SUSTAINABILITY ASSESSMENT PILOT OF THE MEDICAL MALE CIRCUMCISION PROGRAMME IN SOUTH AFRICA

Final findings report

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MMC SUSTAIN

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Acronyms

ACSM	Advocacy Communication and Social Mobilisation
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
AE	Adverse Event
BMGF	Bill and Melinda Gates Foundation
CBO	Community-Based Organisation
CG	Conditional Grant
CoE	Centre of Excellence
CSO	Civil Society Organisation
CQI	Continuous Quality Improvement
DATIM	Data for Accountability Transparency and Impact Monitoring
DIP	District Implementation Plan
DG	Demand Generation
DHIS	District Health Information System
DoH	Department of Health
DOP	District Operational Plan
DORA	Division of Revenue Act
DQA	Data Quality Assurance
EQA	External Quality Assurance
FY	Financial Year
GP	General Practitioner
HAST	HIV and AIDS/STI/TB Unit
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HTS	HIV Testing Services
IEC	Information, Education and Communication
IPC	Infection Prevention Control

JHD	Johannesburg Health District
KPA	Key Performance Area
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
MMC SUSTAIN	Medical Male Circumcision Scale Up and Sustainability to Avert New HIV Infections
MOU	Memorandum of Understanding
MoV	Means of Verification
MS	Microsoft
NDoH	National Department of Health
PEPFAR	US President's Emergency Plan for AIDS Relief
PMU	Project Management Unit
RT-35	Transversal Contracting
RTC	Regional Training Centre
SAE	Severe Adverse Event
SANAC	South African National Aids Council
TB	Tuberculosis
TMI	Traditional Male Initiation
TWG	Technical Working Group
UHC	Universal Health Coverage
VMMC	Voluntary Medical Male Circumcision
VPU	VMMC Programme Unit (Provincial and District)
WHO	World Health Organisation

Executive Summary

The South African Government has developed a comprehensive strategy, the *Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024*, to ensure the sustainability of the National Voluntary Medical Male Circumcision (VMMC) programme. The programme, led by the National Department of Health (NDoH), has made significant progress in HIV prevention and secured domestic funding. The programme has expanded service sites, involved technical working groups, and implemented well-defined policies. While international donor funding is declining, the government is mobilising domestic resources and transitioning the programme to a sustainable model. The sustainability assessment has been instrumental in identifying gaps and developing targeted action plans for greater impact. The assessment has helped optimise operational efficiency and strengthen key programmatic domains. The government's commitment to sustainability is crucial for the continued success and effectiveness of the VMMC programme.

The sustainability of the VMMC programme was assessed using tailored metrics, comprising 36 indicators across six pillars, specifically designed to measure sustainability. The six pillars are leadership and advocacy, governance and coordination, service delivery, communication and demand generation, domestic resourcing, monitoring and evaluation (M&E) and operational research.

These metrics evaluated the alignment of programmatic areas with the criteria outlined in the National VMMC Sustainability Scorecard. The sustainability scorecard aims to provide a comprehensive view of sustainability and the distribution of sustainability-level scores across the programmatic pillars within the VMMC programme, as visualised on the dashboard.

The purpose of the sustainability assessment was twofold. Firstly, it aimed to assess the government's progress towards sustainability by identifying strengths, weaknesses, opportunities, and threats to the VMMC programme. Secondly, it served as a pilot for the Sustainability Assessment tool, testing its effectiveness and providing recommendations to enhance the tools, training materials, and processes.

The assessment was facilitated by the Medical Male Circumcision Scale Up and Sustainability to Avert New HIV Infections (MMC SUSTAIN) programme, funded by the Bill and Melinda Gates Foundation, which aimed to provide technical assistance to the South African national medical male circumcision (MMC) programme. MMC SUSTAIN's strategic goal was to support the Department of Health (DoH) in transitioning the national MMC programme toward sustainability.

Following the pilot phase, the updated assessment tool, report, and implementation guide will be handed over to the NDoH. Routine assessments will track performance against sustainability targets and guide remedial actions. As the VMMC programme transitions toward a comprehensive men's health programme, the Sustainability Scorecard and assessment tool will undergo further iterations to align with evolving needs.

Methodology

The methodology section of the report outlines the assessment tool, sampling approach, sample frame, data management processes, quality assurance measures, and limitations associated with the methodology. The assessment is grounded in the national VMMC Sustainability Scorecard and the definition of sustainability. It covers the functional pillars of the VMMC programme at the national, provincial, and district levels. The assessment comprises indicators at each level, with means of verification identified for each indicator.

An extensive literature review was conducted to understand the functionality of the VMMC programme systems. Sustainability-related areas, means of verification, and issues were identified for follow-up during on-site assessments. Reviewing sustainability assessment tools from other countries and guidance from US President's Emergency Plan for AIDS Relief (PEPFAR) and the Bill and Melinda Gates Foundation (BMGF), informed the development of a draft tool. Follow-up assessments were conducted at national, provincial, and district levels between September 2022 and January 2023. Key informants involved in delivering the VMMC programme were engaged to contextualise findings, investigate sustainability-related issues, and co-define recommendations supporting the transition to sustainability.

The assessment tool was used to rank indicators associated with the sustainability pillars. The scale and definitions were applied to each indicator. Various efforts were made to encourage the participation of VMMC units, with 11 eleven out of 12 VMMC programme units agreeing to participate.

Assessment tools for each programme unit were submitted using Microsoft (MS) Excel. Completed tools were reviewed for completeness and accuracy, with immediate resolution of queries. The tools were consolidated into a single master Excel sheet to standardise scores.

Average scores for each functional pillar were calculated for each visited site and the overall programme and each level of the health system. Results were presented using tables and spider diagrams. Justifications for scores were reviewed to identify key themes, sustainability strengths, and vulnerabilities.

The findings of the sustainability assessment were collated and presented in the report, highlighting gaps and providing recommendations for action plans. An additional output was an MS PowerPoint presentation distributed to stakeholders to support evidence-informed decision-making.

Quality assurance processes included training, regular project management calls, timely submission of tools for review, resolution of data quality concerns and queries, and peer reviews of assessment tools for standardisation and addressing outliers.

Findings

Table A below presents the overall scores for the programme at the national, provincial, and district levels. Service delivery was identified as a significant vulnerability, posing substantial risks to sustainability. Other pillars also exhibited vulnerabilities, albeit at a moderate level of risk. None of the pillars fully met the criteria for achieving sustainability.

Table A: Overall Scores for Each Functional Pillar

Pillars	National	Provincial	District	Total Average
I. Leadership and Advocacy	2	2	2	2
II. Governance and Coordination	2	2	2	2
III. Service Delivery	2	1	2	1
IV. Communication and Demand Generation	2	2	2	2
V. M&E and Operational Research	2	2	2	2
VI. Domestic Resourcing	2	2	2	2
Total Average	**2**	**2**	**2**	**2**

At the national level, several vulnerabilities posed a moderate level of risk across all pillars of the sustainability of the programme. At the provincial level, the average scores (2/3) across the sustainability pillars highlighted several vulnerabilities that pose moderate risks to the sustainability of the VMMC programme. Furthermore, the service delivery pillar at the provincial level indicates a high risk to the programme (1/3). At the district level, the total average scores also indicate a moderate level of sustainability risk (2/3).

Summary of Recommendations to Enhance the Sustainability of the VMMC Programme

A. Leadership and Advocacy

1. Revive government meetings with the national, provincial, and district AIDS councils to enhance advocacy for the VMMC programme.
2. Proactively engage the provincial level in bridging the communication gap with both national and district levels.
3. Utilise national VMMC meetings to hold subnational VMMC programme managers accountable for sub-optimal performance.
4. Engage the private sector as an active partner in the VMMC programme to collaboratively develop innovative solutions for VMMC service delivery.

B. Governance and Coordination

1. Provincial and district planning should align with the *Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024.*
2. Utilise existing meetings to strengthen stakeholder engagement, optimise coordination and reduce duplication of efforts.
3. National and province should resuscitate important VMMC meetings such as TWGs to assist in solving technical issues and strengthen stakeholder relations.
4. Involvement in other HIV prevention meetings to foster integration and leverage synergies.
5. Monitoring and evaluation (M&E) serve as an accountability mechanism that can be leveraged by NDoH (as the steward of the VMMC programme) to hold relevant stakeholders accountable for the performance of the VMMC programme.

C. Service Delivery

1. Staffing plans should be developed at all levels and funding sourced for the necessary VMMC positions.
2. Simplify the recruitment process to fill critical roles needed for the VMMC programme at all levels timeously.
3. Orientate staff at provincial and district levels on the importance and functions of the different documents and plans as there seems to be confusion around the terminology.
4. Capacity building of staff through the Online Training Hub (OTH) and regional training centres.
5. Feedback from the sustainability assessment should be cascaded downwards and action plans developed at all levels, and provinces should develop dashboards to track performance.
6. National should hold implementing partners, who underreport or conceal severe adverse events (SAEs), accountable and implement consequence management.

D. **Communication and Demand Generation**

1. National to support the development of costed Demand Generation (DG) plans at the district level that is aligned with the national demand generation strategy.
2. National and provincial levels need to assist districts to revive and operationalise context-specific demand-generation activities.
3. Extend demand generation training to include traditional coordinators, peer educators, Community-Based Organisations (CBOs) and Civil Society Organisations (CSOs).
4. Leverage local AIDS councils to ensure community involvement.
5. Expand VMMC awareness beyond National Health Days and increase stakeholder engagement to find more opportunities to generate demand.
6. Use of evidence-based interventions for DG that are measurable.
7. Assess the impact of the various communication channels in terms of cost-effectiveness and achieving the necessary outcomes.

E. **M&E and Operational Research**

1. Identify stakeholder information needs before designing and developing responsive data management processes for inclusion in nationwide M&E data management guidelines, systems and processes to ensure the availability of high-quality routine data that can be used for data-driven decision-making.
2. Track stakeholder engagement with VMMC information on the national knowledge hub, website, and other platforms to assess their effectiveness for communication and knowledge-sharing.
3. Conduct planned routine and independent data quality audits to ensure consistent implementation of M&E plans at all levels. Plans for EQAs should be closely monitored and reviewed regularly.
4. Implementation of dashboards or other data visualisation tools to improve the utility of data for decision-making at all levels.
5. All levels of the DoH should explore various means of eliciting feedback from all stakeholders involved in the VMMC programme.
6. Routine performance data should be further explored to inform additional research questions for operational and evaluative research and strategic learning.

F. **Domestic Resourcing**

1. Additional funding should be sourced to support non-negotiable items of the VMMC programme inclusive of Continuous Quality Improvement (CQI) and external quality assurance (EQA) assessments, clinical mentor training, revisions of guidelines, printing of job aids and registers and technical support.
2. National should leverage existing partnerships and the private sector to mobilise and pool resources for the VMMC programme where appropriate.
3. Build capacity for programme managers to fully utilise the VMMC programme budgets.
4. Decentralise budget to district level to ensure funding allocations can quickly be modified according to need.
5. Provincial business plans to align with district micro plans to ensure an adequate budget for essential VMMC elements.

Assessment Tool Observations and Recommendations

Aligned with the second objective of this report, the assessment aimed to pilot the Sustainability Assessment tool and process to test its effectiveness while providing recommendations to enhance the tools, training materials, and processes.

Table B: Assessment Tool Observations and Recommendations

Limitations of the Tool	Recommendations
1. The ranking system considers the information provided, as well as the availability of means of verification, where the former may rank highly however the lack of evidence reduces the rating.	Rank the information and the means of verification separately.
2. The scoring system of up to 3 is narrow and makes it difficult to capture qualitative information.	Consider broadening the scoring range.
3. The tool is aligned with the sustainability scorecard which has repetitive questions.	Amend the sustainability scorecard to remove duplicates.
4. The length of the tool and its qualitative nature necessitate approximately five hours to administer.	To ensure participant engagement, the tool should be shortened and simplified. The use of 'yes' and 'no' answers with qualitative explanations may assist in simplifying the responses.
5. The tool lends itself to assessor bias and inconsistencies, particularly where multiple assessors are involved.	Develop an application for the tool to reduce assessors' bias, by providing options based on background analysis as data is captured. The tool can be designed similarly to the EQA tool. Assessors can be trained on how to score.
6. Some terms do not have a shared understanding across levels and individuals.	Provide indicator definitions and an indicator reference guide.

Table C: Assessment Process Observation and Recommendations

Limitations of the Assessment Process	Recommendation
1. Bureaucracy and long approval times delayed the commencement of the assessments.	It is recommended for National to send letters of request for the assessment to the provincial Head of Departments (HODs) well in time to avoid any delays during actual assessments.
2. The drawback of a combined focus group is that the senior officials dominate the conversation, and the junior staff are hesitant to express their views.	Conduct separate focus groups with senior and junior staff to enable the junior staff to express their input freely.
3. The means of verification is challenging to attain due to bureaucratic processes and approval	Make the submission of means of verification a requirement for participation in the assessment and

Limitations of the Assessment Process	Recommendation
requirements from the provincial Head of Departments.	hold provinces accountable for ensuring these are provided.
4. National representatives did not attend all the sub-national assessments, and provincial representatives did not attend all the district assessments.	National representatives should be present at all the provincial assessments, to emphasise the importance of the activity to sub-national levels. Similarly, provincial representatives should be present at the district-level assessments.
5. The performance period was not clarified upfront on the survey, therefore some respondents reported information from previous years for certain questions.	Clarify the performance period being assessed.
6. The timing of the assessment corresponded with concurrent priorities.	The timing of the assessment is important. National should choose the best time of the year to conduct the assessments by considering the availability of the interviewees, the DoH fiscal year, business aspects of the VMMC programme, etc.
7. The selection of assessors.	• The assessors conducting the subsequent assessments should be knowledgeable and experienced in VMMC and should be trained in the tool and its rating system. This will elicit more accurate and meaningful responses due to a shared understanding of context and environment. • It is suggested that each province and its related districts have its own assessor to increase turnaround time for feedback and action plans.

Conclusion

Despite the detrimental impact of Covid-19 on the VMMC programme, the Department of Health (DoH) has made significant efforts to maintain its momentum. However, there are several gaps and challenges at the national, provincial, and district levels that threaten the programme's sustainability, posing a moderate risk. To address these challenges and ensure sustainability, it is crucial to address the identified gaps, implement the recommended actions, and realign with the VMMC Transitioning Towards Sustainability Strategy and Costed Implementation Plan 2020-2024, as well as the demand generation strategy.

While the national government has demonstrated proactive stewardship of the programme, the restrictions imposed by Covid-19 significantly impacted internal and external engagements and implementation at the district level. To transition the programme towards sustainability, it is important to actively engage stakeholders, foster collaboration in demand generation efforts, increase implementation with accountability measures, and explore additional funding sources.

Furthermore, fine-tuning the sustainability assessment tool is necessary to accurately and effectively assess the programme on an annual basis.

By addressing these challenges through the development and implementation of action plans at all levels and aligning these with the National VMMC Sustainability Strategy and Costed Implementation Plan 2020-2024, the VMMC programme can overcome the moderate risk to its sustainability and continue its important work in contributing to HIV prevention and overall public health.

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1. Introduction

The South African Government devised the National VMMC Strategy and Implementation Plan 2020-2024, a comprehensive strategy delineating a five-year roadmap for sustainability. The Department of Health (DoH) has defined sustainability as the routine provision of voluntary medical male circumcision (VMMC) services within a holistic, comprehensive healthcare model contributing towards universal health coverage. Following ten years of dedicated service delivery, the programme has reached a mature stage where the DoH acknowledges the necessity to shift its focus towards sustainability due to several compelling factors.

The South African National Department of Health (NDoH) launched the National Voluntary Medical Male Circumcision (VMMC) programme with the prime objective of contributing to the national HIV prevention effort and curbing the HIV epidemic. Under the leadership of the NDoH, the programme has conducted more than 5 million VMMCs since its inception. By doing so, it has successfully averted numerous new HIV infections over the past ten years. Initially primarily funded by donors, the programme has made remarkable progress and secured a domestic funding mechanism. This mechanism now finances at least 50% of the programme targets, reflecting the programme's commitment to fostering a sustainable national HIV prevention programme.

South Africa has successfully established an enabling environment aligned with its sustainability vision. The programme has greatly benefited from strong political determination and is guided by a human rights approach enshrined in the Patients' Rights Charter. As a crucial component of its HIV prevention efforts, the DoH has allocated domestic funding to the VMMC programme. In terms of governance and leadership, the NDoH takes the lead in coordinating efforts to ensure the active involvement of collaborating partners and key stakeholders. The DoH has demonstrated an unwavering commitment to enhancing provincial and district capacity, resulting in an expansion of service sites to improve both coverage and efficiency.

To further bolster the programme, technical expertise is harnessed from within the country through the involvement of Technical Working Groups (TWGs) and skilled providers. This collaborative effort enables research, drives innovation, and addresses complex issues. Implementation is guided by well-defined policies and regulations, such as the VMMC implementation guidelines, VMMC sustainability strategy, and VMMC contract management guidelines and tools. The programme also encourages innovation by embracing practices such as task-shifting, adopting new technologies, implementing integrated national procurement and distribution systems, and incorporating culturally sensitive approaches, including integration within the traditional sector.

The South African VMMC programme draws on technical and implementation support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Bill and Melinda Gates Foundation (BMGF), the World Health Organization (WHO) and other stakeholders. This emphasises the importance of a coordinated response towards fostering sustainability as a cornerstone of HIV prevention.

As funding from PEPFAR for VMMC reaches a plateau and international donor funding continues to decline, it becomes imperative for the government to assume full responsibility for the sustainability of the VMMC programme and ensure sufficient technical and operational capacity. To address this challenge, the government has taken significant measures to mobilise domestic resources. One such measure was the introduction of RT-35 contracts in 2016, which enabled the contracting out of VMMC services with funding provided by the National Treasury. By leveraging

these conditional grants, the government has taken a crucial step towards transitioning the programme to a sustainable model. This approach aligns with the target-driven strategy of achieving an annual target of 600,000 medical male circumcisions (MMCs) for individuals aged 10 and above, with a specific focus on the 19-34 age group to have a meaningful epidemiological impact.

The Sustainability Assessment has played a vital role in establishing a baseline to evaluate the progress of sustainability through a pilot exercise. This assessment has not only provided valuable insights and learnings for achieving greater impact but has also been instrumental in identifying programmatic gaps. Equipped with these findings, programme managers are empowered to develop targeted action plans at all levels of the health system, thereby bolstering the sustainability of the national VMMC programme. This concerted effort towards strengthening sustainability is crucial for ensuring the continued success and effectiveness of the programme.

The success of the VMMC programme hinges on its operational efficiency. In this regard, the assessment serves as a valuable tool for the DoH to enhance and optimise efficiency across various programmatic domains or VMMC sustainability pillars. These pillars encompass leadership and advocacy, governance and coordination, service delivery, communication and demand creation, domestic resourcing, monitoring and evaluation (M&E) and operational research. By leveraging the insights gained from the assessment, the DoH can focus its efforts on strengthening, improving, and streamlining these critical aspects, ultimately maximising the programme's effectiveness and impact.

VMMC Sustainability Pillars

Strategies to achieve sustainability focus on strengthening, improving and optimising the operational efficiency throughout the six VMMC programmatic areas or domains. The table below outlines the VMMC programme pillars and their objectives to support sustainability.

Table 1: The VMMC Pillars and Objectives

VMMC Programme Pillars	Objectives
Leadership and Advocacy	To increase and sustain programme visibility and priority at national and sub-national levels. To create an enabling policy and legal environment and ensure good stewardship of VMMC resources. To build sufficient technical and strategic capacity to coordinate and manage a sustainable VMMC programme at all levels.
Governance and Coordination	To ensure transparency and accountability to the public and all stakeholders for achieving planned VMMC results. To garner multi-sectoral support from key stakeholders such as civil society and relevant government entities.

VMMC Programme Pillars	Objectives
	To create space for and promote the participation of traditional and private sectors.
Service Delivery	To ensure a comprehensive VMMC package of services which is offered in an efficient, effective and integrated manner, while ensuring high coverage and the highest quality of services. To coordinate stakeholders for procurement of VMMC services and commodities and integrating supply chain management into the government system.
Communication and Demand Generation	To increase demand and meet targets for VMMC in the most effective age groups through targeted and client-centred approaches. To ensure services are accessible and acceptable to the target population.
Domestic Resourcing	To mobilise sufficient financial resources to cover the programmatic funding gap while ensuring efficient and effective use of existing resources. To use data to strategically allocate funding and maximise investments.
M&E and Operational Research	To make available timely, comprehensive and quality VMMC data (epidemiological, financial and performance data) that can be used for decision-making. To strengthen District Health Information System (DHIS) into a self-sufficient, reliable source of VMMC data. To facilitate and foster knowledge management and dissemination.

The sustainability of the VMMC programme was evaluated using tailored metrics, comprising 36 indicators across the six pillars, specifically designed to measure sustainability. These metrics assessed the extent to which the programmatic areas, as defined in the National VMMC Sustainability Scorecard, aligned with the criteria outlined for each sustainability indicator. See the scorecard in Appendix B.

The scorecard provides a comprehensive view of sustainability features and the distribution of sustainability-level scores across the pillars within the national programme, as visualised on the dashboard. The colours red, yellow, and green symbolise the progress towards sustainability. Red signifies the early stage, indicating the absence of sustainable features. Yellow represents an intermediate stage, indicating the presence of some sustainable features, but with room for improvement. Finally, light green represents the majority of sustainability features in place with dark green signifying an advanced stage, where all key sustainable features are in place, and the focus is on maintaining their sustainability.

Table 2: Summary of Sustainability Features by Pillar

Pillar	Summary of Sustainability Features
Leadership and Advocacy	• Engagement of civil society and relevant stakeholders
Governance and Coordination	• Accountability, coordination and oversight provision • Planning
Service Delivery	• Motivation, ownership and capacity • Quality • Performance
Communication and Demand Generation	• Greater local responsibility for generating demand for the programme
Monitoring, Evaluation and Operational Research	• Local and national data systems • Knowledge management and dissemination
Domestic Resourcing	• Value for money • Greater domestic responsibility

The Purpose of the Sustainability Assessment

The purpose of this assessment was two-fold:

1. To ascertain the government's progress in its journey towards sustainability and discuss strengths, weaknesses, opportunities, and threats to the sustainability of the VMMC programme, and
2. To pilot the Sustainability Assessment tool, test its effectiveness and provide recommendations to strengthen the sustainability assessment tools, training materials, and processes.

The Sustainability Assessment pilot was facilitated by the Medical Male Circumcision Scale Up and Sustainability to Avert New HIV Infections (MMC SUSTAIN) programme (funded by the Bill and Melinda Gates Foundation to provide technical assistance to the South African national MMC programme to build resilient local systems that successfully plan, effectively manage, and efficiently execute the programme at scale. The strategic goal of MMC SUSTAIN is to support the DoH to go beyond scaling up the national MMC programme and transitioning toward the sustainability of MMC in South Africa.

This assessment was a collaborative process with the NDoH and other relevant stakeholders. The assessments track progress towards a sustainable VMMC programme across six pillars and 36

indicators. This assessment was conceptualised to inform NDoH's robust data-driven decision-making process, leverage identified areas of strength, and pinpoint areas for development before proposing strategic and achievable recommendations and an action plan to inform corrective actions, as part of continuous quality improvement initiatives.

After the pilot phase, the updated tool, an assessment report, and an implementation guide, including training on how to conduct the assessments will be handed over to the NDoH, to undertake routine assessments to track performance against sustainability targets and implement remedial actions. The Sustainability Scorecard and Assessment tool will require further iterations, as the VMMC programme transitions towards a fully-fledged men's health programme.

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2. Methodology

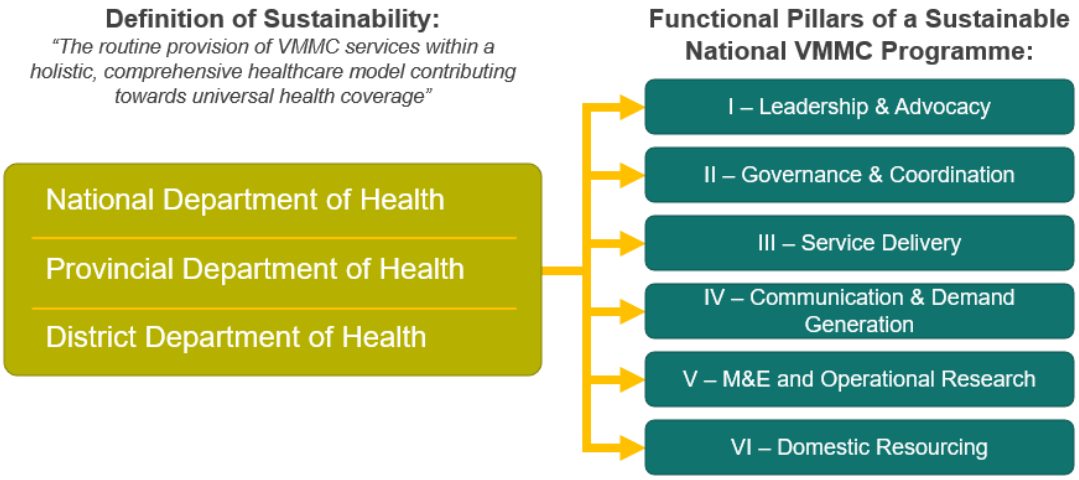
This section of the report outlines the assessment tool, sampling approach and sample frame, as well as the data management processes. Additionally, this section describes the approach to quality assurance and lists several limitations associated with the methodology.

The Sustainability Assessment Tool

Figure 1 summarises the Sustainability Assessment, which is grounded in the national VMMC Sustainability Scorecard and the definition of sustainability, i.e., *the routine provision of VMMC services within a holistic, comprehensive healthcare model contributing towards universal health coverage*. While the Sustainability Scorecard enables quantifiable tracking of national-level progress towards sustainability, the Sustainability Assessment covers the functional pillars of the VMMC programme (see Figure 1) and targets all three governing levels of the health system. Therefore, the Sustainability Assessment is designed to:

- **Assess the sustainability of the systems that:**
  - Provide overarching stewardship of the VMMC programme (NDoH), and
  - Deliver high-quality and safe VMMC services at the coverage rate to contribute to the national HIV prevention response (the Provincial and District Departments of Health).
- **Develop action plans to strengthen both systems.**

Figure 1: Conceptual Framework for the Sustainability Assessment: Levels of Assessment, Definition of Sustainability and Functional Pillars of the national VMMC Programme



For the six functional pillars of the national VMMC programme, the Sustainability Assessment comprises 30 indicators at the national level, 30 indicators at the provincial level and 39 indicators at the district level. For each indicator, Means of Verification (MoV) have been identified. These indicators are critical to assessing whether the programme's functional pillars are well-designed and implemented to support sustainability.

Building on Protocol 1 of the Global Fund's Data Quality Audit[1], the Sustainability Assessment aims to identify potential sustainability strengths and vulnerabilities at three levels of the South African health system, i.e., national, provincial and district. The assessment of sustainability took place in two stages, including an (a) desktop document review of documentation/MoVs provided by the VMMC programme and (b) on-site follow-up assessments at the national, provincial and district levels of the South African health system.

Desktop Document Review

An extensive desktop literature review was conducted. The purpose of reviewing and assessing the VMMC programme documentation and MoVs was to have a good understanding of the functionality of the systems related to the stewardship of the VMMC programme, as well as the delivery of VMMC services. The desktop review identified sustainability-related areas, MoVs and issues that needed to be followed up during the on-site assessments.

Additionally, a review of the sustainability assessment tools available in other countries, guidance from PEPFAR and the BMGF, and sustainability instruments that have been developed in different contexts was undertaken. Using the insights from this literature review and the VMMC Sustainability Scorecard, a draft tool was developed.

On-site Follow-Up Assessments

1 https://www.measureevaluation.org/resources/training/capacity-building-resources/hiv-english/session-8-data-quality-1/DQA%20Auditing%20Tool.pdf

On-site follow-up assessments were conducted between September 2022 and January 2023. While the desktop document review allowed for a comprehensive understanding of the design of the systems and programmes that underpin VMMC service delivery in South Africa, on-site follow-up assessments were necessary to explore sustainability-related areas and issues identified during the document review. On-site follow-up assessments at the national, provincial and district levels of the health system were conducted with key informants involved in delivering the VMMC programme to:

- Contextualise sustainability-related findings from the offsite document review.
- Investigate and explore sustainability-related issues emerging from reviewing the documentation
- Co-define together with the VMMC programme implementers relevant, achievable, specific and measurable recommendations that might support the transition of the VMMC programme towards achieving the definition of sustainability.

Tool Administration

Based on the findings from the document review and on-site assessments, the implications and risks for the sustainability of the VMMC programme at the national, provincial and district levels of the health system were considered. The assessment tool was used to rank each indicator associated with the six functional pillars. Table 3 defines the rating scale used to assess each indicator associated with each of the pillars.

Table 3: The Sustainability Assessment's Rating Scale and Definitions

Scale	Definition
3	Document review and in-person engagement reveal that **all requirements are in place** to fully meet the definition of sustainability. There are **no risks** related to sustainability.
2	Document review and in-person engagement reveal **several vulnerabilities** that pose **moderate risks** to the sustainability of the programme.
1	Document review and in-person engagement reveals many **major vulnerabilities** that pose **substantial risks** to the sustainability of the programme.

Interpretation of scoring: All average scores were rounded to the nearest tenth according to the scoring guide above which emphasised whole numbers. Therefore, as an example, 1.45 was rounded off to 1 and 1.95 was rounded off to 2. Additionally, results were compared across pillars and within the same level of government. For example, scores for the KwaZulu-Natal (KZN) Provincial Department of Health VMMC unit were compared with scores from the Mpumalanga Provincial Department of Health VMMC unit for the different functional pillars because they are

both provincial. Comparisons between different levels of the health system were not conducted as they have different functions within the programme requiring different weighting.

Sampling

Approach to Sampling

The units of analysis for this assessment were the national Project Management Unit (PMU) and provincial and district VMMC units. Since the pilot aimed to test the Sustainability Assessment tool, systems and processes, purposeful sampling was used to include a national PMU, three provinces and eight district VMMC units supported by the MMC SUSTAIN programme. Therefore, national, provincial and district programme units (n = 12) were intended to participate in the sustainability assessment.

Intended versus Actual Sample Frames

The total number of VMMC units assessed was 11 out of 12. uMgungundlovu District Management VMMC unit was unable to participate in the assessment.

Table 4: Sample frame of assessed VMMC units

Level of the Health System	Unit of Analysis	Assessed
National	VMMC PMU	Yes
Provincial	KwaZulu-Natal Provincial Department of Health VMMC unit	Yes
	Mpumalanga Provincial Department of Health VMMC unit	Yes
	Gauteng Provincial Department of Health VMMC unit	Yes
District	Johannesburg District VMMC unit	Yes
	Ekurhuleni District Management VMMC unit	Yes
	West Rand District Management VMMC unit	Yes
	Amajuba District Management VMMC unit	Yes
	eThekwini District Management VMMC unit	Yes
	iLembe District Management VMMC unit	Yes
	Gert Sibande District Management VMMC unit	Yes
	uMgungundlovu District Management VMMC unit	No

A list of key informants can be found in Annexure C.

Reasons for Variance

To encourage the participation of VMMC units in the assessment, the following actions were undertaken:

- The NDoH provided letters requesting the participation of Provincial and District VMMC units. These letters were addressed to the relevant Heads of Department.
- The NDoH representatives were invited to attend the assessments in person to ensure the attendance of participants.
- Meetings were scheduled with attendees, and reminder emails were also sent. Dates were set according to the VMMC units' availability.
- Venues were booked in advance with refreshments made available to participants.

The above approach allowed for 11 of the 12 VMMC units to participate in the assessment. However, the uMgungundlovu District Management VMMC unit was unable to participate due to capacity and scheduling challenges.

Data Management

Data Collection, Consolidation & Cleaning

Using Microsoft (MS) Excel, assessment tools for each programme unit (n = 11) were submitted. Submitted tools were reviewed for completeness and accuracy. To limit the time lag between data collection and capturing, queries were raised and addressed immediately. Once all assessment tools were finalised, the tools were consolidated into a single master MS Excel file. To limit associated biases, scores were reviewed to standardise across the programme units, functional pillars and levels.

Data Analysis & Analytic Outputs

Average scores (ranging from 1 – 3) for each of the six functional pillars were calculated for each of the 11 sites visited. Additionally, average scores were established for the overall programme and each level of the health system. The results were presented using tables and spider diagrams. The captured 'justification for scores' was systematically reviewed to identify key themes, sustainability strengths and sustainability vulnerabilities.

Assessment Report

The findings of the Sustainability Assessment were collated and presented in the current report. An additional key output of the Sustainability Assessment was to highlight gaps and provide recommendations that would assist the different levels of the health system to formulate action

plans. These action plans should consist of specific, measurable, achievable, relevant, and time-bound initiatives that address sustainability vulnerabilities. An additional output of the assessment was an MS PowerPoint presentation distributed to relevant stakeholders which supports evidence-informed decision-making.

Quality Assurance

To ensure that the assessment was grounded on the highest quality data, the quality assurance processes included:

- Training and regular project management calls with the assessment team.
- Timely submission of tools within 24 hours of administration to allow for review of the completed tools.
- Using a comments matrix to ensure data quality concerns and queries were resolved.
- Peer reviewing of submitted assessment tools to support standardisation of scores and address outliers.

Limitations of the Assessment

- **Limited generalisability of the assessment findings.** The assessment aimed to pilot the assessment tool, as well as assess the sustainability of the VMMC programme. As such, purposeful sampling was used and a relatively small sample (n = 11) of programme units was included in the assessment. The limited sample size reduces the generalisability, or external validity, of the findings of the assessment.
- **Assessment findings are possibly not comparable to future sustainability assessments.** Informed by the findings of piloting the Sustainability Assessment tools and processes, the tool, data management processes and training materials will be updated. Therefore, if the assessment was to be repeated in the future using the sample frame and the updated tool and data management processes, it is likely that the assessors will generate different findings.

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3. Presentation of Results

Overall Programme Results

In this section the results are summarised for the overall programme by pillar and then by DoH level.

Table 5 below shows the programme level scores for each of the three levels of the health system, namely, national, provincial and district levels. Service delivery (1/3) was observed as an area of major vulnerabilities that pose substantial risks to the sustainability of the VMMC programme. Other pillars were observed to have several vulnerabilities that pose a moderate risk (2/3) to the

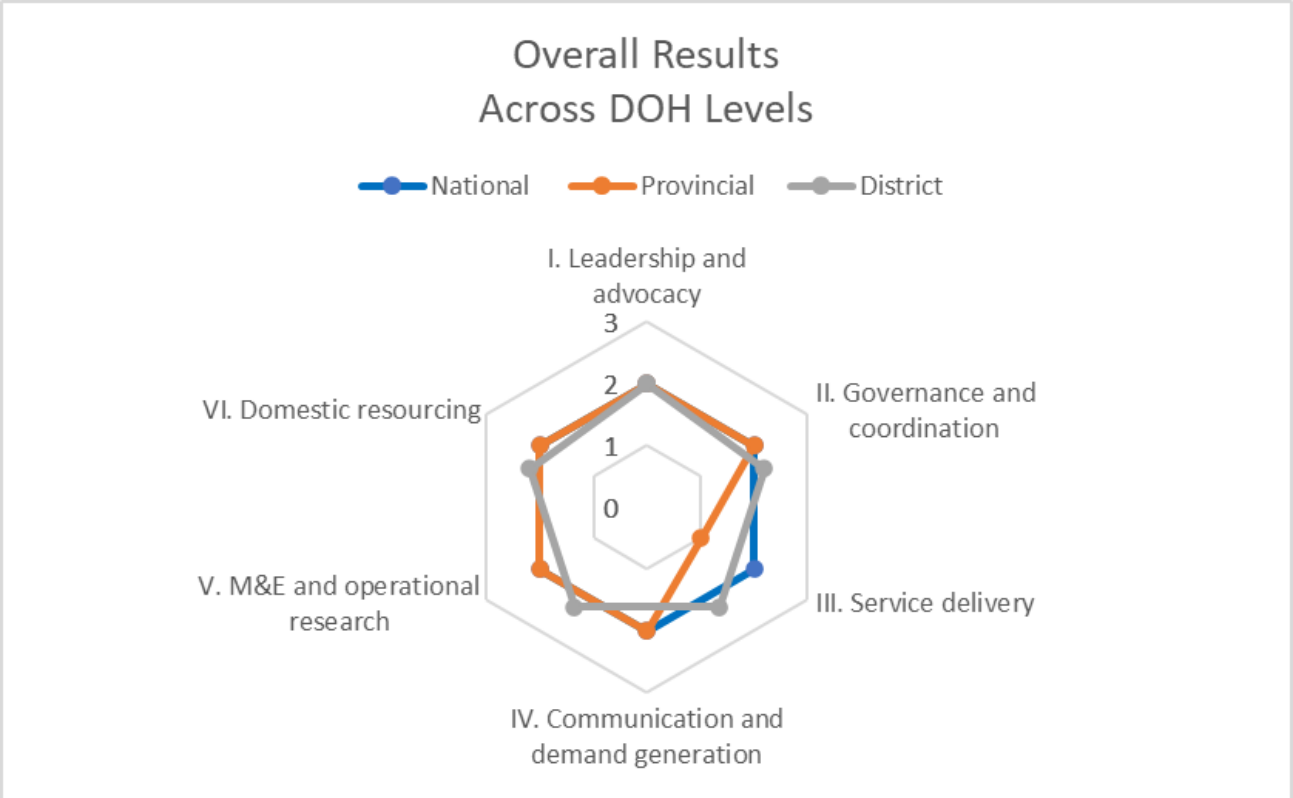
sustainability of the programme. None of the pillars met all the requirements to fully meet the definition of sustainability (3/3).

Table 5: Programme Level Scores for Each of the Health System Levels

Pillars	National	Provincial	District	Total Average
I. Leadership and Advocacy	2	2	2	2
II. Governance and Coordination	2	2	2	2
III. Service Delivery	2	1	2	1
IV. Communication and Demand Generation	2	2	2	2
V. M&E and Operational Research	2	2	2	2
VI. Domestic Resourcing	2	2	2	2
Total Average	**2**	**2**	**2**	**2**

Overall the programme was observed to have several vulnerabilities that pose a moderate sustainability risk (2/3). This is depicted in Figure 2.

Figure 2: Overall Programme Results across DoH Levels



National Level Results

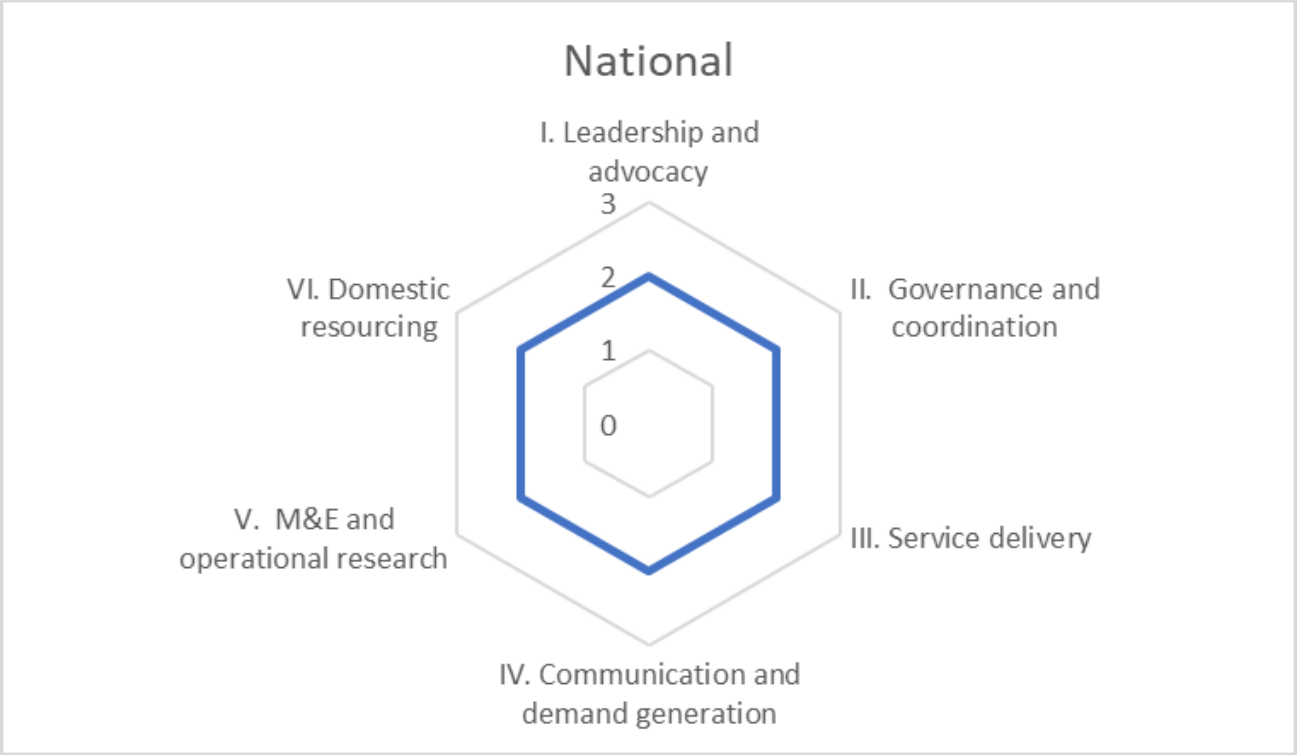
Table 6 illustrates that at the national level, several vulnerabilities posed a moderate sustainability risk across all pillars to the sustainability of the programme (2/3).

Table 6: Programme Level Scores for the National Level

Pillars	National
Leadership and Advocacy	2
Governance and Coordination	2
Service Delivery	2
Communication and Demand Creation	2
M&E and Operational Research	2
Domestic Resourcing	2
Total Average	**2**

A moderate sustainability risk (2/3) score was calculated by the pilot Sustainability Assessment for the national VMMC programme, which represents moderate risk across all pillars. This is depicted in Figure 3.

Figure 3: Overall results at NDoH Level



Provincial Level Results

For the three provincial VMMC units that were assessed, the average scores of 2/3 across the sustainability pillars at this level highlighted several vulnerabilities that pose moderate risk to the sustainability of the VMMC programme. Table 7 observes that the average for the provincial scores suggested a moderate level of sustainability risk across all pillars (2/3).

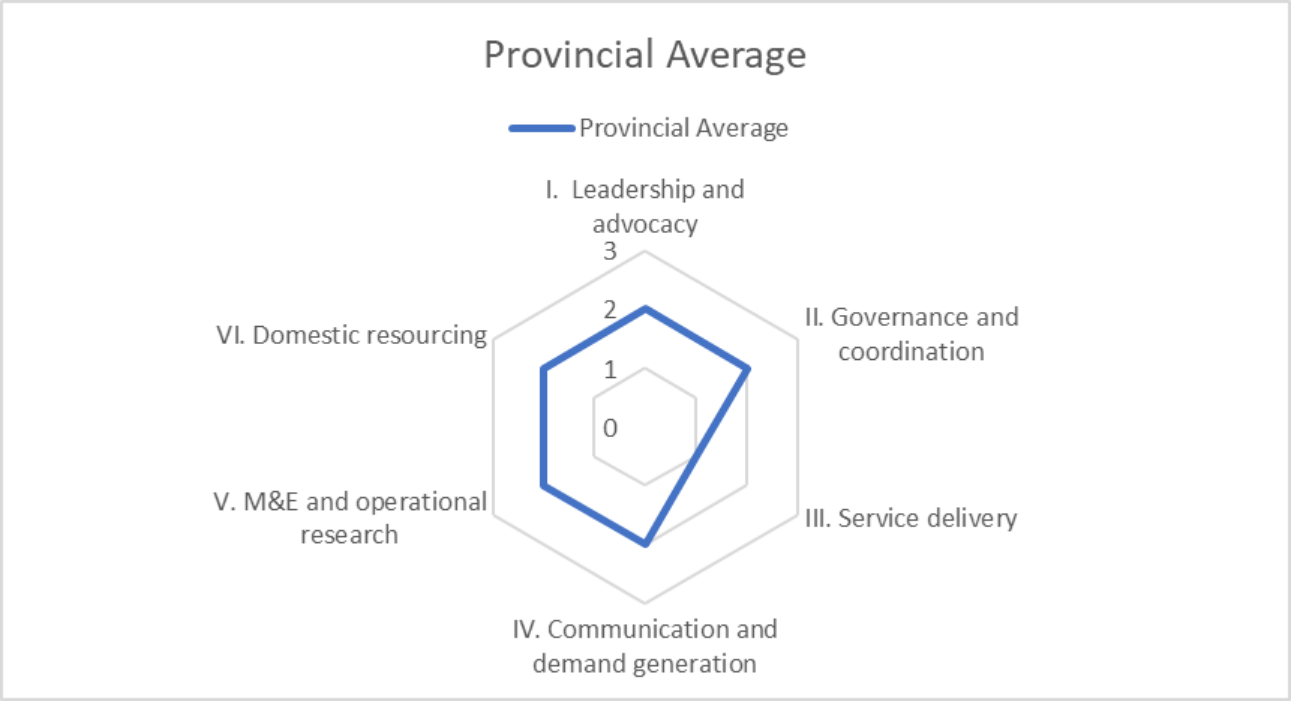
Table 7: Programme Level Scores for the Provincial Level

Pillars	Mpumalanga	Gauteng	KwaZulu Natal	Provincial Average
I. Leadership and Advocacy	2	2	3	2
II. Governance and Coordination	2	2	3	2
III. Service Delivery	1	1	2	1
IV. Communication and Demand Generation	2	1	2	2
V. M&E and Operational Research	1	1	3	2
VI. Domestic Resourcing	2	2	2	2

Total Average	**2**	**2**	**2**	**2**

Figure 4 shows that the service delivery pillar has a major sustainability vulnerability (1/3) at the provincial level. However, all other pillars reveal several vulnerabilities that pose moderate risks to the sustainability of the programme (2/3).

Figure 4: Overall Results at Sampled Provincial VMMC units



Overall, relative to sustainability, KZN was the best-performing province having met all the sustainability requirements for leadership and advocacy, governance and coordination as well as M&E and operational research (3/3). The remaining three pillars revealed several vulnerabilities that pose moderate risk to sustainability (2/3). Mpumalanga revealed major vulnerabilities in service delivery as well as M&E and operational research (1/3); while having moderate risk to sustainability in the remaining pillars. The data also suggest that the Gauteng Provincial Department of Health VMMC unit has the most areas of sustainability vulnerability (1/3). It showed that service delivery, communication and demand generation as well as M&E and operational research reflected sustainability vulnerability (1/3) while leadership and advocacy, governance and coordination and domestic resourcing showed moderate sustainability risk (2/3). Therefore, this suggests consideration be given more to the areas of major sustainability vulnerability than of moderate sustainability risk even though both still must be considered.

District Level Results

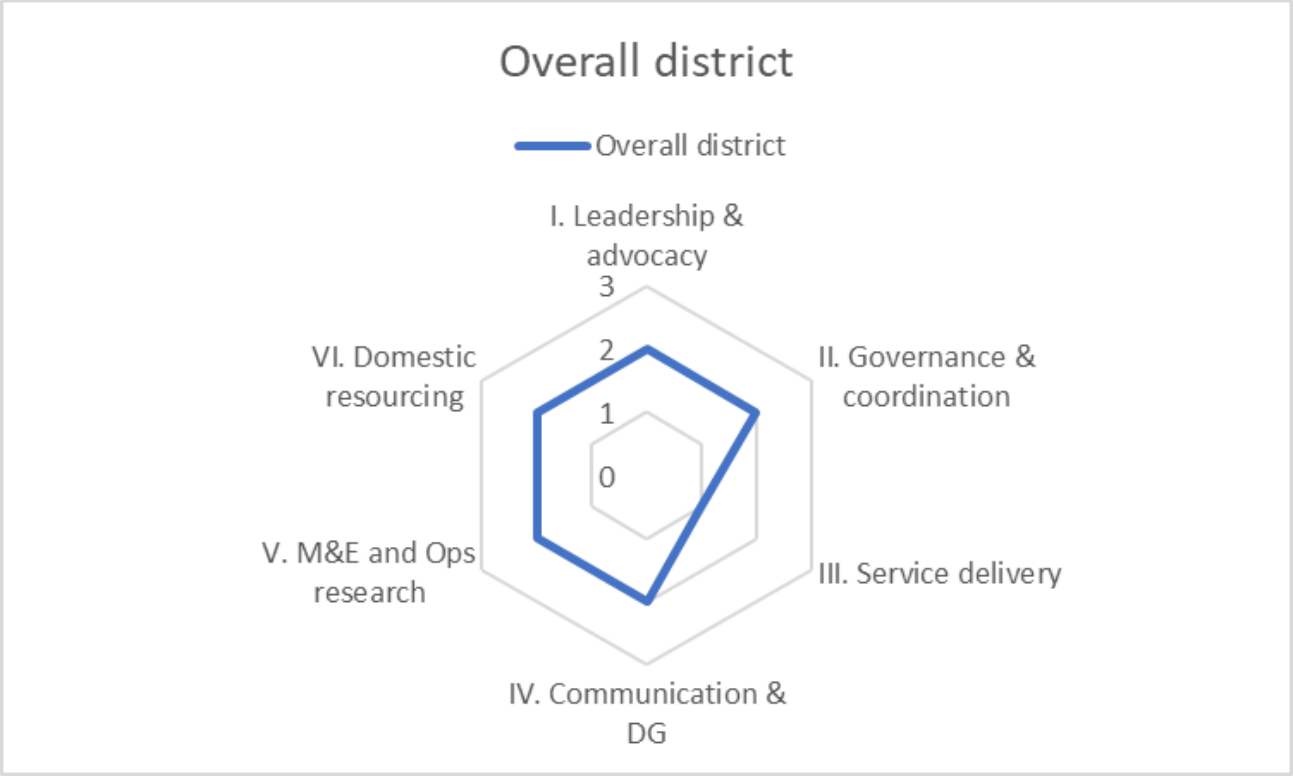
Table 8 displays that the total average for the district scores indicates a moderate level of sustainability risk (2/3). At the time of the analysis, the details from uMgungundlovu VMMC District Management were still outstanding. Therefore, the analysis was based on seven out of eight districts.

Table 8: Programme Level Scores for the District Level

Pillars	Ekurhuleni	West Rand	Johannesburg	eThekwini	Amajuba	iLembe	Gert Sibande	Average Score
I. Leadership and Advocacy	2	2	2	2	3	2	1	2
II. Governance and Coordination	3	2	2	2	3	2	2	2
III. Service Delivery	1	1	2	2	2	1	1	1
IV. Communication and Demand Generation	1	1	1	3	3	1	1	2
V. M&E and Operational Research	2	2	2	3	3	2	1	2
VI. Domestic Resourcing	2	2	3	3	3	1	2	2
Total	**2**	**2**	**2**	**3**	**3**	**2**	**1**	**2**

Figure 5 shows that the total average score for service delivery poses a major vulnerability and sustainability risk (1/3) at the district level. However, all other pillars reveal several vulnerabilities that pose moderate risks to the sustainability of the programme (2/3).

Figure 5: Overall Results at Sampled District VMMC units



Overall, Amajuba met all the sustainability requirements (3/3) for all the pillars except service delivery (2/3). eThekwini district showed no sustainability vulnerability risks (3/3) in the following areas: communication & demand generation, M&E and operational research and domestic resourcing. Leadership and advocacy, governance and coordination and service delivery all reflected moderate sustainability risk (2/3). In terms of ranking, Ekurhuleni, Johannesburg, West Rand, iLembe and Gert Sibande followed respectively. Gert Sibande's total average score for VMMC reveals many major vulnerabilities that pose substantial risks to the programme for the following pillars: leadership and advocacy, service delivery, communication and demand generation and M&E and operational research (1/3). Governance and coordination and domestic resourcing had several vulnerabilities depicting moderate sustainability risk (2/3).

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4. Discussion

Overview

NDoH has well-conceptualised policies, strategies, and operational plans in place to work towards a sustainable VMMC programme. It is, however, vital to increase engagement, assimilation, and implementation of these plans as it filters down to provincial and district levels. Although VMMC programmatic goals are articulated at the provincial level, there is a disjuncture as it reaches the

district level. Budgetary constraints prevent essential programmatic items from being addressed; the budget is possibly redirected to other health areas. Overall leadership and advocacy are commendable at the national level, except at enforcing sub-national levels to be accountable. The challenge is to resuscitate the programme, motivate, reorganise, and regain momentum at the sub-national level to achieve sustainability.

National Level

There was a moderate sustainability risk projected by the results for all six pillars suggesting the need to improve sustainability requirements across the board. Though scoring the same, in-person engagements also suggested that communication and demand generation and M&E and operational research had more vulnerabilities than the other four pillars.

Leadership and Advocacy

Sustainability Risk: Moderate

The score of **2 out of 3** indicates that the VMMC directorate at the national level is making good strides towards the sustainability of leadership and advocacy. Goals are effectively articulated to internal stakeholders at the national level, sub-national level and external donor organisations. Relationships with the traditional male initiation (TMI) sector in Mpumalanga and KZN have been strengthened. Furthermore, a men's health strategy has been formulated using VMMC as a stepping stone to increase men's access to a range of healthcare services.

The VMMC programme is compromised by the exclusion of the VMMC directorate at a few platforms such as the South African National Aids Council (SANAC), as direct liaison with the private sector, traditional sector, and civil society is imperative. This silo approach to HIV prevention brings limitations towards comprehensive prevention programming and the prevention agenda of the country. National will benefit from fostering stronger engagement with the private sector (on funding for service delivery) and civil society (to create awareness for VMMC benefits and services). Although national has well-conceptualised policies, strategies, and operational plans in place, it is imperative that they are assimilated and implemented as they filter down to provincial and district levels. Provinces are not held accountable for consequences for non-performance.

Governance and Coordination

Sustainability Risk: Low Risk

National attained a score of **2 out of 3** in governance and coordination. Staff at the national level have VMMC-specific roles with VMMC-related key performance areas (KPA). Although Technical Working Groups (TWGs) were halted during Covid-19, other meetings with key stakeholders served as platforms to address technical issues. Government is proactive in its multi-sectoral involvement; however, engagement with sub-national levels (where VMMC services are rendered) can be improved to re-ignite and mobilise implementation. Although the national VMMC programme has an in-depth costed sustainability transition plan with clearly articulated steps for being sustainable post donor funding withdrawal, the key question is whether it can be effectively operationalised. It is essential for National to plan accordingly.

Service Delivery

Sustainability Risk: Low Risk

National attained a score of **2 out of 3** for the service delivery pillar**.** Efficient management systems are in place to oversee the VMMC programme. External Quality Assurance (EQA) has been effective to date and National has a plan in place to allocate equitable funds to ensure the sustainability of future annual EQAs, which is imperative for maintaining the overall quality and standard of the VMMC programme.

However, there are a few areas that can be improved on. No staffing plan is available as the programmatic implementation is largely partner-led. The national operational plan should include a budget for increasing the capacity of the VMMC programme, which would necessitate knowing the number and roles of staff required for the overall VMMC programme. National does not have dedicated positions to attend to TMI and M&E, and there are minimal VMMC-focused positions at the sub-national level. Furthermore, it is problematic that three staff members at the national level (currently PEPFAR sponsored) have not been budgeted for in the national budget going forward. National has management systems in place to track indicators, however, the under-reporting of severe adverse events (SAEs) continues to pose a threat to the programme. National has yet to find alternate ways of holding provinces and districts accountable in ensuring that SAE reporting follows the stipulated channels and guidelines, as they are currently too dependent on implementing partners' reporting honestly and timeously. EQA and continuous quality improvement (CQI) assessments pick up SAEs but are infrequent. Thus, it is crucial for National to meter out the consequences to implementing partners who conceal SAEs. EQAs are currently funded by WHO and PEPFAR, therefore, National needs to be proactive and committed to securing equitable share funding for this activity to ensure sustainability.

Communication and Demand Generation

Sustainability Risk: Moderate

A score of **2 out of 3** resulted from the decreased prioritisation of this pillar as was mentioned during the in-person engagements. On a positive note, National developed a comprehensive demand generation strategy and implementation guide, which serves as the foundation for executing the demand generation strategy. National has also focused on building a strong relationship with Prince Nhlanganiso Zulu who leads the Isibaya Samadoda platform and the Ndebele King in Mpumalanga which focuses on men's health and VMMC in the traditional initiation context. National is in the process of identifying similar authority figures in other provinces to replicate this success and high yield of numbers.

It is necessary to allocate adequate financial resources to Demand Generation (DG) or cost share with donor organisations to fund DG activities. The costs of above-the line-advertising are high and out of budget. National has the right to reuse previous popular broadcast campaigns that were extremely effective in mobilising behaviour change. There was no mention of creating a new contemporary campaign. National's strategy includes leveraging other health campaigns; however, the danger is that VMMC messages would potentially be diluted and lost within multiple messages and agendas on other topics but are invariably more cost-effective.

However, overall, it appears that demand generation has lost momentum since the onset of Covid-19 and sub-national was not held accountable for not utilising the costed demand generation strategy to guide its DG. Institutionalised and context-specific DG activities are crucial for the sustainability of the programme, and this is lacking at present.

M&E and Operational Research

Sustainability Risk: Moderate

A score of **2 out of 3** shows that there are moderate risks to sustainability. The annual review of DHIS data is supplemented by multiple reports and meetings to enable access to data for decision-making, however, it is unclear how accountability is enforced. Although conditional grant review meetings and Division of Revenue Act (DORA) reports lead to suggestions for remedial actions at the provincial level, progress is slow.

National has multiple platforms in place for the public, service providers and other stakeholders to access updated VMMC-related information. The knowledge hub is the national repository of VMMC documents, guidelines, and administrative forms; however, it is uncertain if the various stakeholders access the different types of information available and find it useful. Methods, tools, and good practices are disseminated to various stakeholders as needed.

Regarding stakeholder feedback, a two-way flow of communication takes place with the dissemination of newsletters, where stakeholders ask questions and request more detailed information. National relies on information from the national and sub-national AIDS councils regarding feedback from communities. Platforms such as Isibaya Samadoda provide more direct engagement with communities. Overall, improving the number of mechanisms to elicit useful feedback from internal and external stakeholders will benefit National by highlighting the amount of work and progress the programme is accomplishing with various stakeholders.

Domestic Resourcing

Sustainability Risk: Moderate

National scored **2 out of 3** for domestic resourcing. The average score is indicative of the effort the national level has put into securing funding for the VMMC programme through the national treasury; however, the amount received does not cover the entire cost of the programme. Supplementary funding of the VMMC programme, with multiple funding streams, is required to subsidise the costs of EQAs, TWGs, workshops, demand generation campaigns and staffing, without having to rely on developmental partners. There are also major funding gaps for other essential components at the district level, e.g., training, demand generation and CQI that can be allocated from the Conditional Grant (CG). National has oversight of the provincial expenditure for VMMC and should encourage full utilisation of the VMMC conditional grant allocation to adequately fund the programme and avoid the redirection of VMMC funds to other programmes deemed “more important”. National should further support provincial and district planning and budgeting to ensure the effective utilisation of conditional grant money.

The SWOT analysis in Figure 6 contains the overview and highlights from the discussion around the national level.

Figure 6: SWOT analysis at the national level

Strengths	Weaknesses
1. Orchestrates multi-sectoral involvement in VMMC. 2. Well-developed comprehensive policies, strategies, and operational plans in place. 3. A holistic approach to men's health, which incorporates VMMC. 4. Internal alignment of the National Directorate regarding VMMC and its management. 5. TMI engagement has led to medical circumcision buy-in in Mpumalanga and KZN. 6. Clearly articulated programmatic goals to relevant stakeholders to guide the programme. 7. Necessary planning and review meetings in place to oversee expenditure in relation to performance. 8. Committed individuals at the national level. 9. Information has been made accessible to all stakeholders on multiple platforms.	1. Financial resources are required to address donor-funded components and gaps such as staff, training and EQAs. 2. Shortages of dedicated VMMC human resources at all levels. 3. Demand generation has lost momentum with poor implementation of the national demand generation strategy at the district and provincial levels of the programme. 4. TWGs are no longer held therefore programme coordination and information sharing have drastically decreased, which affects overall synergy in the programme. 5. The lack of a staffing plan for the programme impacts adequate resourcing. 6. There are no clear accountability and consequences for non-performance and non-compliance for DoH and implementing partners.
Opportunities	**Threats**
1. Utilise the national VMMC meetings to hold the sub-national accountable with consequences for suboptimal performance. 2. Attend SANAC and other multi-sectoral meetings to advocate for integration. 3. Identify areas with financial deficits and plan financial resourcing. 4. Reconvene important VMMC meetings e.g., TWG, national stakeholder meetings, and participate in other HIV stakeholder platforms to co-create innovative solutions in the delivery of MMC at the provincial and district level.	1. Public health emergencies such as Covid-19. 2. Political instability and social unrest. 3. Economic climate and cost fluctuations affecting accurate budgeting. 4. Declining donor funding impacts the DoH's capacity to sustain VMMC interventions.

Provincial Level

The provincial discussion focuses on Mpumalanga, Gauteng and KZN.

Leadership and Advocacy

Sustainability Risk: Moderate

An average score of **2 out of 3** shows that the provinces are advocating for VMMC in their respective provinces, with the clear articulation of VMMC goals, strategies and plans in various forums and meetings which implies that a conducive environment has been created where the VMMC programme is taken seriously, and not viewed as a partner-led programme. The minimal number of VMMC-focused staff at the provincial level poses a moderate risk to the sustainability of

the VMMC programme. Discussions with provinces show that provincial DoH officials appear to have a high level of ownership of the programme. Oftentimes, stakeholder engagements take place without the follow-through of action plans, which negatively affects implementation. KZN received a perfect score of 3 out of 3 because of their success in engaging the private sector, traditional sector, civil society, and other government departments such as home affairs. Mpumalanga, on the other hand, engaged extensively with the TMI sector during the TMI season, rather than focusing on other stakeholders, and exceeded their targets for the current financial year (2022-2023). An area of improvement is for all provinces to convene more frequent multi-sectoral meetings which encourage collaboration among various external players and internal stakeholders in advocating for the VMMC programme. Overall, provinces must look at cascading this success to the districts to ensure VMMC ownership, leadership and advocacy are strengthened at the district level because this is crucial for the sustainability of the programme.

Governance and Coordination

Sustainability Risk: Moderate

Provinces scored **2 out of 3**, with KZN taking the lead. The three provinces assessed have made great strides in ensuring that most staff involved in the VMMC programme have KPAs that are aligned to their VMMC work, including those with combined roles within the HIV portfolio. KPAs are effective if staff performance is tracked, measured, and used for performance appraisals which would ultimately impact their remuneration percentage increases/adjustments each year; however, some staff mentioned that this did not take place.

Gauteng and Mpumalanga utilise data verification meetings with partners to ensure coordination, whereas similar meetings only take place at the district level in the KZN province. Stakeholder coordination steering committee meetings have been neglected since the onset of the Covid-19 pandemic and need to be reinstated in Mpumalanga and Gauteng because this is an important coordination forum that mobilises the VMMC programme. Though not consistent, provincial and district task force meetings take place in KZN and focus on partner coordination and knowledge sharing.

Service Delivery

Sustainability Risk: High

Efficient service delivery is integral to the success of the VMMC programme and a score of **1 out of 3** indicates that more attention should be given to this pillar. KZN province is faring better than Mpumalanga and Gauteng provinces, however, the absence of proper staffing plans and the fact that all provinces have vacant or absent key positions in the VMMC programme, is detrimental to the sustainability of the programme. Currently, KZN is the only province with a centre of excellence (CoE). Although several CoEs were identified over the last few years in Gauteng, no action was taken to establish them with trained mentors. Mpumalanga is lagging as CoEs have not yet been discussed or included in programme planning. Regional training centres (RTCs) are another structure that is underutilised for VMMC training and lacks mentors. Provinces have not developed dashboards that capture and visualise important information that can assist them in managing the VMMC programme and in decision-making; they currently rely on district and partner reports.

The provincial level is largely absolved from EQAs (except for HIV and AIDS/STI/TB Unit members who may join the EQA teams as assessors), as it currently falls under the auspices of the national level with district-level participation. Adverse event (AE) reporting remains a major gap. Reporting according to the guidelines, monitoring and consequence management need to be bolstered. Province will benefit from collaboration with National and other stakeholders in plugging in the gaps mentioned, to prevent further losses to the programme. The gaps can be addressed with robust time-bound action plans that are effectively implemented.

Communication and Demand Generation

Sustainability Risk: Moderate

Demand generation scored **2 out of 3** indicating that the measures in place are insufficient for creating momentum and interest in the VMMC programme post-Covid-19. Provinces tend to shy away from above-the-line advertising, except for community radio, due to budget constraints, opting for more affordable awareness-raising and direct marketing in all three provinces assessed. This pillar needs attention because of the noticeable gaps in DG interventions, where the approach is more reactive than proactive, or incidental rather than deliberate. Provinces have not leveraged the national DG strategy and therefore have not prioritised and budgeted sufficient financial resources and manpower to implement DG in a strategic and structured manner to achieve optimal outcomes. Provinces irregularly follow the health calendar to include HIV campaigns, however, VMMC is not often prioritised. Another important area that has scope for improvement in all provinces is that of the capacitation and training of traditional leaders and community mobilisers. Training in general has decreased with little or no budget allocation which compromises the integrity and quality of the programme.

M&E and Operational Research

Sustainability Risk: Moderate

A score of **2 out of 3** suggests that the provinces can improve on fulfilling the criteria for this pillar. It is commendable that all surveyed provinces refer to the DHIS for decision-making, which is dependent on rigorous data verification processes, including accurate and timely data capturing into DHIS. KZN is the only province that mentioned utilising data quality assurance (DQA) information to strengthen the data management system; it is advisable for other provinces to follow suit and all provinces should consider taking over the DQA process. Gauteng and Mpumalanga have also ceased to convene quarterly provincial-level data meetings which reduce the perceived importance of the VMMC programme. A particularly weak area across all provinces is the absence of comprehensive mechanisms to elicit feedback from communities and other key stakeholders, and provinces should strive to strengthen this important aspect.

Domestic Resourcing

Sustainability Risk: Moderate

A score of **2 out of 3** demonstrates that provinces are fulfilling a number of requirements for domestic resourcing. All provinces were trained in contracting general practitioners (GPs) from the private sector and felt adept at managing the RT-35 contracts. Furthermore, all provinces participate in quarterly expenditure review meetings with National to look at budgets and expenditures in relation to performance.

Budgets do not align with targets across provinces, and this is a foundational issue that needs to be addressed. Provinces are not prioritising all non-negotiable items that are indispensable for a fully functional programme, which is evident in the final approved costed business plans. In addition, provinces are no longer benefiting from economies of scale as they do not procure VMMC packs for their implementing partners due to the risk of financial loss when VMMC packs expire. Most provincial budgets are partially decentralised to districts, which negatively affects the holistic coordination function, and subsequently the implementation, by the districts. Despite CG review meetings, DORA reports and expenditure reports, budget gaps still prevail, and the budget appears to deviate from the targets, therefore, an analysis of the funding requirements is necessary for clarity. There are opportunities for provinces to use funds from the equitable share to complement the conditional grant funding that requires further exploration.

The SWOT analysis as summarised in Figure 7 provides an overview of how the various provinces are faring.

Figure 7: Swot analysis at the provincial level

Strengths	Weaknesses
1. Provinces include VMMC in their broader HIV prevention goals – KPAs assigned. **2.** Mpumalanga is making headway with TMI. **3.** Internal meetings include VMMC on the agenda. **4.** KZN is proactive with external stakeholder relations. **5.** Provinces have signed memorandums of understanding (MOUs) with implementing partners.	**1.** There is a human resource shortage which impacts VMMC programme implementation. **2.** There is little focus in Mpumalanga to target men other than TMI as this market achieves overall targets. **3.** More meetings are required with internal and external stakeholders to increase collaboration and synergy for planning and implementation, as well as determining new opportunities. **4.** Bureaucracy slows down recruitment of VMMC staff, where posts remain vacant for extended periods of time. **5.** Due to budget constraints, there is limited printing, and distribution of Information, Education and Communication (IEC) material by provinces to districts, therefore reduction in information dissemination to communities. **6.** Covid-19 was cited as a reason for not convening meetings well into 2022, which compromised the programme's coordination, planning and implementation.

	7. Business plans do not align with targets, which is problematic for the planning and rollout of the programme.
Opportunities 1. Expediting the hiring process will ensure adequate staffing and speedy delivery. 2. There is a need for more engagement with districts and implementing partners to enhance the programme. 3. It is advantageous to track the radio slots and provide content to be aired to raise awareness and share important information. 4. A list of non-negotiable items will enable a shared understanding across provinces and districts of programme priorities. 5. Establish CoEs and mentorship programmes to improve the quality of service delivery and AE management. 6. Leverage the RTCs for VMMC training. 7. Leverage the national EQA to build capacity for provincially led sub-national EQAs. 8. Make use of DQA tools to improve data quality and promote data for decision-making.	**Threats** 1. Public health emergencies such as Covid-19. 2. Political instability and social unrest. 3. Provincial autonomy may lead to non-compliance with national policy and guidelines.

District Level

Leadership and Advocacy

Sustainability Risk: Moderate

An average score of **2 out of 3** reveals that the districts can improve their leadership and advocacy. AIDS Council meetings in all districts, except eThekwini, have not been reinstated on a quarterly basis since the Covid-19 restrictions. eThekwini scored the highest 2.5 out of 3 from all districts surveyed and was particularly strong in stakeholder engagement and articulating goals. Due to the success of Isibaya Samadoda in KZN, led by Prince Nhlanganiso Zulu, other provinces are also hosting this platform in districts such as Ekurhuleni. Regarding internal meetings, VMMC and its programmatic goals are being discussed in all six districts' meetings, which shows that VMMC is on the agenda, however, districts are falling short when it comes to the regularity of these meetings. Although these meetings were disrupted by the Covid-19 restrictions, the meetings had not increased in frequency by the end of 2022 when restrictions were relaxed. Districts are still looking to revive these meetings to enhance the leadership and programming and coordination of the programme. Political instability and social unrest further destabilised the VMMC programme in certain districts, such as Ekurhuleni because the AIDS Council is led by the mayor and the challenges with the mayorship in the district contributed to the AIDS Council not meeting for some time. Mpumalanga scored particularly low with 1 out of 3 as they focused primarily on TMI to achieve VMMC numbers, rather than engaging with a broader range of stakeholders.

Governance and Coordination

Sustainability Risk: Moderate

An average score of **2 out of 3** shows that headway has been made with this pillar at the district level. Districts in general are making an effort to ensure that relevant staff have VMMC-related KPAs. Apart from Gert Sibande in Mpumalanga where KPAs are not utilised effectively, KPAs generally motivate individuals in other provinces to prioritise the VMMC programme as it is linked to performance management. Most districts do not have specific task teams as they are of the view that the other existing meetings are adequate to address VMMC issues. It is problematic that the annual performance plan (APP) targets for this financial year 2022-2023 have omitted VMMC-related indicators, which is a major gap considering the performance of a district is evaluated according to the APP targets/indicators. A resulting impact is that specific VMMC-related meetings are minimal and meetings with a broader agenda that exclude a VMMC component have largely become the norm. It is also clear that the interpretation of the District Implementation Plans (DIPs) and district operational plans (DOPs) varies in the different districts assessed, and some districts refer to a district health plan rather than a DIP or DOP. As much as there are costed business plans in the districts, the biggest gap is that they are not aligned to the micro plans developed by the districts because the provincial level deprioritises 'non-negotiable' items in the district micro plans. Some districts also choose not to develop micro plans as they view it as a duplication of provincial business plans, which is erroneous as micro plans have a greater level of detail from an operational perspective.

Service Delivery

Sustainability Risk: High

This pillar scored below average with **1 out of 3**, as districts are falling short in many areas associated with service delivery. The massive gaps across the districts include the absence of CoEs and mentors rotating at the CoEs and RTCs, negligible or no VMMC-related training of community mobilisers, incomplete or non-existent CQI teams and irregular CQI visits. CQI is integral to the maintenance of quality standards in the VMMC programme, therefore it is requisite for districts to have fully functioning, well-trained CQI teams. This will allow for the annual quality assurance and sustainability assessments to feed into the CQI structures that are set up. Competent CQI structures will further reduce the disparities seen in the recording and reporting of AEs by the implementing partners at the district level. There is also a lack of comprehensive staffing plans, and numerous VMMC-related positions remain vacant, which is problematic for the sustainability of the programme. Provinces and districts have neglected to establish sites that were previously identified as potential CoEs, and action is now required to refresh this concept. RTCs are also underutilised across all the districts assessed, and VMMC training is lagging. This is partially due to the reduction in the budget for the district business plans.

Communication and Demand Generation

Sustainability Risk: Moderate

This pillar showed a moderate sustainability risk of **2 out of 3**. There are key areas within this pillar that require strengthening to ensure sustainable demand for VMMC services. Focus on DG has substantially decreased since the Covid-19 restrictions in early 2020, to the point where districts do not have DG plans and some districts do not host DG campaigns and are unaware of district health awareness schedules to align their campaigns with. The national DG strategy is accessible; however, it is not being utilised at the district level to advance DG activities. Furthermore, districts do not have IEC materials and targeted pamphlets in local languages. The de-prioritisation of this pillar has been further exacerbated by the lack of regular engagement with traditional and community leaders (gatekeepers), CSOs and CBOs, as well as minimal integration of VMMC DG into the Advocacy Communication and Social Mobilisation (ACSM) arm of the Department of Health. The VMMC programme has been negatively affected by the reactive rather than proactive approach to DG and dependence on implementing partners. The lack of emphasis on DG correlates with the fact that the VMMC programme has not met its annual targets in the last three years, except for Mpumalanga which has already surpassed its target this financial year (FY) 2022-2023, due to its strong engagement with the traditional sector.

M&E and Operational Research

Sustainability Risk: Moderate

An average score of **2 out of 3** was calculated for this pillar. Districts are compliant in enforcing that all data must be captured into the DHIS to track performance and for use in decision-making and course correction. DORA reports are also used in some districts. This helps reduce variances between DHIS and partner databases. The recording and reporting of data using existing DoH M&E structures and not donor-related structures such as Data for Accountability Transparency and Impact Monitoring (DATIM) bodes well for sustainability, as it prevents parallel reporting. RT-35 and GP contracts are paid based on VMMC numbers recorded in DHIS, which motivates the partners to follow the protocols and provide the requirements for the verification of numbers. However, districts are not eliciting sufficient feedback from the public and other key stakeholders, nor are they engaging in regular DQAs, both of which should be strengthened to optimise the outcomes in the VMMC programme. None of the districts assessed, measured their investment in DG, which is vital for much-needed iterations to improve the DG strategy and implementation.

Domestic Resourcing

Sustainability Risk: Moderate

The district level has performed above average in domestic resourcing with a score of **2 out of 3**. There is a need to establish the difference between key elements and non-negotiable items. As mentioned previously, there is a disjuncture in understanding between province and district levels as to what non-negotiable items are required for efficient implementation of the VMMC programme at the district level, hence items in the district micro plans are invariably not approved by provinces in the costed district business plans. Important key elements of the VMMC programme, such as

training and DG activities are not allocated budget in the approved business plans, and this affects the quality and visibility of the VMMC programme. There is no co-development of the micro plans to ensure alignment in terms of the non-negotiables and key elements to be prioritised. All districts have a budget that is partially decentralised to the district level, except for Gert Sibande's budget which is managed at the provincial level. Complete decentralisation is beneficial as it encourages accountability and increased performance at the district level. In addition, the private sector has not been sufficiently considered for assistance with domestic resourcing, and this is a missed opportunity.

The SWOT analysis for Gert Sibande, Ekurhuleni, West Rand, Johannesburg, eThekwini, and iLembe is depicted in Figure 8.

Figure 8: SWOT analysis at the district level

Strengths	Weakness
1. Most staff have VMMC-related KPAs to increase focus and accountability in the programme. 2. Districts follow data management guidelines and data are uploaded to the DHIS as per the guidelines. 3. Districts use data for decision-making in the VMMC programme. 4. eThekwini has strong stakeholder engagement to bolster its VMMC efforts.	1. M&E plans are not actively engaged with, which compromises the quality of the programme. 2. VMMC budget pays for staff not actively working in VMMC. 3. SAEs are under-reported, which negatively affects clients' quality of life and public perceptions of the programme. 4. Few CoEs and mentors in the assessed districts which prevents VMMC from being prioritised for skills development. 5. Demand generation has not been prioritised; thus, targets have not been met in many districts. 6. The frequency of most meetings did not gain momentum post-Covid-19, which impeded the implementation of the programme. 7. There is a human resource shortage which impacts VMMC programme implementation. 8. Stakeholder feedback is minimal, thus reducing programmatic opportunities and recommendations to improve the programme. 9. APPs do not include VMMC indicators, which led to VMMC not being prioritised at the district level.

Opportunities	Threats
1. Strengthen existing CoEs and train mentors to improve AE management and increase the pool of qualified providers. 2. RTCs to be used for VMMC training. 3. Leverage HIV and AIDS/STI/TB Unit (HAST), Nerve Centre and other programme meetings to reignite interest in VMMC 4. Business plans need to align with micro plans as it pertains to VMMC non-negotiables. 5. Leverage local AIDS Councils and community platforms to increase CBO and CSO engagement. 6. Decentralise budgets to the district level to ensure that funding allocations can quickly be modified according to need.	1. Public health emergencies such as Covid-19. 2. Political instability and social unrest. 3. Vacant posts and staff turnover hinder continuity and sustainability.

5. Recommendations to Enhance Sustainability

Functional pillars that might be considered when developing sustainability plans are those that show major vulnerabilities that pose substantial risk (1/3) and several vulnerabilities and moderate risk (2/3). However, priority should be given to those that exhibit major vulnerabilities that pose substantial risk (1/3). Additionally, at the programme level leadership and advocacy, governance and coordination, communication and demand generation, M&E and operational research and domestic resourcing showed moderate risk (2/3) while service delivery showed major sustainability vulnerability and substantial risk (1/3) and therefore should be given priority when developing sustainability plans.

Leadership and Advocacy

1. Government meetings with the national, provincial and district AIDS councils should be revived to increase advocacy of the VMMC programme.
2. The provincial level must increase proactive engagement with both national and district levels to bridge the communication gap.
3. Utilise national VMMC meetings to hold sub-national VMMC programme managers accountable for sub-optimal performance.
4. National should engage the private sector as an active partner in the VMMC programme to co-create innovative solutions in the delivery of VMMC.

Governance and Coordination

1. Provincial and district planning should align with the *Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024*.
2. Utilise existing meetings to strengthen stakeholder engagement, optimise coordination and reduce duplication of efforts.
3. National and province should resuscitate important VMMC meetings such as TWGs to assist in solving technical issues and strengthen stakeholder relations.
4. Involvement in other HIV prevention meetings to foster integration and leverage synergies.
5. M&E serves as an accountability mechanism that can be leveraged by NDoH (as a steward of the VMMC programme) to hold relevant stakeholders accountable for the performance of the VMMC programme.

Service Delivery

1. Staffing plans should be developed at all levels and funding sourced for the necessary VMMC positions.
2. Simplify the recruitment process to fill critical roles needed for the VMMC programme at all levels timeously.
3. Orientate staff at provincial and district levels on the importance and functions of the different documents and plans as there seems to be confusion around the terminology.
4. Capacity-building of staff can take place through:
    a. Establishing CoEs with mentors in various districts to improve AE management and increase the pool of qualified providers.
    b. Better utilisation of RTCs for VMMC training and capacity building.
    c. Appropriate budget allocations for training through the RTC according to the needs of the various districts.
    d. Setting up and training CQI teams in the various districts to uphold quality assurance within the VMMC programme.
5. Feedback from the sustainability assessment should be cascaded downwards and action plans developed at all levels, and provinces should develop dashboards to track performance.
6. National should hold implementing partners who underreport or conceal SAEs accountable and implement consequence management.

Communication and Demand Generation

1. National to support the development of costed DG plans at the district level that is aligned with the national demand generation strategy.

2. National to focus on domestic resourcing to finance DG activities and dedicated staff.
3. National and provincial levels need to assist districts to revive and operationalise context-specific demand-generation activities.
4. Focus on campaign elements that are easy wins, such as community radio and community newspapers and leverage social media for cost-effective DG.
5. Extend demand generation training to include traditional coordinators, peer educators, CBOs and CSOs.
6. Leverage local AIDS councils to ensure community involvement.
7. Continue direct marketing for demand generation – celebrity ambassadors, traditional leaders and other community leaders, etc.
8. Expand VMMC awareness beyond National Health Days and increase stakeholder engagement to find more opportunities to generate demand.
9. Use of evidence-based interventions for DG that are measurable.
10. Assess the impact of the various communication channels in terms of cost-effectiveness and achieving the necessary outcomes.
11. Tool to evaluate DG investment to be shared with the districts and associated training should be arranged.

M&E and Operational Research

1. Identify stakeholder information needs before designing and developing responsive data management processes for inclusion in nationwide M&E data management guidelines, systems and processes to ensure the availability of high-quality routine data that can be used for data-driven decision-making.
2. Track stakeholder engagement with VMMC information on the national knowledge hub, website, and other platforms to assess their effectiveness for communication and knowledge-sharing.
3. Conduct planned routine and independent data quality audits to ensure consistent implementation of M&E plans at all levels. The DQAs should be closely monitored and reviewed regularly.
4. Implementation of dashboards or other data visualisation tools to improve the utility of data such as using data to inform decision-making at all levels.
5. All levels of the DoH should explore various means of eliciting feedback from all stakeholders involved in the VMMC programme.
6. Routine performance data should be further explored to inform additional research questions for operational and evaluative research and strategic learning.

Domestic Resourcing

1. Additional funding should be sourced to support non-negotiable items of the VMMC programme inclusive of CQI and EQA assessments, clinical mentor training, revisions of guidelines, printing of job aids and registers and technical support.
2. National should leverage existing partnerships and the private sector to mobilise and pool resources for the VMMC programme where appropriate.
3. Build capacity for programme managers to fully utilise the VMMC programme budgets.
4. Decentralise the budget to the district level to ensure funding allocations can quickly be modified according to need.
5. Provincial business plans to align with district micro plans to ensure an adequate budget for non-negotiables.
6. Non-negotiable items should be well defined to foster a common understanding in guiding strategic planning and budgeting.

Sustainability Assessment Tool and Assessment Process

Based on conducting the pilot Sustainability Assessment, this section outlines the limitations of the tool to determine its effectiveness and also provides recommendations to strengthen the tool and the process of administration. The assessor training manual will also be amended in response to these recommendations.

Table 9: Limitations of the Tool and Recommendations

Limitations of the Tool	Recommendations
1. The ranking system considers the information provided, as well as the availability of means of verification, where the former may rank highly however the lack of evidence reduces the rating.	Rank the information and the means of verification separately.
2. The scoring system of up to 3 is narrow and makes it difficult to capture qualitative information.	Consider broadening the scoring range.
3. The tool is aligned with the Sustainability Scorecard which has repetitive questions.	Amend the Sustainability Scorecard to remove duplicates.
4. The length of the tool and its qualitative nature necessitates approximately five hours to administer.	To ensure participant engagement, the tool should be shortened and simplified. The use of 'yes' and 'no' answers with qualitative explanations may assist in simplifying the responses.

5. The tool lends itself to assessor bias and inconsistencies, particularly where multiple assessors are involved.	It is recommended for an application to be developed for the tool to reduce assessors' bias, by providing options based on background analysis as data is captured. The tool can be designed similarly to the EQA tool. Assessors can be trained on how to score.
6. Some terms do not have a shared understanding across levels and individuals.	Provide indicator definitions and an indicator reference guide.

Table 10 lists the limitations of the assessment process along with recommendations on how to address these limitations.

Table 10: Limitations of the Assessment Process and Recommendations

Limitations of the Assessment Process	Recommendation
1. Bureaucracy and long approval times delayed the commencement of the assessments.	It is recommended for National to send letters of request for the assessment to provincial HODs well in time to avoid any delays during actual assessments.
2. The drawback of a combined focus group is that the senior officials dominate the conversation, and the junior staff are hesitant to express their views.	Conduct separate assessments with senior and junior staff to enable the junior staff to express their input freely.
3. The means of verification is challenging to attain due to bureaucratic processes and approval requirements from the provincial Head of Departments.	Make the submission of means of verification a requirement for participation in the assessment and hold provinces accountable for ensuring these are provided.
4. National representatives did not attend all the sub-national assessments, and provincial representatives did not attend all the district assessments.	National representatives should be present at all the provincial assessments, to emphasise the importance of the activity to sub-national levels. Similarly, provincial representatives should be present at the district-level assessments.
5. The performance period was not clarified upfront on the survey, therefore some respondents reported information from previous years for certain questions.	Clarify the performance period being assessed.
6. The timing of the assessment corresponded with concurrent priorities.	The timing of the assessment is important. National should choose the best time of the year to conduct the assessments by

	considering the availability of the interviewees, the DoH fiscal year, business aspects of the VMMC programme, etc.
7. Selection of assessors	• The assessors conducting the subsequent assessments should be knowledgeable and experienced in VMMC and should be trained in the tool and its rating system. This will elicit more accurate and meaningful responses due to a shared understanding of context and environment. • Each province and its related districts have its own assessor to increase turnaround time for feedback and action plans.

6. Conclusion

Covid-19 had a detrimental impact on the VMMC programme. Some traction that had been gained in the VMMC programme was lost due to the lockdown and restrictions imposed by the South African government. Important face-to-face engagements with stakeholders came to a standstill from early 2020 and continued into late 2022 according to all levels of government, therefore, limited planning, coordination and implementation were carried out at provincial and district levels. Virtual methods were not productive due to low attendance and connectivity issues and other means of disseminating important information through emails and documents were not effective. When the lockdown was lifted, the VMMC programme did not resume as normal at provincial and district levels; it had a slow start. VMMC was not prioritised in some provinces and districts; the targets were removed from the annual performance plan (APP) indicators for the FY 2022-2023, therefore VMMC targets were not discussed in important meetings at the districts. Furthermore, the number of dedicated VMMC sites and staff decreased drastically as they were reallocated to support the Covid-19 response. Lack of engagement with partners decreased the frequency of CQI and DQA processes which compromised the quality of the VMMC programme. At the sub-national level, strategic planning, service delivery and demand generation had been neglected, however, initiative was taken in certain districts in the TMI space.

The DoH has made a substantial effort to keep the momentum of the programme despite the impact of Covid-19. Although there are areas of strength, the gaps documented at national, provincial and district levels threaten the viability of the programme, with a moderate risk to its sustainability. Commitment and dedication, rigorously addressing the gaps and recommendations, and re-aligning with the *Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024* and the demand generation strategy, will all contribute to the continued sustainability of the programme.

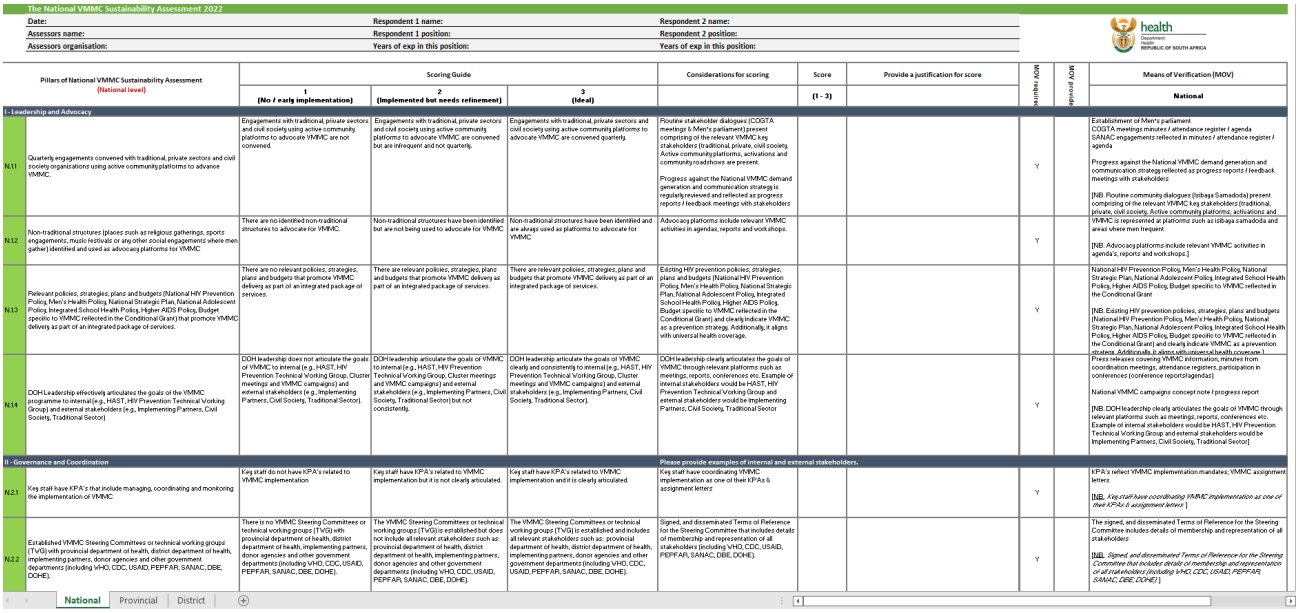
The national VMMC programme bears a moderate risk towards achieving its sustainability goals. The national government has been proactive in its stewardship of the programme, considering the impact of the Covid-19 restrictions on the overall programme, which particularly affected internal and external engagements across levels and implementation at the district level. Active stakeholder engagement, collaborative demand generation efforts, increased implementation with accountability measures in place, and additional sources of funding will transition the programme to sustainability. The Sustainability Assessment tool requires fine-tuning to achieve the desired goal of accurately and effectively assessing the programme on an annual basis.

REFERENCES

1. National Department of Health, (2020), Voluntary Medical Male Circumcision Strategy and Implementation Plan 2020-2024: Transitioning Towards Sustainability

7. ANNEXURES

ANNEXURE 1: VMMC SUSTAINABILITY ASSESSMENT TOOL



The National VMMC Sustainability Assessment 2022

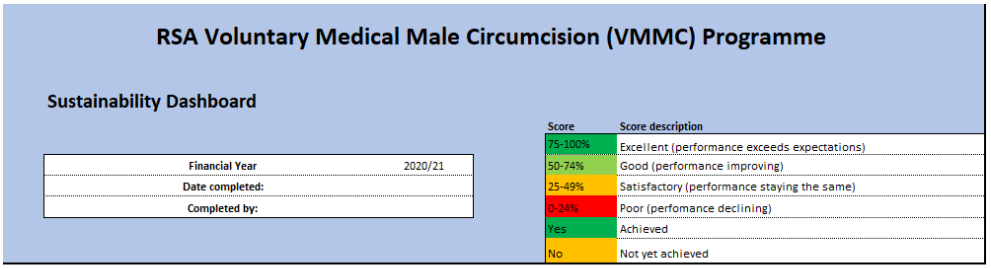
Date:	Respondent 1 name:	Respondent 2 name:	
Assessors name:	Respondent 1 position:	Respondent 2 position:	
Assessors organisation:	Years of exp in this position:	Years of exp in this position:	

Pillars of National VMMC Sustainability Assessment (National level)		Scoring Guide			Considerations for scoring	Score	Provide a justification for score	MOV required	MOV provided	Means of Verification (MOV)
		1 (No / early implementation)	2 (Implemented but needs refinement)	3 (Ideal)		(1 - 3)				National
I - Leadership and Advocacy										
N.11	Quarterly engagements convened with traditional, private sectors and civil society organisations using active community platforms to advance VMMC.	Engagements with traditional, private sectors and civil society using active community platforms to advocate VMMC are not convened.	Engagements with traditional, private sectors and civil society using active community platforms to advocate VMMC are convened but are infrequent and not quarterly.	Engagements with traditional, private sectors and civil society using active community platforms to advocate VMMC are convened quarterly.	Flooline stakeholder dialogues (COGTA meetings & Men's parliament) present comprising of the relevant VMMC key stakeholders (traditional, private, civil society. Active community platforms, activations and community roadshows are present. Progress against the National VMMC demand generation and communication strategy is regularly reviewed and reflected as progress reports / feedback meetings with stakeholders			Y		Establishment of Men's parliament COGTA meetings minutes / attendance register / agenda SANAC engagements reflected in minutes / attendance register / agenda Progress against the National VMMC demand generation and communication strategy reflected as progress reports / feedback meetings with stakeholders [NB. Flooline community dialogues (Izibaya Samadoda) present comprising of the relevant VMMC key stakeholders (traditional, private, civil society. Active community platforms, activations and
N.12	Non-traditional structures (places such as religious gatherings, sports engagements, music festivals or any other social engagements where men gather) identified and used as advocacy platforms for VMMC	There are no identified non-traditional structures to advocate for VMMC.	Non-traditional structures have been identified but are not being used to advocate for VMMC	Non-traditional structures have been identified and are always used as platforms to advocate for VMMC	Advocacy platforms include relevant VMMC activities in agendas, reports and workshops.			Y		VMMC is represented at platforms such as isibaya samadoda and areas where men frequent [NB. Advocacy platforms include relevant VMMC activities in agenda's, reports and workshops.]
N.13	Relevant policies, strategies, plans and budgets (National HIV Prevention Policy, Men's Health Policy, National Strategic Plan, National Adolescent Policy, Integrated School Health Policy, Higher AIDS Policy, Budget specific to VMMC reflected in the Conditional Grant) that promote VMMC delivery as part of an integrated package of services.	There are no relevant policies, strategies, plans and budgets that promote VMMC delivery as part of an integrated package of services.	There are relevant policies, strategies, plans and budgets that promote VMMC delivery as part of an integrated package of services.	There are relevant policies, strategies, plans and budgets that promote VMMC delivery as part of an integrated package of services.	Existing HIV prevention policies, strategies, plans and budgets (National HIV Prevention Policy, Men's Health Policy, National Strategic Plan, National Adolescent Policy, Integrated School Health Policy, Higher AIDS Policy, Budget specific to VMMC reflected in the Conditional Grant) and clearly indicate VMMC as a prevention strategy. Additionally, it aligns with universal health coverage.			Y		National HIV Prevention Policy, Men's Health Policy, National Strategic Plan, National Adolescent Policy, Integrated School Health Policy, Higher AIDS Policy, Budget specific to VMMC reflected in the Conditional Grant [NB. Existing HIV prevention policies, strategies, plans and budgets (National HIV Prevention Policy, Men's Health Policy, National Strategic Plan, National Adolescent Policy, Integrated School Health Policy, Higher AIDS Policy, Budget specific to VMMC reflected in the Conditional Grant) and clearly indicate VMMC as a prevention strategy. Additionally, it aligns with universal health coverage.]
N.14	DOH Leadership effectively articulates the goals of the VMMC programme to internal (e.g., HAST, HIV Prevention Technical Working Group) and external stakeholders (e.g., Implementing Partners, Civil Society, Traditional Sector)	DOH leadership does not articulate the goals of VMMC to internal (e.g., HAST, HIV Prevention Technical Working Group, Cluster meetings and VMMC campaigns) and external stakeholders (e.g., Implementing Partners, Civil Society, Traditional Sector).	DOH leadership articulate the goals of VMMC to internal (e.g., HAST, HIV Prevention Technical Working Group, Cluster meetings and VMMC campaigns) and external stakeholders (e.g., Implementing Partners, Civil Society, Traditional Sector) but not consistently.	DOH leadership articulate the goals of VMMC clearly and consistently to internal (e.g., HAST, HIV Prevention Technical Working Group, Cluster meetings and VMMC campaigns) and external stakeholders (e.g., Implementing Partners, Civil Society, Traditional Sector).	DOH leadership clearly articulates the goals of VMMC through relevant platforms such as meetings, reports, conferences etc. Example of internal stakeholders would be HAST, HIV Prevention Technical Working Group and external stakeholders would be Implementing Partners, Civil Society, Traditional Sector			Y		Press releases covering VMMC information, minutes from coordination meetings, attendance registers, participation in conferences (conference reports/agendas) National VMMC campaigns concept note / progress report [NB. DOH leadership clearly articulates the goals of VMMC through relevant platforms such as meetings, reports, conferences etc. Example of internal stakeholders would be HAST, HIV Prevention Technical Working Group and external stakeholders would be Implementing Partners, Civil Society, Traditional Sector]
II - Governance and Coordination					Please provide examples of internal and external stakeholders.					
N.2.1	Key staff have KPA's that include managing, coordinating and monitoring the implementation of VMMC	Key staff do not have KPA's related to VMMC implementation	Key staff have KPA's related to VMMC implementation but it is not clearly articulated.	Key staff have KPA's related to VMMC implementation and it is clearly articulated.	Key staff have coordinating VMMC implementation as one of their KPAs & assignment letters			Y		KPA's reflect VMMC implementation mandates; VMMC assignment letters [NB. *Key staff have coordinating VMMC implementation as one of their KPAs & assignment letters*]
N.2.2	Established VMMC Steering Committees or technical working groups (TWG) with provincial department of health, district department of health, implementing partners, donor agencies and other government departments (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE).	There is no VMMC Steering Committees or technical working groups (TWG) with provincial department of health, district department of health, implementing partners, donor agencies and other government departments (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE).	The VMMC Steering Committees or technical working groups (TWG) is established but does not include all relevant stakeholders such as: provincial department of health, district department of health, implementing partners, donor agencies and other government departments (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE).	The VMMC Steering Committees or technical working groups (TWG) is established and includes all relevant stakeholders such as: provincial department of health, district department of health, implementing partners, donor agencies and other government departments (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE).	Signed, and disseminated Terms of Reference for the Steering Committee that includes details of membership and representation of all stakeholders (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE).			Y		The signed, and disseminated Terms of Reference for the Steering Committee includes details of membership and representation of all stakeholders [NB. *Signed, and disseminated Terms of Reference for the Steering Committee that includes details of membership and representation of all stakeholders (including WHO, CDC, USAID, PEPFAR, SANAC, DBE, DOHE)*]

National | Provincial | District

A link to the Sustainability Assessment Tool can be found here.

ANNEXURE 2: VMMC SCORECARD



RSA Voluntary Medical Male Circumcision (VMMC) Programme

Sustainability Dashboard

Financial Year	2020/21
Date completed:	
Completed by:	

Score	Score description
75-100%	Excellent (performance exceeds expectations)
50-74%	Good (performance improving)
25-49%	Satisfactory (performance staying the same)
0-24%	Poor (perfomance declining)
Yes	Achieved
No	Not yet achieved

Table 1: Summary Dashboard (12 months)

Domains/ elements		Average	NDOH	Eastern Cape	Free State	Gauteng	Kwa-Zulu Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	Gauteng
	Leadership and Advocacy												
	Engagement of civil society and relevant stakeholders												
	Governance and coordination												
	Accountability, coordination and oversight provision												
	Planning												
	National health systems and service delivery												
	Motivation, ownership and capacity												
	Quality												
	Performance												
	Communication and Demand Generation												
	Greater local responsibility for generating demand for the programme												
	Monitoring, evaluation and operational research												
	Local and national data systems												
	Knowledge Management and dissemination												
	Domestic resources and sustainable financing												
	Value for Money												
	Greater domestic responsibility												

A link to the VMMC Scorecard can be found here.

Annexure 3: List of interviewees

National		
National PMU	National MMC Director	02-Nov
	National MMC Manager	19-Sep
	Assistant Directors	16-Sep
Gauteng		
Province	Condom & MMC Deputy Director	03-Nov
	Advisor	
Districts		
Johannesburg District	VMMC Clinical Coordinator	13-Oct
	VMMC Clinical Coordinator	
	HAST Clinical Advisor	10-Oct
Ekurhuleni District	HAST Deputy Director	18-Oct
	MMC/QA Manager	
	Acting PHC Assistant Director	
	HAST Clinical Manager	
West Rand District	Acting HAST Director	01-Nov
	HAST Prevention Assistant Director	
	HAST Coordinator/Mogale	28-Sep
	HAST Coordinator/Rand West	
Mpumalanga		
Province	ACSM Director	03-Oct
	Provincial MMC Manager	
	HAST M&E	
District		
Gert Sibande	Health Information Manager	05-Oct
	Deputy PHC Director	
	HAST Manager	
	Training Coordinator	06-Oct
	HAST M & E Officer	
	District Information Officer	
KZN		
Province	Deputy Director: HAST	12-Dec
District		
Amajuba iLembe	District MMC Coordinator	02-Feb
	District MMC Coordinator	07-Nov
	Deputy District Director	
eThekwini	District HAST Manager	10-Feb