



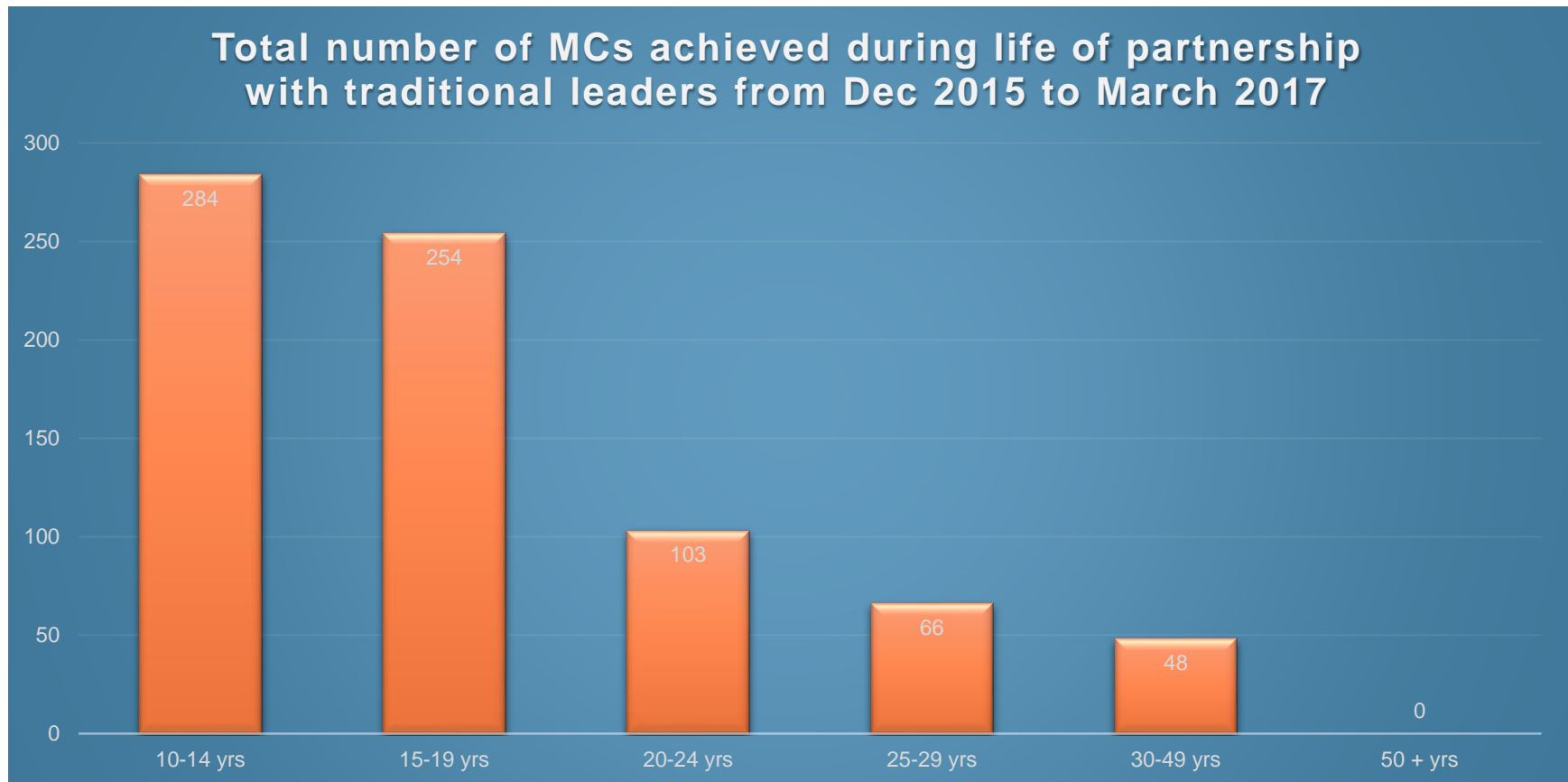
# VMHC Partnership with Traditional Leaders in Simoonga Village/Livingstone, CDC-IHP Jhpiego, Zambia

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# Background

- A collaboration with traditional leaders during the December 2015 VMMC campaign in Simoonga village, under Livingstone District (a town located in the Southern part of Zambia), to yield positive VMMC service delivery results – taking center stage at Simoonga Health Post.
- In the period under review, December 6<sup>th</sup>, 2015 to March 31<sup>st</sup>, 2017, Simoonga Health Post achieved a cumulative total 755 VMMCs in clients aged 10 to 49 years.
- The bar graph on the next slide shows the results by age category.

# VMMCs achieved partnership with traditional leaders, by age



# Background, cont'd.

- Jhpiego VMMC Partnership with traditional leaders in Simoonga Village in Livingstone District.
  - Started in December 2015.
  - Simoonga village has a population of about 5,232 people (respectively 2,668 females and 2,564 are males).
  - As of March 2017 - 755 male population of age group 10 to 49 years were successfully circumcised in Simoonga village.
  - Unlike other chiefdoms, Chief Sikute supports VMMC activities in his chiefdom. As a result, this great potential was used as a catalyst for setting up partnerships with the traditional leadership.

# Background, cont'd.

- Jhpiego facilitated meetings and orientation of traditional leaders to help them understand the VMMC continuum of care through the use of VMMC flip charts, posters, flyers, and booklets. We used interactive demonstrations to clear fears regarding undergoing VMMC.
- This approach led to 100% of the boys and men in the age category of 10 years and above attending VMMC group education sessions to help address myths and misconceptions surrounding male circumcision in the area.
- This approach contributed to ensuring that 80% of the male population are successfully circumcised within the period under review.

# Background Cont.

- Successfully helped community members understand the basics about VMMC and become less shy or afraid to speak openly about topics such as male circumcision and condom use. Their open and frank discussions were even more impressive given the conservative tradition and cultural setting of Simoonga village which is predominantly a non-circumcising village.
- Chief Sikute and 10 traditional leaders provided a shelter in the heart of Simoonga village for post-operative care and support to make sure all the necessary reviews were done.

# Programmatic Gaps that Led to the Birth of this Partnership with Traditional Leaders

- Low demand for VMMC at Simoonga village.
- Low client turnout at Simoonga health post.
- Local chiefs did not support VMMC service delivery in the area.
- Village did not have community mobilizers to support demand creation initiatives for meaningful VMMC service delivery.
- Lack of community shelter to provide privacy to support meaningful post operative care at village level.
- Lack of translated communication materials in the local dialect to foster easy reading and interpretation of VMMC key messages.

# Key Partnership Activities

- District and health centre staff linked VMMC to the community
- MoH hosted quarterly data review meetings, and ensured client follow-ups occurred
- Initially the traditional leadership did not have support towards orientation meetings of traditional leaders on VMMC, however Jhpiego sponsored VMMC orientation meetings which played a key role in setting up meaningful partnerships.
- The partnership with traditional leaders led to successful linkage of the traditional leadership to the VMMC service delivery point since the leaders were able to visit the service delivery point to appreciate MC service being offered at the Simoonga health post.



# Key Partnership Activities, cont'd.

- To address the lack of communication materials in local language, male and female VMMC communication material were translated into the local dialect made it easy for reading and interpretation of VMMC key messages.
- In the initial stages the village did have a focal person to manage post operative care; a key focal person was identified to act as a link between the service delivery point and the community for purposes of managing post operative care support at village level helped to achieve VMMC quality.
- Unlike other Chiefdoms. Chief Sikute supports VMMC activities in his chiefdom and this was used as a catalyst for setting up partnerships with the village headmen.

# Challenges Faced in Setting up this Partnership

- Resistance to change partly due to knowledge gaps on VMMC.
- Traditional headmen shunned VMMC activities as it was perceived suitable for other tribes.
- Language barriers.
- Difficulties to break traditional and cultural norms in order for people to embrace VMMC.
- VMMC was not viewed as part of one of the health services that people can access at the health post.
- Male parents were most reluctant to support VMMC due to myths and misconception that circumcision might lead to reduced libido.

# Lessons Learnt

- Partnerships with traditional leadership helped improve the quality of VMMC; acted as a bed rock for sustained demand for VMMC service delivery.
- Female parents/guardians were essential – by having them participate in organized group education, they were able to help male parents/guardians consider allowing boys to undergo VMMC
- Community members became part and parcel of all post operative care and support services at village level.
- Built a sense of ownership in driving demand for VMMC.
- Traditional leaders established a much bigger permanent shelter for post operative care and support in order to provide privacy to VMMC clients from their community.

# Lessons Learnt, cont'd

- Some traditional leaders still can't accept that VMMC can mitigate the impact of HIV to lower incidence.
- Traditional leaders demanded for monthly incentives which the project could not support.
- Traditionally leaders wanted financial support for post operative care to purchase carbolic soap for circumcised male population which the project could not support.
- Lack of local partners to support VMMC activities with incentives in order to cushion volunteers involved in the day-to-day mobilization of potential VMMC clients with a view of improving service uptake at Simoonga health post.

# How partnership with traditional leaders improved VMMC quality

- Traditional leaders played a critical role in raising the red flag for any signs of adverse events.
- The establishment of post operative care shelter helped in the provision of privacy at village level to manage VMMC reviews at 48 hours, 7 days and one month to ensure proper wound healing.
- Successful follow ups were conducted for the boys who tested HIV positive to assure linkage and enrollment into care.
- Follow ups for individuals lost from care were also conducted by the focal persons to ensure clients were adhering to treatment.
- HIV testing was used as an entry point prior to circumcision. 90% VMMC clients at Simoonga health post received HIV tests
- Mobile ART services were initiated in the area due to the dire need to cater for HIV positive males identified in VMMC services.

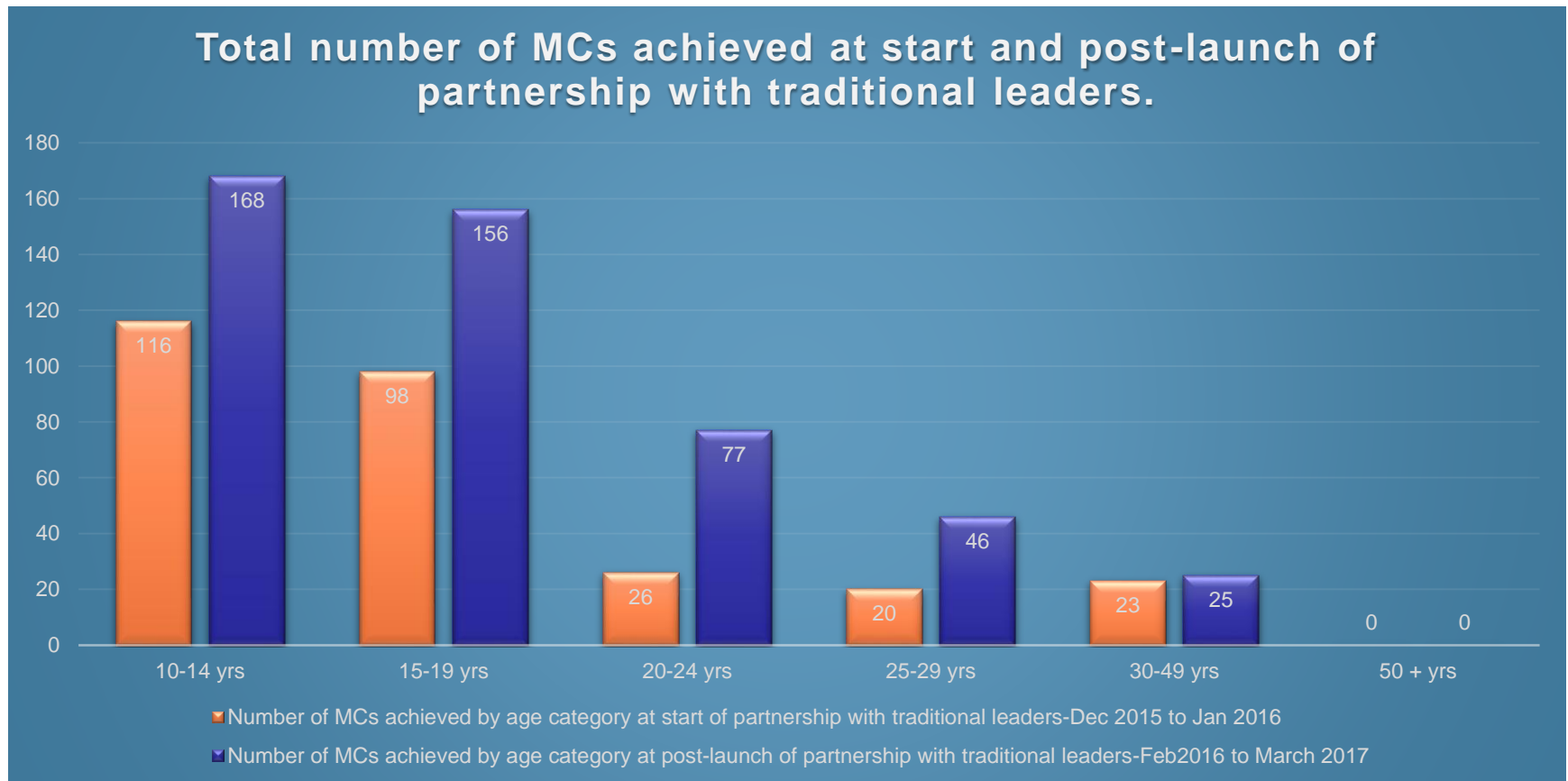
# Most significant changes as a result of partnership with traditional leaders

- The village has now a clear referral system catering for services such as:
  - VMMC services
  - HTC services
  - ART services
  - Management of AEs
  - Follow up services.
- The village now has focal persons or community mobilizers catering for activities such as:
  - Booking of potential VMMC clients
  - Conducting follow ups for post operative care, ART, AEs and lost care clients
  - Conducting group education on VMMC in order to address myths and misconception surrounding male circumcision among male and female populations.

# Most significant changes, cont'd

- The village now has well-established traditional leadership supportive structures to drive demand for VMMC activities.
- Simoonga village has a new much bigger permanent shelter for post operative care and support, that is providing privacy for VMMC clients for purposes of subsidiary reviews at 48 hours and others that follow to ensure proper wound care after circumcision.
- The village does provide BUDDY services to track the lost care clients through the use of lay HIV counselors to ensure adherence to ART.
- The village has a network of “super mobilizers” who have the mandate of distributing communication materials for purposes of informing, educating and communicating - (IEC).

# Total number of MCs achieved at start and post launch of partnership with traditional leaders





# Reflection on the Critical Role Traditional Leaders Played in this Partnership.

- “When I look back, I feel grateful and thankful to the role the traditional leaders played in Simoonga village and other neighboring villages to accept VMMC service provision for their subjects, and further support demand creation activities to take place in their home steads through door to door approach and provide a shelter for VMMC post-operative care in the heart of Siandunda village.” ~George Muyendekwa
- “The involvement of parents/or guardians from inception when they signed consents for the boys to undergo Male Circumcision also proved helpful in the sense that, the traditional leaders were not working in isolation but were working hand in hand with parents/or guardians to ensure successful male circumcision of potential VMMC clients. I personally saw parents taking a lead in ensuring that the boys that underwent male circumcision completed the VMMC continuum of care”. ~George Muyendekwa

# THANK YOU!

