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MCHIP Maternal and Child Health Integrated Program

MCHIP Lesotho VMMC End-of-Project Report

October 2011–December 2013

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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

MCHIP brings together a partnership of organizations with demonstrated success in reducing maternal, newborn and child mortality rates and malnutrition. Each partner will take the lead in developing programs around specific technical areas:

Jhpiego, as the Prime, will lead maternal health, family planning/reproductive health, and prevention of mother-to-child transmission of HIV (PMTCT);

JSI—child health, immunization, and pediatric AIDS;

Save the Children—newborn health, community interventions for MNCH, and community mobilization;

PATH—nutrition and health technology;

JHU/IIP—research and evaluation;

Broad Branch—health financing;

PSI—social marketing; and

ICF International—continues support for the Child Survival and Health Grants Program (CSHGP) and the Malaria Communities Program (MCP).

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Acknowledgments

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Without the talent and dedication of the following MCHIP staff members in Lesotho, success would not have been possible:

NAME	TITLE	SERVICE
Makatleho Rantso	Finance Manager	2 years, 6 months
Virgile Kikaya	VMMC Technical Director	2 years, 5 months
Malillo Matlokotsi	Receptionist	2 years, 2 months
Mpho Nyesemane	VMMC Program Coordinator	2 years, 2 months
Mamokete Ntsupa	VMMC Technical Officer	1 year, 6 months
Moipone Mphahlele	Monitoring & Evaluation Officer	1 year, 5 months
Fumane Tsehlana	Operations Manager	1 year, 4 months
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Litsoanelo Motsoahae	VMMC Technical Officer	1 year, 1 month
Innocent Kanyama Bulenga	VMMC Doctor	1 year, 1 month
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Leonard Londa	VMMC Doctor	1 year
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Boomo Teanye	Nursing Services Coordinator	1 year
Lineo Motiki	VMMC Nurse	1 year
Mphanya Sekhantso	VMMC Nurse	1 year

NAME	TITLE	SERVICE
Lelimo Tumo	VMMC Nurse	1 year
Limakatso Mhlaba	VMMC Nurse	1 year
Matseleng Hanong	VMMC Nurse	1 year
Sello Montsi	Nursing Services Coordinator	Under 1 year
Motselisi Lesole	VMMC Nurse	Under 1 year
Malijo Baji	VMMC Counselor	Under 1 year
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Stephanie Reinhardt	Program Management Officer	Under 1 year
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Solomon Mpalami	Data Clerk	Under 1 year
Lebuso Mosuoane	Community Mobilizer	Under 1 year
Thabiso Motsoane	Finance Assistant	Under 1 year

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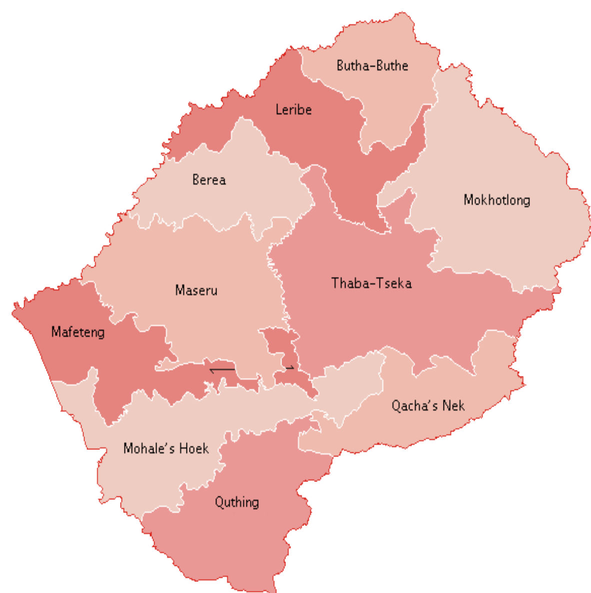
Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
ALAFA	Apparel Lesotho Alliance to Fight AIDS
ART	Antiretroviral therapy
DHS	Demographic and Health Survey
EIMC	Early infant male circumcision
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
IEC	Information, education, and communication
ISD	Intensive service delivery
LPPA	Lesotho Planned Parenthood Association
M&E	Monitoring and evaluation
MC	Male circumcision (refers to both EIMC and adult/adolescent VMMC)
MCHIP	Maternal and Child Health Integrated Program
MOH	Ministry of Health
NGO	Nongovernmental organization
QA	Quality assurance
SOP	Standard operating procedure
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

Country Summary: Lesotho



Selected Health and Demographic Data for Lesotho	
GDP per capita (USD)	$2,000
Total population	2,194,000
HIV prevalence in women	27%
HIV prevalence in men	18%
Comprehensive knowledge of HIV transmission and prevention (women)	38%
Comprehensive knowledge of HIV transmission and prevention (men)	29%
Women ever tested for HIV	66%
Men ever tested for HIV	37%
Maternal mortality ratio (deaths/100,000 live births)	1,155
Under-five mortality rate (per 1,000 live births)	86
Modern contraceptive prevalence rate	46%

Sources: Demographic information and health systems 2010, UNICEF Annual Report on Lesotho 2011, WHO Lesotho Health Profile 2011

Major Activities

1. Supported and strengthened MOH capacity to scale up VMMC services
2. Scaled up facility-based VMMC and introduced EIMC services in selected hospitals and health facilities
3. Increased demand for VMMC and EIMC services

Program Dates	October 1, 2011–December 30, 2013					
Total Mission Funding to Date by Area	$6,023,000					
Total Core Funding to Date by Area	$0					
Geographic Coverage	No. (%) of provinces	N/A	No. of districts	Ten (100%)	No. of facilities	17
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Executive Summary

In 2011 the Government of Lesotho, facing an HIV prevalence rate of 23 percent, revitalized its HIV prevention strategy. As part of these revitalization efforts, the Lesotho Ministry of Health (MOH) asked MCHIP to introduce and scale up voluntary medical male circumcision (VMMC) services throughout the country.[1] The government's willingness to introduce VMMC services, based on advocacy by MCHIP and other stakeholders, was seen as a major achievement by the international community, as Lesotho was the last of the 14 priority countries to launch services.[2]

The Lesotho MOH's approach to introducing and scaling up VMMC service delivery has been to integrate facility-based services in all hospitals in the country. Due to cultural sensitivities related to traditional initiation practices, the MOH initially focused on keeping services confined to hospitals, with limited demand creation and no outreach at the outset of the program.[3] The shortage of providers in facilities presented a challenge. In most government facilities doctors who are assigned to work in male circumcision (MC) clinics must maintain their roles in other departments concurrently, making it difficult to keep up with demand during the winter season when demand for MC services is at its peak. To date, doctors are the only cadre that can perform male circumcision, and nurses may only assist.

> "My brother came to Carewell and got circumcised. He said the doctors and nurses did a good job and it decreases the chances of getting HIV and it will be easier to keep myself clean. And my brother said it was a good service."
> —Client at Jhpiego's Carewell Clinic, October 2013

Against this backdrop, MCHIP worked hand-in-hand with the MOH to implement a "step-wise" approach to VMMC, scaling up services to a few hospitals at a time, engaging in limited demand creation activities, and training a large number of providers. Using this approach, the program has achieved remarkable results within a short two-year timeframe. Through an intensive scale-up effort, between February 2012 and December 2013, more than 43,900 VMMCs were conducted at 17 MCHIP-supported sites, made possible by the training of 311 doctors, nurses, and counselors. This effort has dramatically increased the number of men accessing services (from less than 1,000 per year before MCHIP). According to the Lesotho modeling study, approximately 7,000 future potential new HIV infections will be averted due to MCHIP's work.[4] This is a major contribution in a country that has an estimated incidence of 26,000 new HIV infections annually.

MCHIP's goal has been to increase the number of circumcised men in Lesotho. The program has three objectives:

1. Support and strengthen MOH capacity to scale up VMMC services
2. Scale up facility-based VMMC and introduce early infant male circumcision (EIMC) services in selected hospitals and health facilities
3. Increase demand for VMMC and EIMC services

[1] VMMC refers to adult/adolescent male circumcision, while MC refers to both adult/adolescent circumcision and infant circumcision.
[2] The VMMC program began in late 2011 with the receipt of MOH concurrence for program implementation and USAID approval to proceed. MCHIP had been working with USAID since late 2009 (with a USAID-approved work plan) in collaboration with the MOH and stakeholders as the MOH began its deliberations about whether to implement a VMMC program.
[3] The traditional circumcision procedure performed during initiation is not protective against HIV as it is only partial removal of the foreskin.
[4] Njeuhmeli E, Forsythe S, Reed J et al. 2011. Voluntary medical male circumcision: Modeling the impact and cost of expanding male circumcision for HIV prevention in Eastern and Southern Africa. *PLoS Med* 8(11): e1001132.doi:10.1371/journal.pmed.1001132

MCHIP has significantly strengthened the MOH's capacity to scale up VMMC services, providing technical assistance and mentorship to the MOH and collaborating on the development of VMMC guidance documents and national tools, including monitoring and evaluation (M&E) and quality assurance (QA) tools such as client records forms and VMMC registers. In addition, through MCHIP technical support, the Lesotho national VMMC program has developed standard operating procedures (SOPs) for service provision, tools for data collection, and other guidance documents.

Main interventions have included:

- Assessing facilities
- Training providers
- Introducing VMMC services
- Scaling up VMMC services
- Providing VMMC services throughout country
- Revitalizing the MC technical working group
- Building capacity at the MOH
- Developing national tools and standards
- Implementing QA practices
- Providing supportive supervision
- Creating partnerships with NGOs, the UN, and private sector partners
- Developing *Rola Katiba* demand creation strategy

After the initial introduction of VMMC services at 10 district hospitals, MCHIP successfully scaled up facility-based VMMC services to 17 sites throughout the country. The program has trained providers on VMMC service provision and oriented stakeholders at the district level to ensure follow up with VMMC clients.

Through its innovative branding of *Rola Katiba* ("take your hat off"), MCHIP was able to define VMMC as a concept distinct from traditional initiation practices and increase demand for VMMC services in health care facilities throughout Lesotho. MCHIP has also established partnerships in both the public and private sectors with private clinics, international organizations such as the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), and local organizations such as Apparel Lesotho Alliance to Fight AIDS (ALAFA) and Lesotho Planned Parenthood Association (LPPA) to support the rollout of VMMC services.

A key innovation is the program's integration within the health system. Hospitals and providers have benefited from the assessment and upgrade of MC services, and learned from MCHIP's approach to quality assurance. The MOH gained the capacity to lead a national health program, and MOH staff were mentored in technical and program management issues. The VMMC program was implemented as part of a comprehensive HIV prevention package, also positively affecting men's uptake of HIV testing and counseling (HTC). VMMC clients who test HIV-positive have been actively linked to referrals for HIV testing and counseling and other care and treatment services.

Over the last two years, the program has quickly and efficiently scaled up VMMC in Lesotho. The program worked successfully with the MOH, providing quality services, strengthening MC sites, training providers, and creating demand for services. Scale-up of VMMC services will make a deep and lasting impact on Lesotho's HIV/AIDS epidemic. In order to achieve a broader impact, VMMC and EIMC services should be continued. Additional barriers to access should be assessed to determine effective strategies for overcoming obstacles to efficient service delivery, including continued advocacy for task-shifting for nurses, working with private providers, and conducting a PrePex™ acceptability and safety study.

Introduction

VOLUNTARY MEDICAL MALE CIRCUMCISION/EARLY INFANT MALE CIRCUMCISION

Three randomized clinical trials have determined unequivocally that male circumcision (MC) reduces female-to-male HIV transmission by approximately 60 percent.[5–6] Post-trial surveillance suggests that risk compensation has not been a problem in the clinical trial sites.[7] Modeling suggests that 20.34 million circumcisions would need to be performed between 2011 and 2015 in order to reach 80 percent coverage in the 13 priority countries in Eastern and Southern Africa (those with high HIV prevalence rates and low circumcision coverage) by 2015. An additional 8.42 million circumcisions would be needed between 2016 and 2025 to maintain the 80 percent coverage. Such a scale-up of adult voluntary medical male circumcision (VMMC) would result in 3.36 million new HIV infections being averted through 2025. In addition, although the model shows that this scale-up would cost a total of US$2 billion between 2011 and 2025, it would result in net savings (due to averted treatment and care costs) of US$16.51 billion.[8] In March 2007, WHO and UNAIDS issued guidance urging countries with high HIV prevalence and low MC rates to incorporate VMMC into their HIV prevention programs as part of a comprehensive package that includes abstinence, partner reduction, condom promotion, HIV counseling and testing, and treatment of sexually transmitted infections (STIs). Although countries want to move forward with this additional service within an overall package, it is a challenge for countries that are already suffering from a significant shortage of human resources.

Scaling up the delivery of high-quality, safe VMMC services as a part of a comprehensive package of HIV prevention counseling and sexual and reproductive health care for men and their partners has the potential to dramatically alter the progression of the HIV epidemic in the countries with the greatest HIV/AIDS burden. Early infant male circumcision (EIMC) services, integrated into maternal, newborn, and child health (MNCH) care and sexual and reproductive health care, have the potential to provide preventive protection for the long term.

Modeling has demonstrated that in Lesotho, a coordinated, rapid scale-up of VMMC stands to avert as many as one HIV infection for every five MCs performed.[9] Male circumcision can reduce the transmission of STIs such as herpes simplex virus and human papilloma virus, an established precursor to cervical cancer.[10,11] In addition, coordinated delivery of EIMC services affords a long-term, sustainable, cost-saving strategy to reduce urinary tract infections in the first six months of life and still avert as many as one HIV infection per every five MCs performed, as well as reduce the transmission of STIs later in life.[12,13]

[5] Auvert B, Taljaard D, Lagarde E et al. 2005. Randomized controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS Med* 2(11):e298.
[6] Gray RH, Kigozi G, Serwadda D et al. 2007. Male circumcision for HIV prevention in men in Rakai Uganda:Aa randomized trial. *Lancet* 269(9562): 657–666.
[7] Mattson C et al. 2009. Risk Compensation is not Associated with Male Circumcision in Kisumu, Kenya: A Multi-Faceted Assessment of Men Enrolled in a Randomized Controlled Trial. PLoS Med.
[8] Njeuhmeli E, Forsythe S, Reed J et al. (2011) Voluntary medical male circumcision: Modeling the impact and cost of expanding male circumcision for HIV prevention in Eastern and Southern Africa. *PLoS Med* 8(11): e1001132. doi:10.1371/journal.pmed.1001132.
[10] Futures Institute. 2007. Costing Male Circumcision in Swaziland and Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention. Washington: USAID Health Policy Initiative.
[11] Tobian AA, Serwadda D, Quinn TC et al. 2009. Male circumcision for the prevention of HSV-2 and HPV infections and syphilis. *N Engl J Med* 360(13): 1298–1309.
[12] Gray RH, Kigozi G, Serwadda D et al. 2009. Effects of male circumcision on female partners' genital tract symptoms and vaginal infections in a randomized trial in Rakai, Uganda. *Am J Obstet Gynecol* 200(1):42.e1-7.
[12] WHO/Jhpiego. 2010. *Manual for Early Infant Circumcision Manual under Local Anaesthesia*. Geneva: World Health Organization.
[14] Futures Institute. 2007. Costing Male Circumcision in Swaziland and Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention. Washington: USAID Health Policy Initiative.

LESOTHO

Lesotho has the second highest HIV prevalence rate in the world, with an estimated 23 percent of adults infected.[14] The 2004 Demographic and Health Survey (DHS) states that 48 percent of Basotho men report being circumcised. However, the fact that the word for initiation and the word for circumcision are the same in Sesotho could cause over-reporting of circumcision in the DHS and similar surveys. In addition, many health care professionals report that partial circumcision, where only part of the foreskin is removed, is common in Lesotho. Partial circumcision is unlikely to confer the same HIV prevention benefits as complete circumcision.[15]

In June 2007, Jhpiego and WHO field-tested *Male Circumcision under Local Anaesthesia*, the World Health Organization (WHO)/UNAIDS/Jhpiego reference manual and training package, in Lusaka, Zambia. Four participants (two nurses and two surgeons) represented Lesotho. One of the surgeons participated in a WHO- and Jhpiego-sponsored MC clinical training skills course (training of trainers) and is prepared to co-train MC skills courses with Jhpiego master trainers to develop service providers in Lesotho for both VMMC and EIMC for infants up to 8 weeks old.

To design a national strategy for extending the protective benefits of MC, a national MC task force was formed in Lesotho with the support of the MOH. The MOH considered the launch of VMMC/EIMC services over a period of several years, during which it also requested MCHIP staff to conduct site assessments. Through the engagement of an MCHIP MC Technical Advisor, the MOH revived its MC Technical Working Group and, in February 2012, indicated its intention to expand VMMC services to all 20 hospitals and health facilities, with the expectation that all hospitals would be able to provide MC services by the end of an 18-month period, which would include time for the development of capable and trained staff (doctors, nurses, and support staff to meet demand) on the ground.

The MOH's request that MCHIP introduce VMMC services was a major achievement in itself. Lesotho was the last of the 13 priority countries to launch services, and it had been reluctant for several years.[16] Due to cultural sensitivities related to traditional initiation practices, the MOH was clear on its desire to proceed first with a facility-based approach, with limited demand creation and no outreach, and to assess down the road whether further outreach activities would be needed. Against this backdrop, MCHIP has worked hand-in-hand with the MOH to implement a "step-wise" approach to VMMC, scaling up services in a few hospitals at a time, engaging in limited demand creation activities (with scale-up in FY14 per MOH agreement), and training a host of providers. Despite the constraints and the lack of task-shifting to nurses, the program achieved remarkable results within the short two-year timeframe before it ended in December 2013.

This step-wise scale-up of VMMC services was conducted within the framework of the VMMC operational strategy and implementation plan that was developed in 2012. The plan's purpose was to contribute to reducing new HIV infections by increasing the proportion of circumcised men in the general population. The three main objectives are to (1) create and strengthen an enabling environment for the full scale-up of well-coordinated safe medical male circumcision services; (2) maximize supply of male circumcision services among males ages 15–49 and neonates; and (3) maximize demand for male circumcision services for men ages 15–49 and neonates. During the first two years of the program, the priorities were to scale up services to all hospitals (covering all districts) and train numerous competent VMMC providers, while

[14] Lesotho Demographic and Health Survey 2004. 2005. Maseru, Lesotho/Calverton, Md: Ministry of Health and Social Welfare and Bureau of Statistics/Measure DHS and ORC Macro.
[15] Thomas AG, Tran B, Cranston M et al. 2011. Voluntary medical male circumcision: A Cross-Sectional Study Comparing Circumcision Self-Report and Physical Examination Findings in Lesotho. *PLoS One* 6(11): e27561.
[16] The VMMC program began in late 2011 with the receipt of MOH concurrence for program implementation and USAID approval to proceed. MCHIP had been working with USAID since late 2009 (with a USAID-approved work plan) on collaboration with the MOH and stakeholders as the MOH began its deliberations about whether to implement a VMMC program.

strengthening coordination within the MOH. A review of the national implementation plan by the MOH and stakeholders is scheduled for mid-2014, to assess the previous two years' implementation successes and challenges.

GOALS AND OBJECTIVES

The program's goal has been to increase the number of circumcised males in the intended population. Its three main objectives have been to:

1. Support and strengthen MOH capacity to scale up VMMC services;
2. Scale up facility-based VMMC and introduce EIMC services in selected hospitals and health facilities; and
3. Increase demand for VMMC and EIMC services.

All MCHIP support has been provided within the terms of the memorandum of understanding signed by Jhpiego and the MOH, and objectives have been aligned with Lesotho's MC and HIV prevention strategic and operational plans.

IMPLEMENTATION STRATEGIES AND INTERVENTIONS

At the beginning, the MOH was clear about its desire to proceed first with a hospital-based approach, with very limited demand creation, and assess down the road if further outreach to health centers would be needed. Program activities centered on developing an appropriate facility-based approach to VMMC services in Lesotho. Regular MC services were offered weekly on specific days at hospitals. Providers who offer services are staff at the hospital, and attending the MC clinic is part of their normal staff rotation. MCHIP's focused on its three objectives to increase the number of men circumcised in all districts of Lesotho.

Regarding Objective 1, MCHIP worked with the MOH to scale up of VMMC services, with the aim of delivering safe, high-quality services that linked VMMC with other HIV services, including HIV testing and counseling (HTC) and care and treatment for VMMC clients and their partners; risk reduction counseling, including condom promotion; STI screening and treatment; and broader reproductive health and family planning services for men and couples. The key building blocks for this objective centered on supporting the MOH in its effort to coordinate VMMC scale-up, with a focus on:

- Increased human resource support for VMMC program implementation;
- Strengthened MOH capacity to coordinate and lead VMMC services;
- Strengthened standard operating procedures and service delivery guidelines;
- Broadened partnerships for VMMC scale-up; and
- Increased evidence to inform VMMC strategies and programs.

Regarding Objective 2, MCHIP worked closely with the MOH to scale up VMMC services and pilot EIMC services. Building on Jhpiego's global expertise in VMMC/EIMC training and service provision, key building blocks for this objective centered on training and service delivery, with a focus on:

- Improved capacity of sites to offer VMMC service;
- Development of a continuous quality improvement/quality assurance strategy;
- Increased provider competency to provide quality, safe VMMC/EIMC services at scale; and

- Support for safe VMMC services through regular supervision and quality assurance (QA) visits as well as mentoring.

As of December 2013, VMMC services were being offered to adult men and adolescent boys in 17 MCHIP-sponsored sites in all districts. This includes 14 district hospitals, one Lesotho Planned Parenthood Association (LPPA) clinic, and two private clinics in Maseru. Services are provided through a mix of arrangements, depending on the season: routine service delivery (twice a week at hospitals; daily at Maseru sites); intensified service delivery during periods of high seasonal demand (six days/week at all sites); and health center outreaches (periodic). The two private clinics provide daily services throughout the year.

Regarding Objective 3, MCHIP worked with the MOH and partners to assess demand for VMMC services and improve communication about VMMC services. Although initially reluctant to implement demand creation campaigns, the MOH signaled its willingness to embark on demand creation and community mobilization activities in late 2013. Key building blocks for this objective centered on developing and implementing an appropriate communications strategy, with a focus on:

- Strengthened capacity of the MOH to lead communication around VMMC/EIMC and respond to media and other inquiries;
- Increased partner coordination around VMMC/EIMC communication; and
- Strengthened integration of gender into VMMC/EIMC program activities.

In late 2013 the *Rola Katiba* ("take your hat off") campaign was launched to promote VMMC service uptake. Materials were developed and wide partnerships formed.

Major Accomplishments

MCHIP began to work closely with the MOH in late 2011 to revitalize VMMC efforts, resulting in the MOH's request to introduce and scale up VMMC services for the first time in the country. In early 2012, MCHIP and the MOH launched VMMC services in district hospitals. MCHIP provided in-depth technical support to the MOH, expanded VMMC services, and conducted localized demand creation and mobilization. Through an intensive scale-up effort from February 2012 through December 2013, more than 43,907 VMMCs were conducted at 17 MCHIP-supported sites, and 311 doctors, nurses, and counselors were trained. This effort has dramatically increased the number of men accessing services (from less than 1,000 per year before MCHIP) and has substantially increased the number of men who go for HTC services. More than 80 percent of VMMC clients were tested for HIV. Those who tested positive were actively referred to care and treatment. According to the Lesotho modeling study, an estimated 7,000 future potential new HIV infections will be averted due to MCHIP's support. This is a major contribution in a country that has an estimated annual incidence of 26,000 new HIV infections.[17]

SUPPORTED AND STRENGTHENED THE LESOTHO MOH CAPACITY AND LEADERSHIP TO SCALE UP VMMC SERVICES

MCHIP has worked closely with the MOH to scale up of VMMC services and to launch EIMC services through a pilot startup that began in September 2013. Through a wide range of technical assistance activities, MCHIP has ensured increased human resource support for MC program implementation, strengthened MOH capacity to coordinate and lead the MC program, developed a strong and lasting relationship with the MOH, and gained a reputation as a VMMC leader in Lesotho.

Provided technical assistance to the MOH

MCHIP played a key leadership role in working with the MOH, donors, and stakeholders, and provided key strategic leadership and guidance in the development of Lesotho's National Operational Plan for HIV/AIDS, National HIV/AIDS Strategic Plan, Global Fund proposals, and other key national documents.

At the national level, MCHIP supported the MOH in revitalizing the MC Technical Working Group, which includes representatives of various VMMC stakeholders and now meets quarterly to provide technical support and coordination to the MOH. MCHIP also supported the development of MC

Like many countries in Southern Africa, Lesotho is challenged by a lack of sufficient human resources for health, including doctors. To meet the need for service scale-up, MCHIP has worked with the MOH to develop a flexible and several-pronged approach. MCHIP hired doctors, nurses, and counselors to support the MC sites in Maseru and conduct periodic outreach. The program hired temporary providers to support increased demand for services during specific periods or to second doctors at hospitals. In addition, MCHIP has placed 160 service providers on Saturday consultancy contracts to enable MC service provision at district hospitals on Saturdays (a popular day for services).

[17] Njeuhmeli E, Forsythe S, Reed J et al. 2011. Voluntary medical male circumcision: Modeling the impact and cost of expanding male circumcision for HIV prevention in Eastern and Southern Africa. *PLoS Med* 8(11): e1001132.doi:10.1371/journal.pmed.1001132

guidance documents, standard operating procedures (SOPs) for service provision, and monitoring and evaluation (M&E) and QA tools to enhance VMMC service delivery.

The MCHIP VMMC Technical Director provided direct mentoring support to the MOH VMMC Coordinator in the MOH. MCHIP also provided support through seconded staff for the MOH VMMC Coordinator and the Global Fund Coordinator to support the MOH in effectively implementing its Global Fund activities.

MCHIP has also collaborated with the MOH to develop VMMC national M&E systems. MCHIP has developed SOPs and other national guidelines for service provision, including M&E and QA tools, supervision terms of reference, and other guidance documents (see below).

MCHIP partnered with the Global Fund to ensure smooth collaboration between the Global Fund, the MOH, and MCHIP on MC service delivery and commodities. The program worked very closely with the MOH and the Global Fund to support the implementation of MC-related activities. This very successful collaboration resulted in joint planning between MCHIP, the MOH, and the Global Fund on all MC-focused activities.

Supported the MOH through M&E data collection and analysis, and data quality assurance

MCHIP collaborated with the MOH to develop VMMC national strategic information and M&E systems. Key indicators were selected, and tools for data collection and program monitoring and reporting were developed, including:

- An individual client card for recording all medical information on VMMC clients as well as details of surgery and follow up visits
- A VMMC surgical register that summarizes all circumcisions cases at each site
- A booking register to help manage and assess demand for services at each site
- A monthly report form

MCHIP has worked with the M&E office in the MOH disease control department to set up a monthly compilation tool that aggregates all VMMCs conducted throughout the country. VMMC program data are now part of the quarterly report of the MOH, and the number of males circumcised is a national indicator. MCHIP has also engaged VP Health System, an IT firm supporting the MOH in establishing a national electronic medical records system, for technical support in finalizing the MOH's development of a national MC database that can be linked to other VMMC services. The objectives of this collaboration are (1) to support the development of a VMMC module in the national electronic medical records system and (2) to develop a VMMC central database that will file and store data (client-level information) securely on an MOH server that can be accessible for further analysis. As VMMC is integrated into the health management information system, individual data for each client attending VMMC services can be recorded and stored in the central database and easily retrieved at future encounters with the health system. This will also present an opportunity for linkages with other health services such as antiretroviral therapy (ART) treatment. To date, VMMC data are reported directly from the site to the central level. Data is collected and captured onsite by data clerks who generate reports, making three copies that they submit to the district health management team, the Disease Control Directorate, and the Jhpiego office. Quarterly reports are shared with the Technical Working Group (TWG); the same report is then presented to all sites.

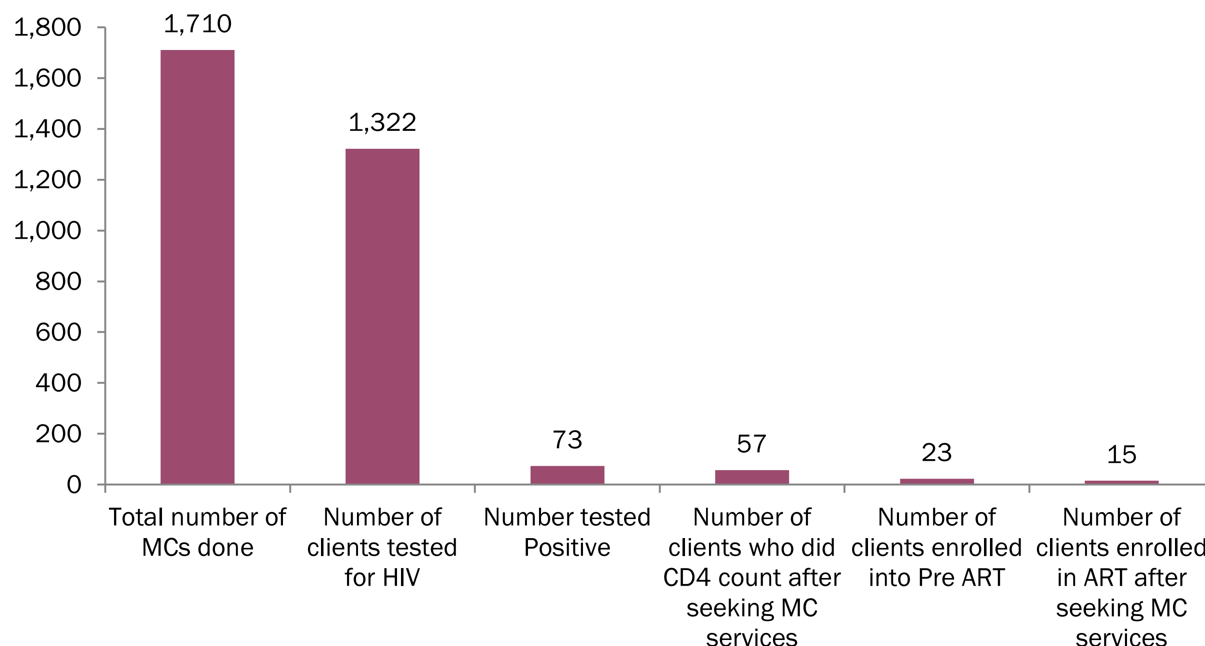
INTRODUCED AND SCALED UP FACILITY-BASED VMMC AND EIMC SERVICES THROUGHOUT THE COUNTRY

MCHIP has worked hand-in-hand with the MOH to deliver VMMC services and pilot EIMC services in Lesotho. Activities resulted in the increased availability of VMMC/EIMC services through supportive supervision or providers trained; and strengthened implementation of quality VMMC/EIMC services in supported sites.

Selected and upgraded health facilities in all districts to implement VMMC activities

MCHIP and the MOH have worked together to efficiently and effectively launch VMMC services using a facility-based approach. A key contribution from this program is its focus on integration of VMMC services within existing health facilities. Facility readiness assessments were conducted in all sites (first in November 2011 and again in August 2012) and focused on available infrastructure and human resources for VMMC services; availability of materials, equipment and medicines; infection control practices; and waste management procedures. The assessment concluded that increasing the number of VMMC services would require appropriate infrastructure upgrades and adequate supplies. MCHIP upgraded all the sites that were assessed, supporting the refurbishment of the sites and procuring equipment and supplies such as diathermy machines, heaters, couches, curtains, and other commodities. Hospitals have benefited from the upgrade of infrastructure and equipment. In Scott Hospital, an entire separate building has been dedicated to an MC "male clinic," and this space was renovated by MCHIP before beginning services. The male clinic is intended to be a center of reference for male circumcision and other male sexual and reproductive health (SRH).

Figure 1. VMMC HIV linkages data (October–December, 2013)



VMMC services have been provided as part of a comprehensive HIV prevention package, thus positively affecting men's HTC rates (a key achievement in a country where data shows that less than 40 percent of men ages 15–49 have ever been tested for HIV and received their results).[18] MCHIP has also explored linking VMMC clients who test HIV-positive with other HIV care and treatment services. Tools were developed to strengthen linkages between VMMC services and HIV care and treatment by ensuring that CD4 count is reported to patients and introducing pressure to report. During the last quarter of MCHIP implementation, three facilities were able to report on these linkages (Figure 1).

Figure 1 shows the cascade of the total number of clients tested at three VMMC sites, the total number who tested positive, and the total number who have received a CD4 count at VMMC sites. The tools for data collection will be presented to the MOH for approval and dissemination at all facilities.

Built human resources and trained providers

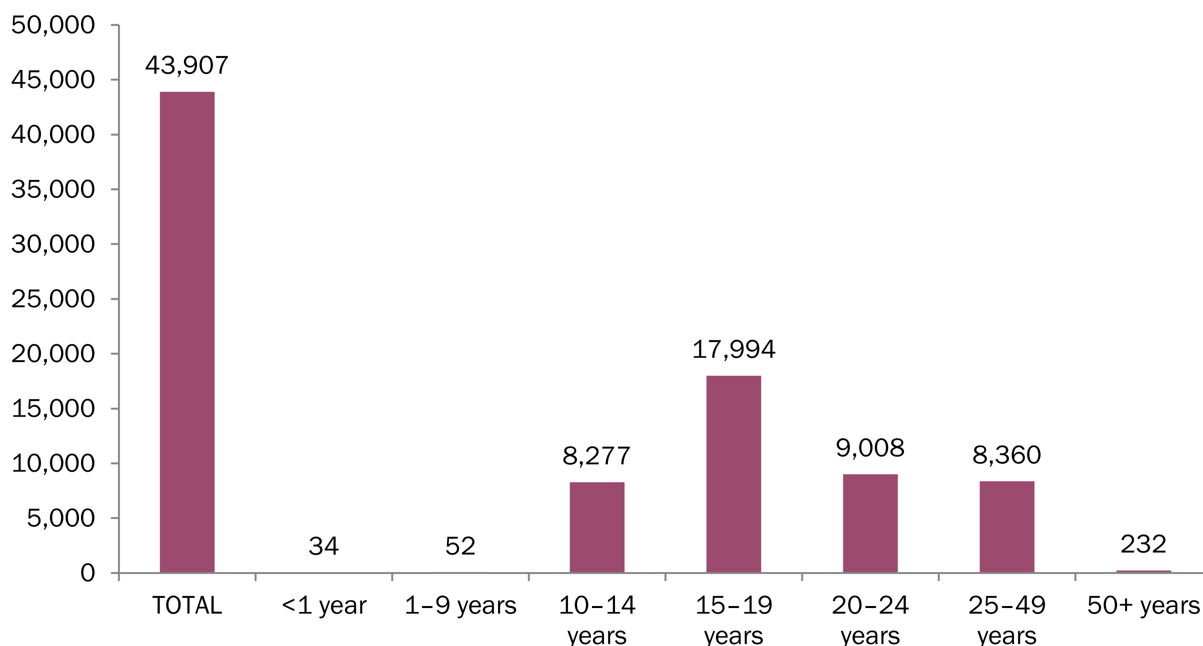
MCHIP provided support to the MOH by training service providers to scale up VMMC service provision, including conducting MC standardization of skills training for 14 hospitals and three Maseru clinics. Service providers were hired to provide VMMC in Maseru through partnership with private clinics.

The WHO/UNAIDS/Jhpiego standard VMMC training package was used to train more than 200 health providers in Lesotho. Job aids were developed for group and individual education sessions, which included a range of HIV prevention, gender, and reproductive health issues. In a further effort to build local capacity, MCHIP has conducted a training of trainers, equipping 17 service providers to facilitate future VMMC trainings.

In addition to training service providers, MCHIP has oriented a wide range of groups to VMMC. Health center nurses and district officials throughout the country were oriented to VMMC to assist in demand creation and client follow-up at health centers. Orientation workshops were held throughout the country to ensure buy-in from district health management teams, public health nurses, and other key stakeholders. These orientation sessions were instrumental in developing capacity for client follow-up at health centers, increasing the reach of the program to people living in areas around health centers, raising awareness of staff at health centers, and advocating for VMMC services at the district level. As part of pilot efforts, EIMC training was conducted for providers from two hospitals, and a health center nurse orientation was provided.

[18] Lesotho Demographic and Health Survey 2009. 2010. Maseru, Lesotho, and Calverton, Md.: Ministry of Health and Social Welfare and MEASURE DHS/ICF Macro.

Figure 2. Number of males circumcised as part of the minimum package of VMMC for HIV prevention services (Feb 2012–Dec 2013)

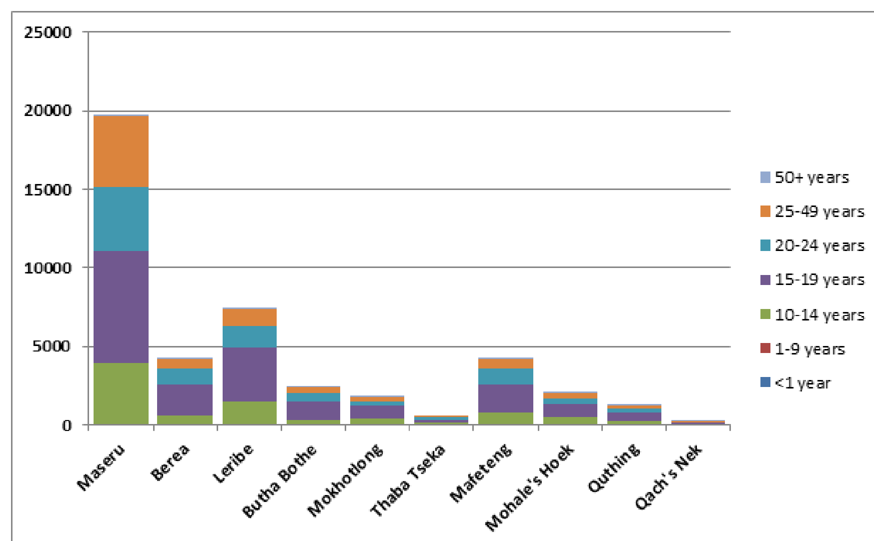


Ensured VMMC services were scaled up and reached high targets

MCHIP ensured that almost 44,000 men were circumcised in Lesotho. This effort has increased dramatically the number of men accessing services. According to the Lesotho modeling study, 7,000 potential new HIV infections will be averted with MCHIP support, a sizable portion of the country's 26,000 new HIV infections per year.

The total number of MCs provided with MCHIP support between February 2012 and December 2013 is 43,907 (Figure 3). Figure 4 indicates the repartition of this total per district and per age group. According to the 2009 DHS, HIV prevalence in male adolescents increases dramatically as men get older: ages 5–19 (2.9%); ages 20–24 (5.9%); ages 25–29 (18%); and ages 30–34 (40%). Reaching young men thus ensures that MC provides additional protection against HIV before young men enter age groups with a higher risk of infection.

Figure 3. Number of men circumcised by district and age group



MCHIP pioneered Lesotho's VMMC approach, which includes routine service delivery at district hospitals and fixed sites combined with outreach to health centers and intensive service delivery periods during times of high demand. MCHIP piloted and then expanded national intensive service delivery (ISD) during winter to meet the seasonal peak in demand for MC services. During ISD periods, sites provided services on a daily basis. MCHIP organized teams to support VMMC services (including surgical circumcision) at selected health centers. For these short-term outreach efforts, health centers and other local stakeholders at the district level engaged in demand creation and nurses at the health center level were trained to provide VMMC follow-up services.

In an MCHIP study, clients identified as HIV infected were traced after six months to ascertain whether they (1) made it to the referral HIV center, (2) had a CD4 count performed, and (3) were followed up for treatment and care. The contribution of VMMC services to HIV care and treatment was assessed by comparing the proportion of HIV-infected males referred from VMMC services with those from other hospital services. The study found that 72 men who came for VMMC services tested positive for HIV between March and September 2012. Of these men, 45 (62.5%) received an immediate CD4 count; 40 (89%) were eligible for treatment based on national guidelines and were initiated on ART. All VMMC clients who tested positive for HIV and who received a CD4 count on the testing day and qualified for ART were successfully initiated on ART. Providing VMMC services in a district hospital offering the continuum of care was then considered as an opportunity to increase diagnosis and treatment uptake among men, but offering such services required an investment in follow-up and communication between VMMC and ART clinics. The results of this study were presented at the 2013 International AIDS Society Conference in Kuala Lumpur and included in an article accepted for publication in *PLOS ONE*.[19]

Introduced and piloted EIMC services

With the excellent take-off of the adult VMMC program and increasing demand for VMMC, particularly for the younger boys, a decision was made to introduce EIMC as a strategy to institutionalize medical circumcision and reduce the need for adult circumcision in the future. Meetings were held with the MOH Family Health Division, and a task force was created. The task force was made up of representatives of the Family Health Division, SRH, IMCI, Disease Control and Prevention, and Jhpiego. Two sites were selected for introduction of EIMC: Mafeteng Government Hospital and Scott Hospital; a feasibility assessment for the sites was conducted in March and April 2013.

The assessment report noted that both hospitals had some locations where services could be accommodated. However, the hospitals would require infrastructure improvements to ensure that services could be provided in a safe manner. Providers at the hospitals expressed interest in the introduction of EIMC services in their respective facilities and a willingness to be trained.

Between the introduction of EIMC services at the two hospitals in September 2013 and the end of December 2013, MCHIP trained 26 nurses and four doctors, and 34 baby boys were circumcised. As with VMMC, only doctors are allowed to conduct EIMC surgery in Lesotho;

[19] Kikaya V, Skolnik L, Garcia MC et al. Initiation of voluntary medical male circumcision (VMMC) at one hospital in Lesotho increases new HIV diagnoses and uptake of ART among men. Poster for the International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention. Kuala Lumpur, Malaysia, June 30–July 3, 2013.

therefore, training of additional staff in the two hospitals is planned for early 2014. At the end of December 2013, when MCHIP presented lessons learned from the introduction of EIMC services, the MOH indicated its desire to scale up services to other hospitals.

Continuous quality improvement/quality assurance methods put in place to ensure high-quality service delivery

MCHIP undertook extensive efforts to ensure the quality and efficiency of services. Regular supervision visits were conducted to support VMMC sites. Issues that were identified during supervision visits included client registers not being filled out properly; clients' booking not undertaken properly; unexpected high demand during a specific period (the winter season), severely straining resources; and unavailability of doctors at VMMC sites. For each of the issues and gaps identified, MCHIP supervisors met with teams at the VMMC sites and agreed on action points and next steps, including orienting nurses on completing client registers and bookings correctly and providing training on screening clients.

MCHIP/Lesotho's approach to QA implementation involved five key steps: facility/site-level orientation, facility readiness assessment, provider orientation and baseline assessment, routine assessment, and external assessment. Quality assurance methods were put in place to ensure high-quality service delivery. MCHIP staff provided ongoing supportive supervision visits to all sites. A QA tool was developed and providers were trained to assess sites' adherence to the service delivery standards to ensure that the sites were able to follow best practices and provide high-quality services. MCHIP developed SOPs and job aids to guide health workers and provided site leaders with QA skills. An internal QA process was developed in which assessment teams (MCHIP technical staff, site staff, and peer site staff) undertook QA around the country and sites developed action plans with interventions to bridge the identified performance gaps.

Rola Katiba is an innovative branding concept that uses a Sesotho expression (*Rola Katiba* means "take your hat off") as a euphemism for VMMC services. The *Rola Katiba* campaign was developed to be catchy and attractive to the target audiences, to tie together all VMMC activities under one brand, and to distinguish VMMC from traditional initiation. The campaign is a nationwide initiative to sensitize men of all ages to VMMC through an eye-catching slogan and logo. Jhpiego and the MOH are working together to use *Rola* Katiba to sensitize men and motivate them to seek VMMC services.

INCREASED DEMAND FOR VMMC SERVICES (INCLUDING EIMC) IN LESOTHO

Throughout the project, MCHIP worked closely with the MOH and a wide range of partners to assess demand for VMMC services and improve communications around VMMC services. In the beginning, the MOH did not want demand creation activities, and communication regarding the availability of VMMC services was based on posters at hospitals and word of mouth, along with a few client-centered information, education, and communication (IEC) materials. However, with the scale-up, a communications package was needed to ensure the right demand-supply match. New VMMC materials were launched under the *Rola Katiba* ("take your hat off") brand. For EIMC services, MCHIP launched IEC materials and ensured that the MOH and partners were able to speak in one voice about EIMC services and benefits. As a result of these interventions, there was increased awareness of VMMC/EIMC services.

Developed IEC materials and the *Rola Katiba* campaign

MCHIP took the lead in developing IEC materials and raising demand for services, in line with the MOH's strategy for limited demand creation. Initial IEC materials addressed the benefits of VMMC. In late 2013, MCHIP developed and implemented its innovative *Rola Katiba* campaign to encourage service uptake, particularly among men ages 10–29, in collaboration with an extensive range of partners, including the UN, nongovernmental organizations (NGOs), and

local organizations. Over 80 percent of FY13 VMMC clients were between the ages of 10 and 24, so *Rola Katiba* targets this key population for VMMC uptake as part of a comprehensive HIV prevention package that links VMMC with other services, including HTC for VMMC clients and their partners, safer sexual behaviors, risk reduction counseling (including condom promotion), STI screening and treatment, and broader SRH for men. The IEC materials include brochures for men, brochures for women, posters targeting different key groups (taxi drivers, couples, young women, general), stickers listing locations of VMMC sites, and a postoperative care booklet. Materials were shared with partner organizations and associations. Figure 4 shows the *Rola Katiba* campaign logo.

Developed demand creation strategy and undertook community mobilization efforts

MCHIP developed a demand creation strategy for scaling up VMMC services. Community mobilizers were hired during the high season to increase demand and promote VMMC uptake, and a guide was developed for them to structure their efforts. Community mobilizers aimed to (1) increase demand and promote uptake of VMMC at the sites by making men aware of the ISD, (2) provide communities with correct information about VMMC to enable them to make informed decisions about HIV prevention, (3) meet with health service providers in facilities to create and implement VMMC mobilization plans, and (4) establish relations with other organizations and associations in order to mobilize and work together where possible.

Initial community mobilization efforts focused on schools. Next, mobilizers approached community leaders to organize gatherings in villages to inform the adult community. Relationships were also established and maintained with different NGOs and ministerial departments to collaborate on mobilization efforts. Mobilization was successful in bringing clients to the sites for VMMC services. Mobilizers served as a resource for the communities and were able to dispel myths and misconceptions among some older men and some women in rural areas. This effort also helped to identify community-based and national organizations that might work alongside MOH/MCHIP to increase awareness and education about VMMC and VMMC services nationwide.

Since the introduction of EIMC services in the two facilities, mobilization efforts have been carried out by health providers at gatherings. The EIMC materials developed included two posters, a brochure, and a job aid for providers. In addition, a booklet for health center nurses was developed to provide guidance on education, screening, and post-care for EIMC. Stamps for *Bukanas* (individual medical history cards) were developed for the EIMC procedure and follow-up visit.

> Recognizing the need to ensure that gender issues are integrated throughout the VMMC program, MCHIP took conducted a literature review on gender issues and VMMC. The resulting document, "Addressing Gender Issues and Integrating Gender Activities into the MCHIP VMMC Project in Lesotho" (June 2013), provides an overview of the literature on gender and VMMC, addressing possible effects of VMMC on women, the acceptability of VMMC by women, and the importance of involving women in VMMC programs, and applies this to the Lesotho context. Based on this review, opportunities to address gender in Lesotho's VMMC program were developed, ranging from ensuring couples' communication and female partners' involvement in VMMC to providing men with a range of SRH services through the VMMC program.

Figure 4. *Rola Katiba* campaign logo

With VMMC services becoming more widely available and community mobilization under way to increase education and demand for VMMC services, male circumcision was becoming more widely known. Articles about VMMC appeared in local newspapers. To address the cultural sensitivity of male circumcision and the common confusion with traditional initiation practices (because one Sesotho word is traditionally used for both circumcision and initiation),

MCHIP worked with a consultant to offer health training for journalists. The goal was to inform journalists of proper VMMC terminology and to share different perspectives and expectations from the MOH, MCHIP, and donors. The training equipped and empowered the journalists to write and report factual and well-researched articles on health issues.

MCHIP conducted operational research exploring reasons for clients to get circumcised. This IRB-approved study was entitled "A Study of the Views of Voluntary Medical Male Circumcision Clients in Lesotho." The study, referred to as the "Lesotho VMMC Client Views Study," was conducted at four VMMC sites from May 22 to July 1, 2013, using a cross-sectional study design and mixed methods research to explore clients' motivations for seeking medical circumcision. A total of 161 survey respondents participated in interviewer-administered questionnaires, and 35 men, drawn from a convenience sample of clients seeking medical male circumcision services, participated in four moderator-guided focus group discussions. Results suggest that men who seek VMMC perceive multiple positive health benefits of circumcision, including disease prevention against HIV and sexually transmitted infections, and improved penile hygiene. Other perceived benefits included increased sexual pleasure as well as cultural recognition and increased status for circumcised males. The vast majority of survey respondents and focus group participants also reported high levels of perceived approval from influential people in their lives, including peers/friends, girlfriends/wives, and family members; acceptance of circumcision by the wider community; and endorsement from experts, such as health care providers and the MOH. Results of this research will be used to tailor demand creation strategies and to address myths and misconceptions. An abstract has been submitted to the 2014 International AIDS Conference and a manuscript is being developed for future submission.

Developed wide-reaching and innovative partnerships

MCHIP developed a wide range of partnerships with private clinics, local organizations, international NGOs, and the UN to increase demand for services. Partnerships were also established with schools, community leaders, and local NGOs to collaborate on mobilization efforts. The program also drew on many of Jhpiego's new and existing partnerships to enhance the VMMC program. These partnerships helped to spread the VMMC message, drew in referrals, and helped to increase quality service provision.

- Jhpiego and UNICEF formed a partnership in late 2012 through two projects: *Strengthening Adolescent and Young Adult Health Service Delivery in Lesotho and Early Infant Male Circumcision*. In this partnership, Jhpiego focused on four activities: two concentrated on enhancing the current VMMC program (through MCHIP), one on EIMC, and one on adolescent girls.
- MCHIP's partnership with Letšeng Diamond brings VMMC services to miners at Lesotho's largest diamond-mining company.
- Jhpiego hosted a Peace Corps volunteer in the VMMC program from September 2012 until February 2013; the volunteer provided support to daily program

MCHIP VMMC Partners:

- MOH
- Global Fund
- UNICEF
- UNAIDS
- Carewell, Apex and Willies clinics
- Lesotho Planned Parenthood Association (LPPA)
- Letšeng Diamond
- Apparel Lesotho Alliance to Fight AIDS (ALAFA)
- Kick4Life
- Phela
- Riders4Health
- Pledge25

implementation. In addition, Jhpiego has attended numerous Peace Corps trainings to provide basic VMMC education and IEC materials for volunteers to use to promote VMMC services in their communities.

- Jhpiego engaged LPPA as a service delivery partner to build the capacity of this local NGO as well as ensure sustainability of services. LPPA has provided free comprehensive VMMC services at their Maseru-based male clinic.
- Jhpiego has partnered with Apparel Lesotho Alliance to Fight AIDS (ALAFA) to target factory workers (both male and female) with messages about VMMC for HIV prevention. Exclusive bookings have been coordinated between Jhpiego and ALAFA to ensure men receive services and are still able to perform their duties at the factory.
- Riders4Health is a nationwide program providing free transport of blood samples for testing. Riders4Health has been actively transporting blood samples for CD4 testing for Jhpiego's VMMC clients for two Maseru VMMC facilities that do not have CD4 machines.
- Jhpiego and Kick4Life have worked together to increase awareness of VMMC services through all Kick4Life programs.

Cross-Cutting Themes

Within 18 months, MCHIP supported massive scale up of VMMC services in Lesotho by working with MOH and partners, to provide services, strengthen sites, train providers, and implement demand creation activities. As a result, almost 44,000 adult men and adolescent boys were circumcised. The program's accomplishments included the following:

Scale-up

- Increased capacity of the MOH and partners to enable better service delivery
- Scaled up VMMC services with private clinics and worked with local organizations for demand creation
- Assessed and upgraded sites throughout the country for VMMC service provision
- Involved local health care workers and stakeholders in demand generation in communities
- Provided services, including ISDs, to meet demand during the peak (winter) season

Quality

- Ensured that VMMC services provided at all sites follow global standard operating procedures to ensure safety and quality
- Conducted regular supervision and quality assurance visits
- Developed quality assurance tools and standard operating procedures that are used nationally
- Supported the MOH in setting up systems for monitoring and evaluation, including the development of VMMC data collection tools and monthly report forms, and the integration of VMMC reports into the disease control department; also supported the MC TWG and the MOH in disseminating information and program achievements through the MC TWG and communication with other stakeholders
- Provided guidance to MOH VMMC sites on referral mechanisms for VMMC clients newly diagnosed with HIV to link these clients to care and treatment in order to optimize a continuum of prevention and care

Integration

- Integrated VMMC program into district hospitals
- Ensured that VMMC services are linked for referrals for HTC and other services
- Ensured that VMMC services are provided as part of a comprehensive HIV prevention package
- Ensured that EIMC services support and reinforce attendance at postnatal care and immunization visits

Recommendations and Way Forward

Over the last two years, MCHIP has quickly and efficiently scaled up VMMC services in Lesotho. Within this short timeframe, the program has worked successfully with the MOH to provide quality services, strengthen MC sites, train providers, and create demand. Scale-up of MC services will make a deep and lasting impact on the HIV/AIDS epidemic in Lesotho. To achieve a broader impact and continue to meet national targets, VMMC and EIMC services should be continued. Barriers to access should be assessed to determine effective strategies for overcoming obstacles to efficient service delivery, including continued advocacy for task-shifting for nurses, working with private providers, and launching a PrePex™ acceptability and safety study.

It is vital to continue to scale up services to reach 80% of the eligible male population and to maintain the momentum of VMMC in Lesotho as part of a comprehensive approach to HIV prevention.

- Continuity of services should be maintained through district hospitals, ISDs, and health center outreach to ensure that demand is met.
- VMMC sites should be supported to ensure quality service delivery and to maintain current national geographic service coverage.
- VMMC in Lesotho has also demonstrated success in encouraging men to get tested for HIV; the work on expanding innovative linkages between VMMC services and HTC/ART treatment should be continued. The strong progress on linking VMMC with HTC and referral for HIV-positive individuals should be continued through expanded application of innovative point-of-care diagnostics.
- Health center collaboration should be continued and expanded to enable health center nurses to book clients for VMMC and support VMMC client follow-up.
- Research should be conducted to bridge the "research-to-use" gap for the PrePex™ device for circumcision (through a safety and acceptability study).
- Quality assurance efforts should be continued to ensure high-quality VMMC services.
- EIMC scale-up should be continued.

Partnerships for VMMC and EIMC should continue to be scaled up.

- Expanded private-sector collaboration should be explored, including training of private providers and collaboration with private organizations for service delivery.
- Partnerships and innovative service delivery models should be continued.

Human resources for MC should be continuously developed and trained.

- Advocacy for task-shifting to allow nurses to perform MCs should be continued.
- Training and supportive supervision for MOH providers and sites should be continued to ensure quality MC and satisfaction of providers.

The MOH should be supported to continue its leadership of the VMMC program.

- Support for the MOH's leadership of the VMMC response in Lesotho, including the effort to address adequate pharmaceuticals and stock-outs, should continue.

- The national VMMC database should be fully operationalized and linked to the national electronic medical records system.
- Collaboration with the Global Fund, the UN, and other stakeholders should be continued to ensure a coordinated VMMC/EIMC response.

Demand for VMMC and EIMC services should be further increased.

- The innovative *Rola Katiba* campaign should be expanded to encourage service uptake, particularly among men ages 10–29, in collaboration with a range of partners (UN, NGO, local organizations).
- Innovative methods of increasing demand and matching supply and demand for MC should be continued (e.g., transportation reimbursement, collaboration with health centers on client booking).
- Partnerships with local organizations, district officials, and community mobilizers to promote VMMC service uptake should be expanded.
- EIMC demand creation activities should be scaled up after the pilot phase is concluded.

Appendix A: Indicator Matrix

Performance Management Plan (PMP)

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS PAST YEARS/PY6 TARGETS
Program Goal (Purpose): Increase the number circumcised in the intended population						
	Number of males circumcised as part of the minimum package of MC for HIV prevention services (by age group) < 1 year 1–9 years 10–14 years 15–19 years 20–24 years 25–49 50+ years	Number of male circumcisions performed according to Lesotho national standards (This PY6 number and the related indicators below are prorated as per funding and months remaining for the project.)	Health facility–based monthly report	Quarterly, annually	MOH, MCHIP	PY4: 6,960 PY5: 32,865 PY6: 4,082
Objective 1: Support and strengthen MOH capacity to monitor the continued scale-up of VMMC services						
1.1	Number of MC sites with well-established M&E systems	This indicator measures the number of sites with a well-established M&E system in place (based on M&E standards; e.g., current data collection tools, designated M&E roles/responsibilities). The indicator was introduced with the expanded program in PY5.	Facility monthly report	Quarterly	MOH, MCHIP	PY4: 5 PY5: 13 PY6: 16
1.2	Number of MC sites collecting quality VMMC data	This indicator measures the robustness of the M&E system in place; it was introduced with the expanded program in PY5.	Facility monthly report	Quarterly	MOH, MCHIP	PY4: 5 PY5: 13 PY6: 16
Objective 2 : Support facility-based VMMC and EIMC services in selected hospitals and health facilities						
2.1	Number of health facilities upgraded and providing MC services	Indicates the number of NEW institutions that have been assessed and upgraded (where equipment and supplies are in place)	Monthly reports, activity reports	Quarterly	MCHIP	PY4:5 PY5: 8 new facilities PY6: 4 new facilities

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS PAST YEARS/PY6 TARGETS
2.2	Number of health care workers who successfully completed an in-service training program (standardization of skills for male circumcision, by cadre)	Allows measurement of scale-up of training for new providers; results will be disaggregated by job function/provider	Training participant tracking sheets, TIMS, training reports	Quarterly	MCHIP	PY4: 37 PY5: 74 PY6: 30
2.3	Number of health care workers who are providing MC services after being trained	This indicator measures the number of health workers trained in any component of MC services who are providing the service according to the national standard. It helps in estimating the number of providers available.	Training reports, supervision reports, MC clinic days attendance list	Quarterly	MCHIP	PY4: 37 PY5: 146 PY6: 30
2.4	Percentage of facilities that had a stock-out of at least one commodity for provision of safe MC during the last quarter	This indicator measures the availability of all commodities in sites that are providing MC services. It does not include pharmaceuticals. The indicator was introduced with the expanded program in PY5. Numerator = number of facilities with stock-out during the reporting period Denominator = total number of facilities providing VMMC services	Health facility records	Quarterly	MOH, MCHIP	PY4: N/A PY5: 0% PY6: 0%
2.5	Proportion of clients circumcised experiencing at least one moderate or severe adverse event during or up to the sixth week following surgery, within the reporting period	This indicator refers to the safety and quality of MC services provided. Numerator = number of clients circumcised experiencing at least one moderate or severe adverse event Denominator = number of clients circumcised during the reporting period	Facility monthly reports	Quarterly	MOH, MCHIP	PY4: 53 (moderate) PY5: 0.35% PY6: less than 2% of the proposed 7,000 clients
2.6	Proportion of persons seeking male circumcision services who were tested for HIV and know their results	This indicator measures the linkage of services with HIV testing and counseling. Numerator = number of persons seeking circumcision tested for HIV Denominator = number of persons seeking circumcision	Facility monthly reports	Quarterly	MOH, MCHIP	PY4: 2,347 PY5: 68% PY6: 68%

INDICATOR		DEFINITION/CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS PAST YEARS/PY6 TARGETS
2.7	Number of males circumcised who received at least one postoperative follow-up visit (routine or emergency) during the reporting period, up to six weeks after surgery	Number of times circumcised males received one postoperative follow-up and care visit during the reporting period (This number is higher than the total VMMCs performed as it includes some repeat visits for those who had more than one follow-up and care visit.)	Facility monthly reports, health facility records or survey	Monthly, quarterly reporting	MCHIP	PY4: 2,639 PY5: 36,527 PY6: 70%
2.8	Number of supportive quality improvement visits conducted at MC sites	This indicator refers to quality assurance for MC services; it was introduced with the expanded program in PY5.	Program activity reports	Monthly	MCHIP	Monthly visits per site
Objective 3: Increase demand for VMMC/EIMC services						
3.1	Number of VMMC IEC materials developed	This number provides an indication of communication activities that support VMMC services by raising awareness and demand. The indicator was introduced with the expanded program in PY5.	IEC material	Quarterly	MCHIP	PY4: N/A PY5: 10 PY6: 5

Appendix B: Success Stories

ROLA KATIBA

New VMMC campaign unveiled at Lesotho's national World AIDS Day commemoration

By Delia Helie, Peace Corps Volunteer attached to Jhpiego Lesotho; photography by Diego Garcia

With hundreds coming out for the 2013 World Aids Day commemoration, Lesotho's Ministry of Health, with the support of King Letsie, reinforced the focus on ZERO, "Zero new infections, zero discrimination, and zero AIDS-related deaths." MCHIP is a key player in this fight for zero, focusing on zero new infections. The MOH and MCHIP have partnered together to offer free voluntary medical male circumcision services nationwide. To increase the awareness of VMMC, Jhpiego and MOH have unveiled the new look of VMMC in Lesotho using the concept of *Rola Katiba*.

In a context in which the same Sesotho word is used to refer to traditional initiation and VMMC, *Rola Katiba* addressed the need to accurately brand and define VMMC services in Lesotho.

Rola Katiba is now the face of the VMMC movement in Lesotho. Lesotho's national languages are Sesotho and English. However, Sesotho is more widely used and there is great national pride in the language. The phrase *Rola Katiba* is a euphemistic expression for VMMC, literally translating to "take your hat off." This subtle expression conveys the VMMC message in a culturally acceptable, playful, and respectful way. *Rola Katiba's* debut comes at a critical time in Lesotho, as the country now has the second highest HIV prevalence rate in the world. VMMC reduces the risk to contract HIV by up to 60 percent. Modeling shows that for every five male circumcisions completed in Lesotho, one HIV infection will be averted and millions of dollars in care and treatment costs will be saved.

With the support of Jhpiego/MCHIP, Lesotho's MOH has been offering VMMC services since early 2012. In 2013 VMMC services were expanded to 17 facilities in all 10 districts. Operating on a model of integration into the government hospital facilities, MCHIP and the MOH have been training local hospital staff on the WHO model to offer quality comprehensive VMMC services to all eligible clients.

At the World Aids Day commemoration, celebrated in Lesotho's Mafeteng district, hundreds of men, women, and youth were encouraged to ask questions and learn about *Rola Katiba* and VMMC services provision. Learning about the benefits of VMMC is crucial to motivating men to seek services and encouraging women to support their children and partners in seeking VMMC.

Rola Katiba will continue to contribute to increasing demand for VMMC services nationwide. The fact that more than 40,000 men have already received VMMC services in Lesotho suggests that the acceptability of services is high. Despite a steady demand for VMMC services since 2012, there is a need to attract new clients and engage those who have not yet sought out VMMC services. *Rola Katiba* was designed to playfully engage men and women in discussions about VMMC and to increase demand for VMMC services. With turnout from the World Aids Day commemoration as well as year-round VMMC mobilization efforts with *Rola Katiba*, VMMC is on the frontline of reducing new HIV infections in Lesotho.

NEW APPROACHES TO REACH ALL MEN IN LESOTHO

By Delia Helie, Peace Corps Volunteer attached to Jhpiego Lesotho, and Stephanie Reinhardt, Program Management Officer, Jhpiego Lesotho

An hour taxi ride northeast of Lesotho's capital of Maseru sits Paballong Clinic. Situated atop the Berea plateau, surrounded by a picturesque landscape of fruit trees and gardening plots, the privately owned clinic caters to a catchment population of farmers and families. Although Paballong is in relatively close proximity to Maseru, it lacks Maseru's standard of living and easy access to basic services.

Access to quality health services is an ongoing challenge in Lesotho. The landscape is mountainous, the roads poor, and many people travel long distances on foot to access services and care. The introduction of VMMC services in Lesotho in 2012 presented both familiar and new challenges in ensuring access while maintaining quality. VMMC services were initially introduced in district hospitals and fixed sites in an effort to follow the MOH's preference for a targeted facility-based rollout.

MCHIP's program experience, including a detailed client views study, suggested that a common barrier that prevents men from accessing VMMC services is the long distance between communities and hospitals, which results in high transportation costs and time away from work. Therefore, MCHIP sought a partnership with a suitable facility to provide outreach VMMC services. To bring services closer to the community while still respecting the MOH's desire to keep VMMC services facility-based, MCHIP formed a partnership with Paballong Clinic to offer outreach services starting in September 2013.

Paballong's rural setting made it an ideal site for MCHIP's new facility-based VMMC outreach initiative. Planning for this new initiative began with orienting and training the Paballong staff about VMMC and how to provide counseling, screening, and follow-up care for clients. Services at Paballong began in late September, with Jhpiego staff providing daily comprehensive VMMC services with the support of the Paballong staff. The outreach initiative at Paballong, the first of its kind in Lesotho, provides men with the same level of counseling, screening, male circumcision services, and follow-up care offered at the 13 MOH and MCHIP VMMC sites throughout Lesotho.

Paballo Monnapula, a Jhpiego VMMC nurse who works for the Paballong outreach initiative, recognized Paballong's achievements, stating, "The outreach is great. It allows us to reach people who otherwise wouldn't be able to receive VMMC services." And indeed the services were in demand. In the first week of operation, more than 125 men traveled to Paballong for VMMC. The initiative was scheduled to last for three weeks, but services were extended for an additional week due to the steady demand.

In Lesotho the introduction of VMMC has been a great success, with more than 40,000 men receiving services. However, with a target of circumcising 317,000 men by 2016, there is a clear need to continue bringing services closer to the men who want them.

This outreach success has shown the importance of integrating VMMC service delivery in lower-level health facilities throughout Lesotho. These VMMC activities educate men about the HIV prevention benefits of male circumcision as part of a comprehensive HIV prevention package. With an HIV prevalence of 23%, the whole country of Lesotho is affected by HIV and needs to have access to the HIV prevention benefits of VMMC.

Appendix C: Presentations at International Conferences and Publications

"An Integrated Service Delivery Model for Scaling up Voluntary Medical Male Circumcision in Lesotho." Poster presentation, South African HIV Clinicians Conference, Cape Town, November 2012.

"Initiation of voluntary medical male circumcision (VMMC) at one hospital in Lesotho increases new HIV diagnoses and uptake of ART among men," International AIDS Conference 2013 abstract. This abstract was expanded to a manuscript and submitted as part of a VMMC series by the journal, PLoS ONE. It will be published in March 2014.

"A Study of the Views of Voluntary Medical Male Circumcision Clients in Lesotho", Research Report, 2013. An abstract was submitted to the International AIDS Conference 2014, and a manuscript is under development.

"Addressing Gender Issues and Integrating Gender Activities into the MCHIP Voluntary Medical Male Circumcision Project in Lesotho." Literature Review, June 2013.

Appendix D: Materials and Tools Developed or Adapted by MCHIP

PROGRAM AREA	DOCUMENT TITLES
EIMC assessment	Feasibility Facility Assessment in Preparation of Introduction of Early Infant Male Circumcision (EIMC) Services at Two Hospitals in Lesotho: Mafeteng and Scott Hospitals, May 2013
Assessment	Facility assessment report and tool, 2011
Services	Strengthening Adolescent and Young Adult Health Service Delivery in Lesotho, May 2013
Gender	Addressing Gender Issues and Integrating Gender Activities into the MCHIP Voluntary Medical Male Circumcision Project in Lesotho (literature review), June 2013
Program evaluation/ research	An Integrated Service Delivery Model for Scaling Up Voluntary Medical Male Circumcision in Lesotho, September 2012
Program evaluation/ research	Initiation of Voluntary Medical Male Circumcision (VMMC) at One Hospital in Lesotho Increases New HIV Diagnoses and Uptake of ART among Men, 2013
QA	Status report on the quality of VMMC services at MC sites in Lesotho, 2013
QA	Performance QA tool, 2013
Research	Client views report, 2013
Program	Supervision reports, 2013
Training	Training report for VMMC standardization of skills for Mafeteng and Scott Hospitals, February 2012
Training	Training report for VMMC standardization of skills for St. Joseph and Berea Hospitals, April 2012
Training	Training report for VMMC standardization of skills for Butha Buthe Hospital, July 2012
Training	Training report for VMMC standardization of skills for Motebang and Mamohau hospital providers, November 12–23, 2012
Training	EIMC Mafeteng training report, November 2013
Training	Training report for VMMC under LA Clinical Skills Course (Paray, St. James, Machabeng, and Tebellong), October 28–November 8, 2013
Training	Training report for standardization of skills for Mohaleshoek and Quthing hospitals, March 2013
Training	Training report for the orientation of public health center nurses in Leribe district on VMMC, March 2013
Training	Training report for VMMC standardization of skills for Mokhotlong hospital providers, April 2013
Training	Trip report for onsite training for VMMC standardization of skills training at St. Joseph Hospital, April 15–26, 2013
Training	Trip report for onsite training for VMMC standardization of skills training at Mafeteng Hospital, May 21–31, 2013
Training	Trip report for MCHIP staff attending training on STATA/Epi-Info in Ethiopia, April 2013
Training	Trip report for MCHIP staff for training on EIMC in Iringa Regional Hospital, Tanzania
Training	Training skills course for VMMC/EIMC trainers, September 2013

PROGRAM AREA	DOCUMENT TITLES
Training	EIMC training for providers of JHPIEGO Lesotho, Mafeteng and Scott Hospitals
Training	Job aids for providers
Training	Supervision guide and tool
Program	Client record form, MC registers, QA tools
Technical Working Group	TWG meeting minute reports
Program	MC operational plan for VMMC Services in Lesotho (with MOH)
Program	Increased Capacity of VMMC Service Delivery during Season of High Demand in an Integrated Model, July 2013
Program	Linkages and referral protocol, 2013
Program	Supervision guide and tool for VMMC services in Lesotho, 2012
Program	Standard operating procedures for VMMC services in Lesotho, 2012
M&E	Nurse-Led Data Collection Tools and Procedures Improve Support to VMMC Services at Both the Hospital and Health Center Level in Lesotho, July 2013