



# **HEALTH PROFESSIONS COUNCIL OF ZAMBIA**

## **Accreditation of Sites for Provision of Male Circumcision Services for HIV Prevention**

**Guidelines  
Assessment Tool  
And Guiding Principles**

**August, 2010**



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organisation concerning legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## 1.0 Foreword

In the 21<sup>st</sup> century Accreditation of health care services is being recognised as one of the viable systems to improving of quality of health care university. Most governments and institutions are adopting systems of health services accreditation as a focused means of improving and assuring quality delivery of health care to patients.

Zambia is among those countries that have adopted the system of accrediting health services. The mandate to accredit health services was granted to the Health Professions Council of Zambia. The Health Professions Council of Zambia (formerly Medical Council of Zambia) was established through an act of parliament and vested in it are the powers to;

- Register members of the health profession and regulate the professional conduct of health practitioners;
- Maintain appropriate practise standards among health practitioners that are consistent with the principle of self regulation and the promotion of high standards of public health;
- Develop, promote, maintain and improve appropriate standards of qualification in the health profession;
- Promote the integrity, and enhance the status, of the health profession including the declaration of any particular health practise to be undesirable for all, or a particular category of, health practitioners;
- Licence public and private health facilities, accredit health services and monitor quality control and assurance of health facilities and services;
- Represent, coordinate and develop the health profession and promote its interest;
- Develop, promote and enforce internationally comparable practise standards in Zambia;
- Investigate allegations of professional misconduct and impose such sanctions as may be necessary;
- Protect and assist the public in all matters relating to the practice of the health profession
- Advise the Minister on matters relating to the health profession

The Government through the Ministry of Health recognized that an accreditation system was necessary to improve the quality of services in the health sector, thereby extending the mandate of the Council to accreditation of health services. This occurred at an opportune time when Zambia was a signatory to the millennium development goals of which one of the goals focuses on prevention of HIV and AIDS.

One of the initial steps the Ministry of Health had to undertake in prevention of HIV was to include male circumcision as one of the important comprehensive male reproductive health and Hiv prevention strategy. The Ministry of Health further developed a National Male Circumcision Strategy and Implementation Plan 2010 – 2020. The plan outlined the roadmap for increasing accessibility of male circumcision services, increasing the skills of male circumcision providers, defined the minimum male circumcision packages, developed an implementation plan, monitoring and evaluation systems. The goal was to make high quality, safe male circumcision services accessible and available to all men and boys on a voluntary basis, achieving a male circumcision prevalence of 50% by 2020.

The uninfected boys and men ,aged 13-39 were set out to be the priority target in this strategy. The target of circumcising 80% of male neonates by 2020 was also set.

In responding to the National Male Circumcision Strategy and Implementation Plan 2010 – 2020, the Health Professions Council of Zambia developed Accreditation Guidelines for Provision of Male Circumcision Services for HIV Prevention to guide the establishment of male circumcision sites .

The Council wishes to extend its sincere appreciation to the World Health Organization ,Ministry of Health and Co-operating Partners for the support rendered during the development process of these guidelines . The Council is confident that the standards set in these guidelines are realistic and attainable in Zambia.

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**Professor Y. Mulla**  
**CHAIRMAN**

## 2.0 Acknowledgements

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.....  
**Dr. M. M Zulu**  
**Registrar**

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## 4.0 Acronyms

CIDRZ	Centre for Infectious Disease Research in Zambia
CO	Clinical Officer
CT	Counselling and Testing
DHMT	District Health Management Team
ECZ	Environmental Council of Zambia
GNC	General Nursing Council
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCZ	Health Professions Council of Zambia
LMIS	Logistics Management Information System
MC	Male Circumcision
MD	Medical Practitioner
MoH	Ministry of Health
NAC	National AIDS Council
PMO	Provincial Medical Office
PRA	Pharmaceutical Regulatory Authority
QA	Quality Assurance
SOP	Standard Operating Procedures
WHO	World Health Organisation
ZPCT	Zambia HI V/AIDS Prevention, Care and Treatment Partnership

## 5.0 Definition of terms

**Male Circumcision Site or health facility:** a health facility that provides basic services including, but not limited to outpatient department, medical, surgical, paediatric, obstetric and gynaecological services and basic diagnostic services, and an adequate level of health staff clinically supervised by medical practitioner.

**Site:** This is a licensed health facility providing one or more medical services relating to preventive, diagnostic, or treatment techniques of a particular disease or organ class.

**Supervision:** This is availability of a Medical Practitioner to oversee the activities of the MC site.

**Supervisor:** A certified health professional appointed to oversee the activities of a particular domain.

**Resource person:** any personnel in the clinical team that is able to provide special services such as providing various forms of training (including on the job training), outreach, technical support, and other pertinent national duties.

**Focal Point Person:** any personnel in clinical team that is able to provide support supervision and coordination of various activities in Male Circumcision services especially in areas such as Clinical/Surgical care, pharmacy and logistics, Information systems, Quality Assurance, counselling and fostering community involvement in service provision of male circumcision. The focal person must have had an advanced or basic training in Male Circumcision, co-ordinating pharmaceutical logistics and community mobilization .

**Formal referral system:** this is a referral system with documented procedures for referrals, referral directory, appropriate referral forms and with or without a referral coordinator.

**Clinical team:** this is a team comprising the necessary cadres all trained and certified in Male Circumcision services.

### Male Circumcision Team of Assessors

- Provincial Medical Officer
- Clinical Care Specialist
- Surgical Expert
- Nurse

**Trained provider:** A health personnel with professional qualifications from a recognised training institution registered and licensed by an appropriate regulatory body in Zambia.

**Certified Male Circumcision Provider:** A trained provider who has successfully completed Ministry of Health appropriate and approved training programmes for male circumcision providers and is recognised by an appropriate regulatory body HPCZ or GNC.



## 6.0 Executive Summary

These Accreditation Guidelines and assessment tools have been devised for the assessment of both public and private health facilities that provide Male Circumcision services. The guidelines are designed to assess quality aspects in all the domains or service areas in order to ensure that the site meets the accreditation standards before the certificate is issued.

A team of trained assessors under the authority of the Health Professions Council of Zambia will assess the MC sites. Depending on the outcome of the assessment report, the site is graded in one of the following five stages:

Mobilization	(Stage 1)
Service Delivery Planning	(Stage 2)
Preparation	(Stage 3)
Accreditation	(Stage 4)
Centre of Good Standing	(Stage 5)

Only those sites graded as stage 4 or 5 will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to the set standards for an accredited site. Those sites that fall below Stage 4 at the time of re-assessment lose their accreditation status until they improve to stage 4 or 5.

The following five(05) service areas (domain of service delivery) are assessed or evaluated during a site assessment:

- Domain 1: Male Circumcision Team & Supervision
- Domain 2: National Guidelines, Male Circumcision Protocols and Quality Assurance
- Domain 3: Level of Health Care and Male Circumcision Services
- Domain 4: Male Circumcision Data Capturing, M&E and Pharmaceutical Logistics Management Information Systems
- Domain 5: Infection Prevention and Waste Management

Minimum standards and required areas have been elaborated in these guidelines. A checklist has been provided for scoring and eventual grading of the site.

All sites providing or wishing to provide male circumcision services must attain a stage '4' or Stage '5' grading in order to be accredited as an MC site for provision of Male Circumcision-services.

## **7.0 The Accreditation Procedure**

It is compulsory for all sites providing Male Circumcision services to be accredited by HPCZ. Sites that are already providing MC services will be assessed based on the schedule set by HPCZ and communicated to the team of Assessors identified by the PMO. Sites intending to provide Male Circumcision services shall apply to the HPCZ for assessment.

The accreditation process shall be as follows: -

### **Preliminaries**

- a. Verification of registration of site by HPCZ to provide MC services in Zambia.
- b. Verification of certification of health care providers by HPCZ or General Nursing Council of Zambia (GNC).
- c. The Site to be assessed shall pay an assessment fee as determined by HPCZ
- d. The MC Accreditation Team (appointed by the HPCZ) is informed of the assessment schedule.
- e. The site is informed of the impending assessment for accreditation including the date of the exercise as determined by HPCZ.

### **Assessment of site**

- a. The MC Accreditation Team visits the site and uses the site assessment tool for evaluation.
- b. The MC Accreditation Team provides a feedback to the management before leaving the site.

### **Reports**

- a. A comprehensive site assessment report is submitted to the HPCZ by the team within 10 working days.
- b. The site assessment report is presented to the MC Accreditation Expert Panel at HPCZ for recommendations which shall meet quarterly and as required.

- c. A formal report on the outcome of the assessment with recommendations is sent to the site and copied to the Permanent Secretary, Directorate of Clinical Care & Diagnostics, Directorate of Public Health & Research, PMO and the DMO of the Ministry of Health by HPCZ within 8 weeks of the assessment .

### **Follow up action**

- a. Follow up for corrective actions for Accreditation will depend on the recommendations by the MC Accreditation Expert Panel at HPCZ.
- b. Corrective follow up action (within the time specified by the HPCZ) shall be the responsibility of the site.
- c. New sites that do not meet the standards will not start providing Male Circumcision services until re-assessment
- d. For sites already providing MC services but still not meet the standards after initial 6 months improvement period given, Expert panel shall review that case and take appropriate action.
- e. Sites that meet the Accreditation standards will be given a certificate of accreditation .
- f. All Accredited sites shall be Re-Accredited every 2 years (not less than 3 months before expiry of previous Accreditation Certificate).



## 8.0 Service Domains Evaluated to Assess Site Readiness

There are five (05) domains and twelve (12) domain areas that shall be evaluated during the site assessment:

Domain 1:	<b>Male Circumcision Team, Supervision and Administrative Documents</b>
Domain areas:	Clinical Team & Supervision Focal Point Person Administrative Documents
Domain 2:	<b>National Guidelines, MC Protocols and Quality Assurance</b>
Domain areas:	National Guidelines and MC protocols Quality Assurance Systems
Domain 3:	<b>Level of health care and Male Circumcision</b>
Domain areas:	Comprehensive Services Recommended Equipment, Medical & Surgical Supplies Physical Space
Domain 4:	<b>Data Capturing, M&amp;E and Pharmaceutical Logistics Management Information Systems</b>
Domain areas:	Data Capturing, M&E Pharmaceutical Logistics Management Information Systems
Domain 5:	<b>Infection Prevention and Health Care Waste Management Systems</b>
Domain areas:	Infection Prevention Systems Health Care Waste Management

Only those sites that score a minimum of '4' in EACH domain area will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to standards set for an accredited site. An accredited site that score below 4 in any of the domain areas at the time of re-assessment lose their accreditation status until they attain the required standards.



## **Domain 1: Male Circumcision Team & Leadership**

The proposed site must have a complete clinical team, adequate supervision and an established human resource and administration: -

### **(A) Clinical Team and Supervision**

- Adequate recommended number of staff registered with HPCZ & GNC.
- Adequate recommended number of staff certified to provide MC services.
- A medical practitioner to supervise (stationed at the site or accessible for consultation according to HPCZ guidelines) .
- Availability of a medical practitioner, medical licentiate, clinical officer or nurse as a focal point person trained in Male Circumcision.

### **(B) Administration documents**

#### **Category A Documents (Mandatory)**

- Policies on confidentiality, privacy and informed consent (patients' rights document)
- Manual for Male Circumcision under local Anaesthesia
- Male circumcision booking register
- Standard client cards or forms
- Male circumcision activity schedule\*
- Standard record of adverse events
- Standard male circumcision register
- Staff training needs assessment and a training plan for those that have not been trained
- Standard reporting tools

#### **Category B Documents (Desirable)**

- Staff files of clinicians, pharmacy personnel, environmental personnel, nurses ,counsellors, data clerks etc
- Duty roster
- Training attendance records
- Results of client exit survey
- Survey results of community perception of MC

\* Activities include :

Counselling,  
Testing,  
Surgical operations,  
Post-operating reviews,  
Community sensitization,  
Referrals.

The following areas are evaluated to determine capacity:

**Table-1**

<b>Domain 1: Male Circumcision Team, Supervision and Administrative Documents</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Clinical team & Supervision	No MC clinical team	1
	Has an incomplete MC clinical team	2
	Has a complete MC clinical team but not all members are trained or certified	3
	Has a complete MC clinical team with all members trained and certified under the Supervision of a rotating Medical Practitioner	4
	Has a complete MC clinical team with all members trained under the Supervision of a full- time Medical Practitioner	5
Focal Point Person	Has no focal point person at site	1
	Focal point person identified but not trained	2
	Focal point person trained but not certified in MC service provision	3
	Focal point person trained and certified in MC service provision	4
	Focal point person trained, certified and is a resource person	5
Administrative Documents	Has no documents in any of the categories	1
	Has only documents in category (B)	2
	Incomplete documents in category (A)	3
	Have all the category (A) documents	4
	Have all documents in both category (A) and (B)	5
Total : Male Circumcision Team, Supervision and Administrative Documents (sum of domain area scores)		
Male Circumcision Team, Supervision and Administrative Documents (Total Leadership Score/3)		

*\* Supervisor and focal point person could be the same person depending on size of the facility.*



## **Domain 2: National Guidelines , MC protocols and Quality Assurance Systems**

The proposed site must use current MoH approved national guidelines, protocols and standard operating procedures and other existing national guidelines (See table below for recommended documents) for :

### **(A) Recommended Documents (Mandatory)**

- National Male Circumcision Strategy and Implementation Plan 2010 - 2020
- Manual for Male Circumcision under local Anaesthesia
- HPCZ Male Circumcision for HIV prevention Accreditation Guidelines
- National Guidelines for HIV/AIDS counselling & testing
- Male circumcision counselling training package ( reference manual for health care workers)
- Quality Assurance (QA) systems covering clinical, pharmacy services, waste disposal, infection prevention.
- National STI Syndromic Case Management Guidelines for Zambia
- Zambia Infection Prevention Guidelines
- Technical guidelines on sound management of health care Waste (ECZ)

### **(B) Desirable Documents**

- National Health Care Waste management Plan ( MoH)
- Integrated Technical Guidelines
- Male Circumcision Orientation Package for health managers and supervisors
- Men's health kit flip chart

### **Components of a QA System**

- QA committee and focal point person
- Quarterly QA meetings and minutes
- QA tools
- QA support supervisors
- Guidelines, wall charts, clinical checklists and procedure manuals
- QA supervision/evaluation reports

The following areas are evaluated to determine capacity:

**Table-2**

<b>DOMAIN 2: NATIONAL GUIDELINES , MALE CIRCUMCISION PROTOCOLS AND QUALITY ASSURANCE SYSTEMS</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
National Guidelines and MC Protocols	Has no documents in any of the categories	1
	Has only documents in category (B)	2
	Has incomplete documents in category (A)	3
	Has all the category (A) documents	4
	Has all documents in both category (A) and (B)	5
Quality Assurance Systems	Has no QA system	1
	Has committee for QA	2
	Has committee for QA and some tools	3
	Has committee and supervisors for QA	4
	Has all components of a systems	5
Total : National Guidelines/MC Protocols/QA Score (sum of domain area scores)		
(Total National Guidelines/MC Protocols/QA Score Score/2)		

\* Satellite sites evidence of affiliation to an accredited site suffices.

### Domain 3: Level of Health Care and Male Circumcision Services

The **services** listed below must be provided on-site in adequate clinic space or be available by coordinated linkages through formal referral systems. Some services are mandatory while others are desirable.

#### (A) On-site services

- MC counselling services (pre and post-operative counselling)
- HIV Counselling and testing services
- MC Surgical Services
- Routine treatment of sexually transmitted infections (STIs) and distribution of condoms.

#### (B) Desirable services

- ART Services
- Other Surgical Services
- Other Clinical services
- Networking with HIV support groups, home based care

#### Comprehensive Services

The proposed site must have evidence of access to comprehensive services. Some services (Category A) are mandatory while others are desirable (Category B) services. See table below: -

Category A Services (Mandatory)
• MC counselling services (pre and post-operative counselling)
• HIV Counselling and testing services
• MC Surgical Services
• Routine treatment of sexually transmitted infections (STIs) and distribution of condoms.
• MC counselling services (pre and post-operative counselling)
• Men's reproductive health services
Category B Services (Desirable)
• ART Services
• Other Surgical Services
• Other Clinical services
• Networking with Male Circumcision support groups ,HIV support groups and home based care support groups

## Co-ordinated Linkages

Where the service is not available on-site the proposed site must show evidence of co-ordinated external linkages through formal referral system to other sites such as:

- Men's reproductive health services
  - Family planning, maternal health, sexuality, alcohol abuse and gender issues.
  - Sexual dysfunction
  - Cancer screening
  - Infertility
- ART Services
- Other Surgical Services
- Other Clinical services
- Networking of the site with the community (support groups, traditional groups and psychosocial support groups)

### **(C) Recommended Equipment, Medical and Surgical Supplies:**

The site must have the following recommended equipment, medical and surgical supplies, see Annexes:

- |                                   |         |
|-----------------------------------|---------|
| • Equipment                       | Annex A |
| • Surgical instruments            | Annex B |
| • Medical Surgical Supplies       | Annex C |
| • Emergency resuscitation trolley | Annex D |

### **Physical Space**

The proposed site must also have acceptable and adequate physical space ,ventilation and lighting accommodating the provision of MC services. The site must have adequate room for:

- Operating
- Recovery
- Counselling,
- Storage space for medical and surgical supplies.
- Reception(waiting area)
- Sanitary accommodation (toilets)

The following areas are evaluated to determine capacity:

Table :3

<b>Domain 3: Level of Health Care and Male Circumcision Services</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Comprehensive services	Has no services in any of the categories	1
	Has only services in category B	2
	Incomplete category A services	3
	Have all the category A services	4
	Have all category A and at least 2 in category B	5
Recommended Equipment, Medical & Surgical Supplies	Meets requirements in less than two (02) of the annexes	1
	Meets all requirements in two (02) of the annexes	2
	Meets all requirements in three (03) of the annexes	3
	Meets all requirements in the 4 annexes	4
	Meets all requirements in the 4 annexes and in addition has least one of the desirable equipment in annex A	5
Physical Space*	Has less than three of the required rooms	1
	Has three of the required rooms	2
	Has four of the required rooms	3
	Has room for operating, counselling, waiting, recovery and sanitary accommodation with adequate space	4
	Has room for operating, counselling, waiting, recovery, sanitary accommodation and has room for additional MC services e.g training, male reproductive services.	5
Total : Level of Health Care and Male Circumcision Services (sum of domain area scores)		
Level of Health Care and Male Circumcision Services Domain Score (Total Leadership Score/3)		

\*Measurements of each room should have a floor area of not less than 8.361 square metres, horizontal dimensions of not less than 2.1336 metres and minimum height of at least 2.5908 metres pursuant to the Public Health (Building) Regulations.

#### **Domain 4: Male Circumcision data capturing /HMIS and Monitoring & Evaluation and Pharmaceutical Logistics Management Information System**

The proposed site must have: -

##### **Data capturing**

- A reliable data collection system for maintaining patient's medical records (including Patient tracking system and program monitoring & evaluation systems, client registers, cards, schedules, waiting lists, addresses, adverse events documented ).
- Components of male circumcision data capturing ,processing and reporting tools paper or electronic system (Procedures Manuals, Data Collection Tools and/or Computers, Software or Forms, Register and Trained Personnel)

##### **Pharmaceutical Logistics Management Information System**

- Secure appropriate storage space for commodities (surgical and medicinal supplies etc)
- Stock status reporting, dispensing and ordering systems including emergency supplies.
- The standard national procedures for forecasting/calculating re-supply orders.
- Established supply chain management.

Table-4

<b>Domain 4: DATA CAPTURING, MONITORING, EVALUATION AND PHARMACEUTICAL LOGISTICS INFORMATION MANAGEMENT SYSTEM</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
<b>Data Capturing, M &amp; E</b>	Has no MC information management system staff	1
	Has MC information management system staff but not computer literate	2
	MC information management staff who is computer literate but not trained in MC information management and M&E.	3
	Has MC information management staff who is computer literate trained in MC information management and M&E	4
	Has staff trained in MC information management and M&E who is a resource person and has evidence of reports in period discussed, analysed and submitted to the next level ( DHO, PHO &/or MOH)	5
<b>Pharmaceutical Logistics Management Information System</b>	Has no established procedure for inventory management of MC supplies	1
	Has established inventory management procedures for other supplies but lacks all the MC supplies	2
	Has limited inventory management procedures for MC supplies	3
	Has established inventory management procedures for all components of MC supplies .	4
	Has established inventory management procedures for all components of MC supplies and a minimum of one certified logistics personnel who is a resource person	5
Total Data Capturing,M&E And Pharmaceutical Logistics Management System (sum of domain area scores)		
Data Capturing,and M&E and Pharmaceutical Logistics Management System (Total Score/2):		

## **Domain 5: Infection Prevention And Waste Management**

### **(A) Infection Prevention**

The proposed site must have the following infection control measures and system :

#### **Mandatory**

- National Infection Prevention Guidelines
- Hand washing facilities with running water
- Personal protective equipment(utility gloves,aprons boots )
- Instrument processing facilities(e.g jik buckets,autoclave,boiler)
- Focal Point Person and committee in place for infection prevention
- Post exposure prophylaxis protocol
- Linen processing facilities .

#### **Desirable**

- Infection Prevention Protocols

\*Infection prevention measures should comply with the national guidelines for infection prevention . The infection prevention equipment refer to annex E on page 33.



## **(B) Health Care Waste Management**

The site must also have the following recommended waste management processes and measures :

### **Personnel**

Trained personnel in waste management

### **Generation**

- Suitable HCW receptacles of appropriate size and number available for different waste types .
- All waste receptacles labelled with basic information on their content and waste producer. The labels should be permanent.
- Compliance to colour coding

### **Storage**

- Temporally storage facilities located away from patients
- Leak proof containers being used for storage
- Biohazard marks and other warning signs posted conspicuously on doors and walls
- Appropriately colour coded vehicles, carts and trolleys are used for transportation

### **Collection and Transportation**

- Collection and transportation of HCW complying with the general waste management plan of the local authority
- HCW sorted before transportation
- Fixed schedule for collection of waste bags and containers from each department or unit.
- Use of wheeled trolleys with lids during collection and transportation
- Equipment used for transportation and collection disinfected

### **Treatment and Disposal**

- Uses of a licensed waste management contractor
- Uses appropriate incinerator for the type of health facility
- Complies with land disposal guidelines.

\*All health facilities should ensure they have a copy of Technical guidelines on the sound Management of Health Care Waste( ECZ) and National Health Care Waste Management Plan (MoH)

Table : 5

Domain 5: INFECTION PREVENTION AND HEALTH CARE WASTE MANAGEMENT		
Domain Area	Capacity	Score
<b>Infection Prevention</b>	Has no infection prevention systems	1
	Meets one of the following : guidelines, equipment*, focal point person for infection prevention	2
	Meets two of the following : guidelines, equipment , focal point person for infection prevention	3
	Meets all the guidelines: equipment , focal point person for infection prevention	4
	Meets all guidelines, equipment, focal point person and committee for infection prevention	5
<b>Health Care Waste Management</b>	Has no health care waste management systems	1
	Complies with guidelines for HCW in at least two of the areas	2
	Complies with guidelines for HCW in any of the three areas	3
	Complies with all the guidelines for generation , storage, transportation, and disposal of HCW	4
	Complies with all the guidelines for generation , storage, transportation, and disposal of HCW and the focal point person is resource person	5
Total infection prevention and waste management (sum of domain area scores)		
Infection prevention and waste management ( Score/2):		

\*See Annex F for the health care waste management required equipment.

## 9.0 Determination of Stages for MC Site Accreditation

The assessment tool, which is both qualitative and quantitative, evaluates an MC site for staging towards accreditation. Each domain area is scored according to findings based on evidence and key informants. It is required that a site attains at least a score of “4” in each domain area in order to be accredited. The overall score will determine the staging of the site into one of the following: -

- Stage 1 Mobilisation
- Stage 2 Service delivery planning
- Stage 3 Preparation
- Stage 4 Accreditation
- Stage 5 Centre of Good Standing

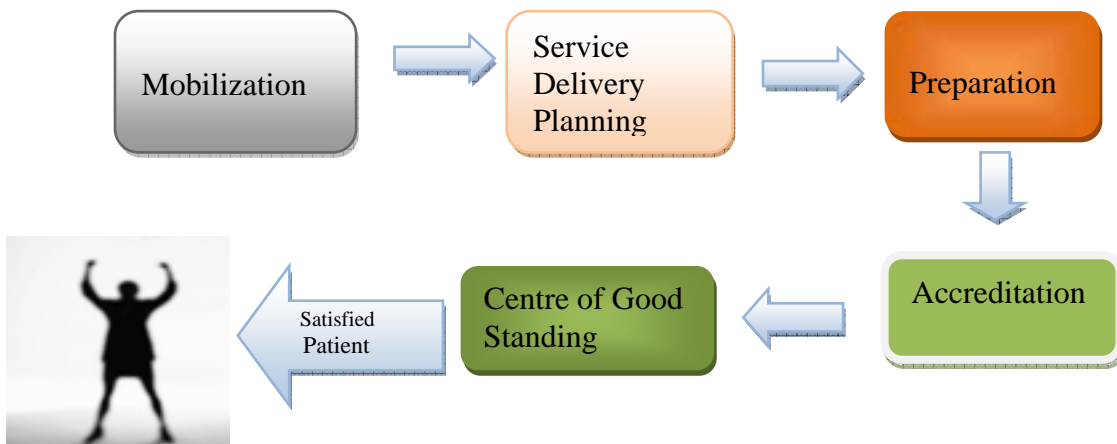
Key to Scoring Range Stage	Stage	
12-23	1	Mobilisation
24-35	2	Service delivery planning
36-47	3	Preparation
48-59	4	Accreditation
60	5	Centre of Good Standing



An overall score that places a site at Stage 4 or 5 with a minimum score of 4 in each domain area indicates that the site has the capacity to provide MC services. A score that places a site at Stage 3 or below indicates that the site must seek technical assistance for progression.

A Centre of Good Standing status will be given to those sites that score 5 in all the domain areas and have been in operation for more than six months. Sites which were accredited can apply for accreditation as a Centre of Good Standing after six months.

### The outcome of accreditation



## 10. Guiding Principles

This plan will focus on the following interventions: -

- Putting in place an efficient quality assurance system
- Ensuring use of routine health information and patient-level data analyses.
- Accrediting public and private health care institutions
- Certifying health care providers providing MC services
- Ensuring availability surgical and medicinal supplies
- Ensuring rational use of all supplies
- The programme will observe, promote and ensure equity of accessing MC services.
- The programme will recognize the synergy inherent in a multi-disciplinary approach, and will therefore elaborate an overarching approach to include public and public-private partnerships
- The programme will encourage and support community involvement.
- The programme will be structured in such a way that it wins universal acceptability among users
- The programme will borrow from the constitutional imperatives on the bill of rights that, every citizen has a right to good health and eventual personal decision.

## 11.0 Aim and Objectives for Accreditation of MC Sites

### Aim

To establish an accreditation system that will ensure quality service delivery at male circumcision sites.

### General Objective

The main objective of the accreditation system is to assess a site's ability to provide male circumcision services.

### Strategic Objectives

- To ensure high standards of practice in provision of MC services
- To ensure adherence to policies, guidelines, protocols and procedures mandatory to accreditation.
- To develop the accreditation database MC activities
- To train MC accreditation assessors
- To roll out of the MC accreditation programme
- To disseminate information pertaining to MC accreditation

## Equipment List : Annex A

<b>Mandatory Annex A</b>
Operating table
Patient trolley
Emergency tray/trolley
Laryngoscope
Airways
Ambu-bag (adult size)
Instrument trays
Light source
Soiled linen trolley & bag
Privacy screen *
I.V. stand
examination table
Suction machine
Sphygmomanometer
<b>Desirable Annex A</b>
Washer / dryer
Diathermy machine
Examination light
Theatre light

\*privacy screens will be required where needed e.g used in areas where multiple activities are taking place.

## Set of Surgical instruments for MC Annex B

No.	Items	Quantity
1	forceps, haemostatic, curved, 12 cm	04
2	forceps, haemostatic, straight, 12 cm,	02
3	scissors, dissecting, curved, 12cm	01
4	Stitch scissors , 12 cm	01
5	handle for surgical blades, no. 4	01
6	forceps, dissecting, spring-type, 1 x 2 teeth, 12.5 cm	01
7	forceps, dissecting, spring-type, non-toothed, 14 cm	01
8	needle holder, straight, narrow jaw, 15 cm	01
9	forceps, sponge holding, straight, 25 cm	01
10	Galipot, 150 ml,	01
11	kidney basin, 25 cm, 825 ml, stainless steel	01
12	kidney basin, 15 cm, 275 ml, stainless steel	01

Each site is required to have a minimum of ten circumcision sets to be accredited.

## Medical Surgical Supplies

## Annex C

Sterile/surgical gloves
Examination gloves
Surgical Blades
Disinfectants e.g hypochlorite( e.g Jik) ,Teepol,
Skin preparation solutions e.g Povidone iodine, Savlon,spirit
Hand scrubs e.g Soap , alcohol rub
23 G Needles
21 G Needles
Analgesics e.g paracetamol
1 or 2 % <b>Plain</b> Lignocaine or 0.5% marcaine (local)
Syringes 10ml
Vaseline Gauze
Chromic catgut 3/0 or vicryl rapide 4/0 on a reverse cutting needle or round bodied needle
Pill Packs or prepacked medicines
16g ,18g,20g,22g,24g and butterfly cannulae
Giving Sets
I.V. Fluids 0.9% sodium chloride
50% Dextrose
Sterile Gauze
Cotton Wool
Strapping (e.g Zinc oxide adhesive)

<b>Items on the emergency trolley</b>
Hydrocortisone
Adrenaline
Diazepam
Aminophylline
Phenobarbitone
Atropine
Potassium Chloride
Calcium gluconate
50% Dextrose
<b>Resuscitation equipment</b>
A full oxygen cylinder with working gauge
Suction machine
Ambu bag
Cannulae
Giving sets
Endo Tracheal Tube
Laryngoscope
Airway
Syringes
Needles
Spatula

## Infection Prevention Requirements Annex E

<b>Hand Hygiene</b>
Running Water
Sanitizer Hand rub
Plain soap
Medicated soap
Personalised Hand towels/disposable paper towels
<b>Antiseptics</b>
Methylated spirit
Chlorhexidine
Povidone Iodine
<b>Instrument Processing</b>
Chlorine / sodium hypo chloride (Jik )
Instrument cleaning brushes
Autoclave
Detergent
Buckets
<b>Personal Protective Equipment</b>
Mackintosh / incontinent sheet
Plastic Apron
Closed boots or shoes
Caps
Goggles or glasses
Masks
Sterile Drapes
Gowns/Scrub Suits
Utility gloves, Large
Heavy duty gloves, Large
Surgical gloves
<b>Desirable Items</b>
Washing machine
Laundry Drier



## Health Care Waste Management Annex F

Equipment required for health care waste management :

<b>Generation</b>
Colour coded bins
Colour coded bin liners (yellow)
Colour coded bin liners (black)
Sharps boxes 5L
Buckets
<b>Storage</b>
Polythene bags
Biohazard markers
Designated area for storage
Transport equipment vehicles, carts and wheeled trolleys
Polythene bags being used
Colour coded bins
Colour coded bin liners (yellow)
Colour coded bin liners (black)
Sharps boxes 5L
<b>Transportation</b>
Transport equipment vehicles, carts and wheeled trolleys (leak proof)
<b>Disposal</b>
licensed waste management contractor
Appropriate incinerator for the type of health facility
Guidelines disposal of HCW

\*All containers(bins) should be leak proof.