

# NATIONAL DEPARTMENT OF HEALTH



# health

---

Department:  
Health  
**REPUBLIC OF SOUTH AFRICA**

## MEDICAL MALE CIRCUMCISION (MMC) FACILITY REGISTER

VERSION 1

PRINTED IN JUNE 2017

PROVINCE: .....

FACILITY NAME: .....

FACILITY UNIQUE IDENTIFIER: .....

START DATE: .....

END DATE: .....

## Guide for the use of the MMC register

### 1. Overview

- The MMC register should be the only register used to capture data elements of MMC services and MMC data source used in a facility
- The register should always be placed at a designated, safe, and secure place or service point
- All males attending the facility whom successfully underwent medical circumcision should be entered on the MMC register
- Clinical stationery should be the source for reporting for the MMC register
- Completed Clinic registers should be safely stored for seven (7) years
- To ensure the carbon copy is activated, please press down hard with a ball point or rollerball pen

### 2. Instructions

- A new page for each month should be used to capture client's data that underwent a circumcision
- Always enter age of patient in the same line as the name of the male undergoing circumcision
- Always enter full names of the patient in the same line as the name of the male undergoing circumcision
- Place an 'X' in 10-14 or  $\geq 15$  according to the age of the male undergoing circumcision
- All patients returning for follow up should be recorded on the same named line for the patient
- Place "Y" if patient was tested for HIV and "N" if client was not tested in the same line as the name
- All patients without a follow up outcome (Y or N) will be defaulted to N
- If you make an error on an entry into the register, please draw a straight line through all the data recorded on that line and sign

### 3. Definition of data elements

- **No:** is the entry of males who successfully underwent MMC into the MMC register
- **Date:** is the day in which an MMC procedure was successfully performed
- **ID Number:** is a 13-digit number used as a unique individual identifier
- **Age:** is any age, 10-14, and  $\geq 15$  years.
- **Method:** is either the approved surgical or device based MMC procedure.
- **Follow-up:** is when a patient return on day 2, 7 and other day for postoperative review.
- **Adverse event (AE):** is any undesired outcome that occurred to an MMC client during or after a MMC procedure.
- **HIV tested:** is when a client has been counselled and tested for HIV
- **File number:** is a number allocated to of a potential MMC client
- **Month-Year:** is the month and year that the successful MMC's took place
- **Page:** is the chronological number to be allocated in the MMC register
- **District:** is the name of the district where the MMC facility is located
- **Sub-district:** is the name of the sub-district where the MMC facility is located
- **Facility:** is the clinic, CHC, Hospital or any other place where the MMC was successfully performed
- **Service provider:** is the name of the institution, doctor or facility that provided the MMC service
- **Type:** is a form of an adverse event that occurs to an MMC client
  
- **Moderate AE:** is any adverse event that requires intervention and usually managed at facility level
- **Severe AE:** is any adverse event that requires extensive intervention, or specialist input and are usually referred further management

### 4. Reporting

- Running totals should be collected monthly and transferred to the Monthly Input report
- The monthly summary is to be signed off by an official designated with person prior to data submission

The totals for each register page should be summed and transcribed into the Monthly Output report form

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

# Medical Male Circumcision register

District: \_\_\_\_\_

Month-Year: \_\_\_\_\_

Sub-district: \_\_\_\_\_

Facility: \_\_\_\_\_

Service provider: \_\_\_\_\_

*(DoH, NGO, private provider)*

No	Day	File number	Name Surname	ID Number	Age: Specify age in appropriate age group columns			HIV tested	Method for MMC Tick the appropriate column		Follow-up Tick the appropriate column		Adverse events		
					Age	10-14	15+		Surgical	Device	Day 2	Day 7	Specify the type of adverse event	Tick the appropriate column	
													Type	Moderate	Severe
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
		Running / Monthly total:													
Full names:					Signature:										