

A novel qualitative assessment tool tracking progress towards sustainability of Zimbabwe's voluntary medical male circumcision program

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Background

- Zimbabwe has been implementing voluntary medical male circumcision (VMMC) since 2009, with approximately 2 million circumcisions conducted by end of 2021.
- To realize and maintain sustainable delivery of VMMC services, program implementation elements must be continuously and regularly assessed, reoriented, and strengthened at both sub-national and national levels.
- The VMMC Transition Assessment Dashboard (VTAD) was developed in response to Zimbabwe's need to measure national and sub-national progress against established sustainability targets.
- The VTAD was designed to collect data on key processes in the VMMC program while tracking progress towards the characteristics necessary for sustainability by programmatic pillar, as defined in the Sustainability Transition Implementation Plan.
- The VTAD measures progress towards five country-defined sustainability goals for the program pillars.

VMMC Transition Assessment Dashboard (VTAD) Development and Implementation Process

- 1. Multi-stakeholder taskforce and TWGs were established with clear terms of reference to facilitate sustainability activities, including the VTAD process.
- 2. Taskforce and TWGs steered the:
 - creation of indicators across each level of the programmatic pillars,
 - establishment of an assessment method for each indicator, and
 - · development of data collection tools.
- 3. Tools were piloted in select districts with subsequent roll out to the remaining districts and provinces after incorporating pilot feedback.
- 4. Survey CTO was used for data collection during round table focus group discussions. Data analysis was completed in Excel.

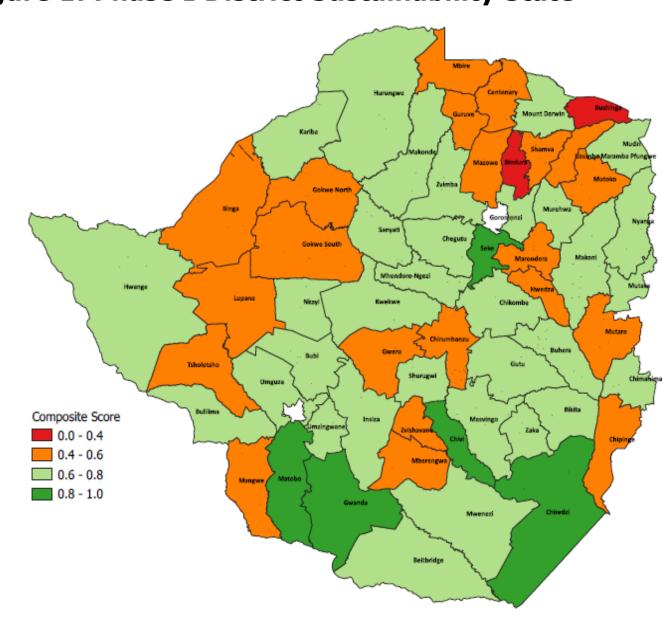
Limitations to the VTAD

- Data collection relied mostly on respondents' recall. The absence of some district health executive members led to information gaps, reducing the ability to document the transition towards sustainability appropriately.
- Delays in dissemination of preliminary findings resulting in delays in incorporation in districts plans and inadequate time to address the identified gaps before the phase II VTAD assessments.

Results

The VTAD is a biennial activity, with phase I conducted in 2019 and Phase II in 2021. The results obtained were informed by assessments conducted across 60 districts in Zimbabwe. In 2019, 5 districts were at an advanced level of sustainability but had regressed by 2021 due to acute economic challenges, high staff attrition levels, and COVID-19 impact on the program. Phase II results show 48 non-metropolitan districts making broad progress towards sustainability. Minor adjustments are still required to bring these districts to an advanced state of sustainability.

Figure 1: Phase I District Sustainability State



Composite Score

O.O - O.4

O.4 - O.6

O.6 - O.8

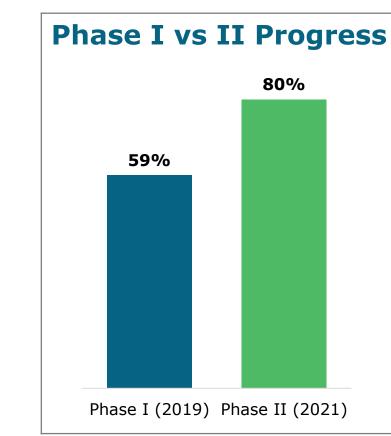
O.8 - 1.0

Table 1: Description of District Sustainability States

Score	Maturity State	Description	Phase I	Phase II
0 - 40%	Not yet started	Implementation approach is unsustainable and requires significant reorientation.	2	0
40 - 60%	Early	Implementation has some sustainability characteristics but still requires some adjustments	22	12
60 - 80%	Intermediate	Implementation is approaching sustainability but still requires minor adjustments and maintenance	31	48
80 -100%	Advanced	Implementation shows sustainable characteristics and needs to be maintained	5	0

Results by Programmatic Pillar

Leadership Management & Coordination (LMC) – the goal is to foster program ownership and buy-in for VMMC as a part of Combination HIV Prevention across all key stakeholders.



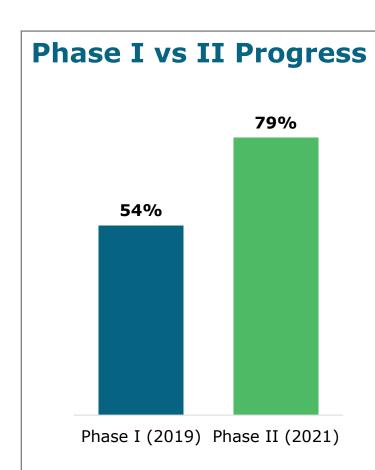
Key Assessment Areas Coordination of Program

- Coordination of Program Operations
- Program Ownership
- Planning for Implementation
- Multisectoral Collaboration & Community Engagement
- Support & Supervision
- Evidence Generation & Utilization

Key Observations

- Progress towards sustainable LMC was driven by increased program coordination, clearly defined roles and responsibilities, and district-level program ownership
- Lack of integrated VMMC plans and suboptimal engagement of stakeholders were identified as barriers to sustainable LMC.

Service Delivery (SD) – the aim is to efficiently decentralize and strengthen VMMC services to ensure they are accessible, affordable, and effective enough to meet both scale-up and maintenance phase targets.



Key Assessment AreasIntegration of Service Deliver

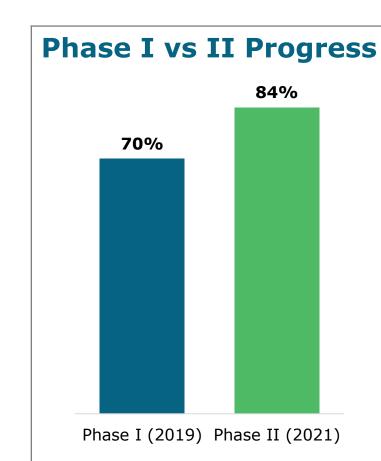
- Integration of Service DeliveryProvision of Age-disaggregated
- Policy Dissemination

Services

Key Observations

- Modified SD models supported program continuity during COVID-19 contributing to more sustainable SD--ferrying clients to clinics and development of 2-way SMS texting platforms for client review, limiting client contact and reducing impact on HCW time.
- Vertical and siloed VMMC programming at SD points impeded the integrated HIV prevention programming necessary for sustainability.

Program Quality (PQ) – the goal is to provide high-quality, safe male circumcision services through enhanced quality assurance and strengthened clinical mentorship.



Key Assessment Areas

- Maintenance of Internal QualityMaintenance of Data Quality
- Adverse Event Surveillance

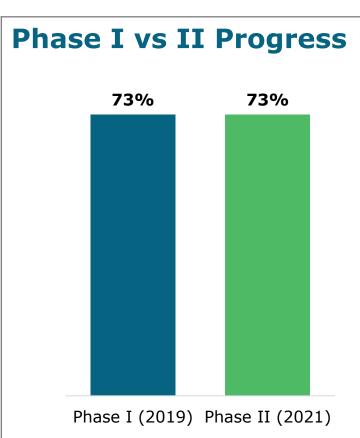
Continuous Quality Improvement

Integrated and standardized quality assurance activities managed by the dis

Key Observations

- assurance activities managed by the district personnel and timely detection and management of VMMC AEs accelerated sustainability progress.
- De-skilling of some trained circumcisers due to long periods not providing services due to COVID-19 restrictions and mitigation measures.

Demand Generation (DG) – the aim is to create sustainable, effective, and efficient demand generation approaches that will eventually result in the transition to a state of high natural demand for VMMC services.



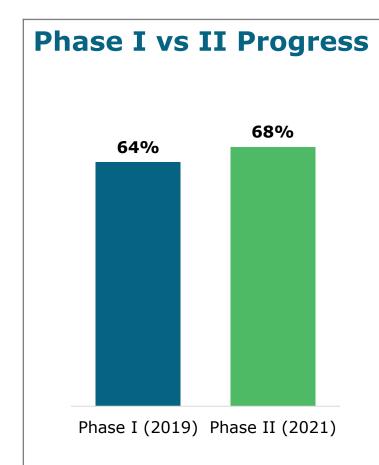
Key Assessment Areas

- Access to VMMC IEC Materials by Community
- Integration of VMMC Information into Routine Health Education
- Planning and Implementation of Demand Creation for VMMC
- Sustainable Demand Generation Approaches

Key ObservationsProgress is comparable to baseline,

- demonstrating resilience in existing systems. Adaptations and innovations such as door-to-door mobilization campaigns and distribution of VMMC branded face masks ensured progress towards sustainability was maintained.
- Limited integration of VMMC demand creation with other HIV and non-HIV program DG activities.

Strategic Information (SI) – the goal is to strengthen the VMMC monitoring and evaluation system to ensure accountability and learning while integrating with other HIV prevention programs.



Key Assessment Areas

Access to data by the Community

 Strong HMIS tools at all facilities with trained personnel have ensured that data is collected according to national standards, facilitating routine analysis and strategic decision making.

Key Observations

- Inadequate infrastructure (power, internet) to support data management processes.
- The program is exploring stakeholder participation models such as Results-Based Financing, which involves CBO-implementation monitoring, as well as stakeholder inclusion in Organization Development Interventions.

Conclusion

The VTAD is designed as an iterative monitoring process that incorporates stakeholder feedback on progress towards country-defined sustainability. Outputs from the VTAD are useful in assessing program opportunities and weaknesses to inform effective and sustainable strategic planning. Routine program monitoring and the VTAD are complementary and help align the VMMC program towards meeting sustainability targets. Subsequent VTADs will inform the evolving conversation about sustainability of HIV prevention programs in the context of achieving and maintaining epidemic control.