadesse /MD, MHA/
State Minister of Health,
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EXECUTIVE SUMMARY

The Federal Ministry of Health (FMOH), /Federal HIV/AIDS Prevention and Control Office (FHAPCO) and Gambella Regional Health Bureau (GRHB) have introduced Voluntary Medical Male Circumcision (VMMC) services as part of a comprehensive public health prevention effort to reduce the incidence of HIV in high HIV and low Male Circumcision (MC) prevalence setting like Gambella host and refuge community and military members in line with the WHO and UNAIDS recommendation.

The FMOH in collaboration with partners, started implementing the VMMC service since 2009 Gambella host population with the objective of reaching 90% among uncircumcised males aged between 10-49 years with a special focus on 15-29 years by 2022.

With the aim of attaining this goal, FMOH has identified the following four major strategic objectives

- Improve the communities understanding on the benefits and risks of MC and build positive attitude towards utilizing VMMC services
- Expand the service delivery at all healthcare facilities and to keep pace with the created demand of VMMC in specific population groups
- Promote Early Infant Male Circumcision into health service delivery system
- Strengthen program sustainability and ownership

Moreover, roles and responsibilities have been assigned for key stakeholders and monitoring & evaluation system for VMMC has been incorporated.

Therefore, in order to standardize and ensure scale up and sustainability of quality and comprehensive VMMC services, FMOH has issued the VMMC strategic document.

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Introduction

It has been over 12 years since WHO considered Voluntary medical male circumcision (VMMC) as an additional important and cost-effective HIV prevention tools at hand. The three randomized clinical trials conducted in Kenya, Uganda and South Africa showed that it reduces a man's risk of acquiring HIV from a female partner by up to 60 percent, increasing to around 75 percent over time.

VMMC thus offers men a lifelong partial protection against HIV infection and an additional benefit like reducing transmission of some sexually transmitted infections e.g. syphilis, herpes, chancroid and ulcers. The potential other health benefit of male circumcision (MC) includes reduced risk of human papilloma virus, penile cancer, inflammation of the glans (balanitis), the foreskin (Posthitis), formation of foreskin scar tissue leading to Phimosis (inability to retract the foreskin) and Paraphimosis (swelling of the retracted skin). (WHO, 2018)

Consequently, in 2007, the World Health Organization (WHO) has recommended male circumcision as part of a comprehensive public health prevention effort to end the region's HIV epidemic in geographic areas with high prevalence of heterosexually transmitted HIV and low levels of adult Male Circumcision (MC). Fourteen countries in Eastern and Southern Africa, including Ethiopia's Gambella region, have been identified as priorities for expanding access to VMMC. Modeling studies estimate that achieving and then maintaining 80% prevalence of MC in the 14 priority countries would prevent 3.4 million HIV infections by 2025. The WHO and UNAIDS advocate for 90% saturation level among eligible adult male population that is in line with the Federal Ministry of Health (FMOH) recommendation.

Ethiopia is generally considered as a country with a high circumcision rate for religious and cultural reasons but there is limited study regarding it. The first study conducted is the 2005 Ethiopian Demographic and Health Survey (EDHS, 2005), which is based on self-report, estimated that 93% of adult males are circumcised in Ethiopia and above 90% in 2016 (EDHS, 2016). The EDHS 2005, also reported that MC is less practiced in two regions - Gambella and Southern Nations, Nationalities and Peoples (SNNP) - where the coverage is 46% and 79.6% respectively. In 2005, Gambella region has the nation's highest HIV prevalence rate of 6.5% (urban 9.9%, rural 3.8%), nearly three times the national average (EDHS, 2005) which was the basis to

start the VMMC program in Gambella

Even though, the 2011 EDHS reported that the regional MC prevalence increased to 76%, further analysis on the raw data from EDHS 2011 toolkit revealed the sample predominantly accounts highlanders i.e. 60%. The ethnic group cross tabulation showed that the Anuwak, Nuwer and Mejenger had extremely low MC prevalence. Besides different studies have been conducted on the prevalence of Male circumcision among adult population aged 15-49 years in Gambella, the findings ranges from 10-40% among refugee population (MC studies by UNHCR), 72% among urban residents (EPHIA, 2018) to 72% among the total Gambella population (EDHS, 2016).

Unlike the other regions in Ethiopia, MC was not fully practiced in Gambella by the five indigenous ethnic groups who have their own languages and cultural norms. The social organization in the region is highly stratified based on ethnic affiliation and often these five ethnic groups live in segregated neighborhoods. It was culturally unacceptable and not allowed for native males to be circumcised at any age. The problem was more compounded by diverse myths and misconceptions the different ethnic groups had regarding MC.

In response to these evidences, the VMMC program in Ethiopia has been implemented among adult men in Gambella region, military and refugee populations since 2009. FMOH, /Federal HIV/AIDS Prevention and Control Office (FHAPCO) and Gambella Regional Health Bureau (GRHB) introduced VMMC services as part of a comprehensive public health prevention effort to reduce the incidence of HIV in the region using PEPFAR fund provided through CDC, JHU-TSEHAI, Jhpiego and currently ICAP.

In 2008 when the MC program baseline activities were conducted in Gambella region, a quick targeting estimate exercise was made using annual population projection data and MC data from 2005 EDHS. The targeting exercise used all regional adult males' aged 15+ populations without disaggregating to ethnic groups. Population growth projection of the five target years was not also taken in to account. Using these assumptions, the total target set for 2014 was underestimated to 40,000.

Therefore, the current VMMC targeting exercise was conducted by Technical Working Group (TWG) using the 2007 population census data as a base (population growth rate 4.1%), with the projected population for 2021 and further analysis made on findings

of male circumcision rate by ethnic group data from 2011 EDHS for the three major indigenous ethnic groups in Gambella (Nuwer 6.8%, Anyuwak 12.3% and Mejangir 1.8%) and also the estimated number of male refugees in Gambella utilizing the VMMC service. The VMMC program in SNNPR has not yet started even though MC coverage was 79.6% (EDHS, 2005) because the adult regional HIV prevalence was very low. In fact, SNNPR is highly populated with diverse ethnic groups of different religious and cultural roots and the MC practices varies among the different Zones and Woredas. For instance, among the Hamer community MC at the age of 15 or above was found to be very common. In contrast, among the rural communities in Konso and Menit, the community MC practice is not common. This was documented in the unpublished SNNPR regional health bureau and Jhpiego MC situational assessment conducted in 2010.

Due to the mobile nature of the military and the fact that most recruits are young men from different parts of the country, the FMOH and the ENDF considered it a high-risk and priority population to receive VMMC services. Thus, the FMOH is working with US Department of Defense HIV/AIDS prevention program (DoD) Based on the 2018 ENDF HIV Sero-prevalence and Behavioral Epidemiology Risk Survey (SABERS) the military HIV prevalence is 1.2%. Due to the nature of the work of military service, it was difficult to easily get deployed military members gathered in the specific area and specific period of time for the VMMC services. However, since April 2011 the new military recruits training centers have been found proven ideal sites to provide comprehensive VMMC services for higher number of males within short period of time. The program is supported by DOD using PEPFAR fund through Jhpiego.

Accordingly, the FMOH in collaboration with partners started implementing the VMMC service among specific population groups with the aim of reducing HIV incidence by scaling up VMMC to reach 90% of HIV negative men between the ages of 10-49; with a special focus on those between 15-29 years by 2022. Some of the strategies incudes awareness and demand creation, expansion of service delivery at all facilities among the priority groups, promoting Early Infant Male Circumcision (EIMC) into Healthcare system delivery and in strengthening program sustainability and ownership.

JUSTIFICATION

The FMOH believes that the development of well-defined VMMC strategic document is essential in giving clear guidance to enhance successful, efficient and effective VMMC program implementation towards an HIV-free generation over the next three years. The strategic document will emphasize the need of standardizing the VMMC service provision both in public and private healthcare facilities. It will also help to generate quality data for decision makers, health managers, funding agencies and collaborating partners on program implementation and advocacy. The national VMMC strategic document complements or is part and parcel of the existing national and regional comprehensive HIV prevention strategy.

Despite the significant progress made in the response to HIV in the past three decades, HIV remains the single largest cause of years of life lost among men of reproductive age in Eastern and Southern Africa. HIV prevention and treatment services, including VMMC; therefore, remain top public health priorities in countries with a high prevalence of HIV infection (A Framework for VMMC, WHO & UNAIDS, 2016)

The 2011 EDHS secondary data analysis revealed that the MC coverage among the three major indigenous ethnic groups was below 10% which was much lower than the 2005 regional gross estimate (46.6%).

Scale-up of early infant, adolescent and adult medical male circumcision is critically important to reduce the future burden of HIV in Eastern and Southern Africa. Mathematical models demonstrated in 2009 that medical male circumcision is cost-effective, with 5–15 circumcisions averting one HIV infection in high HIV prevalence settings. By reducing the number of men who are living with HIV, scaled-up VMMC should also confer other substantial health benefits. Also, MC has been shown to reduce urinary tract infections in infants and children, ulcerative sexually transmitted infections (STIs), human papilloma virus, which causes cervical cancer in women, and bacterial vaginosis and trichomonas in the female partners of circumcised men. In general, VMMC is a potentially important entry point for providing men and boys with broader, more appropriate health packages, which would also indirectly benefit women and girls (A Framework for VMMC,WHO & UNAIDS, 2011).

This document can serve as a means for coordinating efforts, working efficiently and communicating with stakeholders at various levels in the region.

It will also provide the bases for developing annual plan of action to enhance scaling up of quality and comprehensive VMMC services throughout the region.

VISION, MISSION AND GOALS

Vision: To see Ethiopia free of new HIV infections, stigma and discrimination and AIDS related deaths.

Mission: To reduce the incidence of HIV and its impacts through provision of comprehensive and quality VMMC services in specific population groups where there is low MC and higher HIV prevalence (Host and refugee community in Gambella, new military recruits) as an additional HIV prevention strategy in Ethiopia.

Goal: To contribute the reduction of HIV incidence by scaling up VMMC to reach 90% of HIV negative men between the ages of 10-49 among specific population groups, with a focus on those between 15-29 years, by 2022.

GUIDING PRINCIPLES

The following principles will guide the scaling-up and implementation of VMMC for HIV prevention in Ethiopia:

- Male circumcision shall be provided with full adherence to medical ethics and human rights principles (that is in all cases be voluntary, based on informed consent, confidentiality, non-coercive and carried out under safe conditions).
- Increase access of comprehensive and quality VMMC services through -trained and certified physicians, health officers and nurses to provide VMMC service.
- Minimum package VMMC services should be provided with high standard of care and full adherence to medical ethics and human rights principles.
- There should be constant referrals and linkage to treatment and care services for HIV, STIs and other sexual and reproductive health services.
- Clients should be properly informed that VMMC will not replace other known effective HIV prevention methods and he is well informed of all the post-operative instructions.
- Ensure VMMC monitoring and accountability so that quality data for decision-making and safety monitoring are available and used.

TABLE X-

SWOT ANALYSIS OF VMMC PROGRAM

STRENGTHENS:

- FMOH, RHB & ENDF commitment to own the VMMC program
- Availability of free VMMC services in Gambella region and ENDF facilities.
- Good experience of the implementing partners on VMMC
- Commitment of PEPFAR, CDC & implementing partners to support the program
- Promote surgical skill for health care providers in the region

WEAKNESSES:

- Inadequate allocation of resource to scale up the VMMC program in different regions
- High attrition of trained staff
- Stigma, discrimination, & myth / & misconceptions related with MC
- Poor infrastructures & related issues at facility levels (lack of space, electric power & water supply)
- Interrupted medical supplies for VMMC program implementation
- MC data does not come through HMIS
- Lack of strategic plan to guide the program
- Weak national/regional coordination mechanism related with the VMMC program
- Lack of awareness about the benefits and risks of MC among the community
- Absence of modern EIMC devices in public healthcare facilities
- Lack of comprehensiveness of the VMMC services, especially in areas other than Gambella region.
- Lack of periodic performance improvement and VMMC focused quality assurance system

OPPORTUNITIES:

- Country ownership and leadership to prevent HIV infection through VMMC-one of the pillars in the National HIV Prevention Roadmap 2018-2021 (in line with the global guidance)
- Introduction of EIMC by integrating with maternal and infant health units
- Task sharing
- Engaging health science colleges in the future to train the manpower needed for VMMC
- Working with community structures like PLHIV associations; FBO; HEP

THREATS:

- Decrease VMMC funding from donors
- Increasing influx of South Sudanese refugees in Gambella region
- Scattered settlement of Gambella society & with poor infrastructure of the facilities
- Unpredictable security problems in Gambella & the country as a whole

Cognizant of the above successes, challenges and principles, the following strategic directions are suggested to scale up the VMMC services in Gambella Region and ensuring the availability and accessibility of comprehensive VMMC services all over the region.

THE NATIONAL VMMC STRATEGIES

The FMOH national VMMC strategy has identified four major strategic objectives to attain its goal of reducing HIV incidence by scaling up VMMC to reach 90% of HIV negative men between the ages of 10-49 among specific population groups by 2022. The strategies include to improve the communities understanding on the benefits and risks of MC and build positive attitude towards utilizing VMMC services. Also, to expand the service delivery at all healthcare facilities to keep pace with the created demand of VMMC in specific population groups, to promote EIMC into health service delivery system and to strengthen program sustainability and ownership.

STRATEGIC OBJECTIVE ONE

Improve the communities understanding on the benefits and risks of MC and build positive attitude towards utilizing VMMC services.

Key Issues

Though an in-depth study was not conducted to find out the real causes of the low prevalence of MC in Gambella and some parts of Southern region a quick assessment and experience showed that lack of knowledge about the benefits and risks of MC, culture, myth and misconceptions about MC, service inaccessibility....etc were considered as some of the contributing factors, The awareness and demand creation is a critical activity in scaling-up and enhancing the VMMC program implementation in Gambella and in the other parts of the country. It requires well-designed, targeted, culturally appropriate and multifaceted behavioral change communication interventions to enhance the awareness of and create more demand for, as well as dispel the myths and misconceptions about VMMC in Gambella and other parts of the country.

Strategic Actions

- Identify and analyze stakeholders who can assist in promoting the VMMC program and demand creation activities in Military Camps and among Gambella host and refugee community.
- Ensure that key VMMC messages are integrated in all HIV preventive activities to raise awareness of the society on the benefits and risks of VMMC.
- Identify the profile of the target audience and all communication barriers to help develop culturally appropriate key VMMC messages.
- Assess the existing awareness and demand creation efforts and determine the best approaches to be scaled-up.

- Design and implement innovative SBCC materials to overcome identified barriers and misconceptions affecting demand to VMMC service.
- Utilize various participatory MC information dissemination approaches to create positive attitude towards MC among community members. Example, using urban and rural health extension workers, religious leaders, key community figures/elderly, teachers, school anti-AIDS and youth clubs, through community mobilizers...etc.

Action Plan

- Update, print and distribute (IEC materials) MC posters and leaflets using the different local languages.
- Disseminate key VMMC information in the different indigenous languages using local radio station within the coverage area and community mobilizers.
- Conduct a one-day VMMC orientations to different opinion leaders and institutions.
- Conduct VMMC group education at schools, colleges, churches, mosques and other places where people can be gathered

STRATEGIC OBJECTIVE TWO

Expand the service delivery at all healthcare facilities and to keep pace with the created demand of VMMC in specific population groups.

First of all, MC service provision needs well trained, qualified, experienced and committed personnel with effective communication skills. It also requires determination of wisely utilizing the scarce consumable MC supplies and readiness to sacrifice some off-work hours to make the service more user-friendly. Rapid scaling-up of the MC services is vital in the region to reduce the risk of adult males acquiring HIV. Every effort to circumcise adequate number of clients should also take into account the existing human resources and routine healthcare services in the healthcare facilities. In Gambella region, low client uptake in the routine facility VMMC services remains to be a challenge leading to frequently organizing campaigns in order to reach the annual target in short period of time.

Strategic Actions

- Strengthen local ownership and political commitment
- Expand the MC services to all existing facilities and arrange outreach services as needed that includes expanding the service in hard to reach areas and refugee camps of Gambella region.
- Arrange a receptive male-friendly MC services at all facilities which can provide weekend and /or overnight services to meet the demands of clients

who want to have the services in low client flow settings.

- Provide ongoing capacity building to ensure provision of quality MC services.
- Establish and strengthen inter-facility, intra-facility and community-based service referral systems for recruitment and follow-up of MC clients
- Ensure availability of all the necessary MC equipment and supplies in the healthcare facilities
- Explore suitable and cost-effective VMMC service provision models in addition to the conventional provision in public healthcare facilities.

Action Plan

- Conduct a ten days VMMC surgical circumcision (Dorsal Slit method) training for 36 participants selected from different healthcare facilities of Gambella region
- Conduct a two-day VMMC emergency management and resuscitation training for 36 HCWs selected from different facilities. Conduct a three days VMMC program focused IP training for 60 support staff (housekeeping and laundry selected from VMMC sites
- Procure and distribute reusable VMMC equipment and consumable supplies to static VMMC sites.
- Organize 20 days' campaigns and provide comprehensive and quality VMMC services
- Offer HIV testing and counseling to at least 90% of VMMC clients and ensure HIV positive individuals are properly linked to care and treatment services.
- Conduct onsite mentoring and coaching visit in all the facilities providing VMMC services during campaigns.
- In collaboration with GRHB, Regional HIV/AIDS Prevention and Control Office (R-HAPCO) and partners conduct onsite mentoring and joint supportive supervision visits including data quality audit in selected VMMC service delivery sites.
- Print and distribute VMMC registry books, client cards and SOPs
- Conduct regular VMMC performance review meetings along with GRHB, MC facilities, RHAPCO, EPSA and partners.

STRATEGIC OBJECTIVE THREE

Although the focus of the current voluntary medical male circumcision program for HIV prevention in Gambella Region is to adult males (15+) and adolescent boys aged 10-14 years, but through time the service should also include Early Infants. EIMC is one of the strategies to make the VMMC program more sustainable in Gambella region and elsewhere in the country. Considering the cost effectiveness and the advantages of doing circumcision in this early age, the FMOH and GRHB are looking forward how this program can be introduced in the near future.

Promote Early Infant Male Circumcision into Health Service Delivery System

Strategic Actions

- Promote the neonatal circumcision program in Gambella to avoid back log using different communication strategies
- Enable eligible health care facilities to provide EIMC in the population group
- Equip MC providers with skills enabling them circumcise neonates using the recommended conventional surgical method (Dorsal slit) or modern devices.
- Procure and supply the neonatal circumcision, equipment, devices and consumable supplies for the facilities to be selected.
- If the device is not applicable, strengthen EIMC in district hospitals by building the capacity of Integrated Emergency Clinical Officers (IESO).

STRATEGIC OBJECTIVE FOUR

Strengthen program sustainability and ownership

VMMC program's needs to be transitioned from implementing partners to FMOH, RHBs and ENDF. The implementing partners are expected to build the technical and programmatic capabilities of these institutions. This will ultimately enhance the sense of ownership and program sustainability. Then these institutions will effectively perform the awareness and demand creation activities, support the facilities to enable provide comprehensive quality VMMC services for both adolescent boys and male clients, avail the required equipment and supplies, have sufficient and proficient VMMC providers to meet VMMC demand and ensure quality service provisions through quality improvement assessment and coaching.

Strategic Actions

- Build the capacity of the FMOH, GRHB, ENDF, SNNPR and other regions require the service to enable a smooth transition to sustainability so that they will be able to assume full responsibility for the VMMC program and ensure that high male circumcision prevalence achieved in the region to reduce the chance of HIV and other ulcer causing STIs transmission from females to males.
- Strengthen EIMC in healthcare facilities for VMMC sustainability

Action Plan

- Strengthen the national and regional VMMC TWGs to enable guide, promote, coordinate operationalization and ensure the accessibility and quality of the VMMC services. Actively engage the RHB during implementation of the planned activities including training/orientations, joint supportive supervisions, VMMC campaigns, distribution of supplies.... etc.
- Engage the FMOH, GRHB & RHAP-

CO, HIV/AIDS prevention and control experts in promoting the benefits of VMMC, ensuring quality of the service provision and availability of HIV test kits to clients seeking VMMC.

ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

Federal Ministry of Health

- Own, lead and making close follow up of the progress of program implementation through the National VMMC technical Working Group.
- Adapt VMMC guidelines, standards and monitoring and evaluation tools.
- Support the RHBs to fulfil the required infrastructures and ensure accessibility of the service
- Ensure service quality and program sustainability.

Regional Health Bureau

- Own, lead and making close follow up of the progress of program implementation in the region
- Fulfil the required infrastructures and ensure accessibility of the service
- Ensure availability of trained and skilled providers to carryout VMMC services in the respective facilities
- Integrate VMMC in the comprehensive HIV prevention package and promote the benefits and risks of MC using culturally appropriate BCC strategies.
- Ensure availability of the required VMMC equipment and consumable supplies
- Ensuring service quality
- Ensure sustainability of the VMMC program in the region

Health Facility

- Assign necessary MC providers in the facilities
- Ensure the provision of comprehensive quality VMMC services routinely in each of the facilities.
- Monitoring the day to day VMMC performance and quality of service
- Ensure availability of the required VMMC equipment and consumable supplies in facilities providing the service
- Ensure the providers adherence to issued VMMC SOPs
- Prevent the occurrence of AEs and if occurred properly manage, document and report the incidents.
- Strengthen the VMMC awareness and demand creation efforts
- Routine reporting to the concerned bodies

FHAPCO and Regional HAPCO

- Promote with clear, accurate information, safe and voluntary medical male circumcision for HIV prevention.
- Review, update, produce or develop and disseminate VMMC behavior change communication messages

and materials through different campaigns and media channels.

- Review, update and implement a VMMC strategic communication plan including an advocacy campaign targeting policy and opinion leaders in non-circumcising communities.
- Community involvement and mobilization e.g. stakeholder meetings, community entry activities, sensitization and mobilizations.

Religious institutions

- Promote the benefits of VMMC

Community Structures/Elders, Community Associations

- Promote the benefits of VMMC and dispel the myths and misconceptions present regarding MC.

NGOs working in the areas of health, RH, HIV/AIDS

- Play their respective roles towards strengthening the VMMC program implementation.
- Identify and map out areas in the region with high prevalence of uncircumcised population

Implementing Partners Roles and responsibilities

- ICAP and Jhpiego will provide technical and programmatic support to FMOH, ENDF and GRHB
- Lead and execute the VMMC awareness and demand creation efforts in collaboration with GRHB and ENDF, Health Main Department.
- Ensure comprehensive and quality VMMC services are accessible in Gambella region and ENDF healthcare facilities.
- Train and avail competent VMMC providers in healthcare facilities of Gambella and ENDF.
- Making sure the required VMMC equipment and commodities are available at all time.
- Execute all the planned VMMC activities and submit periodic reports to CDC and DoD.

Donor Roles and Responsibilities

- Facilitating timely provision of allocated project funds as outlined in the sub-agreement.
- Monitoring and overseeing the progress of planned activities
- Conducting periodic follow-up meetings with implementing partners
- Involved in the site level joint supportive supervision visits to ensure the service quality.
- Actively participating in the national VMMC TWG meetings,
- Compiling and submitting quarterly, semi-annual and annual VMMC performance reports to PEPFAR and FMoH.

MONITORING AND EVALUATION

The progress of voluntary medical male circumcision program needs a close monitoring and evaluation at national, regional and woreda levels to track the delivery of the services for targeted community members with acceptable quality and planned time frame.

The national VMMC technical working group in collaboration with the respective regional health bureaus shall develop an annual target for the program. Although VMMC is not part of the national Health Management Information System (HMIS), it needs a region-specific reporting system to track service specific statistics (e.g., number and ages of the men circumcised and number and types of adverse events) from priority regions targeted for VMMC program. All priority Woredas and regions should integrate selected VMMC indicators in their routine reporting. VMMC targets will be included in the annual work plan for priority regions and Woredas to ensure accountability.

To monitor longer term changes in the prevalence of circumcision by region, VMMC related questions should be included in national and regional surveys, including the DHS and the BSS. To achieve the desired quality data of the VMMC services and number of circumcised adult males, it needs a feasible monitoring and evaluation system. There should also be all the necessary M&E tools and regular reporting system in place.

- Incorporate VMMC activities in the regional and woreda level planning
- Design, print and distribute M&E tools
- Report quarterly to FMOH
- Data quality assessment reports (quarterly)
- Advocate the VMMC indicators to be included in the national HMIS database
- Strengthen data usage for decision making at all levels of the health system
- Strengthen regular VMMC service recording and reporting from healthcare facilities to WHOs and the RHB
- Establish a quality enhancement and monitoring system for MC services
- Conduct regular joint supporting supervision visits using predesigned supervision tools.

ANNEX 1
VMMC target

Gambella Region Voluntary Medical Male Circumcision (VMMC) Need for 2022

In 2008 when the MC program baseline activities were conducted in Gambella region, a quick targeting estimate exercise was made using annual population projection data and MC data from 2005 EDHS. The targeting exercise used all regional adult males aged 15+ populations without disaggregating to ethnic groups. Population growth projection of the five target years was not also taken in to account. Using these assumptions, the total target set for 2014 was underestimated to 40,000.

The 2011 EDHS secondary data analysis revealed that the MC coverage among the three major indigenous ethnic groups was below 10% which was much lower than the 2005 regional gross estimate (46.6%). In addition, the current VMMC target age group focus also shifted from 15-49 to 10-14 and 15-29 years which clearly showed the original target was under estimated. Thus, the national VMMC Technical Working Group (TWG) decided to re-calculate the target using recent evidences.

Consequently, the current (VMMC targeting exercise was conducted by TWG using the 2007 population census data as a base (population growth rate 4.1%), with the projected population for 2022 and further analysis made on findings of male circumcision rate by ethnic group data from 2011 EDHS for the three major indigenous ethnic groups in Gambella (Nuer 6.8%, Anuwak 12.3% and Mejang, 1.8%).

The target setting aimed at achieving 90% of MC rate for the three indigenous ethnic groups by 2022 considering the total adult males circumcised by Gambella RHB from 2010 to 2019.

The targeting assumption considers the following:

- Ethnic group MC rate of EDHS 2011 used as opposed to the gross regional population MC rate
- Targets are set to reach 90% circumcision rate for the three major indigenous ethnic groups
- Population growth rate of 4.1% from 2007 used to project population
- Estimated number of refugees circumcised by public healthcare facilities of GRHB from 2013-2019 are deducted from the program achievement

Table1:

Voluntary Medical Male Circumcision (VMMC) Need by 2022

Population	2007 male population	2022 projected male population	Male population in 10-49 age group (2010-2022)	Total VMMC need in age groups 2010-2022	Total MC need already achieved as of Sep. 2018	Additional VMMC needed to reach 90% in FY2021
Total male population	112,936	200,501	184,461	166,015	121,238	44,777
	112,936	240,158	184,040	163656	121,238	42,418

The VMMC program in collaboration with the regional health bureau has provided VMMC services to nearly 12,238 men in Gambella region till September 30, 2019. Considering the above parameters, there will be 44,777 men aged 10 or above who will need VMMC services by the end of 2022 calendar year to reach the VMMC rate 90% in the age group 10+ years by end of fiscal year 2022.

VMMC targets for 2022 (Gambella Indigenous Population)

Year	Target for VMMC	Remark
EFY 2012	15,000 adolescent and adult men	
EFY 2013	15,000 adolescent and adult men	
EFY 2014	15,000 adolescent and adult men	

VMMC targets for the refugee population in Gambella

Since December 2013, there was an influx of refugees from neighboring South Sudan. According to the UNHCR information 408,494 refugees arrived in Gambella region of which 44.7% are male population. The total indigenous refugee male population that needs MC services in Gambella is estimated to be around 134,983. So far, 58,637 refugees received MC service in Gambella region. If more refugees are not coming to the region, the remaining target will be 76,346.

Year	Target for VMMC	Remark
EFY 2012	25,448 adolescent and adult men	
EFY 2013	25,448 adolescent and adult men	
EFY 2014	25,448 adolescent and adult men	

The Military VMMC Program

The Ethiopia National Defense Force (ENDF) has its own health infrastructure led by the Defense Health main Department. The Defense Health system is working closely with MOH and HAPCO and follows the National Guideline for most of its programs and activities.

Based on the 2018 ENDF HIV Sero-prevalence and Behavioral Epidemiology Risk Survey (SABERS) the military HIV prevalence is 1.2%

The Military VMMC program is part and parcel of the Ethiopian National Defense Force HIV Prevention program where active duty military members, new recruit trainees and dependents of the military get a comprehensive and quality VMMC services opportunities.

The program is supported by the US Department of Defense HIV/AIDS prevention program (DOD) through PEPFAR funding. The Program was started in 2010 to be implemented by Jhpiego as implementing partner but later it was implemented through fhi360.

Geographically, the military VMMC program is focusing in two Military training centers and six Military Referral Hospitals found in Addis Ababa and different regions.

The names of these facilities are:

- Birsheleko training center in Amhara region
- Bilate Training center in SNNPR
- Armed Forces Referral Teaching Hospital in Addis Ababa
- Northern Command Referral Hospital in Mekele
- Western Command Referral Hospital in Bahirdar
- Eastern Command Referral Hospital in Diredawa
- Southern Command Referral Hospital in Hawasa/Toga
- Air force hospital in Debrezeyit/Bishoftu

Target population

- New Military Recruits in the training centers
- Active duty Military members in the nearby health-care facilities
- Children and dependents of the Military, who are age appropriate and eligible for VMMC

Due to the mobile nature of the military service, it was difficult to easily get deployed military members gathered in specific area and for specific period to provide VMMC services. However, since April 2011 the new military recruits training centers have been found proven and ideal sites to organize campaigns and provide comprehensive VMMC services for higher number of males within short period of time.

Through this period, we have observed that about 15% of the new incoming military recruits (about more than 2,500 recruits) are uncircumcised and need VMMC services every new fiscal year.

This program is a successful program. Especially the integration of the VMMC program into a recruit training center is considered as a model by other African countries whereby two African countries; Mozambique and Botswana Military members came and visited the program and adapted same model to their countries' militaries.

To date, the program has performed 19,228 VMMCs using both the routine and the campaign strategies.

This VMMC Strategic plan will guide the VMMC program to address the backlog for 15+ age adults continue with 10 to 14 years age adolescents and introduction of EIMC to sustain the VMMC intervention in the region.

ANNEX 2:

INDICATORS

- of health care workers trained on VMMC
- of group education/mobilization activities held to reach different group
- of joint supportive supervision visits conducted
- of onsite mentoring visit conducted
- of review meetings conducted
- of males circumcised as part of the minimum package of MC for HIV prevention services
- of male clients obtained HIV testing services
- of new HIV+ identified and linked to care and treatment
- of circumcised males who developed one or more adverse events disaggregated by severity of the AE
- of clients who returned for at least one follow-up visit within 14 days

REFERENCES

1. Amy Herman-Roloff, N. O.-A. (2011) *Acceptability of Medical Male Circumcision Among Uncircumcised Men in Kenya One Year After the Launch of the National Male Circumcision Program. PLoS One. 2011;6(5):* e19814.
2. Central Statistical Agency [Ethiopia] and ORC Macro. (2006) *Ethiopia Demographic and Health Survey 2005.* Addis Ababa, Ethiopia and Calverton, Maryland, USA
3. East African Community. (2007) *Regional Integrated Multisectoral HIV and AIDS Strategic Plan: 2007 – 2012.* Arusha, Tanzania.
4. Central Statistical Agency [Ethiopia]. (2011) *Ethiopia Demographic and Health Survey,* Addis Ababa, Ethiopia
5. Central Statistical Agency [Ethiopia]. (2016) *Ethiopia Demographic and Health Survey,* Addis Ababa, Ethiopia
6. Federal Democratic Republic of Ethiopia, Ministry of Health. (2006) *National Reproductive health Strategy,2006-2015.* Addis Ababa, Ethiopia.
7. Federal Democratic Republic of Ethiopia, Population Census Commision. (2007) *Summary and Statistical Report of the 2007 Population and Housing Census.* Addis Ababa
8. National AIDS and STI Control Programme, Ministry of Public Health and Sanitation. (2010). *Progress Report on Kenya's Voluntary Medical Male Circumcision Programme.* Nairobi
9. National AIDS Control Council. (2006). *Kenya Stakeholder Consultation on Male Circumcision in the Context of HIV Prevention.* Nairobi, Kenya.
10. National AIDS/STI Control Programme,Ministry of Public Health and Sanitation. (2010) *Progress Report on Kenya's Voluntary Medical Male Circumcision Programme.* Nairobi, Kenya
11. National Committee for the Control of AIDS. (2006) *Lao People's Democratic Republic,National Strategy and Action Plan on HIV/AIDS/STI 2006-2010.* Vientiane, Laos
12. Pascale Lissouba, D. T. (2010) *A Model for the Roll-Out of Comprehensive Adult Male Circumcision Services in African Low-Income Settings of High HIV Incidence.* PLoS Medicine , 2.
13. United Nations Inter Agency Team. (2009) *Country Experiences in the Scale of Male Circumcision in the Eastern and Southern Africa Regiohn, A Sub-regional Consultation.* Windhoek
14. WHO. (2007) *Male Circumcision and HIV Prevention.* Nairobi,Kenya.
15. WHO. (2008). *Male circumcision Quality Assuarance:A Guide to Enhancing the Safety and Quality of Service.* Geneva, Switzerland.
16. WHO. (2010). *Considerations for implementing models for optimizing the volume and efficiencyof male circumcision services.* Geneva, Switzerland.
17. WHO, UNAIDS. (2011). *Joint Strategic Action framework to accelerate the scale-up of Voluntary Medical Male Circumcision for HIV prevention in Eastern and Southern Africa, 2012 -2016.* Geneva:UNAIDS.
18. WHO. (2018). *Manual for Male circumcision under local anesthesia and HIV prevention services for Adolescent Boys and Men.* Geneva, Switzerland.

FMOH, 2019

VOLUNTARY MEDICAL
MALE CIRCUMCISION
STRATEGIC DOCUMENT
2020-2022