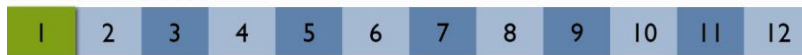


1. Service Site Selection

Timeline—Site selection occurs in the first month of the timeline.

Service Site Selection



Useful Tools	<ol style="list-style-type: none">1 VMMC Site Selection Criteria Tool2 VMMC Site Readiness and Preparation Tool
Useful International Guidance Documents	<ol style="list-style-type: none">1 Operational Guidance for Scaling Up Male Circumcision Services for HIV Prevention

Objective(s): To select appropriate sites to provide VMMC services

Description: Site selection involves working with the Ministry of Health (MOH) and local authorities to identify locations that would be most appropriate for offering VMMC services. Refer to TOOLS 1 and 2, and GUIDANCE DOCUMENT 1. These resources can help guide site selection and setup.

Information on HIV prevalence and male circumcision prevalence, which can help prioritize VMMC sites in specific regions, can be obtained from nationally published documents such as Demographic and Health Surveys (DHSs) and other published research. If other data are available (e.g., mapping of available services, site inspections, and assessments), they should be consulted for additional site-specific information. The community and local community organizations must be integrally involved in the site selection process. Adhering to clear criteria for site selection is helpful, as is fostering strategic partnerships and productive working relationships among health facility staff and implementing partners.

Mobile units can also be used to provide VMMC services in locations that have limited health care facilities and in catchment areas that have little or no existing infrastructure.

Some suggested criteria and/or considerations for site selection include (but are not limited to):

- The prevalence of HIV and male circumcision in the catchment area
- The size and density of the catchment population
- Sub-district, district, provincial, and national support for selected site or area (for fixed or mobile services)
- An estimate of VMMC need (based on estimated male circumcision prevalence, HIV prevalence)
- Expected demand for VMMC services
- Potential physical space that can be dedicated (temporarily or permanently) to VMMC services
- Presence of other high-volume VMMC services in the area, and ability to coordinate resources and recruitment to avoid competition for clients
- Existing infrastructure and equipment, availability of skilled human resources
- Level of support of managers and service providers

- Accessibility of sites/facilities by the target population
- The type(s) of facilities available
- Space with potential for good client flow among the various services
- Referral networks:
 - Services and facilities that can refer potential clients for VMMC. These include:
 - Emergency services
 - Employer or worksite Occupational Health Centers
 - Voluntary Counseling and Testing (VCT) Centers
 - Primary health care clinics
 - Schools
 - Community outreach services
 - Service linkage and referral from VMMC to additional services. Facilities available for care and treatment, post-operative care, and support/(AE management (see Section 10) may include:
 - HIV care and treatment sites for those who test HIV-positive
 - Clinics able to perform post-operative care
 - Regional, tertiary hospitals—AE management
- Transport routes that ensure coverage of the catchment area, identifying pick-up and delivery points
- Availability of equipment and supplies for VMMC services

Options for VMMC Services

Various site options models, service delivery models, and staffing options are available for the delivery of VMMC services. These should be chosen based on the specific needs of the community and the VMMC program. Below is a description of various options that can be implemented in different settings, based on the VMMC program, geographical location logistics, seasonality demands, and other external factors. It is important to review the following three specific components when determining the best way to implement VMMC sites.

1. Determine the site options
 - a. Fixed sites
 - b. Mobile sites
 - c. Outreach sites
2. Determine the type of service delivery
 - a. Regular service delivery (offered throughout the year rather than at specific times)
 - b. Campaign service delivery (offered during specific weeks/months)
3. Determine the staffing options
 - a. Determine what human resources (HR) are available
 - b. Determine service delivery model(s) (task shifting, Models for Optimizing Volume and Efficiency [MOVE], etc.)
 - c. Calculate HR needs

There are three different types of VMMC sites (fixed, mobile, and outreach). These three types of sites can be mixed and matched to serve the community most effectively within the

constraints of the program. The suggestions below are not prescriptive, but need to be matched to the resources that are available and linked with the supply and demand for services. (For more information on determining site options with relevance to creating demand, see Section 5.)

1) Determine the Site Options

a) **Fixed sites** are permanent structures—often located near or within existing health care facilities—that offer VMMC on a continuous basis. Using fixed sites for VMMC service delivery may be most appropriate in urban areas with high population density, substantial VMMC client demand, and easy accessibility. Fixed sites may also serve as a hub for multiple mobile units. Fixed sites need to dedicate adequate space to accommodate all of the components of VMMC services: reception, waiting area, private counseling rooms, surgical theater, post-operative care, and follow-up review areas. Existing fixed sites often lack space to accommodate all the elements of service delivery, or cannot dedicate existing space. In these instances, additional space needs to be created by using semi-permanent structures or tents.

b) **Mobile sites** are sites where the commodities and staff are actually mobile (moving to follow demand and/or supplement existing services). Mobile sites can provide services out of a health center (i.e., co-located with other services) or can be an outreach site. Mobile sites may be most appropriate in rural areas or communities that are not expected to have high demand for VMMC services, in areas that have high client demand at certain times of the year, or when a VMMC campaign temporarily increases demand. Mobile sites are usually temporary structures, often tents and prefabricated structures (see Figure 3 below).

i. **Basic tents** are easy to install and are movable, though they may have poor air circulation and generally do not remain durable for long periods of time. These tents are most often used for HTC services at the VMMC site. Although tents can provide very flexible space for service provision when they are present, if adequate lead time is not planned, procuring tents can pose a significant delay to programs.

Additional uses for tents include:

- Creating extra space at an existing fixed health care facility.
- Preventing bottlenecks in service delivery. For instance, a mobile structure for HTC services, set up adjacent to the fixed site, can provide a space where clients can be tested without crowding the fixed site.
- Creating extra space dedicated solely for VMMC surgery at a fixed site.
- Performing follow-up visits or group education. Smaller tents can be set up in the vicinity of the fixed site for this purpose.

ii. **Prefabricated structures** are sturdier and more durable than tents, and they are most suitable for locations where a high volume of VMMC clients is expected. Prefabricated, semi-permanent structures can provide space for other medical services when VMMC services are no longer needed. These structures require significant lead time to ensure proper installation. Cranes may be needed to deliver prefabricated structures and to move them once they are set, given that foundations are needed, and the overall space within the structure is not as flexible as in tents.

Figure 3: Examples of a Medical Examination Room and Tents



- c) **Outreach sites** can be used during times of high demand for VMMC, such as short-term campaigns. Outreach sites are generally small sites that provide VMMC services for a temporary time period in rural areas and in areas that are “hard to reach.” Outreach sites can be permanent structures (e.g., primary clinic, school, community center), modified for VMMC purposes. Tents or prefabricated structures may be used to increase available space and allow more clients to receive VMMC services in sites that may be rural and far from a fixed site. A “hub and spoke” approach can be used, selecting hubs that act as the headquarters (fixed sites) with various “spokes” (outreach sites) that can be set up in lower-level facilities, non-health facilities, or mobile sites. Outreach sites are more flexible, as they can be placed in an area until it reaches saturation, and then moved to another location. Outreach sites are often supplied by a fixed site from which goods are transported on a daily or weekly basis.

2) Determine the Type of Service Delivery

- a) **Routine service delivery** ensures the availability of VMMC services at existing health care facilities, outreach sites, and mobile sites year round. Although space within a facility may be dedicated for VMMC services, the services are integrated with the facility and offered consistently throughout the year. Referral networks are established and in place and clients are referred to and from other services and facilities. Client volume is typically steady, so HR and commodity needs are at a consistent level throughout the year.
- b) **Campaign service delivery** provides VMMC services in high volume for short periods of time. With campaign service delivery, HR and commodities are dedicated for the duration of the campaigns. Demand creation and community sensitization are crucial components to ensure a high volume of demand for VMMC services during the campaign period. Services are often offered on consecutive days for a specified time period to capture as many clients as possible. Campaigns are often designed to target certain populations (e.g., during school holidays to provide VMMC to adolescents, or during certain times of year to align with cultural practices or traditions). Campaigns can also be used to “kick start” services in a district or region. Campaigns can be effective in attracting large numbers of VMMC clients, but considerable logistical planning is needed to ensure adequacy of sites, staff, clients, and commodities. For more information on effective campaigns and their impact on provision of services, see the article “Voluntary Medical Male Circumcision: Translating Research into the Rapid Expansion of Services in Kenya, 2008–2011” [21] and “Voluntary Medical Male Circumcision: Matching Demand

and Supply with Quality and Efficiency in a High-Volume Campaign in Iringa Region, Tanzania” [22].

3) Determine the Staffing Options

- a) **The HR staffing lists** that follow (see Table 1 below) are suggested for fixed sites where demand is consistent. These suggestions would not apply to sites where demand fluctuates with seasonality, school holidays, etc. Staffing is not prescribed and should be modified and adjusted, based on the volume of clients and the country context. Innovative ways to address HR constraints in VMMC programs include using surgical efficiencies, non-surgical efficiencies, task-shifting and task-sharing, temporary redeployment of the public sector via task shifting, and volunteer medical staff from other countries [23].

Table 1: Human Resource Staffing Options for High, Middle, and Low Volume Sites

Items	High Volume Sites	Middle Volume Sites	Low Volume Sites
Beds	8	4	Less than 4
VMMCs performed per day	Greater than 80 (with task sharing)	30–80 (with task sharing)	Less than 30
Site Manager	1	1	Shared role
VMMC Providers ¹	2	1	1
Nurses ²	8	4	Shared role
Theater Assistant—“suture nurse”	1	1	1
Post-operative Care Nurse	1	1	Shared role
Hygienist/Cleaner/Infection Prevention Officer	1	1	Shared Role
Counselors—can overlap with trained nurses for efficiency	2 (minimum)	1 (minimum)	Shared role
Expert Clients	2	1	N/A
Community Health Workers	8-10	5-8	1-4
Runner	1	1	Shared role
Data Clerk	1	1	Shared Role
Receptionist	1	1	Shared role
Driver (for mobile sites)	1	1	N/A

Case Study—Service Site Selection in South Africa

Selection of fixed sites has been a process that occurs in consultation with the South African government. The focus has been on looking for fixed sites in high-density population areas that have reliable transport access. The objective has been to utilize the limited service delivery resources by locating initial fixed sites in the most accessible areas possible. The service delivery model is a hybrid (or mixed model) in which a fixed site is combined with mobile sites that are used for outreach. This specific hybrid establishes central, easily accessible, high-volume

¹ VMMC Providers are dedicated to the actual procedure: removal of the foreskin. These providers can represent a variety of health care worker cadres, depending on the laws by which these cadres are regulated.

² Nurses will perform a variety of tasks including documentation, assisting the VMMC Provider, prepping the room, and prepping the patient for the procedure. Depending on the country context, VMMC assistants may be doctors, nurses, clinical officers or medical officers.

fixed sites capable of performing 50 to 100 VMMCs per day at each site. During campaigns and busy periods, this fixed site is the hub of activity and conducts large numbers of VMMC procedures. In periods between campaigns and during holidays, the fixed site continues to function with a basic staff team. During these slower periods, VMMC numbers decrease at the high-volume center to around 20 to 25 VMMCs per day. The additional center staff members are then deployed to cover a wider geographic range, and a number of mobile sites become operational. Generally, these mobile sites are low volume, and perform around 10 to 15 VMMCS per day. This mixed model ensures steady performance and delivery of VMMC targets throughout the year.