# VMMC Program Performance



Ministry Of Health

Zambia

Durban 2017

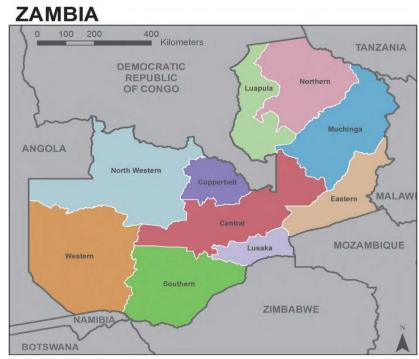
### Team members

- His Royal Highness Chief Mumena
- Dr Francis Bwalya
- Dr Lastone Chitembo
- Ms Mable Mweemba
- Dr Omega Chituwo
- Mr Shuko Musemangezhi
- Dr Albert Kaonga
- Dr Albert Machinda

#### Zambia Profile

- Population: 15 million
- Prevalence of HIV
  15 to 59 years is 12.3 percent
- Annual incidence of HIV
  15 to 59 years is 0.66%
- •Male Circumcision prevalence: Twenty-two percent (22%) of men aged 15-49 are circumcised, a rise from 13% in 2007
- •One province (NW) traditionally practise male circumcision (78%)

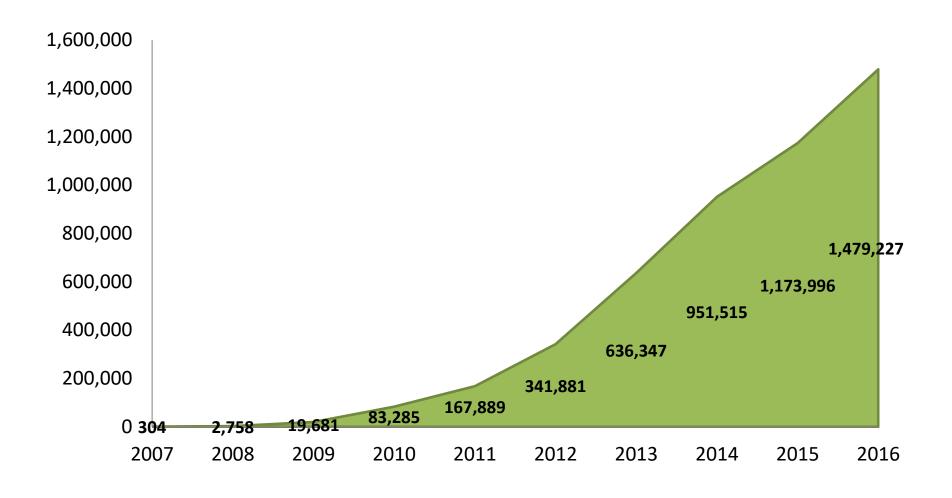
Source: The Zambia Population-Based HIV Impact Assessment (ZAMPHIA), 2016; ZDHS 2013/14



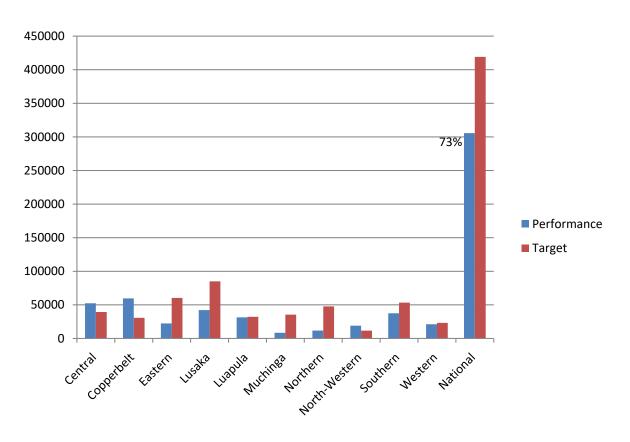




#### **Cumulative VMMC Programme**



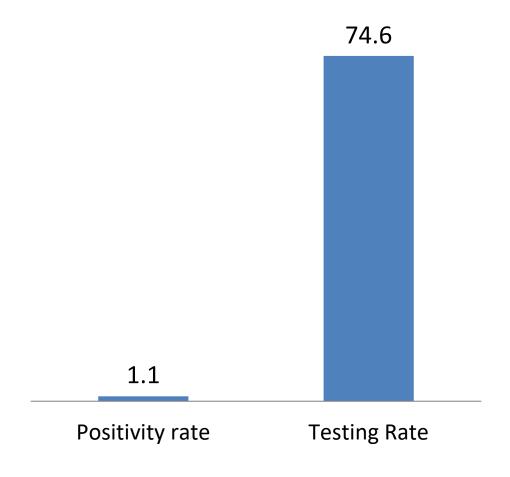
# 2016 performance



Zambia achieved 73% of the target Adverse events were about 1.5%



### **HTS- VMMC 2016**



#### Successes

- The 2016 performance against target was impressive
- Harmonization of the Partner Reporting System and national HMIS
- Improved Coordination among implementing partners led to resource leveraging
- Robust community demand generation activities that led to increased MC uptake
- Launched Operational plan 2016-2020
- PEPFAR award for improved programme performance

#### Lessons Learned

- Involvement of traditional & community, youth as well as women still key
- Improved planning for VMMC services earlier in the year with implementing partners and funding agencies improved service provision
- Regular Technical Working Group meetings improved program performance
- Geographic & age group focusing was key to improving VMMC uptake
- Task shifting was key to improved service provision

### Lessons learnt

#### Task shifting



Launch of VMMC plan with Chief Madzimawe



### Lessons learned



VMMC campaign launch

## Challenges

- Competing work tasks by VMMC providers limits VMMC service provision
- Inadequate Infrastructure competition for space in health facilities
- Reporting of AEs varies across the programme
- Inadequate resources for provision of both outreach and 'static' VMMC services in districts
- Data capturing tools do not adequately disaggregate data by age group

### Acknowledgements

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- Mr Trevor Mwamba
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#### Thank you!