

INSTITUTIONALISING TRAINING AND INNOVATIVE TRAINING APPROACHES

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Institutionalising VMMC

- ⦿ Ministries of Health take leadership and ownership of service delivery:
 - Framework for training, certification and quality assurance; funding
- ⦿ Management of HR for VMMC:
 - Task-sharing; partnerships
 - Pre-service training: Public Health concepts, Adolescents Infection prevention and control
- ⦿ Steering Committees with TWGs
- ⦿ Achieving Targets
 - Horizontal integration of VMMC; reimbursement models; funding models
 - Quality Assurance; supervision and mentoring HR

Tatenda, Siyabonga ,Amesegenalen, Merci,
Asante , Twalumbwa, Zikomo, Obrigado,
Thank you for Listening



Potential Role of Government Departments in long term maintenance of Quality services

- Head Office (Directorate for HIV / AIDS):
 - Framework for training and certification
 - Responsible for Quality of Care
 - Co-ordinate IQA and EQA
 - Create and implement a Supervisory framework
 - Local based on the Provincial Structures
 - Central based on Specialist Mentoring Framework
- Funding: NAC

Background to Zimbabwe VMMC Programme

⦿ Providers:

• Government:

- Ministry – driven, owned and directed
- Policy formulation and implementation
- Funding through the National Aids Council

• Implementing Partners

- 2007 resolution
- PSI, ZAZIC Consortium, UNFPA

• Doctors and Nurses

- Task-sharing agreement

⦿ Funding

- Global Funding, Partners, NAC

Structures

⦿ Players

- Ministry of Health and Child Care
 - AIDS and TB Directorate
 - Male Circumcision Focal point
- Implementing Partners

⦿ VMMC Steering Committee

- TWG Service Provision and Training
- TWG Communication
- TWG Resource Mobilisation

Training and Service Provision

- ◎ 2009 Feasibility, Piloting, Policy and beyond:
 - Centre responsible for training and support
 - Decentralise training to provincial levels
 - Ensure standardisation and Quality Assurance
- ◎ Targets set centrally in consultation with provinces

Driving principles

- ⦿ Doctor-based service provision
- ⦿ All providers must be trained and certified by the Ministry of Health and Child care
- ⦿ Main providers nurses
- ⦿ Service provision driven by targets and centred on the target population
- ⦿ Ministry of Health responsible for Quality Assurance

How to sustain VMMC Surgical delivery

- ① Started as vertical programme to accelerate provision
 - Implications; re-imburements
- ① Needs to be horizontal and integrated
 - Re-imburement model for EIMC / Adolescent Health service requirements
 - QA requirements greater with Scale Up
- ① How to train
 - Include elements in pre-service training:
 - MB ChB; Fellows of Surgical Colleges
 - RGN
 - What to teach
 - Public Health (HIV acquisition and prevention)
 - Adolescent HIV epidemic and SRH needs
 - Infection Control and wound care

Safe Surgical and Device Services

- ⦿ Dependent on MC focal point on MoH&CC
 - QA services
 - Infection Control and Prevention
 - SRH services and messaging
- ⦿ Integration of service provision within the other Ministry led activities
 - Selection and training of service providers
 - Supervision and mentoring of service providers
 - Deployment of service providers; burnout and turnover

Issues that need our attention

- ① Quality Assurance and client perceptions
- ① Mobilisation
- ① Service provision versus demand
 - Outreach teams versus population locations and management of adverse events
 - Reimbursement models vs service demands
- ① Human resource management models
 - Who gets trained?
 - Prioritization of VMMC with other services

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