THPED404

Implementation of Voluntary Medical Male Circumcision Mobile Outreach in Remote Closed Communities: Lessons Learned From South Sudan

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Background

Access to health care in remote, rural settings is a challenge worldwide, particularly in countries with limited infrastructure and pockets of distant closed communities, such as South Sudan. Low literacy rates in these isolated populations caused by limited education access, coupled with limited health care, employment options, and other resource limitations, exacerbates existing inequities.

Description

South Sudan's military Human Immunodeficiency Virus (HIV) Secretariate implemented mobile outreach programs in three remote, isolated communities within a 3-hour drive or boat ride from the largest town. A roving team of clinicians was trained to provide services in nonclinical settings. Successful voluntary medical male circumcisions (VMMCs) were completed on approximately 500 clients during each 10-day outreach event.

VMMC demand creation approaches were used to attract interested clients (**Figure 1**).

A brief exit survey was conducted with each participant. Findings showed the following:

- The largest group of clients were aged 15–17 (*n* = 585, 39%), with 531 clients aged 18–21 (35.4%) (**Figure 2**).
- Clients reported traveling up to 45 kilometers for mobile VMMC services, with 51% traveling farther than 9 kilometers (**Figure 3**).

RTI's selection criteria for VMMC mobile outreach sites:

- Higher prevalence of HIV and male circumcision practice in the area
- Size and density: population-rich military barracks, training centers, and surrounding/host communities
- VMMC need and equity through regional consideration
- Availability of preexisting infrastructure (e.g., Primary health care center or Primary health care unit) and clinician to be trained on VMMC for postoperative/post-outreach follow-up with client
- Ease of access in the rainy seasons
- Availability of Expanded Program on Immunizations (EPI) cold chain system for easy access to tetanus diphtheria vaccine (UNICEP supported services)
- Additional: proximity to a facility with comprehensive HIV services

Figure 1. RTI uses multiple approaches to increase demand for VMMC services

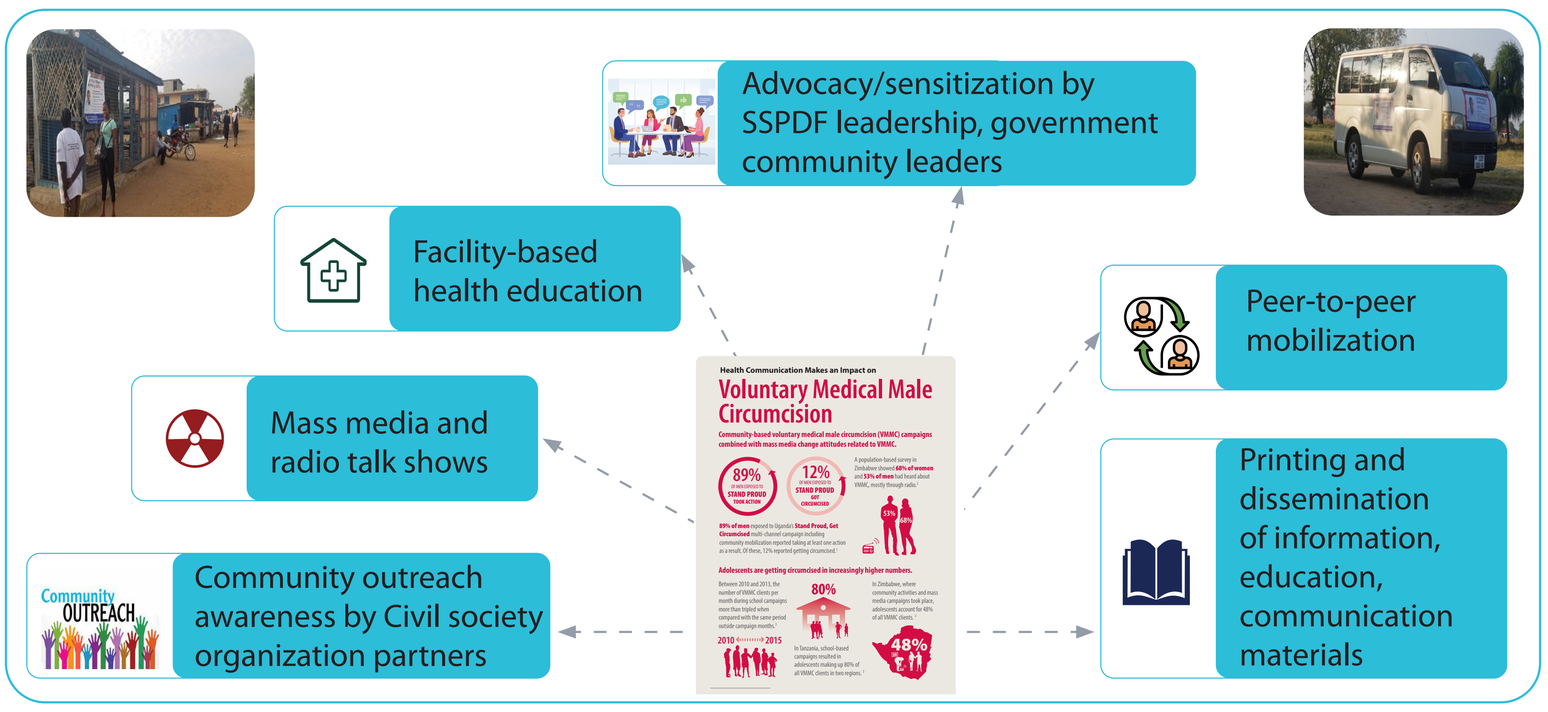


Figure 2. Distance traveled to three VMMC mobile sites, by percentage of clients traveling to each site

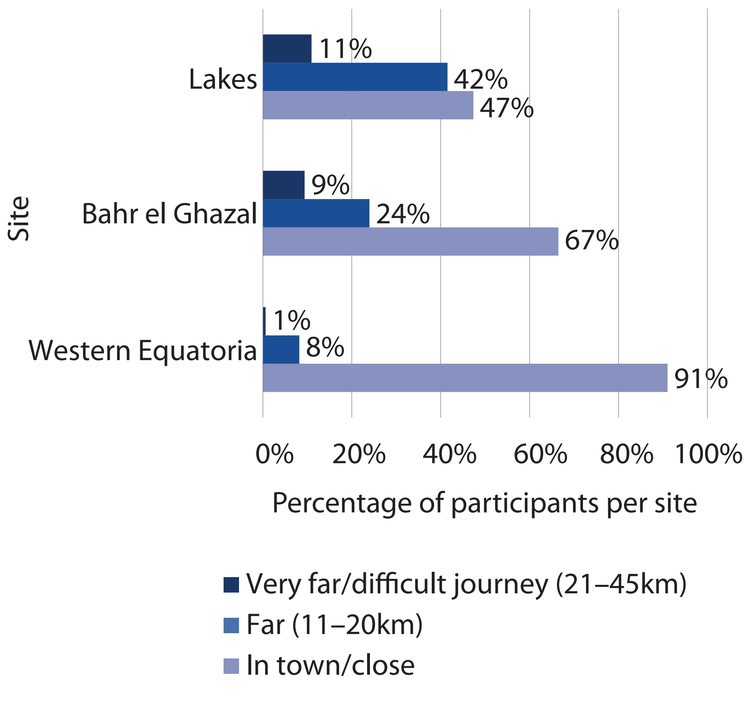
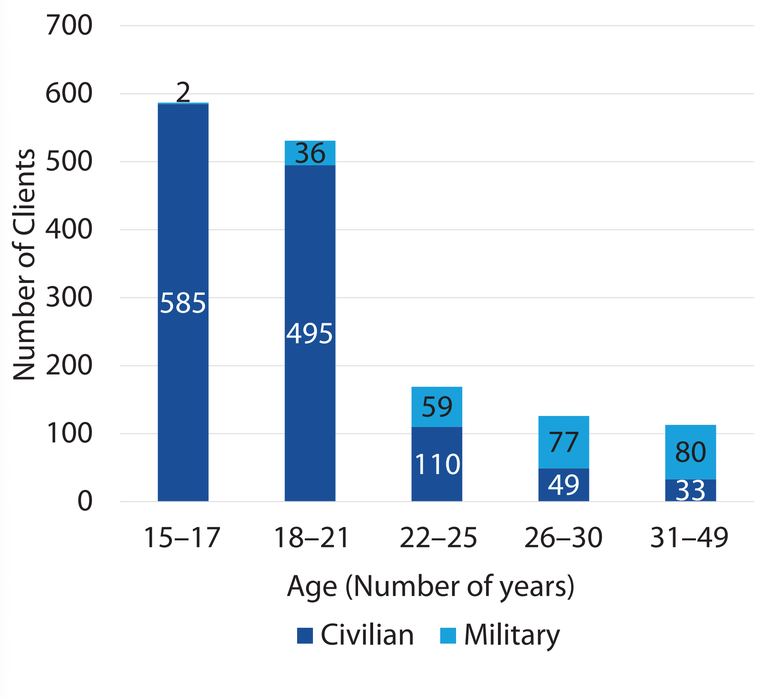


Figure 3. VMMC clients seeking mobile services, by age and military/civilian status



Lessons Learned/Outcomes

- **Dedicated trained providers** working with the **local authorities** and local health providers are essential to success.
- **Flexibility** is key for the teams to operate in a variety of facilities and infrastructure settings.
- **Teamwork** within the providers is key to performing efficient and high-quality services.
- **Demand creation** is necessary; radio shows disseminated messages in remote communities, often involving local community leaders.
- **High demand** for services, evident in that people were willing to travel long distances to reach these VMMC services. However, resources for these outreaches are limited.

Conclusions

Provision of health care services—such as mobile VMMC in areas with limited access to health care, low literacy rates, stigma, and sparse populations—is a viable approach to reduce health inequities. We will contribute to the public health literature by providing practical guidance for policymakers, health care professionals, and organizations involved in designing and implementing VMMC outreach strategies that is tailored to the unique dynamics of remote and closed communities. The program is currently engaged with the national ministry of health and in the process of developing the national VMMC program and related policies.

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More Information

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