Sustainability in Action: Integrating VMMC into Primary Health Care

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# VMMC Sustainability Snapshot

<table>
<thead>
<tr>
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<th>Global (WHO)</th>
<th>Zimbabwe</th>
<th>Kenya</th>
<th>Tanzania</th>
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<tbody>
<tr>
<td><strong>Approach</strong></td>
<td>Global guidance on sustaining VMMC services</td>
<td>Conduct baseline assessment in all districts; national level responsible for monitoring over time</td>
<td>Conduct pilot to assess sustainability models of VMMC service delivery</td>
<td>Reframe implementation approaches to be sustainable while building local capacity</td>
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<td><strong>Objective(s)</strong></td>
<td>Support national ministries of health and partners as they transition to sustainable VMMC service delivery</td>
<td>National guidance to transition VMMC services to sustainable implementation</td>
<td>Identifying cost efficient and sustainable models to maintain circumcision coverage in Western Kenya</td>
<td>Build capacity of regions, districts &amp; facilities to implement VMMC services sustainably</td>
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<td><strong>Sustainability Guidance Document</strong></td>
<td>Chapter on sustainability due in December 2019</td>
<td>Sustainability Transition Implementation Plan 2019-2021</td>
<td>Policy guidelines for sustaining medical male circumcision services in Kenya</td>
<td>National VMMC Sustainability Roadmap</td>
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<td><strong>Age Focus</strong></td>
<td>Early adolescents (10-14 years old)</td>
<td>Scale-Up: Males 10-29 years old Maintenance: Early adolescents (10-14 years old)</td>
<td>Early adolescents (10-14 years old)</td>
<td>Early Infant Male Circumcision (EIMC) Early Adolescent Male Circumcision (EAMC)</td>
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<td><strong>Implementation Modality</strong></td>
<td>N/A</td>
<td>Outreach Static Mobile</td>
<td>Static Mobile Mixed</td>
<td>Integrated EIMC Mixed EAMC</td>
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**VMMC Sustainability Snapshot**
Kenya’s Models of Sustainable Implementation

- **Static**—general clinicians stationed in health facilities offer VMMC to clients who present at facility.
- **Mixed**—providers offer a mix of year-round static services with periodic rapid results initiative (RRI)-type demand creation and services at opportune times in the school year.
- **Mobile**—a single dedicated VMMC team is responsible for maintaining VMMC coverage in a large area.

 Targets were set for each model, by county

Source: ProjectIQ, Source: ProjectIQ Webinar Series, 22 May 2019
https://www.jhpiego.org/projectiq
WHO Development of VMMC

Objectives
Delivering male circumcision for HIV prevention:

**Objective:** to support national ministries of health and partners as they transition VMMC service delivery;

**From** the current donor-driven, predominantly vertical approach

**To** a country-owned, integrated, adolescent-focused approach that can be provided sustainably.

With synergies with other essential services and programmes

Principles underlying the chapter

1. **Widely Accessible Services**
   In alignment with UHC principles, all people should have access to necessary, affordable, and effective health services (including prevention).1

2. **High quality and people-centered**
   Services should put people and communities, not diseases, at the center of health systems, empowering people to take charge of their health, supported with education and support.2

3. **Adolescent-focused**
   Programmes may focus on adolescents as a sustainable, effective, and acceptable approach towards wellbeing that maximizes near-term impact on the epidemic.3

4. **Embedded within routine systems**
   VMMC integration has the potential to enable efficiencies and spur relationships with adolescent programs, a small, but emerging aspect of health systems.4

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1. http://www.who.int/about/universal_health_coverage
AIDSFree Tanzania Process

Jenna Metz
From Buzzword to Action – Implications for Programming

- Plan for sustainability
- Codesign projects
- Link to national priorities
- Map out sustainability milestones and actions
- Meet with stakeholders often and at all levels
- Weigh risks versus benefits on sustainability actions when making implementation decisions
Tanzania’s Sustainability Model

- Aging in infants and early adolescents
- Increasing % of MCs from EIMC
- New EAMC

Coverage vs Time

Scale-up phase
Maintenance phase
Evolution of Sustainability Mindset

2015

Oh, sustainability... so this means your support is ending when?
District Medical Officer, Njombe

- Donor driven targets
- VMMC led by Jhpiego
- Viewed as stand alone program

2019

Jhpiego has taught us something big... even as other donor funded projects leave they should set up sustainability measures to avoid collapse of the projects.
Asst. Regional Planner, Iringa

- Regional and District task forces
- Outreach and services led by facilities
Road to Sustainability: 2015 to Now

- **National sustainability summit, 2015**
- **Development of sustainability tool, 2016**
- **Baseline sustainability assessment, 2017**
- **Development of sustainability taskforces, 2017**
- **Development of National Sustainability Roadmap, 2018**
- **Midline sustainability Supportive Supervision, 2019**
- **End of Project December 2019**
- **Local Transition**

**Driver:** Sustainability Advisor

**Support Team:** Regional Project Managers, Technical Team

**Clear Roadmap:**

**Advocacy for Roadblocks:**

**Local Transition Driver:** Sustainability Advisor

**Support Team:** Regional Project Managers, Technical Team
Sustainability Theory of Change

**EXTERNAL FACTORS**
- Targets are set by donor
- Completely donor funded
- Adequate funding to meet demand
- Supplied through National supply chain
- DHIS2 data available at all levels

**INPUT**
- Capacitate LGAs for oversight of facility VMMC
- Develop VMMC strategic plans and and establish facility targets
- Funding for sustainable VMMC implementation available (e.g. grant/CHMT budget)

**GOVERNANCE**
- Train provider on VMMC
- Provide non-monetary incentives to providers for VMMC

**HR**
- Forecast and order commodities
- Track use

**SUPPLY CHAIN**
- Support CSOs, local leaders and influencers and community networks in demand creation
- Integrate VMMC space and scheduling with facility operations
- Establish data dashboard and regular data collection, reporting and analysis processes
- Establish competent facility level QI teams

**OUTPUT**
- VMMC activities in facility and district workplans and budgets with local government authorities supporting implementation
- Adequate providers trained in VMMC/EIMC at each facility and motivated to provide service
- Availability of VMMC commodities at facility that are procured through national supply chain

**ASSUMPTIONS**
- Competent HR available at facilities
- District targets set by National systems

**SUSTAINABLE**
- Health facilities providing regular, high quality client-centered VMMC services delivered by competent providers with adequate commodities and funding to sustain 80% circumcision coverage

**PEPFAR**
- Strengthening High Impact Interventions for an AIDS-free Generation
What moved the needle?
Sustainability-minded decisions at all levels

**Strategic Implementation Approaches:** Working with facilities to integrate VMMC service delivery into practice flow, phasing out financial incentives, facility led demand creation

- Regional and District Taskforces leading implementation of sustainability action plans
- Subawards with funding linked to sustainability actions and milestones
- National TWG endorsed milestones and roadmap

Facility
National
Defining Sustainability: Milestones and Action Plans

**Goal and Milestones:**

- **Milestone 1:** Regular forum for stakeholders to meet on sustainability is initiated
- **Milestone 2:** Assessment of current status and sustainability action plans with clear goals developed
- **Milestone 3:** Sustainability action plans implemented, monitored and challenges addressed
- **Sustainability Goal:** Regional and District MOH managing VMMC/EIMC budgeting and service delivery

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<th>Action</th>
<th>National</th>
<th>Regional</th>
<th>District</th>
<th>Facility</th>
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<td>1. Policy developed that mandates VMMC/EIMC services be provided as part of health services that are developed, planned, and implemented by the entire workforce and regulates how to sustain VMMC/EIMC interventions at each level.</td>
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<td>2. Clearly define health insurance or cost sharing funding mechanism to fund VMMC/EIMC and EIMC (since it is a one-time procedure per client). Involve political, religious, and other influential leaders as necessary.</td>
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Sustainability Pivot: Integrated Services at Facilities

- National tools integrated sustainability indicators
- Sustainability indicators led by our champions at facilities
- Got into the weeds of implementation
- Use MOH providers with nonmonetary REWARDS
- Fostered innovation
- Informed key decision makers
- Met often and regularly with taskforces
- Checked in with facilities
Sustainability in Action: Community Led Demand Creation

- **Sustainability Challenge:** Because client numbers were dwindling, a shift was needed to continue to create demand while aiming for sustainable demand creation.

- **Sustainable Solution:** Focus on existing networks using local knowledge and champions, and building capacity of CSOs. Program uses volunteer community advocates, local leaders, and local institutions, building their capacity to create demand for EAMC/EIMC.
Sustainability in Action: Providers’ Ownership of Services

- **Sustainability Challenge**: phase-out of financial incentives caused a noticeable drop-off in number of clients served.

- **Sustainable Solution**: a non-monetary reward system at health facilities offering VMMC and EIMC services to reward providers when they achieve specific benchmarks.