

National Treasury Transversal Voluntary Male Medical Circumcision (VMMC) Contract



Contract Management Toolkit



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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Glossary

AEs	Adverse Events
B-BBEE	Broad-Based Black Economic Empowerment
DHIS	District Health Information System
DoH	Department of Health
DDoH	District Department of Health
PDoH	Provincial Department of Health
GP	General Practitioner
HAST	HIV, AIDS, STIs and TB
HTS	HIV Testing Services
NDoH	National Department of Health
NT	National Treasury
SCC	Special Conditions of Contract
VMMC	Voluntary Medical Male Circumcision

Introduction and Purpose

Welcome to the RT35 contract management toolkit. This toolkit has been **specially designed to equip** you with **knowledge and resources** that will **guide you** along **your implementation** journey.

-  To achieve financial sustainability of the VMMC programme, the National Department of Health (NDoH), in partnership with National Treasury (NT), awards transversal contracts to fund VMMC service delivery.
-  These RT35 transversal contracts present an opportunity **for increased domestic funding, financial ownership** at the sub-national level, and **improved allocative efficiencies**.
-  This toolkit is **an additional resource document** designed by NDoH and technical support partners (MMC SUSTAIN) to enable stakeholders to **understand the different aspects of the programme as well as the roles and responsibilities of DoH staff and RT35 service providers**.
-  The toolkit is **not intended to replace** the RT35 Special Conditions of Contract or the signed SLA.

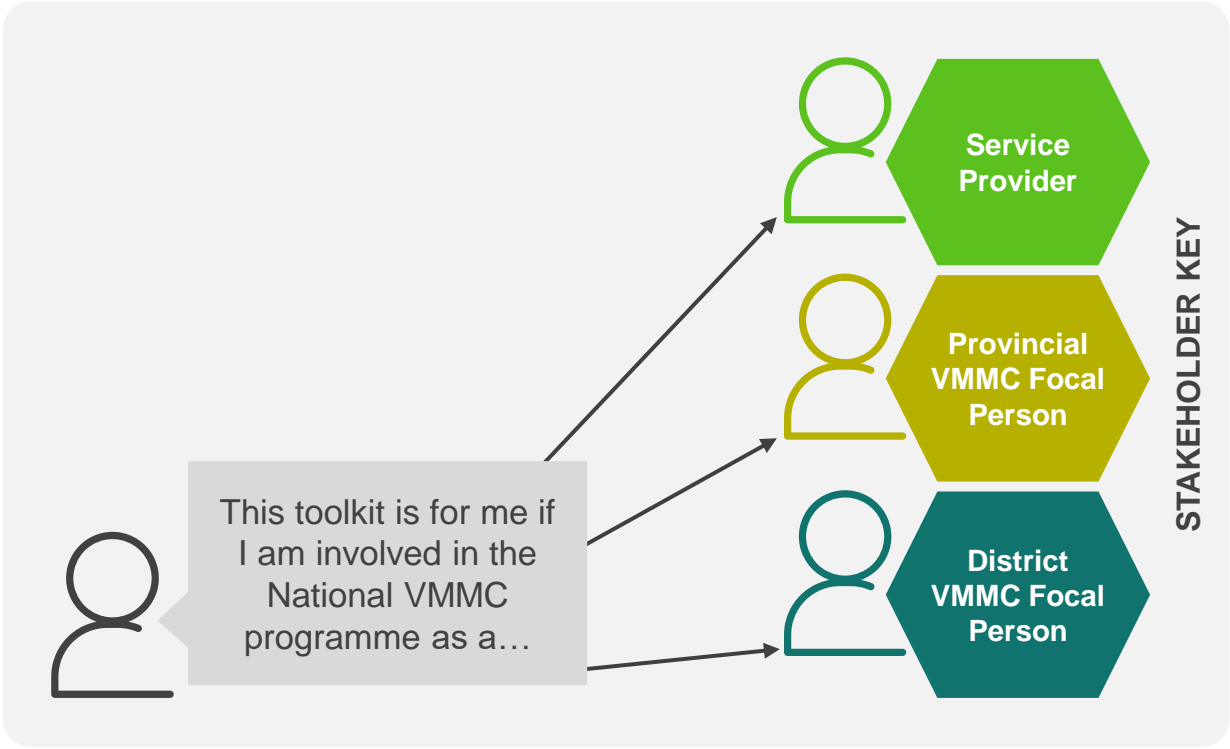


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National Treasury Awarding Process

See Section 4 of RT35
Special Conditions Contract

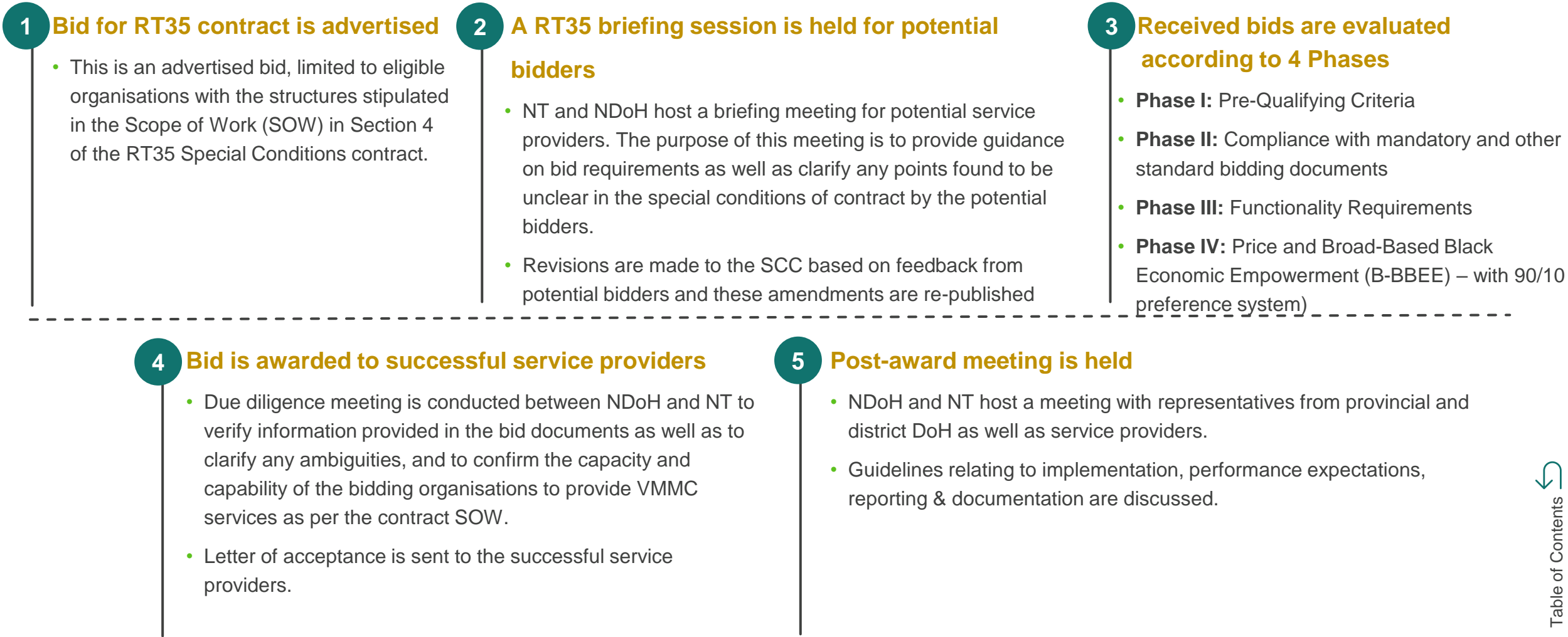


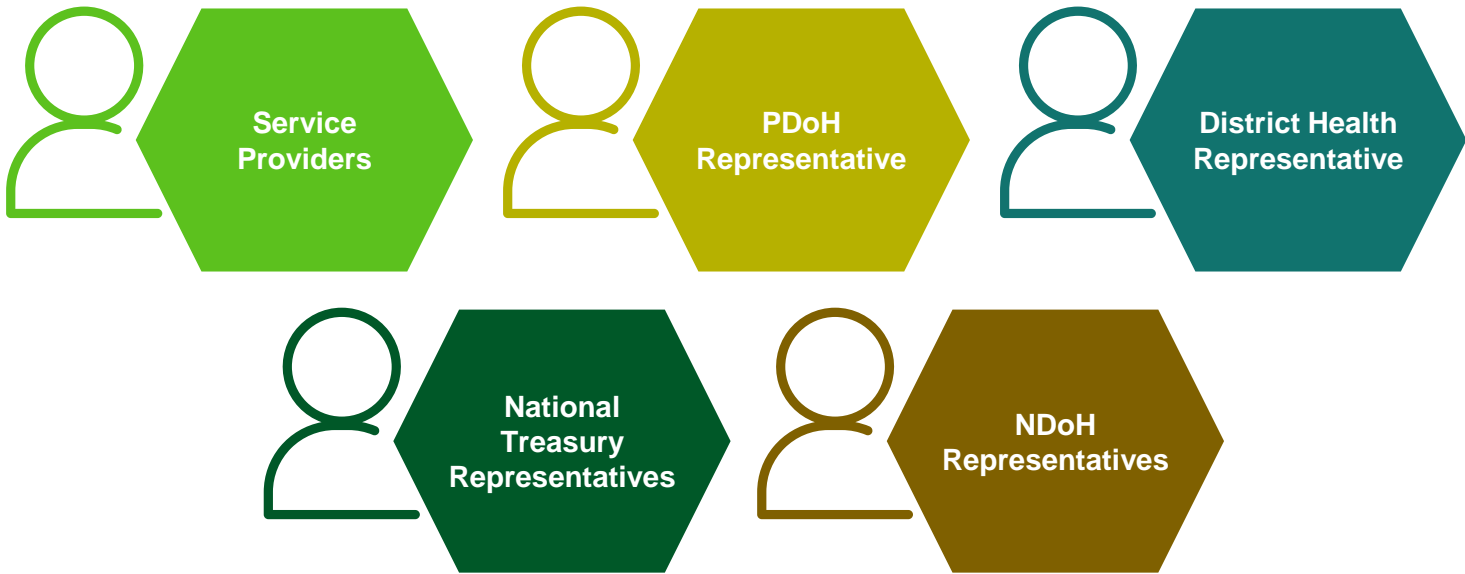
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RT35 Induction Meetings are hosted by the NDoH and NT across all provinces to introduce winning service providers to their sub-national counterparts before implementation of VMMC services.

Purpose

- 1 To provide orientation of the RT35 contract management process to provinces, districts and service providers
- 2 To introduce the service providers to the districts that they have been assigned to work in, clarify roles and responsibilities, as well as the dos and don'ts related to RT35 contract management
- 3 To inform service providers about available national resources at their disposal, including toolkits, clinical stationery, Knowledge Hub, training, NDoH and NT focal people etc.

In attendance



Service Level Agreement Overview

See SLA Sections 1,3 & 4



The purpose of a Service Level Agreement (SLA) is to establish the VMMC service delivery arrangement between the PDoH and service providers by ensuring that the objectives of the NDoH and PDoH are met.

SLA Requirements



The SLA/contract must be signed by both parties, each keeping an original version. It constitutes the sole record of the agreement between the parties in regard to the agreed terms of the contract.



No party shall be bound by any representation, expressed or implied, warranties, promises or the like, not written out in the SLA/contract, or added as an Annexure. Any such additions must be written down and signed by both parties.



The SLA/contract must supersede and replace prior agreements or commitments, whether oral or written, between the parties in respect of the subject matter of the SLA/contract.



Should any party offer any services not stipulated in the SLA/contract, this does then not become a contractual obligation of that party or be deemed to be a removal or limitation of any rights due to that party in the SLA/contract.



Each person signing the SLA/contract for and on behalf of a party hereby confirms that they do so in their official capacity and that he/she is duly authorized to sign the SLA/contract.

Service Level Agreement Reporting Obligations

See SLA Section 11



Reporting is core to the implementation of the SLA. As such, all service providers are responsible for timely reporting to ensure the success of the VMMC programme.

Inception Report

Service provider is required to present an inception report, **after an initial meeting with the PDoH.**



The report should include a:

- Detailed worked plan
- Detailed key activities
- Timelines for the work

Quarterly Reports

The service provider is required **to submit quarterly reports** to the VMMC Programme of the DDoH.



The report should include:

- The number of service providers contracted per district
- The number of men tested and counselled for HIV and received their test results
- The number of HIV+ men referred to care and treatment services
- The number of men screened for STIs, TB, NCDs and other men's health related conditions, and referred to care and treatment services
- The percentage and number of cases with moderate/severe AEs
- The percentage of males who return for follow-up at least once within 14 days

Performance Report

The service provider is required to submit **a monthly performance report** which outlines the number of circumcisions conducted.



The report should include:


- Data disaggregated by age group, site, sub-district, district and province
- Age must be disaggregated according to the age groups: 10, 11 -12, and 13-14 years.
- All VMMCs must be reported through the DHIS using the PDoH M&E system

PDoH is responsible for monitoring service providers' **quality of services and progress towards VMMC targets.** The **service provider should fully cooperate with PDoH** and its representatives and give them full access to all information required including records.

Roles and Responsibilities





Stakeholders involved in RT35 Contract Management


It is recommended that the receiving district appoints a DoH representative working within the VMMC programme as the contract manager who will be responsible for monitoring the implementation of the SLA. The ideal focal person is the VMMC coordinator or HAST coordinator.



I am a **Contract Manager**. My main goal is to **Monitor the implementation of the SLA by the Service Provider**.





I am responsible for...

-  Monitoring the implementation of the contract and progress towards VMMC deliverables by the appointed Service Provider
-  Verifying and reconciling the number of reported circumcisions
-  Ensuring delivery of all reports by Service Providers
-  Managing interactions between Provincial, District and facility managers to enable service delivery



I am a **Service Provider**. My main goal is to **Implement the Service Level Agreement (SLA) contract**.

I am responsible for...

-  Recruiting, contracting, managing and reimbursing my staff and the sub-contracted service providers
-  Ensuring all medical consumables and VMMC kits comply with minimum medical devices standards requirements
-  Identifying any challenges with delivering services and support corrective action to facilitate delivery
-  Submitting invoice with supporting documents and monthly stats by the **7th of each month**

Roles and Responsibilities








Provincial DoH representative involved in RT35 Contract Management

See SLA Section 10



I am a **Provincial DoH representative**. My main goal is to **manage the interface between the end-user/structures in PDoH and the service provider**.

I am responsible for...

-  Monitoring service deliverables and outputs against the overall VMMC programme objectives
-  Monitoring progress of the service provider in the province every quarter, identify issues and support corrective action to facilitate delivery
-  Verifying the number of VMMCs performed on a monthly basis by service providers at the District
-  Interrogating and reconciling the verified number of reported circumcisions in the age-appropriate population with the invoiced amount provided by service provider in the district
-  Authorizing relevant scope and specification changes and all increases in target allocation
-  Managing interaction and coordinating activities with the provincial, district and facility managers to enable partners to deliver services
-  Processing the payment of service providers.

Roles and Responsibilities

Stakeholders involved in RT35 Contract Management

See SLA Section 9 & 10



National VMMC Responsibility Assignment Matrix

TASKS	NDoH/ NT	Province	District Contract Manager	Implementing Partners
1 PRE-CONTRACT PERIOD				
1.1 Signing of RT35 Contract	R	I	-	-
1.2 Compilation of SLA Contract	-	R	C	C
1.3 Signing of SLA Contract with Implementing Partners	-	R	C	R
1.4 Province Kick-off Meeting	-	R	C	I
1.5 Implementing Partners' Inception Report	-	A	C	R
1.6 District Kick-off Meeting	-	I	R	C
1.7 Site Allocation to Implementing Partners	-	I	R	C
1.8 Site Readiness Assessment	-	I	A	R
1.9 Sign off on Site Readiness Assessment	-	C	A	R
2 CONTRACT PERIOD (Implementation)				
2.1 Monthly Progress Reports	I	A	R	R
2.2 Monthly VMMC Statistics	I	A	R	R
2.3 Ad-Hoc Data Quality Assessment	I	A	R	C
2.4 Quarterly Continuous Quality Improvement (CQI)	I	A	A	R
2.5 External Quality Assessment (EQA)	R	A	C	C
2.6 Risk Identification	R	R	R	R
2.7 Risk Assessment, Mitigation and Reporting	I	A	R	R
3 POST-CONTRACT PERIOD				
3.1 Contract Close-out Report	I	A	R	C
3.2 Contract Close-out Checklist	I	C	R	A
3.3 Contract Close-out Certificate	I	A	R	C

LEGEND

R	Responsible for performing the task.
A	Accountable for the task such as the supervisor - the owner of the work.
C	Provides consulting expertise or input to the person responsible for the task and others.
I	Informed of task progress or results, usually by the person responsible.

Guidelines for Service Providers who choose to Sub-Contract VMMC Services

If a service provider decides to partner with GPs/sub-contractors.

- It is required that the intention to sub-contract must be declared in the bid, as well as the percentage of subcontracting thereof.
- It is also required that a full description of the sub-contractor along with the company details and contact details must be submitted to National Treasury and to PDoH prior to their appointment.
- This should be provided along with a full list of the staff, qualifications and any relevant registration certificates with a professional association (e.g., HPCSA, SANC).
- It is required that the service provider provides the GP practice with a CQI team to support the GP, as well as relevant training in VMMC, BLS and AE management, HIV testing and counselling.



The GP practice has adequate electronic management systems in place to be able to adhere to stringent requirements and quality standards and offer a comprehensive package of the minimum services required by the Department of Health. This system must be auditable.

The GPs and all staff members registered to provide VMMC services have undergone accredited VMMC training and deemed proficient in providing VMMC and other HIV prevention services

The GP practice infrastructure is adequate and appropriate for provision of VMMC

The GP practice is aware and ready to be selected as one of the sites where EQAs can take place

The GP practice must have a trained and certified HIV Counsellor employed or contracted to offer and perform HIV testing services (HTS) according to the National HTS testing guidelines and algorithm

The GP practice must have a qualified individual to provide Basic Life Support (BLS)

The GP practice is knowledgeable in the national guidelines for reporting AEs

GP has systems in place for monitoring of stock

The GP has an appropriate filing system for records and lockable unit

The GP has all the required reporting tools on site i.e., Registers

The GP has the needed updated SOPs, guidelines, job aids and IEC material

The GP has staff complement needed for provision of VMMC services i.e., nurse, HIV lay counselor



Data Reporting

Available tools for accurate data recording

See SLA Sections 9
& Annexure A & B



Service providers have access to numerous tools which can assist them in ensuring that every VMMC procedure is correctly recorded on DHIS

1



The DHMIS policy

Provides guidelines for the management of data from service delivery level to national level

2



The client intake form

Contains client details to be recorded for each of the steps of the VMMC procedure

3



The VMMC register

Keeps a record of all clients that have undergone the VMMC procedure and is used to report VMMCs monthly

4



The monthly summary sheet

Provides a summary of the monthly indicators collected in the programme, including the VMMCs done, HIV tests, screenings done, follow-ups, and any AEs

5



The data receipt form

Is used as evidence that data, which was collected from a non-DoH source, has been reported to a DoH reporting site for DHIS capturing

6

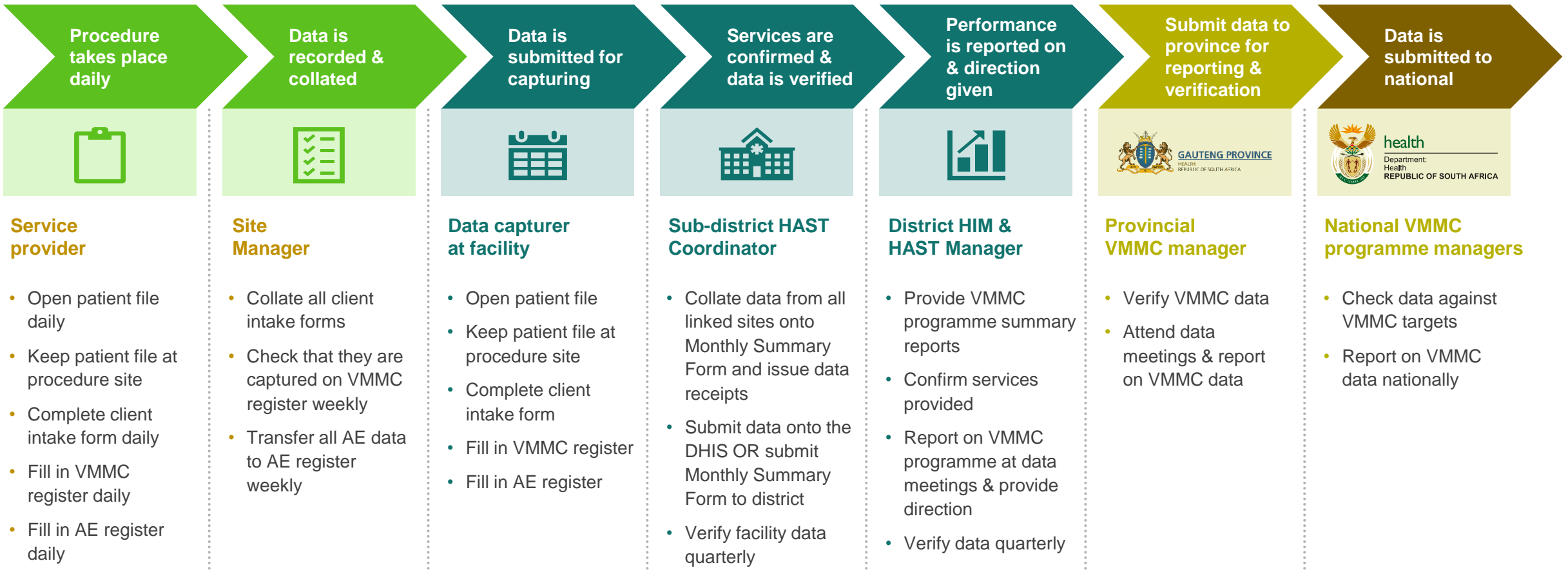


The DHIS

Which has two methods of input at the service delivery level; direct online capture and manual entry through completing an excel form

Data Reporting Roadmap for Stakeholders involved in RT35 Contract Management

By following these steps I can play my part in ensuring that every VMMC procedure is **correctly recorded on DHIS**




Data Reporting on DHIS


Checklist for DoH Data Capturers


Data capturing onto the DHIS must be captured from the **Monthly Input Form** onto the DHIS.

- If the facility has the infrastructure to capture data, it must capture data **directly** onto the DHIS from the **Monthly Input Form**.
- If the facility does not have the infrastructure, it must **Submit Monthly Input Forms** to the **sub-district/district** for capturing onto the DHIS




's data submission checklist






What is this?
A checklist to help you submit **VMMC** data on time & correctly




When do I use it?
Use it before you **submit data at the end of the month**. You can also refer to it **any time!**



Where to keep it?
Keep this somewhere that you can **see it easily** – like on your desk or up on your wall

Daily




1 Tally clients that received VMMC service using **client intake form**

2 Aggregate VMMC services conducted on the **VMMC register**

Flip over to see what these look like


Weekly



1 Note any moderate or severe adverse events on the **AE register**

Fill out **all** sections – use zero reporting

Monthly



1 Receive data from linked sites

2 Issue data receipts to linked sites who submit data

3 Complete **VMMC Monthly Summary data tracking sheet** with data from all linked sites

What are the linked sites:


1. Partners performing VMMCs

2. VMMC providers at the community level

3. Correctional services

4. Private practitioners

Before submission





1 Check that VMMC patient totals transferred from registers match Monthly Input Forms tally


2 Report on VMMC services conducted with **Monthly summary sheet** or on **DHIS**

If you don't have DHIS submit this form to sub-district for capturing

You made it! Well done!



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Data Reporting on DHIS

Checklist for Service Providers

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_____’s data submission checklist

What is this?

When do I use it?

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What is this?

A checklist to help you submit VMMC data on time & correctly

When do I use it?

Use it before you submit data at the end of the month. You can also refer to it any time!

Where to keep it?

Keep this somewhere that you can see it easily – like on your desk or up on your wall

Daily

1 Open a **patient file** for each procedure

2 Make sure that the **client intake form** is completed by the relevant parties for each procedure

3 Enter all client data after the procedure onto the **VMMC register**

4 Enter all AE and follow-up data on **client intake forms, VMMC register, and AE register**

Weekly

1 Check that the **VMMC register** is filled in and up to date

If no AEs, confirm the absence of AEs after the client’s 7-day follow-up!

2 Confirm that you have followed up with all post-operative clients if they haven’t visited the clinic for their follow-ups

Monthly

1 Tear off copy of the **VMMC register** for submission

2 Make **copies** of all **client intake forms**

3 Complete **VMMC Monthly Summary data tracking sheet**

4 Put all source documentation for submission in **one file**

Before submission

1 Check patient files against VMMC register.

Are any details missing?
It’s not too late! Update records now

2 Submit data with all source documentation to data collector and complete **VMMC surgical register receipt form**

What is the right source documentation? Count 4 things:

1. Copy of client intake form

2. VMMC register tear-off copy

3. VMMC monthly summary data tracking sheet

4. VMMC surgical register receipt form

Facility name:


Year:


Contracted by:

District:

Responsible data person:

You made it! Well done!

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Data Reporting

Data Verification for Contract Managers

See SLA Sections 9
& Annexure A & B



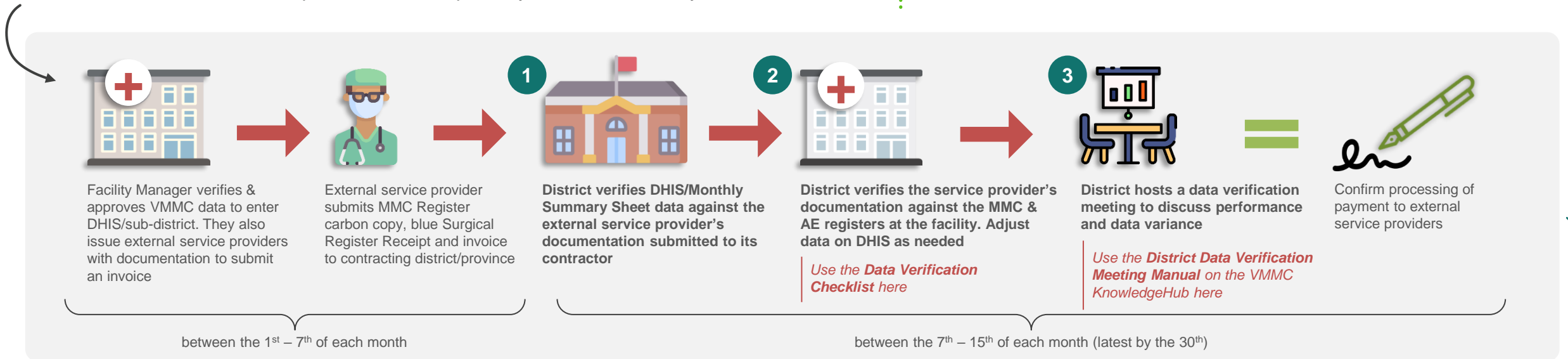
Your district's guide to monthly VMMC data verification & quality

Data verification processes exist to accurately track performance against targets, and to ensure the invoices of implementing partners are processed and paid timeously. There are three main activities districts undertake each month to monitor and so ensure data quality in their district.

- 1 Verify implementing partner's invoice with the DHIS/Monthly Summary Sheet data.
- 2 Verify the implementing partner's MMC Register carbon copy at the facility.
**Use Data Verification Checklist*
- 3 Host a data verification meeting. **Use the District Data Meeting Manual*

NOTE: In some districts these processes run separately and in others, they coincide.

Experiencing any challenges with quality data or data verification in your region? NDoH facilitates virtual data management and recording training for data and M&E officials. Certificates of completion will be issued to all attendees. Contact Dayanund Loykissoonalal or Andiswa Letsaolo for more information.



Data Reporting

Guidelines for the Reporting of Adverse Events

Reporting of Adverse Events



The PDoH absolves itself from all litigation/legal charges laid by clients who incur AEs or Policy Violations at service provider’s facilities in District.



Non-reporting of severe or notifiable AEs by either the Service Provider or the GP constitutes a **breach of this Contract**.



The AE reporting algorithm should be strictly adhered to by all service providers. Non-adherence shall **attract penalties or lead to breach of contract**.

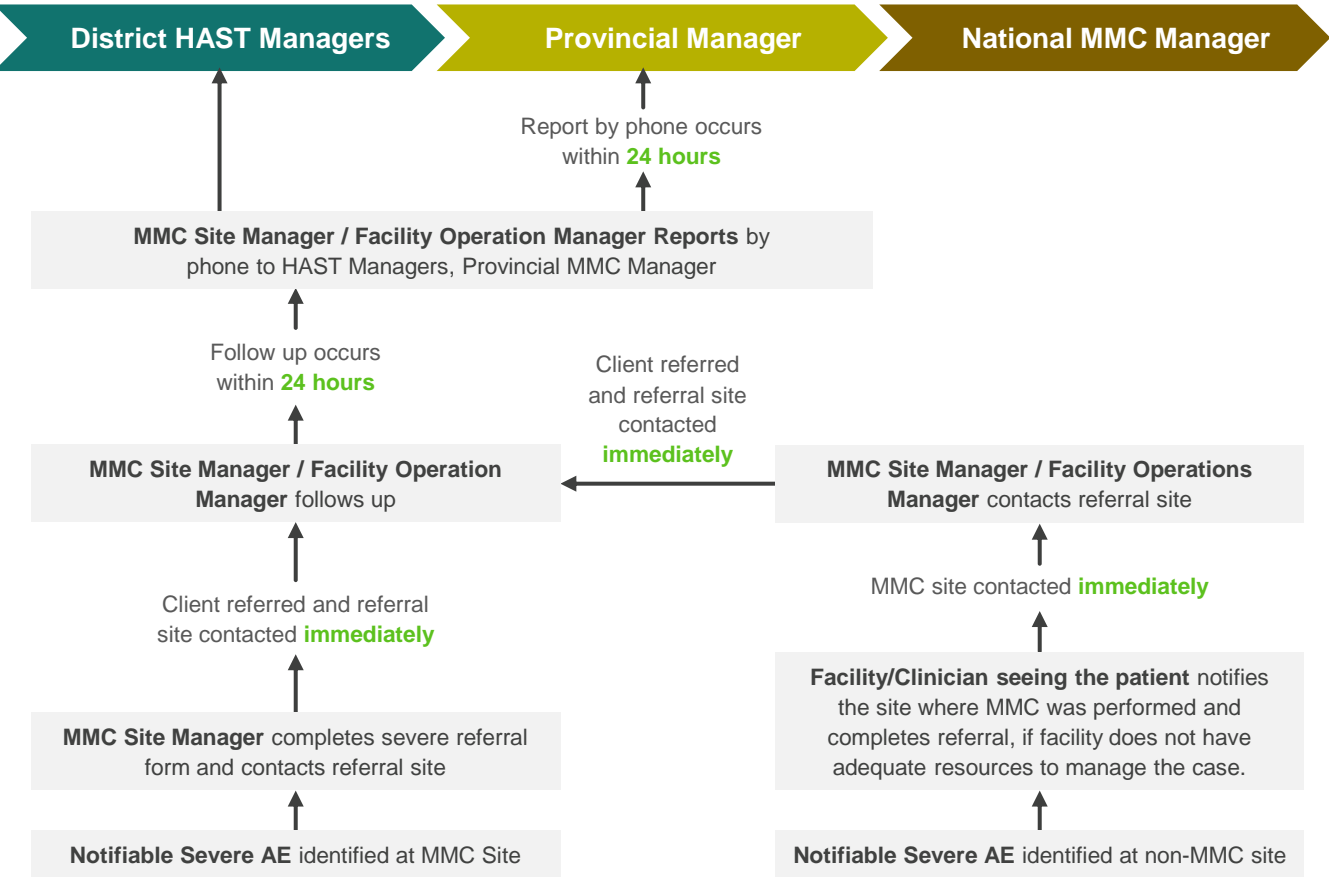


All AEs irrespective of classification (mild, moderate, severe, notifiable) should appear in the AE register.






All severe and notifiable AEs should be reported immediately (within 24 hours) of occurrence using the provided tools and guidelines.

The AE Reporting Algorithm

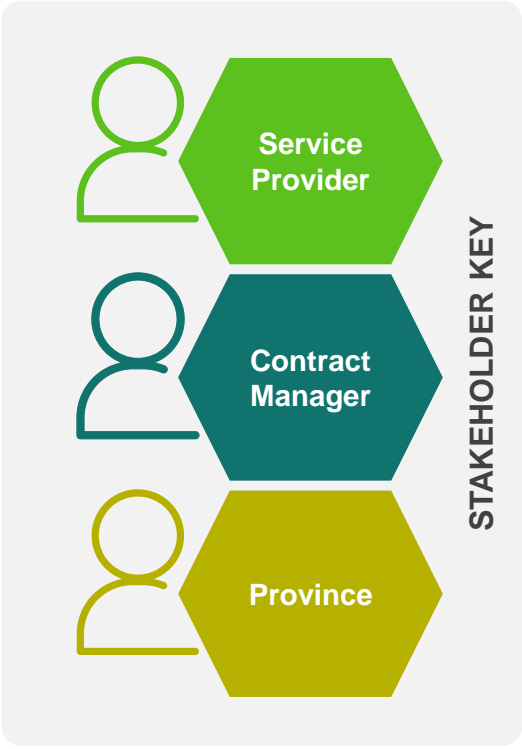
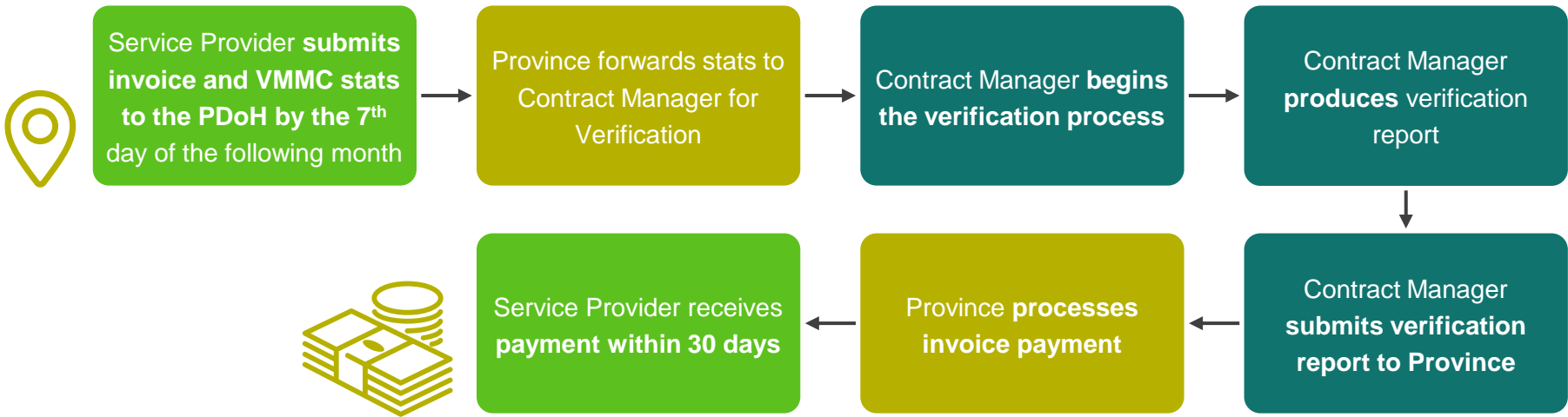


Guidelines for the Payment of Services

There are a number of payment provisions which must ideally be adhered to:

-  All payments are made once a month
-  The service providers should submit an invoice in addition to their monthly **statistics (which include a list of VMMC clients and the Monthly Summary Data Form) by the 7th of each new month** to enable the verification process
-  The province will pay out invoices on the **last day of the month**

The monthly payment-of-service process



Stakeholder responsibilities for the monthly payment for services process

See SLA Sections 4, 5 and 12 



- Submit** an invoice with VMMC monthly statistics by the **7th of each month**
- Submit** facility signed and stamped yellow forms from the VMMC Surgical Register to the district
- Account** for data variances and any other anomalies identified during the data verification process



- Determining & communicating** the list of required documents that a service provider is required to submit along with their monthly invoice submission
- Actioning** contract managers recommendations in the verification report
- Processing** invoice payments



- Complete** the following **data verification** process within **3 days of receipt**:
- Day 1: Compare** the DHIS data with the data in the **Monthly Summary Data Form** for irregularities
 - Day 2: At site level verification:**
Compare the list of VMMC clients submitted with the records in the **VMMC facility register, AE register and client files**
 - Day 3: For sign-off, submit** **Verification Report** to Province via email.

The following constitute National VMMC Policy Violations

See SLA Sections
Annexure C



- No sedation or general anesthesia use
- No client post circumcision follow-up as per protocol
- No emergency supplies, equipment and trained staff on site
- No HIV testing recommended and provided (HIV testing is not compulsory)
- No written informed consent retained for clients or parental/guardian consent for minor clients
- No immediate reporting of any death or notifiable adverse event as per protocol
- No VMMC for clients aged <10 years should be provided nor will be counted as achievements in results
- No use of the forceps-guided surgical method of circumcision
- No circumcision for any clients that have absolute contraindications to VMMC i.e., bleeding disorders, genito-urinary abnormalities
- All records must have the name and signature of the service provider
- Clients must receive written instructions on recommended post-procedure wound care that explicitly address the risk of wound infection including the danger of using cultural remedies for wound care
- Only surgical methods described in the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia or medical devices pre-qualified by WHO or approved by the National Department of Health may be used



Should a Policy Violation occur the appointed Service Provider shall be obligated to take immediate remedial action. This remedial action can take the form of: **suspension, expulsion, training, mentoring and supervision, review of protocols and SOPs by the Service Provider.**

Contract Risk Management Process

See SLA Section 9,
& Section 4 of RT35



A risk is any event that could **hinder the implementation** of the SLA contract and prevent the VMMC programme from progressing as planned, or from achieving successful completion and subsequently its defined objectives. One of the **most important duties** of contract managers is the **accurate identification and proper management** of commercial contract-related risk issues.

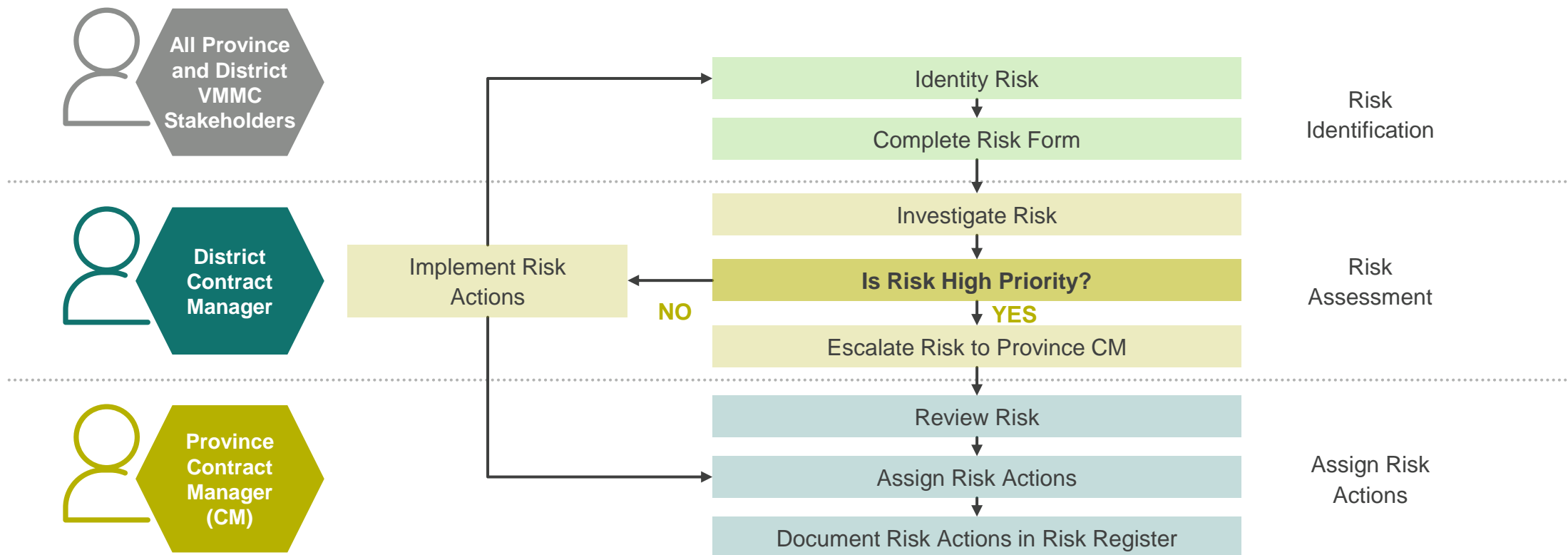


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The following constitutes the terms for Breach of Contract



A breach of contract occurs when the terms and conditions of a contract/ agreement **are violated**, i.e., when one party **fails to fulfil their promises** according to the provisions of the agreement. The aggrieved party can be either the Province or the Service Provider.

An example of such violations that may result in contract termination include:

- ✓ Confirmed or contemplated acts of fraud or corruption (immediate contract termination)
- ✓ Failure to take remedial action on policy violations, by the Service Provider and the Service Provider’s subcontractors.
- ✓ Non-reporting of severe AEs by either the Service Provider or the Service Provider’s subcontractors.

It is important to note that the Contract Manager

- ✓ Is not responsible for resolving, or making decisions on contract breaches
- ✓ Should be aware of what action is required in the event of possible contract termination
- ✓ Should keep track of and document breaches and plan for the potential impact of the outcome for the District
- ✓ Facilitate contract close-out in case of termination

Dispute Resolution Management is the responsibility of the Contract Manager

Disputes arising from non-agreement on the

- 1 Interpretation
- 2 Application
- 3 Implementation of the SLA

Between any of the following parties



Shall be resolved by

- 1 the parties to the dispute coming to an agreement in relation to the disputed matter,
- 2 failing which the parties agree to the fast-track dispute mechanism,
- 3 failing which an independent arbitrator shall be appointed by agreement, whose decision shall be final and binding.

Use these documents:

- Policy violation
- Contract breach
- Disputes register
- Penalties register

Any acts of fraud and/or corruption will not be tolerated

See SLA Section 22



Performed by:



Parties in the SLA Agreement



Any third-party involved directly or indirectly in the SLA

Performed at any stage of the SLA:



Subsequent to effective date



During implementation



After termination



Will result in immediate termination of the contract

Toolkit Progress

Start  Finish



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Frequently Asked Questions

Do I need to attend the induction meeting at the beginning of the contract?

Yes, all the service providers, district and provincial official need to attend an induction meeting as this is a great opportunity for getting to know the people you will be working with.

What is an SLA?

SLA stands for service level agreement and it is a legal binding document that the service provider as well as the PDoH/DDoH sign to agree on the service delivery arrangements and roles and responsibilities.

Who can I contact if the SLA is delayed?

If the SLA is delayed from the service provider's side, the contract manager/DDoH need to follow up with the service provider. If the SLA is delayed from the PDoH/DDoH's side, the service provider needs to follow-up with the contract manager.

What is the process of subcontracting a new service provider?

When subcontracting a new general practitioner (GP), it is the responsibility of the service provider to make the PDoH and DDoH aware of the changes to the team structure. The service provider remains responsible for ensuring that all the requirements for subcontracting GPs are met. It is also the responsibility of the PDoH and DDoH to ensure that the service provider has submitted all the required documents for the new GPs and that the GP is not on the blacklist.

How many circumcisions can a service provider perform?

The number of circumcisions a service provider needs to perform is stipulated in the SLA. This is part of the contractual agreement between PDoH/DDoH and the service provider. It is, therefore, important that the service provider meets the targets given to them by the PDoH/DDoH. Failure to do so may be considered a contractual breach. The service provider must obtain written approval from the Province to continue providing services once initial targets have been met.

What is the acceptable Adverse Events (AE) rate?

AEs should remain below 2% of all MMCs conducted per site per month. Should the percentage of AEs be greater than 2% over an extended period of time, the contract between the service provider and the PDoH will be reviewed and the contract may be terminated at the discretion of the PDoH.

When can I receive payment for the service provided?

All payment should be made within 30 days of receiving an invoice, on condition that the invoice, supporting documents and monthly stats are correct.

Contact Details



Mr Collen Bonnecwe | Medical Male Circumcision Programme Director, National Department of Health

- Email collen.bonnecwe@health.gov.za
- Telephone +2712 395 8021
- Mobile +2782 440 5118



Mr Dayanund Loykissonlal | Medical Male Circumcision Programme Manager, National Department of Health

- Email dayanund.loykissoonal@health.gov.za
- Telephone +2712 395 9186
- Mobile +2771 603 3144

Thank you **for playing your part** in South Africa’s National VMMC programme.

For further guidelines please access the [Knowledge Hub](#)

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