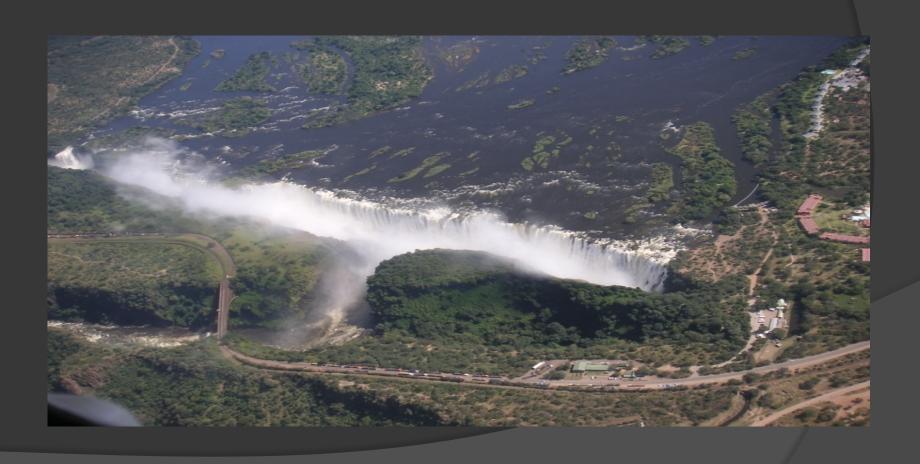
INSTITUTIONALISING TRAINING AND INNOVATIVE TRAINING APPROACHES

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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

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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

- Started as vertical programme to accelerate provision
 - Implications; re-imbursements
- Needs to be horizontal and integrated
 - Re-imbursement model for EIMC / Adolescent Health service requirements
 - QA requirements greater with Scale Up
- 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

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

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