

Description

- We implemented monthly mobile VMMC services throughout the country targeting soldiers, their families and surrounding communities.
- Records gathered during implementation are used to describe the intervention.
- Quantitative methods were applied to compare post intervention VMMC rates with set targets. Country-wide monthly VMMC uptake trends were compared between the military and civilian facilities over a five month period.

Lessons Learnt

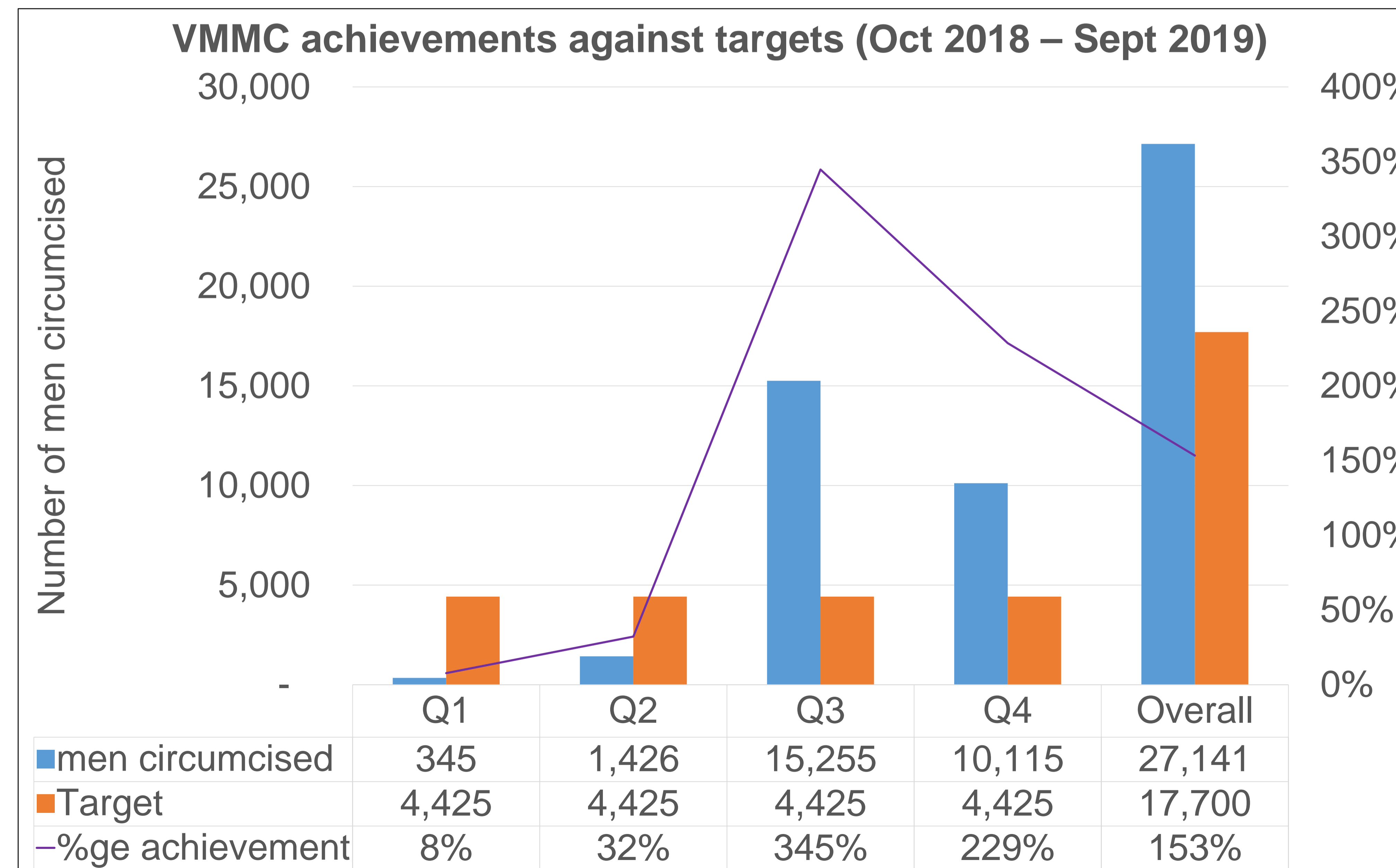
- Command-driven mobilization, multiple stakeholder engagement, use of mobile VMMC teams and data-driven planning significantly increased demand for and uptake of VMMC services among the military.
- Monthly target VMMC uptake improved from 31% to 62%, from a monthly target of 1,474 to 2,931 (199%) circumcised men in excess of set targets within five month.
- While a positive upward VMMC uptake trend was observed in military facilities, there was no corresponding trend observed in civilian facilities over the same period.



A team of surgeons conducting VMMC procedure at a military (UPDF) mobile camp

Background

- Scaling up Voluntary Medical Male Circumcision (VMMC) is a critical ingredient in achieving HIV epidemic control by 2020.
- Data on interventions to improve VMMC uptake among military populations, an HIV high-risk population is lacking.
- URC-DHAPP implemented a novel approach to accelerate VMMC uptake in the Ugandan military.



Conclusion

- It is feasible to rapidly scale - up circumcision coverage and uptake in populations served by the military through leveraging existing military structures.
- Military leadership involvement is critical in demand creation, while targeted mobile service delivery addresses the access challenge – common due to the military’s mobile nature.