



PSI AT AIDS2022

PROMOTING APPROACHES THAT ENABLE INTEGRATION AND SUSTAINABILITY OF VMMC: EARLY LEARNINGS IN ZIMBABWE

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BACKGROUND

The first decade of Voluntary Medical Male Circumcision (VMMC) implementation was a partner-driven "catch-up" approach where sexually active males were prioritized to enable near-term reduction in HIV incidence. The VMMC program in Zimbabwe is transitioning to government-led integrated "sustainability" phase aiming to move toward routine VMMC offering to maintain long-term impact of circumcision on HIV incidence. With funding from the Bill and Melinda Gates Foundation, PSI through Population Solutions for Health (PSH) implemented a user-centred design approach to support the Ministry of Health and Child Care (MoHCC), Ministry of Primary and Secondary Education (MoPSE), National AIDS Council (NAC) and other district stakeholders to develop, test and lead processes required for districts to shift from a catch-up model towards a more sustainable, integrated model. Sustainability implementation had to be rigorous, measurable, district led, user centred and district specific.

DESCRIPTION

The collaborative user-centred design workshops enabled district specific planning using insights gathered from health system players and key program users and influencers including parents, boys, community leadership and educators to build a relevant transition plan. Figure 1 depicts the 5-step process followed.

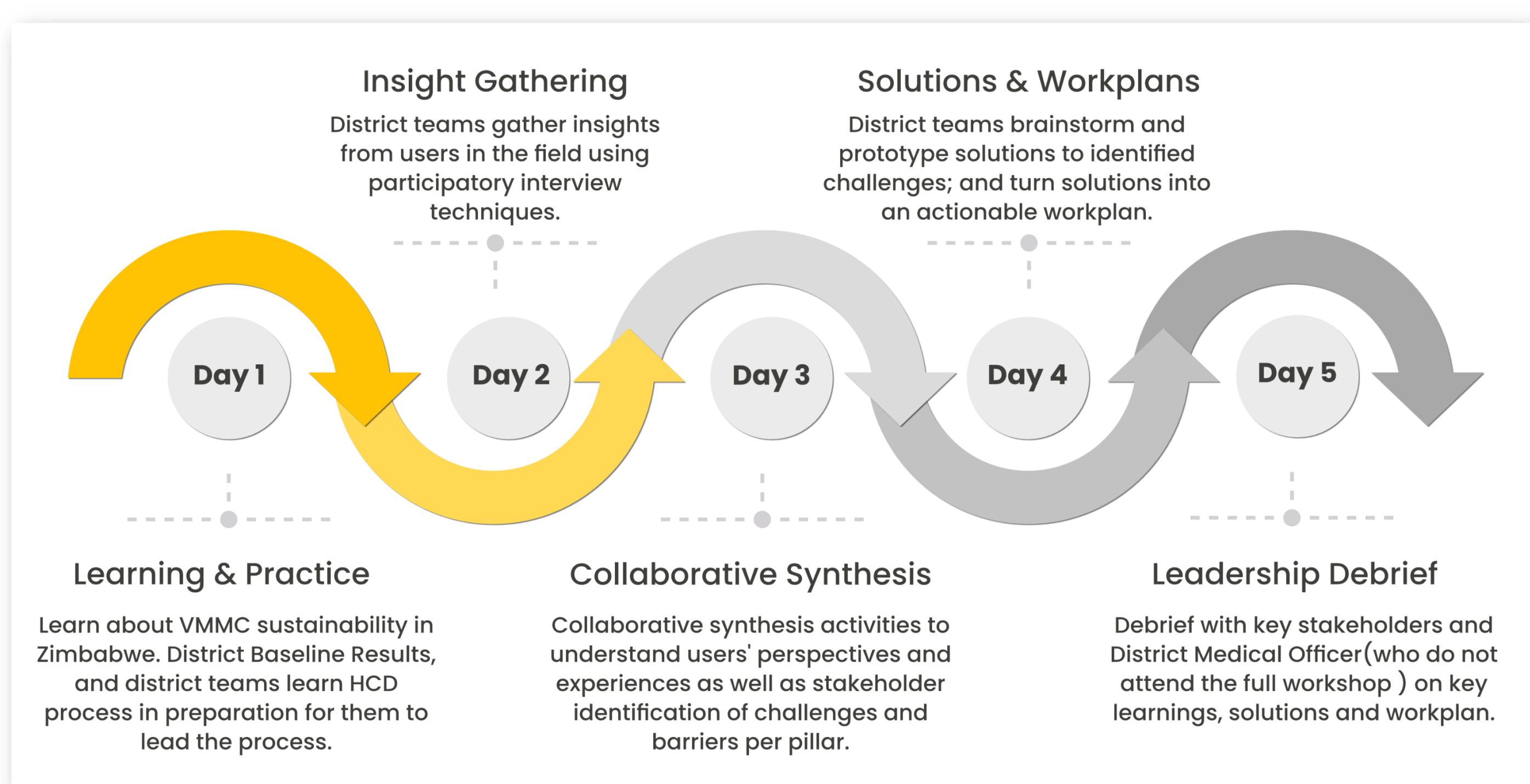


Figure 1: 5-step EIP process for articulating VMMC sustainable transition models and workplans, as articulated in the EIP toolkit

LESSONS LEARNED

The approach fostered buy-in to the phased approach for transitioning to more integrated and sustainable models of implementation, and subsequent ownership to the developed plans. The workplans followed a standard format but allowed for flexibility to address the district-specific operating environment as quoted below:

"If I'm asked to mention the one thing, I really enjoyed in the past four days, it's the four days. It was involving, reflecting on what we are seeing and hearing. We were producing our own. This is my workplan, not something prescribed." - Kingford Chivende, District Nursing Officer, Zvimba District

CONCLUSIONS AND NEXT STEPS

A toolkit was developed providing a step-by-step guide for health system players and programs intending to implement user-informed processes to guide the development of sub-national implementation models in health programming. PSI and PSH supported the MoHCC to extend use of the toolkit to develop sustainability models in PEPFAR and USAID funded districts approaching saturation. .

