# IMPLEMENTING 2017-2021 FRAMEWORK FOR VMMC MEETING, DURBAN-SOUTH AFRICA

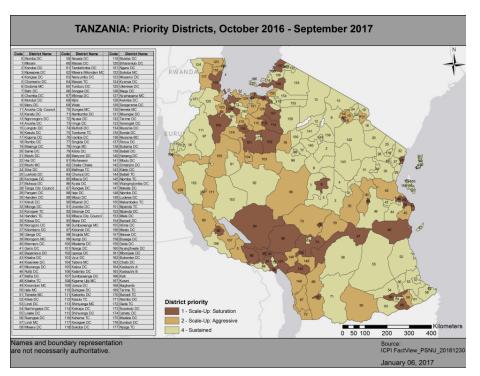
Dr. Gissenge J.I.Lija, MD, M. Med, Country team Lead - Tanzania

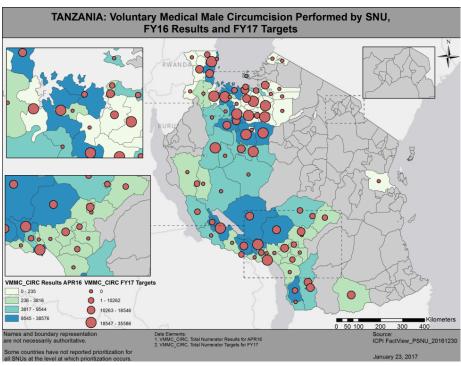


### Overview of VMMC in Tanzania

- MC prevalence is 72% nationally but marked variations exists across regions (2012).
- Pilot VMMC services started in three regions in Nov 2009.
- Scale up to 13 regions in 2016 with the goal of reducing HIV prevalence which currently 5.1% Nationally.
- The program is under the umbrella of National AIDS Control Program.

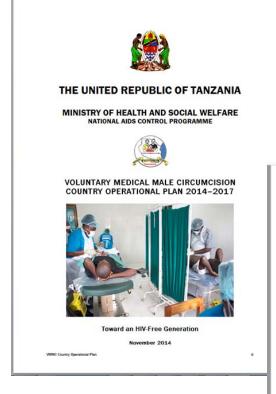
## Tanzania VMMC Prioritization in Regions & Districts





### Overview of VMMC in Tanzania

- Implementation of the program involve engagement of key stakeholders and developing partners and is guided by the two important documents:
  - COP 2014-2017
  - National Guidelines for VMMC





#### THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender, Elderly and Children

National AIDS Control Programme



National Guidelines for Voluntary Medical Male Circumcision (VMMC) and Early Infant Male Circumcision (EIMC)

July 2016

## Tanzania's National VMMC/EIMC Country Operation Framework

#### Scale-Up Phase

- Establish Center of Excellence and Training
- Establish one fixed site per district
- Provide consistent outreach and campaigns.

#### Catch-Up Phase

- Maintain and expand number of fixed sites
- Continuous demand creation
- Regular outreach and campaign services
- EIMC pilots.

#### Sustainability Phase

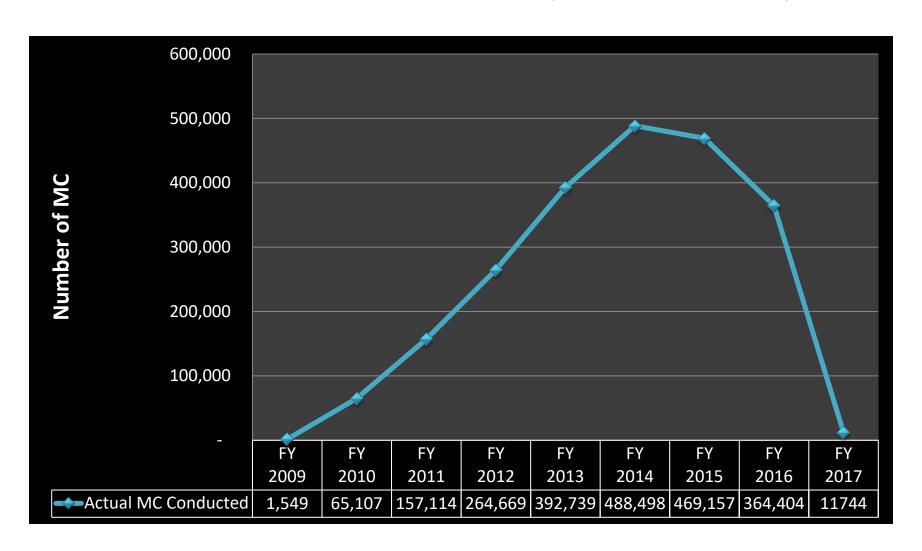
- Continue services at hospitals
- Expand services to dispensaries
- Focus on remaining older clients and boys turning 10+ years old
- Scaled up EIMC services.

## Progress in program implementation

 Since the inception of the program a total of 2,203,237 males have been circumcised, exceeding the Country Operational Plan (2014-2017) Target of 2,097,198

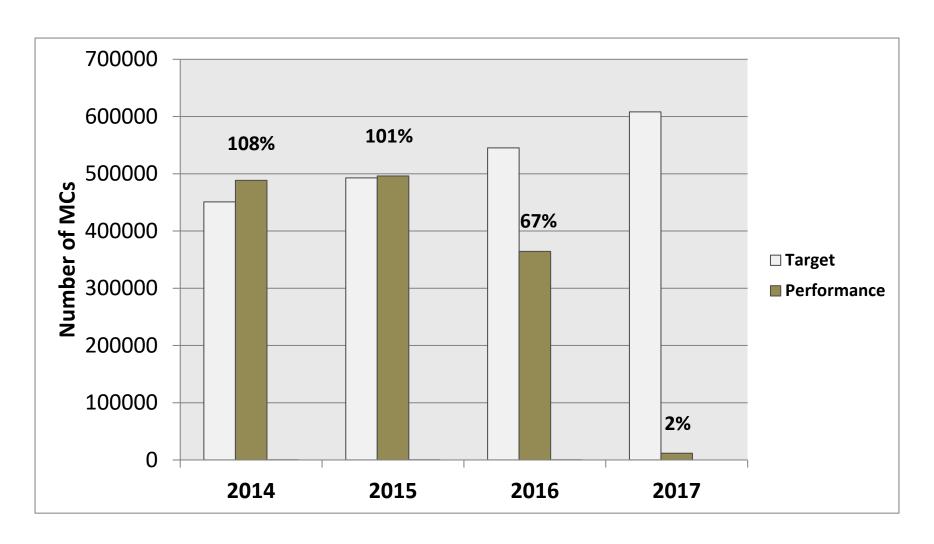
#### Trend of VMMC Ever conducted in Tanzania

(Source VMMC COP and DHIS2)

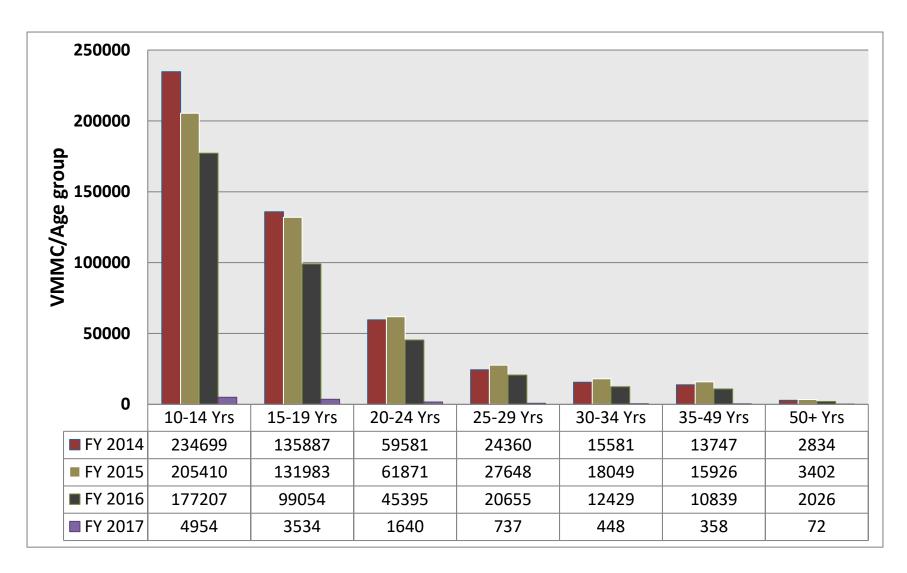


#### Performance Vs Targets (2014/17 VMMC COP)

**Source DHIS2** 



## (2014-2017)

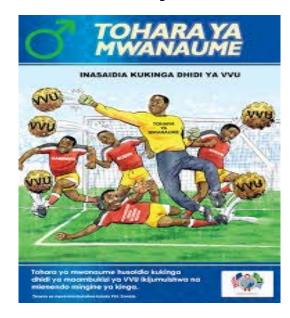


## Strategies used in service delivery





- Sensitization of community leaders and community gatekeepers
- Deploying nurses to perform MC
- Periodic mass campaign on VMMC
- Engagement of Key stakeholders and partnership
- Community acceptable messages and posters





## Key Challenges

- Delay in institutionalization of EIMC
- Inadequate capacity of for VMMC metal waste management in country.
- Discrepancies in data reported in the National system and those with implementing partners

#### Priorities for 2017-2021

- Fast tracking institutionalization of EIMC
- Adolescent package of VMMC to include component on Sexual Reproductive Health.
- Further community sensitization and use of peer groups to create service demand for youth and men.
- Develop different modals for sustainability
- Work with EPI program to accelerate adoption of TTCV booster dose for different age categories as highlighted by WHO guideline of 2016.





## Karibu Tanzania

