

Establishing a Centre of Excellence for sustained VMMC service delivery

| A case study from Ekurhuleni District,
Gauteng

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Background & context

Evidence has proven that Voluntary Medical Male Circumcision (VMMC) plays a pivotal role in the prevention of HIV infection in heterosexual males. As such, it is a key part of South Africa's HIV prevention strategy. The South African Department of Health (DoH) offers VMMC services at selected public health facilities across all 52 districts. Services are primarily delivered by PEPFAR-funded Implementing Partners or domestically-funded service providers via the National Treasury's Transversal (RT35) contracts.

About our case study location

In Ekurhuleni district, Gauteng province, VMMC services are available at four public health facilities, three of which are supported by PEPFAR partners (Winnie Mandela Clinic, Tsakane Clinic, and Katlehong North Clinic). At Nokuthela Ngwenya Community Health Centre (CHC), VMMC services are offered exclusively by dedicated DoH-employed staff. Since 2019,



Ekurhuleni has experienced multiple partner transitions, which has led to service disruptions, and ultimately unmet annual targets. However, VMMC services at Nokuthela Ngwenya CHC remained uninterrupted despite all these changes.

This case study documents how Ekurhuleni built a VMMC programme resilient to external shocks by transforming Nokuthela Ngwenya CHC into a Centre of Excellence for sustainable VMMC service delivery and management.

The following sections describe the strategic framework guiding this intervention, challenges encountered, strategies adopted to address them, intervention outcomes, and key considerations to inform the replication of results in other facilities and geographies.

Sustainability & the Centre of Excellence model

In 2020, the National Department of Health (NDoH) transitioned its VMMC programme from a scale-up phase, focused on reaching performance targets, to embedding sustainability components. The most recent National VMMC Strategy & Implementation Plan (2020 - 2024) defines sustainability as "*the routine provision of VMMC services within a holistic, comprehensive healthcare model, contributing towards universal health coverage*"³. This definition emphasises the following two key requirements for sustainability:

- 1) *The provision of services must be **continuous**.*
- 2) *Services must be **accessible to all**.*

About MMC SUSTAIN and its support to Ekurhuleni district

To support the country's efforts towards building a sustainable VMMC programme, the Bill & Melinda Gates Foundation launched its Medical Male Circumcision Scale Up and Sustainability to Avert New HIV Infections (MMC SUSTAIN) project, implemented by Genesis Analytics in 2018. The main objective of this project was to build the capacity within DoH structures to plan, manage, and implement a sustainable VMMC programme in selected districts, including Ekurhuleni district².

One of MMC SUSTAIN's key elements of technical support to Ekurhuleni, as with other districts in its programme, was therefore to transform at least one public health facility into a recognised VMMC Centre of Excellence (CoE), where other DoH-employed staff in the district as well as the province, could access world-class training, mentorship, case management, and supervision. This is part of the National Programme Strategy and aims to improve and standardise service delivery and training of a district or province⁴.

What is a Centre of Excellence?

A VMMC Centre of Excellence (CoE) is a specialised healthcare unit that provides a high level of expertise and dedicated resources to offer VMMC services through a collaborative, and multidisciplinary approach. A CoE must be identified and supported to improve and standardise the clinical quality, safety, and training of VMMC surgical procedures, as well as the referral and management of severe adverse events. The centre should in turn extend its support to nearby facilities¹.

Some of the unique roles a CoE fulfils include but are not limited to:

- Coordinating VMMC activities with all levels of government, Regional Training Centres, funders, and Implementing Partners.
- Offering VMMC for walk-in clients in the facility, young clients (with approval from the district/province), and those needing expert urology services.
- Hosting and conducting training and mentoring of VMMC clinical staff.
- Managing all reported cases of severe adverse events.
- Providing a roving team to conduct training, mentorship, or camps at other VMMC facilities.

Apart from these roles, Centres of Excellence should comply with all other VMMC standards and guidelines and therefore set an example for other facilities offering the service¹.

The section below outlines how we, as MMC SUSTAIN, set up Ekurhuleni's VMMC Centre of Excellence - Nokuthela Ngwenya CHC.

Setting up Nokuthela Ngwenya CHC to become a VMMC Centre of Excellence

With domestic (Department of Health) ownership of the VMMC programme in mind, Nokuthela Ngwenya, the only public health facility providing VMMC services in the district, was the clear choice for capacity building as a potential CoE.

To establish a VMMC Centre of Excellence in Ekurhuleni that would uphold VMMC standards we prioritised these two elements: (1) using the site to bridge emerging service continuity and accessibility gaps, (2) training and upskilling all relevant site staff as well as other VMMC staff in the district. More on how we did this, is below.

1. Solve emerging service continuity & accessibility challenges

Offer VMMC services to an otherwise missed age group

In 2020, in light of emerging evidence of high rates of VMMC-related adverse events amongst young adolescents, PEPFAR raised its minimum age of VMMC eligibility from 10 years to 15 years. This created a gap in service delivery for the 10 - 14-year age group in PEPFAR-supported districts such as Ekurhuleni. Nokuthela Ngwenya

proactively addressed this gap by becoming the only public health facility offering VMMC services to the district's 10 - 14-year-old age group.

Support other facilities via a roving team & VMMC Camp Days

In addition to its on-site services, Nokuthela Ngwenya has continued to expand its service delivery reach by supporting a network of nearby facilities via its newly established roving team. The roving team comprises two medical doctors, three professional nurses, one HIV Testing Services (HTS) counsellor, one cleaner, and one data capturer. The focus of the roving team's support is on PEPFAR-supported facilities, with whom they closely collaborate to ensure young boys interested in VMMC are circumcised during special "VMMC Camp Days" which take place at Winnie Mandela Clinic (which is located centrally to Tsakane and Katlehong Clinics). During periods of service interruptions at PEPFAR facilities, the roving team can also assist the boys/men who are 15 years and older.

VMMC Camps operate as follows: The district stations a professional nurse at each PEPFAR facility responsible for managing VMMC bookings for 10 - 14-year-olds. The nurse then alerts the roving team once a minimum of 10 clients have signed up. Aggregating the bookings in this manner is an important strategy to maximise resources since VMMC Camps have associated costs such as transport, staff overtime reimbursements, etc. The roving team communicates a date for the VMMC Camp, after which the nurse invites the clients to the health facility for the procedure. The roving team conducts the procedures at the PEPFAR facility according to the schedule, and the facility nurse assists with pre-and-post-operative care of the clients according to VMMC guidelines.

2. Build the clinical & management expertise of all relevant staff

Staff competency & accreditation at Nokuthela Ngwenya

Above all else, ensuring the future CoE facility's entire staff complement was conversant in VMMC service delivery and management was crucial; from community healthcare workers to clinicians and data capturers. To this end, we coordinated a series of training and orientations to improve their programme knowledge and skills. The SUSTAIN project facilitated and funded the training in collaboration with partners including the Regional Training Centre (RTC), the Centre for HIV-AIDS Prevention Studies (CHAPS)/ JPS Africa, and the DoH. The training was targeted according to role and spanned essential programme modules such as Continuous Quality Improvement (CQI) and Adverse Event Management, Demand Creation, Data Management, Mentorship, and Surgical Procedures.

Training & mentorship to other VMMC staff in the district

Increasing the number of VMMC-trained local staff to provide services in the absence of implementing partners is a crucial enabler for sustainability. So, we positioned Nokuthela Ngwenya as the district's training hub by arranging and hosting VMMC training and providing mentorship to trainees. An important

facilitator of effective training provision was the appointment of the District's Clinical Mentor who works with the district in coordinating training and identifying the best candidates for training (according to the district's priorities).

The government provides VMMC surgical training for clinical staff through the [Online Training Hub \(OTH\)](#). Clinicians are given two months to complete the course, however for a clinician to be deemed competent in the procedure, they have to perform 10 circumcisions under the supervision of an official [VMMC Clinical Mentor](#). Nokuthela Ngwenya provides clinical mentors who can supervise trainees when they perform their first 10 practice circumcisions. The "VMMC Camps" that the roving team hosts in the different healthcare facilities, serve as a fertile ground for mentorship, as there is usually a high number of VMMC patients, and also skilled staff to supervise the trainees as they perform the circumcisions.

Results

1. Accelerated Circumcision Uptake

The instruction to increase the circumcision age to 15 years and older came in 2020, however, through Nokuthela Ngwenya and its roving team the younger adolescents continued to be serviced even after that as shown in Figure 1.

In the financial year (FY) 2019/2020, before the roving team activities were in full gear, there were no circumcisions performed in donor facilities, due to the lack of donor support in that year (as shown in Figure 2). We observed a dramatic and continuous increase in the uptake of circumcision services in the PEPFAR-funded facilities in 2023, despite the absence of donor support during that period as well. The increase in circumcisions in 2023 in donor facilities can be attributed to the efforts of the roving team that serviced their VMMC clients through the VMMC Camps. These results showed that even in the absence of donor support, the continuity of services can be achieved through domestic resources.

[see next page for Figures 1 and 2 >>>]

Figure 1 shows the number of circumcisions performed at the PEPFAR health facilities in FY 2019/2020 and FY 2023/2024 (up to December 2023) on boys 10 - 14 years old.

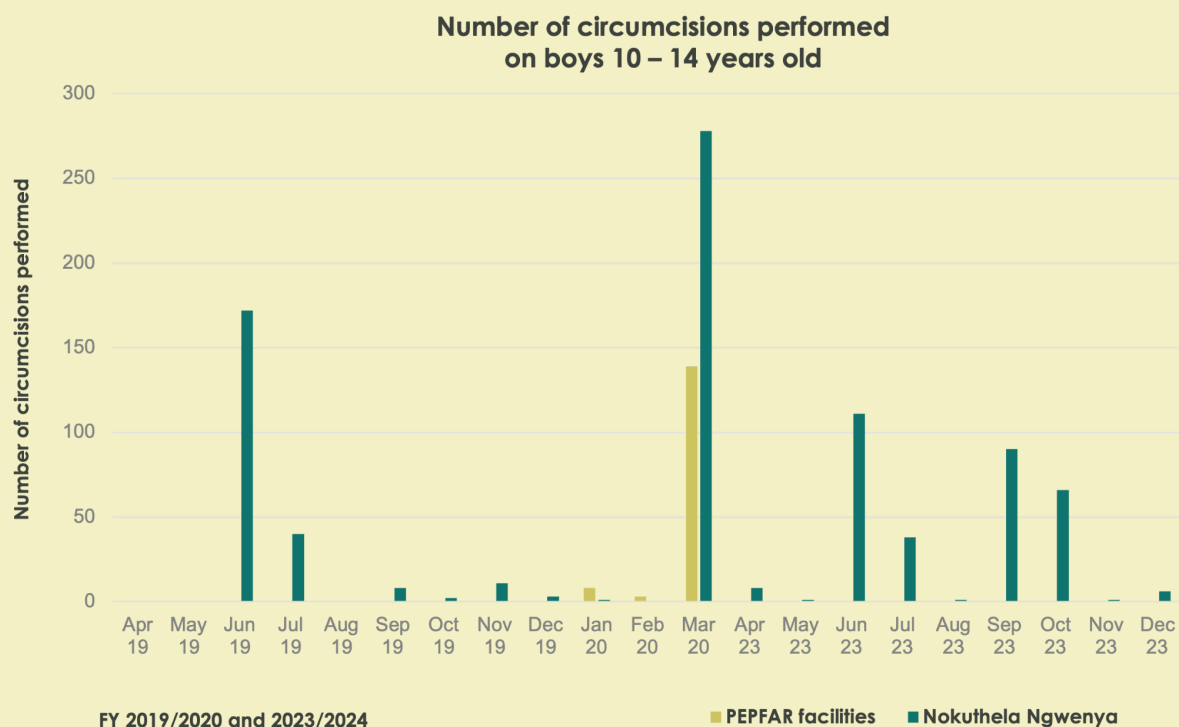
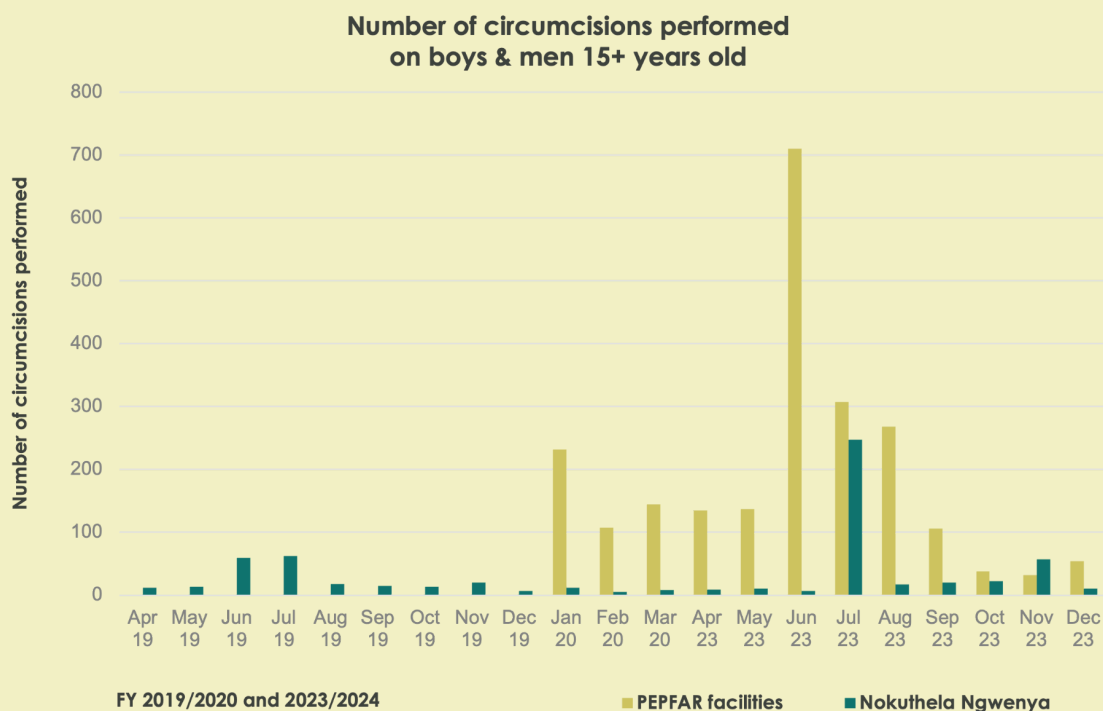


Figure 2 shows the number of circumcisions performed at the PEPFAR health facilities in FY 2019/2020 and FY 2023/2024 (up to December 2023) on boys/men 15 years and older.



2. Increased upskilling of domestic resources

During the intervention period, we coordinated over five training sessions held at Nokuthela Ngwenya across various topics, which resulted in a **total of 134 DoH staff being equipped** with the relevant information and skills to improve their performance.

Table 1 shows the number of training sessions conducted at the CoE through collaboration with various training partners:

Training focus	Number of people reached
Continuous Quality Improvement (CQI)	25
Demand Creation	40
Data Management	24
VMMC Surgical Training	45

Before the intervention, Nokuthela Ngwenya's clinical staff either didn't have VMMC competencies or had not undergone refresher Surgical Training. There were also no clinicians who were qualified to provide mentorship. Through this intervention, they were provided with VMMC Surgical Training (or refresher training) as well as Clinical Mentorship training to those interested in becoming official Clinical Mentors. Now, all clinicians within the roving team (two doctors and three nurses) have their VMMC surgical competency and act as clinical mentors. This roving team facilitates growth in the number of cadres who can provide VMMC services in the district. Through their contribution, 20 of the 45 cadres who attended VMMC Surgical training during the intervention are competent, and the other 25 are mentored to obtain their competency.

Lessons learnt

This case study demonstrates the ideal approach for programme sustainability where (1) upskilling a core group of government staff can (2) expand training and mentorship to personnel at other facilities which in turn (3) allows for the expansion and continuity of services, whether in partnership or the absence of external implementing partners. As it stands, in the Ekurhuleni district, a donor-supported health facility is successfully staffed with a complete and qualified Department of Health (DoH) team, a significant step towards providing VMMC services driven by domestic resources as it progresses toward full operational independence.

In addition, the intervention revealed the following insights:

Sustainability relies on leveraging domestic resources | Donor funding can be unpredictable, and thus there is a clear need for South Africa to develop strategies to sustain the National VMMC Programme using government resources such as the health workers employed in public health facilities, which can be predicted and controlled locally. As part of this, it is essential to invest in the training and development of local health cadres to ensure that quality VMMC services can be maintained without reliance on external support.

Prioritising access for all increases service delivery resilience | As per the definition of sustainability in the National VMMC Strategy and Implementation Plan for 2020 - 2024, sustainability requires continued service provision- and the service must be accessible to all (including the 10 - 14-year-olds in this case). The roving team was established as a mechanism to address the gaps in service delivery specifically for the 10 - 14-year-olds, however during periods when there was no donor support at PEPFAR facilities the roving team was able to service even men aged 15 years and above at these facilities.

A phased approach to ownership | Ownership starts by making incremental moves such as deploying domestic resources to facilitate, support, and provide oversight of external interventions. The seemingly small move of embedding a single professional nurse at the PEPFAR facilities was critical in ensuring that the roving team operates efficiently and continually. Upskilling a DoH clinician to become the District's Clinical Mentor was also a significant move, as this clinician can be the point person between clinicians in the district, the DoH, and the SUSTAIN project and can ensure that the three actors know each other's priorities so that they can work together effectively.

Conclusion

This case study emphasises the need to mobilise domestic resources to sustain VMMC services. Relying on donor support for long-term programme planning and delivery is uncertain, as such funding is not guaranteed. The study also reveals that scaling up and sustaining VMMC services is achievable through concerted efforts to train and maintain a sufficient workforce of capable DoH cadres who can consistently provide VMMC services.

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