



**P.O. Box 3941
KIGALI**

Report for EIMC using Mogen clamp training workshop at Ruhengeri Hospital.

Date of training: 1st to 5th June 2015

Venue of the workshop: Ruhengeri Hospital

Participants (trainees): 8 participants from Ruhengeri, Gisenyi, Muhima and Rwamagana District Hospitals.

Trainers:

Dr. Ndakengerwa Alphonse

Dr. Ruhungande Landourd

Dr. Rubanguka Desire

Background

Clinical trials conducted in sub-Saharan Africa have shown that medically performed circumcision is safe and can reduce men's risk of acquiring HIV infection during vaginal sex by about 60 percent compared to uncircumcised men. Based on this, WHO and UNAIDS issued recommendations in 2007 to implement voluntary medical male circumcision (VMMC) in countries with high HIV prevalence and low prevalence of male circumcision. Fourteen priority countries in Africa were identified to scale up male circumcision programs including Rwanda.

There are significant benefits to completing male circumcision during early infancy. Early infant male circumcision (EIMC) is performed within the first 60 days of life. The procedure is simpler than that performed on older boys and men; healing is quicker, complication rates are lower, and it is less expensive when performed on infants. WHO and UNAIDS recommend that national governments should consider promoting neonatal circumcision in a safe, culturally acceptable, and sustainable manner. EIMC will bring a longer term sustainable reduction in HIV infection rates when infants grow to sexual maturity, and will also offer some other documented health benefits during childhood.

Rwanda through the Ministry of Health adopted Early Infant Male Circumcision using Mogen Clamp as a long term strategy of male circumcision scale up as one of HIV prevention strategy.

Objectives

- *To build the capacity of health facilities and health care workers to provide EIMC services*
- *To provide theoretical skills to Doctors and Nurses from the District Hospitals about Early Infant male circumcision using Mogen such as anatomy, Mogen clamp device, screening, and post EIMC management.*
- To train health care providers by practical session on circumcision using Mogen clamp.
- To develop monitoring and evaluation framework for the implementation of EIMC in the health facilities

Details of the training

The training comprised of theory and practical sessions.

The first day Monday 1st June 2015, sessions were only theory consisted mainly of anatomy of the Penis, circumcision by Mogen clamp, reasons for early infant male circumcision, screening for eligibility for Mogen clamp circumcision and post Mogen clamp circumcision management . The sessions were from 8 am to 5 pm with 1 hour of lunch break from 1 pm to 2 pm.

The second day Tuesday 2nd June 2015 from 8 am to 1 pm sessions consisted of theoretical review of the first day sessions, practical sessions on models. In the afternoon from 2 pm to 5 pm sessions consisted of demonstration of Mogen clamp circumcision by trainers on babies. That afternoon 8 babies were circumcised.

The last three days (3rd, 4th and 5th June 2015) consisted of practical sessions by trainees on babies. The trainees were performing the Mogen clamp circumcision on babies under trainers' guidance. The sessions were held from 8 am 5 pm. On the third, fourth, fifth day of the training 18 babies, 13 babies, 9 babies respectively were circumcised using Mogen clamp by the trainees under guidance.

On the fourth and fifth days the babies circumcised on the second and the third days of the training were reviewed.

During the training work shop 48 babies were circumcised using Mogen clamp and the age of the babies ranged between 12 hours and 60 days.

On Monday 8th June 2015 all the babies were to be reviewed. Among 48 babies circumcised only 36 babies came for follow-up, 22 babies consulted for the first time after Mogen clamp circumcision and 14 for the second review. Among all the babies reviewed, there was no post-operative complication identified.

Challenges

The main challenge we encountered was a small number of babies which was lower than the expected where 80 to 100 babies were expected.

We had also some logistic issues which were addressed along the exercise.

Conclusion

The training was successful, the trainees gained theoretical and practical skills to perform EIMC using mogen clamp device and there was no incident throughout the training.

NB. The second phase of the training which is supervision of the trainees in their respective hospitals was scheduled in two weeks period after this training workshop. Trainees were requested to sensitize parents in their respective catchment area to abide to get as many babies as possible during the supervision period.