Involving Women in VMMC in Uganda

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Introduction

• Uganda started implementing VMMC in 2010, largely with support from PEPFAR
• USAID ASSIST Project started offering technical support to MoH and 10 USG implementing partners to address quality gaps identified on 2012 External Quality Assessment visit, at 30 ASSIST pilot sites in 26 districts
• USAID ASSIST uses a continuous quality improvement approach to bridge the gaps
Why involve women in VMMC in Uganda? Examples from USAID ASSIST work

Anecdotal reports of problems as a result of not involving female partners:

– Strained partner relationships and gender-based violence

– Male partner persuaded to have sex during abstinence

– Male partner persuaded to have sex with another woman

– Violence against surgical team by a female partner

– Myths and beliefs surrounding male circumcision
Evidence from literature

• Women would like to be involved in VMMC decision making
  WHiPT, 2010
• Women influence partner’s decision to undergo VMMC, post-operative care and adherence
• VMMC offers direct benefits to women
  Jean et al, IAS AIDS conference 2014
Interventions done to involve women in VMMC

• Internal level:
  – Oriented demand creation staff on importance of involving women in VMMC; technical brief developed
  – Developed indicators to track participation of women in 2013: attendance at group education, couples HCT
  – Introduced a tracking log to document partner participation
Interventions done to involve women in VMMC (cont’d)

Community level:

– Created list of talking points for mobilizers emphasizing importance of women’s involvement
– Mobilized couples and encouraged those who have partners to come with them
– Collaborated with women’s health organizations to conduct joint community mobilization
Discussion Topics for VMMC Mobiles to encourage female participation

- VMMC and reduced risk of HIV
- Importance of using other HIV prevention methods after circumcision
- Importance of sexual abstinence after VMMC for 6 weeks
- Benefits to women (e.g. cleanliness, cervical cancer prevention)
- Benefits of attending group education with their partners
  - Women’s health services offered at same site
  - Opportunity to provide care for the whole family (immunization, deworming for children)
  - Learn how to support the partner during the healing period
Interventions done to involve women in VMMC (cont’d)

Health unit level:

– Offered couples HTC and group education on VMMC
– Offered services for women such as screening for cervical cancer, family planning, antenatal care, health education on nutrition

National level:

– Worked with MoH; amended the VMMC tools to include couples HTC
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Couples attending VMMC education

Clients registering for VMMC; some clients brought female partners
Results of involving women

Percentage of VMMC clients that attend group education with their partners at 18 sites and at a hospital

May '13: Sensitized service providers, introduced register for group education

Nov '13: No VMMC procedures

Dec '13: Community sensitization prior to VMMC camp

Denominator: Number of clients

# of clients at hospital who report having a partner
# of clients at 18 sites that report having a partner
Challenges of involving women in VMMC

• Previously service only targeted males- difficulty convincing providers and community that women have a role to play

• Much emphasis on number of men circumcised, some stakeholders believe involving women slows down achieving the targets

• Challenges of transportation for two people

• No clear consensus on what “women’s involvement” really means
Next Steps

• Examine the term “involving women” and what it means.

• Continue testing innovations to encourage participation of women in VMMC

• Continue to measure outcomes and impact
  – Potentially including male and female risk compensation

• Package the best practices and share with all VMMC sites
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For more information about our USAID ASSIST VMMC work, visit our website at

www.usaidassist.org