

AIDSFree Mozambique

Duration of Activity: May 2016–November 2019

Life of Project Funding: \$20.8 million

In Mozambique, AIDSFree supported voluntary medical male circumcision (VMMC) in Manica and Tete provinces. The goal of the project was to support delivery of high-quality VMMC services for adults and adolescents. To achieve the greatest impact, VMMC activities for HIV prevention focused primarily on men aged 15–29 years, who are at greatest risk of HIV infection, but also included boys aged 10–14 years and men above 29 years. AIDSFree expanded VMMC services for the priority age group of men 15–29 years, aiming at achieving 80 percent saturation.

Technical Approach & Key Activities

Scaling Up VMMC Services

During project implementation, AIDSFree supported service delivery at a variety of sites, including static (permanent) sites, outreach (temporary) sites, and mobile units. This support included all aspects of service delivery operations to ensure high-quality and safe service provision, including sufficient numbers of trained point-of-care staff (e.g., providers, counselors, receptionists, cleaners); adequately spaced appointments to promote client flow; adequately stocked sites (e.g., medical furniture, supplies, consumables, emergency medications, etc.); and consistent supportive supervision, quality assurance, and continuous quality improvement.

As part of the expansion plan and in close collaboration with the Ministry of Health (MOH) and USAID, AIDSFree conducted rapid infrastructure and needs assessments (based on PEPFAR best practice site operations guidance) at 28 outreach sites to establish VMMC services. Based on the results of these assessments, AIDSFree implemented activities to address identified needs, including minor building and infrastructure renovations, which optimized services and ensured safe, high-quality service provision.

AIDSFree Mozambique Objectives

- Optimized productivity in existing VMMC sites and expansion to additional sites in Tete and Manica, in alignment with MOH, Provincial Health Directorate (DPS), and PEPFAR targets.
- Continued provision of technical assistance to and collaboration with the MOH to ensure high-quality and safe services at all VMMC sites.
- Improved clinical management of VMMC to reduce adverse events, especially among boys aged 10–14 years.
- Improved data collection, analysis, and use for decision-making.



Achievements

From April 2016 through September 2019, a total 351,407 VMMC were conducted in Manica and Tete, significantly contributing VMMC prevalence in these province, which is reflected in national data and reported in surveys and studies conducted by health authorities, such as the National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS (INSIDA).

Innovations – Piloting the Site Specific Plan

The USAID technical team used AIDSFree Mozambique as a pilot country to implement the Site Specific Plan (SCP). The tool helps to map the site locations and characteristics including number of rooms, existing beds, and personnel. The SCP was fundamental for planning, as it enabled AIDSFree to allocate resources appropriately toward each site that offered VMMC services. There was also a daily tool associated with the plan that gave information on number of VMMC conducted daily per site. This information enabled AIDSFree to take timely measures to improve performance, including allocating human resources to sites based on their targets in order to monitor sites' performance in relation to targets, including making necessary plans to provide additional beds based on existing space in the health unit.

Collaboration among Stakeholders

AIDSFree engaged in intensive and permanent collaboration with USAID, MOH, RUMOS, PSM, as well as communities, which was a key factor in successful implementation. AIDSFree held bi-weekly, monthly, and quarterly revisions of project implementation, engaging partners bilaterally or as a group to achieve these results.

Support for Demand Generation Activities

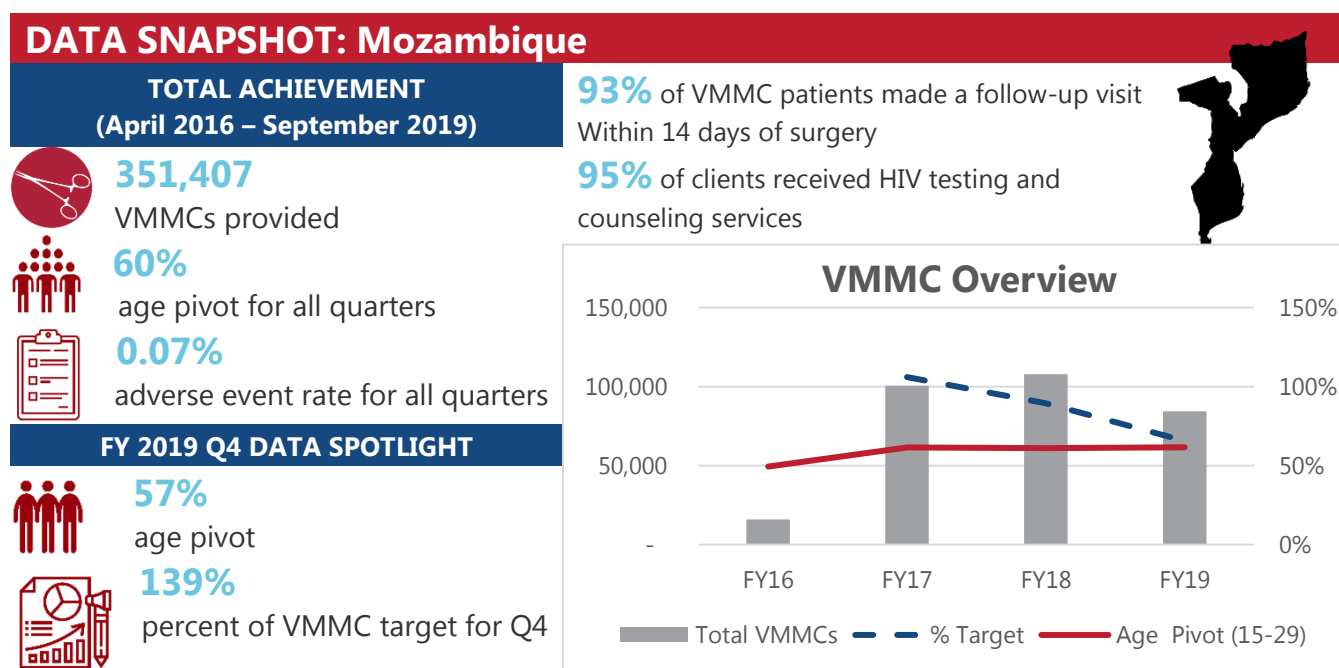
In collaboration with the MOH and DPS, AIDSFree actively participated in the existing national forum that oversees demand creation efforts, including accessing existing information, education, and communication materials. AIDSFree collaborated with RUMOS to ensure that demand creation activities were linked to service delivery inputs and were also targeted and responsive to service delivery outputs and CQI processes. This process included conducting regular planning meetings, reviewing service delivery data to target activities, and addressing gaps or challenges, as well as interacting with key stakeholders, such as health and administrative authorities, community leaders, schools, employers, and religious and faith-based organizations.



Implementation of the Transportation System for Clients to Access Services

Mini-buses were used to bring clients from surrounding communities to the nearest static or outreach site (up to a distance of 50 kilometers) for VMMC services. This system was especially important for those clients who live far from static or outreach sites that cannot access services. Providing transport has been shown to increase uptake of VMMC services. In implementing this approach in coordination with RUMOS, demand creation activities are linked to transportation schedules to maximize client volume and uptake. Before they are transported to sites, prospective clients receive education on VMMC and provide consent to the surgery; parents or guardians must accompany clients under age 18. The transport system will also be used to reach clients to conduct 48-hour and 7-day post-procedure consultations.

Data Snapshot



Related Resources

[Systematically Coordinating VMMC Demand and Supply in Mozambique](#)

[Educating Men and Their Families About the Importance of Voluntary Medical Male Circumcision](#)

[Achievements and Lessons Learned in Efforts to Achieve Optimal Site Capacity in a Voluntary Medical Male Circumcision Program in Mozambique](#)