

## Case study 8: Triangulating data to direct VMMC strategies for reaching uncircumcised males in the Lake Zone region, United Republic of Tanzania

### Setting

Five Lake Zone regions that IntraHealth supports through PEPFAR/CDC in the United Republic of Tanzania, namely Geita, Mara, Mwanza, Shinyanga and Simiyu (29 September 2017 to 30 September 2018).

### Challenges

- In the past, VMMC programming was often based on regional-level male population and MC prevalence estimates, missing significant geographic variability within regions and leading to inefficiencies in programme planning and implementation. The knowledge of local community members and health workers was often not ascertained prior to programme implementation.
- There are low yields of clients since most of the accessible areas have been served through outreach campaigns. There are increased transport costs, as VMMC teams must be relocated to more than one locality during the campaigns to search for more clients.

### Initiatives taken

Recognizing the increasing difficulty of reaching uncircumcised men, in late 2016 IntraHealth began triangulating quantitative data (programme, survey, census, geographic) and qualitative data to drive strategic planning in the five regions it supports. The steps followed were:

- 1) *Accessing available data sources* such as population projections disaggregated by age and sex by ward level from the National Bureau of Statistics (NBS); VMMC prevalence estimates (for example, from Population-based HIV Impact Assessment (PHIA) surveys); number of VMMCs performed in the area/region and geo-coded shape files with physical structures and geographic features such as ward boundaries, road networks, forests or vegetation and water bodies from the NBS.
- 2) *Generation of maps* of areas with high concentrations of uncircumcised men and facility locations where demand creation and VMMC scale-up can be prioritized.
- 3) *Stakeholder engagement* where maps are presented at local community-based stakeholder meetings to gain insights into the local context; confirm the accuracy of the information generated from the data triangulation and gather such additional information as religious, ethnic, and tribal composition of areas identified in the maps, confirmation of physical structures, information on additional buildings that can serve as outreach sites and

other logistical information (for example, road conditions, availability of water/electricity for sterilization of instruments and lodging for service providers); and areas where men spend most of their time during the day; men often spend time away from where they are recorded in the census at the ward level.

- 4) *Programme planning* based on this information can be undertaken by the VMMC implementing partner management team to develop a programme plan for targeted outreach campaigns for VMMC services.

### Results

- 1) Programme performance increased by over 300% across all five regions from 2016 to 2018. IntraHealth performed 305 718 VMMCs, contributing 34% of all VMMCs during a record-setting year of 905 313 VMMCs in the United Republic of Tanzania.
- 2) This strategy resulted in more efficient resource utilization. For example, in 2017 IntraHealth observed that 61% of uncircumcised men were located in 40% of the wards in the five regions, allowing it to allocate resources appropriately.
- 3) This approach contributed to a reduction in seasonal variation in VMMCs performed, a change that improves the ability to predict staffing needs and avoid VMMC kit stockouts.
- 4) IntraHealth observed a reduction in VMMC unit expenditure to US\$ 31.12 per client in 2017, compared with the national estimate of US\$ 50.
- 5) Engaging local community leaders and health workers in the planning process has built trust and facilitated collaboration with IntraHealth.

### Lessons learnt

- 1) The use of male population data triangulated with service delivery data, community expert narratives and interactive visual maps ensures efficiency in planning and monitoring for high-impact large-scale interventions at minimum cost.
- 2) The approach can be adopted by other implementing partners to improve VMMC programme performance.
- 3) Furthermore, other targeted high-impact interventions should consider triangulating different programme-related information such as baseline data and service delivery data with interactive GIS visual maps to make strategic decisions.