



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Identifier	Revision	Effective date
Working Practice Guideline (WPG) VMMC Data Flow Processes	0	30/04/ 2016

WORKING PRACTICE GUIDELINE (WPG)

VOLUNTARY MEDICAL MALE CIRCUMCISION DATA FLOW PROCESS

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DEFINITION OF TERMS

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| 1. Fixed facility: | A MMC initiating facility that also provides MMC |
| 2. Non-initiating site: | A site that recruits and registers clients but further refers for the actual procedure. |
| 3. Non-Fixed healthcare site: | A mobile facility (truck, van or bus) that is normally staffed by a team consisting of a Doctor, Clinical Associate, professional and enrolled nurses, a counselor and a data capturer |
| 4. Non-healthcare site: | A public or community recreational facility that is used during a mass campaign or camp |
| 5. Non DHIS facility: | A fixed facility that does not have the required equipment to electronically capture data of successfully circumcised clients |
| 6. Non-MMC healthcare site: | A site that does not provide MMC but sometimes initiates and refers. |
| 7. Catchment facility: | A local or community level facility that clients who have been successfully circumcised return to for follow-up |

LIST OF ABBREVIATIONS

AE's	Adverse Events
DHIS	District Health Information System
DHMIS	District Health Management Information System
DIO	District Information Officer
DoH	Department of Health
FIO	Facility Information Officer
GP	General Practitioner
HMIS	Health Management Information System
M&E	Monitoring and Evaluation
MMC	Voluntary Medical Male Circumcision
IP	Implementation Partners
NDoH	National Department of Health
NIDS	National Indicator Data Set
PEPFAR	President's Emergency Plan for AIDS Relief
SAG	South African Government
SOP	Standard Operations Procedure
TMC	Traditional Male Circumcision
WPG	Working Practice Guideline

1. PURPOSE

- 1.1. The aim of this Medical Male Circumcision (MMC) data Working Practice Guideline (WPG) is to provide guidance and to clarify the responsibilities and procedures for effective management of aggregated routine MMC data collected at all sites providing MMC in South Africa.

2. BACKGROUND

- 2.1. According to the National Health Act (Act 61 of 2003), the National Department of Health (NDoH) is required to facilitate and coordinate the establishment, implementation and maintenance of health information systems, including MMC data at all levels. The District Health Management Information System (DHMIS) Policy 2011, defines the requirements and expectations to provide comprehensive, timely, reliable and good quality routine evidence for tracking and improving health service delivery. The strategic objectives of the policy are to strengthen monitoring and evaluation (M&E), through standardisation of data management activities and to clarify the main roles and responsibilities, at each level, for each category of staff to optimise completeness, quality, use, ownership, security and integrity of data.

3. SCOPE

- 3.1. This MMC Data WPG is intended for, and is to be implemented and used by all employees and contractors involved with data collection activities including but not limited to filing, management and storage of MMC data, at the Department of Health (DoH) facilities, partner facilities, traditional medical circumcision schools and private sector sites.
- 3.2. Managers from facilities, sub-districts, districts and all other VMMC implementing partners are to ensure that all relevant staff and team members are trained on the contents of this WPG.
- 3.3. Please refer to the DHMIS Standard Operating Procedures (SOP) for the general management of data. This MMC data WPG refers to the capturing of VMMC data only.

4. MMC INFORMATION MANAGEMENT PROCESSES

- 4.1. The general principles for collecting and reporting MMC data are captured in the table below. In essence, these WPG seeks to ensure that all MMC data is recorded on DHIS, regardless of who conducts the MMC (IPs or DoH). In addition, the data should be captured into DHIS at the lowest level possible (preferably at community level facilities), whilst there should be a paper trail or source of data in the form of patient files and registers for audit and litigation purposes.
- 4.2. Community level facilities refer to non-fixed healthcare sites (e.g. mobile units), or non-healthcare sites (e.g. schools, stadiums, camps, campaigns, and events).
- 4.3. All data for MMC's conducted at non fixed healthcare sites or non-healthcare site should be submitted to the nearest fixed health care

4.4. Guiding principles:

General instructions for VMMC service providers and data capturers	
(1)	Patient files
1.1	In general, patient files for each client should be opened and safely kept at the site at which the MMC is conducted regardless of whether it is performed by the DoH, IPs or private sector partners. IPs must leave a <u>copy</u> of the patient's file at the site at which the VMMC is conducted. Only in the following cases, should the above process differ: <ul style="list-style-type: none"> i. If the MMC is performed at the <u>community level</u> (non-fixed healthcare site or at a non-healthcare site), the patient file should be transferred to and kept by the catchment facility. ii. If the MMC is performed at a <u>facility that does not have the space or capacity to store patient files</u>, these files should be transferred to the nearest catchment facility for storage. However the initiating facility should strive to ensure that it has the space and capacity to store patient files in future.
1.2	Where a client is referred from another facility, the name of this facility should be referenced in the patient file and surgical register.
1.3	VMMC follow-up consultations (including AE's) should be recorded in the patient file.
(2)	Registers

2.1	<p>All data of successfully circumcised clients must be entered into the register (surgical, theatre or MMC register) daily at the site at which the MMC is conducted. Partners must leave a <u>copy</u> of the register at the site at which the MMC is conducted.</p> <p>Only in the following case, should the register be transferred to and kept by the catchment facility:</p> <ul style="list-style-type: none"> i. If the MMC is performed at the <u>community level</u> (non-fixed healthcare site or at a non-healthcare site).
2.2	Where a client is referred from another facility, the name of this facility should be referenced in the surgical register.

(3) Data	
	<p>All data of surgical and device-based circumcisions must be left at the site where the MMC was conducted, regardless of whether it is performed by DoH, Implementing Partner or private sector partners. Where the MMC was submitted by an IP, the person submitting the data should sign for the data.</p> <p>Only in the following case, should the above process differ:</p> <ul style="list-style-type: none"> i. If the VMMC is performed at the <u>community level</u> (non-fixed healthcare site or at a non-healthcare site), the MMC data must be submitted to the catchment facility before the end of the month.
(4) Monthly Input Form (Monthly Statistics Form)	
4.1	Catchment facilities must collate all reported data at the end of every month, including data submitted by partners, from MMC providers at the community level, Correctional Services, and private practitioners, and enter the total MMCs performed on the Monthly Input Form.
4.2	MMC patient data totals transferred from registers into Monthly Input Forms should tally.
4.3	All MMCs must be reported and captured in line with the current NIDS.
(5) Data capturing onto the DHIS	
	<p>Data must be captured from the Monthly Input Form onto the DHIS.</p> <ul style="list-style-type: none"> i. <u>If the facility has the infrastructure to capture data:</u> Capture data directly onto the DHIS from the Monthly Input Form. ii. <u>If the facility does not have the infrastructure</u> (e.g. some DoH clinics, private General Practitioner rooms, etc.): Submit Monthly Input Forms to the sub-district/district for capturing onto the DHIS.
(6) Registering Organisational Units	
	Correctional Services, mobile units and private General Practitioners who conduct a significant number of MMCs, more than 10 per year, should register as Organisational units (OrgUnits) on the DHIS.
(7) Recruitment of clients and Follow-up	

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MEDICAL MALE CIRCUMCISION (MMC) DATA FLOW PROCESS

	A number of facilities do not have the capacity to conduct MMC but might be allocated targets by the district. These facilities might initiate or recruit clients and refer to facilities where the MMC service is offered:
7.1	The facility at which the MMC is initiated but not conducted must send a referral note (up referral) with the client to the site at which the MMC is conducted. The site at which the MMC is conducted will then send a referral note (down referral) back to the facility at which the MMC was initiated. Follow-up might occur at either facility.
7.2	Facilities that do not conduct MMC's but recruit clients can keep <u>internal</u> records to prove that they were instrumental in recruiting clients that ultimately contributed to district targets. These records should <u>not</u> be captured onto DHIS.
7.3	Partners and DoH should try and recruit clients for MMC camps from the catchment area of the facility where the MMC will be conducted. This will ensure that the vast majority of clients will return to the facility where the MMC was conducted for follow-up.

WORKING PRACTICE GUIDELINES
MEDICAL MALE CIRCUMCISION DATA FLOW PROCESS

**Hospital or Clinic
or CHC**

**Standard
Procedure**

Open a patient file
at the facility.

Transfer data from
the patient file to
the register.

Collate data on a
weekly basis from
facility and
community.

Validate data from
all service delivery
points.

Capture data from
the register into the
Monthly Input Form.

Conduct data quality
assessment on the
Monthly Input Form.

Capture data from
the Monthly Input
Form onto the DHIS
OR submit Monthly
Input Form to sub-
district/ district.

**District roving
team**

To healthcare
facility

Open a patient file
at the facility.

Transfer data from
the patient file to
the register.

Validate data.

Leave patient files
and registers at the
facility.

**Facilities that do
not offer MMC**

Clients are
referred

Refer the client to a
facility where the
VMMC will be
performed.

Send a referral note
with the client to
the site at which the
MMC will be
performed.

Open a patient file
for follow-up
purposes.

**Outreach team or
camp**

To healthcare
facility

Open a patient file
at the facility.

Transfer data from
the patient file to
the register.

Validate data.

Leave patient files
and registers at the
facility- or **copies** in
the case that the
MMCs are
conducted by a
Partner.

**Campaign or
event**

Not at a
healthcare facility

Open a patient file.

Transfer data from
the patient file to
the register.

Validate data.

Transfer patient
files and registers to
the catchment
facility.

**Correctional
Services**

Open a patient file
at the site.

Transfer data from
the patient file to
the register.

Validate data.

Capture data from
the register into the
Monthly Input
Form.

Conduct data quality
assessment on the
Monthly Input
Form.

Submit Monthly
Input Form to sub-
district/district.
(DCS must ensure
that they are
registered as an Org
Unit on the DHIS.)

6. REFERENCE DOCUMENTS

Individuals using these procedures should become familiar with the following documents:

- 6.1.1 DHMIS Policy, National Department of Health, 2011.
- 6.1.2 DHNIS Policy, Standard operating Procedure:Facility level, November 2012
- 6.1.3 National Health Act (Act 61 of 2003): Commencement Section 53 of the National Health Act, 2003.
- 6.1.4 PHC Supervisory Manual, National Department of Health, October 2009
- 6.1.5 Promotion of Access to Information Act (Act 2 of 2000): GN 585, Government Gazette 26332, 14 May 2004.
- 6.1.6 Public Audit Act of 2004 (Act 25 of 2004): Government Gazette Vol 474, Cape Town, 20 December 2004 No. 27121.
- 6.1.7 Public Finance Management Act (Act 1 of 1999): Public Finance Management Amendment Act (Act No. 29 of 1999).
- 6.1.8 Statistics Act (Act 6 of 1999): Government Gazette Vol. 406, Cape Town 21 April 1999. No. 19957.
- 6.1.9 Treasury Regulations: Government Gazette, Vol. 500, Pretoria, 20 February 2008, No 29644.
- 6.2 Health National Service Delivery Agreement (NSDA) 2011

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