

Case study 11: Enhanced local engagement and its impact on VMMC uptake for males ages 15 to 29 years in Manicaland Province in Zimbabwe

Setting

Three districts in Manicaland Province, Zimbabwe, with two tribes that are traditionally non-circumcising. This is a province famous for traditional healers and a high concentration of Apostolic religious groups, who largely believe in faith healing and shun mainstream health care and biomedical interventions (January – December, 2018).

Challenges

Until the second quarter of 2018, the three PEPFAR-supported and DREAMS focus districts could not get appropriate age-eligible men (15–29 years) to take up VMMC and reach set targets, with a performance of only 40% towards set targets for the first quarter of 2018.

Barriers

There was limited stakeholder coordination and involvement. At the beginning of 2018, it emerged that demand creation agents employed by an international NGO were single-handedly promoting VMMC without involvement of various key stakeholders including the Ministry of Primary and Secondary Education and local leaders (traditional, religious and political leaders).

Initiatives taken

- 1) Interpersonal communication (IPC) agents used a “segmentation tool” to identify each potential VMMC client’s level of enthusiasm in order to improve targeting and to ensure appropriate and specific messages were delivered.
- 2) Discussions were held with the majority of stakeholders, which revealed that VMMC implementers either operated vertically or dictated the course and pace of programme implementation, often resulting in resentment by stakeholders. Among service providers, jealousy was instigated by perceived financial gains associated with the programme.
- 3) Frank meetings with the Provincial Health leadership, the District Health Executives and the District Hospital leadership highlighted the need to genuinely involve these stakeholders in the VMMC programme.
- 4) Each district was allocated an “innovation fund” as per its needs to fund VMMC-related activities and allow staff to quickly implement new promising ideas without administrative delays.

Results

As a result of the above initiatives:

- 1) District Health Executives became involved in: development of monthly VMMC plans, engagement of community leaders and education authorities; conducting quality supportive supervisory visits; facilitating integrated planning and implementation of VMMC with other health activities (for example, girls’ HPV vaccination campaign).
- 2) The enhanced partnership between the international NGOs and the MoHCC resulted in enhanced service-delivery.
- 3) Local clinicians were also involved in service-delivery, permitting local buy-in.
- 4) A dedicated team provided VMMC services at night (moonlight services) where male members of sects that shun biomedical interventions were circumcised and followed up at night using Apostolic clinicians from a different province.
- 5) A WhatsApp platform was set up to allow all service-delivery teams operating in the province to share outputs, experiences, challenges and ideas.
- 6) The international NGO introduced a cadre (District Field Officer) who resides in the district and serves as the “link person” among various district stakeholders.
- 7) There was improved engagement with schools, with over 450 teachers responsible for health issues identified and trained around VMMC mobilization in March 2018.
- 8) There was improved engagement with community leaders: political, religious (including Muslim and Apostolic) and traditional leaders in each area were trained to deliver basic VMMC messaging and to use public gatherings as platforms to promote the programme.
- 9) Where traditional MC is practiced, the international NGO and the MoHCC partnered with these traditionally circumcising communities for procedures to be conducted by trained clinicians.
- 10) From May 2018, the three districts began to surpass their monthly reportable targets, scoring 102%, 138%, 123%, 134% and 130% achievements in May, June, July, August and September, respectively.

Lessons learnt

- 1) Engaging and involving key stakeholders is an important element in demand creation for VMMC services and its delivery.
- 2) Coordination of all parties, so that they play their role, mitigates programme stalling.