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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# **VOLUNTARY MEDICAL MALE CIRCUMCISION**

*Project 300K 2021 Campaign Report*  
**South Africa**

June 2021 - December 2021

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# ACRONYMS

AE	Adverse Event
APP	Annual Performance Plan
ART	Antiretroviral Therapy
CBO	Community-Based Organisation
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
CMI	Customary Male Initiation
DCS	Department of Correctional Services
DHIS	District Health Information System
DHMIS	District Health Management Information System
DOH	Department of Health
EQA	External Quality Assessment
FBO	Faith Based Organisation
FY	Financial Year
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
IP	Implementing Partner
JHD	Johannesburg Health District
KZN	Kwa-Zulu Natal
MMC	Medical Male Circumcision
MP	Mpumalanga
NDoH	National Department of Health
NT	National Treasury
PDoH	Provincial Department of Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PoE	Portfolio of Evidence
PSI	Population Services International
Q&A	Question and Answer
RT35	National Treasury Transversal Contract for VMMC Services
RTC	Right to Care
SHF	Southern Health Foundation
SLA	Service Level Agreement
SONA	State of Nation Address
THC	TB HIV Care
UNAIDS	Joint United Nations Programme on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision

# EXECUTIVE SUMMARY

## Background

Voluntary Medical Male Circumcision (VMMC) continues to be a key part of South Africa's HIV prevention package of services since the adoption of Medical Male Circumcision (MMC) in 2010. As part of a strategy to achieve the ambitious goals set by the South Africa government to reach HIV negative males aged 10 year and upwards<sup>1</sup>, the National Department of Health's (NDoH) VMMC programme implements project management in the form of annual campaigns aimed at assisting Implementing Partners (IP's) and provincially contracted General Practitioners (GPs) to achieve the set targets.

In 2020, the VMMC programme was significantly affected by the COVID-19 pandemic, which led to a significant drop in the programme's performance with 172 744 circumcisions achieved (58% towards the 20/21 FY target). To mitigate the impact of COVID-19 and support the uptake of VMMC services in 2021, the NDoH undertook its annual project management campaign to accelerate VMMC coverage in the country and extending the campaign period. This meant that the campaign ran from June to December 2021 and the goal was to reach 300 000 circumcisions (*Project 300K* campaign) which is 50% of the programme's annual target.

The project management approach had a specific focus on partner coordination, data quality assurance, innovative demand generation strategies and behavioural sciences initiatives. The approach created a platform for partners to be innovative and responsive to locally targeted demand generation strategies. The overall aim of the management approach was to optimise demand for VMMC, improve access to high-quality services, amplify lessons learned, monitor adverse events (AEs) and men's health indicators, and strengthen data reporting into the District Health Information System (DHIS). This was done through weekly performance reviews and analysis of data as well as through bi-weekly dissemination of performance and sharing best practices.

## Approach

Altogether, eight RT35 service providers, four PEPFAR (CDC) implementing partners and six GPs contracted by the Gauteng Province participated in the campaign. Furthermore, provincial DoH in eight provinces participated and supported the implementation of the project management campaign. The provincial department of health (DoH) in Limpopo Province did not participate, however,

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<sup>1</sup> South African National AIDS Council, 2017

implementing partners providing services in the province participated in the campaign and reported on their performance.

Implementing partners were required to pledge monthly targets for each of the districts they supported, and this was used as a basis to monitor their performance and foster ownership and commitment towards the campaign. In total, implementing partners pledged a combined target of 284, 437, which is 95% of the campaign target, resulting in a deficit of 15, 563 towards reaching the 300 000 target.

Generally, the inclusive approach used during the campaign implementation allowed for direct engagement with partners, alleviated any communication bottlenecks and ensured that all stakeholders were aware of new developments and challenges related to the VMMC programme implementation to enable prompt course correction.

## **Results**

At inception, NDoH announced that the April 2021 and May 2021 data from the DHIS would be considered as baseline data for the Project 300k campaign. This baseline data, 74, 938 circumcisions, were included in the overall project performance data. From June to December 2021, Project 300k partners performed 217, 297 circumcisions. Adding this to the baseline data, the overall performance of the campaign was 292, 235 circumcisions which is 97% of the 300k target, as indicated by partner reports.

The July performance contributed the most circumcisions (54, 611), achieving 97% of the target for that month, followed by June (38, 320) which achieved 86% of the monthly target. This could be related to the historically high demand for VMMC during the winter season. Overall, at least 21, 000 circumcisions were reported each month for the duration of the campaign.

Mpumalanga province contributed the highest number (58, 349) of circumcisions during the campaign, followed by KwaZulu-Natal (51, 690) and Gauteng Province (50, 000). Furthermore, four provinces: Mpumalanga, North West, Northern Cape and Limpopo, surpassed their targets. It is, however, worth noting that overall, partners providing services in the North West, Northern Cape and Limpopo, pledged modestly. Except for the Eastern Cape, circumcisions performed during the campaign in all the provinces doubled, and at times tripled compared to the 2020/21 Project 300K campaign.

Five implementing partners surpassed their targets. JPS Africa performed well, achieving almost twice their pledged target of 15, 400. Also surpassing their targets, RTC, through their PEPFAR funded programme, performed the most VMMCs contributing almost a quarter of the circumcisions performed during the campaign. Dr N.S. Masinga and Partner, Aurum Institute and TB HIV Care also surpassed their targets. Excluding PSI, whose performance declined from 34, 221 in 2020/21 to 15, 434 in 2021, all implementing partners' performance increased in the current Project 300k campaign.

This may be an indication that the impact of COVID-19, although not completely absent, has lessened, further to this, implementing partners have learned to adapt and move forward with the provision of safe circumcisions in the context of COVID-19.

For the first time since the inception of the project management campaigns, the combined contribution from RT-35 partners and the GP contracted partners accounted for 56% of the total circumcisions performed during the campaign. This has shown a commitment to the programme by local implementing partners that are funded through domestic funding mechanisms. Similarly, the current Project 300k has reported the lowest data variance since the inception of the project management campaigns. This means that implementing partners, both RT-35 and PEPFAR partners, have been diligent in submitting their data on DHIS, which shows an improvement in the implementation of VMMC data flow processes and project management approach over the years in ensuring partners' ownership of their contribution to the programme.

*The reported Project 300k data is indicative of the partner reports submitted during the campaign. However, After the conclusion of the campaign the National DHIS reported a total of 329 180 circumcisions from April 21- to December 21. The observed difference between the Project 300k reported performance and DHIS data results from the additional numbers of circumcisions reported after data verification or data reported directly from DoH facilities not supported by IPs. As such, the campaign target was met and surpassed by 10%.*

## **Conclusion**

The project management approach has become a routinised part of the VMMC programme and supports partners to reach their targets through providing a platform that allows regular engagement with all VMMC stakeholders. There were some notable challenges in reaching the desired targets specifically due to the lack of service delivery for 10-14 years olds in the 27 supported districts. However, as a result of the coordination and collaboration between NDoH, PDoHs, RT35 and PEPFAR implementing partners, the 2021/22 *Project 300k* was successfully implemented, despite the constraints of the COVID-19 pandemic.

## **Lessons for future campaigns**

- Partners should be encouraged to pledge generously to ensure that the campaign target is met. Engagements with partners before the kick-off of the next campaign should be prioritised and emphasis should be made towards an increased pledge using evidence of partners who have far surpassed their targets, as this shows that they have the capacity and capability to do so even under challenging circumstances.

- Provincial participation in the bi-weekly meetings is highly valuable and it shows commitment to the success of the VMMC programme. NDoH may need to have separate engagements with all Provinces to discuss the importance of Provincial participation as it contributes to the overall success of the campaign.
- At the beginning of the campaign, bi-weekly meetings were scheduled and took place as planned. However, the campaign did experience a disruption specifically during the National External Quality Assessment (EQA) exercise. It is worth noting that while the VMMC programme has multiple activities which form part of the programme, these activities can happen in parallel rather than in silos. This means that in future, VMMC programme representatives need to be delegated to continue with specific activities such as the campaign meetings so that they do not fall off the radar and take place as planned.
- Apart from their VMMC performance, implementing partners inconsistently reported on other indicators including AEs and men's health indicators. As a result, NDoH could not obtain a comprehensive understanding of these indicators, particularly AE reporting. Emphasis needs to be made on consistent reporting and the tool used will need to be reviewed for its effectiveness to capture AEs and the required Men's Health information for the campaign.
- The project management approach has been successfully adapted to respond to the COVID-19 context. As South Africa moves towards managing COVID-19 differently and reverting to a new normal, all the lessons learnt about how to provide safe VMMC services during a pandemic should be applied in future contexts.



# 1. BACKGROUND

Voluntary Medical Male Circumcision (VMMC) continues to be a key part of South Africa's HIV prevention package of services since the adoption of the Medical Male Circumcision (MMC) strategy in 2010. South Africa set ambitious targets to circumcise 4.3 million men aged 15-49 years by the end of 2016<sup>2</sup>, and an additional 2.5 million males by 2022 to reach those aged 10 years and above<sup>3</sup>.

The National Department of Health's (NDoH) VMMC programme undertakes annual project management campaigns aimed at assisting Implementing Partners (IPs) and provincially contracted General Practitioners (GPs) to achieve the set targets. In previous years, the campaigns were strategically implemented during the winter season which historically shows the highest rate of VMMC uptake in the country, contributing to approximately 50-60% of the annual VMMC targets. However, in 2020, the VMMC programme was significantly affected by the COVID-19 pandemic, which led to a significant drop in the VMMC programme's performance with 172,744 circumcisions achieved (58% towards the 20/21FY target). As the pandemic continued to impact the progress of the VMMC programme, the NDoH decided that the new campaign would be extended over both the winter and summer seasons to support the uptake of VMMC services in the constrained COVID-19 context.

In 2021, the NDoH undertook its annual project management campaign to accelerate VMMC coverage in the country. The campaign aimed to reach 300 000 circumcisions between June and December 2021 (*Project 300K* campaign).

## 2. AIM AND OBJECTIVES

*Project 300K 2021* aimed to accelerate high-quality VMMC coverage during the COVID-19 pandemic, allowing partners to be innovative and responsive to locally targeted demand generation strategies.

The strategic objectives of *Project 300K 2021* were to:

- Optimise demand for VMMC for the priority target population of HIV negative males aged 15-34 years during the winter and summer months;
- Improve access to high-quality VMMC services among HIV negative males aged 15-34 years;
- Amplify lessons learned and promising practices.
- Ensure effective monitoring of AEs and men's health indicators in all districts; and
- Strengthen monitoring, reporting and review of facility-level VMMC data captured on DHIS.

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<sup>2</sup> South African National Department of Health, 2016

<sup>3</sup> South African National AIDS Council, 2017

### 3. MANAGEMENT APPROACH

NDoH implemented a management approach that had a specific focus on, partner coordination, data quality assurance, innovative demand generation strategies and behavioural sciences initiatives. The management approach involved the following:

1. Weekly performance reviews and analysis to ensure:
  - a. Timely identification of challenges,
  - b. Agreed upon corrective action, and
  - c. Monitoring of remedial activities.
2. Bi-weekly dissemination of performance data and good practices.

#### 3.1. PARTNER CO-ORDINATION

NDoH was responsible for the coordination and guiding implementing partners, as well as communicating with subnational levels to ensure alignment in the management of data for the programme.

This was done through the bi-weekly meetings which were hosted and led by the NDoH. As per the previous campaign, the country was still operating under COVID-19 restrictions and in light of this, the meetings were held on a virtual platform.

All partners were requested to prepare presentations for the NDoH bi-weekly meetings, where they would report on their VMMC performance and other related VMMC activities including demand generation activities, challenges, successes, and best practices. The NDoH prepared a monthly presentation to summarise partners' progress towards their respective targets as well as the performance against the numbers reported on the DHIS. This allowed partners to see progress against the DHIS and to be able to follow up with facilities they support to ensure that the data they reported reflected their performance accurately.

#### 3.2. DATA QUALITY ASSURANCE

Data quality assurance was an important component of *Project 300K* as it ensured that data was submitted and captured accurately at all reporting levels. As part of the campaign, all partners were required to undertake a routine data verification process in collaboration with relevant District and Provincial officials.

As per the District Health Management Information System (DHMIS) policy, the verification process had to include the VMMC Portfolio of Evidence (PoE) to certify the validity of all the data submitted.

The PoE consists of a client intake form, a copy of a signed consent form, a carbonated VMMC register, and an ID copy of the parent, for clients younger than 18.

The objective of the data verification process was to measure the extent to which the information in the VMMC PoE, had been submitted accurately, completely and according to the reporting frequency to the next level of reporting. This allowed for systematic errors that occur in the reporting of data to be identified and, for specific indicators, gave an estimate of the degree of over-or under- reporting. Undertaking this process correctly eliminates variances between data reported by partners during the project and data submitted for capturing into the DHIS.

### **3.3. DEMAND GENERATION**

The demand generation initiatives aimed to strengthen public awareness of VMMC among South African men; to provide basic educational resources for these men regarding the benefits of VMMC; to empower men in enabling them to make more informed choices regarding their sexual health, to change people's negative perceptions about VMMC and fear of taking VMMC services during a pandemic.

At the onset of the COVID-19 pandemic, the programme experienced low demand for VMMC services and this impacted the performance towards set targets. The programme established guidance for performing safe VMMC services within the COVID-19 setting, thus partners were now empowered to provide services. It also created a space for partners to revamp innovative models that will improve the quality of demand generation. However, it was acknowledged that this would only prove to be successful if the VMMC demand generation activities were revitalised and strengthened during this period. Furthermore, it has also created a space for Implementing Partners to revamp innovative models that will improve the quality of demand generation.

Partners were requested to provide bi-weekly update reports on demand generation initiatives as part of the project. The reports and discussions about demand generation were envisaged to be an opportunity to document and share best practices so that partners could learn from one another.

### **3.4. BEHAVIOURAL SCIENCE INSIGHTS**

The project management approach included behavioural science insights to support improved performance across partners which ultimately led to a successful campaign. Behavioural science combines insights from psychology, sociology and economics to provide a deep and realistic understanding of behaviour. These insights promote certain positive behaviours, such as increased uptake of services, timely completion of tasks or active engagement with a programme.

The NDoH has previously demonstrated how behavioural insights can be applied to increase the uptake of VMMC services<sup>4</sup>. Moreover, behavioural insights (all though not documented) were applied in the previous project, therefore, their application to Project 300K can be viewed as a continuation of existing efforts to support this initiative.

Behavioural insights were applied to four key areas for *Project 300K*. These are outlined below:

1. All *Project 300K* implementing partners received **reporting template guidelines (specific to reporting to project 300K)** at the beginning of the campaign. These included guides for adhering to all necessary reporting protocols to ensure that all circumcisions **were reported accurately and timely**.
2. Each implementing partner was asked to pledge a target that they worked towards achieving throughout the campaign. A tailor-made Behavioural Science (BeSci) initiative ensured that implementing partners were encouraged to **pledge towards ambitious targets** using data from the previous Project 300k campaign. This was done to ensure that the total number of circumcisions pledged is as close as possible to, if not reach, the goal of 300 000 circumcisions. The intervention was done using REDCap, a web-based software for building and managing online surveys and databases, to prompt partners to pledge ambitious targets. For instance, if an implementing partner surpassed their targets during the previous Project 300k, but for the current campaign, they pledged lower than what they achieved previously, then a pop-up message would appear prompting them to pledge higher. On the other hand, if the partner didn't reach their targets in the previous campaign but pledged lower than 10% of their annual targets for the current campaign, then a similar message appeared to prompt them to pledge ambitiously.
3. All implementing partners received **weekly reminders** to submit their data. The initiative encouraged implementing partners to **submit data timeously** for the duration of the project.
4. Finally, the **progress of all implementing partners towards reaching their targets** was tracked and presented in the bi-weekly meetings. This allowed partners to see each other's progress and encouraged them to continue working towards meeting their targets.

Together, these interventions were envisioned to complement the overarching objectives of *Project 300K* and ensure that each implementing partner set ambitious targets, felt supported to reach their

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<sup>4</sup> McGraw, J., Magni, S., Booth, S., Johnson, S., Loykissoonlal, D., Julius, H., Born, K., Sibisi, W. (2019, June 11 - 14). *Using Behavioural Economics to increase bookings for Medical Male Circumcision*. Poster presented at the SAAIDS Conference, Durban.

targets, accurately reported on performance, and ultimately felt part of an important national initiative to increase the number of VMMCs performed during June to December 2021.

## 4. DURATION

*Project 300K* commenced on the 1<sup>st</sup> of June 2021 and ended on the 31<sup>st</sup> of December 2021. This was the period in which the bi-weekly meetings took place.

## 5. IMPLEMENTING PARTNERS

Implementing partners are responsible for the service delivery of the National VMMC programme. As such, all partners were expected to participate in the bi-weekly *Project 300k* meetings.

The project consisted of eight RT35 service providers, four PEPFAR (CDC) implementing partners and six general practitioners contracted by the Gauteng Province. Table 1, Table 2 and Table 3 below, depict the implementing partners and their supported districts.

Table 1: PEPFAR (CDC) implementing partner-supported districts

Province	District	Partner
<b>Eastern Cape</b>	Alfred Nzo	Right to Care
	Amathole	Right to Care
	Buffalo City	Population Services International
	Chris Hani	Population Services International
	OR Tambo	Right to Care
<b>Free State</b>	Lejweleputswa	Right to Care
	Thabo M	Right to Care
<b>Gauteng</b>	Johannesburg Health District	Population Services International
	City of Tshwane	Right to Care
	Ekurhuleni	Right to Care
	Sedibeng	Population Services International
<b>KwaZulu Natal</b>	Amajuba	TB HIV Care (THC)
	eThekwini	Population Services International
	Harry Gwala	Population Services International
	uMgungundlovu	Population Services International/THC
	eThekwini	Jhpiego/Population Services International/THC
	King Cetshwayo	Jhpiego/THC
	uGu	Jhpiego/THC
	uMzinyathi	THC
uThukela	Jhpiego/THC	

	Zululand	Jhpiego/THC
<b>Limpopo</b>	Capricorn	Right to Care/THC
	Mopani	Right to Care
	Waterberg	THC
	Vhembe	THC
<b>Mpumalanga</b>	Ehlanzeni	Right to Care/THC
	Gert Sibande	Right to Care/THC
	Nkangala	Right to Care/THC
<b>North West</b>	Bojanala Platinum	Right to Care/THC
	Dr Kenneth Kaunda	Right to Care/THC
	Ngaka Modiri Molema	Right to Care
<b>Western Cape</b>	Cape Town	Jhpiego/THC
	Overberg	THC
	West Coast	THC

Table 2: RT35 service provider-supported districts

<b>Province</b>	<b>District</b>	<b>Partner</b>
<b>Eastern Cape</b>	Joe Qabi	Right to Care
	Nelson Mandela	Right to Care
	Sarah Baartman	Right to Care
<b>Free State</b>	Fezile Dabi	J Galt Express
	Mangaung	Aurum Institute
	Xhariep	J Galt Express
<b>Gauteng</b>	West Rand	Southern Health Foundation
	West Rand	Insimu Trading Enterprise
<b>KwaZulu Natal</b>	Amajuba	Thathenda Health Care
	iLembe	Thathenda Health Care
	uMzinyathi	Insimu Trading Enterprise
	uMkhanyakude	Thathenda Health Care
<b>Mpumalanga</b>	Gert Sibande	Southern Health Foundation
	Gert Sibande	Dr. N.S. Masinga and Partners
	Gert Sibande	JPS Africa
<b>North West</b>	Dr R S Mopati	Aurum Institute
<b>Northern Cape</b>	Frances Baard	J Galt Express
	JT Gaetsewe	J Galt Express
	Namakwa	J Galt Express
	Pixley ka Seme	J Galt Express
	ZF Mgcawu	J Galt Express
<b>Western Cape</b>	Cape Winelands	J Galt Express
	Central Karoo	J Galt Express
	Eden	Southern Health Foundation
	Overberg	Southern Health Foundation

	West Coast	Southern Health Foundation
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**Table 3: General Practitioners (GPs) contracted service provider-supported districts**

Province	District	Partner
Gauteng Province	Johannesburg Health District	Dr Langa/ Dr Makoe/ Dr Mlambo/ Dr Setshogoe/ Dr Nalumango and Associates/ Innovo Medical Healthcare
	Sedibeng	Dr Makoe/ Dr Setshogoe

## 6. PROVINCIAL COLLABORATION

As the custodians of the VMMC programme at a subnational level, the NDoH requested all Provinces to participate in the project. It was envisaged that the provinces’ participation would allow for direct engagement with partners, alleviating any communication bottlenecks which has been previously identified.

This approach ensured that all stakeholders were aware of new developments and any challenges related to the VMMC programme implementation were promptly course-corrected.

Provinces were encouraged to participate in bi-weekly meetings. Moreover, Gauteng Province, which has various contracts with local general practitioners who provide VMMC, was also requested to submit VMMC data reported by the contracted General Practitioners (GPs) to *Project 300k* weekly. Similarly, the KwaZulu-Natal (KZN) GPs were also requested to submit their data. However, by the time the campaign concluded, the contracting process of these GPs had not been finalised, thus KZN was unable to fulfil this request.

## 7. DEMAND GENERATION

Demand generation remains a key component of the VMMC programme as demand generation initiatives drive the uptake of services for men aged 15 years and above. Demand generation played an even more critical role in the implementation of *Project 300k* because, in the previous year, COVID-19 led to the low demand for VMMC services. During this period, partners had to try and counter the hesitancy to undertake VMMC among men due to the potential risk posed by the COVID-19 pandemic. Partners were encouraged to be innovative in the implementation of their demand generation initiatives to drive demand for VMMC services.

Implementing partners implemented various demand generation initiatives including mass media, social media and the use of religious and traditional leaders. Table 4 below outlines the demand generation initiatives implemented by implementing partners during the *P300k 2021* campaign.

**Table 4:** Implementing partner-driven demand generation initiatives

Demand generation initiatives	Description
<b>Direct Recruitment /Interpersonal communication</b>	<ul style="list-style-type: none"> <li>• In the health sector: Assistance for HAST linkage offices and peer educators</li> <li>• Mobilising at job seekers spots/malls/taxi ranks/parks/hostels/ farms etc</li> <li>• Peer recruitment (on the spot payments)</li> <li>• Facility health talks</li> <li>• IEC material distributed at schools and working with school health nurses in high schools</li> <li>• Loud hailing in communities</li> </ul>
<b>Events/Campaigns</b>	<ul style="list-style-type: none"> <li>• Using existing events e.g., World AIDS Day to promote VMMC</li> <li>• School awareness campaigns</li> <li>• Door to door campaigns</li> <li>• Targetted campaigns such as the Summer Campaign</li> </ul>
<b>Incentives</b>	<ul style="list-style-type: none"> <li>• Provision of transport for booked VMMC clients</li> <li>• Health Packs, T-shirts, Spot Prizes</li> <li>• Food or shopping vouchers</li> </ul>
<b>Leveraging community, religious and traditional structures</b>	<ul style="list-style-type: none"> <li>• Working with traditional VMMC Champions and DoH traditional coordinators</li> <li>• Working with local AIDS councils</li> <li>• Meeting with traditional leaders</li> <li>• Isibaya Samadoda community dialogues</li> <li>• VMMC health talk held at churches</li> <li>• Working with NGOs/CBOs</li> </ul>
<b>Mass media</b>	<ul style="list-style-type: none"> <li>• Community Radio campaigns</li> <li>• Posters in public areas e.g., toilets, taxi ranks</li> </ul>
<b>Outdoor</b>	<ul style="list-style-type: none"> <li>• Wall murals in public spaces</li> </ul>
<b>Social Media</b>	<ul style="list-style-type: none"> <li>• Social media campaigns on Facebook, WhatsApp, Instagram, YouTube and Tik-Tok.</li> </ul>

Some of these initiatives are captured in the pictures below:





Wall Mural located at a local Hostel



Activation at local College

## 8. IMPLEMENTING PARTNER PLEDGES

Implementing partners were required to pledge monthly targets for each of the districts which they were supporting with VMMC services for the period of the *Project 300k* campaign (June 2021 – December 2021). These monthly targets were used as a basis to monitor their performance and foster ownership and commitment towards the campaign. However, due to the remnant impact of COVID-19 (low demand due to fear of contracting COVID-19, various waves of infections, lockdown restrictions and regulations etc), partners pledged modestly towards the campaign. As such, partner pledges did not reach the campaign’s target of 300 000 circumcisions.

In total, implementing partners pledged a combined target of 284, 437, which is 95% of the campaign target, resulting in a deficit of 15, 563 towards reaching the target. Table 5 below depicts the implementing partner pledges for the *Project 300k* campaign.

Table 5: Project 300k implementing partner pledges

Implementing Partner Names	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Total
JHPIEGO	12500	12500	9375	9375	9375	6250	3124	<b>62499</b>
Gauteng GP contracts	9000	13200	7100	7600	6700	5600	7300	<b>56500</b>
Population Services International	6065	6072	6068	6066	6068	6067	6066	<b>42472</b>
Right to Care_PEPFAR	4421	10763	1504	3448	4374	9491	5999	<b>40000</b>
Thathenda Health Care	3700	3500	3000	2500	1800	1700	879	<b>17079</b>
JPS Africa	2200	2200	2200	2200	2200	2200	2200	<b>15400</b>
Dr.N.S. Masinga and Partners	1000	1000	1000	2800	3400	2600	2200	<b>14000</b>
J Galt Express	1312	1312	1312	1312	1312	1312	1312	<b>9184</b>
Insimu Trading Enterprise	1216	1216	1216	1216	1216	1216	1216	<b>8512</b>
Aurum Institute	500	1800	800	800	600	850	1150	<b>6500</b>
Southern Health Foundation	1158	1163	794	794	794	794	794	<b>6291</b>
Right to Care_RT35	1250	1300	225	400	150	825	850	<b>5000</b>
TB HIV Care	135	138	148	152	152	142	133	<b>1000</b>
<b>Total</b>	<b>44457</b>	<b>56164</b>	<b>34742</b>	<b>38663</b>	<b>38141</b>	<b>39047</b>	<b>33223</b>	<b>284437</b>

# 9. RESULTS FROM THE CAMPAIGN

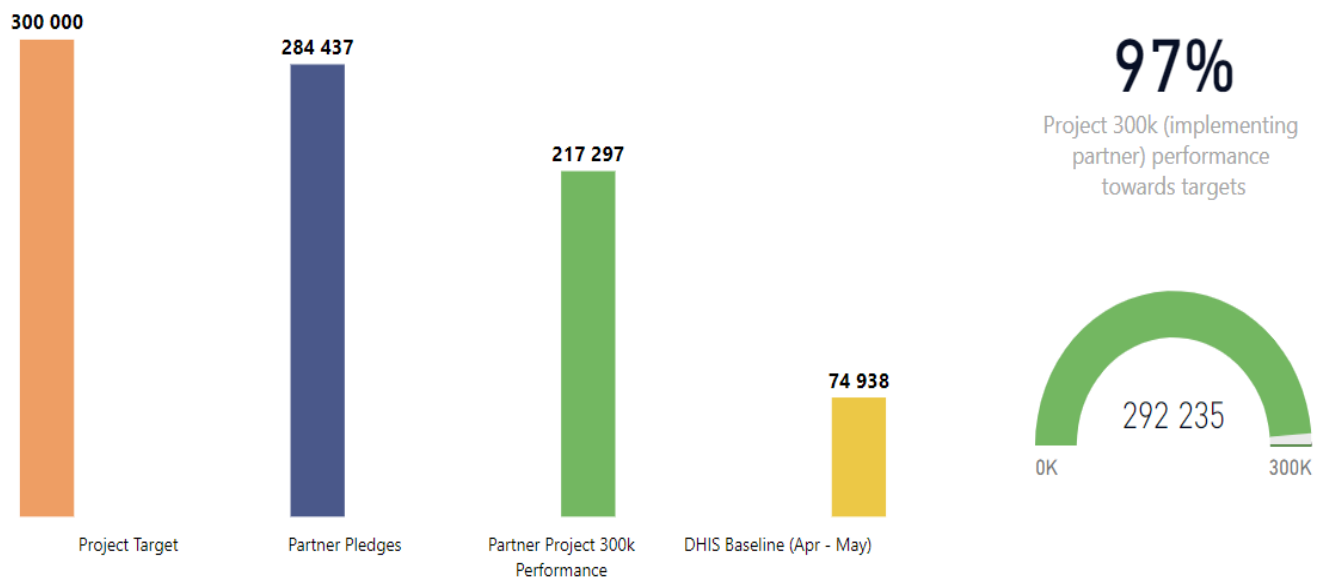
## 9.1. NATIONAL PERFORMANCE

The data reported in this section of the report represents the raw *data submitted weekly by partners towards the 2021 Project 300k campaign*. The data is not the final dataset that reflects on DHIS and as such the latest DHIS data will be considered as the final data used to report on the project's performance (section 10).

### 9.1.1. Project 300k setting

At inception, similar to the previous campaign, NDoH announced that the April 2021 and May 2021 data from the DHIS would be considered as baseline data for the *Project 300k* campaign due to the impact of COVID-19 on VMMC services in the country. As such, the data (74, 938 circumcisions) were included in the overall project performance data, which is 217, 297 circumcisions performed by implementing partners during the campaign (as per the partner reports). This meant that, overall, the campaign yielded 292, 235 circumcisions (partner reports and baseline data), reaching 97% of the 300k target by the time the campaign concluded in December 2021.

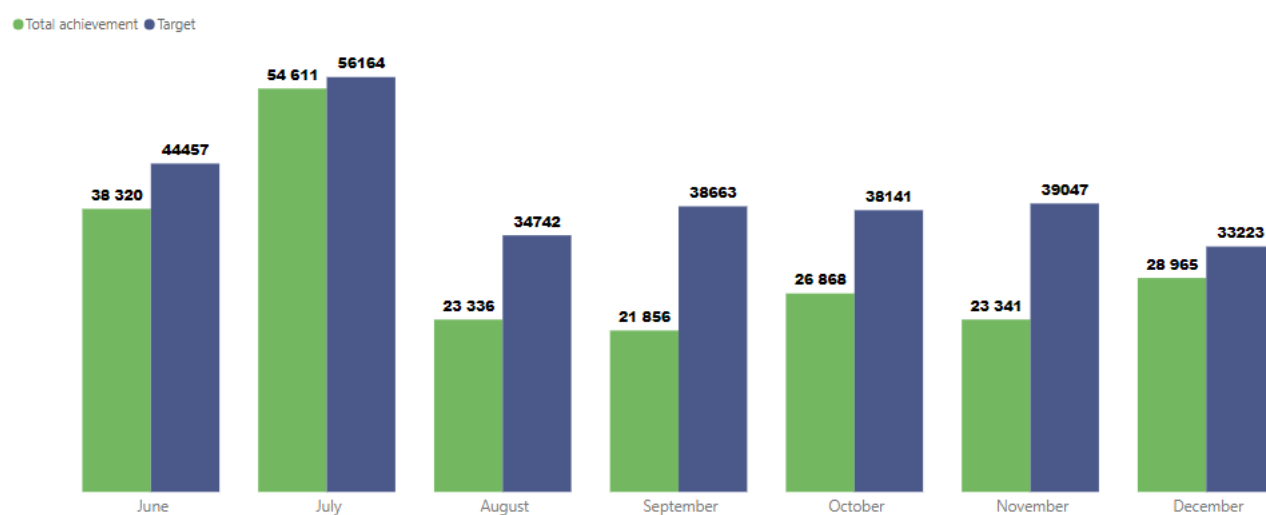
Figure 1: Project 300k overall target, pledge and performance



## 9.1.2. Project 300k monthly performance

The month of July contributed the most circumcision (54, 611), achieving 97% of the target for that month, followed by June (38, 320) which achieved 86% of the monthly target. This is due to the historically high demand for VMMC during the winter season. Overall, at least 21, 000 circumcisions were reported each month for the duration of the campaign, with September having the lowest circumcisions (21, 856) reported compared to the other months.

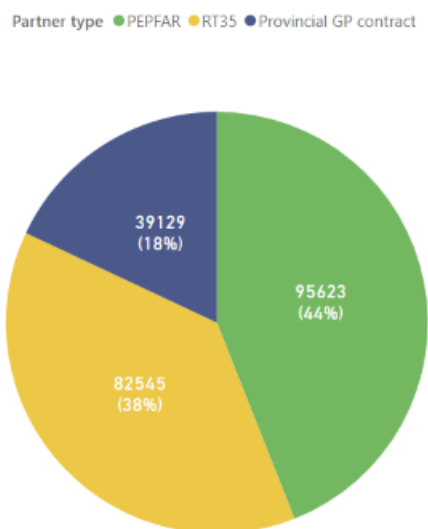
Figure 2: Project 300k performance (partner reports) per month against targets



## 9.1.3. Project 300k performance RT35 vs. PEPFAR

Since the inception of the project management approach, PEPFAR funded partners have contributed the most circumcisions toward the campaigns. However, for the current Project 300k campaign, RT-35 funded partners contributed 38% and the contracted GPs contributed 18% versus 44% contributed by PEPFAR partners. For the first time since the inception of the project management campaigns, the combined contribution from RT-35 partners and the GP contracted partners accounts for 56% of the total circumcisions performed during the campaign. This is a great achievement that shows a commitment to the programme by local implementing partners that are funded through domestic funding mechanisms. Moreover, the decline in performance by PEPFAR funded partners from 78% in 2019, 65% in 2020/21 to 44% in 2021 may be indicative of PEPFAR's transition to limiting the provision of services to men aged 15 years and older. Also, since PEPFAR partners were not providing services to under 15-year-olds in the 27 districts they support, this meant that this age group was missed and as such hampered the overall campaign performance.

Figure 3: RT 35, GP contracting, and PEPFAR performance

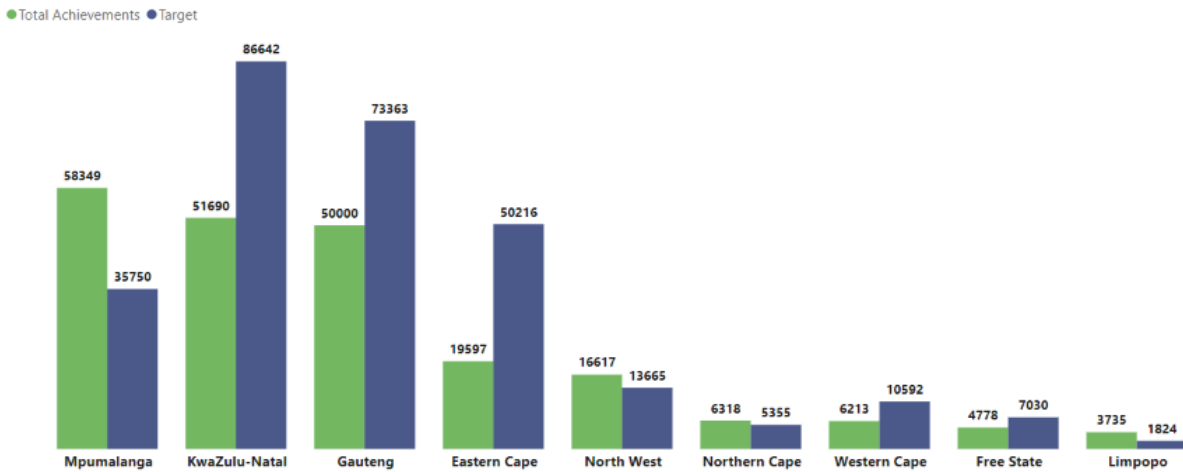


## 9.2. PROVINCIAL PERFORMANCE

Overall, Mpumalanga province contributed the highest number (58, 349) of circumcisions during the campaign, followed by KwaZulu-Natal (51, 690) and Gauteng Province (50, 000). Furthermore, four provinces: Mpumalanga, North West, Northern Cape and Limpopo, surpassed their targets. It is, however, worth noting that overall, partners providing services in the North West, Northern Cape and Limpopo, pledged modestly which may explain why the targets were reached in these provinces. Interestingly, Johannesburg Metro (40, 407) and Gert Sibande (39, 871) are the two districts that contributed the most circumcisions, boosting their respective provincial performance.

Except for the Eastern Cape, circumcisions performed in all the provinces doubled, and at times tripled, compared to the 2020/21 Project 300K campaign. This is indicative of the changing regulatory environment during the COVID-19 pandemic. In Financial Year (FY) 2020/2021, there were more stringent lock-down restrictions which brought with them the suspension of VMMC services, versus in FY 2021/22 where adaptive approaches such as limiting the number of patients in health facilities instead of a national suspension of VMMC services were used.

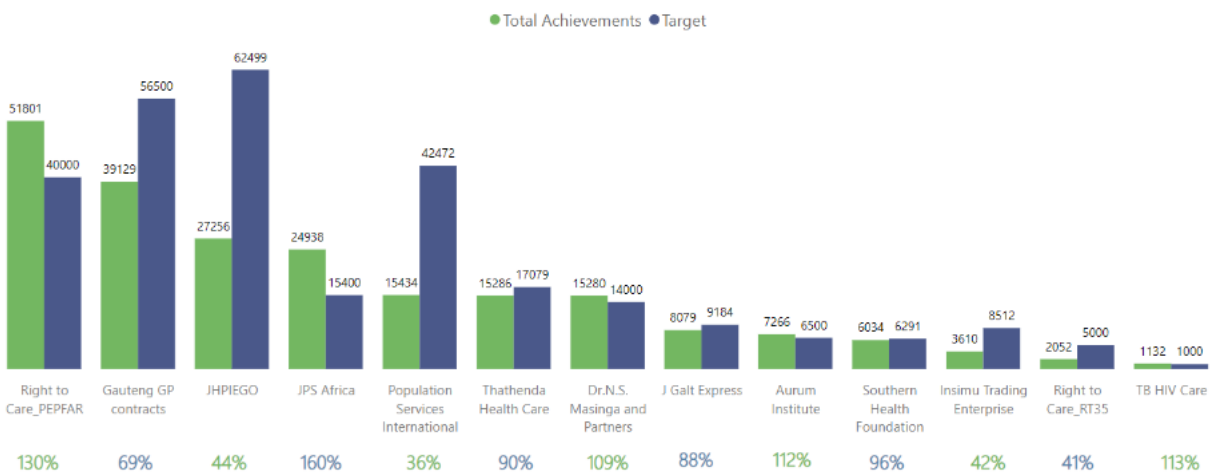
Figure 4: Project 300k provincial performance vs. target



### 9.3. IMPLEMENTING PARTNER PERFORMANCE

Overall, five implementing partners surpassed their targets. JPS Africa performed well, achieving almost twice their pledged target of 15, 400. Also surpassing their targets, RTC, through their PEPFAR funded programme, performed the most VMMCs contributing almost a quarter of the circumcisions performed during the campaign. Dr N.S. Masinga and Partner, Aurum Institute and TB HIV Care also surpassed their targets which indicates that these implementing partners can pledge more circumcisions towards the campaign and this should be noted for future project management campaigns. Excluding PSI, whose performance declined from 34, 221 in 2020/21 to 15, 434 in 2021, all implementing partners' performance increased. This may be an indication that the impact of COVID-19, although not completely absent, have lessened, further to this, implementing partners have learned to adapt and move forward with the provision of safe circumcisions in the context of COVID-19.

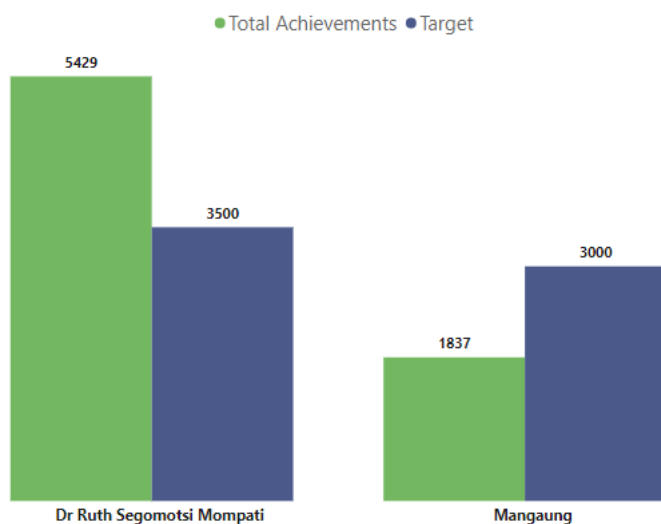
Figure 5: Implementing partner performance comparison



### 9.3.1. Aurum Institute

Overall, Aurum completed a total of 7, 266 circumcisions which is a 112% achievement towards their target of 6, 500. Moreover, Aurum performed 6, 149 more VMMCs compared to the previous Project 300K. This is 5.5 folds increase compared to the previous performance of 1, 117 achieved in the FY 2020/21. Of the two districts that Aurum was implementing in, they surpassed their targets in the RSM district, achieving 156% of their target. This is a great achievement because, during the previous Project 300k campaign, Aurum only had five weeks to implement in the RSM district due to the delay in the signing of service level agreements (SLAs).

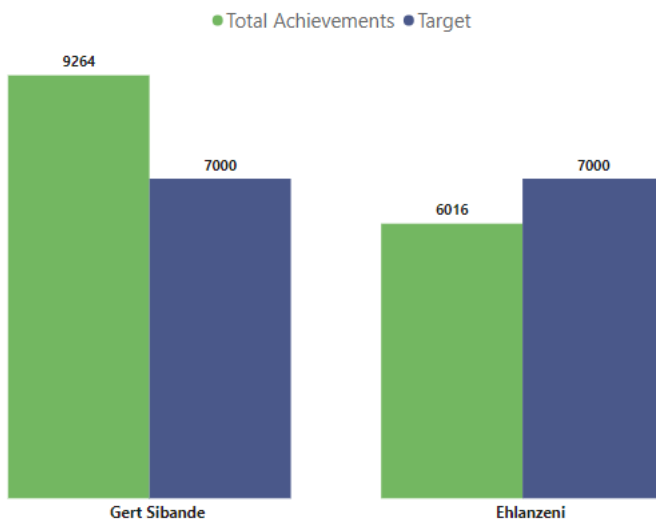
Figure 6: AURUM institute performance



### 9.3.2. Dr. N.S Masinga and Partners

Dr N.S. Masinga and Partners provided services in two districts, Gert Sibande and Ehlanzeni districts, in the Mpumalanga province. Overall, Dr N.S Masinga and Partners completed 15, 280 circumcisions, which is a 109% achievement of their target of 14, 000 circumcisions. Dr N.S. Masinga and Partners have surpassed their targets twice in a row, showing that the partner has more capacity to perform more circumcisions than the modest pledge made towards the campaign. The implementing partner surpassed (132%) their target of 7, 000 in Gert Sibande and achieved 86% of their target in Ehlanzeni. However, it is worth noting that the partner only started implementing in Ehlanzeni three months into the campaign meaning that had they started implementing in the district at the start of the campaign, they would have also surpassed the target. Overall, this is a great achievement.

Figure 7: Dr N.S Masinga and Partners performance



### 9.3.3. Gauteng Province (GP contracts)

Six General Practitioners (GPs) contracted by the Gauteng Province to provide VMMC services participated in the Project 300k campaign. The GPs pledged a combined total of 56,500 circumcisions spread across two districts in the province, Johannesburg Metro and Sedibeng. Overall, they contributed a total of 39,129 circumcisions towards the campaign, which is a 69% achievement towards their pledged target. Dr Nalumango and Associates as well as Innovo Mobile Healthcare surpassed their targets. Moreover, the GPs contributed 97% towards the Johannesburg Metro’s total performance.

Figure 8: Gauteng Province (GP contracts) total performance

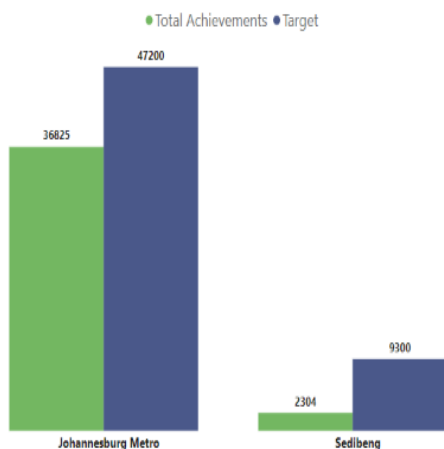
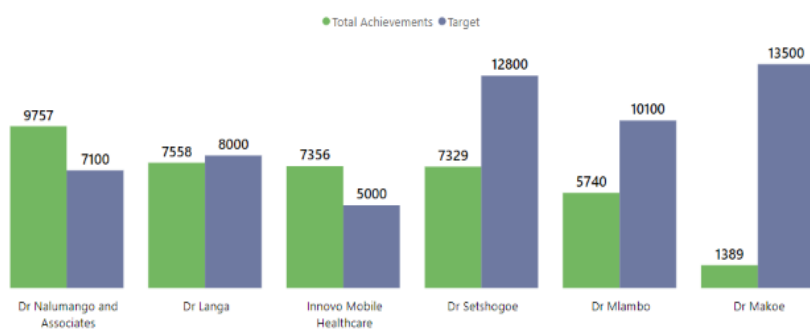


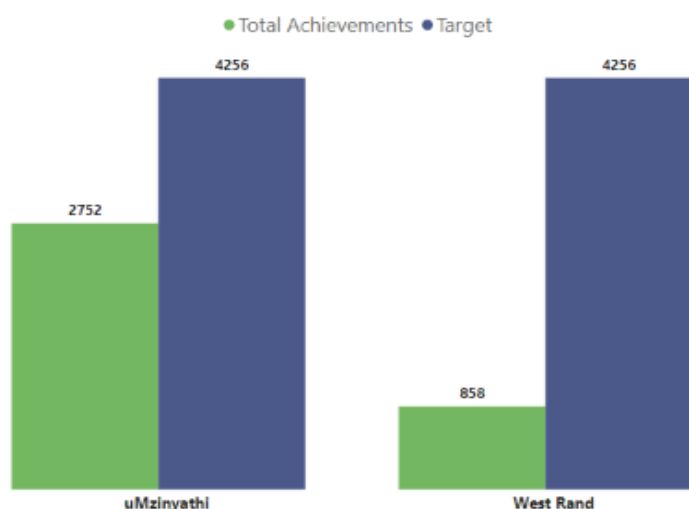
Figure 9: Gauteng Province (GP contracts) individual performance



### 9.3.4. Insimu Trading Enterprise

Overall, Insimu Trading Enterprise performed 3, 610 VMMCs, which is a 42% achievement of their 8, 512 targets for the duration of the campaign. Insimu Trading Enterprise provided VMMC services in two districts, uMzinyathi in KZN and the West Rand in Gauteng Province. Due to COVID-19 restrictions, not being able to access school children for circumcisions as well as civil unrest, the partners were not able to achieve their targets in both districts.

Figure 10: Insimu Trading Enterprise performance

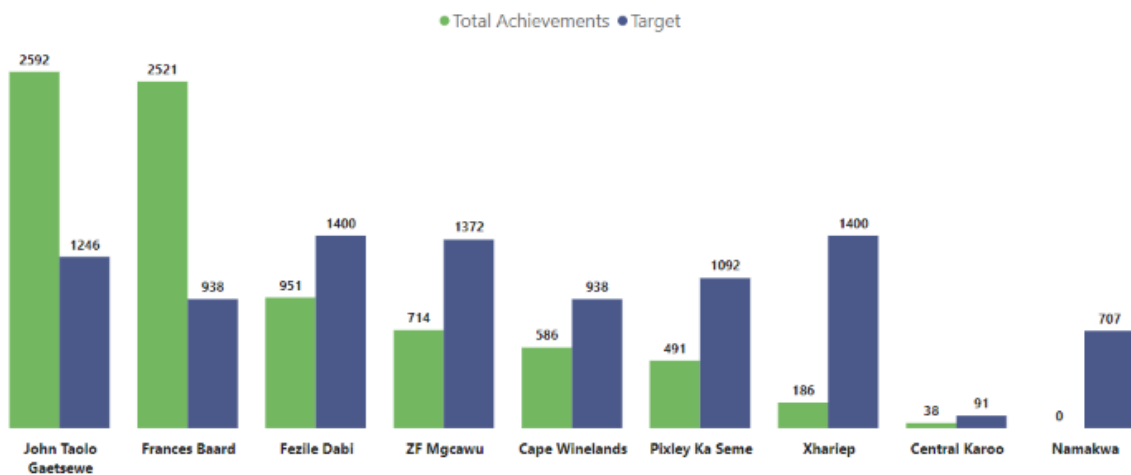


### 9.3.5. J GALT Express

J Galt Express provided services in nine districts, across three provinces: Northern Cape, Free State and the Western Cape. Overall, J Galt performed 8, 079 circumcisions, which is an 88% achievement of their target for the campaign. J Galt also performed over two folds of their targets in John Taolo Gaetsewe and Frances Baard districts. However, no circumcisions were performed in Namakwa similar to the previous 2020/21 campaign. Despite this, J Galt performed 6, 778 more circumcisions compared to the previous campaign.



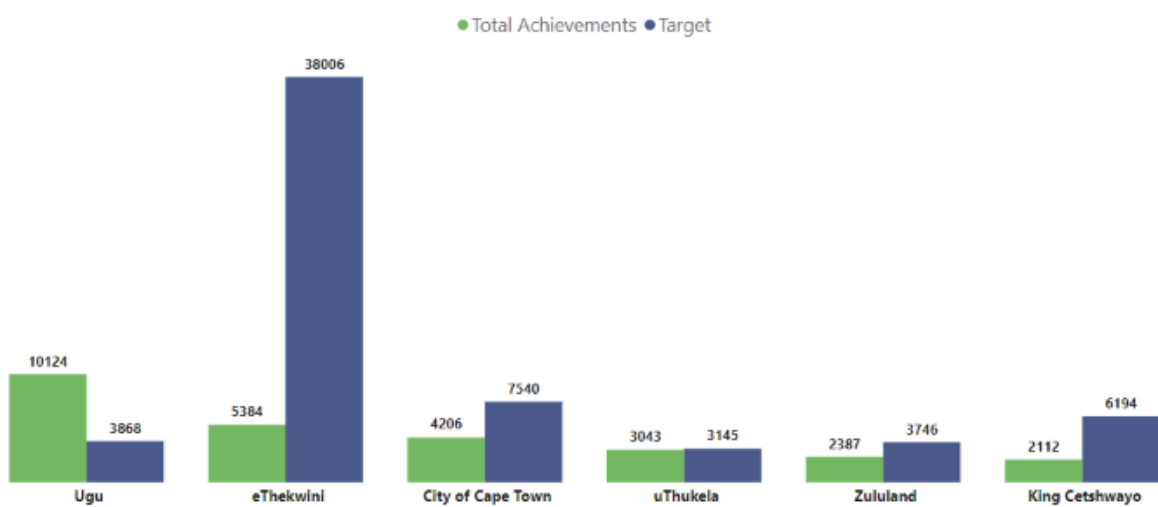
Figure 11: J GALT Express performance



### 9.3.6. Jhpiego

Jhpiego pledged 62, 499 circumcisions towards the campaign. In total, they performed 27, 256 circumcisions, achieving 44% of their set target. Of the six districts that Jhpiego was implementing in, only Ugu district surpassed their targets by over two folds. Jhpiego mentioned they had challenges with the performance of their demand generation partners as well as access to schools and other workplaces which partly explains the low performance.

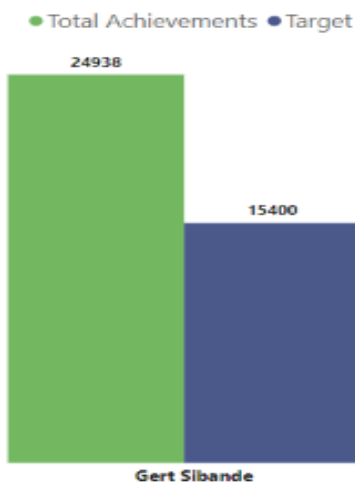
Figure 12: Jhpiego performance



### 9.3.7. JPS Africa

JPS Africa pledged 15, 400 circumcisions for the campaign and achieved 24, 938 circumcisions, which is a 160% achievement of their targets. In the previous 2020/21 Project 300k, JPS Africa achieved 3, 831 circumcisions over a target of 3, 750, meaning that they have surpassed their targets twice in a row. Some of the reasons for their success relate to their investment towards demand generation strategies which helped with the yield. Another contributing factor to their success is the collegial relationship they have with the district, and they also made efforts to have bi-weekly meetings with the district to troubleshoot areas of concern. JPS Africa integrated VMMC services with Men’s Health and ensured that they took the services to men using their mobile clinic.

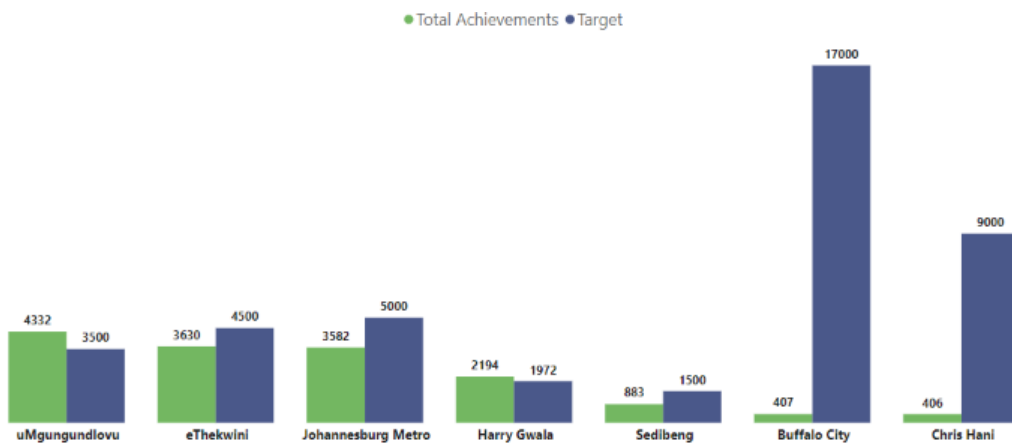
Figure 13: JPS Africa performance



### 9.3.8. Population Services International (PSI)

PSI pledged 42, 472 VMMCs towards the campaign. PSI performed VMMCs in seven districts across three provinces: Gauteng Province, KZN and the Eastern Cape province. Overall, PSI completed 15, 434 VMMCs compared to the 34, 221 VMMCs achieved during the 2020/21 Project 300k campaign. This means that they only achieved 36% of their targets. PSI surpassed their targets in two districts, uMgungundlovu and Harry Gwala District. However, performed the least VMMCs in Buffalo City and Chris Hani, two of the districts where they previously surpassed their targets. This could be related to the suspension of Customary Male Initiation (CMI) services in the Eastern Cape due to the COVID 19 pandemic. PSI also noted that they were having challenges with high rates of booking cancellations as well as the high turnover of interpersonal communications agents.

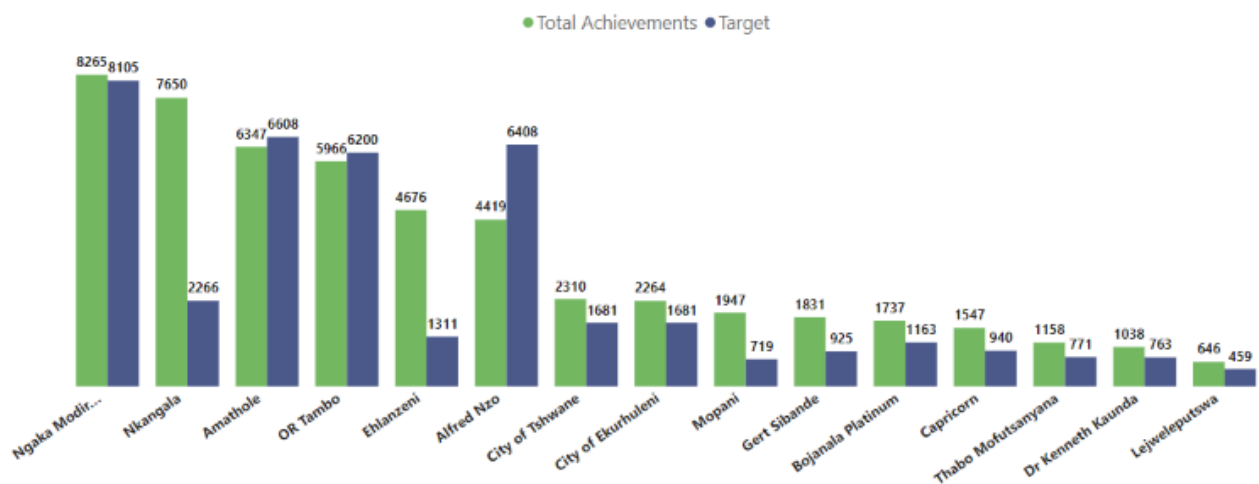
Figure 14: PSI performance



### 9.3.9. Right to Care (PEPFAR)

For their PEPFAR-funded programme, Right to Care (RTC) pledged a total of 40, 000 circumcisions and completed 51, 801 VMMCs. This is the highest number of circumcisions performed by a single implementing partner during this campaign period. This means that they achieved 130% of their targets compared to the 64% achievement during the previous campaign. RTC operated in 15 districts and managed to surpass their targets for all except three districts, Amathole, OR Tambo and Alfred Nzo.

Figure 15: Right to Care, PEPFAR performance

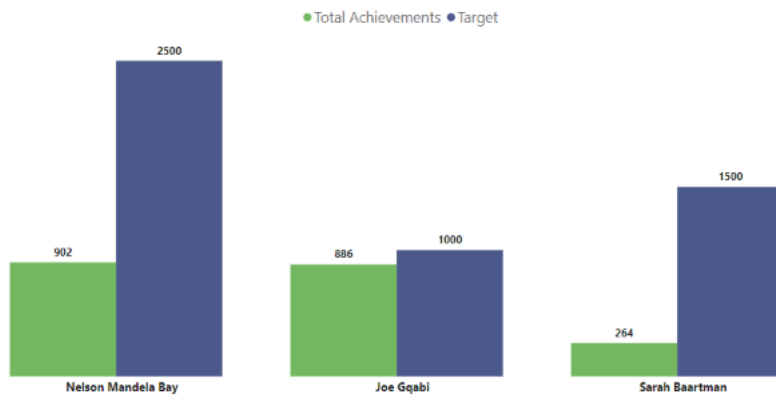


### 9.3.10. Right to Care (RT35)

For their RT35-funded programme, Right to Care (RTC) pledged 5, 000 VMMCs for the campaign. The partner operated in three districts in the Eastern Cape province. Overall, RTC completed 2, 050

circumcisions, achieving 41% of their target. This low performance can be attributed to the suspension of Customary Male Initiation (CMI) services in the Eastern Cape due to the COVID 19 pandemic.

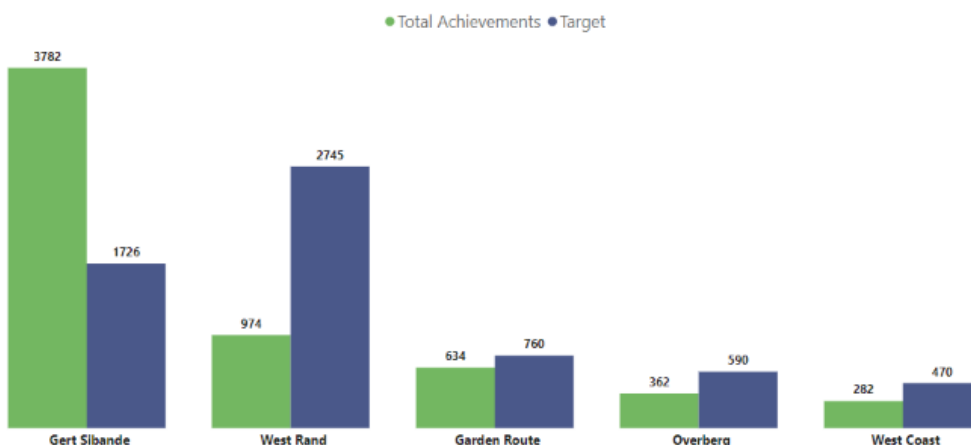
Figure 16: Right to Care, RT35 performance



### 9.3.11. Southern Health Foundation

Southern Health Foundation (SHF) operated in five districts across three provinces and pledged 6, 291 VMMC. For the duration of the campaign, SHF completed 6, 034 VMMCs, which is a 96% achievement of their set target. SHF surpassed their targets in one district, Gert Sibande, achieving twice the number of circumcisions pledged in the district.

Figure 17: Southern Health Foundation performance

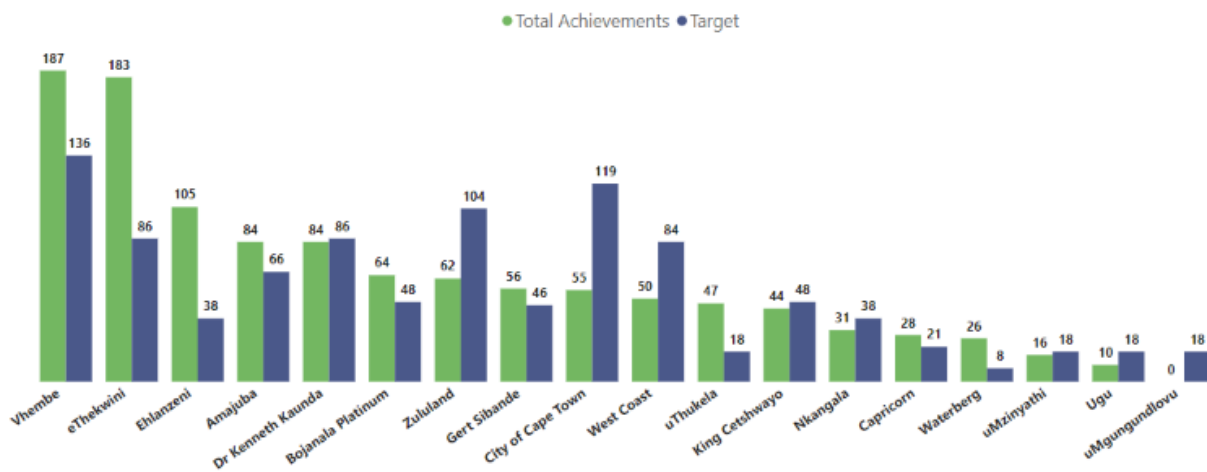


### 9.3.12. TB HIV Care

TB HIV Care (THC) operated in the Department of Correctional Services (DCS) across 18 districts. Similar to the previous campaign, THC surpassed their targets, performing 1, 132 circumcisions which

is an achievement of 113%. Of the 18 districts they implement in, THC was able to surpass their targets in nine districts. However, no circumcisions were performed in the uMgungundlovu district.

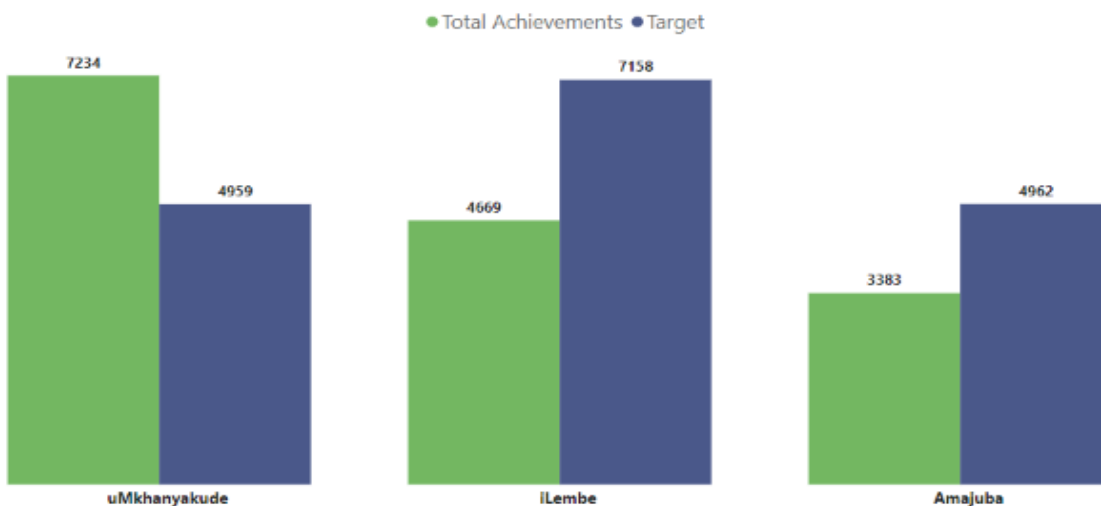
Figure 18: TB HIV care performance



### 9.3.13. Thathenda Health Care

Thathenda Health Care pledged 17, 079 circumcisions. For the duration of the campaign, Thathenda Health Care contributed 15, 286 VMMCs towards Project 300k, achieving 90% of their targets. Thathenda Health Care surpassed their targets in one of their three districts, uMkhanyakude, achieving 146% of their targets.

Figure 19: Thathenda Health Care performance



## 9.4. PROJECT 300K COMPARISON TO PREVIOUS CAMPAIGNS

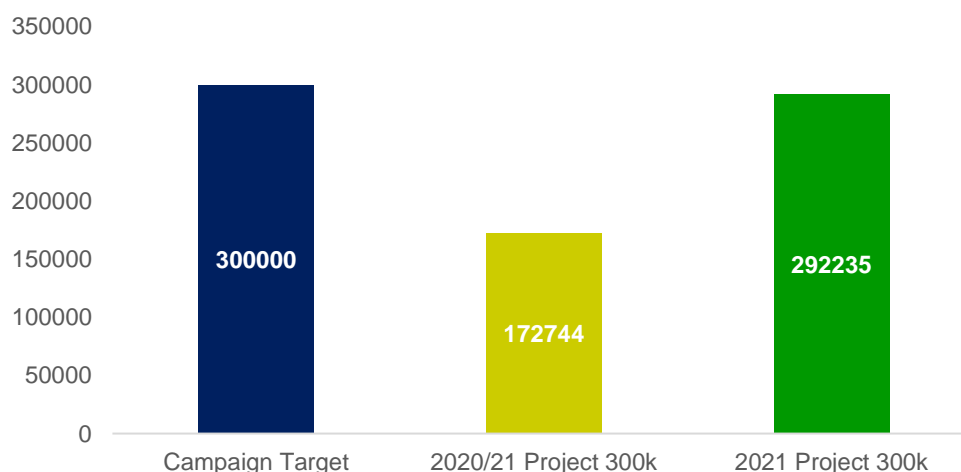
Two project management campaigns have taken place during the midst of the COVID-19 pandemic. The first Project 300k campaign took place between November 2020 to March 2021, and the second one took place between June 2021 to December 2021. For both the campaigns, NDoH announced that data already on DHIS would be considered as the baseline data. For the 2020/21 Project 300k campaign, this baseline (April 2020 – October 2020) was 45, 563 VMMCs while for the 2021/22 campaign, the baseline (April 2021 – May 2021) was 74, 938 VMMCs.

Overall (from partner reports and baseline data), the 2021 Project 300k performance was 292, 235 which is a 97% achievement towards the 300k target. The previous Project 300k performance only reached 172, 744 VMMCs, which was a 58% achievement towards the 300k target.

While the environment seemed to be similar between the two campaigns, it is worth noting that during the 2020/21 campaign, there were more stringent COVID 19 restrictions compared to the 2021/22 campaign. VMMC services were suspended nationally for most of 2020 and, even after easing the lockdown restrictions, high-volume circumcisions were still not allowed. Moreover, most of the healthcare facilities previously providing VMMC services were repurposed for the COVID-19 response.

While the 2021/22 campaign was implemented during limited access to health facilities and COVID-19 restrictions, these were less stringent. As such, it can be claimed that the success of 2021/22 Project 300k is a result of the lessons learned during the previous campaign, as well as the implementing partner's ability to provide services in a less restricted COVID-19 environment.

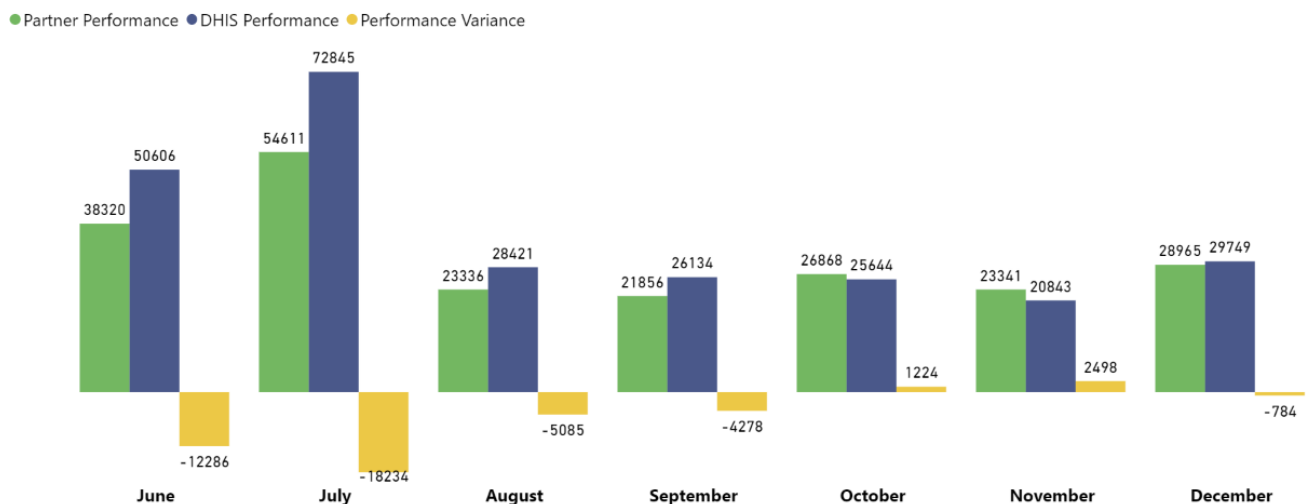
Figure 20: Historical campaign performance



# 10. RESULTS FROM THE DHIS

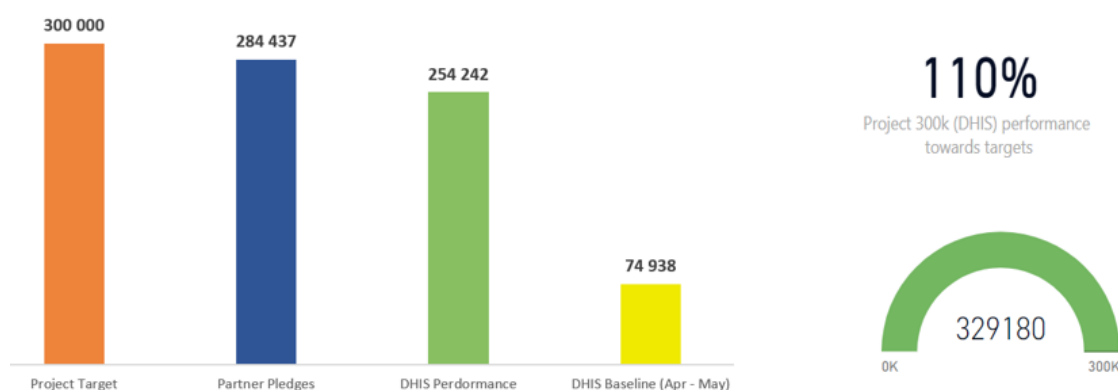
During the undertaking of the project management campaigns, there are often discrepancies between the partner reported data and the final data reflecting on DHIS. Promisingly, the DHIS data reflects higher VMMC performance during the implementation of Project 300k, in comparison to partner reported data. This year's Project 300k campaign had the lowest data variance (3, 722 circumcisions outstanding from DHIS) compared to the previous project management campaigns since 2017. This means that implementing partners, both RT-35 and PEPFAR partners, have been diligent in submitting their data on DHIS, which shows an improvement in the implementation of VMMC data flow processes and project management approach over the years in ensuring partners' ownership of their contribution to the programme. Figure 21 below reflects the variance between partner reported data and DHIS data for the campaign period.

Figure 21: Partner reports vs DHIS data



The DHIS is the official data source of all programme data in the country. As per the DHIS, there were more than 254, 242 circumcisions (36, 945 more than the partner reported data) between June and December 2021, as seen in the figure below. The difference between the Project 300k reported performance and DHIS data results from the additional numbers of circumcisions reported after data verification or due to data reported directly from DoH facilities not supported by the IPs who participated in the campaign. Overall, this means that the programme performed 329 180 during the campaign period as reflected on the DHIS and indicates that the VMMC programme was able to meet 300k circumcisions as planned.

Figure 22: Project 300k overall target, pledge and performance (DHIS)



## 11. CONCLUSIONS

The project management approach has become a routinised part of the VMMC programme and supports partners to reach their targets through providing a platform that allows regular engagement with all VMMC stakeholders. The bi-weekly meetings allow for continuous sharing of successes, identification of challenges and prompt course correction. During the period in which *Project 300k* was undertaken (June - December 2021), South Africa experienced its third and fourth wave of COVID-19 infections. This meant that partners were trying to catch up from last year's low performance and accelerate the provision of services in the safest way possible while ensuring the programme follows the COVID -19 regulations. The overall project performance was hampered by the lack of service delivery for 10-14years olds in the 27 PEPFAR supported districts. However, through the collaboration between NDoH, PDoHs, RT35 and PEPFAR implementing partners, *Project 300k* was successfully implemented.

## 12. RECOMMENDATIONS

### 12.1.1. Partner pledges

Overall, implementing partners pledged 284, 437 towards the 300, 000 target which is 95% of the targets. This is an increase of 41% compared to the previous Project 300k campaign. However, the pledges still fell short by 15, 563 due to partners pledging modestly due to the uncertainty of COVID-19 outbreaks and projected waves of the pandemic.

Despite this, partners should be encouraged to pledge more towards the project campaign, which aims to set ambitious targets and come up with innovative strategies to increase VMMC.



Engagements with partners before the kick-off of the next campaign should be prioritised. During these engagements, emphasis should be made towards an increased pledge using evidence of partners who have far surpassed their targets, as this shows that they have the capacity and capability to do so even under challenging circumstances.

### **12.1.2. Provincial DoH Participation**

Although provincial DoH participation is compulsory, only a few Provincial representatives attended and actively participated in the Project 300k bi-weekly meetings. Provincial participation in these meetings was identified, in the previous campaign, as highly valuable and it showed commitment to the success of the VMMC programme. NDoH may need to have separate engagements with all Provinces to discuss the importance of Provincial participation as it contributes to the overall success of the campaign.

### **12.1.3. Provincial contracted GPs**

While Gauteng provincially contracted General Practitioner (GP) service providers participated and contributed a large number of circumcisions towards the programme, the KZN contracted GP service providers did not participate in the campaign as the province has not finalised the contracting process. The contracting process in KZN has impeded the participation of GPs, who could have contributed positively towards the campaign performance, had there not been a delay in the process. Provinces need to be encouraged to prioritise this activity and ensure that all Provincial GPs have been contracted and ready to participate in future campaigns.

### **12.1.4. RT35 supplementary contracted service providers**

The NDoH had plans to contract RT35 supplementary service providers who were supposed to be based in PEPFAR supported districts to provide services to the 10-14year-olds. These service providers were meant to participate in the campaign during the second half of the campaign period. However, due to procurement challenges, the supplementary contracts were not awarded during the duration of the campaign. These service providers should be engaged before the next campaign to ensure a smooth onboarding into the campaign. They will need additional support and training on tools and reporting as new participants in the campaigns.

### **12.1.5. Access to DHIS information**

As part of the campaign, the NDoH is responsible for sharing DHIS data with partners and monitoring whether all VMMCs reported by partners are indeed reflecting on the DHIS. The NDoH includes the DHIS data in the monthly presentations when data becomes available on the DHIS. During this

campaign, there was a minimal variance between partner reports and DHIS data. Implementing partners are also able to request DHIS data reports as needed which further helps them to pinpoint if there are any issues in the districts which they support. This practice is encouraged for upcoming campaigns as it keeps partners accountable for ensuring that all data is accurately reported and aligns with DHIS reports.

### **12.1.6. Men's health screening reporting**

Implementing partners inconsistently reported on other indicators including the men's health indicators. As a result, NDoH could not obtain a comprehensive understanding of AE reporting and the men's health indicators such as testing for STIs, TB and Diabetes etc. This has been a consistent challenge that has been extensively discussed and the tool was also updated with the aim that it will help with the reporting. The NDoH needs to review this tool for its effectiveness in reporting Men's Health Indicators.

### **12.1.7. Project 300k bi-weekly meetings**

At the beginning of the campaign, bi-weekly meetings were scheduled and took place as planned. However, the campaign did experience a disruption specifically during the National EQA exercise. This resulted in a number of the bi-weekly meetings being cancelled and there were no meetings held in November and December. NDoH, however, ensured that project performance reports were shared with all stakeholders bi-weekly to keep everyone abreast with the project progress. The VMMC programme has multiple activities which form part of the programme. However, these activities can happen in parallel rather than in silos. In future, VMMC programme colleagues need to be delegated to continue with specific activities, such as the campaign meetings, so that they do not fall off the radar and take place as planned. The extended gaps between meetings resulted in inconsistent reporting and overall, it is seen to jeopardise the objectives of such a campaign.

### **12.1.8. Project management approach**

The project management approach has been a key strategy used by the NDoH to increase uptake of VMMC by maximising the winter season. However, in the past two years, the approach has been re-packaged to drive an increase in circumcisions amid a global pandemic, ensuring the provision of safe circumcisions was uninterrupted. The project management approach can be successfully adapted to address the current needs of the programme. During the most recent State of the National Address (SONA), the President announced that South Africa's recovery plan will remain focused on overcoming COVID-19. However, the country was approaching a new phase in the management of the pandemic. Further to this, the "Population Immunity and Covid-19 Severity with Omicron Variant

in South Africa” study, which has been recently published indicates that the country is moving into a recovery phase of the pandemic. The findings support the government’s decision to change the approach in the management of COVID-19 viewing the virus similarly to other respiratory infections.

As we move into the new normal, and the NDoH considers re-aligning the new campaign with the winter season – to maximise VMMC services during this period- it will be important to use the lessons learnt from the past two years in the implementation of the new campaign.

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