



# UNITED REPUBLIC OF TANZANIA

## Ministry of Health and Social Welfare

### NATIONAL AIDS CONTROL PROGRAM





# VMMC COUNTRY SITUATION

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# Presentation outline



- Background
- Strategies being implemented
- Key accomplishments
- Enabling environment
- Challenges
- Lessons learnt
- Key next steps

# Background



- **The overall prevalence of MC in Tanzania is estimated at 70%, yet rates vary across regions (26.4% in Kagera to 97.9% in Dar es Salaam).**
- **Some communities in Tanzania have male circumcision practiced as a tradition. These areas have higher MC prevalence**
- **Situation analysis studies showed that**
  - **MC was acceptable even in non circumcising communities**
  - **Women were ready to support men to undergo a circumcision**
  - **Health facilities and workers were ready to support MC services as they use to perform it as normal procedure**

# Background cont...



- In 2009, MoHSW in collaboration with PEPFAR support started MC in Tanzania in three regions (Mbeya, Iringa and Kagera), based on high HIV prevalence and low MC prevalence levels.
- Initial partners included: Jhpiego (Iringa); ICAP (Kagera); and Mbeya Referral Hospital (Mbeya)
- Since 2010, MC extended to more regions: Njombe, Tabora, Rukwa, Katavi, Simiyu, and Shinyanga with old and new partners

# Strategy



- The National Strategy for Scaling up MC was developed in 2010 with the goal of contributing to the reduction of new HIV infections among men **10-49 years of age** by increasing the prevalence of male circumcision to 80% in the regions identified as public priorities for MC for HIV prevention.

# Strategy cont...



MC for HIV prevention is delivered as a minimum comprehensive package with;

- HIV testing and counselling
- Active exclusion of symptomatic Sexual Transmitted Infections (STIs) and treatment where necessary
- Promotion and provision of male condoms
- Counselling on risk reduction and safer sex
- MC surgical procedures

# Achievements



## *Program Management Achievements*

- Development of national MC strategy
- **Appointment of national MC focal person**
- Formulation of MC TWG

## *Training*

- Created a cadre of national MC ToTs (**12**)
- Trained service providers in MC (**400+**)



# Achievements cont...



## *Implementation*

- 255,000 men have been circumcised through campaign, outreach and static sites by SAPR 2012 (March 2012)
- Task-shifting to nurses has greatly enhanced efficiency and cost-effectiveness
- Use of MOVE Model to allow for mass circumcisions

# Achievements cont...



## *Monitoring and Evaluation*

- Development of national M&E system (paper and electronic)

## *Quality Assurance*

- Two EQAs (2011 and 2012), which included experts from MC stakeholders; for sustainability, to be adopted into QI initiative of HIV and AIDS Services already in place

# Achievements cont...



## *Research*

- SYMMACS Study and DMPPT were completed and results disseminated
- Formative assessment conducted on barriers to reaching older men
- In progress: Quality of HTC in the context of MC programs
- In progress: RCT for reaching older men
- In progress: PrePex pilot in Tabora Region

# Enabling Environment



- Strong URT buy-in and support (national, regional, and local levels)
- Strong partnership between USG and URT
- Circumcision is not foreign to most communities
- High demand, particularly among young men
- URT facilities and HR utilized for MC program

# Challenges



- No URT funds allocated for MC Program
- Unreliable supply chain (RTK, MC kits, and other necessary commodities)
- Reaching older men with MC services
- Insufficient HR for delivery of MC services
  - ✓ Mobility of MC trained staff compounds problem

# Lessons learnt



- Strong partnership between USG and URT has been critical to MC scale up in Tanzania
- Task-shifting to trained nurses has alleviated some of the HR challenge and allowed for improved efficiency
- To date, disposable MC kits are more cost-effective than reusable equipment
- Overtime pay to work outside normal work hours motivates staff

# Key next steps



- Mobilize additional MC funds (both within URT and among development partners)
- Support new ways of reaching older men
- Improved coordination of national MC program
- Increased engagement of regional and district-level authorities (through annual plans)
- Strengthened data sharing between USG partners and URT

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# AHSANTENI SANA

