

NATIONAL DEPARTMENT OF HEALTH MEDICAL MALE CIRCUMCISION FACILITY READINESS ASSESSMENT TOOL

The National Department of Health (NDoH) has rolled-out service delivery of VMMC across South Africa with more than 650 sites listed as providing VMMC services across the 9 provinces. However, as the needs within the VMMC programme expands, it is essential to ensure services remain safe and are of good quality. The NDOH has designed a site readiness tool that maps out essential service delivery parameters to ensure optimal readiness and efficiencies for new VMMC sites. The tool has been adapted from USAID site readiness assessment methodology and The Aurum Institute’s “Start-up Matrix”.

The purpose of site readiness assessments is to ensure that new VMMC sites have all the essential components necessary for delivery of safe and quality VMMC services. The tool is designed to provide guidance to the implementing partners and health practitioners on what constitutes safety and quality in VMMC service delivery.

VMMC SITE READINESS AND PREPARATION TOOL

(Complete the table below with details of the site being assessed and names of the assessors)

Site Information						
Name of Site/ Facility/ GP				Implementing Partner		
Date of Assessment:						
Name of Facility Manager:						
Province				District		
Sub-District				Target (MMC per month)	(per month)	
Type of Site:	Fixed (F)		Outreach (O)		Mobile (M)	
	Routine		Scheduled		Campaign	
Name of Assessor(s)						

Interview with the Head of Facility Manager:

Facility manager's name: _____

1. Staffing plan at the facility/unit		Number (NA - If not applicable)
	MOVE teams at facility	
	Will this be a high/medium or low volume site?	
	Doctors/Clinical Associates (including locums)	
	Professional Nurses	
	Enrolled nurses	
	VMMV Counselors	
	HTS counsellor	
	Site manager	
	Theater runner	
	Hygienist	
	Receptionist	

	Data clerk	
	<p>Is the staffing plan adequate to support the anticipated team(s) at facility or unit?</p> <p>If not - reduce to lower volume site or plan for more staff</p>	

2. Training/orientation of human resources	Response	Remarks (compare with the total number above)
	How many health workers have received VMMC training from accredited trainer	
	Doctors/CAs	
	Professional Nurses	
	VMMC Counselors	
	HTS counsellors	
	Enrolled nurses	
	Data clerks	
	Cleaning staff	
	Other (list)	
2.a	Any staff not trained/oriented? Are those trained adequate to start with services	
2.b	What is the plan to train/orient the staff?	

3. Infrastructure		Circle Yes or No		Remarks - if not is there a plan to improve
3. a	Does the facility have a reception area that can adequately support group education sessions, and act as a waiting area?	Y	N	
3. b	Can the counseling space accommodate counselors and at the same time ensure privacy?	Y	N	
3. c	Can the operating space accommodate 4 or 8 beds for performing VMMCs, and adequately support one or two teams?	Y	N	
3. d	Does the unit have space designated for recovery?	Y	N	
3. e	Does the unit have storage space for supplies and sundries?	Y	N	
3. f	Other (ADD)			
3. g	Any unresolved infrastructural problems in this facility/unit?			

4. VMMC-related services				
	Are VMMC services linked to the following services	Y	N	Remarks
4. a	STI screening and treatment TB screening using national TB screening tools			
4. b	HIV testing and counseling services and risk reduction counseling (integrated)			
4. c	HIV/AIDS care and treatment (linkage to care)			
4. d	Does the unit have written guidelines for referral arrangements for services not offered?			
4. e	Does the facility have client registers, VMMC client record forms, consent forms (in English/local language), and all other IEC materials needed?			
4. f	Are guidelines for STI, HTC, TB, and PEP available, including facility management protocols for each of the mentioned services at facility/ unit and in place?			
4. g	Other (ADD)			

Section 5: Infection Prevention

	Assessment items For items not observed, write N/A in the remarks	Circle either Yes or No		Remarks
Handwashing				
5. a	Does the facility have functional sinks/wash basins with taps?	Y	N	

5. b	Does the facility have handwashing soap and running water?	Y	N	
5. c	Is an alternate source of/storage water available? (where applicable)	Y	N	
5. d	Does the facility have personalized/single-use, hand-drying materials?	Y	N	
Aseptic technique				
5. e	Is surgical handscrub apparatus functional and well stocked?	Y	N	
5. f	Are staff and patient traffic and activities controlled in the operating theater?	Y	N	
5. g	Does the facility have staff scrubs, facemasks, and caps? Patient gowns, shoe covers?	Y	N	
Instrument processing				
5. h	Are "clean" and "dirty" activities performed in separate areas (sluice room)?	Y	N	
5. i	Are there provisions for decontaminating, cleaning, and drying instruments?	Y	N	
5. j	Is the infection control protocol in place and visible to all staff?			

Section 6: Waste management

	Question	Circle one		Remarks
		Y	N	
6. a	Does the facility have a site waste management protocol?	Y	N	
6. b	Is there a system to separate infectious waste from non-infectious waste at the source of generation?	Y	N	
6. c	Are sharp boxes present in ALL areas,	Y	N	

	where required?			
6. d	If present, is the interim medical waste disposal/storage site secured?	Y	N	
6. e	How is infectious medical waste disposed of at this site?			
	• Open burning/burying	Y	N	
	• Incineration	Y	N	
	• Off-site disposal (i.e., the waste is collected and taken to another site)	Y	N	
	• Any other method	Y	N	
	Any comments on waste disposal methods: ----- ----- ----- -----			

7. Supplies, equipment, and consumables		Inventory/stock card updated? (yes/no)		Comments)
7.a	VMMC kits (of national choice)	Y	N	
	VMMC sets (single use or reusable)	Y	N	
	Plain lignocaine (1% or 2%)	Y	N	
	Disposable needles (23g and 24g)	Y	N	
	Disposable syringes (5ml, 10ml, and 20 ml)	Y	N	
	Disposable cannulas (16g, 18g and 20g)	Y	N	
	Gloves (examination, surgical, and utility of different sizes)	Y	N	
	Plastic disposable aprons	Y	N	

7. Supplies, equipment, and consumables		Inventory/stock card updated? (yes/no)		Comments)
	Waste bins (for contaminated and non-contaminated waste)	Y	N	
	Color-coded bin liners (red and black)	Y	N	
	Sharps disposal containers	Y	N	
	Decontamination buckets	Y	N	
	Handwashing/rub facilities at appropriate places	Y	N	
	Chlorine /sodium hypochlorite (Jik)	Y	N	
	Soap (plain/medicated/detergent)	Y	N	
	Hand towels/disposable paper towels	Y	N	
7. b	Does the facility have emergency resuscitation drugs and functional equipment?	Y	N	
7. c	Does the facility have a procurement and requisition protocol for medical and surgical supplies?	Y	N	

Section 8: The VMMC procedure

		Remarks		
8. a	Does the facility have job aids for diathermy use and for the Dorsal slit method of VMMC displayed in the operating areas?	Y	N	

8. b	Does the facility have adequate supplies of analgesics?	Y	N	
8. c	Are forms available for client records, AE reporting, etc.?	Y	N	
8. d	Does the facility have a client post-circumcision follow-up and an AE management protocol?	Y	N	
8.e	Does the facility have a client/staff suggestion box?	Y	N	

Check if the following Non-Negotiables are in place:				COMMENTS	
1	Training of Staff	All clinicians MUST have evidence of VMMC training (dorsal slit) by an accredited trainer (database of all clinicians) (within the last two years)	Y	N	
		registered with their respective bodies	Y	N	
		At least two clinicians on site trained on emergency preparedness	Y	N	
2	HTS counsellors	Must have evidence of HTS training	Y	N	
		HTS kits linked to proficiency testing programme	Y	N	
3	ALL SOPs, national guidelines, policies and job aides must be onsite at ALL times, including these 3	VMMC guidelines and registers	Y	N	
		HTS guidelines and registers	Y	N	

		HTS algorithm in HIV testing room	Y	N	
4	Record Keeping	Secure/lockable file cabinets and a proper record keeping system at all MMC facilities	Y	N	
5	Waste management system in place		Y	N	
6	Is there adequate space for all the steps from registration through to post-op services		Y	N	
7	All staff members MUST have valid employment contracts		Y	N	