Strengthening of the Kingdom of Eswatini Voluntary Medical Male Circumcision Program.

Mid-Term Evaluation Report

October 2024

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

Acronym	Full Form
AIDS	Acquired Immune-Deficiency Syndrome
APR	Annual Program Report
CDC	Centres for Disease Control and Prevention
COAG	Cooperative Agreement
CQI	Continuous Quality Improvement
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HR	Human Resources
HTS	HIV Testing Services
IHM	Institute for Health Measurement
IP	Implementing Partner
IPC	Infection Prevention and Control
KII	Key Informant Interview (Interviewee)
MOH	Ministry of Health
MTE	Mid-Term Evaluation
NERCHA	National Emergency Response Council for HIV and AIDS
NGOs	Non-Governmental Organizations
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
QA	Quality Assurance
RFM	Raleigh Fitkin Memorial
SI	Strategic Information
TA	Technical Assistance
VMMC	Voluntary Medical Male Circumcision

1. Background & Context

The "Strengthening of the Kingdom of Eswatini's Voluntary Medical Male Circumcision (VMMC) Program," initiated in October 2020, involves close collaboration between Jhpiego and the Eswatini National AIDS Program (ENAP). Jhpiego assists the Ministry of Health and other government bodies in boosting service use to achieve PEPFAR's goals, enhancing service models, creating evidence-based demand, ensuring safety and client satisfaction, linking services with VMMC sites, and fostering deeper ties with local and regional communities for better VMMC engagement. Alongside other partners like URC, EGPAF, Georgetown University, PSI, and the Luke Commission, Jhpiego offers technical support in these areas, while these partners handle direct service delivery.

2. Evaluation Purpose and Objectives

The evaluation aimed to examine Jhpiego's contribution to the Ministry of Health in terms of Continuous Quality Improvement (CQI) and Quality Assurance (QA). It analyzed trends in VMMC service quality scores and the integration of CQI/QA in the Ministry, both regionally and nationally, and in healthcare facilities offering VMMC. The evaluation also looked into how well the other three project objectives under the Cooperative agreement were implemented. This encompassed Program Coordination, Demand Creation, and Strategic Information, reviewed from the project's start to the end of the second year.

3. Methods

The methodology involved a mixed-method approach, evaluating Jhpiego's process, output, and short-term outcomes in assisting the Ministry. This included a review of Jhpiego's overall project goals to assess project fidelity and progress at the mid-point.

4. Dissemination and Use

The findings are intended for audiences including the MOH senior staff, VMMC policymakers, CDC Eswatini, and other partners. They might also be presented at professional gatherings. These insights are intended to be used to refine Jhpiego's technical assistance, guide their program planning, resource distribution, and potentially enhance Eswatini's overall VMMC strategy.

5. Findings

Mid-Term Evaluation Q1: To what extent have the Eswatini National AIDS Program and the Regional Health Authority with support from Jhpiego implemented CQI/QA activities at the facility level?

1.1 Standard Adherence and Compliance

The evaluation showed overall improvement in most CQI areas across various facilities, with significant strides in staffing and overall adherence to standards. This improvement is evident in data from CQI assessments, such as the increase in Staff Adequacy scores, demonstrating a commitment to high standards and quality service delivery. However, challenges in maintaining standards in areas like infection prevention and control were also identified, which were addressed through targeted training and policy adjustments.

1.2 Tools and Metrics Development

The development of the 'CQI Dashboard' and other specific tools has been pivotal in measuring performance and assessing compliance in various CQI areas. These tools are customized to meet the specific needs of the Eswatini VMMC program, enhancing their effectiveness. Training programs focus not

only on service delivery but also on the effective use of these tools, ensuring that healthcare workers are well-equipped to maintain high service quality.

1.3 Continuous Quality Assessments

The program's commitment to continuous quality assessments is evident from detailed evaluations at various facilities. These assessments involve staff participation, ensuring they are grounded in practical service delivery realities. Areas requiring improvement are identified and followed by immediate action plans, demonstrating a dynamic approach to problem-solving and standard adherence.

1.4 Training and Capacity Building

Training initiatives have been instrumental in enhancing the skills and confidence of healthcare workers, thereby improving service quality. Training covers various aspects of VMMC service delivery and is responsive to feedback from healthcare workers, ensuring relevance and effectiveness. Despite the success, adjustments and adaptations in training are necessary to respond to changing needs.

1.5 Quality Improvement Planning

Quality improvement plans are comprehensive and adaptable, addressing specific challenges identified through continuous assessments and staff feedback. These plans cover enhancing service delivery and strengthening monitoring systems, with adaptability ensuring their relevance and effectiveness in improving service quality.

Summary

Evaluation Question 1 reveals that the Eswatini National AIDS Program and the Regional Health Authority, with Jhpiego's support, have effectively implemented CQI/QA activities at the facility level. There is a clear commitment to standard adherence, tool development, and continuous quality assessments. Training and quality improvement planning are also well-executed, though there is room for further refinement in training programs. Despite challenges, proactive and responsive strategies have been adopted to maintain and improve service quality in VMMC programs.

Mid-Term Evaluation Question 2: To what extent have the CQI/QA activities led to improved quality of services and outcomes at facilities offering VMMC in Eswatini (as measured by a change in scores of different National Quality improvement standards of VMMC assessed)?

2.1 Standards Alignment

The CQI/QA activities have led to significant improvement in VMMC service quality in Eswatini, as evidenced by better alignment with international benchmarks and adherence to global and local guidelines. The national CQI tool, assessing a range of standards, has been instrumental in this process. Improvements are reflected in increased scores across various standards, including management systems and COVID-19 mitigation compliance. The Task Shifting Training Report - August 2022 illustrates how provider trainings have aligned staff capabilities with national standards, enhancing service quality. However, challenges like stock outs still impact standards adherence.

2.2 Institutional Quality Management

This aspect focuses on the structured approach to managing quality in healthcare institutions offering VMMC services. The presence of dedicated CQI teams and coordinators is central to this framework, ensuring consistent quality management and oversight across various units. Despite successful implementation at the facility level, integration into regional and national structures has been uneven. Challenges include varying levels of VMMC experience among quality improvement teams and limited regional participation. Nevertheless, the active role of CQI teams in developing and implementing

facility-specific action plans has significantly improved VMMC service delivery.

2.3 CQI Assessment Impact

Regular CQI assessments are crucial in evaluating service quality and identifying gaps in VMMC service provision. These biannual assessments have highlighted issues in demand creation, staffing, infection control, and waste management, guiding subsequent improvement efforts. The process involves continuous cycles of evaluation, planning, and implementation, ensuring sustainable service quality enhancements. Beyond quantitative measures, these assessments also focus on qualitative aspects like client satisfaction and adherence to human rights-based approaches, contributing to the broader objectives of public health and wellbeing through VMMC services.

2.4 Collaborative Quality Improvement

The collaborative efforts between various stakeholders, including healthcare providers, governmental bodies, and NGOs like Jhpiego, have been key to enhancing VMMC service quality. This collaboration involves joint participation in CQI assessments, development of action plans, and sharing of best practices. Regional health teams play a crucial role in aligning quality improvement efforts with regional health strategies. The collaborative approach ensures that CQI and QA activities are not only comprehensive and specific to facility needs but also integrated into the broader strategic framework of VMMC services, fostering a culture of continuous improvement and accountability.

Summary

The CQI/QA activities in Eswatini's VMMC program have markedly improved service quality and outcomes. Standards alignment, institutional quality management, impactful CQI assessments, and collaborative quality improvement efforts are central to these achievements. While challenges persist in areas like integration into broader health structures and specific service aspects, the overall impact of these activities is profound, enhancing both the technical proficiency and the client-centeredness of VMMC services.

Mid-Term Evaluation Question 3: What are the structural and contextual factors that facilitate or create barriers for the implementation of VMMC continuous quality improvement initiatives at facility, regional and national levels?

3.1 Institutional Capacity Challenges

Institutional capacity challenges significantly impact the implementation of Continuous Quality Improvement (CQI) initiatives for Voluntary Medical Male Circumcision (VMMC) services in Eswatini. Key barriers include inadequate infrastructure, insufficient staffing, and a lack of essential resources, notably trained personnel for CQI-related activities. This shortage hampers the ability to conduct thorough CQI assessments and implement follow-up actions. Infrastructure inadequacies directly impact adherence to CQI standards, with issues such as limited space and insufficient equipment. Financial constraints leading to resource shortages are also a significant challenge, affecting the availability of necessary materials and tools for quality improvement and the broader issue of sustainability.

3.2 Healthcare Staff Training

The quality of training healthcare staff receive in CQI methodologies is crucial for the success of VMMC programs. Challenges include the short duration of task-shifting training for nurses and insufficient practicum during training, particularly for those without prior VMMC experience. The lack of specific training in CQI related to VMMC is highlighted as a barrier to effective implementation. Continuous education and training in CQI are needed to sustain initiatives, covering various aspects of CQI, including data collection, analysis, interpretation, and the development of action plans.

3.3 CQI Team Effectiveness

The effectiveness of CQI teams within healthcare facilities is critical for maintaining high service quality standards in VMMC services. Well-functioning CQI teams contribute significantly to quality improvement, whereas their absence or ineffectiveness leads to gaps in quality monitoring and improvement processes. Effective teams engage in cross-functional collaboration, essential for a holistic approach to quality improvement. The sustainability of CQI initiatives is closely tied to the functionality and integration of CQI teams into the facility's structure.

3.4 Comprehensive CQI Integration

The extent of CQI integration at various levels of the healthcare system influences the effectiveness of VMMC programs. Comprehensive integration at the facility level leads to significant improvements in service quality and patient outcomes. However, variability in integration at regional and national levels poses challenges, often stemming from a lack of coordination, limited resources, and insufficient alignment with regional health priorities. National-level integration of CQI into policy and strategic planning is critical for scalability and sustainability of quality improvements.

Summary

Structural and contextual factors, including institutional capacity challenges, healthcare staff training, effectiveness of CQI teams, and the degree of CQI integration across healthcare levels, significantly influence the implementation and success of VMMC continuous quality improvement initiatives in Eswatini. Addressing these challenges, particularly through improved training, effective CQI teams, and comprehensive integration of CQI practices, is crucial for enhancing the quality of VMMC services and achieving sustainable improvements.

Mid-Term Evaluation Question 4: To what extent Is Jhpiego successfully implementing the following project objectives:

  a. Provide technical support to MOH and other government entities at national and community level to manage and coordinate VMMC delivery?

  b. Develop and implement national demand creation strategy for VMMC especially for males 15-29 years?

  c. Provide VMMC related SI support to national programs to produce data for evidence-based decision making?

4.1 Technical Support to MOH and Government Entities for VMMC Delivery

Jhpiego's project objective was to offer comprehensive technical support to the MOH and other government entities to enhance VMMC service management and coordination. While initiatives like training sessions and strategic planning support were implemented, challenges persist in achieving consistent coordination and effective integration of VMMC activities at various levels. Engagement with local government entities has been a key focus, but there's a lack of detailed assessment of the effectiveness of these collaborations at the community level. The implementation faces hurdles in maintaining effective coordination, pointing to a need for more robust assessment and enhancement mechanisms.

4.2 Development and Implementation of National Demand Creation Strategy for VMMC

Jhpiego's strategy for VMMC demand creation included detailed planning and diverse communication materials, targeting males aged 15-29 years. However, gaps exist

between ambitious planning and on-ground execution, with limited evidence of the effectiveness of communication materials, especially in remote or culturally diverse regions. Stakeholder engagement and collaboration are crucial, yet challenges in maintaining consistent engagement impact the continuity of demand creation initiatives. The strategy acknowledges cultural barriers but lacks detailed insights into adapting strategies based on community feedback. A significant gap is the lack of clear linkage between strategic activities and measurable outcomes, indicating a need for enhanced monitoring and evaluation.

4.3 Strategic Information Support for Evidence-Based Decision Making

Providing Strategic Information (SI) support for evidence-based decision-making in VMMC programs involves robust data collection, analysis, and dissemination. Jhpiego's involvement in developing monitoring and evaluation frameworks and data quality assessments is evident, but challenges exist in their consistent application and deriving actionable insights. The project aims to support MOH in utilizing SI for policymaking, yet the effectiveness of this support appears to be an area of ongoing development, with scope for more impactful engagement in policy formulation. Strengthening the application of monitoring frameworks and translating data into effective policy recommendations is crucial for enhancing decision-making in VMMC service delivery.

Summary

Jhpiego's implementation of the project objectives faces some challenges. Technical support to MOH and government entities needs more effective coordination and integration. The demand creation strategy, while well-planned, requires better execution and monitoring to assess its impact effectively. In providing SI support, the consistent application of monitoring frameworks and effective use of data in policymaking are areas needing improvement. Enhancing these aspects will be key to achieving the project's objectives and improving the overall effectiveness of VMMC services in Eswatini.

MTE Question 5: What interventions should be considered, implemented, or scaled-up to achieve end-of-project objectives, deliverables, and targets?

5.1 Collaborative Project Management and Teamwork

The importance of collaboration and teamwork in VMMC programs was a recurring theme. Integrated efforts across departments and stakeholders were emphasized as crucial for project success. The need for bringing together diverse strengths towards a common goal was consistently highlighted in key informant interviews and focus group discussions. This collaborative approach was seen as vital for overcoming challenges and achieving project targets more effectively.

5.2 Adaptive Planning and Execution

Adaptive planning and execution were identified as essential for the dynamic nature of VMMC program management. The ability to adjust strategies based on the latest data and evolving project needs was seen as key to the success of these programs. This adaptability, combined with a willingness to pivot and modify plans as required, was noted as a significant factor in the successful implementation of VMMC initiatives.

5.3 Quality Assurance in Services

Quality assurance emerged as a major concern, with a focus on adhering to international standards and conducting rigorous quality checks. Continuous training and strict adherence to quality protocols were seen as critical for maintaining high service standards. The emphasis was on ensuring that every aspect of service delivery met the highest quality standards, understanding the significant impact of any deviation in quality.

5.4 Data-Driven Program Monitoring

Data-driven program monitoring was highlighted as a crucial element of VMMC programs. Decision-making and strategy formulation were reported to be strongly guided by data. Effective data collection, analysis, and management systems were seen as the backbone of program monitoring and evaluation, enabling the tracking of progress and identification of areas needing additional focus.

5.5 Task-Shifting and Human Resource Optimization

Task-shifting, particularly training nurses to perform circumcisions, was identified as a key strategy for expanding service reach and optimizing human resources. The challenges and processes involved in implementing task-shifting were discussed, along with its benefits in managing resources more efficiently and effectively scaling up VMMC services.

5.6 Demand Creation and Mobilization

The need for strategic focus on demand creation and mobilization was emphasized. Innovative and targeted strategies to reach specific groups, understanding client resonances, and mobilizing potential clients effectively were identified as crucial. This focus on demand creation was seen as vital for increasing uptake of VMMC services.

5.7 Continuous Quality Improvement (CQI)

Continuous quality improvement was pervasive in discussions, not just as a concept but as a core philosophy embedded in all aspects of the project cycle. The commitment to continuously enhancing quality was highlighted as a distinctive feature of successful VMMC programs, underscoring the importance of CQI in achieving project goals.

Summary

The insights from key informant interviews and focus group discussions provide a comprehensive understanding of the critical factors for the success of VMMC programs. Collaborative management, adaptive planning, rigorous quality assurance, data-driven monitoring, task-shifting, strategic demand creation, and continuous quality improvement are integral to the implementation and scaling of interventions. These factors are essential for achieving the objectives, deliverables, and targets of VMMC projects in Eswatini.

6. Discussion

The evaluation revealed key areas impacting the success of the VMMC program in Eswatini, including challenges in collaboration and teamwork, adaptive planning, quality assurance, data-driven monitoring, task-shifting, demand creation, and continuous quality improvement. Despite significant strides in some areas, such as reduced adverse events and enhanced service quality through CQI, persistent gaps in demand creation, infection control, training effectiveness, and integration of VMMC services were identified.

7. Conclusion

The evaluation concludes that while the CQI initiatives have led to tangible improvements in VMMC service quality, persistent challenges in demand creation, infection control, staffing, and integration of services need focused attention. Jhpiego's technical support has facilitated advancements in capacity building and data management, but more effective coordination and implementation strategies are required. A comprehensive approach addressing these challenges is essential for the continued success and sustainability of the VMMC program.

8. Recommendations

Based on the evaluation findings, the following recommendations are proposed to address the identified challenges:

1. **Enhanced Collaboration and Teamwork:** Strengthen collaborative efforts across departments and

stakeholders to improve project management and execution efficiency.

2. **Adaptive Planning and Execution:** Develop flexible and responsive planning mechanisms to ensure the program can quickly adjust to changing needs and circumstances.

3. **Rigorous Quality Assurance:** Implement stringent quality assurance processes to maintain high service standards and patient safety.

4. **Robust Data-Driven Monitoring**: Enhance data-driven program monitoring to guide strategic decisions and assess the impact of interventions.

5. **Task-Shifting and Resource Optimization:** Expand task-shifting initiatives to increase service capacity and efficiency, particularly in areas with staffing constraints.

6. **Targeted Demand Creation and Mobilization:** Develop and implement nuanced, culturally sensitive demand creation strategies to increase program uptake, focusing on the target demographic of males aged 15-29 years.

7. **Institutionalizing Continuous Quality Improvement:** Embed CQI into all aspects of the project to ensure ongoing service enhancement and sustainability.

ESwatini VMMC Background

Implementation of the "Strengthening of the Kingdom of Eswatini's Voluntary Medical Male Circumcision (VMMC) Program" began in October 2020. Jhpiego works closely with the Eswatini National AIDS Program (ENAP)'s VMMC Unit and the PEPFAR direct service delivery (DSD) partners to implement activities in all the regions of Eswatini. Through the award, Jhpiego supports the Ministry of Health and other relevant government entities to increase service utilization to meet PEPFAR's targets while strengthening service-delivery models, evidence-based demand generation, promoting the highest levels of safety and client satisfaction, building a platform of service linkages with VMMC sites, and deepening relationships with community and regional structures to increase their engagement with VMMC services. Jhpiego provides technical assistance to the VMMC program in Eswatini on the above listed areas while other implementing partners including URC, EGPAF, Georgetown University, PSI and the Luke Commission provide direct service delivery to clients.

Jhpiego's VMMC Program

Implementation Approach – Theory of Change: Jhpiego aims to assist the Ministry of Health (MOH) in Eswatini to develop and implement a VMMC program that is grounded in human rights principles and stands out for its relevance, efficiency, innovation, and high quality. This collaboration with the MOH and implementing partners (IPs) will enhance the MOH's capabilities in various aspects of VMMC programming, including service provision, demand creation, continuous quality improvement, logistical support, and monitoring of adverse events. Jhpiego's strategy encompasses four main areas: coordinating the VMMC program, generating demand for VMMC, enhancing the quality of VMMC services, and focusing on strategic information and monitoring and evaluation. The underlying theory of change suggests that by collaborating with NERCHA and uniting all key stakeholders and the Eswatini MOH for a robust national VMMC program, while supporting targeted demand creation and ensuring high-quality services with effective use of strategic information, there will be a short-term increase in service

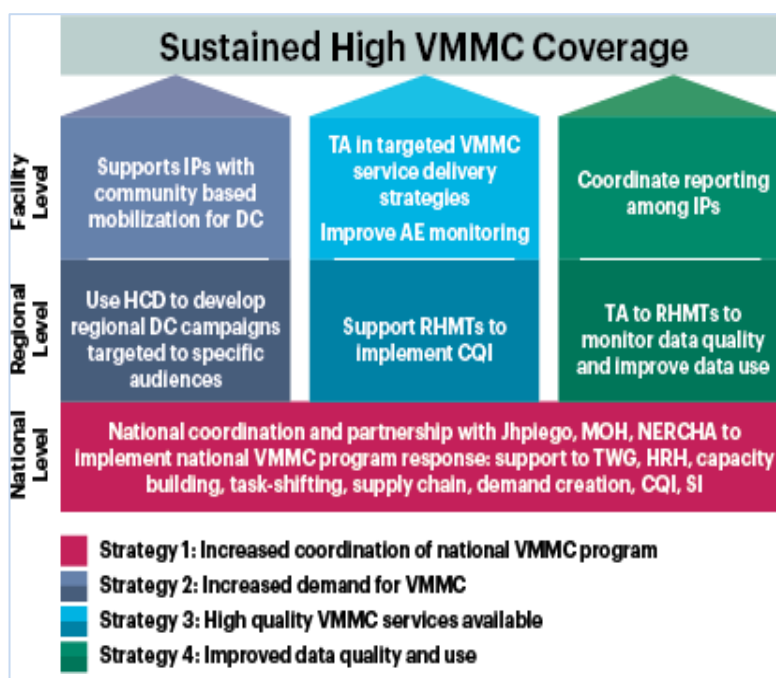*Figure 1: Jhpiego Theory of Change, Jhpiego 2023.*

uptake. This approach is expected to lead to a long-term sustainable high coverage of VMMC among men aged 15–49 years (Jhpiego Program Narrative Application).

Strategy Outline; The project's value proposition is based on Jhpiego's extensive experience in implementing VMMC programs in various settings, particularly in high-target, complex environments.

Jhpiego's aim is to apply its technical expertise, community networks, and credibility to achieve PEPFAR's expectations. The project focuses on increasing VMMC uptake among males aged 10–29 to 80% by 2023, with a strong emphasis on collaboration with Eswatini's MOH and ENAP, skills transfer, data utilization, and human-centered design (HCD) in demand creation (DC) strategies (Jhpiego Program Narrative Application).

Strategy 1: VMMC Program Coordination: Jhpiego has been instrumental in strengthening stakeholder relationships in Eswatini, particularly through supporting the national VMMC Technical Working Group (TWG) and advocating for regional VMMC coordinating mechanisms. This involves managing and coordinating VMMC service delivery at national, regional, and community levels. Key activities include supporting human resources for health (HRH) at national and regional levels, training VMMC providers, and building capacity for program leads in VMMC response management. Jhpiego also focuses on transitioning the VMMC program from a doctor-led to a nurse-led model and assisting the MOH in transitioning from disposable to reusable surgical kits (Jhpiego Program Documents).

Strategy 2: VMMC Demand Creation: This strategy acknowledges that simply having access to VMMC services does not guarantee uptake. Jhpiego's approach involves understanding the varied needs of different audiences, such as pre-adolescent boys, young men, and school-going children. The project utilizes HCD to develop and implement a National VMMC Demand Creation Strategy, targeting men aged 15–29. Activities include leveraging the experiences of satisfied clients, developing targeted messaging, and employing various media platforms for outreach. Jhpiego also emphasizes the need for community-based mobilization and regular monitoring of DC output by geography and method (Jhpiego Program Documents).

Strategy 3: Improved Quality of VMMC Services: Jhpiego's experience in delivering high-quality VMMC services is leveraged to support the MOH and implementing partners (IPs). The focus is on implementing the national Continuous Quality Improvement (CQI) plan, which involves conducting baseline assessments of facilities, developing facility-specific CQI plans, and adopting the Plan-Do-Study-Act (PDSA) methodology at all VMMC facilities. Efforts also include improving the monitoring and reporting of adverse events (AEs) and providing technical assistance (TA) for targeted campaign strategies that cater to diverse audiences (Jhpiego Program Documents).

Strategy 4: Strategic Information and Monitoring and Evaluation: Jhpiego aims to build effective relationships with IPs and the VMMC Coordination Unit for efficient data coordination and reporting. This involves developing an interim data management system, liaising between various stakeholders for module development and reporting, and identifying sustainable solutions to gaps in the data management system. Jhpiego's activities include reviewing existing data quality assurance strategies, monitoring facility-level data to improve program performance, and supporting facilities to strengthen their data verification and quality management systems. Coordination of reporting and data sharing among IPs is also a crucial part of this strategy(Jhpiego Program Documents).

Collaborations and Target Populations: The project emphasizes collaboration with NERCHA, MOH, donor agencies, and various stakeholders to enhance the quality, breadth, and scale of Eswatini's VMMC program. This includes working with CDC-funded organizations and other partners to ensure comprehensive HIV care, treatment, and prevention programs are interconnected. Jhpiego's target populations for TA include MOH officials, regional program officers, health care workers, and IPs. VMMC DC efforts are particularly focused on men aged 15–29 (Jhpiego Program Documents).

In summary, Jhpiego's strategies encompass a comprehensive approach to VMMC program implementation, demand creation, quality improvement, and strategic information management, with a strong focus on collaboration, capacity building, and sustainability. The project aims to significantly increase VMMC uptake in Eswatini, especially among younger males, while ensuring high-quality service delivery and efficient use of data for continuous improvement.

Evaluation Purpose and Objectives The mid-term evaluation of the Eswatini VMMC Program, primarily donor-funded since 2009, aimed to assess the quality of services and key metrics for monitoring the program as the service and oversight transition to the MOH. The main objective was to evaluate the implementation of continuous quality improvement (CQI) technical assistance (TA) by Jhpiego, a critical component of the project. Secondary objectives included assessing the fidelity and quality of implementation of the other three project objectives: demand creation, management and support of VMMC service delivery, and strategic information (SI). Specific objectives were to evaluate the progress of CQI/QA activities, identify design and implementation issues, pinpoint best practices, identify facilitators and barriers at various levels, assess alignment with project objectives, and evaluate progress towards mid-project targets.

The evaluation questions were:

1. To what extent did the MOH and Regional Health Authority implement CQI/QA activities for VMMC with Jhpiego's support?
2. To what extent did CQI/QA activities lead to improved VMMC service quality and outcomes at facilities?
3. What were the factors that facilitated or hindered CQI implementation?
4. To what extent did Jhpiego successfully implement coordination, demand creation and strategic information objectives?
5. What interventions should be considered to achieve project objectives, deliverables and targets?

The primary evaluation questions are:

1. To what extent have the Eswatini National AIDS Program and Regional Health Authority, with Jhpiego's support, implemented CQI/QA activities at the facility level?
2. Have the CQI/QA activities led to improved quality of services and outcomes at VMMC facilities in Eswatini?
3. What structural and contextual factors facilitate or hinder the implementation of VMMC continuous quality improvement initiatives at various levels?
4. To what extent is Jhpiego successfully implementing project objectives related to providing technical support, developing and implementing a national demand creation strategy, and providing SI support for evidence-based decision-making?
5. What interventions should be considered for implementation or scaling up to achieve end-of-project objectives, deliverables, and targets?

Findings and recommendations presented in this report are anticipated to be used to improve and tailor Jhpiego's TA activities, enhance the quality of VMMC services at the facility level, inform VMMC program management, and increase the uptake of the CQI/QA methodology at the site level and within the MOH. The mid-term evaluation findings are also anticipated to be used in strategic planning and development of the VMMC program at the facility, regional, and national levels, and to inform Jhpiego's TA until the end of the project.

Methods|

Document Review
Project documents covering the first three years of the project were made available to the evaluation team. These were organized into types and implementation periods to enable a systematic review of the documents provided. The table below summarizes the documents provided for this evaluation.

Table 1: List of Project Background Documents used in the MTE

Documents	Periodicity
Project Background - Workplans - Workplan review meeting minutes - Jhpiego COAG project narrative	2021-23
Training Documents - Task shifting training reports - Demand Creation Training report - Strategic Information training report - AE Training reports	
Project Operations - CQI/QA site visit reports - SI site supervision reports -	
Project Implementation Accountability - Quarterly narrative reports to PEPFAR - Various meeting minutes, all related to reporting on progress pf implementation	
Project CQI/QA Tools - Completed CQI/QA Site assessment checklists for all health facilities implementing VMMC - SI tracker	

Some document sets were thorough and complete, including the quarterly PEPFAR narrative reports, which made reviewing progress comparatively straightforward. Others were in different states of completion, making comparisons difficult. The lack of consistent presentation structure for most documents made period comparisons challenging, if not impossible, in some cases. For example, SI site supervision reports do not have a standard format and seem to be completed based on the type and manner of visits conducted. While all contained information on assessments of progress, there was considerable risk of erroneous connections in our analysis per the evaluation objectives.

The CQI/QA checklists were completed comprehensively at baseline. However, at follow-up, only the management section was completed. CQI/QA spreadsheets, however, contain scores for both baseline and follow-up across all checklist categories. While workplans were provided in the form of spreadsheets detailing planned activities for the review period, the lack of accompanying workplan narratives hampered gaining greater insight into how Jhpiego links their annual plans to the COAG application narrative outlining the overarching project strategy.

Workplan review meeting minutes were available and helped observe the critique provided by CDC. Overall, background documents were very informative in providing data to corroborate or contrast findings from the KIIs and FGDs.

Participants

The table below presents list of stakeholders that were interviewed in line with the evaluation protocol .

Table 2: Composition of participants for the KIIs and FGD of the MTE

Category	No.	Format	Role
Implementing Partner Technical Leads	4	KII	IP technical leads assessed quality, challenges, needs, and recommendations associated with the TA provided by Jhpiego to IP.
Facility Staff	9		Facility staff gave the evaluation team information about facility-level CQI led by JHPIEGO with the Ministry of Health.
Trained Nurse circumcisers	9		Trained nurses informed about the task-shifting training offered by the program in relation to HCD.
Regional AIDS Coordinators	3		Interviews with Regional AIDS Coordinators focused heavily on perceptions regarding Jhpiego's provision of CQI/QA TA, quality, challenges, and needs as they related to TA at the regional level.
MOH National AIDS Program Staff	3		Interviews with ENAP focused on perceptions regarding Jhpiego's provision of CQI/QA TA, lessons learned, quality, sustainability, challenges, and needs as they related to TA at the national level.
Circumcised clients	16		Circumcised clients were interviewed to assess their satisfaction with the service and their sources of information to undergo VMMC.
Jhpiego Staff		FGD	A focus group discussion was conducted with interview project staff to establish how they envisioned the success of the project, implementation challenges as well as lessons learned.

Procedures|

Sampling

A total of 47 key informant interviews and 1 focus group were conducted per the approved Version 2.0 protocol dated March 23, 2023. Purposive sampling ensured representation of key stakeholders involved in VMMC service development and implementation across various levels, including facility staff, IP technical leads, regional and national MOH representatives. The sample size for all key informants was determined to achieve saturation while maintaining appropriate diversity among categories, considering available financial and human resources. Further participant details are provided in Table 1 of the MTE protocol.

Facility selection was carried out randomly using Stata, with defined power of 0.80 and alpha of 0.05. The null hypothesis was set at 0.50, assuming it the baseline for the first VMMC evaluation, while the alternative hypothesis was set at 95% to determine a facility cluster of 9 with equal sampling.

Data Management

The management of all evaluation data strictly followed the guidelines outlined in the approved protocol, Version 2.0, dated March 23, 2023, with a strong emphasis on data security, confidentiality, and controlled access. To safeguard confidentiality, all data and key informant interview (KII) files were stored on password-protected computer systems. Digital audio recording devices were securely kept at IHM offices until all data had been transcribed, verified, and subsequently erased from the recorders. The

collection of participant names was explicitly avoided, and instead, unique identification numbers (UIN) were employed in all records to ensure data confidentiality and privacy. Only authorized personnel were granted access to the evaluation records. Moreover, all members of the evaluation team signed a confidentiality agreement, committing to the non-disclosure of protected health information to any external parties. It is important to note that there were no instances of confidentiality breaches or protocol violations throughout the course of the evaluation.

Ethical Considerations and Assurances

The evaluation received ethical approval from three entities: the Eswatini National Health Research Review Board (EHHRRB), the Institutional Review Board at Johns Hopkins Bloomberg School of Public Health, and the CDC ADS. Prior to conducting key informant interviews (KIIs), the KI team followed a rigorous informed consent process (Appendix 6), which involved thoroughly explaining the consent form to potential participants and addressing any queries or concerns they had. The consent form comprehensively outlined the evaluation's purpose, procedures, potential risks and benefits, alternatives to participation, confidentiality, compensation, the right to refuse or withdraw, and job security even if they opted to withdraw. Participants were informed of their voluntary enrolment and provided with a copy of the consent form containing contact information for the local Investigator and the Eswatini Health Research Review Board once they had fully comprehended the evaluation's details and expressed their willingness to participate by signing and dating the consent form.

Analysis

In this evaluation, a mixed-methods approach was employed, integrating both qualitative and quantitative data to provide a holistic understanding of the project's impact and effectiveness. This approach allowed for a more nuanced and comprehensive analysis, capturing a broad spectrum of perspectives and insights.

The qualitative aspect of the evaluation primarily involved thematic analysis, a method that emphasized identifying patterns or themes within qualitative data. This process began with a meticulous coding of the data, where key pieces of information were tagged with codes representing specific ideas or concepts. NVivo (v11), a qualitative data analysis software, was utilized to manage and analyze the Key Informant Interview (KII) transcripts. This software facilitated the organization of data, coding, and theme generation. The thematic analysis was not limited to software-based methods; manual coding was also employed, particularly for background documents. These documents were organized by type and relevance to the evaluation questions, and then carefully analyzed in MS-Word to identify pertinent themes.

Complementing the qualitative analysis, the evaluation also incorporated a quantitative dimension, primarily through the examination of periodic project reports. While these reports did not undergo rigorous statistical analysis, they provided valuable quantitative data that helped to contextualize and substantiate the qualitative findings. This included metrics on project reach, outputs, and other quantifiable indicators of progress and impact.

Together, the mixed-methods approach ensured a balanced evaluation, harnessing the depth and interpretive strengths of qualitative analysis with the objectivity and generalizability of quantitative data. This comprehensive approach provided a more detailed picture of the project's outcomes, challenges, and areas for improvement. It allowed for a better understanding of how the project's activities translated into tangible results and impacts, and how these aligned with the overall objectives and goals of the initiative. The combination of thematic analysis with the examination of

quantitative data thus offered a multi-faceted view of the project's effectiveness, ensuring a thorough and nuanced understanding of its various components and their interplay.

Limitations of the study

Document quality affected confidence in findings generation. While documents were informative overall, the lack of standard formats for tools like site supervision and training reports did not facilitate baseline to follow-up comparisons. Recorder bias may also be considered regarding meeting minutes. Focus on CQI/QA as the central theme potentially constrained inclusion of other important themes like implementation science. Lastly, some planned KIIs and FGD participants were unavailable, although efforts were made to reduce the impact.

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Findings|

This section of the report presents findings that are organized by evaluation objective, a synopsis of the findings, followed by the Mid-Term Evaluation Questions (MTE Qs). Each MTE Q is answered through themes that have accompanying narrative findings.

Evaluation Objective 1

To assess implementation progress of the CQI/QA activities proposed in Jhpiego's CoAg at the regional and national levels and in health care facilities offering VMMC services. The scope of CQI/QA activities proposed was to include:

    a. Development of a national tool for assessing quality and for monitoring CQI interventions,
    b. Planning and facilitating quality assessments,
    c. CQI trainings for facility teams, mentorship of service providers,
    d. Responding to needs by facilities and the MOH to strengthen VMMC service quality.

Jhpiego's collaboration with the Ministry of Health in implementing Continuous Quality Improvement (CQI) and Quality Assurance (QA) activities has significantly enhanced the Eswatini National AIDS Program and the Regional Health Authority's VMMC services. Key initiatives include establishing performance standards, developing tools for measuring compliance, conducting targeted CQI trainings, and undertaking biannual CQI assessments. These assessments are pivotal in identifying service gaps and informing the development of improvement plans tailored to specific facility needs, focusing on areas such as infection control, staffing adequacy, and effective demand creation. An integral part of these efforts is the mentorship of facility staff, ensuring sustained skill development and adherence to quality standards. Despite notable progress in facility-level implementation, challenges persist in integrating CQI/QA practices into broader regional and national structures, with issues like human resource constraints needing further attention. Addressing these challenges is essential for the holistic enhancement of the national VMMC program's quality and sustainability.

MTE Q1

To what extent have the Eswatini National AIDS Program and the Regional Health Authority with support from Jhpiego implemented CQI/QA activities at the facility level?

1.1 Standard Adherence and Compliance: A Key Component of Quality

The commitment to upholding established standards in the Eswatini National AIDS Program and the Regional Health Authority, with Jhpiego's support, is evident in the implementation of Continuous Quality Improvement (CQI) and Quality Assurance (QA) activities, particularly in the realm of VMMC services. The pivotal role of CQI trainings, a key metric in the program's evaluation, has significantly contributed to this adherence. CQI assessments have not only revealed an overall enhancement in most CQI areas across various facilities but also underscored the program's success in critical domains like Staff Adequacy.

The projects indicator tracking database reveals that out of a target of four national CQI plans, all were developed and implemented, illustrating a 100% achievement in this regard. Additionally, 48 health care workers and quality focal persons received training on CQI, reaching 100% of the targeted

number. These efforts were complemented by conducting four CQI Assessments, meeting the set target fully. Such achievements in CQI training and assessments have been instrumental in fostering a robust understanding and implementation of quality standards among healthcare workers. The increased Staff Adequacy score, from 80% to 97%, is a testament to the significant strides made in addressing staffing challenges, a critical factor for quality service delivery. This improvement not only reflects the enhanced capacity of healthcare workers following the trainings but also the effective integration of CQI principles into everyday practice. The direct correlation between CQI training and the enhancement of standard adherence is evident, marking a tangible commitment to upholding high standards and continuously improving service quality.

Excerpts from the Ministry of Health interview transcripts further support these findings. A respondent noted the significant support from Jhpiego in planning and conducting CQI assessments, highlighting the collaborative nature of these visits and the substantial role of Jhpiego in ensuring quality service delivery. Another interviewee emphasized the role of CQI in improving VMMC sites, citing specific examples such as addressing infection prevention control issues and the implementation of nurse-led VMMC procedures, which emerged from CQI insights. The CQI activities led by Jhpiego were recognized for improving VMMC services, with a focus on engaging regional stakeholders and integrating additional health programs into the CQI process. These firsthand accounts from healthcare professionals demonstrate the profound impact of CQI training and assessments on enhancing standard adherence and compliance in the VMMC program. The inclusion of specific achievements against set targets, combined with qualitative insights from key stakeholders, provides a comprehensive understanding of the program's progress and success in this crucial area.

Despite these efforts, challenges in maintaining certain standards, particularly in areas like infection prevention and control, were identified in narrative reports (FY21 APR Narrative Report). However, these challenges were addressed with targeted training and policy adjustments, showcasing a proactive and dynamic approach to problem-solving and standard adherence.

The findings provide a nuanced understanding of the program's adherence to standards. The high scores in the CQI Dashboard represent the culmination of concerted efforts, training, policy-making, and problem-solving as detailed in the narrative reports and interviews. This commitment to standard adherence and compliance, despite challenges, exemplifies a dedicated approach to quality in healthcare delivery.

1.2 Tools and Metrics Development: Customizing for Impact

This theme emerges through the analysis of various documents, emphasizing the program's strategic approach in creating and utilizing targeted tools and metrics for quality assessment and improvement. The development of tools and metrics specific to the Eswatini National AIDS Program and the Regional Health Authority's implementation of CQI/QA activities, with support from Jhpiego, has been pivotal in customizing interventions for impactful outcomes in VMMC services.

The 'CQI Dashboard' computed from data generated from CQI Assessment checklists and related reports illustrates the program's commitment to performance measurement. These tools provide a structured and objective way to assess compliance and progress in various CQI areas. For example, the CQI Dashboard, which includes scores for Management System, Compliance to Covid_19, and M&E Systems, offers a clear, numerical perspective on how well facilities are meeting the set standards. The specificity of these metrics allows for a focused analysis of individual aspects of service delivery, enabling targeted improvements.

Further, project M&E Data provides concrete data to illustrate the effectiveness of these tools and metrics. For instance, it shows that all four targeted national CQI plans were successfully developed and implemented. Furthermore, the program achieved 100% functionality of CQI teams in VMMC facilities, a clear indication of the successful integration of these tools into the program. Additionally, 100% of facilities were adherent to AE reporting guidelines, showcasing the effective utilization of metrics in ensuring compliance and enhancing service delivery. This data from the projects M&E database reaffirms the role of customized tools and metrics in driving the quality improvements in the VMMC services. The development and application of these tools are not merely procedural but are integral to achieving service excellence. The integration of the CQI Dashboard into the overall program strategy, supported by targeted training and continuous refinement, demonstrates a data-driven and responsive approach to quality improvement, ensuring that the program not only meets but often exceeds its targets.

Interviews and program narrative reports provide insights into the development and application of these tools. The reports detail how tools are customized to fit the specific needs of the Eswatini VMMC program. For instance, the development of the national adverse events register (FY21 APR Narrative Report), illustrates the program's effort to create tools that specifically address local challenges and requirements. The "Task Shifting Training report May 2022" indicates that training programs not only focus on service delivery but also on the effective use of these tools. This training ensures that healthcare workers are not only aware of the standards but are also equipped with the skills to accurately record and interpret data, essential for maintaining high service quality.

The development and utilization of customized tools and metrics have been instrumental in driving the quality improvements in the Eswatini National AIDS Program and the Regional Health Authority's VMMC services. This highlights the program's strategic approach to CQI/QA, where the creation of specific tools and metrics is not just a procedural step but a fundamental component of ensuring service excellence. The integration of these tools into the overall program strategy, supported by training and continuous refinement, demonstrates a commitment to a data-driven and responsive approach to quality improvement.

1.3 Continuous Quality Assessments: Ensuring Excellence

The program's commitment to continuous quality assessments is evident in the detailed evaluations conducted at various facilities. The CQI reports made available for this evaluation provide insights into these comprehensive assessments. These reports detail the thorough evaluation processes undertaken at each site, covering multiple aspects of service delivery, from client management to infection prevention. Narrative reports, such as the "FY21 APR Narrative Report" and meeting minutes, such as those from the "Program Review Meeting 20 July 2022," offer rich insights into how these assessments are integrated into the broader program strategy. They reveal the deliberations and discussions that follow assessments, highlighting how findings are used to inform policy decisions, resource allocation, and strategic planning.

One of the key strengths of these continuous assessments is the focus on identifying and promptly addressing gaps. For instance, areas requiring improvement, such as adherence to infection prevention protocols or client management strategies, are not only identified but are also followed by immediate action plans, as seen in various program review meeting minutes. Importantly, these assessments are not top-down exercises; they involve the active participation of facility staff. Interviews and transcripts from various sources indicate that staff feedback is a crucial component of these assessments. This participatory approach ensures assessments are grounded in the practical realities of service delivery. For instance, the "Task Shifting Training report May 2022" emphasized the importance of these assessments, stating "The CQI assessments are not just about ticking boxes. They help us reflect on our practices and see where we can improve. It's a learning experience every time."

Similarly, feedback from a staff member during a program review meeting, as noted in the "Program Review Meeting Minutes 20 July 2022," highlights the value of these assessments in driving improvements - "These assessments aren't just for compliance; they genuinely help us enhance the care we provide. It's rewarding to see the progress we've made, and the feedback we get is crucial for our growth." - (Program Review Meeting Minutes 20 July 2022). This participatory approach ensures that the assessments are not only comprehensive but also grounded in the practical realities of service delivery.

In summary, continuous quality assessments are a critical component of the Eswatini National AIDS Program and the Regional Health Authority's approach to ensuring high-quality VMMC services. The depth and frequency of these assessments, combined with the active involvement of staff and the immediate response to findings, underscore a program deeply committed to excellence and improvement. This theme highlights an essential aspect of the program's strategy: the persistent pursuit of quality through ongoing evaluation and reflection.

1.4 Training and Capacity Building: Empowering Healthcare Workers

The comprehensive training initiatives, underpinned by a commitment to continuous learning and improvement, have empowered healthcare workers, enhancing the quality of VMMC services. This theme illustrates the program's holistic approach to quality improvement, where training is not just a procedural requirement but a core element of empowering healthcare workers and ensuring service excellence. The "Task Shifting Training report May 2022" and other similar documents showcase a series of training programs aimed at upskilling healthcare workers in various aspects of VMMC service delivery. These training sessions cover a range of topics, from clinical skills in circumcision to data management and client communication. The impact of these training initiatives is evident in the enhanced skills and confidence of healthcare workers, as reflected in the narrative reports and meeting minutes.

Narrative reports, such as the "FY22 Q1 Narrative Report" and "FY22 Q4 Narrative Report," provide insights into the effectiveness of these training programs. They detail how the training has led to improved service delivery, adherence to quality standards, and better management of client interactions. Meeting minutes, like those from the "Program Review Meeting 20 July 2022," further corroborate these improvements, highlighting the significant role of training in enhancing service quality.

Another healthcare worker, commenting on the broader impact of training, stated in an interview transcript "These training sessions have been transformative, not just for our technical skills, but in how we approach our work. There's a renewed sense of commitment and understanding among the team" - (Facility Staff Interviewee). Such firsthand accounts from healthcare workers underscore the profound influence of the training programs. They highlight not only the enhancement of technical skills but also the motivational and attitudinal shifts that contribute to improved service delivery and overall healthcare outcomes. These findings reveal how training has not only improved technical skills but also boosted the confidence and morale of healthcare workers, leading to a more motivated workforce. While the training programs have been largely successful, they are not without challenges. Adjustments and adaptations, as noted in various documents, have been made in response to feedback from participants and changing service delivery needs. This flexibility in training design and implementation illustrates the program's commitment to ensuring that training remains relevant and effective.

1.5 Quality Improvement Planning: Charting the Path Forward

This theme, highlights the importance of structured planning in driving improvements and responding to challenges in service

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delivery. Documents like the "FY21 APR Narrative Report" and the "FY22 Q1 Narrative Report" detail the strategic planning processes that underpin the quality improvement initiatives. These plans are not only comprehensive but are also tailored to address specific challenges identified through continuous assessments and feedback mechanisms. The plans cover various aspects, from enhancing service delivery to strengthening monitoring and evaluation systems. Meeting minutes from program review sessions, provide insights into how these improvement plans are discussed, refined, and implemented. These meetings serve as platforms for collaborative discussion among stakeholders, ensuring that the plans are aligned with the program's overall goals and are responsive to emerging needs. One of the key strengths of these quality improvement plans is their adaptability. The CQI reports and other similar documents demonstrate how the program responds to challenges identified in assessments by adjusting its strategies and actions. This adaptive approach ensures that the plans remain relevant and effective in improving service quality. In the context of Quality Improvement Planning, the input and feedback from healthcare workers play a key role in shaping effective strategies. Their insights ensure that the plans are practical, feasible, and directly address the challenges encountered in service delivery. For instance, a staff member, highlighting the importance of feedback in quality improvement planning, stated in the FGD - "Our feedback on the ground realities helps shape more effective improvement plans. It's about making sure the strategies we develop are not just good on paper but work in real-life scenarios." By incorporating staff and healthcare workers practical experiences and insights, the program ensures that the improvement strategies are well-grounded, relevant, and capable of driving meaningful changes in VMMC service delivery. Their feedback and insights are integral to the development of these plans, ensuring that they are grounded in the realities of service delivery and are feasible to implement.

According to the project's Indicator Tracking Table, the VMMC program has achieved notable success in updating its Strategic and Operational plans, a critical component of its quality improvement strategy. These plans include comprehensive guidelines and procedures, such as task-shifting to nurse-led VMMC services, reflecting the program's adaptability and commitment to high-quality standards. The program's focus on training healthcare workers, as indicated by the number of health care workers trained in various aspects of VMMC, underscores its dedication to capacity building. This training is crucial for the successful implementation of these strategic plans. Further insights from the Implementing Partner Interview Transcripts reveal the practical application of one of the implementing partners explains their role in ensuring VMMC service quality. This includes conducting quality assessments, helping facilities implement quality improvement plans, and providing ongoing mentorship. The advisor's involvement in a national training on VMMC CQI demonstrates the program's comprehensive approach to equipping healthcare workers with the necessary skills and knowledge to implement these plans effectively. Such training sessions cover all aspects of VMMC CQI, highlighting the program's holistic approach to quality improvement.

The strategic and adaptive planning processes, informed by continuous assessments and staff feedback, highlight the program's commitment to a proactive and responsive approach to quality improvement. These plans serve as roadmaps, guiding the program's efforts to enhance service delivery and respond effectively to emerging challenges, ultimately.

Evaluation Objective 2	**Evaluation Objective 3**
To identify any issues or problems in design, implementation, and management of the CQI/QA approach and Jhpiego's TA for quality improvement.	To identify best practices that could be scaled-up at the facility level or within the MOH as they pertain to the CQI/QA approach.

A key finding is the significant improvement in the alignment of VMMC services with international benchmarks and adherence to both global and local guidelines. This progress is evident from the changes in scores across different national quality improvement standards, as assessed by the CQI tool. Areas such as management systems, COVID-19 mitigation compliance, demand creation capability, and infrastructure adequacy have shown notable improvements. Further analysis of CQI baseline and follow-on scores highlights a deep-rooted ethos of continuous improvement within the VMMC program. Meticulously implemented strategies and policies, including provider training, have played a crucial role in aligning staff capabilities with national standards of practice. This alignment is clearly reflected in quantitative data from the CQI reports, which show longitudinal score increases, suggesting a progressive improvement in the quality of VMMC services over time. Additionally, regional performance tracking indicates that some regions have achieved maximum scores in key areas like management systems, underscoring the effectiveness of the CQI/QA activities. The findings from this evaluation underscore the importance of ongoing CQI/QA activities in enhancing the quality of VMMC services in Eswatini. Despite challenges such as stock outs, the overall trend is positive, with facilities increasingly meeting the basic requirements for quality service provision. This analysis presents a credible case for the role of standards alignment, driven by CQI assessments, in achieving significant service delivery gains within the VMMC program.

MTE Question 2

To what extent have the CQI/QA activities led to improved quality of services and outcomes at facilities offering VMMC in Eswatini (as measured by a change in scores of different National Quality improvement standards of VMMC assessed)?

2.1 Standards Alignment

The extent to which CQI/QA activities have improved VMMC service quality in Eswatini facilities can be evaluated through the degree of standards alignment shown in CQI assessments over time. As described in the CQI Report Jan 2022, the national CQI tool assesses standards in areas like management systems, COVID-19 mitigation compliance, monitoring and evaluation practices, demand creation capability, infrastructure/supplies adequacy, human resourcing, service delivery competence, infection control, and waste management. Scores across these national standards serve as measurable benchmarks for determining quality improvements.

A review of CQI baseline and follow-on scores show that VMMC facilities have increasingly "aligned with international benchmarks (FGD Participant)" and "adhered to global and local guidelines (FGD Participant)". This adherence is "woven through various layers of the program's operation", reflecting a "deep-rooted ethos of continuous improvement" supported by "meticulously implemented strategies and policies". For example, the Task Shifting Training

Report - August 2022 shows how provider trainings align staff capabilities with national standards of practice. Additionally, the quantitative dashboard in the CQI contained in the progress report Jan 2022 presents measurable longitudinal score increases from the baseline April 2021 assessments for comparison to later iterations, demonstrating improved standards alignment over time. Regional performance across standards is scored and tracked as well, with some regions reaching maximum scores in areas like Management Systems, where facilities like Piggs Peak and Dvokolwako scored 95%, and Mbabane MW achieved 100%. Compliance with COVID-19 standards also showed exceptional adherence, with 9 out of 13 facilities scoring 100%. In areas like Monitoring and Evaluation, Demand Creation, and Service Delivery, on average, several facilities reported perfect scores of 100%, indicating optimal performance and alignment with national standards (CQI Dashboard, 2023)

Data from CQI assessments reveal an overall improvement in most CQI areas across various facilities. Fig 1 presents a comparison of baseline assessments compared with follow-on measures conducted in April 2022. Apart from M&E and Waste Management Systems, the trends show an improvement in adherence to standards. These improvements, particularly in Staff Adequacy and Overall scores, demonstrate a tangible commitment to upholding high standards. For instance, the increase in Staff Adequacy from 80% to 97% indicates significant strides in addressing staffing challenges, crucial for maintaining quality service delivery.
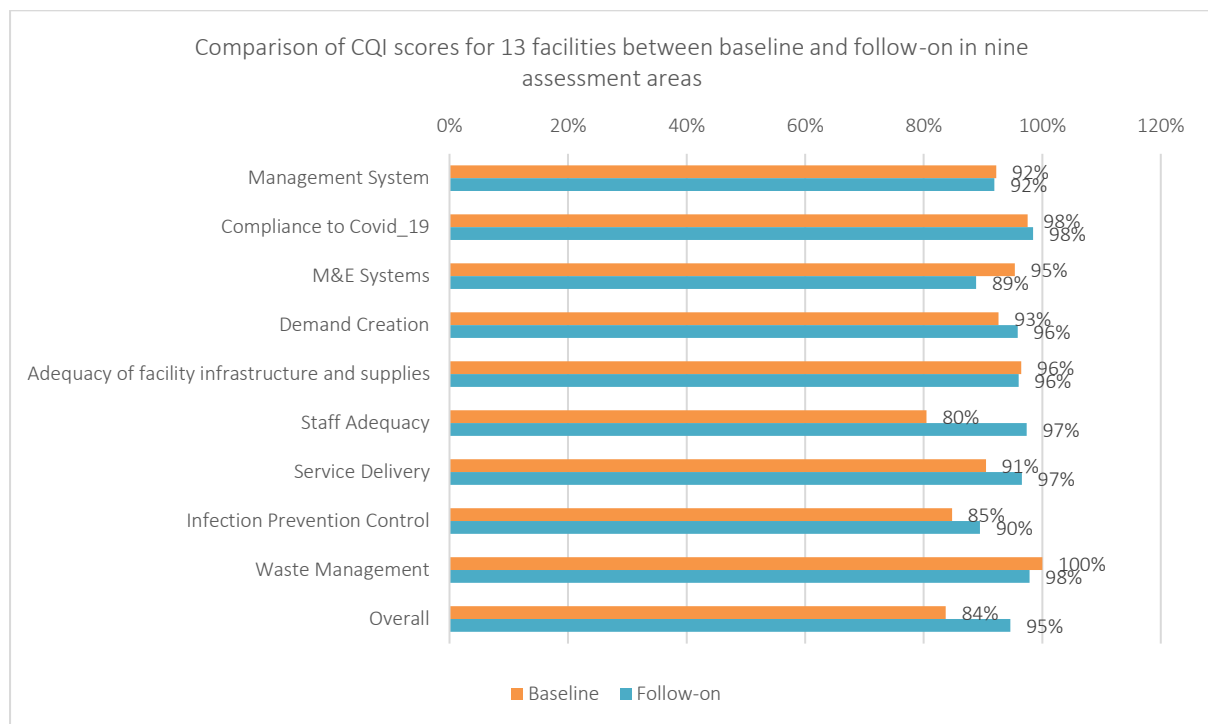
Figure 2: Combined CQI Standards Scores (Jhpiego, 2023)

Fig 2 presents Mid-Term Scores ranging from 86% to 99%, with the highest scores at Dvokolwako and Phocweni (both 99) and the lowest at TLC (86). Overall, the follow-on scores generally indicate an improvement in most CQI areas compared to the baseline, suggesting effective implementation of quality improvement strategies. Some sites like TLC showed a decrease in scores from baseline to mid-

term, indicating specific areas that might require targeted interventions. Facilities like Dvokolwako and Phocweni demonstrated improved CQI scores in the mid-term.

EXTRACT from JHPIEGO CQI Dashboard NOV 2023

CQI Standards	PP	CH	DV	MW	MN	NG	HS	PC	LB	MY	RFM	SB	GSH	Avg
Management System	95%	89%	90%	100%	100%	100%	80%	100%	100%	100%	90%	60%	95%	92%
Compliance to Covid_19	88%	100%	100%	100%	92%	100%	100%	94%	100%	100%	100%	100%	94%	98%
M&E Systems	94%	81%	100%	100%	100%	100%	94%	100%	96%	100%	100%	81%	94%	95%
Demand Creation	91%	77%	92%	91%	100%	92%	85%	100%	100%	92%	100%	92%	92%	93%
Adequacy of facility infrastructure and supplies	95%	89%	100%	98%	95%	95%	100%	100%	100%	100%	100%	97%	85%	96%
Staff Adequacy	80%	67%	80%	81%	87%	80%	67%	80%	100%	69%	81%	94%	80%	80%
Service Delivery			97%	84%										91%
Infection Prevention Control	64%	73%	73%	82%	91%	100%	82%	82%	91%	100%	100%	73%	91%	85%
Waste Management	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Overall	79%	75%	92%	93%	85%	85%	79%	84%	87%	85%	86%	77%	81%	84%

PP: Piggs Peak|DV: Dvokolwako|MW: Mbabane Wellness|MN: Matsanjeni|NG: Nhlangano|HS: Hlatsi|PC: Phocweni|LB: Litsembaletfu|MY: Mankayane|RFM: Raleigh Firtkin Memorial|SB: Sithobela|GSH: Good Shepard Hospital. Blanks -Not assessed or Not Applicable

	HHOHHO			Shiselweni			Manzini					Lubombo		
CQI Standards	PP	DVK	MW	MN	NG	HS	PC	LB	MY	RFM	TLC	SB	GSH	Avg
Management System	95%	95%	85%	100%	85%	85%	95%	100%	100%	100%	75%	90%	90%	92%
Compliance to Covid_19	94%	100%	100%	92%	100%	94%	100%	100%	100%	100%	100%	100%	100%	98%
M&E Systems	100%	100%	100%	100%	94%	100%	100%	94%	73%	69%	75%	75%	75%	89%
Demand Creation	100%	100%	100%	100%	100%	92%	100%	85%	100%	100%	77%	92%	100%	96%
Adequacy of facility infrastructure and supplies	89%	100%	100%	95%	100%	95%	100%	100%	95%	100%	89%	90%	95%	96%
Staff Adequacy	100%	100%	100%	100%	73%	100%	100%	100%	93%	100%	100%	100%	100%	97%
Service Delivery	97%	100%			100%	100%		100%			82%	97%		97%
Infection Prevention Control	82%	100%	82%	91%	82%	91%	100%	100%	91%	91%		82%	82%	90%
Waste Management	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	100%	100%	98%

Overall	94%	99%	96%	97%	93%	95%	99%	98%	94%	95%	86%	92%	93%	95%

Performance Score: ≥85% Good, Green; 70%-85% Fair, Yellow; <70% Poor, Red; Blank -Not assessed or Not Applicable

Comparison of 12 VMMC sites in CQI scores between baseline (2021) and mid-term (2022)

Legend: ■ 2021 Overall Scores ■ 2022 Overall Scores
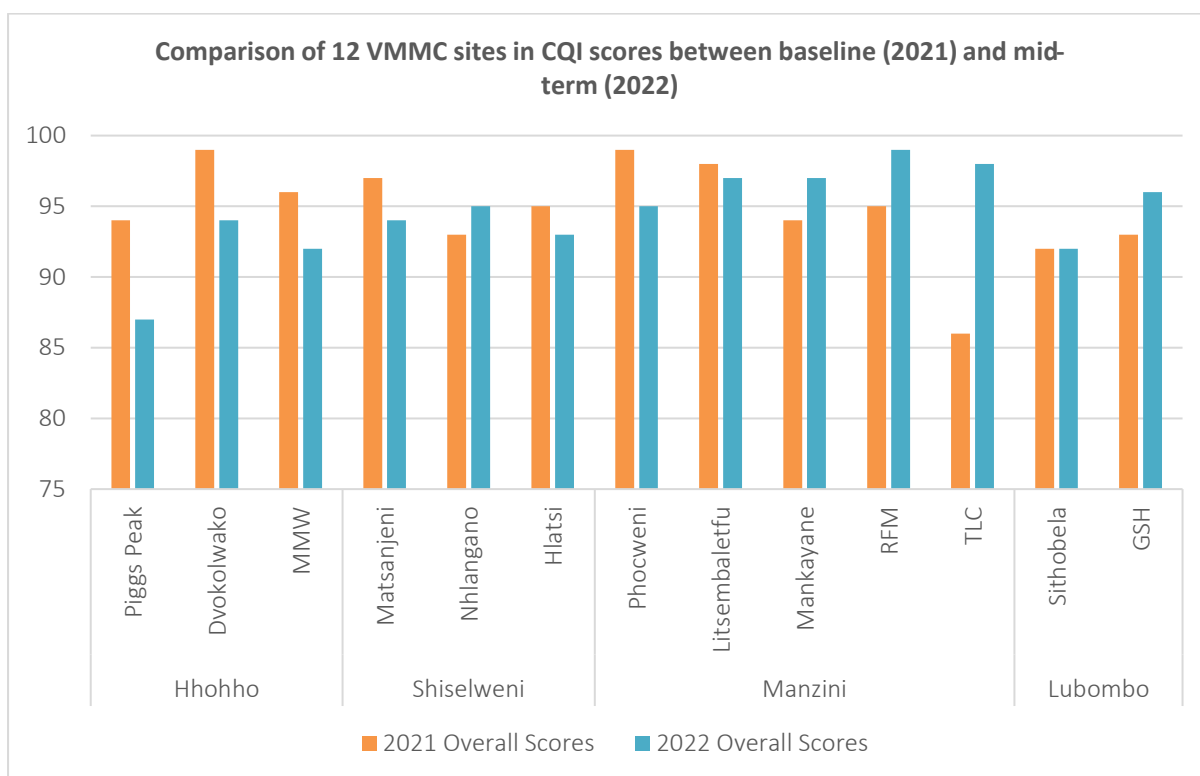
While isolated gaps around issues like stock outs persist, which can hamper standards adherence, CQI data shows that facilities have "progressively improved in terms of having the basic requirements" (quarterly progress report FY22 Q2). The CQI Dashboard data reflects this progressive improvement with high scores across the board in areas like Infection Prevention Control and Waste Management, with many facilities reaching 100% compliance (CQI Dashboard, 2022).

Overall, the findings point towards greater VMMC standards alignment and service quality improvement driven by national CQI activities, although further analyses of score trends would confirm the extent across time periods and standards. Where gaps exist, focused retraining and support helps re-align to the quality benchmarks. The findings make a credible case that standards alignment facilitated through CQI assessments produce service delivery gains.

2.2 Institutional Quality Management

Institutional Quality Management within the context of Voluntary Medical Male Circumcision (VMMC) services in Eswatini encompasses the structured approach to managing quality at various healthcare institutions. This theme addresses how the Continuous Quality Improvement (CQI) and Quality Assurance (QA) activities are managed institutionally to enhance the quality of VMMC services.

Project documents provide insights into how the institutional framework for quality management has been developed and implemented. A central component of this framework is the presence of CQI teams and coordinators who are dedicated to running QA activities in health institutions. This structure ensures a focused and consistent approach to quality management. Furthermore, the role of these teams and coordinators is not limited to oversight; they are actively involved in overseeing quality across various units within the health facilities. The presence of focal persons in different units, including VMMC, facilitates a more integrated and comprehensive approach to quality management.

While CQI activities have taken root at facility level, the interviews reveal that integration into regional and national structures remains uneven. As one nurse noted, "there are quality improvement teams in facilities but then we need to strengthen that because some of them...[lack] VMMC" experience (Nurse Interviewee). The focus group also noted that while a national QA team exists, "at regional we usually have one person" participating (FGD participant). Full integration across levels of the health system remains a work in progress. Despite these challenges, the implementation of institutional quality management has contributed to improved service delivery in VMMC. The regular involvement of CQI teams in assessing and guiding the VMMC services ensures that the quality of care is continuously monitored and enhanced. The teams' active involvement in developing facility-specific action plans to improve identified gaps ensures that improvements are tailored to each facility's unique needs.

The thematic analysis reveals that institutional quality management is a critical aspect of ensuring high-quality VMMC services in Eswatini. The establishment of dedicated CQI teams and coordinators signifies a structured approach to quality management. While challenges exist in fully integrating CQI activities into facility structures, particularly in partner-led programs, the presence of these teams has led to improved service delivery and a more comprehensive approach to managing quality in VMMC services. The continuous engagement of CQI teams in assessing, guiding, and developing tailored action plans has been instrumental in enhancing the overall quality of VMMC services.

2.3 CQI Assessment Impact

This theme explores how regular CQI assessments contribute to identifying gaps in service provision and facilitating improvements in the quality of VMMC services and outcomes. CQI assessments are conducted regularly, typically two times a year, across VMMC service facilities. These assessments play a pivotal role in providing a clear and objective evaluation of service quality, enabling facilities to identify specific areas that require improvement. The regularity of these assessments ensures that the quality of services is continuously monitored and that any deviations from set standards are promptly addressed.

An essential outcome of these assessments is the identification of gaps in service provision. These gaps can range from procedural inadequacies to issues in client management and service delivery. A key utility of the CQI assessments has been identifying performance gaps across focus areas to guide improvement initiatives. The assessments helped diagnose lagging quality areas like demand creation, staffing adequacy and infection control. As one report indicates, "CQI standards assessment showed low performance in demand creation, infection control and waste management and staff adequacy" (FY23 Q3 Report). A nurse interviewee voiced concern over staffing, noting that VMMC sites often have "only one nurse and a HTS counselor and probably a IPC [infection prevention control] person whereas there is a need for an assistant for the VMMC provider" (Nurse Interviewee). By revealing gaps, the assessments have shaped strengthening efforts. The identification of such gaps is the first step in a systematic approach to quality improvement. Following the assessments, facilities develop specific action plans to address the identified gaps. This process is not static but is an ongoing cycle of evaluation, planning, implementation, and re-evaluation, ensuring that improvements are sustainable and lead to tangible enhancements in service quality.

The impact of CQI assessments extends beyond the quantitative measurement of service quality. The qualitative aspects of service provision, such as client satisfaction, adherence to human rights-based approaches, and client-centered care, are also evaluated. This comprehensive evaluation approach ensures that VMMC services are not only technically proficient but are also delivered in a manner that respects the dignity and rights of clients. Additionally, the integration of CQI and QA activities into the broader strategic framework of VMMC services highlights the importance of these assessments in achieving the overall goals of the VMMC program. These goals include not only the reduction of HIV

transmission rates but also the broader objectives of enhancing public health and wellbeing. The impact of CQI assessments on VMMC services in Eswatini is profound and multifaceted. Regular and systematic assessments have enabled VMMC healthcare facilities to identify and address gaps in service provision effectively. The development of facility-specific action plans in response to these assessments demonstrates a commitment to continuous improvement and adherence to high standards of service quality. The integration of these activities into the broader strategic objectives of the VMMC program underscores their importance in enhancing the overall quality and outcomes of VMMC services. As such, CQI assessments remain a critical tool for maintaining and improving the quality of VMMC services in Eswatini.

2.4 Collaborative Quality Improvement

This theme explores how collaborative efforts have enhanced the quality of VMMC services through Continuous Quality Improvement (CQI) and Quality Assurance (QA) activities. Collaborative Quality Improvement in the context of Voluntary Medical Male Circumcision (VMMC) services in Eswatini involves the joint efforts of various stakeholders, including healthcare providers, governmental bodies, and NGOs like Jhpiego. Collaboration is a key component of effective quality improvement in VMMC services in Eswatini. The project narrative reports highlight extensive collaboration between various partners, such as Jhpiego and the National AIDS Program, in implementing CQI and QA activities. This partnership approach is instrumental in pooling resources, sharing expertise, and ensuring a unified strategy towards improving VMMC services. One significant aspect of this collaboration is the involvement of regional and national level stakeholders in CQI assessments. This involvement not only ensures that assessments are comprehensive and adhere to national standards but also fosters a sense of ownership and accountability among all stakeholders. Regional health teams, including the Regional AIDS Coordinator, play a crucial role in this process, ensuring that the quality improvement efforts are aligned with regional health strategies and needs.

The collaborative efforts also extend to the development and implementation of CQI action plans. By working together, stakeholders can identify the most effective strategies for addressing gaps in service quality. This collaborative planning process ensures that the interventions are tailored to the specific needs of each facility and are backed by the expertise and resources of various stakeholders. Another key element of this collaboration is the sharing of best practices and lessons learned. Through regular meetings and exchanges, stakeholders have been disseminating successful strategies and approaches, fostering a culture of continuous learning and improvement. This exchange of knowledge has been crucial for adapting and refining CQI activities to suit the evolving needs of VMMC services. The integration of CQI/QA into the broader strategic framework of VMMC services is also a result of collaborative efforts. By aligning CQI/QA activities with the strategic objectives of the VMMC program, stakeholders ensure that quality improvement is not an isolated activity but an integral part of the overall effort to enhance public health through VMMC.

Collaborative Quality Improvement in VMMC services in Eswatini has proven to be a highly effective approach. The joint efforts of various stakeholders, including regional and national bodies and organizations like Jhpiego, have significantly enhanced the quality of VMMC services. This collaborative approach ensures that CQI and QA activities are comprehensive, tailored to specific needs, and aligned with broader health strategies. The exchange of knowledge and best practices among stakeholders further strengthens the effectiveness of these activities. Ultimately, this collaborative model fosters a culture of continuous improvement and accountability, crucial for the sustained enhancement of VMMC services in Eswatini.

Evaluation Objective 4

To identify the structural and contextual facilitators and barriers for the implementation of VMMC CQI activities at facility, regional and national levels.

In Eswatini, the implementation of Continuous Quality Improvement (CQI) initiatives for Voluntary Medical Male Circumcision (VMMC) services is influenced by a complex interplay of institutional, regional, and systemic factors. Key challenges stem from institutional capacity constraints, such as staffing limitations, infrastructural inadequacies, and financial limitations, which hinder the thorough execution and sustainability of CQI activities. At the regional level, disparities in the implementation of these initiatives are apparent, driven by varying degrees of coordination, support from health authorities, and alignment with national objectives. Regions with robust support and strategic oversight demonstrate more effective CQI implementation, while others grapple with less cohesive approaches. The effectiveness of healthcare staff training in CQI methodologies emerges as a critical determinant of success. The training's scope and depth, particularly for task-shifting initiatives, significantly influence the efficacy of CQI initiatives, with gaps in specialized training posing notable barriers to effective implementation. Furthermore, the role and impact of CQI teams within healthcare facilities are pivotal; well-organized and active teams significantly enhance service quality, whereas their absence or ineffectiveness can lead to substantial gaps in quality improvement. Lastly, the degree of CQI integration into the broader healthcare system, from the facility to the national level, critically shapes the overall effectiveness of VMMC programs. Comprehensive integration ensures CQI is an intrinsic part of daily operations, fostering consistent quality improvements. However, variability in integration at different system levels can challenge the scalability and sustainability of these improvements. Addressing these multifaceted challenges requires a coordinated approach that enhances institutional capacity, ensures comprehensive training, supports effective CQI teams, and fosters deeper integration of CQI practices across all levels of the healthcare system in Eswatini.

MTE Question 3

What are the structural and contextual factors that facilitate or create barriers for the implementation of VMMC continuous quality improvement initiatives at facility, regional and national levels?

3.1 Institutional Capacity Challenges

Institutional capacity challenges significantly impact the implementation of Continuous Quality Improvement (CQI) initiatives for Voluntary Medical Male Circumcision (VMMC) services in Eswatini. This looks at how facility-level resource constraints, infrastructure issues, and staffing limitations affect the effectiveness of CQI activities.

The evidence from various documents indicates that a primary barrier to effective CQI implementation is the limitation in institutional capacity at VMMC service facilities. These constraints manifest in various forms, notably inadequate infrastructure, insufficient staffing, and a lack of essential resources. A significant aspect of these challenges is the shortage of trained personnel for CQI-related activities. For instance, a KII participant notes: "VMMC sites often have only one nurse and a HTS counselor and probably an IPC [infection prevention control] person whereas there is a need for an assistant for the VMMC provider." This shortage hampers the ability to conduct thorough CQI

assessments and implement follow-up actions. As one focus group participant also highlighted: "There is … that lack of HR in … most of the … facilities which hinders quality most of the times and compromises the service provided to the clients" (FGD Participant).

Infrastructure inadequacies further exacerbate these challenges. The limited space, insufficient equipment, and inadequate supplies directly impact the ability to adhere to CQI standards. As one report highlights, "Facilities struggling with these issues find it challenging to implement the necessary changes identified through CQI assessments" (FY23 Q3 Report), indicating how infrastructural issues affect quality improvement.

Financial constraints also play a significant role in these challenges. Budgetary limitations lead to resource shortages, affecting the availability of necessary materials and tools for quality improvement. The financial aspect ties into the broader issue of sustainability, as facilities must maintain quality standards despite economic challenges. The qualitative data from interviews and focus groups support these findings. Healthcare workers and facility administrators frequently mention the challenges posed by limited resources and staffing. For example, one focus group discussion mentions, "we need to strengthen [quality improvement teams] because some of them...[lack] VMMC" representation (FGD Participant). These constraints not only affect immediate implementation but also have long-term implications for sustaining CQI initiatives.

Institutional capacity challenges, encompassing staffing limitations, infrastructure inadequacies, and financial constraints, significantly hinder the effective implementation of CQI initiatives in VMMC services in Eswatini. Addressing these issues involves ensuring adequate staffing, improving infrastructure, and securing financial resources, as underscored by various reports and interviews. Overcoming these barriers is crucial for the successful implementation and sustainability of CQI initiatives, ultimately leading to enhanced VMMC service quality in Eswatini.

3.2 Healthcare Staff Training

Healthcare staff training is a pivotal factor in the implementation and success of Continuous Quality Improvement (CQI) initiatives in Voluntary Medical Male Circumcision (VMMC) programs in Eswatini. This theme examines the quality of training and the training of healthcare cadres in their relative CQI responsibilities and overall how the training and education of healthcare workers specifically for CQI in VMMC influence the effectiveness and sustainability of these initiatives.

The extent and quality of training healthcare staff receive in CQI methodologies are crucial determinants of the success of VMMC programs. For instance, the duration of the task-shifting training for nurses to become certified in VMMC was identified as a challenge by many participants. The training lasts 5 days, with 3 days of theory and 2 days of practical sessions. Many participants felt this was too short to fully cover all the necessary modules and gain sufficient practical experience, especially for nurses who have no prior VMMC experience. As one nurse explained: "I feel like we need to like...Stretch it more … more than the, the five days was … it was a bit tight because we have to … start …. learning from eight[am]…Until five[pm], so you find that by the time you reach five pm your mind is already shut" (KII Participant). In the focus group discussion, one participant also highlighted the need for a longer training: "I think maybe they can add … more days that the training may take maybe two weeks or a month just so we have enough time to learn every skill and be able to practice enough" (FGD participant). The short duration poses a challenge especially for nurses who have no prior experience with VMMC. Related to the limited training duration, participants also frequently cited the insufficient practicum during the training as a barrier. The 2 days allocated for practical sessions are not adequate for the full group of trainees to each get enough hands-on practice conducting procedures. As one nurse explained: "For assisting I think …, I think the two days is enough, because the problem is …. the number [of participants] … We were like twenty or less … So, with

having three facilities to do practice like Mbabane, Chakaza and RFM ... the challenge was maybe, when we went there, we didn't have enough clients for everyone to help" (KII Participant).

In many instances, the lack of specific training in CQI related to VMMC has been highlighted as a barrier to effective implementation. For example, a regional health director mentioned, "I haven't received training in conducting quality continuous quality improvement in general and specifically VMMC" (MAP_Merged_Document.docx). This gap in training highlights a broader issue within the healthcare system regarding the preparedness and capacity of staff to undertake CQI initiatives effectively. The training needs to be comprehensive, covering various aspects of CQI, including data collection, analysis, interpretation, and the development of action plans. The absence of such specialized training can lead to challenges in the proper implementation of CQI processes, limiting the ability of healthcare workers to identify and address quality issues proactively. Moreover, the ongoing education and capacity-building of healthcare workers are essential for sustaining CQI initiatives. Continuous learning opportunities allow staff to stay updated on best practices and emerging trends in quality improvement, which is crucial in a dynamic healthcare environment. A focus group participant noted, "Continuous education and training in CQI are needed to sustain initiatives" (FGD R2).

The training and education of healthcare staff in CQI methodologies specific to VMMC are vital for the effective implementation and sustainability of CQI initiatives in Eswatini. The duration of trainings need to be reviewed to ensure sufficient grounding in skills during practicums. The lack of specialized training in CQI poses a significant barrier, limiting the ability of healthcare workers to engage effectively in quality improvement processes. Addressing the training needs of healthcare staff is crucial for strengthening the overall quality of VMMC services and ensuring that CQI initiatives lead to tangible improvements in service delivery and patient outcomes.

3.3 CQI Team Effectiveness

This theme explores the role and impact of these teams in driving quality improvements in VMMC services. The effectiveness of Continuous Quality Improvement (CQI) teams within healthcare facilities is a critical factor in the successful implementation of CQI initiatives for Voluntary Medical Male Circumcision (VMMC) in Eswatini.

The functionality and effectiveness of CQI teams are essential for ensuring that VMMC services adhere to quality standards and continuously improve. In facilities where CQI teams are well-organized, active, and effectively integrated into the facility's operations, there is a noticeable improvement in the implementation of CQI activities. For instance, one report states, "CQI teams in facilities play a pivotal role in overseeing quality across various units within the health facilities" (FY22 Q2 Narrative Report). This indicates the critical role these teams play in maintaining and enhancing service quality. Conversely, in facilities where CQI teams are less effective or non-existent, there are challenges in implementing and sustaining CQI initiatives. The lack of a dedicated team or ineffective functioning of existing teams can lead to gaps in quality monitoring and improvement processes. A key informant highlighted, "In some facilities, the CQI team's lack of functionality hinders the quality improvement process" (KII participant). The effectiveness of CQI teams is also linked to their ability to collaborate with other facility departments and external stakeholders. Effective teams not only oversee quality improvement within VMMC services but also engage in broader facility-level quality initiatives. This cross-functional collaboration is essential for ensuring a holistic approach to quality improvement. Furthermore, the sustainability of CQI initiatives is closely tied to the effectiveness of CQI teams. When these teams are functional and integrated into the facility's structure, they help sustain quality improvements over time.

The effectiveness of CQI teams is a vital factor in the successful implementation and sustainability of CQI initiatives in VMMC services in Eswatini. Well-functioning CQI teams contribute significantly to

maintaining high service quality standards and fostering continuous improvement. The integration of these teams into facility operations and their ability to collaborate across departments are key to their effectiveness. Conversely, the absence or ineffectiveness of CQI teams can lead to challenges in quality monitoring and improvement. Strengthening the functionality of CQI teams across healthcare facilities is crucial for enhancing the overall quality of VMMC services and ensuring the long-term success of CQI initiatives.

3.4 Comprehensive CQI Integration

Comprehensive integration of Continuous Quality Improvement (CQI) initiatives across various levels of the healthcare system is crucial for enhancing the quality of Voluntary Medical Male Circumcision (VMMC) services in Eswatini. This theme focuses on how the extent of CQI integration at the facility, regional, and national levels influences the effectiveness of these initiatives.

The degree of CQI integration into the healthcare system in Eswatini varies, impacting the overall effectiveness of the VMMC program. At the facility level, where CQI initiatives are fully integrated into daily operations and service delivery, significant improvements in service quality and patient outcomes are observed. This comprehensive integration ensures that CQI is not merely a periodic activity but a continuous, ingrained process. For example, a facility report from "FY22 Q2 Narrative Report" notes the success of integrating CQI into routine service delivery, leading to sustained quality improvements in VMMC services.

However, the extent of CQI integration at the regional and national levels shows variability. In some regions, CQI initiatives are well-aligned with broader health strategies, resulting in a more effective and consistent approach to quality improvement. This alignment is crucial for ensuring that CQI initiatives are not only responsive to the specific needs of VMMC services but also contribute to the overall health objectives of the region. Conversely, in regions where CQI integration is less comprehensive, challenges in maintaining and scaling up quality improvements are evident. These challenges often stem from a lack of coordination, limited resources, and insufficient alignment of CQI activities with regional health priorities. The "FY23 Q1 Narrative Report" highlights instances where the lack of integration at the regional level has hindered the effectiveness of CQI initiatives. At the national level, the integration of CQI into policy and strategic planning is critical for ensuring the scalability and sustainability of quality improvements. National policies and guidelines that emphasize CQI as a core component of healthcare delivery can significantly enhance the effectiveness of these initiatives. The "FY21 APR Narrative Report" underscores the importance of national-level integration in establishing consistent standards and practices across all regions and facilities.

Comprehensive integration of CQI initiatives at the facility, regional, and national levels is essential for the effective and sustainable improvement of VMMC services in Eswatini. While significant progress has been made in integrating CQI into facility-level operations, the variability in integration at the regional and national levels could pose challenges. Strengthening this integration, ensuring consistent CQI practices, and aligning them with broader health strategies and policies are crucial for enhancing the overall effectiveness of the VMMC program. Addressing these aspects will contribute to a more coordinated, efficient, and impactful approach to quality improvement in VMMC services across Eswatini.

Evaluation Objective 5

To assess the extent at which project implementation is still aligned to objectives 1, 2 and 4 described in the project's proposal and work plans for years 1 and 2.

Key insights reveal challenges in integrating strategies with actual implementation. Despite well-planned technical support to the Ministry of Health (MOH) and government entities, the project encountered hurdles in consistent coordination, indicating a necessity for more effective capacity building efforts. The development of a national demand creation strategy aimed at males aged 15-29 years showed a disconnect between ambitious planning and actual execution, especially in reaching the target audience in diverse and remote areas. Although the project sought stakeholder engagement, inconsistencies in maintaining active collaboration and adapting strategies to cultural sensitivities were evident. These gaps in understanding and addressing community perceptions affected the effectiveness of the initiatives. Moreover, the project struggled to establish clear links between strategic activities and measurable outcomes, underscoring the need for enhanced monitoring and evaluation mechanisms. The aim for strategic information support to aid evidence-based decision-making also faced challenges due to inadequate application of monitoring frameworks and difficulty in deriving actionable insights. Overall, while the project's structure was comprehensive, its execution faced significant challenges in engagement, adaptability, and demonstrating measurable impact.

MTE Question 4

To what extent Is Jhpiego successfully implementing the following project objectives:

a. Provide technical support to MOH and other government entities at national and community level to manage and coordinate VMMC delivery?
b. Develop and implement national demand creation strategy for VMMC especially for males 15-29years?
c. Provide VMMC related SI support to national programs to produce data for evidence-based decision making?'

The performance indicator table used by Jhpiego to track project implementation helps provide a sense of project implementation but risks masking an appreciation of the nuances of project implementation overall. Consider that projects generally commence withstanding up key intervention areas with activities that include formation of work teams (VMMC TWG), development of critical guidelines and procedures (AE guidelines) and building capacity of selected cohorts of human resources (VMMC Nurses trained in AE Management), to mention selected examples. This phase can last anywhere from one to quarters. Hence what looks like a poor start because of non-target achievement, would mischaracterize the reality on the ground. With Jhpiego's project model, which essentially is an intervention using a marginalist approach to strengthen an existing VMMC context in eSwatini, this is even more dynamic, given that activities are already being implemented.

Technical support to MOH and other government entities

A detailed analysis of the performance indicator data reveals several key insights into Jhpiego's technical support and areas for continued focus within Swaziland's VMMC program.

On critical planning indicators, Jhpiego successfully updated the country's VMMC Strategic and Operational Plan in FY21 (100% achieved). However, only 25% of planned activities within these plans were implemented that year, far below the 80% target. This hints at early challenges mobilizing stakeholders and coordinating a shared roadmap.

Similarly, while Jhpiego surpassed its FY21 target for establishing regional VMMC coordinating mechanisms (75% vs 50% target), subsequent years saw no further progress. This plateau warrants examination to ensure governance structures actively support scale-up plans.

Table 3: Extract from Jhpiego Performance Indicator Tracking Table, Nov 2023

	FY21			FY22			FY 23		
Indicator	T	R	%	T	R	%	T	R	%
Number of updated VMMC Strategic and Operational plans	1	1	100%						
Percent of activities in VMMC Strategic and Operational Plan implemented	80%	20%	25%						
Number of updated VMMC guidelines and procedures; including task-shifting to nurses, quality standards	1	1	100%						
Number of task-shifting strategy meetings held	4	1	25%	4	4	100%	4	0	0
Number of health care workers trained on VMMC (TOT, clinical, device, emergency management)	48	0	0	48	73	152%	48	0	0
Number of regional VMMC coordinating mechanisms established and operational	4	3	75%	4	3	75%	4	0	0
Number of TWG meetings convened	4	0	0	0	0	0	4	0	0
Percent of facilities using reusable kits	50%	66%	132%	100%	87%	87%	100%	87%	87%
Number of service delivery package for 10-14 year olds developed with VMMC stakeholders	1	0	0						
Number of meetings with the MOH Directorate and PEPFAR Supply Chain Partner to transition the supply chain management to government	1	0	0	1	1	100%	1	1	100%

Note: T stands for Target, R for Result and % is the progress towards target.

Workforce development is essential for VMMC expansion. Here, Jhpiego fell short in FY21, training no healthcare workers against a target of 48. But FY22 saw a dramatic turnaround, with 152% of the HCW training target achieved, indicating that early setbacks were effectively addressed through adjusted approaches.

The transition towards reusable VMMC kits is a sustainability success story. Jhpiego exceeded FY21 implementation targets at partner health facilities, while still nearly meeting later-year targets despite 100% coverage ambitions. This exemplifies an area of tactical support and influence.

In summary, while select metrics reveal slower-than-expected starts mobilizing stakeholders and building healthcare capacity around Swaziland's VMMC program, Jhpiego rebounded through strategic course-corrections. Their technical support now appears well-aligned with near-term scalability imperatives, although lasting coordination and governance gaps remain worth examining. Continued progress on workflow innovations and platform-building point to Jhpiego's meaningful – and still evolving – contributions. Next, we present findings from a review of Jhpiegos quarterly programm and implementation reports ranging through FY21 – 23. The findings from these documents below help nuance the limitations of the indicators presented in table 4.

4.1 Technical Support to MOH and Government Entities for VMMC Delivery

Assessing the extent of technical assistance Jhpiego provided to the MOH and government entities requires a nuanced approach, as empirical measures of such support are inherently subjective. Instead, our analysis focused on reviewing Jhpiego's proposed activities in the project narrative against the achievements documented in implementation progress reports over several years. This comparative review allows us to qualitatively document the breadth and depth of Jhpiego's technical assistance under Strategy 1, offering insight into their commitment to enhancing VMMC delivery and the adaptive strategies employed to meet evolving program needs and challenges.

4.1.1 Support the VMMC TWG: Jhpiego has been instrumental in revitalizing the VMMC Technical Working Group (TWG), clarifying roles, and confirming terms of reference for each member. This initiative has ensured efficient coordination and oversight of the VMMC program, enhancing stakeholder engagement and fostering a collaborative environment for program planning and implementation. By working closely with the Ministry of Health (MOH) and other implementing partners, Jhpiego has facilitated the creation of sub-teams focused on Demand Creation (DC) and Monitoring & Evaluation (M&E), which have been critical in streamlining efforts towards national VMMC goals.

4.1.2 Establish VMMC Coordinating Mechanisms at the Regional Level: Jhpiego's efforts to establish VMMC coordinating mechanisms at the regional level have been successful, marked by the development of Terms of Reference (TORs) for Regional Health Management Teams (RHMTs). These mechanisms have enhanced the supervision and coordination of VMMC services, ensuring that interventions are well-targeted and aligned with regional needs. Advocacy meetings further strengthened these efforts, enabling a more integrated and cohesive approach to VMMC scale-up across regions.

4.1.3 Provide HRH Support to MOH: Human Resources for Health (HRH) support has been a cornerstone of Jhpiego's technical assistance. Collaborating with the MOH, Jhpiego has facilitated the placement of M&E advisors at the regional level, conducted comprehensive training for trainers, and provided emergency training updates for all VMMC providers. This capacity-building initiative has been pivotal in ensuring that healthcare workers are well-equipped with the necessary skills and knowledge to deliver high-quality VMMC services. Furthermore, Jhpiego's facilitation of device method trainings, such as the Shang Ring method, underscores their commitment to introducing innovative VMMC techniques and practices.

4.1.4 Build Capacity of MOH Program Leads: Jhpiego's efforts to build the capacity of MOH and National Emergency Response Council on HIV/AIDS (NERCHA) program leads have been comprehensive, covering program management, M&E, Continuous Quality Improvement

(CQI), and DC. These training and refresher courses have empowered program leads with the expertise required to manage and oversee the VMMC program effectively, ensuring that it aligns with national health priorities and standards.

4.1.5 Support Task-Shifting Framework: A significant achievement has been the support for the task-shifting framework, transitioning the VMMC program from doctor-led to nurse-led services. Jhpiego's consultative meetings with the Nursing Council, MOH, and other key stakeholders have laid the groundwork for implementing this policy shift. The facilitation of study exchanges and pilot studies has provided valuable insights and evidence to support the feasibility and effectiveness of nurse-led VMMC services, marking a pivotal step towards enhancing the program's sustainability and reach.

4.1.6 Transition from Disposable to Reusable Surgical Kits: Jhpiego's support for the transition from disposable to reusable surgical kits has been instrumental in promoting sustainable practices within the VMMC program. By building the capacity of site staff on the use of reusable kits and developing mechanisms within the CQI process to ensure compliance with instrument processing, Jhpiego has contributed to a more environmentally friendly and cost-effective approach to VMMC service delivery. This initiative not only aligns with global best practices but also ensures that the program remains adaptable and responsive to changing needs and circumstances.

In summary, Jhpiego's technical support to the MOH and government entities at both national and community levels has been extensive and multifaceted, spanning the revitalization of coordination mechanisms, capacity building of healthcare workers and program leads, the introduction of innovative service delivery models, and the promotion of sustainable practices. These efforts have significantly contributed to the effective management and coordination of VMMC delivery, laying a solid foundation for the program's continued success and expansion. While Jhpiego's strategies for providing technical support are well-defined and encompass a range of capacity-building and coordination activities, the implementation faces challenges, particularly in achieving consistent and effective coordination at different levels. There is a need for more robust mechanisms to assess and enhance the impact of these technical support activities on the overall management and coordination of VMMC services.

To what extent did Jhpiego develop and implement national demand creation strategy for VMMC especially for males 15-29years

A review of key performance indicators for Jhpiego's demand creation efforts reveals mixed results across the 3-year timeline. On the crucial marker of developing a national VMMC communications strategy aligned to target demographics, no progress occurred in FY21, missing the annual target. However, Jhpiego recovered this activity in FY22, which persisted in FY23 as a once-off activity.

Implementing mass training programs for community mobilizers is vital for awareness-building surrounding VMMC. Here Jhpiego showed promise, exceeding its FY21 target by training 62% of planned personnel. But training numbers dropped sharply in later years, achieving only 33% and 0% of yearly goals in FY22 and FY23 respectively. This plateau warrants examination regarding field deployment and retention challenges with trained mobilizers.

Jhpiego's demand creation efforts appear partially hindered by structural and systemic issues beyond messaging or promotions alone. Interviews with implementing partners surfaced roadblocks like healthcare staff shortages and kit stockouts that likely dampened uptake despite wider awareness of

services. This implies a need for Jhpiego to expand technical support across interconnected health systems components.

Table 4: Extract from Jhpiego Performance Indicator Tracking Table, Nov 2023

Indicator	FY21			FY22			FY 23		
	T	R	%	T	R	%	T	R	%
Number of national VMMC DC strategies developed	1	0	0	1	1	100%	1	1	100%
Number of training curriculums for DC developed for the training of recruiters countrywide	1	0	0	1	1	100%	1	1	100%
Number of DC recruiters trained on developed job aids, HCD interpersonal communication strategies and a customized VMMC persuasion training developed and used by Jhpiego through the IQ mechanism	60	37	62%	60	20	33%	20	0	

Note: T stands for Target, R for Result and % is the progress towards target.

In summary, while select planning deliverables were achieved in later years to align national stakeholders on shared VMMC promotion strategies, tangible traction engaging and mobilizing priority males ages 15-29 remains lacking. Observation of periodic training outputs not converting into youth uptake gains reinforces that multifaceted health systems barriers likely curbed demand generation potential.

4.2 Development and Implementation of National Demand Creation Strategy for VMMC

4.2.1 Support to Develop National Demand Creation (DC) Program: Jhpiego's approach to developing a national demand creation program for VMMC has been methodical and innovative, focusing on understanding the diverse needs of the target demographic and leveraging human-centered design (HCD) methodologies. Through collaboration with NERCHA and other stakeholders, Jhpiego facilitated national VMMC partner meetings, fostering a platform for brainstorming and co-creation of demand creation strategies. This initiative led to the development of a robust VMMC Demand Creation Strategy, aligned with the National Operational Plan (NOP), reflecting a deep engagement with stakeholders and a commitment to evidence-based, flexible messaging that resonates with young males.

Activities such as media interviews, social media campaigns, and the distribution of IEC materials have been pivotal in building awareness and promoting VMMC. Collaborative meetings and workshops have served not only to disseminate the developed strategies but also to orient VMMC stakeholders and Regional Health Management Teams (RHMTs) on the national communication strategy, ensuring a coherent and unified approach to demand creation across the country.

4.2.2 Implementation of the DC Strategy with Materials and Personnel: The execution of the demand creation strategy by Jhpiego has been characterized by a comprehensive campaign utilizing print materials, mass media, community engagement, and the training of demand creation mobilizers. The emphasis on media channels, live interviews, and the use of social

media platforms facilitated widespread message dissemination. Vehicle branding and health facility signage further augmented the visibility of the VMMC program, creating an environment where VMMC services are widely known and accessible.

Jhpiego's efforts in indexing clients through satisfied customers, engaging community leaders, and partnering with local organizations and businesses have significantly contributed to increasing the knowledge and acceptance of VMMC. Training programs for demand creation mobilizers aimed at enhancing community mobilization strategies have been crucial in capacitating personnel to effectively communicate the benefits of VMMC and mobilize men for service uptake.

Challenges such as the need for improved collaboration, more effective social media promotion strategies, and the logistical difficulties in branding and facility signage installation were addressed through continuous learning and adaptation. Recommendations for more targeted activities, enhancing public interaction through media, and ensuring a constant supply of IEC materials underscore Jhpiego's commitment to overcoming barriers and optimizing demand creation efforts.

In conclusion, Jhpiego's strategy for VMMC demand creation represents a blend of strategic planning, stakeholder engagement, innovative communication, and adaptive learning. By focusing on both the development and implementation aspects of the demand creation program, Jhpiego has demonstrated a profound understanding of the challenges and opportunities within the VMMC landscape. The array of activities, from stakeholder meetings to the dynamic use of media and community engagement, illustrates a comprehensive approach towards increasing VMMC uptake among young males. Despite encountering challenges, the adaptability and proactive measures taken by Jhpiego reflect their unwavering dedication to the success of the VMMC program, contributing significantly to the broader goals of HIV prevention and health promotion in the target communities. While Jhpiego's approach to developing a VMMC demand creation strategy was theoretically sound and well-structured, the execution faced challenges in terms of engagement, adaptability, and measurable impact. For future initiatives, focusing on tailored engagement strategies that are culturally sensitive and backed by robust monitoring and evaluation will be crucial in enhancing the strategy's impact on the target demographic of males aged 15-29 years.

To what extent did Jhpiego provide VMMC related SI support to national programs to produce data for evidence-based decision making?'

A review of key indicators tracking Jhpiego's SI assistance reveals a mixed impact empowering data-driven decisions for Swaziland's VMMC program as presented in table 3.

On helping facilities adopt standardized adverse event (AE) monitoring, early underperformance is visible - with only 27% of sites demonstrating aligned reporting in FY21 compared to a 100% target. While this metric improved to 80% by FY23, continued gaps highlight uneven rollout of critical incident oversight protocols.

Table 5: Extract from Jhpiego Performance Indicator Tracking Table, Nov 2023

	FY21			FY22			FY 23		
Indicator	T	R	%	T	R	%	T	R	%
Percent of facilities following AE reporting guidelines	100%	27%	27%	100%	60%	60%	100%	80%	80%
Number of regions with VMMC targets, disaggregated to each health facility	4	4	100%	4	4	100%	4	4	100%
Percent of facilities with monthly, quarterly and annual targets	100%	53%	53%	100%	100%	100%	100%	100%	100%
Number of joint data review meetings with key stakeholders led by Jhpiego	4	0	0	4	2	50%	4	0	0
Number of VMMC Modules developed and operational within the CMIS	1	1	100%	1	1	100%			

Note: T stands for Target, R for Result and % is the progress towards target.

However, Jhpiego achieved full compliance in setting granular VMMC targets tailored to individual regional and health facility contexts annually– an important precursor for meaningful performance measurement.

Program data does indicate have enabled more informed monitoring, with the project exceeding targets for conducting supportive supervisions across implementation sites over the years observed. However detailed assessments found data quality and coordination issues persisting among IPs, pointing to remaining need to strengthen analytical use.

Finally, while a VMMC module was incorporated into the national reporting system early on, the degree to which it catalyzed decisions based on extracted service statistics is less discernible qualitatively. This presents another key impact area for Jhpiego to reinforce.

In summary, Jhpiego's extensive assistance has realized incremental adoption of formalized monitoring and HMIS integration to track VMMC service delivery. However, there is quantitative and qualitative evidence that realizing operational gains from data-driven management remains a work in progress. Issues like uneven buy-in on safety protocols or gaps leveraging analytics point to continued need for troubleshooting and capacity-building surrounding data use – a nuanced yet critical facet of SI support. Next, we present a review of various program reports ranging from site visit, training and review meeting reports on various SI activities that were implemented through FY21 – 23. The summaries below help nuance the limitations of the indicator tracking in presenting a comprehensive picture of implementation.

4.3 Strategic Information Support for Evidence-Based Decision Making

4.3.1 Assess and Respond to M&E Needs: Jhpiego's efforts have focused on enhancing the capacity for monitoring and evaluation (M&E) within the VMMC program. Through site supportive supervision reports and refresher training on VMMC data collection tools, Jhpiego has significantly contributed to improving the accuracy and reliability of data collected at the facility level as shown in table 3. These activities have ensured that data collection practices are standardized, facilitating better data analysis and use in decision-making processes.

Moreover, the introduction of updated tools and methodologies has addressed previous gaps in data quality, enabling a more robust evaluation of program outcomes.

<u>4.3.2 Monitor Facility-level Data for Program Improvement:</u> The implementation of SI support has been instrumental in promoting continuous quality improvement across VMMC services. Through site visits and supportive supervision, Jhpiego has been able to directly engage with facility staff, offering technical assistance in data management and utilization. These engagements have highlighted the importance of real-time data monitoring in identifying service delivery bottlenecks and facilitating prompt corrective actions. This hands-on approach has not only improved service delivery efficiency but has also fostered a culture of data use among healthcare providers, enhancing overall program performance.

<u>4.3.3 Support Facilities in Data Verification and Quality Management:</u> Jhpiego's SI support extended to rigorous data verification and quality management practices. The site visit and support summary notes reveal concerted efforts to ensure data integrity and accuracy across VMMC reporting channels. By addressing discrepancies in data recording and reporting, Jhpiego has played a pivotal role in enhancing the credibility of program data, which is crucial for evidence-based planning and decision-making. These activities demonstrate Jhpiego's commitment to upholding high standards of data quality, contributing to the overall effectiveness and reliability of the national VMMC program.

<u>4.4.4 Coordinate Reporting and Data Sharing Among IPs:</u> Coordination and data sharing among implementing partners have been a cornerstone of Jhpiego's SI strategy. Through program review meetings and collaborative platforms, Jhpiego has facilitated a seamless exchange of information and best practices among partners, enhancing program coherence and alignment with national objectives. The integration of data visualization tools like PowerBI has further enriched the data sharing process, providing stakeholders with accessible, real-time insights into program performance. This collaborative approach has not only streamlined reporting processes but has also fostered a unified effort towards achieving shared VMMC program goals.

In synthesizing the findings from the various reports, it is evident that Jhpiego's SI support has been comprehensive, addressing key areas critical for the advancement of the VMMC program. From enhancing M&E capacities and improving data quality to fostering collaborative data sharing and utilization, Jhpiego's efforts have been pivotal in supporting evidence-based decision-making within the national VMMC program. These endeavors highlight Jhpiego's strategic commitment to leveraging strategic information as a cornerstone for program improvement, demonstrating a profound impact on the efficiency, effectiveness, and sustainability of VMMC services.

Evaluation Objective 6

To assess the project's progress to target at the mid-point, using key project deliverables and metrics.

> *Key interventions to achieve project goals include collaborative management and integrated teamwork, adaptive planning to meet evolving needs, rigorous quality assurance, data-driven monitoring and evaluation, optimizing human resources through task-shifting, targeted demand creation, and embedding continuous quality improvement across all aspects of programming. This multifaceted approach focused on flexibility, quality, data-driven strategies, expanding service provider base, effective mobilization and ongoing improvement is essential for the success, scale-up and sustainability of VMMC programs in achieving impact.*

MTE Question 5

What interventions should be considered, implemented or scaled-up to achieve end-of-project objectives, deliverables and targets?

5.1 Collaborative Project Management and Teamwork

Collaboration and teamwork were heavily emphasized as critical for the success of VMMC programs. Participants from various key informant interviews, consistently pointed out the importance of integrated efforts. One participant elaborately described, "When we work in silos, the project suffers. It's when different departments and stakeholders work in tandem that we see true progress" (Facility Staff KII) This notion of integrated teamwork was echoed in focus group discussions. A participant in the FGD stressed, "Our project's success hinges on how well we collaborate. It's not just about individual effort; it's about how we bring our strengths together for a common goal."

5.2 Adaptive Planning and Execution

Adaptive planning and execution emerged as a key theme. An Implementing Partner interviewee highlighted the dynamic nature of project management in VMMC programs: "We are constantly on our toes, adjusting our strategies based on the latest data and ground realities" (IPT KII Participant). They elaborated on the challenges of adapting strategies in real-time to meet evolving project needs. This sentiment was mirrored in a focus group discussion, where a participant emphasized, "Our project plans are never set in stone. We're always ready to pivot and adapt, which I believe is a big part of why we've been successful" (FGD Participant)

5.3 Quality Assurance in Services

Quality assurance was a major concern and theme in both key informant interviews and focus group discussions. An IP Interview underscored this, "The quality of our services is what sets us apart. We adhere to international standards religiously." They went into detail about the various quality checks and continuous training that ensure service excellence. Echoing this, a focus group participant stated, "Every service we provide goes through rigorous quality checks. We know that even a small slip in quality can have major repercussions."

5.4 Data-Driven Program Monitoring

Data-driven program monitoring was identified as a crucial component in both sets of data. An IP interviewee shared insights on the role of data in program success: "Data is what guides us. Every decision, every strategy is backed by data." They described how data collection and analysis form the backbone of their monitoring and evaluation processes. In the focus group discussions, a participant highlighted, "Our data management system is what enables us to track progress and identify areas that need more attention" (FGD Participant).

5.5 Task-Shifting and Human Resource Optimization

Task-shifting and optimizing human resources were highlighted as key strategies for scaling up VMMC services. "By training nurses to perform circumcisions, we've managed to expand our reach significantly," (Facility Staff KII). They discussed the training processes and the challenges of implementing task-shifting. This was supported in a focus group discussion, where a participant noted, "Nurses taking on more responsibilities has been a game-changer. It's helped us manage our resources more efficiently" (FGD Participant).

5.6 Demand Creation and Mobilization

Demand creation and mobilization were identified as critical areas needing strategic focus. "Our approach to creating demand has evolved. We now use targeted strategies to reach specific groups," an IP Interviewee reflected. They detailed various innovative approaches used for effective demand creation. A participant in the focus group discussion added, "Finding the right way to mobilize potential clients is crucial. It's about understanding what resonates with them."

5.7 Continuous Quality Improvement (CQI)

The theme of continuous quality improvement was pervasive in discussions. An Implementing Partner interviewee spoke passionately about it: "CQI isn't just a buzzword for us; it's a philosophy that we live by in our project." They provided examples of how CQI is embedded in every aspect of the project cycle. A focus group participant shared similar sentiments: "Our dedication to improving quality continuously is what I believe makes our project stand out. It's a continuous journey" (FGD Participant).

In summary, integrating detailed reported speech from key informant interviews and focus group discussions, paints a comprehensive picture of the multifaceted and interconnected themes critical for the success of VMMC programs. These insights form a valuable guide for the implementation and scaling of interventions, ensuring the achievement of project objectives, deliverables, and targets.

Summary of Findings, Conclusion and Recommendations|

Summary of Findings

The mid-term evaluation of the Voluntary Medical Male Circumcision (VMMC) program in Eswatini, supported by Jhpiego, highlights significant strides in several key areas while also identifying persistent challenges that require focused attention. The findings from the evaluation can be categorized into several critical themes:

1. **Standard Adherence and Compliance:** The evaluation shows improvement in compliance with CQI/QA standards across facilities, signifying a commitment to maintaining high service delivery standards. However, areas like infection prevention and control need more rigorous attention.
2. **Tools and Metrics Development:** Customized tools and metrics have been pivotal in driving quality improvements, with the CQI Dashboard playing a central role in performance measurement and enabling focused service delivery analysis.
3. **Continuous Quality Assessments:** Regular CQI assessments have been key in identifying and addressing service gaps, with an emphasis on active staff participation and immediate response to findings.
4. **Training and Capacity Building:** Training initiatives have empowered healthcare workers, enhancing VMMC service quality. However, challenges like insufficient training duration and limited practical experience have been noted.
5. **Quality Improvement Planning:** The evaluation underscores the importance of adaptive quality improvement plans, informed by staff feedback and continuous assessments, in enhancing service delivery.
6. **Technical Support and Coordination:** Jhpiego's technical support has been significant in developing guidelines and training providers. However, challenges in consistent coordination and integration of VMMC activities persist, indicating a need for more effective capacity-building efforts.
7. **Demand Creation and Strategic Information Support:** The project has faced challenges in executing demand creation strategies effectively and in linking these activities to measurable outcomes. Similarly, the provision of strategic information support has encountered difficulties in applying monitoring frameworks consistently.

Conclusions

The evaluation concludes that while CQI initiatives have led to improvements in VMMC service quality in Eswatini, there are crucial areas that need intensified focus:

- Demand creation strategies require more nuanced and adaptable execution.
- Persistent challenges in infection control and staffing.
- Need for more robust training and capacity-building initiatives.
- Greater emphasis on integrating VMMC services into broader healthcare systems and improving coordination among stakeholders.

Recommendations

Based on the findings from the evaluation, the following recommendations are suggested:

1. **Enhanced Collaboration and Teamwork:** Strengthen collaborative efforts across departments and stakeholders, as highlighted in MTE Question 5, to improve project management and execution efficiency. The program has made significant strides in collaborations with other departments, however, there is a need to continue strengthening these collaborative efforts with other stakeholders such as the Ministry of Education and Training (MOET) and Schools Health department and participate in technical working groups for instance HIV TWG.

2. **Adaptive Planning and Execution:** Develop flexible and responsive planning mechanisms, addressing the adaptability challenges identified in MTE Question 5, to ensure the program can quickly adjust to changing needs and circumstances.
   - Strengthening of collaborations with other departments in the Ministry of Health (MOH) to ensure sustainability of the VMMC program.
   - Establishment of a task team to develop transition and sustainability plan that will give a direction of VMMC integration at national, regional, facility and community level
   - Consider reactivation of core team for VMMC previously established to ensure VMMC is incorporated into regional health plans.
   - Furthermore, planning and execution of VMMC starting from activities that generate demand.

3. **Rigorous Quality Assurance:** Implement stringent quality assurance processes, responding to the quality concerns to maintain high service standards and patient safety, a recommendation would be to;
   - Establish stringent quality assurance protocols that address specific training gaps in Continuous Quality Improvement (CQI) related to VMMC.
   - Provide ongoing education and training programs covering all aspects of CQI, including data collection, interpretation, and action plan development. Ensure training programs are tailored to address regional variations and integrate with local health priorities.
   - Strengthen the integration of CQI teams into facility structures at both regional and national levels. This includes aligning CQI initiatives with regional health priorities and ensuring consistent coordination and resource allocation.
   - Improve coordination between national and regional CQI teams by establishing regular communication channels and feedback mechanisms. Allocate adequate resources to support CQI initiatives, ensuring sustainability and alignment with regional health needs.

4. **Robust Data-Driven Monitoring:** Enhance data-driven program monitoring, as suggested by the insights from MTE Question 5, to guide strategic decisions and assess the impact of interventions. The implementation faces hurdles in maintaining effective coordination pointing to a need more robust assessments and enhancement mechanisms. A significant gap is the lack of clear linkage between strategic activities and measurable outcomes indicating a need for enhanced monitoring. Jhpiego's involvement in developing monitoring and evaluation frameworks and data quality assessments, but challenges exist in their consistent application and deriving actionable insights. is evident, but challenges exist in their consistent application and deriving actionable insights. Jhpiego's next plans will be to;

- Establish a central coordination unit responsible for integrating data from various sources, facilitating regular stakeholder meetings and ensuring alignment of activities.
- Revise and standardize the M&E framework to ensure clear linkages between strategic activities and measurable outcomes. Implement routine training sessions for all staff on the updated M&E processes including new CMIS updates to ensure consistent application and the derivation of actionable insights
- Conduct regular quality audits using data driven insights to identify gaps and develop targeted institutional quality improvement plans. Ensure the continuous alignment of the VMMC module in CMIS with program needs through quarterly reviews and provide ongoing training sessions for new users due to staff mobility

5. **Task-Shifting and Resource Optimization:** Expand task-shifting initiatives, addressing the human resource constraints identified in MTE Question 3, to increase service capacity and efficiency. The CQI assessments conducted by the program highlighted issues of staffing limitations and financial constraints in VMMC facilities. The task shifting initiative has brought about a positive change in the facilities, as more nurses are being trained to ensure availability of VMMC providers in the VMMC sites the program should consider;
   - Increasing the number of nurses trained on task-shifting to expand the pool of nurses who can provide VMMC in the health facilities
   - Broadening the cadre of nurses to all nurses holding a Bachelor of Nursing degree as a requirement for task-shifting training.
   - Conduct consultative meetings with the facility managers, to have them support the program in ensuring trained nurses are certified to be VMMC providers.

6. **Targeted Demand Creation and Mobilization:** Develop and implement nuanced, culturally sensitive demand creation strategies, tackling the gaps in demand generation highlighted in MTE Question 4, to increase program uptake, particularly among males aged 15-29 years. The evaluation has highlighted the need to create awareness of the program especially in hard-to-reach communities.
   - Jhpiego will have to develop and Implement several demand creation strategies by strengthening collaborative efforts with other stakeholders implementing HIV prevention activities such as tertiary institutions under the Technology Based HIV Prevention Program for the youth which is led by Limkokwing University of Creative Technology.
   - Increase collaboration efforts with other stakeholders such as Health Promotions and implementing partners in conducting regional campaigns to accelerate targets
   - Strengthen current relationships with Ministry of Education &Training and School's health for buy-in of the VMMC program to enhance mobilization.
   - Create more awareness through transport branding and digital media (social media, public transport TV screens and traditional media adverts)
   - Establish relationships in communities to increase demand for services through community leaders' engagements to advocate for VMMC activities at community level
   - Scaling up successful strategies, continuously monitor and refine the efforts.

7. **Institutionalizing Continuous Quality Improvement:** Embed CQI into all aspects of the project, as emphasized in MTE Question 5, to ensure ongoing service enhancement and sustainability. Throughout the project's implementation, Jhpiego successfully transferred

skills for conducting CQI assessments to the national VMMC coordination team. The CQI assessments are led by the National Quality focal person from SNAP. Jhpiego supported the program to develop a CQI tool which is also digitalized and stored in CommCare. To sustain the use of the digital tool, Jhpiego will engage HMIS to ensure the digital tool is stored under the MOH's tools repository platform for continued use beyond Jhpiego's CommCare support. From year 5, the national coordination team will work with the regional teams to plan and implement the CQI assessments while Jhpiego provides support in logistics and development of action plans for the assessed facilities. This approach will allow MOH to lead and own the CQI processes using the skills acquired from Jhpiego's support over the past 4 years.

These suggestions create an opportunity for stakeholders to engage with the aim to ensure a comprehensive approach to service quality, demand generation, and strategic coordination, pivotal for the success and sustainability of the VMMC initiative.

References

Project Progress Reports:
1. Jhpiego. (2021). FY21 APR Narrative Report 21 October 2021. Jhpiego ESwatini.
2. Jhpiego. (2022). FY22 Q1 Narrative Report JHPIEGO 24 January 2022. Jhpiego ESwatini.
3. Jhpiego. (2022). FY22 Q2 Narrative Report JHPIEGO 2022. Jhpiego ESwatini.
4. Jhpiego. (2022). FY22 Q3 Jhpiego Narrative V2.1. Jhpiego ESwatini.
5. Jhpiego. (2022). FY22 Q4 Narrative Report Jhpiego Eswatini 21 October 2022. Jhpiego ESwatini.
6. Jhpiego. (2023). FY23 Q2 Narrative Report Jhpiego SAPR. Jhpiego ESwatini.
7. Jhpiego. (2023). FY23 Q3 Narrative Report Jhpiego 21 July 2023. Jhpiego ESwatini.
8. Jhpiego. (2023). Narrative Report September FY23 Q1 V2 20 January 2023. Jhpiego ESwatini.

General Project Documents:
1. Jhpiego. (2023). Adverse Events Refresher Training Report. April 2023. Jhpiego ESwatini.
2. Jhpiego. (Year Unknown). EPMP GH002268. Jhpiego ESwatini.
3. Jhpiego. (Year Unknown). Jhpiego Project Narrative. Jhpiego ESwatini.
4. Jhpiego. (2022). Program Review Meeting Minutes. 20 July 2022. Jhpiego ESwatini.
5. Jhpiego. (2021). Task Shifting Training report. December 2021. Jhpiego ESwatini.
6. Jhpiego. (2022). Task Shifting training Report. August 2022. Jhpiego ESwatini.
7. Jhpiego. (2022). Task Shifting Training report. May 2022. Jhpiego ESwatini.
8. Jhpiego. (Year Unknown). Work Plan review Meeting Notes. Jhpiego ESwatini.

M&E Activity Reports:
1. Jhpiego. (2021). Facility Training on VMMC Data Collection Tools. 18 June 2021. Jhpiego ESwatini.
2. Jhpiego. (Year Unknown). GSH Data Verification Report. Jhpiego ESwatini.
3. Jhpiego. (Year Unknown). M&E Site Supportive Supervision Report. Jhpiego ESwatini.
4. Jhpiego. (2022). Program Review Meeting Minutes. 20 July 2022. Jhpiego ESwatini.
5. Jhpiego. (2022). Program Review Meeting Report. 20 July 2022. Jhpiego ESwatini.
6. Jhpiego. (2023). Q1 Review Meeting Minutes. 08 February 2023. Jhpiego ESwatini.
7. Jhpiego. (Year Unknown). Refresher Training on VMMC Data Collection Tools. Jhpiego ESwatini.
8. Jhpiego. (Year Unknown). Regional Verification Report. Jhpiego ESwatini.
9. Jhpiego. (Year Unknown). Site Supportive Supervision Report. Jhpiego ESwatini.
10. Jhpiego. (Year Unknown). Site Visit Report. Jhpiego ESwatini.
11. Jhpiego. (Year Unknown). Site Visit Support Summary Notes. Jhpiego ESwatini.
12. Jhpiego. (Year Unknown). Strengthening of the Kingdom of Eswatini Reporting Tools Training. Jhpiego ESwatini.
13. Jhpiego. (2023). VMMC Site Support. 16 January 2023. Jhpiego ESwatini.
14. Jhpiego. (Year Unknown). Work Plan Activities 2023. Jhpiego ESwatini.

Demand Creation Documents:
1. Jhpiego. (Year Unknown). Demand Creation Activities Q1. Jhpiego ESwatini.
2. Jhpiego. (Year Unknown). Demand Creation Campaign Report. Jhpiego ESwatini.
3. Jhpiego. (Year Unknown). Demand Creation Mixed Report. Jhpiego ESwatini.
4. Jhpiego. (Year Unknown). Demand Creation Mobilizers Training Report. Jhpiego ESwatini.
5. Jhpiego. (2022). Demand Creation Oct-Dec 2022 Report. Jhpiego ESwatini.
6. Jhpiego. (Year Unknown). Demand Creation Report April May. Jhpiego ESwatini.
7. Jhpiego. (Year Unknown). Demand Creation Services Q1. Jhpiego ESwatini.
8. Jhpiego. (Year Unknown). Final Clever Man Campaign. Jhpiego ESwatini.
9. Jhpiego. (Year Unknown). National Campaign Report Final. Jhpiego ESwatini.

10. Jhpiego. (Year Unknown). Tingatja Report. Jhpiego ESwatini.

Appendices

List of Data Collection Tools

Jhpiego Staff Focus Group Discussion Guide

Evaluation Title: A Mid-term Evaluation of Strengthening the Kingdom of Eswatini's Voluntary Medical Male Circumcision Program.
Principal Investigator: Dr. Rajab Kakaire

Version and Date: Version 1.0/23 March 2023

IRB No: EHHRRB068/2022

Instructions for FGD Lead:

Before starting:
1. Ensure all participants have a seat and chairs are placed in a circle to facilitate discussion.
2. Ensure that everyone has signed a consent form and that they received a copy of the consent form to take home. They should sign the consent form prior to participation. Each participant should be consented individually. Please allow for enough time to consent all participants prior to the FGD.
3. Test audio recording device before starting the FGD. Ensure you have all materials needed for FGD.
4. Participants may be offered cool drinks/coffee/tea and snacks prior to the FGD and may consume them during the FGD.

1.   Greetings and Introductions:
"My name is ………………………………….. and I am part of the mid-term evaluation team with Jhpiego. As you know, Jhpiego is conducting a mid-term evaluation to assess the quality of the technical assistance it provides to the Ministry of Health as part of its project called ""Strengthening of the Kingdom of Eswatini's Voluntary Medical Male Circumcision (VMMC) Program". We are conducting a variety of data collection activities including interviews with key stakeholders such as with the Ministry of Health, implementing partners and VMMC facility staff to better understand their experience with and opinions of Jhpiego's TA. Their feedback will help Jhpiego improve the quality of their TA to meet the needs of the recipients. Using a focus group discussion (FGD), we also want to talk with Jhpiego staff who have been supporting the project to better understand if the project is being implemented as originally described in the proposal and work plans and to learn about the success and challenges associated with implementation of the project's key activities in order to achieve the project's goals. As a reminder, we anticipate that this FGD will last between 30 minutes and one hour and will be audio-recorded to help with capturing all the information.

My role today is to ask you questions and facilitate discussion. With me is my colleague [INSERT NAME] who will act as a note taker and manage the audio recording".

2.   Explanation of the process
Ask the group if anyone has participated in a focus group before. Explain the benefits of FGDs and principles of FGDs:

- FGDs are an opportunity to get a lot of information at once.
- The discussion among participants is very valuable to generate further information.
- We learn from you; There is no right or wrong answer.

- Not trying to achieve consensus - we're gathering information.

3. Ground Rules

Ask the group to suggest some ground rules. After they brainstorm, make sure the following are on the list.

- One person talks at one time.
- People do not have to raise their hands to speak but should wait until one person is done speaking before they speak.
- Respect for participants and moderator at all time.
- Participants should feel free to ask for a question to be repeated or explained, if they don't understand.
- Participants may go to the bathroom at any time.
- While participation is encouraged, if participants do not feel comfortable in answering a question, they do not have to.
- Should they wish to end their participation, a participant should notify the moderator.
- Information provided in the focus group must be kept confidential.
- Please don't have side conversations.
- Turn off cell phones or put them on silent mode, if possible.

4. Turn on audio recorder

5. Ask the group if they have any questions before starting the FGD and address those questions. Start FGD.

*Discussion begins, make sure to give people time to think before answering the questions and don't move too quickly. Use the probes to make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

1. What is the goal of the Strengthening the Kingdom of Eswatini's Voluntary Medical Male Circumcision Program? What are the key objectives? How is this program being implemented by Jhpiego? [Probe who does Jhpiego work with?]

2. How would you define the technical assistance provided by Jhpiego to the Ministry of Health? Can you describe it?

3. Given your knowledge of the initial proposal and workplans for implementation of the project and experience with the implementation of the project, do you believe the project has been implemented as originally described in the proposal and as described in each annual work plan? If not, please explain. [Probe: What activities were and/or were not implemented as originally intended, explain why; what has changed over time and why? Is the composition of the project team as originally intended?].

4. In your opinion and thinking about each of the project's objectives, what are some of the challenges experienced by the project in the first two years of implementation? Please explain and provide evidence. [Probe: Remind participants of each objective]

5. In your opinion and thinking about each of the project's objectives, what are some of the successes experienced by the project in the first two years of implementation? Please explain and provide evidence. [Probe: Remind participants of each objective]

6. For each of the project's objectives, what are key lessons learned or interventions that should be considered, implemented or scaled-up in order to achieve end-of-project goals, deliverables and targets? Why?

7.   Specifically thinking about CQI for VMMC in Eswatini, what are the structural and contextual factors that facilitate or hinder VMMC continuous quality improvement initiatives in Eswatini at facility, regional and national levels of the MOH? How?

8.   In your opinion, to what extent have the CQI/QA activities led to improved quality of services and outcomes at facilities offering VMMC in Eswatini?

9.   Looking forward and in your opinion, what is required for the CQI/QA approach to be sustainable at all levels (facility, regional and national MOH) beyond the life of Jhpiego's project?

10.   Looking forward, from the mid-point of the project, to the next two years, what are your recommendations for the project in order to ensure a) successful completion of objectives and b) highquality of TA to the MOH?

6. Concluding the FGD

"Thank you so much for your time and participation today. It is greatly appreciated. As a next step from our side, we will type up all the notes from audio recording and conduct data analysis to see what where key messages to help inform our ability to improve Jhpiego's mobile services at the work place. Do you have any questions for us or is there anything else you want to say or share?

"If you have any questions or concerns that you would like to discuss after you leave, we have included contact details for the Evaluation Lead on the consent form. Please feel free to contact them."

Instructions for FGD Lead:
- •   Thank them individually before they leave for their participation.

Ministry Of Health Key Informants Interview Guide

Participant ID:

Eswatini Mid-Term Evaluation: Interview with Ministry of Health Staff

Evaluation Title: A Mid-term Evaluation of Strengthening the Kingdom of Eswatini's Voluntary Medical Male Circumcision Program.
Principal Investigator: Dr. Rajab Kakaire

Version and Date: Version 1.0/23 March 2023

IRB No: EHHRRB068/2022

To be filled in by Interviewer

Date of Interview (DD/MM/YYYY):

	Is participant a (select one): 1) Regional AIDS Coordinator ☐
	2) Personnel from MOH National AIDS program ☐

Did participant sign a consent form? Yes ☐ No* ☐
*The participant must sign a consent form before the start of the interview

Did the participant consent to be audio-recorded? Yes ☐ No ☐

Was a copy of the consent form made available to the participant? Yes ☐ No ☐

Interviewer Name:	Interviewer Code:

Instructions for Interviewers:

- Ensure the participant meets the inclusion criteria.
- Ensure the participant has signed a consent form PRIOR to starting the interview.
- Ensure the door to the room is closed for the interview to protect the privacy of the interviewee.
- If participant accepts/consents to be audio recorded, please turn on audio recording.
- Capture the 8-digit participant ID on the interview form (above) and the consent form.
- State the participant ID number at the start of the audio recording to link consent form to data.
- Do not capture the name of the name of the participant during the audio recording. Do not refer to them by name during the audio recording.
- Feel free to take notes during the interview on this form.

For Interviewer to read to participant:

"I am going to start the interview. If at any point you don't understand a question, please let me know and I can repeat or explain the question. Please remember that your participation is entirely voluntary and you can skip any questions or stop the interview if you wish to do so. Please ask any questions you might have at any point."

1.	How long have you been in your current role? Less than 12 months (if less than a year stop interview; does not meet inclusion criteria) ☐ Between 1-2 years ☐ Greater than 2 years, less than 5 years ☐ Greater than 5 years ☐
2	Are you a part-time or full-time employee?
3	How long have you been involved in VMMC service provision/management in general? Between 1-2 years ☐ Greater than 2 years, less than 5 years ☐ Greater than 5 years ☐
4	Can you describe your role and responsibilities at the MOH?
5	Have you received any training on conducting continuous quality improvement in general and specifically for VMMC? If so, please describe and include number of trainings, types, duration and location.

6	Are you familiar with the quality standards in the VMMC Continuous Quality Improvement (CQI) tool used by the Ministry of Health? If so, can you explain/describe what they are? Their content and how they are normally used?
7	To what extent have the Eswatini National AIDS Program and the Regional Health Authority, with support from Jhpiego, implemented CQI/QA activities at the facility level?
8	Have you participated in any joint CQI visits with Jhpiego to a facility that conducts VMMC? If so, how many visits have you participated in? And what has been your role during the visits and implementation of the CQI Tool?
9	What happens during a CQI visit – can you please describe the visit? Including who participates? And what is the role of each participant? [Probe if they don't mention Jhpiego: What is Jhpiego's role during the visit?]
10	Did CQI exist in VMMC facilities before the "strengthening VMMC" project implemented by Jhpiego? And if so, who developed and/or implemented the CQI activities? Can you describe the previous CQI process?
11	To what extent have the CQI/QA activities led to improved quality of services and outcomes at facilities offering VMMC in Eswatini? Can you list examples of improvements you have noticed since the start of the CQI/QA activities in October 2020?
12	Can you describe any challenges that you have seen as a result of the CQI assessment and activities? Do you see any drawbacks to this activity?
13	What are the most common gaps that have been identified across all facilities in the region you oversee during the assessments?
14	To what extent have Jhpiego-led VMMC CQI activities been incorporated into existing Quality Assurance strategies at Regional level and National levels?
15	Do regional representatives e.g. RAC, participate in the facility CQI assessments? Please explain what they do.
16	Do you believe that Jhpiego's CQI/QA support has improved the quality of VMMC services and outcomes at the facility? Improved VMMC programming and future planning of the program? (Probe:
	link back to gaps identified in earlier question and scores received during assessments with the CQI tool during desk review).
17	Do you have any recommendations on how to improve the CQI activities in general, especially for sustainability purposes, as they relate to VMMC?
18	What sustainability plans does the regional and national VMMC program office have to continue conducting these CQI assessments for VMMC after Jhpiego?
19	Still thinking about sustainability, what are the structural and contextual factors that facilitated or hindered VMMC continuous quality improvement initiatives in Eswatini at facility, regional and national levels of the MOH?
20	What does the VMMC program needs from Jhpiego as a TA provider with regards to CQI/QA for VMMC?
21	Does the MOH receive TA from Jhpiego to manage and coordinate VMMC service delivery in Eswatini? If so, can you please describe the TA? (probe: activities listed under Project Objective 1) • If MOH does receive TA, what are the benefits to this TA to manage and coordinate VMMC service delivery in Eswatini? • Are there any challenges or areas for improvement? If so, please describe.

22	Does the MOH receive TA from Jhpiego to develop national demand generation strategy for VMMC? (probe: activities listed under Project Objective 2)
	• If the MOH does receive TA, what are the benefits to this TA to develop a national demand generation strategy?
	• Are there any challenges or areas for improvement? If so, please describe.
23	Does the MOH receive TA from Jhpiego on VMMC related strategic information support for evidencebased decision making? develop national demand generation strategy for VMMC? (probe: activities listed under Project Objective 4)
	• If the MOH does receive TA, what are the benefits to this TA for strategic information?
	• Are there any challenges or areas for improvement? If so, please describe.
24	Is Jhpiego providing the MOH with timely and high quality VMMC-related strategic information (SI) support for evidence-based decision-making? (If yes, please explain what data and how are the data being used. If not, please explain what the MOH needs but is not getting in terms of SI support).
25	Are there any recommendations that you would like to share that speak to Jhpiego's overall TA to the MOH? (Probe each specific objective)
26	Is there anything else you would like to add before we end the interview?

Concluding the Interview:
"Thank you so much for your time and participation today. It is greatly appreciated. As a next step from our side, we will transcribe the audio-recording and conduct the analysis on the data from the interview, together with interview data from other participants. We will delete the audio recording once the transcription is complete. Information from these interviews will help us improve and expand the mobile wellness services. Do you have any questions for me or is there anything else you want to say or share?"

Instructions for Interviewers:
• Remind the participant that they can contact the PI if they have any questions and highlight the PI's contact details on the consent form.
• Thank the participant and end the interview. If the interview took place at Jhpiego office, walk participant to the door.

Nurse Circumciser Questionnaire

Participant ID: | | | | | | | |

Eswatini Mid-Term Evaluation: Interview with Nurse Circumcisers

Evaluation Title: A Mid-term Evaluation of Strengthening the Kingdom of Eswatini's Voluntary Medical Male Circumcision Program.
Principal Investigator: Dr. Rajab Kakaire

Version and Date: Version 1.0/23 March 2023

IRB No: EHHRRB068/2022

To be filled in by Interviewer	
Region (location of facility):	
Date of Interview (DD/MM/YYYY):	
Did participant sign a consent form? Yes ☐ No* ☐ *The participant must sign a consent form before the start of the interview	
Did the participant consent to be audio-recorded? Yes ☐ No ☐	
Was a copy of the consent form made available to the participant? Yes ☐ No ☐	
Interviewer Name:	Interviewer Code:

Instructions for Interviewers:

- Ensure the participant has signed a consent form PRIOR to starting the interview.
- Ensure the door to the room is closed for the interview to protect the privacy of the interviewee.
- If participant accepts/consents to be audio recorded, please turn on audio recording.
- Capture the 8-digit participant ID on the interview form (above) and the consent form.
- State the participant ID number at the start of the audio recording to link consent form to data.
- Do not capture the name of the name of the participant during the audio recording. Do not refer to them by name during the audio recording.
- Feel free to take notes during the interview on this form.

For Interviewer to read to participant:

"I am going to start the interview. If at any point you don't understand a question, please let me know and I can repeat or explain the question. Please remember that your participation is entirely voluntary and you can skip any questions or stop the interview if you wish to do so. Please ask any questions you might have at any point."

1	When did you receive the task-shifting training?
	
	    a. December 2021
	    b. May 2022
	    c. August 2022

2	How long did it take for you to complete the required 25 VMMC procedures in order to be a certified nurse circumciser? a. Less than 1 month

	b. 1 month
	    c. 2 months
	    d. 3 months
	    e. More than 3 months

3	Was the classroom/theory training period sufficient to complete all the VMMC modules?
	    Yes/No
	    If No, how long would you recommend for the classroom/theory training? Please support your answer

4	Was the time allocated for practical with the facilitators enough to do the following
	
	    a. observe at least 1 procedure?
	    b. Assist in 1 procedure?
	    c. Conduct 1 procedure under observation by facilitator?

5	Do you feel that adding the skill of foreskin cutting as part of your roles in VMMC is a burden

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6	What do you think should be done to improve the task-shifting trainings?
7	How many times on average are you able to visit the VMMC department for practicum in order to complete your cases and to polish the skill?
8	What do you think can be done to improve the VMMC practicum after trainings?
9	Were you provided with support by the VMMC trainer during practicum sessions in your facility?
10	Would you recommend the trainings to other facility nurses

Jhpiego Indicator Tracking Table 2023.

Indicator	FY21			FY22			FY 23		
	Target	Results	% Of Target	Target	Results	% Of Target	Target	Results	% Of Target
Number of updated VMMC Strategic and Operational plans	1	1	100%						
Percent of activities in VMMC Strategic and Operational Plan implemented	80%	20%	25%						
Number of updated VMMC guidelines and procedures; including task-shifting to nurses, quality standards	1	1	100%						
Number of task-shifting strategy meetings held	4	1	25%	4	4	100%	4	0	0
Number of health care workers trained on VMMC (TOT, clinical, device, emergency management)	48	0	0	48	73	152%	48	44	92%
Number of regional VMMC coordinating mechanisms established and operational	4	3	75%	4	3	75%	4	0	0
Number of TWG meetings convened	4	0	0	0	0	0	4	0	0
Percent of facilities using reusable kits	50%	66%	132%	100%	87%	87%	100%	87%	87%
Number of service delivery package for 10-14 year olds developed with VMMC	1	0	0						
Number of meetings with the MOH Directorate and PEPFAR Supply Chain Partner to transition the supply chain management to government	1	0	0	1	1	100%	1	1	100%
Number of national VMMC DC strategies developed	1	0	0	1	1	100%	1	1	100%
Number of training curriculums for DC developed for the training of recruiters countrywide	1	0	0	1	1	100%	1	1	100%
Number of DC recruiters trained on developed job aids, HCD interpersonal communication strategies and a customized VMMC persuasion training developed and used by Jhpiego through the IQ mechanism	60	37	62%	60	20	33%	20	53	256%
Number of national CQI plans developed and implemented	1	0	0	2	2	100%	2	2	100%
Percent of VMMC facilities with a functional CQI team	80%	6%	6%	100%	100%	100%	100%	100%	100%
Percent of facilities following AE reporting guidelines	100%	27%	27%	100%	60%	60%	100%	80%	80%
Number of regions with VMMC targets, disaggregated to each health facility	4	4	100%	4	4	100%	4	4	100%
Percent of facilities with monthly, quarterly and annual targets	100%	53%	53%	100%	100%	100%	100%	100%	100%
Number of joint data review meetings with key stakeholders led by Jhpiego	4	0	0	4	2	50%	4	3	75%
Number of VMMC Modules developed and operational within the CMIS	1	1	100%	1	1	100%			

Evaluation Team Bios

Lead Evaluator: Kelvin Sikwibele, BA, MA - Mr Sikwibele is an experienced M&E specialist with a background in Demography and a career spanning over 20 years in Health programs. He began working in public health in the area of youth and sexual and reproductive health, providing technical support and coordinating leadership programs in Zambia specifically helping to strengthen program development, implementation and demonstrating results. Over the last 20 years, he has developed M&E systems, taught and practiced M&E primarily around HIV/AIDS, ranging from grassroots work in establishing rudimentary systems to the global level, shaping the development of guidance documents for M&E in health settings. His work has led him to collaborate with various organizations in countries like Botswana, Lesotho, Kenya, Namibia, South Africa, Swaziland, and Zambia. Mr Sikwibele is presently the CEO of IHM, oversees multiple programs in different countries and undertakes a hands-on approach in actual program implementation.

Co-Evaluator: Patrick Shabangu, BA, MPH (Epidemiology and Biostatistics) - Patrick is a Public Health Specialist currently enrolled for a PhD in Epidemiology with Walden University in the United States. He has 18 years of experience in conceptualization, design, development and operationalization of Electronic Health Information System (i.e. EMR, eCMIS, eRHIS and EHR), M&E systems, Data Quality Audits and Routine Data Quality Audits. His expertise also lies in practical research design, planning and implementation, data management and data analysis using STATA, R, Epi Info, Epi-Data and SPSS. He earned his master's degree in Epidemiology & Biostatistics-tracking in M&E, with emphasis on Biostatistics (level III) from the University of Pretoria. He earned his Bachelor of Arts degree from University of Eswatini. He is also certified in Information Technologies, Database Administration, Computer Networks, Research Methodologies, Qualitative Research, Impact Evaluation, Management & Leadership from PC Training and Business College, MySQL & Sun, University of Addis Ababa, MEDUNSA and University of Ghana (School of Public Health) and University of Cape Town, respectively. He is also trained in computational statistics and Big-Data Analytics in UNC in USA, and Artificial Intelligence & Machine Learning in Thailand by Data Science Dojo in collaboration with UCL and University of Copenhagen. Patrick is currently enrolled for PhD in Epidemiology.

Curriculum Vitae (CVs) of Evaluation Experts

Lead Evaluator: IHM Southern Africa

KELVIN SIKWIBELE

1. **Education:**

Institution [Date from - Date to]	Degree(s) or Diploma(s) obtained

University of the Witwatersrand, Johannesburg, South Africa, 2006	MA Demography
BA, Demography, 1995	University of Zambia,

2. Language skills: (1 - excellent; 5 - basic)

Language	Reading	Speaking	Writing
English	**1**	**1**	**1**
Siswati	**3**	**3**	**3**

3. Other Skills: SPSS, MS Excel, STATA, Power BI, Data Analysis with R

4. Present position: Regional Technical Director– IHM Southern Africa

5. Years within the firm: 11

6. Employment Record

Period	Institution / Programme	Title / Role	Description of role
2011-Present	Institute for Health Measurement	Chief Executive Officer	Oversees the development of assessment plans, technical strategies, work plans and budgets. Assures that work plans receive necessary approvals from USAID & CDC funded projects. Manages administrative and technical teams across three country programs. Identifies the human resources and materials

			required to implement the proposed work plan; recommends adjustments to the work plan as necessary if adequate resources cannot be made available. Provides leadership to field office team in developing clientcentred methods of responding to needs of and requests from USG Missions and host country institutions. Facilitates collaborative relationships with partner organizations. Facilitates teambuilding activities for in-country field office staff.
2009 -2011	John Snow International: Eswatini	Country Director	Managed donor and government relationship in-country. Identified the human resources and materials required to implement the proposed work plan; recommended adjustments to the work plan as necessary if adequate resources cannot be made available. •Monitored implementation of project work plans, reviewing monthly and quarterly reports and observation in the field.

| 2007 – 2009 | African Comprehensive HIV/AIDS Partnerships, Gaborone, Botswana | M&E Specialist | Developed M&E technical assistance strategy for the Gates Foundation funded ACHAP programme and oversaw its implementation with a team of two staff across both government and CSO sub-grants in Botswana.

• Providing M&E technical backstopping for the National AIDS Coordinating Agency's M&E Offices. Providing capacity building and technical support to the MoH and MLG M&E managers in developing and implementing M&E systems.

Preparing conference papers and abstracts for ACHAP supported Civil Society and government implementing partners.

Planning and implementing targeted remedial training on programme planning and M&E for partner NGOs and government.

Developing and mentoring Civil Society Partner M&E managers in entrenching organization-wide M&E systems.

Developed training programmes for programme planning, monitoring and evaluation and oversaw the training of trainers and supervised training conducted by direct reports to civil society organizations.

Supervisory functions for a team of 2 M&E officers and technical backstopping for 7 field-based M&E officers. |

Co-Evaluator: IHM Southern Africa

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PATRICK SHABANGU

1. **Education:**

Institution [Date from - Date to]	Degree(s) or Diploma(s) obtained
Walden University, Minneapolis, Minnesota, USA, expected 2024	PhD in Epidemiology, Biostatistics and Health Informatics
University of Pretoria, Pretoria, South Africa, 2014	Master of Public Health, Biostatistics and M&E
Bachelor of Arts, Environmental Science and Geography 2003	University of Eswatini

2. **Language skills:** Indicate competence on a scale of 1 to 5 (1 - excellent; 5 - basic)

Language	Reading	Speaking	Writing
English	1	1	1
Siswati	**Mother tongue**		

3. **Other Skills: SPSS, MS Excel, STATA, Power BI, Data Analysis with R**

4. **Present position: Regional Technical Director** – IHM Southern Africa, Zambia

5. **Years within the firm: 11**

6. **Relevant experience to the Assignment**

Research/Evaluation Project	Institution	Role
1. Baseline assessment for Maternal Newborn and Child Health program in Eswatini, Funded by UNICEF, 2020	UNICEF	Lead Evaluator
2. Performance evaluation of Health Information system for improved Quality of Care and performance framework, funded by World Bank, 2018	IHM	Project Director
3. Evaluating the Effectiveness of Incentives to improve HIV Prevention Outcomes for Young Females in Swaziland, Eswatini, funded by World Bank, 2016	IHM	Project Manager
4. Outcome evaluation on satisfaction among clients receiving health care services in Public health facilities in Swaziland, funded by WHO, 2015	IHM	Technical Director
5. Evaluation of the effectiveness of GBV and HIV prevention program in reducing HIV incidence among AGYW and young man, funded by USAID, 2014		Technical Director

6. Effectiveness of HIV/TB program on Paediatrics' clinical IHM Technical outcomes, Baylor College of Medicine, 2008   Director

7. **Employment Record**

Period	Institution / Programme	Title / Role	Description of role
2012-Present	IHM Southern Africa (Zambia)	Regional Technical Director	Provide technical, strategic advice and programmatic direction for development and implementation of regional, national, and subnational SI systems for optimizing the generation, identification, collection, processing, storage, and dissemination of high-quality data and strategic information for policy and decision-making in public health for countries supported by IHM. Support in strengthening national capacities in the design, adoption, implementation, and evaluation of SI systems with the aim of monitoring the overall quality, accuracy, and timeliness of collected data from various sources in the countries supported by IHM, and promoting wide dissemination of quality data

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2009-2012	IHM Southern Africa (Eswatini)	Resident Technical M&E Advisor	Building monitoring and evaluation capacity through mentoring, seminars and workshops of the USAID/Swaziland PEPFAR technical staff.

Providing TA to PEPFAR IPs to enable them to have an adequate system for, and capacity to, monitor health program performance. Providing TA to the MOH and NERCHA and associated IPs to enable them to have adequate system for, and capacity to monitor their respective program performance.

Providing TA to both USAID technical staff and the implementing partners on jointly |

			monitoring overall strategy performance towards achieving end of year of strategy results and providing M&E TA to the PEPFAR Swaziland Program.
2008 -2009	John Snow International, South Africa (Pretoria), Eswatini (Mbabane) & Lesotho (Maseru)	Sr. Resident Technical M&E Advisor	Built monitoring and evaluation capacity through mentoring, seminars, and workshops of the USAID/Swaziland PEPFAR technical staff. Provided TA to PEPFAR IPs to enable them to have an adequate system for, and capacity to, monitor health program performance.

•   Provided TA to the MOH and NERCHA and associated IPs to enable them to have adequate system for, and capacity to monitor their respective program performance.

•   Led Eswatini, South Africa & Lesotho continuous DQA/DQI strategy to ensure improved quality of data. |

| 2008 – 2009 | Baylor International Pediatric AIDS Initiative, Mbabane, Eswatini | Sr. M&E and Research Coordinator | Designed and developed M&E systems and M&E work plans for use within the Baylor International Pediatrics AIDS Initiative network in Botswana, Lesotho, Malawi, Swaziland, Burkina Faso, and Romania.

Coordinated all M&E activities conducted within the BIPAI network. Assisted BIPAI Country Director to generate consistent, timely clinical research data from the BIPAI Electronic Medical Record system to inform the clinical research agenda for the BIPAI network.

Supported in-country Director on consistent data analysis and performance reporting for the Pediatric HIV/TB program on monthly basis. These were periodically submitted to MoH, donors and key partners and |
|---|---|---|---|

			identified opportunities for enhanced reporting, documentation, and publication of success of the BIPAI network, as well as accountability.
2007 – 2008	Bristol-Myers Squibb, Eswatini (Mbabane), Lesotho (Maseru) & Botswana (Gaborone)	Regional M&E Consultant	• Provided M&E, HIS and DQ technical support and capacity building under the Technical Assistance Programme (TAP) Secure The Future for Bristol-Myers Squibb Company in Lesotho, Eswatini, Botswana, and Namibia.

2005 -2006	BIPAI Network BCM-BMS Children's Clinic Centre of Excellence, Mbabane, Eswatini	Clinical Data Manager	Coordinated the design of clinical EMR database applications using sound DBM methods based on extensive expertise within the BIPAI Network. Planned and implemented enterprise production database operating environments required to establish database support utility procedures. Developed and implemented a dynamic platform for data staging, data set extraction and consolidation across the entire BIPAI network to ensure efficient in-country reporting. Led clinical data management and data extraction activities to support applied clinical research with the BIPAI network
2004 -2005	USAID POLICY Project, Mbabane, Eswatini	Regional Advocacy and Research Officer	Built capacity in the South African region in Botswana, • Eswatini and South Africa to ensure advocacy and adoption of policies for Family Planning, SRH, HIV and maternal & child health services through civil society, SRH advocacy networks and networks for PLHIV through the USAID POLICY Project. Facilitated advocacy trainings in Eswatini and Botswana for PLHIV networks. In collaboration with Local Universities, conducted formative research on PLHIV needs
			and rights to inform policy in HIV interventions & human rights

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| 2003-2004 | Bristol-Myers Squibb, Mbabane, Eswatini | Resident Research/M&E Officer | Supported design and implementation of the national PMTCT operational research and formative evaluation for informed PMTCT program in Eswatini. • Developed, deployed, and implemented PMTCT oriented EMR to support documentation of PMTCT clinical services, Male Partner Involvement (MPI) and psychosocial support activities.
• Designed and implemented M&E system for the first Pilot Operational Research and Community-based Program (PORECO) for Preventing Motherto-Child Transmission (PMTCT) under Secure the Future Program funded BMS. Designed, planned, implemented, monitored, and evaluated national scale of PMTCT program in Eswatini |

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