

Building on success: A follow-up case study in **building a high-performing Government-funded VMMC workforce** through a robust induction process

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Background to transversal contracts for the VMMC programme

Voluntary Medical Male Circumcision (VMMC) is one of South Africa's cost-effective HIV prevention intervention strategies and forms part of the combination prevention approach¹. Until recently, VMMC services were largely funded and delivered by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and its implementing partners but now budget restraints are requiring the National Department of Health (NDoH) to take ownership of the funding and implementation of the VMMC programme.

To mitigate the potential capacity challenges in implementation arising from the loss of this PEPFAR support - and to so achieve financial sustainability of the VMMC programme - the NDoH, in partnership with the National Treasury, awarded transversal contracts (referred to as *RT35* contracts) to fund VMMC service delivery in almost all districts offering VMMC. A *Transversal Term Contract* can be described as a "centrally facilitated contract arranged by the National Treasury for goods or services that are required by one or more government institutions²."

This case study follows on the 2019 initiative documented previously, which explored how South Africa's National Department of Health (NDoH) established a robust, government-funded VMMC workforce through RT35 contracts. Here, we delve into the implementation phase, focusing on the induction process and its impact on building a high-performing workforce in 2024.

Special emphasis is placed on the onboarding and *induction* of these appointed service providers and how it contributes to a more streamlined and sustainable programme.

¹ Bansi-Matharu, L., Mudimu, E., Martin-Hughes, R., Hamilton, M., Johnson, L., Ten Brink, D., Stover, J., Meyer-Rath, G., Kelly, S. L., Jamieson, L., Cambiano, V., Jahn, A., Cowan, F. M., Mangenah, C., Mavhu, W., Chidarikire, T., Toledo, C., Revill, P., Sundaram, M., ... Bershteyn, A. (2023). Cost-effectiveness of voluntary medical male circumcision for HIV prevention across sub-Saharan Africa: Results from five independent models. *The Lancet Global Health*, 11(2), e244–e255. [https://doi.org/10.1016/S2214-109X\(22\)00515-0](https://doi.org/10.1016/S2214-109X(22)00515-0)

² South African National Treasury. (2017). Guide to Participation in Transversal Term Contracts Facilitated by National Treasury

Recap: The Power of RT35 Contracts

This 2019 case study highlighted the following advantages of RT35 contracts (click [here](#) to access) ►►►

There are several compelling reasons why RT35 contracts are important for the VMMC programme, as demonstrated in other government programmes:

- 1. Increased domestic funding** | The RT35 contracts represent a shift towards increased *domestic* funding for the VMMC programme, reducing reliance on *external* donors. This promotes financial ownership and sustainability within the national health system.
- 2. Improved efficiency and allocation** | Compared to individual tenders for each district, the RT35 model streamlines the procurement process and allows for bulk purchasing of VMMC services and surgical supplies, potentially leading to cost savings and improved resource allocation.
- 3. Enhanced capacity building** | By partnering with qualified organisations, the programme aims to strengthen the capacity of the Department of Health's (DoH) staff to provide VMMC services effectively. This fosters knowledge sharing and expertise development within the country.
- 4. Standardised service delivery** | The RT35 framework establishes clear standards and quality assurance mechanisms for VMMC service delivery across organisations. This helps ensure consistent quality and patient safety across the programme.
- 5. Increased access to services** | Through competitive bidding and selection of capable organisations, the programme can expand access to VMMC services in underserved areas and reach more men who could benefit from it. Therefore, the tender is open to various organisations, including non-profit organisations, and private companies.



Overview of the tender award process

Two-phased tender award process & outcomes

The NDoH set out to appoint RT35 service providers for 48 out of 52 districts providing VMMC services - the remaining four fall within a province which uses an in-house service delivery model. The tender to contract service providers for these 48 districts was awarded in two phases (more on *why* below): during the first phase, 13 RT35 service providers were appointed for 38 districts. The second phase was a supplementary appointment of six service providers to cover 17 districts. In total, 18 RT35 service providers were awarded contracts to provide VMMC services in the 48 districts across eight provinces (Limpopo province excluded).

Why two tender phases? During the initial stage of the tender process, it was discovered that 17 districts were left without service providers. This was because the first group of bidders did not select those districts, and according to National Treasury policy, a service provider cannot be allocated in a district they did not select. As a result, a supplementary tender was introduced to secure service providers for the outstanding districts and address the shortfall in service provision, ensuring all districts were covered.

The RT35 appointment of a surgical aid supplier

In addition to the appointment of service providers for programme implementation, one service provider was appointed specifically to supply the safety-enhancing, time-saving surgical aid, CircumQ. The appointment of the CircumQ service provider to supply the surgical aids to DoH will address safety concerns regarding adverse events in males ages 10-14. The implementation of the surgical aids will also save costs due to the middle cadre being able to perform the circumcision instead of relying on medical officers.

Induction process - a key part of working with RT35 service providers

The purpose & importance of thorough induction

To ensure a smooth rollout of VMMC services once contractors were appointed,, the NDoH and the National Treasury facilitated RT35 tender induction sessions across the 8 provinces with some provinces implementing both the main and supplementary tender. A total of 11 sessions were conducted from October 2023 to February 2024. These sessions served as orientations for provincial and district health authorities as well as the newly awarded VMMC service providers.

For these reasons, effective inductions are crucial for the success of the programme aiming to achieve the following four outcomes:

1. **Smooth implementation** | Effective induction sets clear expectations and outlines processes for all stakeholders (province, district, service providers) involved. Reduces confusion and delays during the programme rollout, ensuring a smoother transition to service delivery
2. **Strong collaboration** | By introducing service providers to their assigned provinces and districts to clarify roles, the induction fosters open communication and collaboration between all stakeholders and this is essential for efficient service delivery and addressing any challenges that may arise
3. **Improved service quality** | Informed service providers are better equipped to deliver quality services. The induction equips them with knowledge of available resources like toolkits, training opportunities and dedicated support personnel.
4. **Increased programme sustainability** | Effective induction lays the foundation for a programme built on clear communication, collaboration, and effective resource utilisation. This contributes to the programme's long-term sustainability and its ability to achieve its VMMC goals.

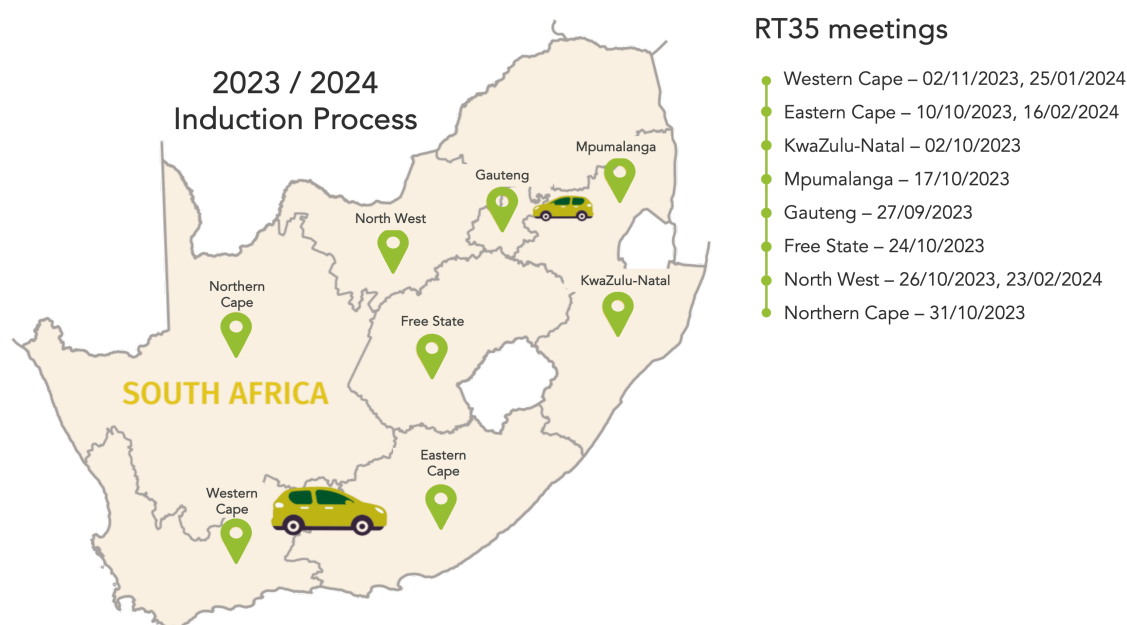
In essence, effective induction sessions serve as a roadmap for a successful programme implementation. They ensure everyone involved is on the same page, has access to necessary resources, and understands how to work together to deliver high-quality VMMC services.

Induction session content

The following were discussed during the induction sessions:

- Contract management guidance
- Stakeholder coordination
- General Practitioner (GP) contracting guidelines
- Data reporting and management protocols
- VMMC training implementation
- Demand Generation requirements for the programme
- Quality management, quality and safety measures and processes, as well as AE reporting
- As well as a presentation from the incoming RT35 service providers and Circum-Q on their Implementation plans, including Human Resources.

Inductions have been carried out in these provinces between 2023 and 2024:



MMC SUSTAIN's role in the induction process

Funded by the Bill & Melinda Gates Foundation, *MMC SUSTAIN* (an acronym for *Medical Male Circumcision Scale-Up and Sustainability to Avert New HIV Infections*, a technical assistance project) has been supporting the NDoH in South Africa since September 2018. The primary goal is to build sustainable local systems for planning, managing, and delivering a high-quality VMMC programme at scale.

A key area of focus for MMC SUSTAIN is strengthening the domestic contracting system for VMMC service providers. During the induction sessions mentioned above, MMC SUSTAIN presented topics like GP guidelines, data management, and

quality management. Their contribution, however, went far deeper: recognising the NDoH's limitations in technical expertise, and manpower for effective contract management, MMC SUSTAIN stepped in to provide crucial logistical support, and facilitated discussions and coordination between stakeholders. This holistic approach ensured efficient knowledge transfer during the induction process.



The most critical contribution lies in the development of a **comprehensive contracting toolkit**. This toolkit outlines essential topics like those covered in the presentations, providing a valuable resource for DoH officials.

Anticipated challenges

By the time of writing (March 2024), as is seen above, most of these RT35 contracts' service delivery has not been in place for more than six months - there is thus still a lot of monitoring and evaluation needing to take place of how to optimise implementation. However, the various provincial induction sessions shed light on the potential challenges the contracting team could experience in terms of contract management and stakeholder coordination. Below are a few points raised.

Dual funders, single implementer | The DoH anticipates potential monitoring challenges due to Right to Care (RtC) delivering VMMC services both through PEPFAR funding (non-RT35) as well as an RT35 contract, in the same districts. The monitoring challenges encompass the entire data collection, reporting, and performance measurement processes for both contracts. The DoH is concerned about the potential for inaccurate data, conflicting priorities, and a lack of transparency due to RtC's dual roles.

Subcontracting & client tracking | The RT35 service providers were pursuing a model where they could subcontract VMMC service delivery to each other. This approach aimed to address situations where service providers might not have been awarded the contract for a specific province or district but still had the

capacity to deliver services in that area. However, this model carries the risk of duplicated client claims because of data sharing and client tracking. Without a centralised data monitoring system across provinces, it will be difficult to track which clients received services and by whom.

Provincial budget constraints | The launch of RT35 contracts in the last quarter of a financial year poses funding challenges. While the National Treasury plays a vital role in provincial budget allocation, unforeseen circumstances and competing priorities might impact the availability of resources at the provincial level. This, in turn, might lead to delays in project commencement due to a lack of available funding.

Lessons Learned

Through this process, it became evident that...

1. **Collaboration** | Collaboration between incoming RT35, CDC, and surgical aid service providers was critical for a comprehensive onboarding session. Early engagement with service providers, along with clear communication of their roles and responsibilities, proved crucial.
2. **Onboarding** | Familiarising service providers with key DoH officials, other partners, and the documents that would guide the partnership, facilitated their swift integration into existing structures and inspired their commitment to the programme.
3. **Accountability & support** | It was also crucial to involve the provincial and district managers in the induction process to de-centralise responsibilities. This would enable the RT35 service providers to be overseen and their performance to be monitored. It would also ensure that quality and safety guidelines are being followed and that the service providers have a designated person to approach for clarification or assistance when facing programme implementation challenges.
4. **Learning platform** | The open communication channels also provided an avenue to disseminate new developments and policy changes in the programme, and to clarify miscommunication or misunderstanding concerning guidelines.

Reference

Department of Health, South Africa. (2023, April). National Treasury Transversal VMMC Contract | Contract management framework.