



Promoting Compliance in Healthcare and Training Standards

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

ACCREDITATION OF SITES FOR PROVISION OF MALE CIRCUMCISION SERVICES FOR HIV PREVENTION

GUIDELINES ASSESSMENT TOOL AND GUIDING PRINCIPLES

AUGUST, 2010



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1.0 FOREWORD

In the 21st century Accreditation of health care services is being recognised as one of the viable systems to improving of quality of health care universally. Most governments and institutions are adopting systems of health services accreditation as a focused means of improving and assuring quality delivery of health care to patients.

Zambia is among those countries that have adopted the system of accrediting health services .The mandate to accredit health services was granted to the Health Professions Council of Zambia. The Health Professions Council of Zambia (formerly Medical Council of Zambia) was established through an act of parliament and vested in it are the powers to;

- Register members of the health profession and regulate the professional conduct of health practitioners;
- Maintain appropriate practise standards among health practitioners that are consistent with the principle of self regulation and the promotion of high standards of public health;
- Develop, promote, maintain and improve appropriate standards of qualification in the health profession;
- Promote the integrity, and enhance the status, of the health profession including the declaration of any particular health practise to be undesirable for all, or a particular category of, health practitioners;
- Licence public and private health facilities, accredit health services and monitor quality control and assurance of health facilities and services;
- Represent, coordinate and develop the health profession and promote its interest;
- Develop, promote and enforce internationally comparable practise standards in Zambia;
- Investigate allegations of professional misconduct and impose such sanctions as may be necessary;
- Protect and assist the public in all matters relating to the practice of the health profession
- Advise the Minister on matters relating to the health profession

The Government through the Ministry of Health recognized that an accreditation system was necessary to improve the quality of services in the health sector, thereby extending the mandate of the Council to accreditation of health services. This occurred at an opportune time when Zambia was a signatory to the millennium development goals of which one of the goals focuses on prevention of HIV and AIDS.

One of the initial steps the Ministry of Health had to undertake in prevention of HIV was to include male circumcision as one of the important comprehensive male reproductive health and HIV prevention strategy. The Ministry of Health further developed a National Male Circumcision Strategy and Implementation Plan 2010 – 2020. The plan outlined the roadmap for increasing accessibility of male circumcision services, increasing the skills of male circumcision providers, defined the minimum male circumcision packages, developed an implementation plan, monitoring and evaluation systems. The goal was to make high quality, safe male circumcision services accessible and available to all men and boys on a voluntary basis, achieving a male circumcision prevalence of 50% by 2020.

The uninfected boys and men, aged 13-39 were set out to be the priority target in this strategy. The target of circumcising 80% of male neonates by 2020 was also set.

In responding to the National Male Circumcision Strategy and Implementation Plan 2010 – 2020, the Health Professions Council of Zambia developed Accreditation Guidelines for Provision of Male Circumcision Services for HIV Prevention to guide the establishment of male circumcision sites.

The Council wishes to extend its sincere appreciation to the World Health Organization, Ministry of Health and Co-operating Partners for the support rendered during the development process of these guidelines. The Council is confident that the standards set in these guidelines are realistic and attainable in Zambia.

Professor Y. Mulla CHAIRMAN

2.0 ACKNOWLEDGEMENTS

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.....
Dr. M. M Zulu
Registrar

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4.0 ACRONYMS

CIDRZ	Centre for Infectious Disease Research in Zambia
CO	Clinical Officer
CT	Counselling and Testing
DHMT	District Health Management Team
ECZ	Environmental Council of Zambia
GNC	General Nursing Council
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCZ	Health Professions Council of Zambia
LMIS	Logistics Management Information System
MC	Male Circumcision
MD	Medical Practitioner
MoH	Ministry of Health
NAC	National AIDS Council
PMO	Provincial Medical Office
PRA	Pharmaceutical Regulatory Authority
QA	Quality Assurance
SOP	Standard Operating Procedures
IT'S	World Health Organisation
ZPCT	Zambia HI V/AIDS Prevention, Care and Treatment Partnership

5.0 DEFINITION OF TERMS

Male Circumcision Site or health facility: a health facility that provides basic services including, but not limited to outpatient department, medical, surgical, paediatric, obstetric and gynaecological services and basic diagnostic services, and an adequate level of health staff clinically supervised by medical practitioner.

Site: This is a licensed health facility providing one or more medical services relating To preventive, diagnostic, or treatment techniques of a particular disease or organ Class.

Facility Supervisor: A certified Medical Practitioner full time /rotational/part time appointed to oversee the MC activities.

Resource person: any personnel in the clinical team that is able to provide special services such as providing various forms of training (including on the job training), outreach, technical support, and other pertinent national duties.

Focal Point Person: any personnel in clinical team that is able to provide support supervision and coordination of various activities in Male Circumcision services especially in areas such as Clinical/Surgical care, pharmacy and logistics, Information systems, Quality Assurance, counselling and fostering community involvement in service provision of male circumcision. The focal person must have undergone a MoH approved Male Circumcision Training.

Formal referral system: this is a referral system with documented procedures for referrals, referral directory, appropriate referral forms and with or without a referral coordinator.

Male Circumcision Clinical team*: this is a team comprising the necessary cadres trained and certified in Male Circumcision services. The following makes up the minimum MC clinical team:

- Surgeon
or any
other
certified
MC
provider
(Medical
Practition
er,
Medical
Licentiate,
Clinical
Officer,
and
Nurse)
delegated
to
conduct

MC
surgery.

- Nurse •
Counsel
lor

For some sites the team could be more than more than three depending on the size of the facility.

Trained provider: A health personnel with professional qualifications from a recognised training institution registered and licensed by an appropriate regulatory body in Zambia.

Certified Male Circumcision Provider: A trained provider who has successfully completed Ministry of Health appropriate and approved training programmes for male circumcision providers and is recognised by an appropriate regulatory body HPCZ or GNC.

6.0 EXECUTIVE SUMMARY

These Accreditation Guidelines and assessment tools have been devised for the assessment of both public and private health facilities that provide Male Circumcision services. The guidelines are designed to assess quality aspects in all the domains or service areas in order to ensure that the site meets the accreditation standards before the certificate is issued.

A team of trained assessors under the authority of the Health Professions Council of Zambia will assess the MC sites. Depending on the outcome of the assessment report, the site is graded in one of the following five stages:

- Mobilization (Stage 1)
- Service Delivery Planning (Stage 2)
- Preparation (Stage 3) Accreditation
(Stage 4)
- Centre of Good Standing (Stage 5)

Only those sites graded as stage 4 or 5 will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to the set standards for an accredited site. Those sites that fall below Stage 4 at the time of re-assessment lose their accreditation status until they improve to stage 4 or 5.

The following five (05) service areas (domain of service delivery) are assessed or evaluated during a site assessment:

Domain 1: Male Circumcision Team & Supervision

Domain 2: National Guidelines, Male Circumcision Protocols and Quality Assurance

Domain 3: Level of Health Care and Male Circumcision Services

Domain 4: Male Circumcision Data Capturing, M&E and Pharmaceutical Logistics Management Information Systems

Domain 5: Infection Prevention and Waste Management

Minimum standards and required areas have been elaborated in these guidelines. A checklist has been provided for scoring and eventual grading of the site.

All sites providing or wishing to provide male circumcision services must attain a stage '4' or Stage '5' grading in order to be accredited as an MC site for provision of Male Circumcision-service.

7.0 THE ACCREDITATION PROCEDURE

It is compulsory for all sites providing Male Circumcision services to be accredited by HPCZ. Sites that are already providing MC services will be assessed based on the schedule set by HPCZ and communicated to the team of Assessors identified by the PMO. Sites intending to provide Male Circumcision services shall apply to the HPCZ for assessment.

The accreditation process shall be as follows: -

Preliminaries

- a. Verification of registration of site by HPCZ to provide MC services in Zambia.
- b. Verification of certification of health care providers by HPCZ or General Nursing Council of Zambia (GNC).
- c. The Site to be assessed shall pay an assessment fee as determined by HPCZ
- d. The MC Accreditation Team (appointed by the HPCZ) is informed of the assessment schedule.
- e. The site is informed of the impending assessment for accreditation including the date of the exercise as determined by HPCZ.

Assessment of site

- a. The MC Accreditation Team visits the site and uses the site assessment tool for evaluation.
- b. The MC Accreditation Team provides a feedback to the management before leaving the site.

Reports

- a. A comprehensive site assessment report is submitted to the HPCZ by the team within 10 working days.
- b. The site assessment report is presented to the MC Accreditation Expert Panel at HPCZ for recommendations which shall meet quarterly and as required.
- c. A formal report on the outcome of the assessment with recommendations is sent to the site and copied to the Permanent Secretary, Directorate of Clinical Care & Diagnostics, Directorate of Public Health & Research, PMO and the

DMO of the Ministry of Health by HPCZ within 8 weeks of the assessment.

Follow up action

- a. Follow up for corrective actions for Accreditation will depend on the recommendations by the MC Accreditation Expert Panel at HPCZ.
- b. Corrective follow up action (within the time specified by the HPCZ) shall be the responsibility of the site.
- c. New sites that do not meet the standards will not start providing Male Circumcision services until re-assessment
- d. For sites already providing MC services but still not meet the standards after initial 6 months improvement period given, Expert panel shall review that case and take appropriate action.
- e. Sites that meet the Accreditation standards will be given a certificate of accreditation.
- f. All Accredited sites shall be Re-Accredited every 2 years (not less than 3 months before expiry of previous Accreditation Certificate).

8.0 SERVICE DOMAINS EVALUATED TO ASSESS SITE READINESS

There are five (05) domains and twelve (12) domain areas that shall be evaluated during the site assessment:

Domain 1:	Male Circumcision Team, Supervision and Administrative Documents
Domain areas:	Clinical Team & Supervision Focal Point Person Administrative Documents
Domain 2:	National Guidelines, MC Protocols and Quality Assurance
Domain areas:	National Guidelines and MC protocols Quality Assurance Systems
Domain 3:	Level of health care and Male Circumcision
Domain areas:	Comprehensive Services Recommended Equipment, Medical & Surgical Supplies Physical Space
Domain 4:	Data Capturing, M&E and Pharmaceutical Logistics Management Information Systems
Domain areas:	Data Capturing, M&E Pharmaceutical Logistics Management Information Systems
Domain 5:	Infection Prevention and Health Care Waste Management Systems
Domain areas:	Infection Prevention Systems Health Care Waste Management

Only those sites that score a minimum of '4' in EACH domain area will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to standards set for an accredited site. Accredited

sites that score below 4 in any of the domain areas at the time of reassessment lose their accreditation status until they attain the required standards.

Domain 1: Male Circumcision Team & Leadership

The proposed site must have a complete clinical team, adequate supervision and an established human resource and administration: -

(A) Clinical Team and Supervision

- Adequate recommended number of staff registered with HPCZ & GNC.
- Adequate recommended number of staff certified to provide MC services.
- A medical practitioner to supervise (stationed at the site or accessible for consultation according to HPCZ guidelines).
- Availability of a medical practitioner, medical licentiate, clinical officer or nurse as a focal point person trained in Male Circumcision.

(B) Administration documents

Category a Documents (Mandatory)

- Male circumcision booking register
- Standard client cards or forms
- Male circumcision activity schedule*
- Standard record of adverse events
- Standard male circumcision register
- Staff training needs assessment and a training plan for those that have not been trained
- Standard reporting tools

Category B Documents (Desirable)

- Staff files of clinicians, pharmacy personnel, environmental personnel, nurses ,counsellors, data clerks etc
- Duty roster
- Training attendance records
- Results of client exit survey
- Results of Providers Satisfaction Survey
- Survey results of community perception of MC

* Activities include:
Counselling,
Testing,

Surgical operations,
 Post-operating reviews,
 Community sensitization,
 Referrals.

The following areas are evaluated to determine capacity:

Table-1

Domain 1: Male Circumcision Team, Supervision and Administrative Documents		
Domain Area	Capacity	Score
Clinical team & Supervision	No MC clinical team	1
	Has an incomplete MC clinical team	2
	Has a complete MC clinical team but not all members are trained or certified	3
	Has a complete MC clinical team with all members trained and certified under the Supervision of a rotating Medical Practitioner	4
	Has a complete MC clinical team with all members trained under the Supervision of a full- time Medical Practitioner	5
Focal Point Person	Has no focal point person at site	1
	Focal point person identified but not trained	2
	Focal point person trained but not certified in MC service provision	3
	Focal point person trained and certified in MC service provision	4
	Focal point person trained, certified and is a resource person	5
Administrative Documents	Has no documents in any of the categories	1
	Has only documents in category (B)	2
	Incomplete documents in category (A)	3
	Have all the category (A) documents	4
	Have all documents in both category (A) and (B)	5

Total : Male Circumcision Team, Supervision and Administrative Documents (sum of domain area scores)	
Male Circumcision Team, Supervision and Administrative Documents (Total Leadership Score/3)	

** Supervisor and focal point person could be the same person depending on size of the facility.*

Domain 2: National Guidelines, MC protocols and Quality Assurance Systems

The proposed site must use current MoH approved national guidelines, protocols and standard operating procedures and other existing national guidelines (See table below for recommended documents) for:

(A) Recommended Documents (Mandatory)

- National Male Circumcision Strategy and Implementation Plan 2010 – 2020
- Policies on confidentiality, privacy and informed consent (patients’ rights document)
- Manual for Male Circumcision under local Anaesthesia
- HPCZ Male Circumcision for HIV prevention Accreditation Guidelines
- National Guidelines for HIV/AIDS counselling & testing
- Male circumcision counselling training package (reference manual for health care Workers)
- Quality Assurance /Quality Improvement (QA/QI) systems covering clinical, pharmacy services, waste disposal, infection prevention.
- National STI Syndromes Case Management Guidelines for Zambia
- Zambia Infection Prevention Guidelines
- Technical guidelines on sound management of health care Waste (ECZ)

(B) Desirable Documents

- National Health Care Waste management Plan (MoH)
- Integrated Technical Guidelines
- Male Circumcision Orientation Package for health managers and supervisors
- Men's health kit flip chart

Components of a QA /QI System

- QA/QI committee and focal point person
- Quarterly QA/QI meetings and minutes
- QA/QI tools
- QA/QI support supervisors
- Guidelines, wall charts, clinical checklists and procedure Manuals • QA/QI supervision/evaluation reports

The following areas are evaluated to determine capacity:

Table-2

DOMAIN 2: NATIONAL GUIDELINES , MALE CIRCUMCISION PROTOCOLS AND QUALITY ASSURANCE SYSTEMS		
Domain Area	Capacity	Score
	Has no documents in any of the categories	1
	Has only documents in category (B)	2

National Guidelines and MC Protocols	Has incomplete documents in category (A)	3
	Has all the category (A) documents	4
	Has all documents in both category (A) and (B)	5
Quality Assurance/Quality Improvement Systems	Has no QA/QI system	1
	Has functional committee for QA/QI	2
	Has functional committee for QA/QI and some tools	3
	Has functional committee, tools and supervisors for QA/QI	4
	Has all components of a QA/QI systems	5
Total : National Guidelines/MC Protocols/QA Score (sum of domain area scores)		
(Total National Guidelines/MC Protocols/QA Score Score/2)		

* Satellite sites evidence of affiliation to an accredited site suffices.

Domain 3: Level of Health Care and Male Circumcision Services

The **services** listed below must be provided on-site in adequate clinic space or be available by coordinated linkages through formal referral systems. Some services are mandatory while others are desirable.

(A) On-site services

- MC counselling services (pre and post-operative counselling)
- HIV Counselling and testing services
- MC Surgical Services
- Routine treatment of sexually transmitted infections (STIs) and distribution of condoms.
- Men's reproductive health services

(B) Desirable services

- ART Services

- Other Surgical Services
- Other Clinical services
- Networking with HIV support groups, home based care

Comprehensive Services

The proposed site must have evidence of access to comprehensive services. Some services (Category A) are mandatory while others are desirable (Category B) services. See table below:

Category A Services (Mandatory)
• MC counselling services (pre and post-operative counselling)
• HIV Counselling and testing services
• MC Surgical Services
• Routine treatment of sexually transmitted infections (STIs) and distribution of condoms.
• Men's reproductive health services
Category B Services (Desirable)
• ART Services
• Other Surgical Services
• Other Clinical services
• Networking with Male Circumcision support groups ,HIV support groups and home based care support groups

Co-ordinated Linkages

Where the service is not available on-site the proposed site must show evidence of coordinated external linkages through formal referral system to other sites such as:

- Men's reproductive health services
 - Family planning, maternal health, sexuality, alcohol abuse and gender issues.

The following areas are evaluated to determine capacity:

Table: 3

Domain 3: Level of Health Care and Male Circumcision Services		
Domain Area	Capacity	Score
Comprehensive services	Has no services in any of the categories	1
	Has only services in category B	2
	Incomplete category A services	3
	Have all the category A services	4
	Have all category A and at least 2 in category B	5
Recommended Equipment, Medical & Surgical Supplies	Meets requirements in less than two (02) of the annexes	1
	Meets all requirements in two (02) of the annexes	2
	Meets all requirements in three (03) of the annexes	3
	Meets all requirements in the 4 annexes	4
	Meets all requirements in the 4 annexes and in addition has least one of the desirable equipment in annex A	5
Physical Space*	Has less than three of the required rooms	1
	Has three of the required rooms	2
	Has four of the required rooms	3
	Has room for operating, counselling, waiting, recovery and sanitary accommodation with adequate space	4
	Has room for operating, counselling, waiting, recovery, sanitary accommodation and has room for additional MC services e.g training.	5
Total : Level of Health Care and Male Circumcision Services (sum of domain area scores)		
Level of Health Care and Male Circumcision Services Domain Score (Total Leadership Score/3)		

*Measurements of each room should have a floor area of not less than 8.361 square metres, horizontal dimensions of not less than 2.1336 metres and minimum height of at least 2.5908 metres pursuant to the Public Health (Building) Regulations.

Domain 4: Male Circumcision data capturing /HMIS and Monitoring & Evaluation and Pharmaceutical Logistics Management Information System

The proposed site must have: -

Data capturing

- A reliable data collection system for maintaining patient's medical records (including program monitoring & evaluation systems, client registers, cards, schedules, waiting lists, addresses, adverse events documented).
- Components of male circumcision data capturing ,processing and reporting tools paper or electronic system (Procedures Manuals, Data Collection Tools and/or Computers, Software or Forms, Register and Trained Personnel)

Pharmaceutical Logistics Management Information System

- Secure appropriate storage space for commodities (surgical and medicinal supplies etc)
- Stock status reporting, dispensing and ordering systems including emergency supplies.
- The standard national procedures for forecasting/calculating re-supply orders.
- Established supply chain management.

Table-4

Domain 4: DATA CAPTURING, MONITORING, EVALUATION AND PHARMACEUTICAL LOGISTICS INFORMATION MANAGEMENT SYSTEM		
Domain Area	Capacity	Score
Data Capturing, M & E	Has no MC/HIMS information management system	1
	Has MC/HIMS information management system but not specified data personnel	2
	Has MC/HIMS information management system but not trained in MC/HIMS information management and M&E processes	3
	Has MC/HIMS information management system with training in MC/HIMS information management and M&E processes	4
	Has MC/HIMS information management and M&E system with evidence of reports in period discussed, analysed and submitted to the next level (DHO, PHO &/or MOH)	5
Pharmaceutical Logistics Management Information	Has no established procedure for inventory management of MC supplies	1
	Has established inventory management procedures for other supplies but lacks all the MC supplies	2
	Has limited inventory management procedures for MC supplies	3
	Has established inventory management procedures for all components of MC supplies.	4

System	Has established inventory management procedures for all components of MC supplies and has a system for logistics management.	5
Total Data Capturing, M&E And Pharmaceutical Logistics Management System (sum of domain area scores)		
Data Capturing, and M&E and Pharmaceutical Logistics Management System (Total Score/2):		

Domain 5: Infection Prevention and Waste Management

(A) Infection Prevention

The proposed site must have the following infection control measures and system:

Mandatory

- National Infection Prevention Guidelines
- Hand washing facilities with running water
- Personal protective equipment(utility gloves, aprons boots)
- Instrument processing facilities(e.g jik buckets, autoclave, boiler)
- Focal Point Person and committee in place for infection prevention
- Post exposure prophylaxis protocol
- Linen processing facilities.

Desirable

- Infection Prevention Protocols

*Infection prevention measures should comply with the national guidelines for infection prevention. The infection prevention equipment refer to annex E on page 33.

(B) Health Care Waste Management

The site must also have the following recommended waste management processes and measures:

Personnel

Trained personnel in waste management

Generation

- Suitable HCW receptacles of appropriate size and number available for different waste types.
- All waste receptacles labelled with basic information on their content and waste producer. The labels should be permanent.
- Compliance to colour coding

Storage

- Temporally storage facilities located away from patients
- Leak proof containers being used for storage
- Biohazard marks and other warning signs posted conspicuously on doors and walls
- Appropriately colour coded vehicles, carts and trolleys are used for transportation

Collection and Transportation

- Collection and transportation of HCW complying with the general waste management plan of the local authority
- HCW sorted before transportation
- Fixed schedule for collection of waste bags and containers from each department or unit.
- Use of wheeled trolleys with lids during collection and transportation

- Equipment used for transportation and collection disinfected

Treatment and Disposal

Each facility should use one of the following recommended disposal methods:

- Uses a protected incinerator
- Uses of a licensed waste management contractor
- Uses appropriate incinerator for the type of health facility
- Complies with land disposal guidelines.

*All health facilities should ensure they have a copy of Technical guidelines On the sound Management of Health Care Waste (ECZ) and National Health Care Waste Management Plan (MoH)

Table: 5

Domain 5: INFECTION PREVENTION AND HEALTH CARE WASTE MANAGEMENT		
Domain Area	Capacity	Score
Infection Prevention	Has no infection prevention systems	1
	Meets one of the following : guidelines, equipment*, focal point person for infection prevention	2
	Meets two of the following : guidelines, equipment , focal point person for infection prevention	3
	Meets all the guidelines: equipment , focal point person for infection prevention	4
	Meets all guidelines, equipment, focal point person and committee for infection prevention	5
Health Care Waste Management	Has no health care waste management systems	1
	Complies with guidelines for HCW in at least two of the areas	2
	Complies with guidelines for HCW in any of the three areas	3
	Complies with all the guidelines for generation , storage, transportation, and disposal of HCW	4

	Complies with all the guidelines for generation , storage, transportation, and disposal of HCW and the focal point person is resource person	5
Total infection prevention and waste management (sum of domain area scores)		
Infection prevention and waste management (Score/2):		

*See Annex F for the health care waste management required equipment.

9.0 DETERMINATION OF STAGES FOR MC SITE ACCREDITATION

The assessment tool, which is both qualitative and quantitative, evaluates an MC site for staging towards accreditation. Each domain area is scored according to findings based on evidence and key informants. It is required that a site attains at least a score of “4” in each domain area in order to be accredited. The overall score will determine the staging of the site into one of the following: -

- Stage 1 Mobilisation
- Stage 2 Service delivery planning
- Stage 3 Preparation
- Stage 4 Accreditation
- Stage 5 Centre of Good Standing

Key to Scoring Range Stage	Stage	
5-9	1	Mobilisation

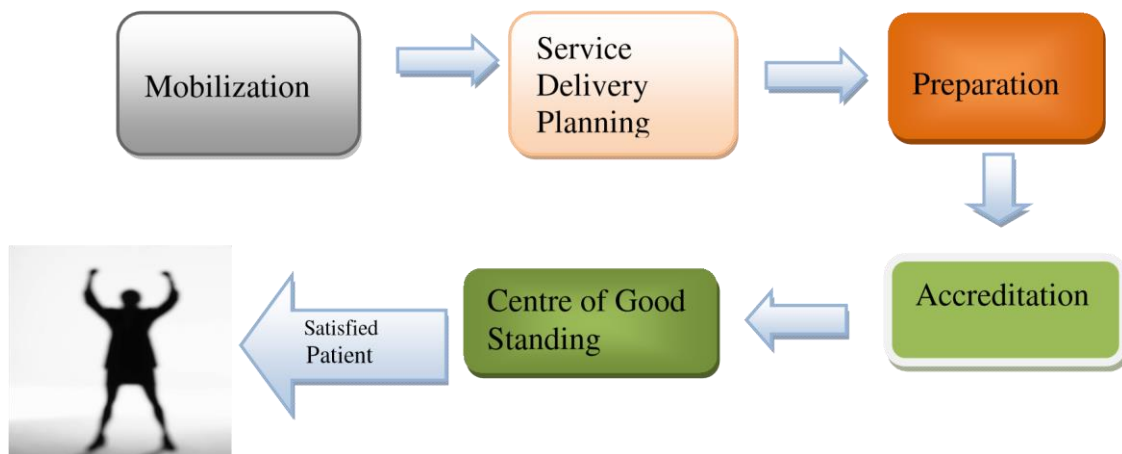
10-14	2	Service delivery planning
15-19	3	Preparation
20-24	4	Accreditation
25	5	Centre of Good Standing



An overall score that places a site at Stage 4 or 5 with a minimum score of 4 in each domain area indicates that the site has the capacity to provide MC services. A score that places a site at Stage 3 or below indicates that the site must seek technical assistance for progression.

A Centre of Good Standing status will be given to those sites that score 5 in all the domain areas and have been in operation for more than six months. Sites which were accredited can apply for accreditation as a Centre of Good Standing after six months.

The outcome of accreditation



10. GUIDING PRINCIPLES

This plan will focus on the following interventions: -

- Putting in place an efficient quality assurance system
- Ensuring use of routine health information and patient-level data analyses.
- Accrediting public and private health care institutions
- Certifying health care providers providing MC services

- Ensuring availability surgical and medicinal supplies
- Ensuring rational use of all supplies
- The programme will observe, promote and ensure equity of accessing MC services.
- The programme will recognize the synergy inherent in a multidisciplinary approach, and will therefore elaborate an overarching approach to include public and public-private partnerships
- The programme will encourage and support community involvement.
- The programme will be structured in such a way that it wins universal acceptability among users
- The programme will borrow from the constitutional imperatives on the bill of rights that, every citizen has a right to good health and eventual personal decision.

11. AIM AND OBJECTIVES FOR ACCREDITATION OF MC SITES

Aim

To establish an accreditation system that will ensure quality service delivery at male circumcision sites.

General Objective

The main objective of the accreditation system is to assess a site's ability to provide male circumcision services.

Strategic Objectives

- To ensure high standards of practice in provision of MC services
- To ensure adherence to policies, guidelines, protocols and procedures Mandatory to accreditation.
- To develop the accreditation database MC activities
- To train MC accreditation assessors
- To roll out of the MC accreditation programme
- To disseminate information pertaining to MC accreditation

Equipment List: Annex A

Mandatory Annex A
Operating table
Patient trolley
Emergency tray/trolley
Airways
Ambo-bag (adult size)
Instrument trays
Light source
Soiled linen trolley & bag
Privacy screen *
I.V. stand
examination table
Suction machine
Sphygmomanometer
Desirable Annex A
Washer / dryer
Diathermy machine
Examination light
Theatre light

*privacy screens will be required where needed e.g used in areas where multiple activities are taking place.

Set of Surgical instruments for MC

Annex B

No.	Items	Quantity
1	forceps, haemostatic, curved, 12 cm	04
2	forceps, haemostatic, straight, 12 cm,	02
3	scissors, dissecting, curved, 12cm	01
4	Stitch scissors , 12 cm	01
5	handle for surgical blades, no. 4	01
6	forceps, dissecting, spring-type, 1 x 2 teeth, 12.5 cm	01
7	forceps, dissecting, spring-type, non-toothed, 14 cm	01
8	needle holder, straight, narrow jaw, 15 cm	01

9	forceps, sponge holding, straight, 25 cm	01
10	Galipot, 150 ml, (desirable)	01
11	kidney basin, 25 cm, 825 ml, stainless steel	01
12	kidney basin, 15 cm, 275 ml, stainless steel	01

Each site is required to have a minimum of ten circumcision sets to be accredited.

Medical Surgical Supplies

Annex C

Sterile/surgical gloves
Examination gloves
Surgical Blades
Disinfectants e.g hypochlorite(e.g Jim) ,Teapot,
Skin preparation solutions e.g Povidone iodine, Savlon, spirit
Hand scrubs e.g Soap , alcohol rub
23 G Needles
21 G Needles
Analgesics e.g paracetamol
1 or 2 % Plain Lignocaine or 0.5% marcaine (local)
Syringes 10ml
Vaseline Gauze
Chromic catgut 3/0 or vicryl rapide 4/0 on a reverse cutting needle or round bodied needle
Pill Packs or prepacked medicines
16g ,18g,20g,22g,24g and butterfly cannulae
Giving Sets
I.V. Fluids 0.9% sodium chloride
50% Dextrose
Sterile Gauze
Cotton Wool
Strapping (e.g Zinc oxide adhesive)

Emergency resuscitation trolley

Annex D

Items on the emergency trolley
Hydrocortisone
Adrenaline
Aminophylline
Atropine
Potassium Chloride
Calcium gluconate
50% Dextrose
Resuscitation equipment
A full oxygen cylinder with working gauge
Suction machine
Ambu bag
Cannulae
Giving sets
Airway
Syringes
Needles
Spatula

Infection Prevention Requirements Annex E

Hand Hygiene
Running Water
Sanitizer Hand rub
Plain soap
Medicated soap
Personalised Hand towels/disposable paper towels
Antiseptics
Methylated spirit
Chlorhexidine
Povidone Iodine
Instrument Processing
Chlorine / sodium hypo chloride (Jik)
Instrument cleaning brushes
Autoclave
Detergent
Buckets
Personal Protective Equipment
Mackintosh / incontinent sheet
Plastic Apron
Closed boots or shoes
Caps
Goggles or glasses
Masks
Sterile Drapes
Gowns/Scrub Suits
Utility gloves, Large
Heavy duty gloves, Large
Surgical gloves
Desirable Items
Washing machine
Laundry Drier

Generation
Colour coded bins
Colour coded bin liners (yellow)
Colour coded bin liners (black)
Sharps boxes 5L
Buckets
Storage
Polythene bags
Biohazard markers
Designated area for storage
Transport equipment vehicles, carts and wheeled trolleys
Polythene bags being used
Colour coded bins
Colour coded bin liners (yellow)
Colour coded bin liners (black)
Sharps boxes 5L
Transportation
Transport equipment vehicles, carts and wheeled trolleys (leak proof)
Disposal
licensed waste management contractor
Appropriate incinerator for the type of health facility
Guidelines disposal of HCW