### Background—HIV and Male Circumcision in Mozambique

- To control the HIV epidemic among Mozambicans 15–49 years old, Mozambique Ministry of Health is offering voluntary medical male circumcision (VMMC) services to two million men and adolescent boys by 2017.
- In Manica’s Manica and Tete Provinces, VMMC services have been available since 2012.
- In Mozambique’s Manica and Tete Provinces, VMMC services have not been achieved.
- In 2015 and 2016, the use of the site capacity-utilization tool and entered related data.
- In Mozambique’s Manica and Tete Provinces, VMMC services have not been achieved.

### Methods

#### 2015 and 2016 EQA Findings

- Lack of time for documenting and tracking referrals and follow-up visits.
- Privacy concerns for HIV testing and inadequate space for recovery.
- Stock outs of emergency supplies
- Refresher training needed to be fully adequate, giving a health examination, and performing the recommended forensic-guided technique
- Weak HIV testing and counseling process: condom use not demonstrated, key messages omitted from counseling.
- Weak postoperative procedures, including taking temperature, blood pressure, and!mobile key messages

#### Methods

- VMMC sites were visited from Ministry of Health and partners in using site-specific action plans:
  - Reflected on staff interaction, with a focus on barriers to ensure service uptake, VMMC follow-up rates, and wound care
  - Lead USAID VMMC Site Capacity and Productivity Assessment Tool to analyze data from 2015 to 2017

#### Results

- By April 2017, AIDSFree Mozambique had achieved the following (see Table 2):
  - For prior 6 months, increased and maintained optimum site capacity by increasing the number and training of nurses, surgeons, and assistants
  - Increased and maintained high monthly achievement of targeted MC numbers
  - Increased and maintained high site-utilization rate
  - 2017 EQA showed that VMMC site had improved and maintained high-quality standards (see Table 3).

### Table 1: Findings from April 2017 EQA, by tool and site

<table>
<thead>
<tr>
<th>Site</th>
<th>Score</th>
<th>Overall</th>
<th>HIV Testing and Counseling</th>
<th>Sex Education and Condom Use</th>
<th>Postoperative Procedures</th>
<th>Equipment and Supplies</th>
<th>Records and Data Review</th>
<th>Emergency Operation</th>
<th>Total</th>
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<tbody>
<tr>
<td>Hospital Mangue</td>
<td>72%</td>
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<td>73%</td>
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### Conclusions

- Several interventions accounted for the considerable increase in the uptake and achievement of VMMC services:
  - Optimizing staff availability at each site to match site capacity
  - Redistributing and repositioning all VMMC staff to ensure counseling with clients at all stages of VMMC services—from early mobilization to postoperative follow-up
  - Having intense supervision, data monitoring, and data-based decision-making to fine-tune activities
  - Opening services on Saturdays for clients who cannot access VMMC services during the week
  - Having a collaboration and cooperative spirit, among all players, in using data to close gaps identified

### Next steps

- High site productivity, which was observed as increased use of services by 10–20 year olds, is critical to achieve VMMC goals.
- Lessons from Manica and Tete Provinces can apply to other VMMC programs to improve site-level performance.