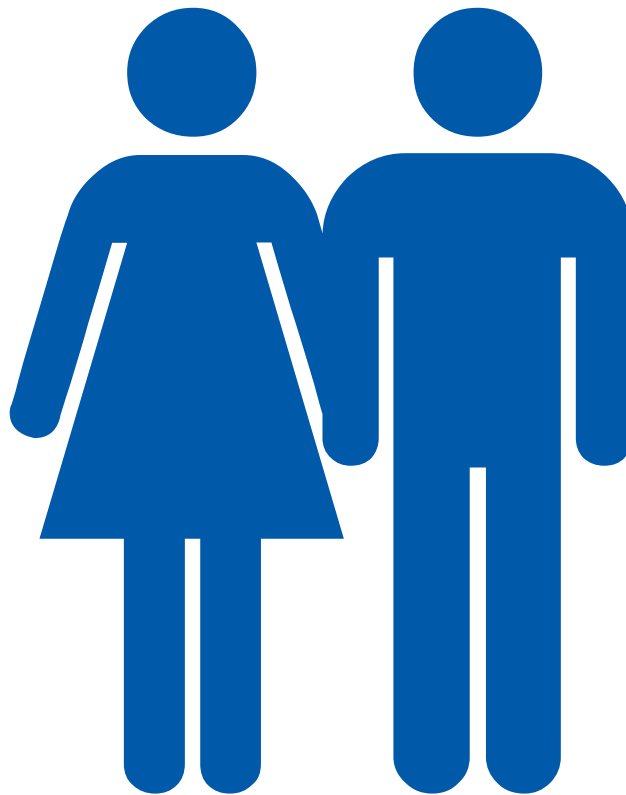




## CHANGE PACKAGE

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# Improving Female Involvement in Voluntary Medical Male Circumcision in Uganda



**JULY 2018**

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This change package for improving female involvement in voluntary medical male circumcision in Uganda was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Anna Lawino, Albert Twinomugisha, John Byabagambi, and Esther Karamagi of URC. It was developed as part of the Voluntary Medical Male Circumcision work in Uganda funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and carried out under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is made possible by the generous support of the American people through USAID.



CHANGE PACKAGE

# Improving Female Involvement in Voluntary Medical Male Circumcision

JULY 2018

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**DISCLAIMER**

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Acronyms

ASSIST	Applying Science to Strengthen and Improve Systems
CQI	Continuous Quality Improvement
DoD	Department of Defense
HC	Health Center
HIWA	HIV health Initiatives in Workplace Activities
IP	Implementing Partner
MUWRP	Makerere University Walter Reed Project
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
RHITES EC	Regional Health Integration to Enhance Services – Eastern Central
RHITES SW	Regional Health Integration to Enhance Services – South Western
RTI	Research Triangle Institute
SMC	Safe Male Circumcision
STAR E	Strengthening TB and HIV&AIDS Responses in Eastern Uganda
UPDF	Uganda Peoples' Defense Forces
UPHS	Uganda Private Health Support Program
USAID	United States Agency for International Development
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision

## Glossary of Terms

**Change Concept:** A category of change ideas or interventions that are similar and have a common underlying pattern.

**Change Idea:** A specific intervention that a health facility QI team has tested.

**Change Package:** An organized summary of strategies and interventions that have been tested and proven to improve care in a given context. In this case, the interventions being outlined have been tested and proven to result in improvement of female involvement in VMMC.

**Continuous Quality Improvement (CQI):** CQI is an approach to Quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems: it focusses on “process” rather than individual; it recognizes both internal and external “customers”; it promotes the need for objective data to analyze and improve processes.

**Voluntary Medical Male Circumcision:** Surgical removal of the foreskin of the penis.

**Female Involvement in VMMC:** Patient personal involvement or participation in health care is participation of the person in their own health care decisions. In this context, female involvement in VMMC is the active participation of women in voluntary medical male circumcision of their male partners. This can be through attending group education, HIV counseling and testing, screening for sexually transmitted infections and seeking post-operative follow up as a couple.

## I. Introduction

The USAID Applying Science to strengthen and Improve Systems (USAID ASSIST) project, begun provision of technical support of Continuous Quality improvement (CQI) in the Voluntary Medical Male Circumcision (VMMC) program for HIV prevention in Uganda in 2013. The work was rolled out to initially 29 static health units and one mobile unit (**Table 1**), and later it was progressively spread to additional 19 and 33 health units in 2014 and 2015 respectively. This was in collaboration with implementing partners (IPs) supporting implementation of VMMC in Uganda: RHITES EC, MUWRP, STAR E, UPHS, RHITES SW, HIWA, RTI, and SUSTAIN.

Training of staff from the initial sites in quality improvement (QI) and on gender integration in VMMC was conducted at an off-facility location for three days with facilitation by ASSIST. The content of the training included: importance of female involvement in VMMC, approaches of female involvement in VMMC, documentation of female involvement in VMMC, indicators to monitor female involvement in VMMC, and possible change ideas for improving involvement of women in VMMC. There was participation of four members of the VMMC CQI team per health facility in the training and each team was availed indicator tracking templates for female involvement in VMMC and a list of talking points for mobilizers to use for communication during mobilization of clients in the community for VMMC on importance of female involvement in VMMC. At least one staff of each of the VMMC IPs participated in the training.

**Table 1: The sites that participated in the VMMC improvement collaborative and contributed to the development of the change package**

Sites	Supporting IP
Gulu Regional Referral Hospital, Fort Portal Regional Referral Hospital, Moroto Regional Referral Hospital, Kabale Regional Referral Hospital	SUSTAIN
Apac Hospital, Anaka Hospital, Kitgum Hospital	SUSTAIN
Mukono Health Center (HC) IV, Kayunga Hospital, Kojja HC IV	MUWRP
Kisoro Hospital, Bugangari HC IV	RHITES SW
Moroto Army Military Hospital	UPDF HIV project
Buyinja HC IV, Bugiri Hospital, Dabani Hospital	RHITES EC
Kibuku HC IV, Busolwe HC IV,	STAR E
Kibuli PTS Clinic, Masaka Police HC III	HIWA
Span Medical Center, St. Apollo HC IV, Mengo Hospital, Ishaka Adventist Hospital, Kiwoko Hospital, Kuluva Hospital, Iganga Islamic Hospital, Holy Cross Hospital Namungoona	UPHS
Mehta Hospital	UPHS

## A. The Continuous Quality Improvement Approach (CQI)

ASSIST's CQI technical support involved formation of VMMC QI teams at the health units, in which the VMMC team, with guidance of ASSIST improvement coaches, mapped out the VMMC processes using a flow chart and identified the key staff involved in each step to be part of the VMMC CQI team. The teams agreed on the CQI team leaders who later assigned roles and responsibilities to other members (for example, to collect data on an indicator) and also developed schedules for

### **Box 1. The VMMC QI team**

- Counsellor
- Mobilizer (VHT, social worker)
- VMMC assistant (nursing officer)
- VMMC circumciser (clinical / medical officer)
- Data clerk

the CQI team meetings during which performance of the improvement projects were reviewed and changes made according to results. This was often on weekly to monthly basis depending on the CQI team

Monthly coaching of VMMC CQI teams was conducted by a joint team comprising of at least one staff from USAID ASSIST, district health management team, and VMMC implementing partner. The focus of the coaching visits was to support health facility teams to identify gaps, prioritize areas for improvement, and to test changes for improvement in all core areas of VMMC including the gender related gaps. The coaches captured information on the site improvement work in coaching logs and supported sites to document their improvement work in documentation journals.

On a quarterly basis peer to peer learning sessions were organized to allow VMMC CQI teams to share experiences and challenges in implementing improvement work. During the learning sessions which lasted three days, there was representation of four members from each health facility and the theme of the learning session was organized based on the areas of focus for example: improving female involvement in VMMC, and sites which were working on this indicator, shared experiences on what changes worked or did not work, how the changes were implemented and the challenges faced during implementation of the changes.

VMMC, an intervention for HIV prevention, faces some challenges such as demand creation for services, adherence to six weeks abstinence after circumcision, return for post-operative review, and use of other HIV prevention methods after VMMC. Literature has shown that female involvement in VMMC can play a large role in addressing these challenges (Taroub Faramand 2014);

## **1. Improve compliance to six weeks abstinence period after VMMC**

Studies have revealed that both men and their partners experience challenges waiting for completion of the six weeks of abstinence in the post-circumcision period before resumption of sexual intercourse (Herman-Roloff, Bailey et al. 2012, Nieuwoudt, Frade et al. 2012, Barone, Li et al. 2016). Early resumption of sexual activity poses risks of complications and acquiring infections including HIV. A randomized trial study carried out in Uganda among HIV positive men, indicated that women were at higher risk of male to female transmission of HIV with early resumption of post-circumcision sexual intercourse (Wawer, Makumbi et al. 2009). Involvement of women in VMMC provides a platform for health providers to hold discussions with male clients and their partners on importance and strategies for adherence to six weeks post-circumcision abstinence.

## **2. Improve return for post-operative follow up among circumcised clients**

Post-operative follow-up of all circumcised clients is recommended at scheduled times to assess and manage complications, provide counseling on wound care, and reinforce other HIV prevention strategies. However, compliance with post-circumcision follow up schedules is variable among circumcised clients with high loss to follow-up rates as the length of time after the circumcision increases. This causes uncertainty about the outcomes of the circumcision procedure. Findings of a prospective study carried out among circumcised men in Kenya revealed one of the barriers to post-operative follow-up as lack of post-operative information due to forgetting, having no reminder systems, and not having heard of post-operative schedules for follow up on the day of circumcision due to anxiety (Abunah, Onkoba et al. 2016). Literature also shows that receipt of advice from care givers plays a role in improving follow-up care (Kim, McEwen et al. 2007). With this background, it is critical to engage women in VMMC services to enable them provide support to their male partners on post-operative follow-up schedules after circumcision.




### 3. Increase uptake of VMMC services

Women have been found to play a role in influencing their male partners' decision to get circumcised and to also influence the men to have their sons circumcised (Lanham, L'Engle et al. 2012, Downs, Fuunay et al. 2013, Layer, Beckham et al. 2013, Martínez Pérez, Triviño Durán et al. 2015). These qualitative studies carried out in Tanzania, Kenya and South Africa reveal the need to target women in VMMC to promote uptake of services since they have influence on their partners' and their sons' decision for circumcision.

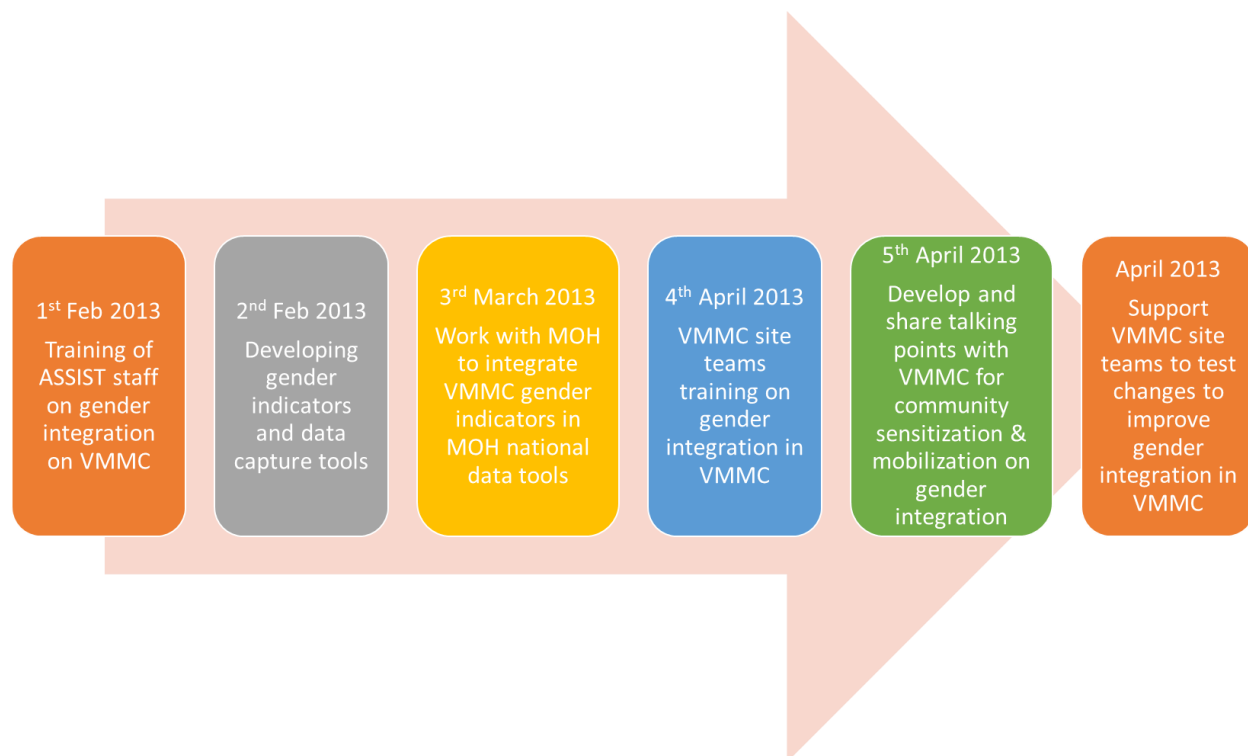
### 4. Promote use of other HIV prevention methods after VMMC

VMMC has been evidenced to provide partial protection against female to male transmission of HIV. It is therefore important for circumcised men and their partners to continue use of other HIV preventive methods after circumcision (e.g. use of condoms to prevent HIV infection). Available literature however, shows the understanding of partial protection among both men and their female counter parts is not well understood which could lead to behavioral sexual disinhibition after circumcision (L'engle, Lanham et al. 2013, Layer, Beckham et al. 2013, Martínez Pérez, Triviño Durán et al. 2015). This exposes women and men to increased risks of HIV infection. Involvement of women in VMMC services offers opportunity to provide correct information on partial protection benefits of VMMC and the need to use other HIV prevention methods after circumcision to women in the presence of their male partners.



Owing to the above reasons, the health unit teams focused on *improving the proportion of married/cohabiting men attending VMMC group education with their female partners*, after initially working to improve adherence to the National Minimum Quality Standards for VMMC as are detailed in the guide for improving the quality of safe male circumcision (SMC) services (Byabagambi 2015). The integration of gender in VMMC was also a change undertaken by some health teams to address performance gaps in the other VMMC processes such as post-operative follow-up and adverse events following VMMC. The steps taken to improve female involvement in VMMC service delivery by ASSIST in Uganda are as shown in **Figure 1** and also as described further in the webinar post (Byabagambi 2014).

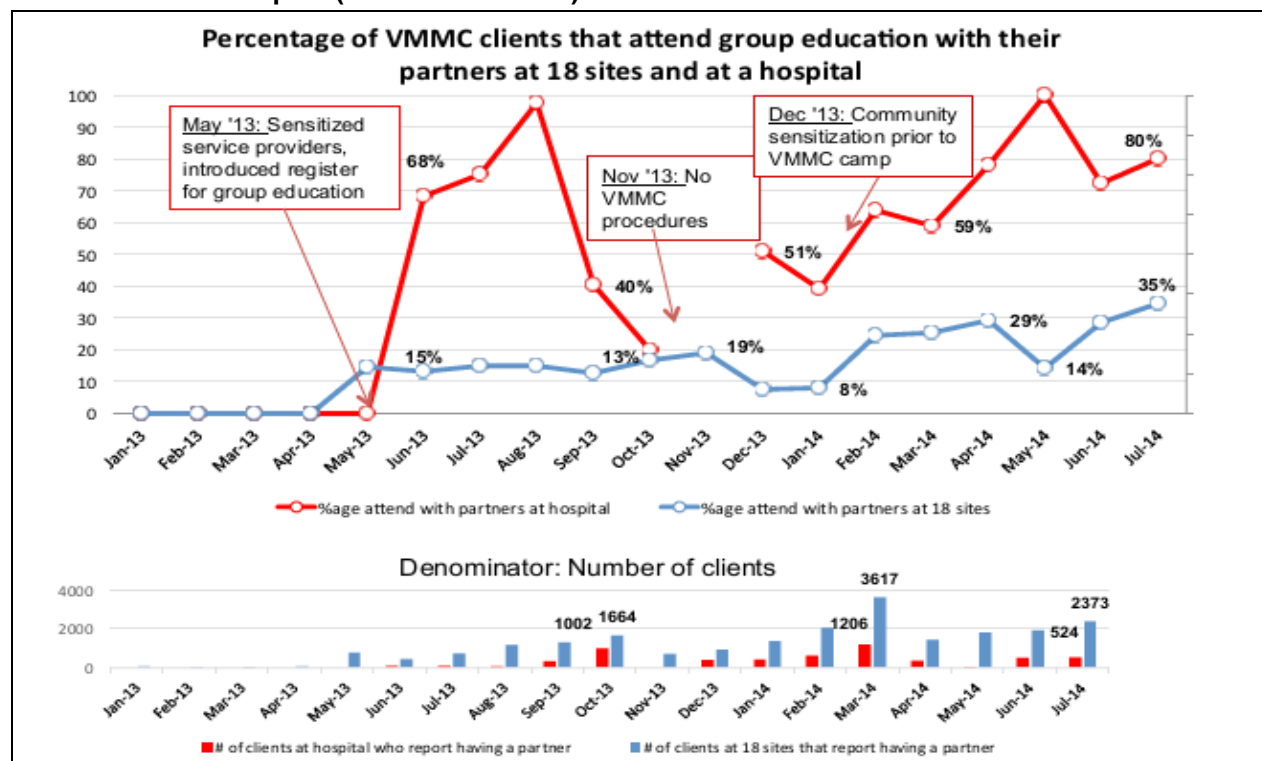
**Figure 1: Step by Step in improving female involvement in VMMC service delivery**



#### **D. What results did improvement teams achieve?**

There has been improvement in female involvement in VMMC at the health facilities as observed in **Figure 2**. The percentage of clients (married and cohabiting) who attend group education on VMMC with their partners increased from 0% (January-April 2013) to 35% in July 2014 at 18 health facilities. These were the facilities that were actively involved in improving this indicator out of the 30 initial facilities. One of the health facilities had an increase in the proportion of clients who attend group education with their female partners from 0% (April-May 2013) to 80% in July 2014. The changes tested are briefly shown in the text box below.

**Figure 2: Percentage of VMMC clients who attend group education on VMMC with their partners, 18 sites and one hospital (Jan 2013-Jul 2014)**



- Changes tested**
- Orient health providers on gender integration in VMMC
  - Provide talking points for community sensitization and mobilization
  - Improve data capture tools
  - Introduce female friendly services

## II. Harvesting changes tested and compilation of the change package

A harvest meeting was convened in December 2016 (36 months after USAID ASSIST CQI support began) to systematically harvest and document experiences of integrating CQI in VMMC. Representatives from 30 health units were invited, these included health facilities from initial 30 sites and from other waves of spread of the SMC improvement work. In small groups, the teams discussed the changes tested; identified what changes worked and did not work; and correlated the changes tested and the impact they had on improving percentage of married/cohabiting men attending VMMC group education with their female partners. This was with the guidance of facilitators. The changes were further discussed in a plenary to ensure experiences from all the sites were exhausted. The teams later evaluated the changes and scored them based on evidence from pilot tests (site level results), relative importance, simplicity, and ease of scaling those changes.

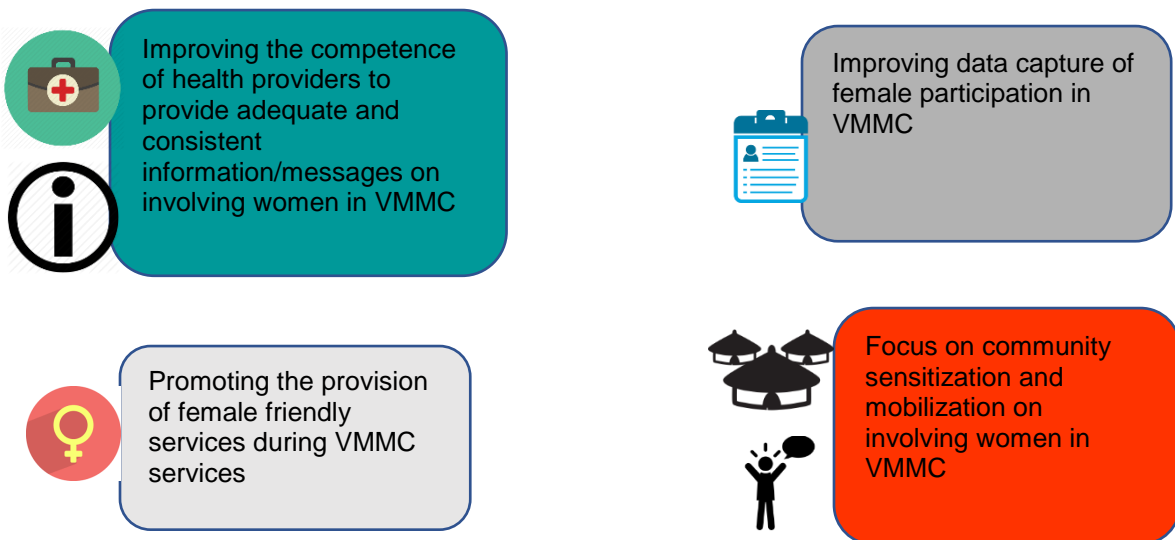
### III. Change package for improving female involvement in voluntary

This change package is designed for use by improvement teams aiming to improve percentage of married/cohabiting men attending VMMC group education with their female partners. It is not expected that every team will implement every change idea that is listed below. Rather, each team can evaluate its own situation and decide which of the changes could be most helpful to them. Improvement teams have to note that whereas these changes have led to improvement at the demonstration sites, it is no guarantee that they will lead to improvement at all the sites where they are implemented.

After generation of a list of all the changes tested to improve the percentage of married/cohabiting men who attend group education on VMMC with their female partners, the teams used the data in their documentation journals to determine which change had led to improvements and those that had not. The changes that had led to improvement were then evaluated through scoring using four parameters namely: evidence from pilot test, relative importance, simplicity (not difficult or not complex) and scale-ability. Participants used their own data as evidence from pilot test to determine the magnitude of improvement contributed by each change tested. The teams then discussed and agreed upon the relative importance, simplicity, and scale-ability and awarded scores ranging from a score of one which signified for example evidence from pilot to a score of five, meaning strong evidence from pilot health facilities.



Tables 2 - 5 in the tested changes section of this change package provide guidance to health facility teams on improving female involvement in VMMC, the authors recommend that to improve female involvement in VMMC, health unit teams should implement changes under the following four aims below, which were determined based on the gaps found to affect female involvement in VMMC at the health facilities:

**Figure 3: QI aims adopted by QI teams to improve female involvement in VMMC**





## IV. Detailed change package for improving percentage of married/cohabiting men attending VMMC with their partners


### A. Aim one: Improve competence of health providers to integrate gender in VMMC activities


Change idea	Logic for change	How to guide for implementing the change
<p>Lobby VMMC implementing partner to organize training for VMMC health providers on gender integration in VMMC</p> 	<p>The concept of gender integration in VMMC was new and health providers did not have knowledge on how to involve women in VMMC</p>	<ul style="list-style-type: none"> <li>• VMMC team leader writes to VMMC implementing partner on need for training staff on gender integration in VMMC.</li> <li>• Implementing partner schedules training and key VMMC providers are selected from the health facility to attend training.</li> <li>• Gender integration training focuses on gender definitions, gender integration, why consider female involvement in VMMC, consequences of not involving women in VMMC, gender indicators, and change ideas for improving female involvement in VMMC.</li> </ul> <p>(4 health facilities implemented this change)</p>
<p>Conduct continuous sessions to orient staff on strategies for involvement of women in VMMC</p>	<p>New staff on VMMC teams at health facilities lacked skills on involvement of women in VMMC</p>	<ul style="list-style-type: none"> <li>• VMMC CQI team leader organizes meetings for staff and VHTs to orient staff on involvement of women in VMMC.</li> <li>• Discussion topics include: importance of female involvement, strategies for involving women, how to capture data on female involvement in VMMC.</li> <li>• The sessions are conducted whenever new staff joins the VMMC team.</li> </ul> <p>(3 health facilities tested and implemented this change)</p>
<p>Carry out on job training of VMMC providers on implementing female involvement in VMMC</p> 	<p>Some health providers did not have skills in providing information to clients and in documenting women attending VMMC services</p>	<ul style="list-style-type: none"> <li>• Identify skilled VMMC counsellor to work alongside community mobilizers and the less skilled counsellors to provide on job skills on communicating with clients on importance of female involvement.</li> <li>• Skilled counsellors work with community mobilizers/VHTs during community mobilization and sensitization to provide on job training on providing correct and consistent information on importance of female involvement in VMMC.</li> <li>• Skilled data clerks also work with other less skilled staff to orient them on how to capture information on female involvement in VMMC.</li> </ul> <p>(5 health facilities tested and implemented this change)</p>

## B. Aim Two: Provide female friendly services alongside VMMC services


Change idea	Logic for change	How to guide for implementing the change
<p>Lobby implementing partners supporting maternal and child health programs to synchronize their programs with VMMC camps/outreaches</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Lack of motivation for women to accompany their male partners for VMMC services</p> <p>Women attending VMMC services with their partners were left redundant as their partners underwent circumcision procedure</p>	<ul style="list-style-type: none"> <li>Team leader writes to implementing partners supporting maternal and child health programs e.g. family planning, cervical cancer screening in the same locality of the health unit to synchronize their activities with VMMC services.</li> <li>Make plans with the implementing partners to hold integrated outreaches during which VMMC is provided together with female friendly services for women.</li> <li>Mobilizers for the outreach. Communicates to community members about the integrated outreach, informing married/cohabiting men to come for VMMC with their partners. Informing them of availability of female friendly services.</li> </ul> <p>(3 health facilities tested and implemented this change)</p>
<p>Work with clinics providing services for women within the health facility to provide services to women attending VMMC services with their partners</p>	<p>Lack of coordination of VMMC clinic activities with other clinics providing services for women within the health facility</p>	<ul style="list-style-type: none"> <li>VMMC team leader organizes meetings with in-charges of clinics providing services for women within the facility like family planning, antenatal care and immunization to build consensus on providing the services to women coming with their male partners for VMMC.</li> <li>Schedule VMMC clinic days to coincide with days of the clinics providing women friendly services.</li> </ul> <p>(2 health facilities tested and implemented this change)</p>
<p>Assign a staff to provide services to women attending VMMC with their partners</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Women attending VMMC clinics with their spouses were having delay in receiving services in other clinics within the facility</p>	<ul style="list-style-type: none"> <li>Allocate a staff from the VMMC clinic the role of providing services to women attending VMMC services with their spouses e.g. blood pressure check, blood glucose check, examination for sexually transmitted diseases etc.</li> <li>Make work plans for this task to ensure staff rotation in carrying it out.</li> </ul> <p>(2 health facilities tested and implemented this change)</p>

## C. Aim Three: Focus on community sensitization and mobilization on female involvement in VMMC services


Change idea	Logic for change	How to guide for implementing the change
<p>Assign Village Health Teams (VHTs) and VMMC providers to carry out pre-circumcision camp community sensitization and mobilization on female involvement in VMMC</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Community lacked awareness on female involvement in VMMC services and services provided for women during VMMC</p>	<ul style="list-style-type: none"> <li>VMMC team leader assigns VHTs and VMMC providers during a meeting to carry out community sensitization and mobilization on female involvement in VMMC before VMMC camps/outreaches.</li> <li>Assigned VHTs and health providers develop schedules of going to communities (e.g. village, market, church, households, on the radio show) to provide information on VMMC and importance of involving female partners in VMMC. This is done prior to the VMMC camp.</li> <li>In the community, the VHTs and providers hold discussions with members of the community on VMMC and female involvement</li> </ul> <p>(6 health facilities tested and implemented this change)</p>
<p>Work with 'model' couples to share their experiences of attending VMMC services as a couple during community sensitization</p>	<p>Misconceptions and fears among men and women about female involvement in VMMC was a barrier in some communities such as fears that women should not be present during circumcision of a man, for it is considered a bad omen for a man being circumcised to be in the presence of a woman. Other men felt shy to be in the presence of their women during circumcision</p>	<ul style="list-style-type: none"> <li>VMMC team identifies 'model' couples who have attended VMMC and supports them to share their experiences of attending VMMC services together with clients during VMMC services and at community visits.</li> <li>The "model couples" share on how they have received services together and the benefits of attending VMMC as a couple (HIV counseling and testing, health education on VMMC, and screening for sexually transmitted infections).</li> <li>At another site, during community sensitization, the 'model' couples enact role plays of men attending VMMC services with their partners depicting the services they will receive together and the benefits of attending the services together.</li> </ul>

		(3 health facilities tested and implemented this change)
<p>Assign staff to carry out health education on VMMC and female involvement at different service entry points within the health facility</p> 	<p>There was need to have information on VMMC and female involvement incorporated in health education sessions carried out at other entry points in the health facility to create awareness</p>	<ul style="list-style-type: none"> <li>Assign a VMMC counsellor the role of providing health education at different service entry points (antenatal care, out-patient department) to clients seeking services.</li> <li>The information provided during this education includes: importance and benefits of VMMC, role of women in VMMC and services offered to women attending VMMC with their male partners.</li> <li>This role is to be rotated on a schedule among trained counsellors.</li> </ul> <p>(2 health facilities tested this change)</p>
<p>Provide information, education and communication materials/ talking points on female involvement to VHTs and providers to use for sensitization</p>	<p>VHTs and VMMC providers lacked information, education and communication materials/ talking points on female involvement in VMMC</p>	<ul style="list-style-type: none"> <li>Team leader writes to implementing partner who will send copies of IEC materials and another team holds a meeting to develop talking points on importance of female involvement, how women can be involved in VMMC.</li> <li>Provide IEC materials to VHTs and health providers to use in the community.</li> </ul> <p>(3 health facilities tested this change)</p>

#### D. Aim Four: Improve data capture of women attending VMMC services with their male partners

Change idea	Logic for change	How to guide for implementing the change
<p>Make requests for registers/ counter books from implementing partner/stores/administration to capture information on men attending VMMC services with their partners</p> 	<p>Health facility lacked data tools which could capture information on women attending VMMC services with their partners. Most tools captured information on the circumcised men only and women who came with their spouses were not recorded anywhere.</p>	<ul style="list-style-type: none"> <li>VMMC CQI team leader writes to implementing partner/stores in-charge/administrator requesting for updated registers/counter books.</li> <li>Organize a meeting to orient staff on use of the registers/counter books once they are availed.</li> <li>Staff to begin to use the data tools to capture information</li> </ul>



		<p>on women attending VMMC services with their partners. The information includes: name, age, address, marital status, services received as a couple.</p> <p>(6 health facilities implemented this change)</p>
<p>Create columns in the group education register to capture information on women attending VMMC services with their partners</p>	<p>The group education register at health facility did not have provisions to capture information on women attending VMMC services with their partners</p>	<ul style="list-style-type: none"> <li>• VMMC team creates columns in the group education register at the clinic to capture information on women attending VMMC services with their partners.</li> <li>• The new register/counter book is used both at static and outreach VMMC services to capture information on female involvement in VMMC.</li> <li>• This gives guidance to the team on the actual gap and the progress of the improvement work for female involvement.</li> </ul> <p>5 health facilities implemented this change</p>
<p>Assign counsellor/data clerk to register women attending VMMC services with their partners</p> 	<p>Women attending VMMC services with their partners were often not registered anywhere since priority was given to only men who were registered upon circumcision procedures in the VMMC registers</p>	<ul style="list-style-type: none"> <li>• The VMMC focal person assigns VMMC counsellor/data clerk the task of registering clients attending VMMC services including women attending with their partners.</li> <li>• The task is rotated among different staff in the VMMC clinic to build capacity.</li> </ul> <p>2 health facilities tested and implemented this change</p>
<p>Organize review meetings to check on data completeness in VMMC data capture tool</p>	<p>There was inconsistency and incomplete recording of data in the data capture tools on women attending VMMC services with their partners</p>	<ul style="list-style-type: none"> <li>• VMMC team leader makes a schedule for weekly meetings to review data capture tools.</li> <li>• In this meeting, information on men attending VMMC services with their female partners is checked. Any gaps in the completeness and accuracy in data capture is identified and new strategies of addressing them discussed.</li> </ul> <p>2 health facilities tested and implemented this change)</p>

## V. Recommendations and Lessons Learned

The change ideas for improving female involvement in VMMC can be tailored to fit different environments, communities and situations following comprehensive problem analysis of the health facility and community at hand.

- Provision of correct and timely information about benefits of female involvement in VMMC to both men and women should be carried out during demand creation for VMMC by trained staff or community mobilizers, in order to improve both uptake of VMMC services and female involvement in VMMC.
- IPs and health facility teams should plan for and support activities that encourage female involvement in VMMC being mindful of gender equity and equality. These strategies of improving female involvement in VMMC should not in any way infringe, affect or be perceived to favor certain groups like married/cohabiting men who come with their partners or discriminate against those who do not come with their partners.
- Health facility teams and IPs should provide additional services to women (female friendly services) who attend VMMC services with their partners such as HIV counseling and testing, screening for cervical cancer, hypertension and Body Mass Index monitoring etc.
- Develop systems for data capture data on partner involvement and be able to link this with the different services received or provided, to guide decision making for service delivery.
- Partner involvement in VMMC has advantages to both men and their partners and it should be encouraged, planned for and supported at the health facilities providing VMMC.
- Capacity building of both health care workers and community mobilizers about partner involvement is very key to the success of female involvement.

## References

- Abunah, B., et al. (2016). "Motivators and barriers to uptake of post-operative voluntary medical male circumcision follow-up in Yala division, Siaya County, Kenya." *The Pan African medical journal* 25(Suppl 2).
- Barone, M. A., et al. (2016). "Men's understanding of and experiences during the postcircumcision abstinence period: results from a field study of shangring circumcision during routine clinical services in Kenya and Zambia." *Journal of acquired immune deficiency syndromes (1999)* 72(Suppl 1): S18.
- Byabagambi, J. (2014). Involving women in VMMC in Uganda. VMMC Webinar series PEPFAR.
- Byabagambi, J. Kigonya A, Lawino A, Ssensamba J, Twinomugisha A, Karamagi E, Megere H, Marks P, Nanteza B, Opio A (2015). *A Guide to Improving the Quality of Safe Male Circumcision in Uganda*. Bethesda, MD, USAID Applying Science to Strengthen and Improve Systems (ASSIST) project, University Research Co., LLC.
- Downs, J. A., et al. (2013). "'The body we leave behind': a qualitative study of obstacles and opportunities for increasing uptake of male circumcision among Tanzanian Christians." *BMJ open* 3(5): e002802.
- Herman-Roloff, A., et al. (2012). "Factors associated with the early resumption of sexual activity following medical male circumcision in Nyanza Province, Kenya." *AIDS and Behavior* 16(5): 1173-1181.
- Galdas, P. M., et al. (2005). "Men and health help-seeking behaviour: literature review." *Journal of advanced nursing* 49(6): 616-623.
- Hatzold, K., et al. (2014). "Barriers and motivators to voluntary medical male circumcision uptake among different age groups of men in Zimbabwe: results from a mixed methods study." *PloS one* 9(5): e85051.
- Kim, C., et al. (2007). "Preventive counseling among women with histories of gestational diabetes mellitus." *Diabetes Care* 30(10): 2489-2495.
- L'engle, K., et al. (2013). "Understanding partial protection and HIV risk and behavior following voluntary medical male circumcision rollout in Kenya." *Health Education Research* 29(1): 122-130.
- Lanham, M., et al. (2012). "Women's roles in voluntary medical male circumcision in Nyanza Province, Kenya." *PloS one* 7(9): e44825.
- Layer, E. H., et al. (2013). "'After my husband's circumcision, I know that I am safe from diseases': Women's Attitudes and Risk Perceptions Towards Male Circumcision in Iringa, Tanzania." *PloS one* 8(8): e74391.
- Martínez Pérez, G., et al. (2015). "Towards a gender perspective in qualitative research on voluntary medical male circumcision in east and southern Africa." *Global public health* 10(5-6): 626-638.
- Nieuwoudt, S., et al. (2012). "Uncovering the dirt on demand creation for medical circumcision." Johannesburg (South Africa): Centre for HIV and AIDS Prevention Study (CHAPS).
- Taroub Faramand, C. L., Megan Ivankovich, Elizabeth Romanoff Silva, John Byabagambi (2014). *Integrating gender In Voluntary Medical Male Circumcision Programs to Improve Outcomes*, WI-HER LLC (Women Influencing Health, Education, and Rule of Law), University Research Co., LLC (URC), USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project.
- 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.
- Wawer, M. J., et al. (2009). "Randomized trial of male circumcision in HIV-infected men: effects on HIV transmission to female partners, Rakai, Uganda." *Lancet* 374(9685): 229.

Abunah, B., et al. (2016). "Motivators and barriers to uptake of post-operative voluntary medical male circumcision follow-up in Yala division, Siaya County, Kenya." *The Pan African medical journal* 25(Suppl 2).

Barone, M. A., et al. (2016). "Men's understanding of and experiences during the post circumcision abstinence period: results from a field study of shangring circumcision during routine clinical services in Kenya and Zambia." *Journal of acquired immune deficiency syndromes (1999)* 72(Suppl 1): S18.

Byabagambi, J. (2014). Involving women in VMMC in Uganda. VMMC Webinar series PEPFAR.

Downs, J. A., et al. (2013). "'The body we leave behind': a qualitative study of obstacles and opportunities for increasing uptake of male circumcision among Tanzanian Christians." *BMJ open* 3(5): e002802.

Herman-Roloff, A., et al. (2012). "Factors associated with the early resumption of sexual activity following medical male circumcision in Nyanza Province, Kenya." *AIDS and Behavior* 16(5): 1173-1181.

Kim, C., et al. (2007). "Preventive counseling among women with histories of gestational diabetes mellitus." *Diabetes Care* 30(10): 2489-2495.

L'engle, K., et al. (2013). "Understanding partial protection and HIV risk and behavior following voluntary medical male circumcision rollout in Kenya." *Health Education Research* 29(1): 122-130.

Lanham, M., et al. (2012). "Women's roles in voluntary medical male circumcision in Nyanza Province, Kenya." *PloS one* 7(9): e44825.

Layer, E. H., et al. (2013). "'After my husband's circumcision, I know that I am safe from diseases": Women's Attitudes and Risk Perceptions towards Male Circumcision in Iringa, Tanzania." *PloS one* 8(8): e74391.

Martínez Pérez, G., et al. (2015). "Towards a gender perspective in qualitative research on voluntary medical male circumcision in east and southern Africa." *Global public health* 10(5-6): 626-638.

Nieuwoudt, S., et al. (2012). "Uncovering the dirt on demand creation for medical circumcision." Johannesburg (South Africa): Centre for HIV and AIDS Prevention Study (CHAPS).

Taroub Faramand, C. L., Megan Ivankovich, Elizabeth Romanoff Silva, John Byabagambi (2014). Integrating gender In Voluntary Medical Male Circumcision Programs to Improve Outcomes, WI-HER LLC (Women Influencing Health, Education, and Rule of Law), University Research Co., LLC (URC), USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project.

Wawer, M. J., et al. (2009). "Randomized trial of male circumcision in HIV-infected men: effects on HIV transmission to female partners, Rakai, Uganda." *Lancet* 374(9685): 229.



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