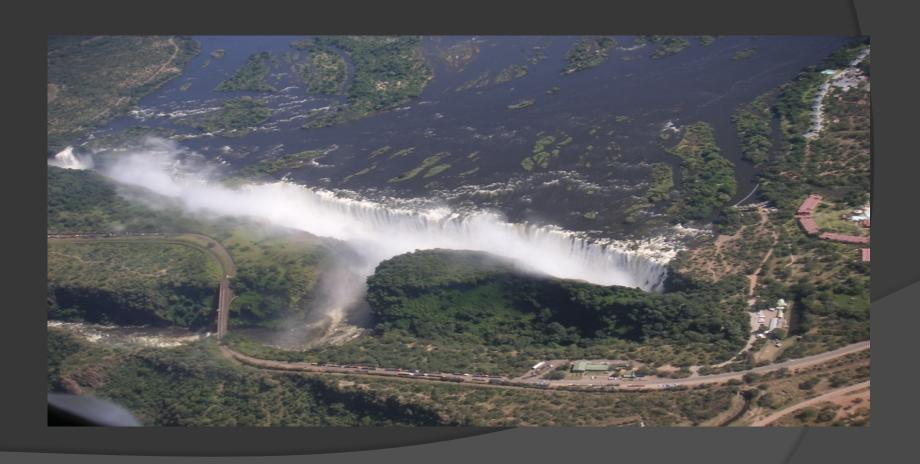
## INSTITUTIONALISING TRAINING AND INNOVATIVE TRAINING APPROACHES

Mr C A Samkange
Director, Institute of Continuing Health Education
University of Zimbabwe College of Health Sciences
Chairman of Council, Zimbabwe Open University
2017

#### 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

Tatenda, Siyabonga ,Amesegenalen, Merci, Asante , Twalumbwa, Zikomo, Obrigado, Thank you for Listening





### 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

Tatenda, Siyabonga ,Amesegenalen, Merci, Asante , Twalumbwa, Zikomo, Obrigado, Thank you for Listening

