

National Medical Male Circumcision Training Implementation Guidelines



Abbreviations and Acronyms

AE	Adverse Event
DHIS	District Health Information System
DOH	Department of Health
HIV	Human Immunodeficiency Virus
MMC	Medical Male Circumcision
NDoH	National Department of Health
PDoH	Provincial Department of Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
RT 35	National Treasury Transversal Contract for MMC services
SBCC	Social Behaviour Change Communication
STI	Sexually Transmitted Infection
TMI	Traditional Male Initiation
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation

1. Background

The National Department of Health (NDOH) is committed to the up-scaling of Voluntary Medical Male Circumcision (VMMC) services as an HIV preventative measure through collaborative partnerships. In 2010, the National VMMC program was rolled out to circumcise 80% of HIV negative men (4.3M) by 2016. A new target of an additional 2.5M by 2022 has been set. To date, SA has conducted more than 4.2M MMCs. The training of healthcare workers has to be cascaded across all Districts in order to meet the targets and more importantly to ensure that MMC procedures are performed according to the national guidelines and standards, where patient safety is a priority. These training implementation guideline consist of the four strategic objectives below:

- 1) To ensure the provision of high quality, standardised VMMC training
- 2) Capacity building in collaboration with the Regional Training Centres (RTC)
- 3) To provide mentoring and support in addition to skills acquisition, to ensure competency.
- 4) Sustained expertise in the provision of safe VMMC services

2. Training implementation

Voluntary Medical Male Circumcision training is targeting healthcare professionals, that is Medical Doctors, Clinical Associates, Professional Nurses, Enrolled nurses, as well as non-clinical health care workers such as counsellors and social mobilisers across 52 Districts in 9 provinces. The first three categories of professionals will be trained on actually performing VMMC procedures using the Dorsal slit method, while the enrolled nurses will be trained on assisting during these procedures. This implementation guide covers the ongoing provision of the endorsed 5-day Surgical VMMC Training course (2 days for theory and 4 days dedicated to practical sessions), the 3-day Refresher Training course, the 3-day Counselling Training course, the 1- day data recording and reporting course, the 2-day Continuous Quality Improvement (CQI) course, the 2-day Demand Generation course, the 2-day basic life support course, the 1-day Follow-up and Adverse Events Management Training course and the online training hub (OTH).

For clinicians, the training will include practical sessions, that is 10 circumcision practice sessions on males aged 18 years and above with supportive supervision from the trainer. This module walks the trainee through all aspects of service provision including anaesthesia and AE management towards the successful completion of the circumcision. Informed consent should be obtained at all times before a procedure is performed. The informed consent should be obtained during HIV testing and counselling services as well as the prior to the actual circumcision procedure.

a) Trainer requirements

Trainers must be qualified and proficiently capable to provide high impact VMMC training, have standardised understanding of the National VMMC training requirements and delivery. Trainers and Master Trainers must be qualified Medical Doctors, Clinical Associates and Professional Nurses with valid registration from the Health Professions Council of South Africa (HPCSA).

In addition to academic and Health Professions Council's current registration, trainers must have the following:

- have thorough understanding of the overall MMC programme
- understand VMMC as an HIV prevention intervention in South Africa and Africa as a whole
- be able to conduct a practical activity assessment for a group of 6-8 trainees
- be able to provide ongoing coaching and support for the newly trained clinicians and district teams
- provide mentoring sessions at regular intervals for a period of 6 months after certification

3. Strategic Capacity Building Training workshops

a) Surgical Voluntary Medical Male Circumcision Training

This 5-day training course has been the backbone of the circumcision programme from inception to date and is essentially the core course around which much of MMC surgical provision is focused. The course was designed by PEPFAR partners in partnership with NDOH and WHO, as well as urologists from various teaching hospitals. The course targets medical doctors, nurses, and clinical associates, and it includes three components:

1. **MMC theory and background:** This component takes place on day one and includes a detailed review of MMC for HIV prevention in Africa, the anatomy and physiology required to perform a safe surgical circumcision and a review of the procedure using the dorsal slit method, a World Health Organization (WHO) approved circumcision method.
2. **Simulation and practice stations:** This takes place during the second day, and it involves practising the different steps and components of the Dorsal Slit method using penile models. The simulation includes the suturing technique, safe use of electrocautery, and how to identify landmarks for the procedure.
3. **Intensely supervised practical sessions:** The practical component takes place from day 3 to day 5. Trainees perform the surgical procedures on patients at allocated training sites with experienced trainers closely monitoring and supervising these practicums.

Number of Facilitators	Number of participants
2	25 (Max)

b) Counselling Training

The MMC counselling training is geared towards counsellors and nurses. The training occurs over three days and the purpose of the course is to strengthen counselling skills. This ensures that patients are provided with the best support and most current information they need about MMC.

The first day of the training includes medical male circumcision counselling theory.

1. Day 2 of the course includes observation and practice of 'group information' session.
2. On day 3, the course focuses on observation and practicums for 'individual counselling', HIV counselling and testing (HCT).

Number of Facilitators	Number of participants
2	30 (Max)

c) Follow-up and adverse events management training

This **1-day Follow-up and Adverse Events Management Training** is a critical component of the MMC courses offered because of its technical support content. The course seeks to capacitate medical doctors, nurses and clinical associates to provide follow-up care to patients, and manage all types of adverse events and complications that may arise post-operatively.

This training is also useful for practitioners who may be involved in traditional circumcision. It will furthermore be of benefit to nurses who work in facilities where they provide follow-up care to MMC clients in their facilities which ordinarily do not provide MMC services.. The course entails a theoretical session, which covers routine follow-up, and all types of adverse events management.

Number of Facilitators	Number of participants
2	30 (Max)

d) VMMC Quality Improvement training

This **2- day VMMC quality improvement course** is aimed to empower participants with knowledge and skills required to improve the VMMC programme using CQI processes. The course enables participants to identify the four steps of applying CQI in a VMMC site and developing quality improvement plans.

Number of Facilitators	Number of participants
1	25

e) Refresher training

A **2-day refresher** training session for healthcare professionals who have previously undergone VMMC training is required after every two years as part of ongoing mentorship for trainees. The purpose of this course is to reassess skills, ensure any possible irregular practices are identified and eliminated, and to update clinicians on new clinical developments and approaches in the field. The first half-day of the training will focus on new theory and developments in the VMMC world, while the remaining day and a half will focus on enhancing clinical skills.

Number of Facilitators	Number of participants
1	15

f) VMMC Emergency preparedness, basic life support and emergency trolley training

MMC is a surgical procedure that is associated with some risks, such as post-surgery adverse events (AEs). The two most dangerous AEs are cardiac arrest and anaphylaxis. To minimise risks and improve healthcare workers' skills, this **2-day Emergency Basic Life Support (BLS), and Emergency Trolley Training course was introduced for medical doctors, nurses and clinical associates.**

1. Day 1 includes cardiopulmonary resuscitation (CPR), the use of a defibrillator and activating an appropriate emergency response.
2. Day 2 of the course includes a detailed review of the emergency trolley contents, how to use each drug and how to manage anaphylaxis. Also, it importantly reviews how to treat surgical emergency complications of VMMC such as anaphylaxis and glans injuries.

Number of Facilitators	Number of participants
1	15

g) Demand Generation training

The training course aims to equip participants with knowledge and skills on how to develop and implement effective demand creation activities for VMMC that are aligned to the National VMMC Demand Generation Strategy. The target audience for this course includes all staff that is responsible for MMC service delivery either directly or indirectly. Participants include social mobilisers, counsellors, data capturers, clinicians, M&E officers and programme officers.

Number of Facilitators	Number of participants
2	30

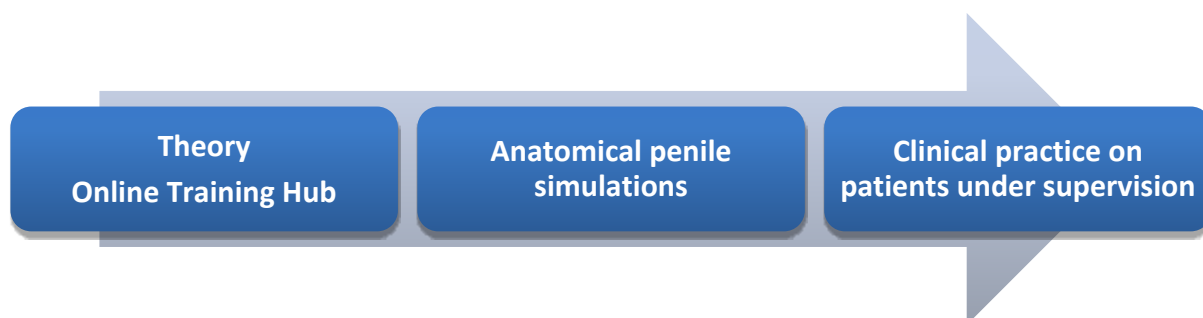
h) Data Recording and Reporting

This **1- day course** aims to prepare proficient service providers to be competent in all aspects of data recording on to source documents, reporting and management. The desired outcome of this course is to ensure that participants are proficient in collecting, analysing and utilising data for MMC service provision. To strengthen monitoring and evaluation as well as the use of information in policy and programme planning through the regulation and standardisation of the collection, collation and dissemination of MMC data. The target audience includes all staff that is responsible for data collection and dissemination. Participants will include data capturers, M&E officers, District information officers (DIO's), programme managers and DHIS officers.

Number of Facilitators	Number of participants
1	25

i) Online Training Hub (OTH)

All MMC health care providers are required to complete OTH, which is a web-based training platform that allows health care providers to train on all MMC courses online using a laptop or cell phone. OTH provides the theoretical component of the VMMC courses. Clinicians will still have to do practical training sessions under the supervision of a trainer. OTH is aimed at diversifying VMMC training delivery and providing a database of all trained health care providers working within the MMC programme. Trainees are required to complete each OTH module and a final exam by getting an 80% pass mark. Upon completion, the system will automatically generate a certificate, and the trainee will then be linked to a high volume facility for practical sessions.



4. Monitoring and Evaluation

MMC training providers are expected to practice rigorous monitoring and evaluation (M&E) of their training to ensure that it is always delivered at a high-quality standard, appropriate for VMMC providers and keeping up with the latest NDoH and WHO standards. Trainers must collect participant information through the use of standardised NDoH registration forms, attendance registers and evaluation forms (the latter of which are filled in on the last day of the training session). These should be collated, captured and submitted to NDoH and provincial regional training

centres monthly. The feedback from the attendees will be used to improve subsequent training sessions.

REFERENCES

1. South African National Medical Male Circumcision Guidelines 2016.
2. NDOH VMMC Adverse Event Management and Reporting Standard Operating Procedure
3. National HIV Testing Services (HTS) Policy 2016