



# Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

## VMMC services for prisoners in Mozambique

Thaís Ferreira

HIV Prevention Director, ICAP Mozambique

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HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery



# Program Background

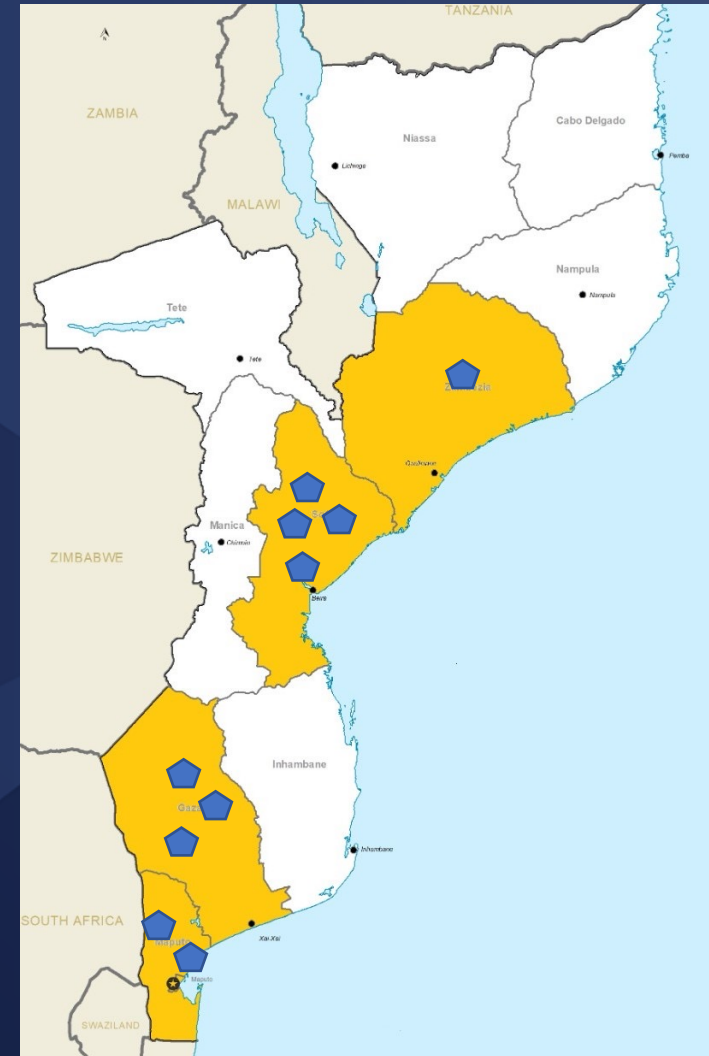
- 13.2% of men aged 15-49 years are living with HIV<sup>1</sup>
- The Mozambique Ministry of Health (MOH) launched the National Voluntary Medical Male Circumcision (VMMC) Program in November 2009, in collaboration with PEPFAR, identifying VMMC as an evidence-based HIV prevention method
- As of 2015, national VMMC coverage amongst men 15-49 years = 63%<sup>1</sup>
- ICAP at Columbia University (ICAP) has supported MOH to implement VMMC in Zambezia province since 2012
- In 2020, ICAP expanded VMMC support to four additional provinces (Sofala, Gaza, Maputo Province and Maputo City)
- Cumulative # of males circumcised with ICAP support: 397,468 (2012 – July 2021)

## ICAP-supported VMMC services during COP20

Province	VMMC fixed facilities	VMMC temporary sites at prisons	Other VMMC temporary sites	Mobile Clinics
Zambezia	11	1	3	5
Sofala*	7	4	0	3
Gaza*	5	3	0	2
Maputo Province*	3	2	2	1
Maputo City*	3	0	0	0
<b>Total</b>	<b>29</b>	<b>10</b>	<b>5</b>	<b>11</b>

\* Provinces transitioned to ICAP in October 2020

### Prison temporary sites

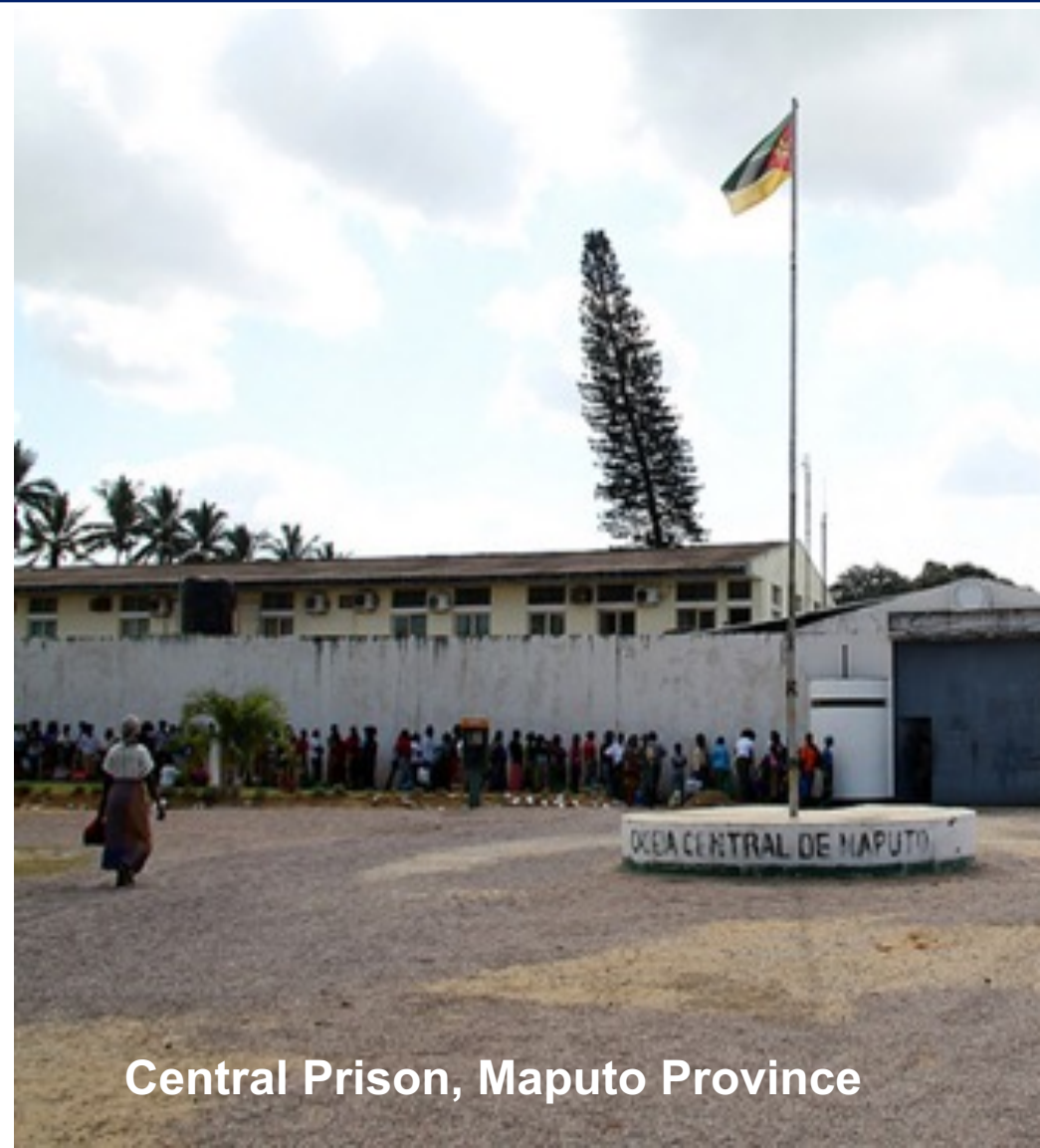


# VMMC in Penitentiaries



- Incarcerated populations are most at-risk for HIV
  - Power imbalance between prisoners and guards, and among prisoners, particularly younger prisoners
  - Limited access to HIV and TB prevention and treatment interventions
  - Increased risk of engaging in high-risk behaviors, such as injecting drugs
- Mozambique context
  - Nearly 20,000 inmates as of July 2021
  - Conjugal visits not allowed
  - Condom distribution is not part of the package of services offered in prisons
  - Sexually active sub-population

CQUIN Key Populations Meeting, August 25-26 and 30-31, 2021



Central Prison, Maputo Province

# Step 1 – Stakeholder Engagement

## Coordination across multiple levels of government:

- **Central level**

- Advocacy with MOH and Mozambican National Penitentiary Services Directorate (SERNAP)
- Request and submit supporting letters from SERNAP to MOH

- **Provincial / District levels**

- Provincial Health Directorate (DPS)
- Provincial Penitentiary Services Directorate
  - Provincial Health Focal Point for Penitentiaries

# Step 2 – Collaborative Planning

ICAP and provincial/district health and prison leadership develop a specific action plan, with timeline including:

- ✓ Joint site visits to conduct prison needs assessment and identify needs
- ✓ Provision of minor repairs and/or material, based upon outcome of needs assessment
- ✓ Design VMMC implementation model based upon context

# Process

## Assessment

Following coordination, VMMC field staff conduct a site visit to assess conditions – space, privacy, demand among prisoners



## Logistics

Review and elaborate needs assessment  
Conduct minor improvements, as needed  
Allocate materials, consumables and equipment



## Implementation

Selection of appropriate model for context: mobile units, fixed sites, temporary sites  
Implementation of VMMC service delivery package

# Step 3 – Designing and Implementing the Model

- All VMMC models deliver the same package of care including:
  - HIV testing services, linkage for care and treatment, STI screening and referral, VMMC procedure, post-operative counseling, and 2-day and 7-day postoperative follow-up visits
- Different models are used in different contexts:
  - Mobile Units
  - Fixed Sites
  - Temporary Sites



# Voluntarism and Informed Consent

- Adult males opting for VMMC have the right to receive full information on the benefits and risks of the procedure.
- Only adult male clients may give their informed consent
  - For individuals between 15 and 17yr old, consent is required from the caregiver
- The informed consent process should be conducted in a language that is understood by the VMMC client
- ICAP provides clear guidance to prison leadership regarding voluntarism and informed consent

# Model 1: Mobile Units

- 2 bed capacity
  - currently only using 1 due to COVID
- Logistics:
  - Fuel for generator, if electricity is not available within the prison
  - Materials, consumables, job aids, M&E forms, emergency supplies, sterilization and waste management at the closest fixed site
- Staffing:
  - 2 VMMC providers
  - 2 VMMC assistants
  - 1 data assistant
  - 1 lay counselor
  - 1 driver

Mobile Clinic at Gaza penitentiary



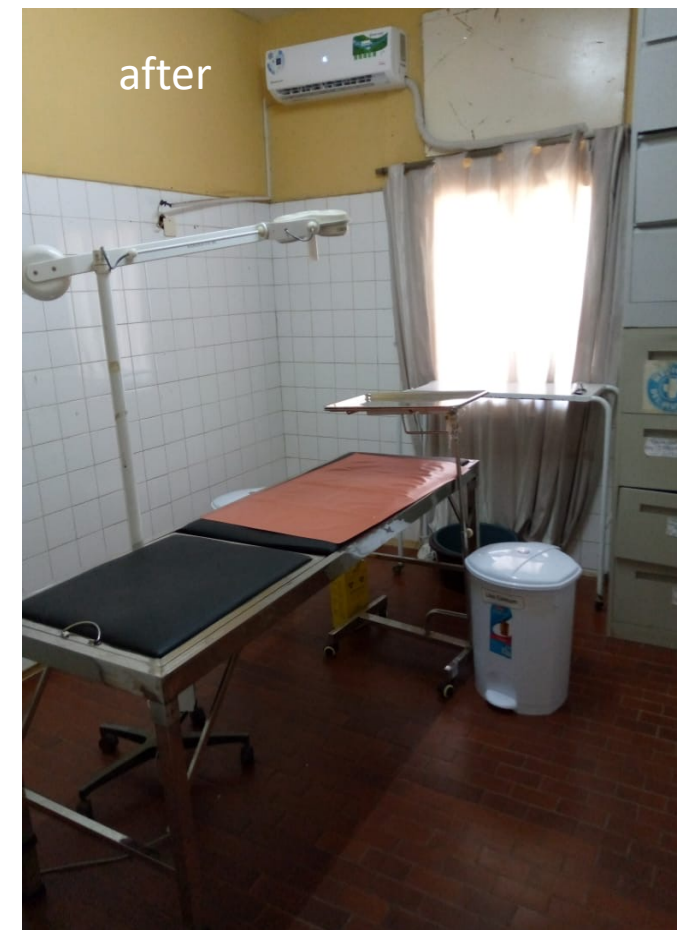
# Model 2: Fixed Sites



- Initial screening is conducted in a tent at the prison
- Eligible clients are transported to the closest fixed site
  - 2-3 beds per site (currently only using 1 due to COVID)
- Logistics:
  - Minibus for transport
  - Materials, consumables, job aids, M&E forms, emergency supplies, sterilization and waste management at the fixed site
- Staffing:
  - 2 VMMC providers
  - 2 VMMC assistants
  - 1 data assistant
  - 1 lay counselor
  - 1 driver

# Model 3: Temporary Sites

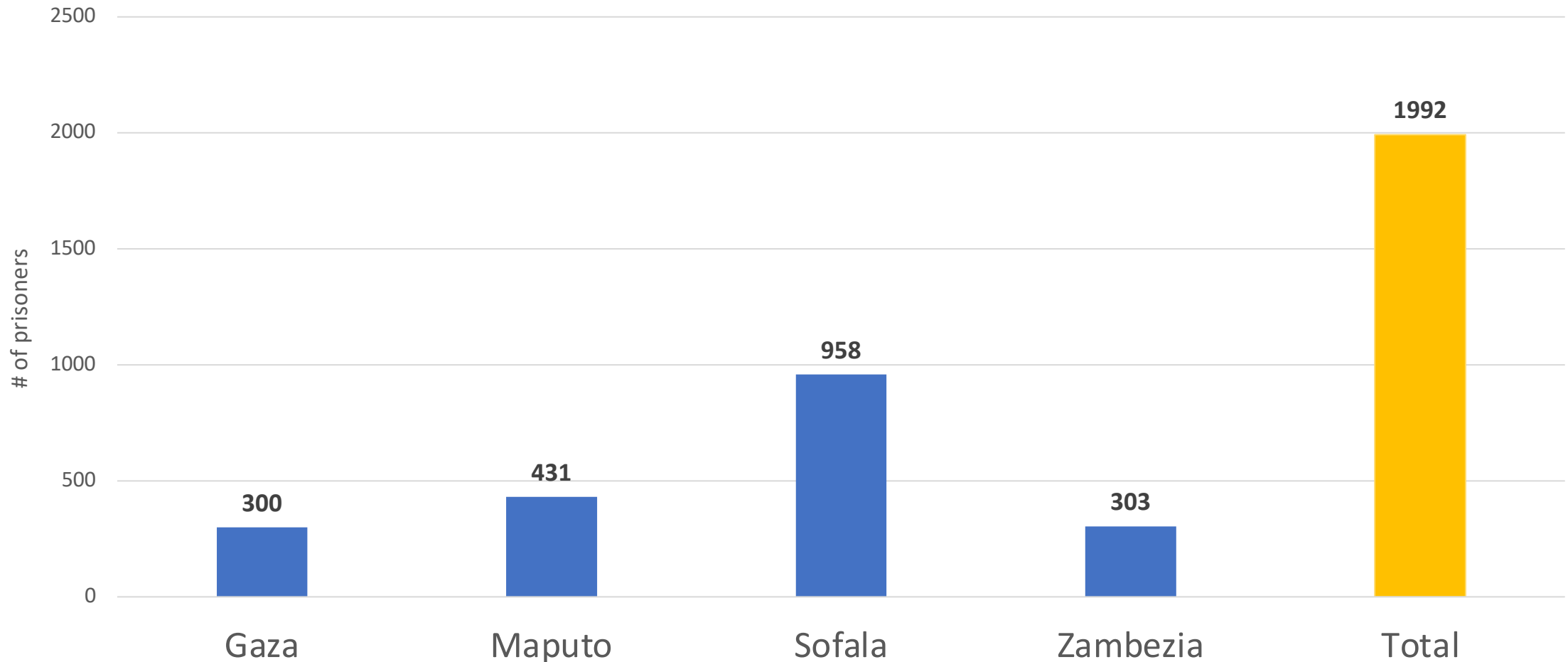
- 1 bed capacity
- Logistics:
  - Minor improvements including air conditioning, curtains, additional tents if necessary
  - Generator and fuel if not available
  - Materials, consumables, job aids, M&E forms, emergency supplies, sterilization and waste management at the closest fixed site
- Staffing:
  - 2 VMMC providers
  - 2 VMMC assistants
  - 1 data assistant
  - 1 lay counselor



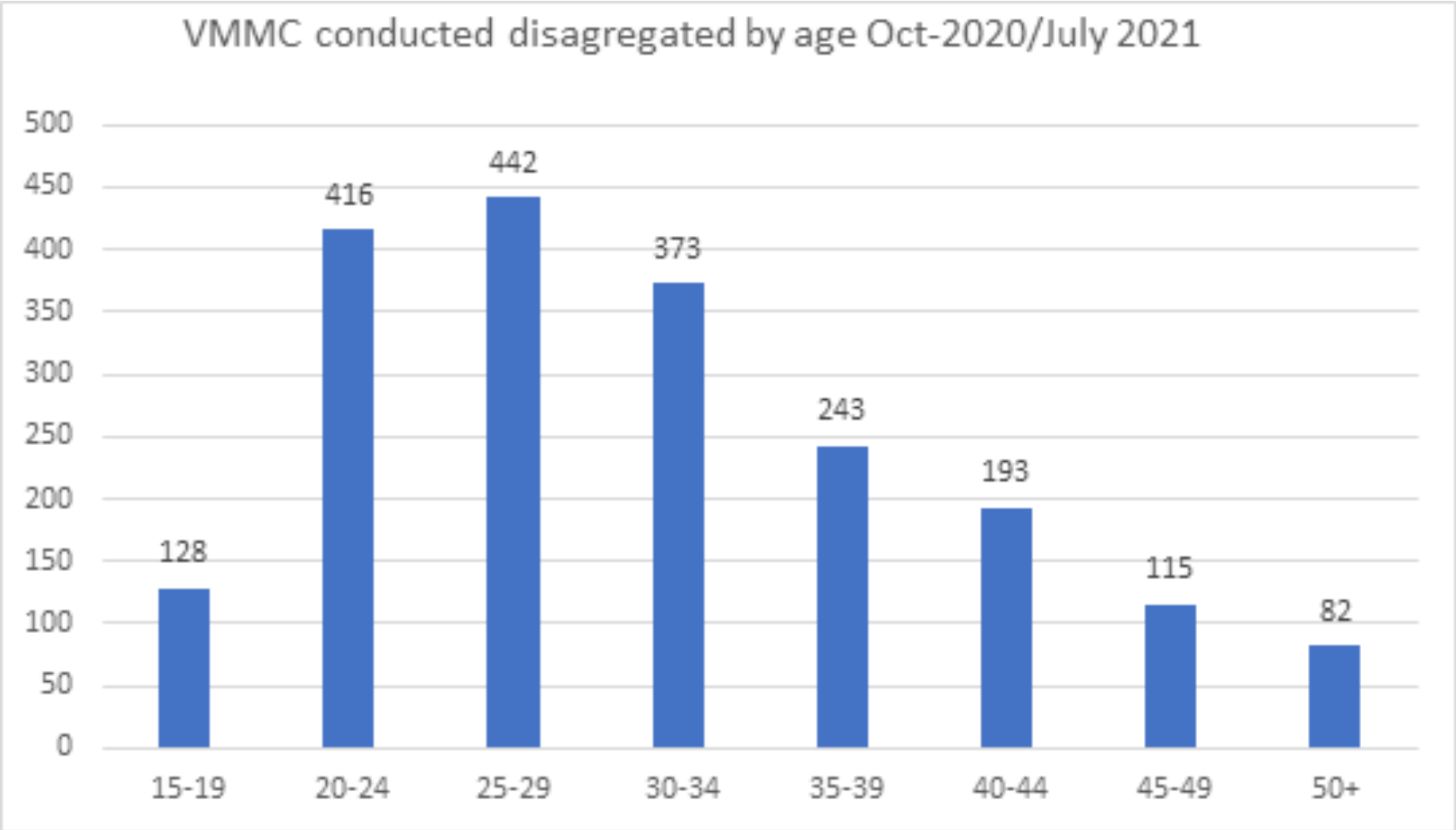
Machava Penitentiary in Maputo

# Results: VMMC conducted at ICAP-supported prisons: October 2020 – July 2021

VMMC conducted for prisoners: by province

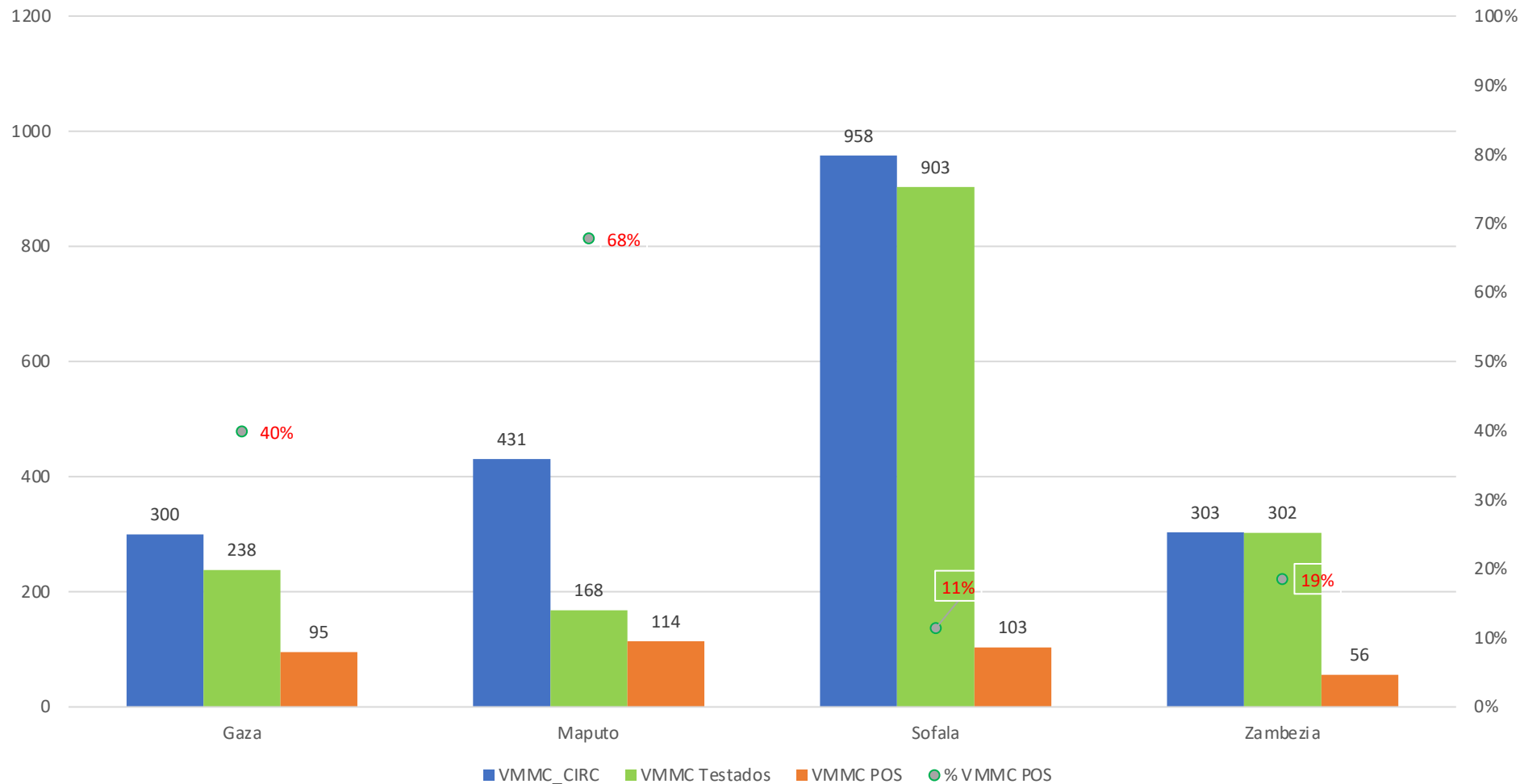


# Results: VMMC conducted at ICAP-supported prisons, disaggregated by age October 2020 – July 2021



# Results: HIV Testing at VMMC services for prisoners October 2020 – July 2021

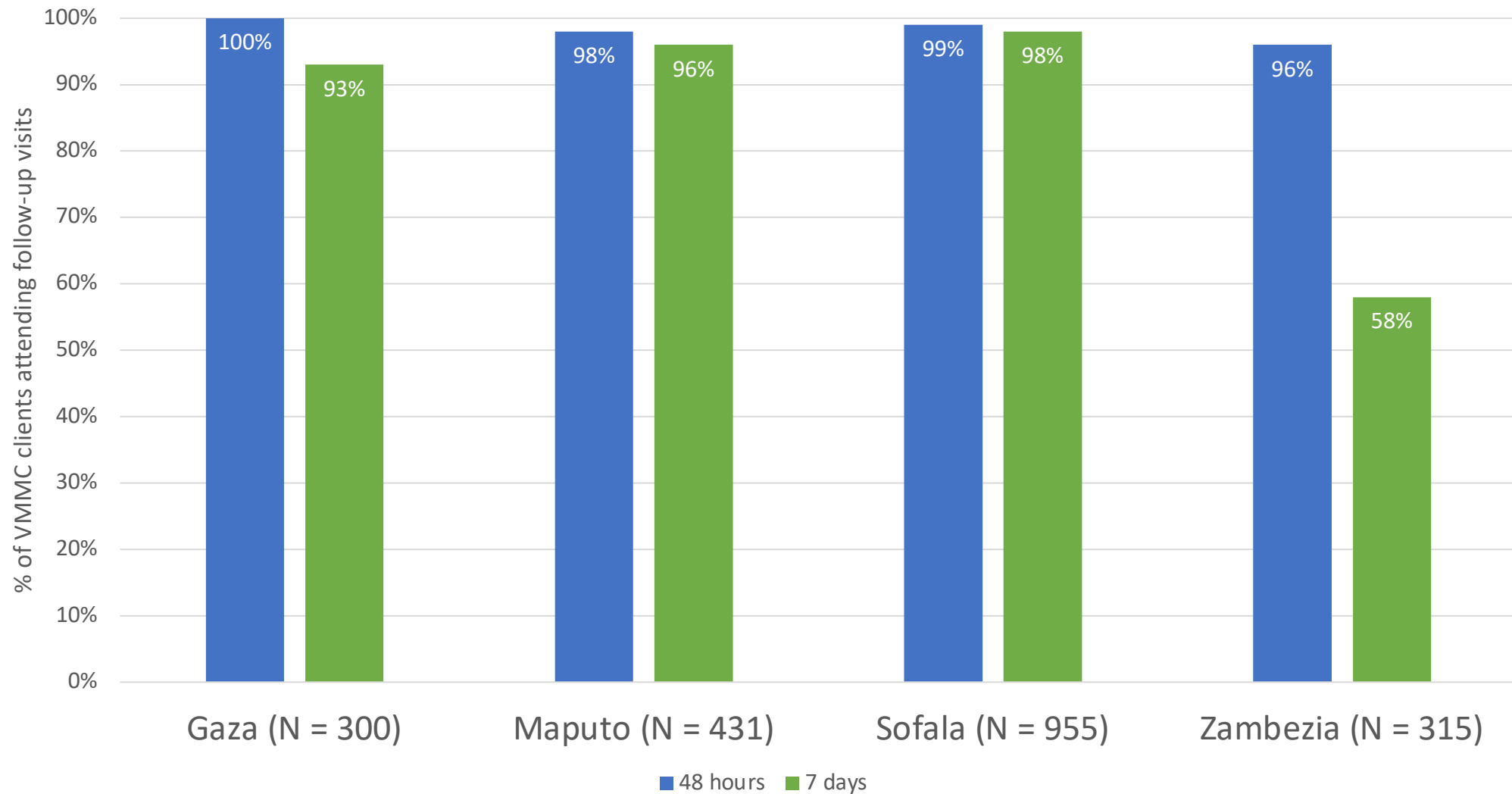
HIV testing Oct-2020/July-2021 by Province



Overall yield for prisoners = 22.8% (377/1,650),

This is much higher than HIV+ rates in VMMC fixed and mobile sites for the general population, where overall yield across provinces during the same period was 1.6% (344/22,132)

# Post-VMC follow up





# Lessons Learned

- Close coordination with provincial penitentiary directorates is essential for successful implementation
  - VMMC implementation within prisons requires flexibility and service delivery should be contextualized according to the needs of the penitentiary
  - Once there are new inmates it is schedule a new VMMC temporary site
- Continuing need to identify strategies to strengthen 7-day post-operative follow-up for prisoners with short-term incarceration
- Utilizing different service delivery models, including temporary sites, mobile units and prisoner transportation is important to increase demand among prisoners
  - This was particularly important during the COVID-19 pandemic, when demand for VMMC services was low, maximizing the use of human resources for target achievement

# Final Remarks

- No moderate or severe adverse events were reported within prison services
- All prisoners that tested HIV positive within the VMMC service were linked to HIV care and treatment services
- Integrating VMMC services into prisons provides an opportunity to counsel, screen, and test vulnerable men who have limited access health services
- Expansion of HIV counseling and testing services and VMMC among most at-risk populations is essential to reduce HIV transmission and prevent new HIV infections
- It is essential to expand service provision within prisons to include overall HIV services, given the high yield and vulnerability within this sub-population

# Thank You

With support from the U.S. President's Emergency Plan for AIDS Relief, through the Centers for Disease Control and Prevention.

