



TANZANIA RISE – VMMC

(VOLUNTARY MEDICAL MALE CIRCUMCISION)

USAID, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has supported the scaleup of VMMC in five of the 17 priority regions covered by the PEPFAR program since 2009. Through PEPFAR technical and financial support, VMMC coverage in Tanzania has risen to a national average of 74% (THIS2, 2023).

This is a cooperative agreement with Reaching Impact, Saturation, and Epidemic Control (RISE) to provide technical support for sustainable and accelerated scale-up of voluntary medical male circumcision (VMMC) services combined with other HIV prevention interventions in Iringa, Njombe, Tabora, Morogoro, and Singida regions of Tanzania.

OBJECTIVES

RISE will provide technical support for site-level implementation including technical leadership, service delivery, in-service training, quality management, policy and guideline revision, domestic resource mobilization, communications, and monitoring and evaluation for sustainable and accelerated scale-up of VMMC services combined with other HIV prevention interventions.

BUDGET \$3,631,472

DURATION July I ,2022 - September 30, 2023

ACTIVITY LOCATIONS

Iringa, Njombe, Tabora, Morogoro and Singida Regions.

IMPLEMENTING PARTNER

Reaching Impact, Saturation, and Epidermic Control (RISE)

USAID CONTACT

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PARTNER CONTACT

Maende Makokha Chief of Party Reaching Impact, Saturation and Epidemic Control (RISE) Tanzania Jhpiego, an affiliate of John's Hopkins University House No. 7, Serengeti Street, Mikocheni P.O BOX 9170, Dar es Salaam, Tanzania Phone: +255-22-277-1346/48 WhatsApp: + 255-787-556-866 USAID Grantee

FOR MORE INFORMATION

Website: <u>www.usaid.gov/tanzania</u> Facebook: USAID Tanzania Twitter: @USAIDTanzania

EXPECTED RESULTS

• Expand access to safe, high-quality VMMC services for boys and men ages 15 years and above.

• Increase availability of population specific/friendly VMMC services by strengthening 138 existing static mother sites and supporting 100 satellite sites.

• Increase demand for, and use of, VMMC services through expanded development and use of population-specific Social and Behavior Change (SBC) tools and strategies.

• Improve demand for linkages to care, treatment, and other prevention services.