Using a public-private partnership model to address VMMC capacity-building needs: effective collaboration between donor and government VMMC stakeholders

Gert Sibande District, Mpumalanga

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Introduction

Since the South African Department of Health's (DoH) adoption of Voluntary Medical Male Circumcision (VMMC) as a cost-effective HIV prevention strategy in 2010, all nine provinces have made service delivery provisions to offer men this once-off, risk-reduction intervention. However, VMMC service delivery was supported by PEPFAR-funded implementing partners - with limited involvement from government providers.

The VMMC service delivery context in Gert Sibande District

According to South Africa's District Health Information System (DHIS), Gert Sibande contributes 35% of Mpumalanga province's average annual VMMC performance. An overwhelming majority of these circumcisions are delivered and overseen by PEPFAR implementing partners, which threatens the longevity of the programme during a time of diminishing donor investment. Domestic funding, infrastructure, and human resources (HR) exist for VMMC management and service delivery, however, due to skills & knowledge gaps coupled with HR capacity constraints, there is limited capacity to fully deliver the programme at scale. Without a deliberate effort to add capacity, the programme's sustainability, performance, and quality would be jeopardised should PEPFAR withdraw its support. This would inadvertently impact South Africa's ability to meet its HIV prevention targets.

About us

MMC SUSTAIN (Medical Male Circumcision Scale & Sustainability to Avert New HIV Infections) is a Bill & Melinda Gates (BMGF) funded health systems strengthening oriented technical assistance project that aims to build the capacity of South Africa's Health Department to implement a sustainable, high-quality VMMC programme, independent of donor support. Our interventions are co-created by and delivered through government officials to foster ownership. Genesis Analytics implements the project.

Since 2018, we have provided DoH personnel in Gert Sibande with a suite of technical advisory services, including stakeholder coordination, data management, quality assurance, and sustainable financing.

One of our key interventions in this district is to build the capacity of DoH staff to implement a comprehensive VMMC programme.

This case study presents the collaborative efforts we undertook with key stakeholders to build capacity for Gert Sibande's DoH staff to implement the VMMC programme at scale.

Key capacity-building challenges in Gert Sibande

To get a better understanding of the capacity-building needs in the District, we conducted a skills audit in October 2019. The following two key **challenges** relating to VMMC training for DoH staff in Gert Sibande were uncovered:

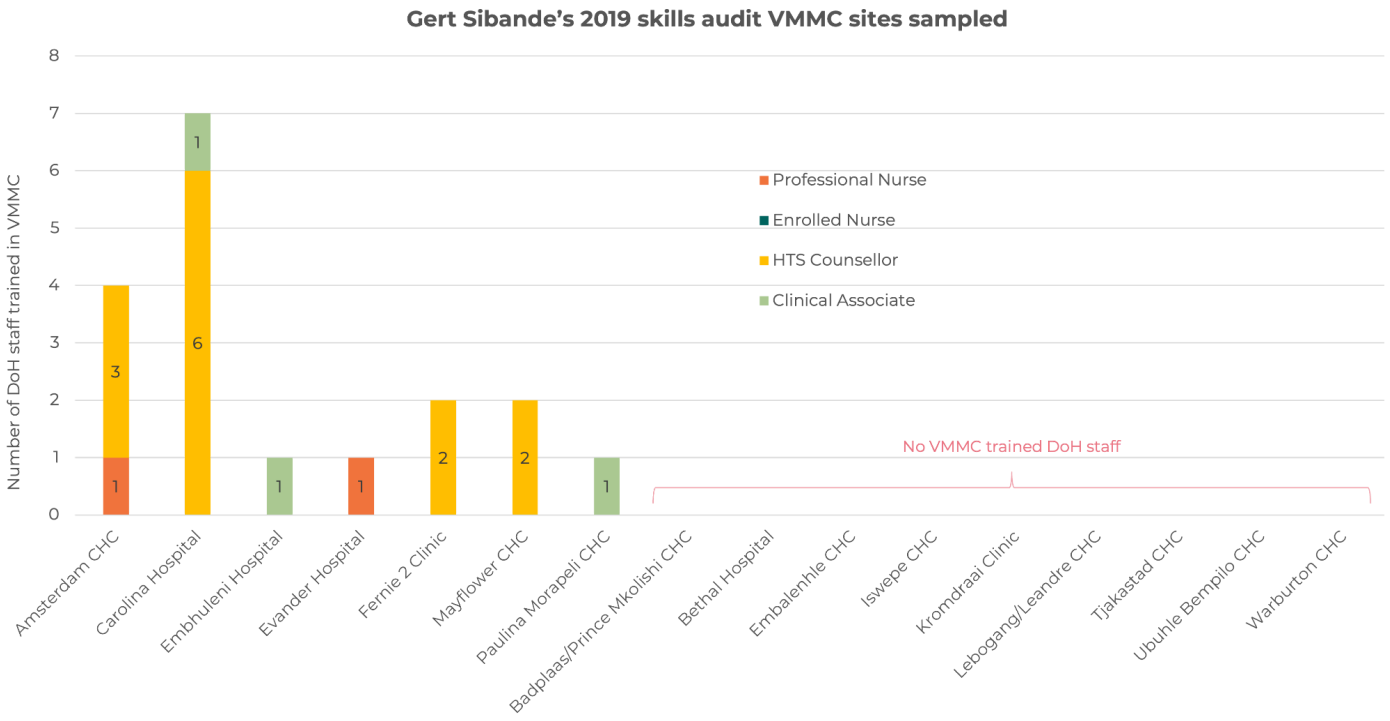
1. Critical shortage of DoH staff who have undergone the comprehensive VMMC curriculum

The National VMMC Programme offers eleven courses, targeted at various cadres as part of its VMMC curriculum. See Table 1:

Module	Course	Target Audience
1	Introduction to VMMC	Clinical staff (Medical Officers, Clinical Associates, Professional Nurses)
2	Before the Procedure: Facilities & Supplies	Clinical staff
3	Medical Procedure for Adults & Adolescents	Clinical staff
4	Post-procedure Care	Clinical staff
5	Management of Adverse Events (AE)	Clinical staff
6	Infection Prevention & Control	Clinical staff
7	Continuous Quality Improvement (CQI)	Clinical staff & general assistants
8	Counselling	Counsellors
9	Demand Generation	Social mobilisers
10	Data Management & Recording	Data capturers & data managers
11	CircumQ Training	Clinical staff

Table 1: National VMMC Programme courses and its targeted cadre

The skills audit showed that there were simply not enough trained DoH staff on the ground to participate in nor scale VMMC service provision in the District. Among 16 active VMMC sites sampled, only 18 DoH staff had attended a VMMC course, and their certificates had since expired. See Graph 1 below for the 2019 training profile in Gert Sibande.



Five of these 18 were clinical staff - only two of whom had received surgical training. With only a few clinical staff members trained and certified to perform VMMCs, it would not be possible to scale or even continue service delivery to reach the VMMC programme targets without partner support.

Graph 1: Gert Sibande's 2019 skills audit results from sampled sites

The audit highlighted two factors contributing to the unavailability of trained DoH clinical staff in particular:

(a) Trained and experienced DoH personnel often opt to work for implementing partners due to more attractive remuneration packages.

(b) Facility-based staff allocation and shift work often leave the VMMC unit inadequately staffed. In Gert Sibande, some clinicians are transferred to other units which leaves the VMMC units with untrained staff.

These findings highlighted the need to increase the number of DoH staff trained in VMMC.

2. Inadequate coordination & engagement between the Regional Training Centre & donor-funded training partners

Regional Training Centers (RTCs) are an NDoH-initiative developed originally to build the capacity of healthcare professionals to meet the demand for qualified human resources to achieve Primary Health Care re-engineering and NHI goals.

The key functions of the RTC are to coordinate, consolidate, implement and evaluate training activities, and support the roll-out of priority health programmes, particularly HIV/AIDS and STI cluster.

However, because of the shortage of facilitators and mentors trained in VMMC, only a few RTCs can conduct training sessions themselves, necessitating their reliance on external training partners, such as those funded by PEPFAR, to deliver direct training activities.

This was certainly the case in Gert Sibande, where PEPFAR partners historically planned and funded the District's VMMC training. As a result, the RTC did not adequately budget nor plan for the upskilling of VMMC staff, based on the assumption that PEPFAR trainers will carry that responsibility.

Even with the presence of the PEPFAR training partner, only a few DoH staff benefited from the training. This is because PEPFAR training partners prioritised implementing partner staff over DoH staff. When training partners did accommodate DoH staff in their training programmes, these invitations were not consistently upheld. This was often due to short notice, challenges in participant selection, and logistical complexities such as transportation, accommodation, and staff scheduling. Additionally, low completion rates of online training components contributed to the issue.

> If the DoH were to succeed in increasing the number of trained staff, it would have to take more responsibility through the RTC.

Another outcome of the gap between the DoH and donor training partners, potentially exacerbating the lack of accountability by the RTC, was the omission of training sessions (conducted by implementing partners) from the RTC's Skills-Smart reporting tool. If the PEPFAR partner does not report training sessions directly to the District, the Department does not have an accurate account of trained staff. This not only impacts its skills audits but also complicates planning and budgeting for future training, including refresher workshops.

> It was therefore clear that communication and cooperation between VMMC stakeholders - including the RTC - had to be strengthened to ensure adequate skills transfer and a sustainable programme.

Addressing capacity-building challenges

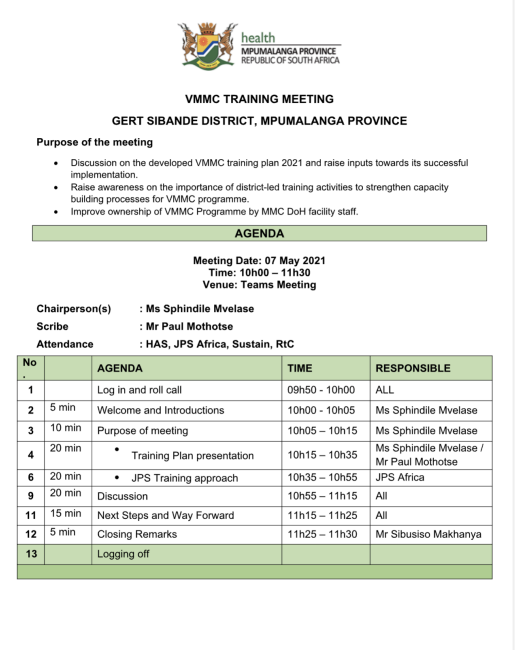
In partnership with the District, we formulated and executed the following interventions to strengthen and expand VMMC training opportunities, addressing the challenges discussed above:

Key interventions to address training-related challenges

1. Establish VMMC training task team
2. Develop VMMC training plan
3. Agree on cost-share allocations
4. Implement training plan

1. Establish a District VMMC Training Task Team to plan, implement & monitor activities

The introduction of a new training partner created an opportunity for the District to establish a functional Training Task Team to plan and coordinate VMMC training. The Task Team comprised MMC SUSTAIN, the PEPFAR training and implementing partners, and the RTC Unit. The RTC Training Manager led the meetings, which were held once a quarter, as the custodian of DoH training. The agenda covered district training plan reviews, RTC monthly training requests, PEPFAR partner training approaches and schedules, and general logistical decisions.



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VMMC TRAINING MEETING

GERT SIBANDE DISTRICT, MPUMALANGA PROVINCE

Purpose of the meeting

- Discussion on the developed VMMC training plan 2021 and raise inputs towards its successful implementation.
- Raise awareness on the importance of district-led training activities to strengthen capacity building processes for VMMC programme.
- Improve ownership of VMMC Programme by MMC DoH facility staff.

AGENDA

Meeting Date: 07 May 2021
Time: 10h00 – 11h30
Venue: Teams Meeting

Chairperson(s) : **Ms Sphindile Mvelase**
Scribe : **Mr Paul Mothotse**
Attendance : **HAS, JPS Africa, Sustain, RtC**

No.		AGENDA	TIME	RESPONSIBLE
1		Log in and roll call	09h50 - 10h00	ALL
2	5 min	Welcome and Introductions	10h00 - 10h05	Ms Sphindile Mvelase
3	10 min	Purpose of meeting	10h05 – 10h15	Ms Sphindile Mvelase
4	20 min	• Training Plan presentation	10h15 – 10h35	Ms Sphindile Mvelase / Mr Paul Mothotse
6	20 min	• JPS Training approach	10h35 – 10h55	JPS Africa
9	20 min	Discussion	10h55 – 11h15	All
11	15 min	Next Steps and Way Forward	11h15 – 11h25	All
12	5 min	Closing Remarks	11h25 – 11h30	Mr Sibusiso Makhanya
13		Logging off		

Figure 1: Example of Task Team meeting agenda

2. Develop a VMMC training plan with district programme managers

The Task Team developed a training plan (example below as Figure 3) which included PEPFAR training activities while increasing the responsibilities of the Department of Health through the RTC. For instance, the RTC agreed to independently conduct at least one VMMC course per quarter, to demonstrate the government's ability to train healthcare workers.

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Key:
Confirmed
requested
not yet requested
Declined

GERT SIBANDE DISTRICT TRAINING PLAN
January 2023 - December 2023

COURSE NAME	BRIEF LEARINNG OUTCOME	DURATION	DUE DATE	TARGET GROUP	TRAINING PROVIDER	NUMBER OF PARTICIPANT	TRAINING CONTACT PERSON	BUDGET
5 Day VMMC Training	Empower facility staff on VMMC training	5 Days	Jul-23	Nurses/ Clinical Associates / Doctors	JPS Africa	25	Sphindile Mvelase	CDC
5 Day VMMC Training	Empower facility staff on VMMC training	5 Days	Oct-23	Nurses/ Clinical Associates / Doctors	JPS Africa	25	Sphindile Mvelase	DOH
5 Day VMMC Training	Empower facility staff on VMMC training	5 Days	Feb-24	Nurses/ Clinical Associates / Doctors	JPS Africa	25	Sphindile Mvelase	DOH
Mentorship training	Capacitate VMMC sites on mentoring skills and process especially high volume sites Target CQI team members	3 Days	Sep-23	CQI Commitee members	NDoH	20	Sphindile Mvelase	DOH
AE/ CQI Management Training	Capacitate VMMC sites on AE management process and identification, especially high volume sites	2 Days	Sep-23	CQI Commitee members	JPS Africa	20	Sphindile Mvelase	DOH
VMMC HTS Training	Capacitate HTS Counselors on VMMC based counselling skills	5 Days	Oct-23	HTS Counselors	JPS Africa	5	Sphindile Mvelase	DOH
VMMC HTS Training	Capacitate HTS Counselors on VMMC based counselling skills	5 Days	Dec-23	HTS Counselors	JPS Africa	30	Sphindile Mvelase	DOH
2 Day VMMC Demand Generation Training	Empower facility staff on VMMC demand creation and recruitment	2 Days	Sep-23	HTS Counselors, SMO, HBC	NDoH	35	Sphindile Mvelase	NDoH
IPC Training	Capacitate DoH and VMMC partners General workers and Hygenists on proper management of VMMC waste materials including cleaning protocols.	2 Days	Oct-23	General Workers, Hygenists & Cleaners	District Training (RTC)	30	Sphindile Mvelase	DOH
BLS/Emergency Training for DoH facility VMMC staff	Capacitate VMMC sites on emergency management, especially high volume sites	3 Days	TBA	Facility staff (PN and CA)	JPS Africa	25	Sphindile Mvelase	DOH

Figure 3: Example of a VMMC training plan

3. Introduce a cost-share principle to ensure sufficient budget allocation & utilisation for capacity–building activities

The District Training Task Team, led by MMC SUSTAIN and the RTC, developed a cost-share principle to further address the disparity between partner-trained and DoH-trained staff, as well as to ensure shared responsibility and benefit concerning VMMC training. The cost-share agreement aimed to balance out costs for all VMMC stakeholders in the District. Table 2 below shows the breakdown agreed upon by the District's partners.

Budget line item	Entity responsible
a. Training materials	PEPFAR training partner
b. Training administration	RTC
c. Conferencing	MMC SUSTAIN
d. Accommodation	RTC
e. Facilitation	PEPFAR training partner
f. Participant transportation	RTC
g. Certification	PEPFAR Training Partner & RTC

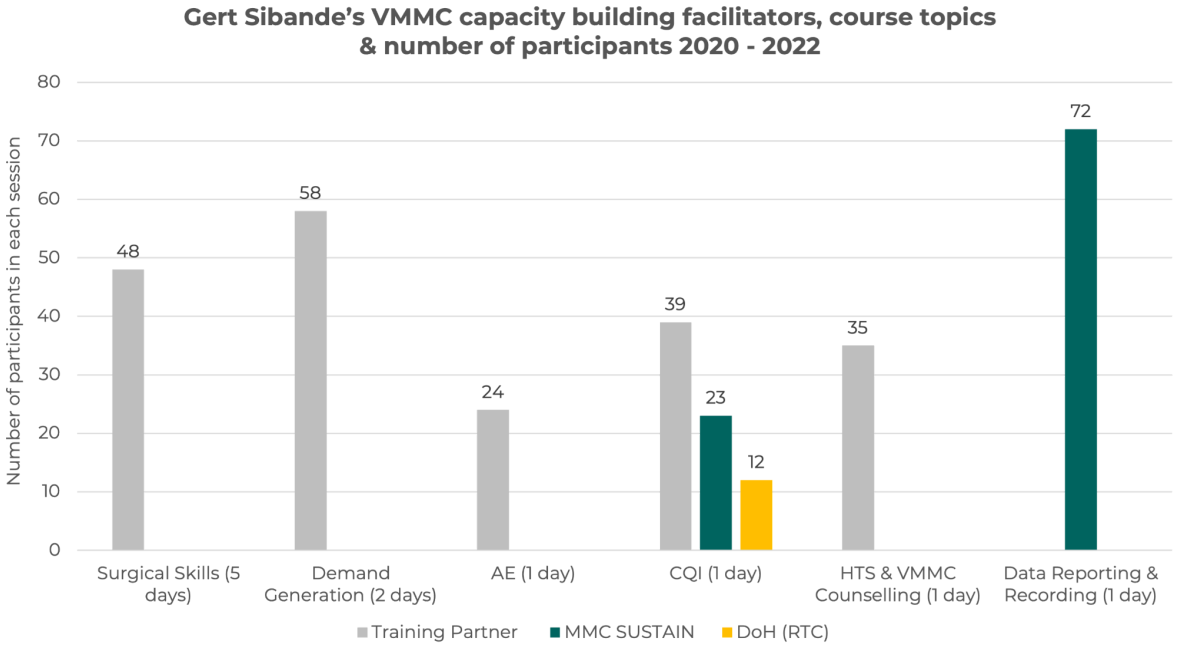
Table 2: Gert Sibande's VMMC cost-share allocation

4. Implement the training plan

The Task Team's first VMMC training plan was set up between 2020 - 2022. The PEPFAR Training Partner, the RTC, and MMC SUSTAIN co-implemented the training plan whereas the Task Team monitored it for course-correction. Apart from sharing costs, each organisation also took turns facilitating the various training sessions.

Training topics & the various cadres trained

During the intervention period, the team conducted a total of 13 training sessions covering all the VMMC topics - ranging from 1-day to 5-day courses (see Graph 2). The training targeted more than 300 DoH health worker cadres which included clinical staff, HIV Testing Services (HTS) counsellors, data capturers and clerks as well as Continuous Quality Improvement (CQI) committee members.



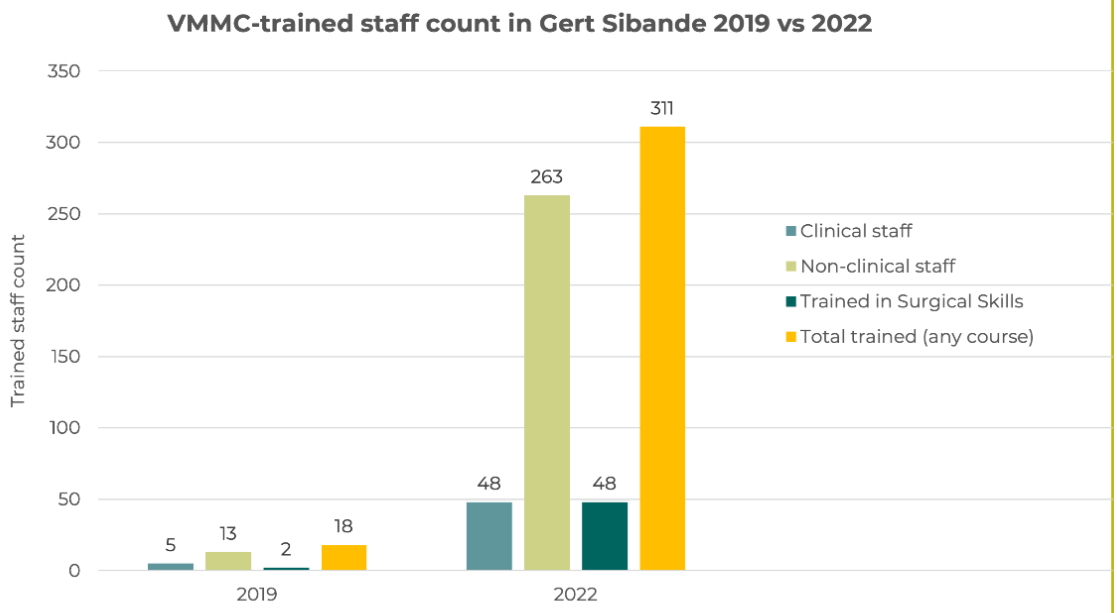
Graph 2: VMMC training and the number of participants in Gert Sibande 2020 - 2022

Results

At the end of 2022, the following results were achieved:

1. Increased number of DoH staff members trained on VMMC

The District and its training partners eventually saw 311 course completions which included 48 DoH clinicians trained in VMMC surgical skills. The table below shows the increase in the number of staff between 2019 and 2022:



Graph 3: VMMC training output

2. Improved collaboration between donor & DoH training stakeholders

Our approach further fostered a culture of partnership between the PEPFAR training partner and the RTC, which had never existed before. This has led to improved coordination and communication between the two entities. As a result, all PEPFAR training sessions are planned and certified with the DoH RTC, and timeously reported to the DoH Skills-Smart database.

Key lessons learned

In the process of building effective collaboration between VMMC partners to address training gaps, we have learned the following:

1. The multi-stakeholder approach works for a successful implementation of VMMC training.
2. The District RTC can plan, conduct, and fund training for DoH staff.
3. Misunderstandings between training service providers can be avoided through proactive and responsive stakeholder management.

The District's use of a cost-share agreement, involving multi-stakeholder engagement and collaboration, maximised fund utilisation for VMMC training and enhanced accountability. This ensured ownership of the training programme by the Regional Training Centre. This intervention sets a precedent for future collaborative, cost-effective training approaches in other South African districts and HIV programmes with staffing challenges, and where multiple stakeholders are involved. This shows the potential of public-private partnerships to strengthen government-led capacity-building initiatives.