

2. Service Site Planning

Service Site Planning



Useful Tools	2 VMMC Site Readiness and Preparation Tool 3 VMMC Site Action Plan 4 VMMC Site Assessment Tool 5 Community Asset Mapping Figure 4: VMMC Client Flow Diagram
Useful International Guidance Documents	2 Considerations for Implementing Models for Optimizing the Volume and Efficiency of Male Circumcision Services, 2010 3 Supply Chain Management System (SCMS) E-catalog including all Male Circumcision Kit Options 4 Male Circumcision Waste Management Plan

Objective(s):

- To develop shared understanding, ownership, and support among the facility management, administration, counselors, clinicians, and the community
- To create a site preparation action plan for providing the minimum package of safe VMMC services

Description: Once a site has been selected, a thorough approach to site preparation and site strengthening can greatly affect a VMMC program’s success. Conducting a thorough site assessment, including a site management orientation, will guide what is needed to get the site “operational” (see TOOLS 2 and 3). Site preparation has two primary objectives: 1) to develop ownership of, and support for, the VMMC site by site managers and community members; and 2) to agree on a site preparation action plan for developing and providing a minimum package of safe VMMC services.

Normally, the service site planning activity utilizes a designated Facility Management Team composed of hospital director, director of clinical care, sister-in-charge or chief nursing officer, the key administrative staff responsible for budgeting and procurement, and those clinical staff who would be expected to lead the provision of services. In addition, other cadres of health workers (e.g., community health workers, home-based care workers, health promoters) can be included in the orientation because they can be used to aid implementation. Some countries have utilized community health workers to serve as mobilizers for demand creation and client follow-up visits.

When conducting the site assessment, it is important to include the appropriate authorities and technical implementing partners. It is also vital to conduct a thorough orientation on VMMC for HIV prevention for site staff, prior to the assessment, so that all members are clear on the purpose of VMMC. The orientation can include:

- A review of the national VMMC strategy

- Specifics related to the site and the plan for services (regular versus campaign services, outreach sites, targeted numbers for VMMC, existing cultural beliefs, any research conducted or planned, etc.)
- How the site fits into the implementation plan

After the orientation has been conducted and team members are aware of the goals and layout of the program, the general site assessment can begin. The site assessment can be conducted by the Facility Management Team, or just certain team members. It is crucial that a site manager is designated and is an integral part of the site assessment process. The site assessment should evaluate (see TOOL 4):

- The current state of basic services (e.g., infection prevention, waste disposal, and M&E) (see GUIDANCE DOCUMENT 4)
- The space identified for VMMC services and the map of client flow (see GUIDANCE DOCUMENT 2 and Figure 4)
- The catchment area, and identify potential feeder clinics and points for post-operative care and support
- Existing community health workers or other health care worker cadres to be trained in VMMC service delivery (demand creation, VMMC counseling, clinical procedures, etc.)
- The capacity of feeder clinics and points for post-operative care to manage AEs that require hospitalization
- Transport routes to ensure that the catchment area is covered, and that pick-up and delivery points are identified
- The equipment and the current supply availability specific to VMMC services (what the site currently has and what the gaps are) (see GUIDANCE DOCUMENT 3)

The site assessment should also:

- Identify additional service outlets and establish linkages and referral centers that could be used to provide:
 - Community-based information, education, and communication (IEC); group education; community-based HTC; and community-based client screening
 - VMMC messages—about where VMMC information is available, where VMMC services are provided, and where clients are referred (outpatient departments, STI clinics, antenatal clinics, family planning clinics)
 - Referrals to care and treatment—VMMC clients may be referred for additional care and treatment, HIV prevention, HIV care and treatment, STI management, and reproductive health services
 - Screening and follow-up of clients based outside the catchment area
- Identify the key personnel who will be involved at the various stages of the VMMC process: management, communication, and demand creation; booking, reception, and registration; HTC; pre-procedure clinical screening; VMMC procedure; post-operative care and counseling; reviews and follow-up services; data management; waste management (see GUIDANCE DOCUMENT 4); infection prevention, etc.

- Reach agreement with the site management on developing signage and branding that can be placed in defined locations—within and outside the facility—to direct prospective clients to VMMC-related services
- Identify and assess locations, if temporary space is needed

Based on the findings of this assessment, the team should work together to develop a detailed VMMC SITE ACTION PLAN (see TOOL 3) to get the site ready to provide safe VMMC services. The Site Action Plan provides a clear outline of what must be completed so that the site is ready to provide VMMC services (e.g., HR to be hired, commodities to be ordered, renovations or restructuring of space to be completed, etc.). This Site Action Plan can be used as a task log that outlines specific activities and timelines, and designates staff members who are responsible for ensuring that each task is complete. The site preparation action plan should be based on a clear understanding of how the services will be provided, and it should link community demand creation (see Section 5) with clinical service provision (see Section 7). This Site Action Plan should be specific and time bound, and it should clearly identify who is responsible for achieving specific actions, the resources required, and the source of support. At this stage, the Site Action Plan may be useful in developing an agreement between partners, clarifying roles and responsibilities, and ensuring that the planned timeline is reasonable.

After the VMMC Site Assessment has been conducted and the Site Action Plan has been developed, it can be useful to conduct a general orientation for all staff at the facility. This orientation, which is more general than the initial facility management team orientation, is used to sensitize all staff to VMMC for HIV prevention services, and includes an overview of how and when these services will be offered at the facility. Site orientation helps to reinforce ownership by the health facility staff and management team, and ensures that key concepts concerning VMMC are internalized. In addition, site orientation minimizes the chances that misinformation will be disseminated while the site preparation action plan activities are getting started.

Using Community Mapping for Site Assessments

COMMUNITY ASSET MAPPING is a tool that can be used to gather information as part of the site assessment process. Many programs have found mapping to be useful in determining what is available in the community and how to engage these resources to aid VMMC programming (see TOOL 5 for a detailed example of Community Mapping).

Community Mapping Process—Create a document that outlines available resources, roles and responsibilities, opportunities, and challenges. This document will help identify potential community partners including community-based organizations; faith-based organizations; men’s, women’s, and youth organizations; and the local media that can be drawn upon to assist with community advocacy, mobilization, and preparedness for the VMMC program. The mapping will also assist in identifying community-based organizations, nongovernmental organizations (NGOs), etc. that can provide various components of the VMMC program in the community (e.g., group education, community-based HTC, pre-operative screening, post-operative care, and follow-up) and that can set up the appropriate referral systems. Establishing organizational links within the community will reduce the congestion at health facilities and, thereby, increase the efficiency of services as well as client satisfaction.

Case Study—Tanzania’s Site Preparation Action Plan Tool Development

Tanzania started its VMMC program in September 2009, through the VMMC Technical Working Group, under the leadership of the Ministry of Health and Social Welfare (MOHSW). Three pilot regions were selected to act as demonstration sites for program implementation so that lessons learned from the pilot could guide the scale-up of safe VMMC in the other priority regions.

The PEPFAR-funded program in this pilot phase was tasked with designing tools and guidelines, in collaboration with other partners, to ensure smooth implementation of the program. At that point, national guidelines did not exist. The program developed guidance on planning service initiation in a new site.

The guidance document provides an outline of the phases needed for service site planning. In the initial phase of this activity, all key stakeholders who are going to be involved in establishing the site—including frontline regional or district leadership, cultural and religious leaders, and other relevant stakeholders—are briefed about the services during a short orientation meeting.

Then management and key staff at the health care facility level are involved in planning for actual VMMC service delivery so that they own the program. It is important to take facility managers through all the steps in VMMC service provision. In this way, these facility-level stakeholders can appreciate the amount of space needed—not only to offer services comprehensively, but also efficiently. For example, site planners need to consider the layout of surgical space, multiple surgical bays, client flow, etc. Following this discussion, a site assessment is conducted to map out all the rooms required for service provision and gather all the other relevant information.

After the initial assessment phase, an action plan is established jointly by the program managers and the facility management, and roles and responsibilities are assigned to address any deficiencies found in the initial assessment. Joint action planning ensures that the facility management team is part of the whole process, and further commits them to supply their resources (including HR) to the VMMC program.

Service site planning is a crucial step that serves as an entry point to successful launch of services. By gauging management’s commitment to and concerns about VMMC service provision, this activity also saves time and money. Site planning determines whether facility management supports the initiation of VMMC services, and discerns any hesitation management may have about starting these services at the site (e.g., limited space or insufficient HR).

The Site Action Plan can further serve as a reference document while site preparation activities get under way. It provides an overview of what is needed to enable a particular site to initiate safe VMMC services, and determines costs and activities that must be considered for a specific VMMC site.