



**health**

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Health  
REPUBLIC OF SOUTH AFRICA



# National VMMC programme | Coordination Toolkit

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# ACRONYMS

QA	Quality Assurance
CQI	Continuous Quality Improvement
DG	Demand Generation
DOH	Department of Health
GP	General Practitioner
HAST	HIV/AIDS, STIs and TB
HIV	Human Immunodeficiency Virus
KPA	Key Performance Agreement
KPI	Key Performance Indicators
M&E	Monitoring and Evaluation
NDOH	National Department of Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PD	Programme Director
PM	Programme Manager
RT35	National Treasury Transversal Contract
SLA	Service Level Agreement
STI	Sexually Transmitted Infection
SOP	Standard Operating Procedures
TB	Tuberculosis
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

# 1. INTRODUCTION

## 1.1. OVERVIEW

In 2010, the South African Government implemented the Voluntary Medical Male Circumcision (VMMC) programme as part of the country's HIV prevention strategies, based on compelling evidence that VMMC reduced men's risk of becoming infected with HIV by approximately 60%<sup>1</sup>.

Moreover, epidemiological modelling indicated that if countries with high HIV prevalence scaled-up VMMC, HIV incidence rates would be significantly reduced<sup>2</sup>.

Following the adoption of this evidence, South Africa embarked on an ambitious goal to circumcise 80% of HIV-negative men to contribute toward the country's HIV epidemic control<sup>3</sup>.

To achieve this, the National Department of Health (NDOH) adopted the VMMC programme and set systems in place to ensure that the programme is domestically funded and quality services are provided.

One of the important successes of the VMMC programme has been the careful planning and strong coordination led by the Department of Health (DOH) at all levels. This has further ensured that there is a shared vision of the VMMC programme among influential stakeholders, the DOH, and VMMC service providers.

This toolkit provides a guide for planning and coordinating a nationwide VMMC programme in South Africa, with the goal of integrating the programme into the wider healthcare system and ensuring that it forms part of universal healthcare coverage.

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<sup>1</sup> Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, Puren A (2005) Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial. *PLoS Med* 2(11): e298..

<sup>2</sup> Njeuhmeli E, Forsythe S, Reed J, Opuni M, Bollinger L, Heard N, et al. (2011) Voluntary Medical Male Circumcision: Modeling the Impact and Cost of Expanding Male Circumcision for HIV Prevention in Eastern and Southern Africa. *PLoS Med* 8(11): e1001132..

<sup>3</sup> South African National AIDS Council. (2017). *The National Strategic Plan for HIV, TB and STIs, 2017-2022*. Pretoria: South African National AIDS Council.

## 1.2. EFFECTIVE COORDINATION AND VMMC PROGRAMME SUCCESS

In simple terms, coordination is “the act of working together harmoniously”<sup>4</sup>. For the VMMC programme, continuous coordination with key stakeholders and the DOH provides a forum to share challenges and successes and align efforts to ensure a sustainable and successful programme.

Effective coordination further encourages the successful implementation of the programme as it ensures a shared vision among all stakeholders. This results in a sense of ownership and responsibility towards the programme’s goals and objectives.

The buy-in of government leadership at all levels is critical for the successful coordination and the sustainability of the programme because once those in leadership take ownership of it, the rest of the key stakeholders will follow suit.

## 1.3. ENVISIONED SUCCESS OF THE VMMC PROGRAMME

The long-term vision of the VMMC programme is to become sustainable, with quality services being provided even after external funding has ceased. The National VMMC Strategy 2020-2024 defines the sustainability of the programme as: “the routine provision of VMMC services within a holistic, comprehensive healthcare model, contributing towards universal healthcare coverage”<sup>5</sup>.

## 1.4. INDICATORS OF THE SUCCESS OF THE VMMC PROGRAMME

- The programme is government-led;
- The programme is fully funded from a variety of sources that are utilised sustainably with greater domestic responsibility for financing;
- All stakeholders at all levels take ownership of the programme;
- There is adequate capacity and implementing staff receive the necessary support to implement the programme;

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<sup>4</sup> Malone, T and Crowston, K. (1990) What is Coordination Theory and How Can it Help Design Cooperative Work Systems. Retrieved from <https://dspace.mit.edu/bitstream/handle/1721.1/2396/SWP-3402-23946901-CCSTR-112.pdf?sequence=1>

<sup>5</sup> The National VMMC strategy 2020-2024

- There is evidence-based planning, where data is used for decision making rather than for reporting purposes only;
- There is high programme coverage with high quality services.




## 1.5. PURPOSE AND AUDIENCE

The purpose of this stakeholder coordination toolkit is to provide step-by-step guidance to coordinate a sustainable national VMMC programme and to ensure that all the relevant stakeholders are engaged to facilitate the scaling-up of quality VMMC services.

The intended audience of this toolkit is the DOH and representatives from international development agencies, VMMC implementing partners and organisations and countries aiming to implement a large-scale programme such as the South African VMMC programme.

This toolkit can be used as a basis to plan for and engage programme stakeholders at a national or sub-national level.

### Box 1: Key to toolkit sections

How to use this toolkit for each section and what to look out for		
Definitions and references	The magnifying glass will give you a snapshot of the definition of the section you are reading.	
Roles and responsibilities	The tasks and responsibilities for specific stakeholders or role players involved.	
Templates, toolkits and relevant documents	Where templates, toolkits or supplementary documents are available, reference is provided.	



## 1.6. OBJECTIVES

This toolkit sets out to:

- Provide an overview of what coordination of the VMMC programme entails;
- Provide a step-by-step guide for planning and implementing stakeholder coordination; and
- Provide tools to implement and measure the success of the coordination of the programme.

## 2. PROGRAMME COORDINATION

For this toolkit, coordination is limited to stakeholder coordination. This section provides a brief overview of coordination and sets the scene for all other sections that follow.

### 2.1. WHAT IS STAKEHOLDER COORDINATION?

#### Box 2: Definition of stakeholder coordination



**Stakeholder coordination** of the VMMC programme is the act of bringing together different people and organisations with a vested interest in VMMC to facilitate the smooth functioning of all the elements of the programme to ensure that the programme's goals and targets are met at a high-quality standard.

Stakeholder coordination is a continuous process that continues throughout the lifecycle of a programme. Engaging and working with multiple people and entities is vital to ensure the programme's success. Stakeholder coordination entails planning, implementing, and monitoring key activities to ensure that quality services are provided. Coordination brings experts with different skillsets together to inform the programme's continuous progress.

Stakeholders are those individuals or organisations with the ability to influence the success or failure of the programme, as well as those who are affected, directly or indirectly, by decisions made about the programme. For the VMMC programme, this includes but is not limited to:

**Box 3: VMMC programme stakeholders**

**Development agencies:** e.g. World Health Organization (WHO), United States President's Emergency Plan for AIDS Relief (PEPFAR);



**Service providers** funded domestically (via the provincial General Practitioner (GP) or National Treasury Transversal (RT35) contracts), or externally (via PEPFAR- otherwise referred to as implementing partners)

**Other related stakeholders:** HIV and AIDS, STI, TB (HAST) staff, VMMC coordinators, Monitoring and Evaluation (M&E) officers, traditional leaders, community mobilisers, and the private sector etc.

The success of the programme will highly depend on the buy-in, commitment and involvement of identified key stakeholders. Buy-in means that those engaged take ownership of their role within the programme and perceive the success of the programme as their responsibility.

Key requirements for successful stakeholder coordination include:

- Political commitment and strategic mandate;
- Strong lead agency;
- Continuous stakeholder engagement;
- Intersectoral coordination;
- Clear scope; and
- Proper communication channels.

## 2.2. WHO SHOULD MANAGE STAKEHOLDER COORDINATION?

In the case of a nationwide programme such as the VMMC programme, the NDOH must take full ownership of coordinating the programme, hence a focal point from DOH should be designated for such a task at all levels. A national committee should be established to coordinate the programme and the NDOH VMMC or HAST programme director (PD) should lead this committee.

The person appointed to take the lead in programme coordination should be well versed in VMMC, procedures and regulations within all the government levels, and the country setting in which the programme will be taking place. This makes the process of identifying and engaging stakeholders easier and ensures buy-in from all involved.

## 2.3. COORDINATION AT DIFFERENT LEVELS

Coordinating a programme should be done at provincial, district and sub-district/local area municipality levels. Leaders and committee members should be appointed, with a shared vision of scaling VMMC nationally and ensuring its integration into the broader healthcare system.

### Box 4: Levels of coordination



**National level:** The PD should lead the stakeholder coordination. The programme manager (PM) will support the PD and as such some tasks can be delegated to the PM.

**Provincial level:** The VMMC director (if available) or the HAST manager should lead this process.

**District level:** A VMMC/HAST coordinator should lead the coordination activity.

**Table 1: Personnel to lead the stakeholder coordination at different levels**

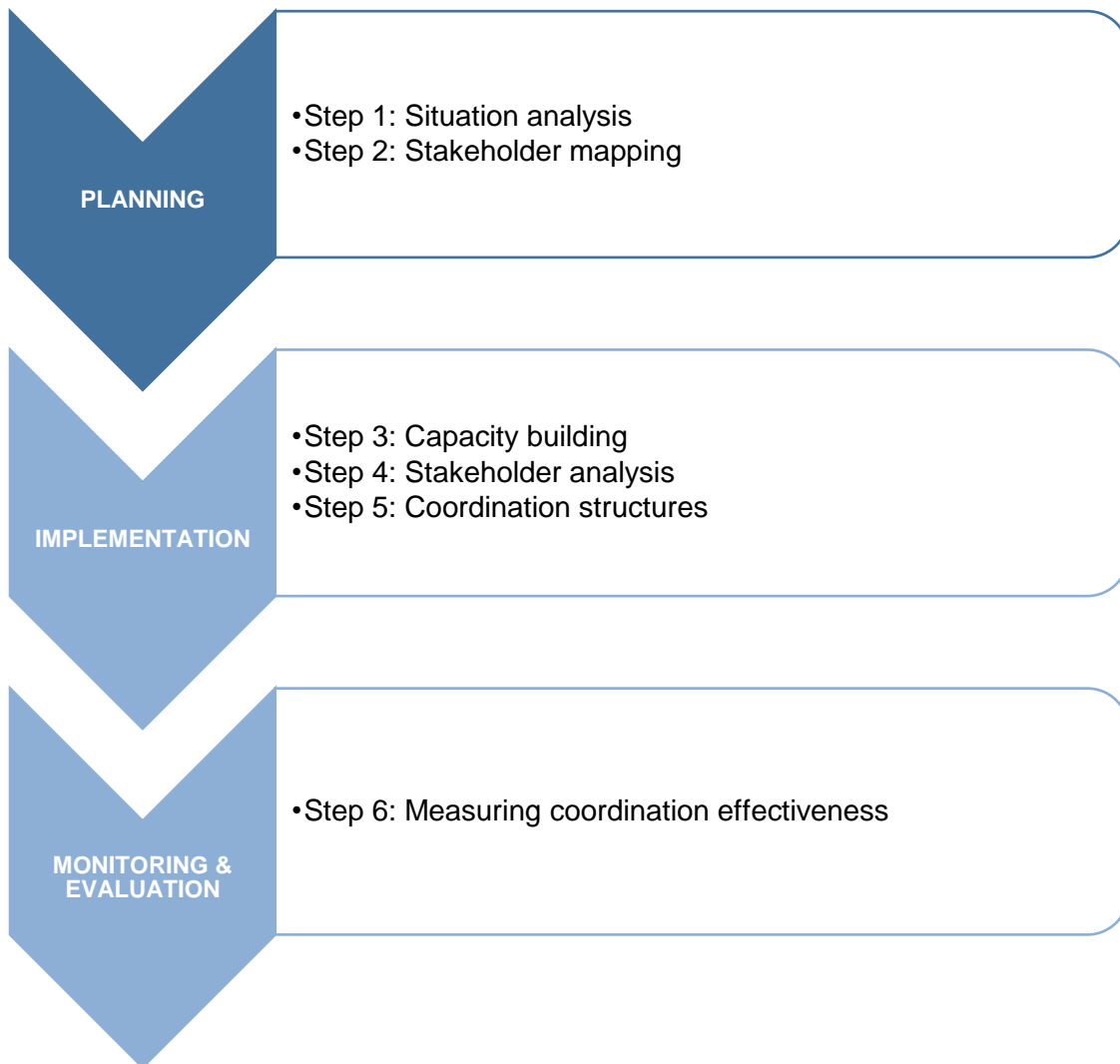
	District	Provincial	National
<b>Responsible</b>	VMMC/HAST coordinator	VMMC director or the HAST manager	The VMMC Programme Director
<b>Delegate</b>		Deputy Director: HAST provincial coordinator	VMMC programme manager

### 3. PROCESS OF COORDINATING THE VMMC PROGRAMME

#### 3.1. OVERVIEW OF THE COORDINATION PROCESS

Coordination has three main phases, which are outlined in Figure 1.

Figure 1: Process of coordination



## 3.2. PLANNING

### 3.2.1. STEP 1: SITUATION ANALYSIS

#### Box 5: Definition of situation analysis



A **situation analysis** is a process of gathering and analysing information to guide the programme development and implementation.

Situation analysis is an important step to better understand the context and environment in which the programme is to be implemented, and should include attitudes, beliefs, and practices, country policies, and regulatory framework, as well as the healthcare system readiness. It helps district, sub-district and local area municipalities determine the current status of VMMC services and activities in the country, and provides an opportunity to identify areas for improvement.

Gathering information to inform the situation analysis can be done through desktop reviews of relevant programme reports, key informant interviews, surveys, observations, and policy analysis.

It is important to note that the findings of the situation analysis do not all have to be addressed simultaneously or immediately. Rather, issues should be prioritised according to their impact on the success of the programme.

#### Box 6: Additional literature on situation analysis

##### View the following documents related to situation analysis:



- The WHO: a comprehensive Male Circumcision Situation Analysis Toolkit<sup>1</sup> for use at a national level.
- UNAIDS, in collaboration with the Global Prevention Coalition: a set of tools to assist countries in assessing and monitoring the progress of their HIV prevention programmes.
- The VMMC Prevention Self-Assessment Tool which can be accessed at the United Nations HIV Prevention Coalition ([hivpreventioncoalition.unaids.org](http://hivpreventioncoalition.unaids.org))

### 3.2.2. WHEN TO CONDUCT A SITUATION ANALYSIS

Where you are in the programme implementation process will determine when you need to do the situation analysis and which area you should focus on. As a general principle, a situation analysis should be conducted during the inception phase of any new programme. For programmes that are already in implementation, it is important to update the situation analysis every two years or when there is a significant change in policy or guidelines, a major donor and/ or implementing partners.

### 3.2.3. STEP 2: STAKEHOLDER MAPPING

#### Box 7: Definition of stakeholder mapping inquiry



A stakeholder mapping inquiry is used to map out the organisational structure of the system, identify individuals in these positions and identify key decision-makers and influencers in the system.

In addition, stakeholder mapping helps to develop an understanding of what functions can be leveraged to help ensure robust integration of coordination and management functions within VMMC.

A mapping inquiry involves structured interviews with a few key individuals in the healthcare system. A mapping meeting should be conducted with the NDOH first, and mapping interviews should also be held at provincial levels to better inform the provincial and district levels of the map. Other informal discussions can be conducted throughout the programme to iterate the map and take on an agile approach to stakeholder engagement.

The mapping interviews interrogate the following characteristics with VMMC stakeholders at national, provincial and district levels:

- **Relationships:** Different relationships within the network; the dynamics of these relationships; mapping out the reporting lines within the network, including decision-making pathways.
- **Characteristics:** Characteristics of stakeholders in the network, which may impact on the effectiveness and efficiency of the programme to understand what characteristics and work should be cultivated in current and future programme staffing.
- **Knowledge and background:** Capabilities of stakeholders in the network, including the expected level of education and relevant experience that may impact on efficiency.

**Box 8: Stakeholder mapping template**



A stakeholder mapping template has been included in the attachments and is displayed below.

**Figure 2: Example of a stakeholder mapping template**

Please use the check box below to guide questions and provide rankings  
 These questions and rankings will be asked for each individual identified

Relationship	Who does this individual report to?	[Choose from: National / Provincial / District / PEPFAR-funded partner / SA-funded partner / Other HIV programmes / Other government departments / Civil society / traditional leaders]	[Name / organization]	What are the dynamics of this relationship?	[On a scale on 1-4 rank the positive extent of this relationship, with 1=very poor; 2=poor; 3=good; 4=very good]
	Who reports to this individual?	[Choose from: National / Provincial / District / PEPFAR-funded partner / SA-funded partner / Other HIV programmes / Other government departments / Civil society / traditional leaders]	[Name / organization]	What are the dynamics of this relationship?	[On a scale on 1-4 rank the positive extent of this relationship, with 1=very poor; 2=poor; 3=good; 4=very good]
	What other reporting lines is this individual responsible for?	[Choose from: National / Provincial / District / PEPFAR-funded partner / SA-funded partner / Other HIV programmes / Other government departments / Civil society / traditional leaders]	[Name / organization]		

### 3.3. IMPLEMENTATION

#### 3.3.1. STEP 3: CAPACITATE KEY PEOPLE RESPONSIBLE TO FACILITATE OWNERSHIP OF THE PROGRAMME

Ensuring that there are sufficient and well-equipped human resources to lead and manage the VMMC programme at all provincial, district and sub-district levels is critical to its success. This also facilitates ownership by the NDOH and the sustainability of the programme.

##### RECRUITMENT

In some districts, it is possible to recruit and place staff into vacant, funded DOH positions to ensure that the DOH can implement and manage the programme. Programme strategy, guidelines, standard operating procedures (SOPs) and policies must be made publicly available for reference (see table 3). Furthermore, the responsibilities and duties relating to VMMC must be explicitly stated as indicators in each individual's key performance agreement (KPA) to enable accountability and performance management.

##### TRAINING/UPSKILLING

VMMC/HAST programme managers and coordinators must be capacitated to fully execute the national VMMC guidelines. PMs must, at a minimum, be equipped to develop, monitor and evaluate the following programmatic plans, reports and tools:

**Table 2: Checklist of relevant VMMC operational documents**

PMs should be equipped to monitor the implementation of the following plans:	
✓	<b>VMMC micro-plans:</b> VMMC micro-plans are results-based plans for specific areas of service delivery.
✓	<b>District Continuous Quality Improvement (CQI) plans:</b> A CQI plan is a roadmap for improving VMMC services, processes, capacity, and outcomes. It guides VMMC implementers and stakeholders through the process of monitoring services and using data as part of everyday practice to improve services provided.
✓	<b>District demand generation (DG) plans:</b> A DG plan is a targeted plan of demand generation activities at the district level to attract eligible men within the age pivot.
✓	<b>M&amp;E framework:</b> A M&E framework describes the indicators used to measure the programme's success.
✓	<b>Operational plan:</b> An operational plan is a detailed plan mapping out all the processes required for the programme to succeed. These plans clearly describe the task and targets, the person responsible for that task and the deadline.



**Table 3: Checklist of key VMMC strategic documents**

The following programme strategy documents are available for download on Knowledge Hub	
✓	National VMMC strategy
✓	South African National Guidelines for Medical Male Circumcision
✓	VMMC transversal contract management framework
✓	South African National Medical Male Circumcision Demand Generation Strategy
✓	National VMMC Data Quality Assessment Strategy
✓	National VMMC Quality Assurance (QA) framework
✓	National VMMC Data Management Protocol/Data Working Practice Guidelines

Depending on the results of the situation analysis, some existing VMMC programme staff may need new or refresher training. The DOH has a Knowledge Hub<sup>6</sup> with up to date information and policies for reference. The Clearinghouse on Male Circumcision for HIV Prevention<sup>7</sup> has a repository of regional and global resources that can be used. PMs should also collaborate with their nearest Regional Training Centres to guarantee continuous education, professional development, and training for all VMMC clinical, administrative, and management staff.

### 3.3.2. STEP 4: STAKEHOLDER ANALYSIS

After conducting a situation analysis and identifying key stakeholders through mapping, the next step is to conduct a stakeholder analysis.

**Box 9: Definition of stakeholder analysis**



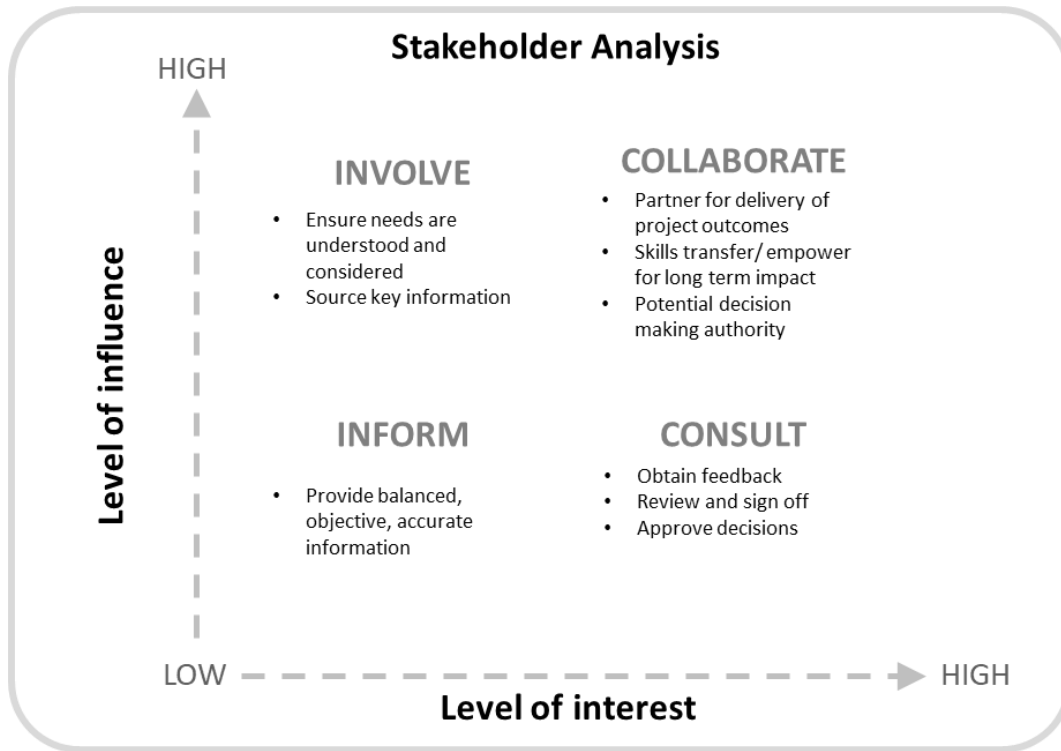
Stakeholder analysis is a process of categorising stakeholders according to their level of influence and interest in the programme and identifying supportive and opposing stakeholders.

The information gathered through this process will then be used to assess how the interests of those stakeholders should be addressed in the programme. The figure below shows how to categorise the stakeholders to help inform the appropriate level of engagement to have with them. A stakeholder analysis tool has also been attached to assist in the process of categorising stakeholders.

<sup>6</sup> DoH Knowledge Hub/ e-Library <https://www.knowledgehub.org.za/>

<sup>7</sup> Clearinghouse on Male Circumcision <https://www.malecircumcision.org/>

Figure 3: Stakeholder analysis matrix



### 3.3.3. STEP 5: STAKEHOLDER ENGAGEMENT PLAN

The next step is to develop a stakeholder engagement plan which will help with identifying the purpose, needs and appropriate channel to communicate with each relevant stakeholder. An engagement plan is included in the attachments.

Figure 4: Example of a stakeholder engagement plan

Stakeholder Engagement Plan									
Project Name: South African VMMC Programme							Date:		
Title	First Name	Surname	Position	Organisation/ Dept/Team	Engagement Strategy				
					Objective	Channel	Frequency	Responsible	Content

PMs should then implement engagement activities according to the plan.

The identified stakeholders must be provided with a clear description of what is expected of them. It is recommended that:

- Terms of reference, service level agreements (SLAs) and memoranda of understanding, clarifying the partners' objective, roles and responsibilities as they relate to the VMMC programme, should be signed between the DOH and all external stakeholders.
- Partners should be orientated on key programmatic policies and plans and advised to align theirs accordingly.
- Joint-planning between the DOH and partners should be prioritised, and partner inputs and contributions should be captured in annual DOH plans, including CQI plans, DG plans, M&E plans, and business plans.

### 3.3.4. STEP 6: COORDINATION STRUCTURE

The following section guides programme managers on how to establish and maintain coordination structures at national and sub-national levels.

#### Box 10: Definition of a task team



A task team is a small group of technical experts or influential stakeholders who routinely discuss and make decisions to guide the operational implementation of a programme.

### VMMC TASK TEAMS

The NDOH recommends that VMMC task teams be formed at all levels to review guidelines, data, and policies on VMMC to inform the programme, and track programme issues and ensure that solutions are documented and followed up.

The main topics that the task teams will focus on are:

- Stakeholder management;
- Target setting;
- Quality;
- Performance; and
- Other operational issues that may emerge throughout the life cycle of the programme.

The composition of the task team will be informed by the stakeholder analysis conducted at the beginning of implementation and through engagements with the leadership at all levels, however, this should ideally include technical people implementing the programme. While there will be a larger group of stakeholders who will be engaged at salient points of the project cycle, the core task team should meet regularly.

**Box 11: Function of task teams**



**VMMC task teams are not meant to reinforce a vertical programme structure or replace HAST or nerve centre or other integrated programme management meetings.** Instead, they supplement the wider programme management meetings by ensuring that challenges affecting the programme are addressed as they occur and specific solutions are identified and tracked. This way, the wider HAST platforms can be reserved for resolving more complex problems that require cross-programme coordination.

**COORDINATION MEETINGS**

It is recommended that task teams meet regularly. It would be ideal for them to meet every two weeks during the intensive project planning phase, during the phasing in of significant policy changes, and in any crisis management e.g. pandemic response, donor and partner transitions or during campaigns, etc. The teams should thereafter meet once a month during the project implementation phase.

These task team meetings should be held at national, provincial, and district levels. Commitment to these meetings by invited stakeholders should be included as a requirement in partner SLAs.

This is not to suggest that stakeholder coordination must be conducted solely via formal meetings - PMs can explore other engagement platforms such as community dialogues, emails, and mailers. However, for effective programme management, stakeholders must meet regularly for discourse, risk mitigation, and issue resolution.

**STEPS TO CONDUCTING AN EFFECTIVE COORDINATION MEETING**

The following are steps to conducting effective coordination meetings.

**Table 4: Overview of steps to conduct an effective coordination meeting**

To ensure effective coordination meetings	
<b>Before the meeting</b>	
✓	Identify roles and responsibilities
✓	Compile meeting agenda
✓	Send out meeting invitations
<b>During the meeting</b>	
✓	Apply best practices for conducting an effective meeting
✓	Take minutes
<b>After the meeting</b>	
✓	Share minutes and action items with all meeting participants

## BEFORE THE COORDINATION MEETING

### IDENTIFY ROLES AND RESPONSIBILITIES

First, PMs must identify the key decision-makers and operations staff that need to attend the meeting, and clarify why they need to be there. This exercise will assist the PM in assigning roles and responsibilities to each identified meeting participant, guided by the stakeholder mapping analysis and engagement plan.

**Table 5: Roles and responsibilities of coordination meeting attendees**

STAKEHOLDERS TO ATTEND	ROLES AND RESPONSIBILITY
<b>Programme coordinator/manager</b>	<ul style="list-style-type: none"> <li>✓ Chairs the meeting</li> <li>✓ Set meeting agenda</li> </ul>
<b>Programme administrator</b>	<ul style="list-style-type: none"> <li>✓ Sets up calendar invitation</li> <li>✓ Manages the RSVPs</li> <li>✓ Takes minutes</li> <li>✓ Shares minutes, agenda and supporting documents</li> </ul>
<b>HAST representative</b>	<ul style="list-style-type: none"> <li>✓ Oversight and integration</li> </ul>
<b>Donor agency</b>	<ul style="list-style-type: none"> <li>✓ Guidance about decision-making and funding</li> </ul>
<b>Service provider</b>	<ul style="list-style-type: none"> <li>✓ Operational alignment</li> <li>✓ Problem-solving</li> </ul>
<b>M&amp;E</b>	<ul style="list-style-type: none"> <li>✓ Reporting financial and non-financial data</li> <li>✓ Highlight performance gaps and successes</li> </ul>
<b>DG/ACSM representative</b>	<ul style="list-style-type: none"> <li>✓ Reporting back on activities. Both the DG and QA representatives are called in as needed, for instance, if there is a campaign (DG) or internal or external assessments (QA) to plan</li> </ul>
<b>QA/QI representative</b>	

## MEETING AGENDA

The first step is to articulate the meeting objective and agenda, which is achieved by considering the following:

- Questions that need answering;
- Decisions that need to be made; and
- Consensus or agreements that need to be concluded.

The resulting topics should be documented on an agenda template with the official DOH letterhead.

Standard agenda items for a VMMC task team include:

- VMMC implementation successes and challenges;
- Quality assurance and improvement;
- Performance data, data variance and targets; and
- Programme updates.

This will provide clarity on the intended objectives and outcomes of these meetings.

## MEETING INVITATION

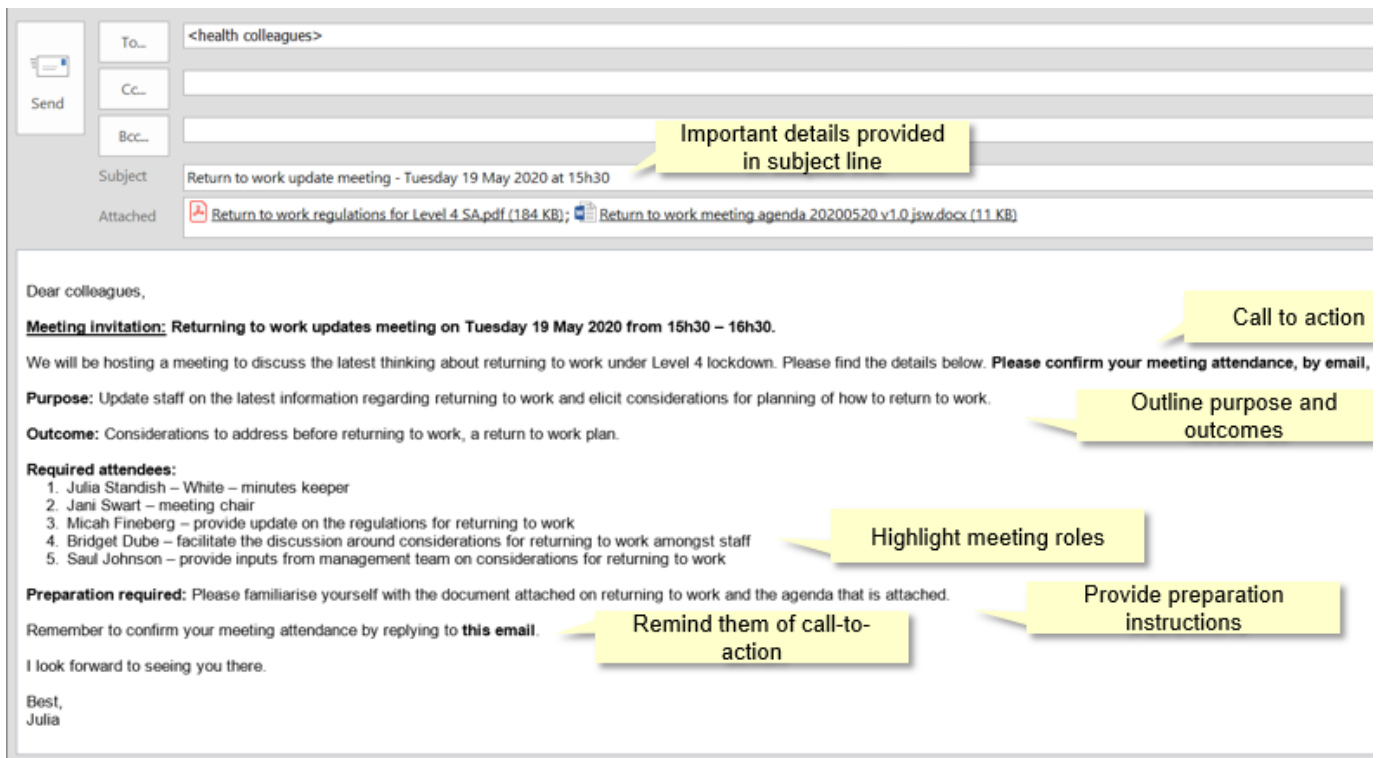
Meeting invitations must be sent out to identified participants at least two weeks in advance, followed up by a calendar invitation to prompt them to attend.

The meeting invitation should include:

- Date, time, and place;
- Purpose of the meeting;
- The intended outcome of the meeting;
- Roles and responsibilities of those invited;
- Required participants;
- Preparation needed before the meeting; and
- Pre-reading documents and agenda should also be shared as attachments.

The programme administrator can block out future meeting dates in the calendar for up to one year, and just send reminder emails with agenda and other pertinent information at least one week prior to each session. A task team meeting invitation template is shared in the figure below.

Figure 5: Meeting invite template



## DURING THE COORDINATION MEETING

Below are some tips on how the meeting chair can effectively conduct the meeting:

- Start on time, even if someone is late. Leaders are responsible for establishing habits and team discipline.
- Introduction: Give everyone a turn to share what is going well in their work or their lives.
- Be clear about the purpose and desired outcomes of the meetings. For example, will ideas suffice or does the team need to reach decisions?
- Facilitators connect participants, protect them from one another, and equalise the group for the duration of the meeting.
- At the end of the meeting, summarise meeting accomplishments and decisions, and recap the next steps. Although this may seem tedious, it does contribute to productivity and a sense of accomplishment.
- Depending on the type of meeting, reflect on the meeting, and give each other positive feedback.
- Close off with what you want people to remember and keep it positive! People tend to draw positive conclusions from information presented positively.

## MINUTE TAKING

### Box 12: Definition of minutes




Meeting discussions must always be transcribed and distilled into **minutes**. Once adopted, minutes are considered a written representation of meeting discussions, and are considered to be legal documents.

While not everything discussed in the meeting should be minuted, the following information must always be documented:

- What was achieved at the meeting;
- What decisions were made at the meeting;
- What actions were agreed – and to whom it was assigned and the deadline; and
- Next steps and any date for a follow-up meeting if agreed.

The minute taker may obtain an audio recording of the meeting to aid in transcription, however, it is important that prior consent is sought from participants, and provided (preferably in writing), and that the recording is not used for any other purpose other than to augment the minute taker’s notes. The figure below is a checklist for effective minute-taking. This tool will ensure that minute takers have followed the right protocols to deliver an accurate, quality and useful output.

Figure 6: Minute taking checklist

 <b>As the minute-taker, I have completed the following:</b>	
<b>Prior to the meeting</b>	
1.	Consult chairperson/convener on the context and purpose of the meeting
2.	Obtain agenda to base minutes on topics to cover
3.	Obtain a list of invitees to tick-off attendees and include a list in the minutes
4.	Identify possible annexures/documents to be circulated afterwards
<b>During the meeting</b>	
5.	Tick-off attendees as they enter the meeting
6.	Make notes of outcomes reached, decisions taken, action items to be achieved before next meeting
7.	If responsible for setting up and sending out the next agenda, anticipate agenda items for the next meeting
<b>After the meeting</b>	
8.	Compile minutes as soon as possible
9.	Send a draft to chairperson/convener for approval
10.	Send meeting minutes email + minutes + appendixes to all invitees
11.	After the deadline for the amendment and adoption of minutes, save a PDF copy of the minutes



## AFTER THE COORDINATION MEETING

After the meeting, the minutes of the meeting should be sent out to all the attendees to allow for inputs and to ensure that everyone agrees with what has been documented. In the email sent with the meeting minutes, participants must be reminded of:

- The purpose of the meeting;
- The key decisions/insights reached; and
- Action items due before the next meeting.

A meeting minutes email template is shared in the figure below.

**Figure 7: Meeting minutes follow-up email**

The screenshot shows an email client interface with the following fields:

- To...**: [Empty field]
- Cc...**: [Empty field]
- Subject**: HAST/MMC meeting 8 May follow-up
- Attached**: [HAST MMC meeting minutes 20200508.docx \(11 KB\)](#)

The email body text is as follows:

Dear <name>

Thank you for taking the time to attend the HAST/MMC meeting on Thursday.

**The purpose of the meeting was to** discuss xxx. **We gained insight on/reached a decision on** a), b), c).

For your ease of reference, I have summarised the agreed-upon tasks and responsibilities below with its due dates:

<b>@Susan Petersen</b>	Monday, 11 May:	Submit <del>nvoieio</del> nwvnp4
<b>@John Dube</b>	Wednesday, 13 May:	Review monthly report
<b>@Gauteng MMC team</b>	Thursday, 21 May:	Monthly meeting

Would you like to suggest any amendments to the attached minutes? Submit by Friday, 15 May.

Thank you for your cooperation.

Warm regards,

Proposed turnaround time for sharing the meeting minutes are:

- A one-hour meeting: minutes shared within 24 hours
- A two-hour meeting: minutes shared within 48 hours
- A half- or full-day meeting: minutes shared within one week

## 3.4. MONITORING AND EVALUATION

### 3.4.1. STEP 7: MEASURING COORDINATION EFFECTIVENESS

#### TASK TEAM EFFECTIVENESS

The VMMC task team is formed to serve a specific purpose. As such, it is important to routinely assess whether the team is living out that purpose, and use that information as a basis to deliberate effective course correction measures.

#### Box 13: Meeting effectiveness assessment tool



A meeting effectiveness assessment tool included in the appendices can be used for this task. This meeting assessment tool tracks whether task team meetings are effective in achieving their mandate.

If meetings are deemed *ineffective*, the following corrective actions could be taken to resolve this:

- Reassess the composition of the team and determine if the relevant stakeholders/decision-makers are present.
- Confirm that the task team has the correct mandate and that this is reflected in their terms of reference/SLA and KPAs.
- Ensure the task team is receiving the appropriate political support and buy-in from programme leadership.

### 3.4.2. VMMC PROGRAMME CUSTODIAN EFFECTIVENESS

Including VMMC as part of the programme custodian's key performance indicators (KPIs) and KPAs ensures accountability. This will also provide insight on how the programme is being implemented and further indicate its sustainability, as including VMMC activities as part of the custodian's key performance indicators will emphasise that it is integrated into the healthcare system. These should be reviewed regularly.

## 4. CONCLUSION

In summary, VMMC programme stakeholders can be coordinated by following these key steps:

- Conduct a situation analysis to identify programme challenges and plan for mitigating actions.
- Capacitate the custodians of the VMMC programme and put systems in place to ensure that there is accountability and ownership of the programme.
- Conduct stakeholder mapping and analysis to identify key stakeholders and ensure constant engagement with them.
- Continuous engagement and communication are key to coordination and ensuring that the objectives of the programme are achieved.
- Routinely monitor and evaluate the effectiveness of coordination structures in delivering its mandate.

### **Self-reflection after working through the toolkit:**

1. The sections I found most insightful were: \_\_\_\_\_
2. The sections I should revisit are: \_\_\_\_\_
3. The idea of stakeholder coordination makes me feel: \_\_\_\_\_