



MOBILE CLINIC VANS MAKE VOLUNTARY MEDICAL MALE CIRCUMCISION SERVICES ATTRACTIVE TO MORE ADULT MEN IN TANZANIA

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BACKGROUND

Findings from three randomized control trials showed 60% lowered HIV incidence in circumcised men compared to the uncircumcised.^{1,2} IntraHealth International in collaboration with its partners Tanzania Youth Alliance (TAYOA) and *Afya Plus*, funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), are supporting the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG) to implement Tohara Plus, a five-year voluntary medical male circumcision (VMMC) project (2016-2021) in Mwanza, Mara, Simiyu and Shinyanga regions.

In 2016, a World Health Organization (WHO) and UNAIDS consultation highlighted that the greatest short-term impact on HIV incidence would be obtained by expanding circumcision coverage to more adult men, especially those in the 20–34 year age group, the age at which men are entering the highest risk of HIV infection.^{3,4} However, since its launch in 2010, implementers of the Tanzania national VMMC program have noted that over 70% of VMMC clients are between the ages of 10-19, raising questions about whether additional efforts would be required to recruit men aged 20 and above.⁵ Some of the barriers deterring adult men include privacy, anticipated loss of wages, and anticipated pain. To address these barriers Tohara Plus introduced several differentiated service delivery models targeted to cater to men's needs



and address the identified barriers. These include the use of mobile clinic vans.

OUR APPROACH

In Fiscal Year 2020 IntraHealth acquired three mounted mobile clinic vans to optimize access to and facilitate privacy for VMMC services. These vans are fully equipped with all supplies and equipment to allow provision of VMMC services at any time and location including solar panels, tents, chairs, and a video unit (Figure 1).

Figure 1: An extract of daily inventory check for the VMMC mobile clinic van

SN	Interior Fixtures	Qty	Mon	Tues	Wed	Thurs	Fri	Sat/Sun
1	Samsung Air Conditioner 12 000 BTU	2	✓	✓	✓	✓	✓	✓
2	Commed Hyfricator Unit	3	✓	✓	✓	✓	✓	✓
3	Philips CM10 Monitor	3	✓	✓	✓	✓	✓	✓
4	PortaVac vacuum unit	3	✓	✓	✓	✓	✓	✓
5	Undercounter Fridge Domestic CX80	2	✓	✓	✓	✓	✓	✓
6	UV Light	3	✓	✓	✓	✓	✓	✓
7	Philips DFM Defibrillator	1	✓	✓	✓	✓	✓	✓
8	-20C Tissue freezer - Liebherr 1500	1	✓	✓	✓	✓	✓	✓
9	3.4Kwh Li-Ion Batteries	2	✓	✓	✓	✓	✓	✓
10	5kVa Inverters	2	✓	✓	✓	✓	✓	✓
11	LED Minor Procedure Light	4	✓	✓	✓	✓	✓	✓
12	Air Curtain	2	✓	✓	✓	✓	✓	✓
13	Minor Procedure Theatre Table	3	✓	✓	✓	✓	✓	✓
14	16 Port Network Switch & Cabinet	1	✓	✓	✓	✓	✓	✓
15	Examination Bed	1	✓	✓	✓	✓	✓	✓
16	Instrument Trolley	3	✓	✓	✓	✓	✓	✓
17	Examination Trolley	1	✓	✓	✓	✓	✓	✓

The use of these mobile clinic vans was launched on Mach 4, 2021 in Dodoma by the Minister of State in PORALG, Hon. Suleiman Jafo.

Mobile van clinics were further inspected by the MOHCDGEC to ensure they meet all quality standards for provision of VMMC services. Some changes were recommended by the assessors including replacing cotton with washable curtains, sealing all the windows to avoid dust getting into the van, and using only two surgical beds instead of the available three to allow enough space for the surgeon and assistant surgeon during the procedure.

Demand creation was largely done by community volunteers and popular opinion leaders who were oriented on VMMC and use of interpersonal human-centered design approaches to recruit clients in their community with a focus on reaching more adult males aged 25-29 years old. Before initiation of services the project worked with regional and council health management teams (R/CHMTs) to raise awareness in the supported communities using village and hamlet leaders. Clients were mobilized and booked though the



Launching of VMMC mobile clinic vans, March 2021, at Mitumba area, Dodoma. At the middle is Hon. Suleiman Jafo, Minister of State in the PORALG. Others include Dr. Lucy Mphuru (IntraHealth Project Director) and Dr. Ntuli Kapologwe, Director of Health, Social Welfare and Nutrition Services/PORALG.

existing community volunteer agents, satisfied clients, and health workers at the nearby sites. The vans were parked in areas with potential to reach more adult men such as along highways to target long safari truck drivers, near the beaches to target fisherfolks, and near marketplaces and mines. The mobile clinic vans are equipped with speaker phones that are used by drivers to announce availability of services at the location before and on the procedure date.

In April 2021 the project deployed three mobile vans to areas with large numbers of booked clients. The van was operated by five staff including the driver, surgeon, assistant surgeon, counselor, health educator, and cleaner. These mobile clinic vans enabled the project team to move further into remote, unreached areas and operate until extended late working hours to accommodate adult men’s work schedules while offering the required privacy and their preferred times. A mobile clinic is usually stationed at one location for one to two weeks.

LESSONS LEARNED

Since the initiation of mobile VMMC services in March, mobile vans operated across 17 sites. A total of 1,522 clients were circumcised through the vans. Of these, 1,395 (92%) were 20 years old and above, and 800 (53%) were aged 25 years and above. A total of 188 clients were counseled and tested for HIV and 3 (0.02%) clients were newly identified as HIV-positive and successfully linked to services.

Most of the adult men, especially those 25 years and above, prefer receiving services during late hours, i.e., 20:00 to 23:30. These late evening hours allow:

- More privacy, due to less movement in the late evening
- Clients to access services after working hours to avoid interrupting work
- Enough time for clients to rest during the night after services.

The field teams reported that clients from urban district councils preferred to be circumcised by male providers; for example, in Ilemala, Nyamagana DC and Busega DC where mobile clinic vans were served by male-only providers to ease and comfort adult clients. However, in most rural areas mobile vans are operated by both male and female service providers.

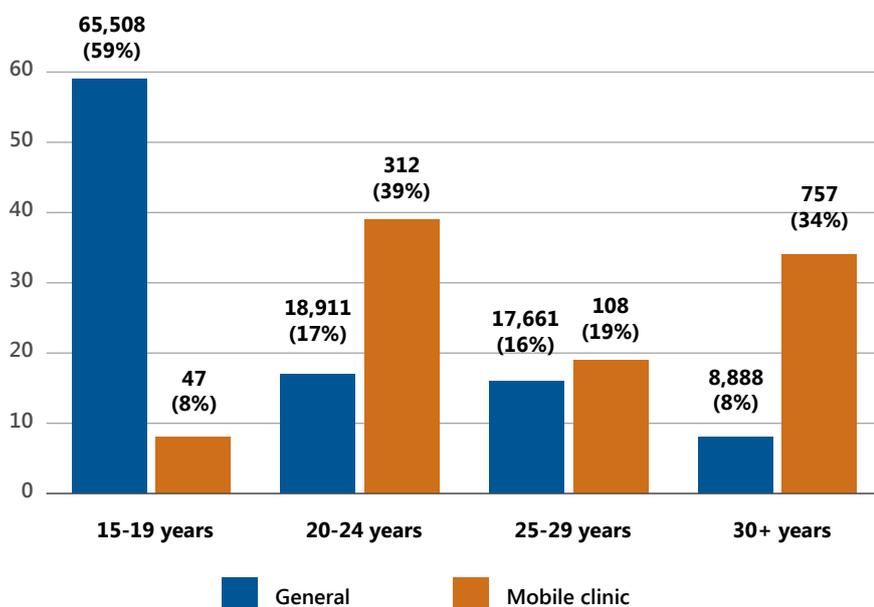
Use of mobile clinics allow for more flexibility for service providers to reach more booked clients whenever and wherever needed.

In areas with poor road networks, it is challenging to drive the big mobile clinic vans. Therefore, projects need to map the road networks to ensure mobile van routes are well planned and coordinated to reach accessible areas.

NEXT STEPS AND RECOMMENDATIONS

- Scale-up the use of mobile clinic vans for VMMC services to increase convenience and accessibility to services especially for more remote areas and adult men.
- Further exploration should be done to ascertain the possibility of integrating other health services as part of mobile clinic services such as accelerating COVID-19 vaccination.
- Projects should also explore the costs for delivering VMMC services using mobile clinic vans in relation to the number of HIV infections averted, including procurement costs, and other logistical arrangements and management costs such as security of the vans when parked in rural areas.

Figure 2: Number and proportion of clients circumcised using mobile clinic vans, by age group



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