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

## Overview of PEPFAR Operational Guide Voluntary Medical Male Circumcision (VMMC) Services (DRAFT)

### A Service Guide for Site Operations

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# **PEPFAR Operational Guide for Voluntary Medical Male Circumcision Services**

*A service guide for site operations*



# Objectives of the Guide

- **Provides guidance to PEPFAR's implementing partners** on the processes for establishing new voluntary medical male circumcision (VMMC) services
- **Provides materials and tools** that will help implementing partners launch VMMC services
- **Describes approaches** that have been previously used to establish VMMC services successfully in numerous countries
- Ensures **high-quality services** from the outset, and minimizes any potential delays that could affect service delivery of the programs

# Builds upon Existing Resources

- The scope of the document:
  - Is **limited to** establishing and supporting quality VMMC services for HIV prevention at the **facility or VMMC site level**
  - Differs from WHO/UNAIDS *Operational guidance for scaling up male circumcision services for HIV prevention*, which provides guidance on the *what* and the *how* of bringing VMMC **to scale** with a focus on higher level functions



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# Operational Guidance for Scaling Up VMMC for HIV Prevention: WHO and PEPFAR Areas of Focus

## WHO/UNAIDS Operational Guidance: Areas of Focus

1. Leadership and partnerships
2. Situation analysis
3. Advocacy
4. Enabling policy and regulatory environment
5. Strategy and operational plan for national implementation
6. Quality assurance and improvement
7. Human resource development
8. Commodity security
9. Social change communication
10. Monitoring and evaluation

## PEPFAR Operational Guide: Areas of Focus

1. Service site selection
2. Service site planning
3. Service site preparation
4. Procurement of commodities
5. Creating demand
6. VMMC skills training
7. Implementation of WHO minimum package of services and appropriate linkages
8. Support launch of VMMC services
9. Training VMMC supervisors
10. Adverse event management, monitoring and reporting
11. Routine monitoring and evaluation (M&E)
12. Special studies
13. Internal and External quality assurance (EQA)
14. Voluntarism, informed consent and reimbursement
15. Health care waste management

# Development of Operational Guide

- Developed under the leadership of the PEPFAR VMMC Technical Working Group (TWG)
  - With technical and management support from MCHIP-PEPFAR-funded program through USAID
- Reviewed by PEPFAR field offices
- Incorporated input and country-specific case studies from experts in the field
- Reviewed and approved by PEPFAR's VMMC TWG

# Operational Guide Structure

- Fifteen (15) sections outline the key components involved in establishing new VMMC services
- Designed to be a reference document for PEPFAR implementing partners
- Each section contains:
  - Objectives
  - Description
  - Timeline
  - Useful tools
  - Useful international guidance documents
  - Case study

# Sections of the Operational Guide

1. Service Site Selection
2. Service Site Planning
3. Service Site Preparation
4. Procurement of Commodities
5. Creating Demand
6. VMMC Skills Training
7. Implementation of WHO Minimum Packages of Services and Appropriate Linkages
8. Support Launch of VMMC Services
9. Training VMMC Supervisors
10. Adverse Event Management, Monitoring and Reporting
11. Routine Monitoring, Reporting and Evaluation
12. Special Studies
13. Internal and External Quality Assurance (EQA)
14. Voluntarism, Informed Consent, and Reimbursement
15. Health Care Waste Management

# Appendices

1. Key Phases in Establishing New VMMC Services
2. Service Site Preparation Planning Template
3. Phases of VMMC-Related Communication
4. Checklist on VMMC Counseling
5. Adverse Events Classification and Grading

# VMMC Services Timeline



\* Forecasting and supply planning exercise with multiple demand scenarios should be done with all partners at the program level at least 6 months prior to the beginning of services. 3-4 months additional lead time is needed for mobile sites.

\*\* If VMMC Supervisors will assure the Support for Initiation of VMMC Services, they should be trained prior to training the VMMC providers; if not, they can be trained closer to beginning their role in supervision.  
Estimate about 4 months to launch of services at a brand new site (depending on how long it takes to complete Service Site Strengthening).

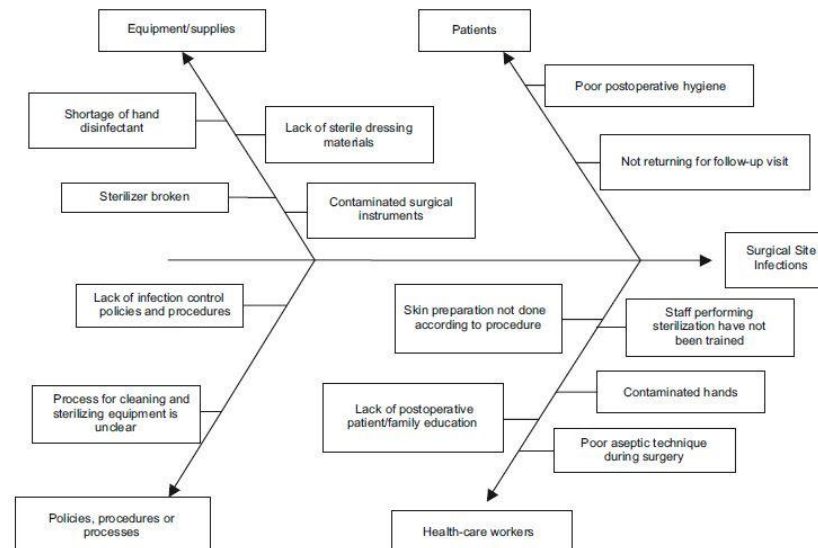
# Useful Tools

References existing tools to continuously improve performance and quality of VMMC services

Male circumcision quality assurance:

a guide to enhancing the safety and quality of services

Fig. 2. Fishbone diagram depicting possible causes of surgical site infections





# International Guidance Documents



## Operational guidance for scaling up male circumcision services for HIV prevention



## Joint Strategic Action Framework to Accelerate the Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa

2012–2016

EMBARGOED FOR TRANSMISSION AND PUBLICATION  
UNTIL 12:00 NOON CET, MONDAY 5 DECEMBER 2011  
(11 AM GMT, MONDAY)



[http://www.aidstar-one.com/focus\\_areas/prevention/resources/vmmc](http://www.aidstar-one.com/focus_areas/prevention/resources/vmmc)



# Case Studies

- Highlight what has worked in the field
- Developed by a variety of VMMC experts in several countries

## CASE STUDY—Service Site Selection in South Africa

Selection of fixed sites has been a process that occurs in consultation with the South African government. The focus has been on looking for fixed sites in high-density population areas that have reliable transport access. The objective has been to utilize the limited service delivery resources by locating initial fixed sites in the most accessible areas possible. The service delivery model is a hybrid (or mixed model) in which a fixed site is combined with mobile sites that are used for outreach. This specific hybrid establishes central, easily accessible, high-volume fixed sites capable of performing 50 to 100 VMMCs per day at each site. During campaigns and busy periods, this fixed site is the hub of activity and conducts large numbers of VMMC procedures. In periods between campaigns and during holidays, the fixed site continues to function with a basic staff team. During these slower periods, VMMC numbers decrease at the high-volume center to around 20 to 25 VMMCs per day. The additional center staff members are then deployed to cover a wider geographic range, and a number of mobile sites become operational. Generally, these mobile sites are low volume, and perform around 10 to 15 VMMCS per day. This mixed model ensures steady performance and delivery of VMMC targets throughout the year.



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# 1. Service Site Selection

- **Objective(s):** To select appropriate sites to provide VMMC services
- **Content**
  - Involvement of ministries and key stakeholders in site selection
  - Developing clear criteria for selecting sites
  - Selecting different site options (e.g., fixed, mobile, outreach)
  - Determining types of service delivery (e.g., routine vs. campaign)
  - Planning HR staffing options
  - **Case Study**—Service Site Selection in South Africa





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## 2. Service Site Planning

- **Objective(s):** To develop shared understanding, ownership, and support among the facility management, administration, counselors, clinicians, and the community.
- To create a site preparation action plan for providing the minimum package of safe VMMC services
- **Content**
  - Reviews the importance of a thorough approach to site preparation and site strengthening
  - Outlines key criteria for conducting an orientation at a new site
  - Discusses community mapping and the need to outline available resources, roles and responsibilities, opportunities, and challenges
  - **Case Study-** Tanzania's Site Preparation Action Plan Tool Development





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### 3. Service Site Preparation

- **Objective(s):** To prepare the site so it is ready to provide VMMC services that meet the minimum standards, and services can be launched once the staff training is completed
- **Content**
  - Reviews the necessary activities that should be completed prior to the scheduling of training and launch of services
  - Contains tips and diagram for organizing facility space for VMMC Services, prioritizing patient flow
  - **Case study-** Site Preparation for Tanzania's Lake Victoria Islands





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## 4. Procurement of Commodities

- **Objective(s):** To procure the necessary commodities to allow the provision of VMMC services that meet WHO/PEPFAR standards within a prescribed time frame
- **Content**
  - Reviews key steps and timeframe for procurement of commodities
  - Provides guidance on how to conduct a forecasting and supply planning exercise
  - Outlines the key steps of procurement and logistical considerations
  - Provides a table that compares advantages and disadvantages of different MC Kits
  - **Case study-** Zimbabwe's VMMC Commodities Logistics System





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## 5. Creating Demand

- **Objective(s):** To provide the community with accurate and complete information about VMMC
- To identify and correct any myths or misconceptions about VMMC
- To build demand for VMMC and provide all information necessary for informed consent among eligible men, and ensure that the supply of services is appropriate to meet the demand for services
- **Content**
  - Reviews advocacy, community sensitization, and community mobilization as critical components of creating demand
  - Suggests specific strategies for formal mobilization and provides guidance on complementary activities
  - Outlines activities to monitor communication and messaging
  - **Case Study-** Zimbabwe's Matching Supply and Demand





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## 6. VMMC Skills Training

- **Objective(s):** To give VMMC service providers the required competencies to provide a full package of VMMC services, according to the established standards
- **Content**
  - Outlines key considerations for training
  - Suggested staffing roles for HR for VMMC programs
  - References the tool containing generic job descriptions





# 7. Implementation of WHO Minimum Service Package and Appropriate Linkages

- **Objective(s):** To ensure that services are being implemented according to the WHO-recommended package of services.
- **Content**
  - Reviews WHO's specifications for VMMC including the requirements as part of a comprehensive package of services.
  - Outlines required package of services
  - Provides recommendations for appropriate linkages
  - **Case Study-** Zimbabwe's Linkage to Care and Treatment





## 8. Support Launch of VMMC Services

- **Objective(s):** To ensure a smooth startup of new VMMC services; To reinforce the knowledge, attitudes, and skills of VMMC service provision acquired by new VMMC teams, and ensure that they have the necessary confidence, skills, and systems to provide quality services
- **Content**
  - Reviews key steps needed to launch services
  - Advocates for ongoing mentoring in early stages at new VMMC sites
  - **Case Study-** South Africa's Supporting Launch of VMMC Services



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## 9. Training VMMC Supervisors

- **Objective(s):** To ensure that VMMC supervisors have the supervision skills and specific technical knowledge about VMMC required for effective, supportive supervision
- **Content**
  - Reviews the need for supervision systems and how they should be strengthened and supported to incorporate regular supervision for VMMC by key clinicians and health managers
  - Outlines the VMMC training manual and tools used to assess providers
  - **Case Study-** Training VMMC Supervisors- Learning by Doing



# 10. Adverse Event Management, Monitoring and Reporting

- **Objective(s):** To manage clinically adverse events related to VMMC surgery; To ensure appropriate referrals for adverse events
- **Content**
  - Reviews the need for programs to identify any possible AEs, and how to manage them quickly and efficiently for the best outcome
  - Outlines general AE management for a program including client education, post-operative monitoring, follow-up visits and AE rate calculations
  - Refers to the Appendix: Adverse Events and Classification and Grading
  - **Case Study-** Adverse Event Monitoring and Management

# 11. Routine Monitoring, Reporting and Evaluation

- **Objective(s):** To ensure the quality, safety, and progress of VMMC services by collecting, analyzing, and utilizing routine data from VMMC service provision
- **Content**
  - Reporting suggestions and requirements for generating daily, weekly, and monthly reports
  - Suggested potential indicators using the new publication- PEPFAR Guidance for Monitoring & Reporting Voluntary Medical Male Circumcision (VMMC) Indicators
  - **Case Study-** Tanzania's Development of Routine Monitoring and Evaluation Standards





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## 12. Special Studies

- **Objective(s):** To ensure the quality of VMMC services by conducting periodic studies and/or evaluations to address specific issues not captured in routine M&E
- **Content**
  - Outlines possibilities for special studies in VMMC programs
  - **Case Study-** Tanzania's Qualitative Study on Attitudes and Beliefs Surrounding VMMC





# 13. Internal and External Quality Assurance (EQA)

- **Objective(s):** To ensure that the VMMC services provided in the site meet the global standard for safety **and** efficiency
- **Content**
  - Outlines the need for internal quality assurance
  - Reviews the benefit of external quality assurance visits
  - **Case Study-** Kenya and Zambia's External Quality Assurance for VMMC Programs



# 14. Voluntarism, Informed Consent, and Reimbursement

- **Objective(s):** To ensure that male circumcision services are carried out safely, under conditions of informed consent, and without coercion
- **Content**
  - Definitions of informed consent and assent
  - Outlines the process needed to ensure all the key elements of informed consent for VMMC surgery are covered
  - Provides sample consent form
  - Explains recommendations regarding reimbursement for procedure-related expenses
  - Details recommendations regarding benefits/gifts provided, staff compensation, and program targets in relation to ensuring voluntarism

# 15. Health Care Waste Management

- **Objective(s):** To ensure that health care waste is properly managed in order to protect health workers, the community, and/or the environment
- **Content**
  - Describes the importance of a waste management plan
  - Outlines essential activities of a waste management plan
  - Recommends the need for Health Care Waste Management assessments
  - **Case Study-** Health Care Waste Management (HCWM)

# Final Packaging: Three Models

## Model 1

- **CD-ROM** with linked resources (e.g., guidance documents in each section)
- **CD-ROM** contains relevant tools and guidance documents

## Model 2

- **PDF** document
- **Hyperlinks** tools and guidance documents from table of contents and sections

## Model 3

- Hosted on VMMC clearinghouse
- **Website**

# For More Information

- Please contact VMMC TWG Co-Chairs
  - Emmanuel Njeuhmeli, USAID
  - Naomi Bock, CDC
  - Jason Reed, OGAC
  - Anne Thomas, DoD

PEPFAR's VMMC Operational Guide will be available on  
<http://www.malecircumcision.org>





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# Thank you!

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