

Case study 5: Decision Makers' Program Planning Toolkit, Version 2 (DMPPT 2); GIS Mapping Dashboard and Site Capacity and Productivity Assessment Tool (SCPT)

Setting

VMMC priority countries in sub-Saharan Africa (2013 to date).

Challenges

The main challenge to be addressed was planning for appropriate demand creation based on unmet need. The USAID Technical Lead for VMMC, in coordination with USAID VMMC points of contact in country missions, identified the need for a tool that could help set VMMC targets by age group and district and visualize them, along with information about service delivery capacity.

Barriers

- 1) quantifying and visualizing unmet need for VMMC by country, district and age group
- 2) facilitating alignment of demand creation and service availability with targets, based on epidemiological impact.

Initiatives taken

- 1) The tool was developed by Avenir Health. Key collaborators were USAID, US Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation and country governments.
- 2) The Decision Makers' Program Planning Toolkit 2 (DMPPT 2) is a demographic and epidemiological model that estimates male circumcision (MC) coverage based on programmatic data and demographic projections. The tool can estimate age- and district-specific targets from user-specified MC coverage requirements by five-year age group. Demand creation can then be tailored to focus on those age groups and districts where there is greatest need. The tool also calculates, for each year for which there are programme data, an age-specific "uptake rate",

which is the proportion of the uncircumcised population that was circumcised in that year in that age group. From this information, programme managers can see whether they are increasing uptake within the desired age groups and assess the effectiveness of their demand creation strategies. Countries that wish to use the tools are required to submit, for the DMPPT 2, their VMMC service statistics, disaggregated by district, year and, if possible, 5-year age bands on an annual basis. These annual programme data must include all VMMCs performed in the country, including non-PEPFAR VMMCs.

- 3) To further inform VMMC programmes and policies at the country level, two additional decision-making tools were developed that provide data to facilitate active programme planning and management, rather than retrospective reporting: i) the Site Capacity and Productivity Assessment Tool (SCPT) helps improve the implementation efficiency of VMMC programmes at the facility level by identifying where programmatic resources (human resources, commodities, equipment, infrastructure, etc.) have been positioned for implementation; ii) the Geographic Information System (GIS) Mapping Dashboard enables easy visualization and mapping of VMMC data, including data from the DMPPT 2 and the SCPT, as well as the PEPFAR monitoring and evaluation system, called Data for Accountability, Transparency and Impact Monitoring (DATIM).

Results

- 1) The DMPPT 2 and GIS Mapping Dashboard have helped to set targets and guide demand creation work by understanding need.
- 2) The DMPPT 2 was used to assess changes in VMMC uptake by adult men through:
 - i) creation of tables that showed progress in terms of VMMC coverage in each of the provinces, breaking it down in more detail, by different age groups;

Table 2. Percent coverage by age and province by end of 2017, Mozambique

	EIMC	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	15-29	10-29	15-34	10-34
Gaza	5	8	90	76	50	35	28	25	25	24	24	24	56	66	50	60
Manica	4	5	25	39	30	20	14	12	11	10	10	9	31	29	28	27
Maputo City	38	38	83	88	87	83	72	65	66	64	63	62	86	85	83	83
Maputo Prov.	13	22	70	73	71	70	64	61	64	63	64	63	71	71	70	70
Sofala	11	11	56	71	56	41	29	24	22	21	19	19	58	57	53	54
Tete	1	1	17	21	13	9	5	4	4	3	3	3	15	16	13	14
Zambezia	18	23	52	67	64	62	56	54	56	55	54	54	65	61	63	60

- ii) creation of figures showing VMMC coverage overlaid with unmet need among those 10–29 years of age by province; and
 - iii) a figure taken from the Site Capacity and Productivity Assessment Tool presented the VMMC sites in Tete Province, Mozambique, and their individual utilization rates.
- 3) Table 2, taken from the DMPPT 2 in April 2018, presents progress in terms of VMMC coverage in each of the provinces in Mozambique and breaks it down into a more detailed look by age group. In this “heat map” configuration, the red cells represent coverage levels below 50%, the yellow cells are between 50% and 70%, and the green cells are age groups in provinces that are over 70%.

Lessons learnt

- 1) Providing data about need, epidemiological impact and service delivery capacity, visualized graphically or on maps, can assist programme planners to better focus their demand creation and service delivery capacity where it is most needed and will have the most impact.
- 2) Utilizing a demographic model (taking into account aging of those circumcised, as well as mortality and birth rates) combined with programme data enabled the creation of several metrics that can be utilized to assess changes in VMMC uptake by age group.