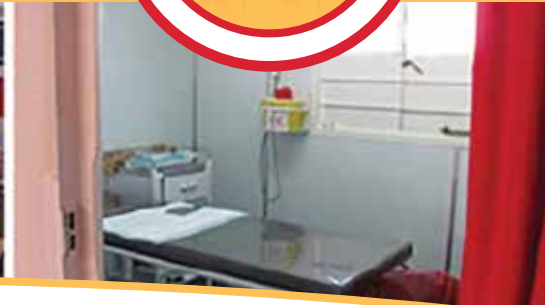


Winnie Mandela Male



HEALTH CLINIC

EKURHULENI NORTH MEDICAL MALE CIRCUMCISION PROGRAMME



health
Department:
Health
REPUBLIC OF SOUTH AFRICA



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Version 1: 06/08/2014

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The Journey ...

Background on The Aurum Institute

The Aurum Institute is an internationally recognised, research and health systems organisation. The institute has implemented Voluntary Medical Male Circumcision services as part of a health programmes initiative to assist the National Department of Health (NDOH) in its Combating HIV Prevention efforts.

According to the World Health Organisation, there is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. Three random trials have shown that male circumcision provided by well-trained health professionals in a properly equipped environment leads to a safe and effective intervention for HIV prevention. As a result, WHO/UNAIDS recommended that countries with high burden, generalised HIV epidemics and low male circumcision prevalence, like South Africa, adopt and implement male circumcision as an integral HIV prevention strategy.

South Africa faces an estimated 16.6% HIV prevalence in the general population and an estimated 35% coverage of circumcised males. Due to the high HIV prevalence and low uptake of male circum-

cision, the NDOH adopted the Voluntary Medical Male Circumcision (VMMC) programme, as a strategy for HIV prevention and started its implementation in 2010.

The national VMMC target is 4.3 million procedures in 15–49 year-old males by 2015/6. The current programme includes surgical VMMC in dedicated funded developmental partner facilities which have adopted the MOVE model (Model for Optimizing Volume and Efficiency). In addition, there are other facilities such as DOH facilities which provide low volume VMMC in addition to other health care services.

VMMC is a resource intensive programme. While reasonable time and funds have been spent in capacity building for implementation, the uptake of male circumcisions does however remain rather low. In response, the DOH is considering alternatives to the current standard procedures to overcome the barriers of the current surgical VMMC program, and to improve uptake. Therefore the NDOH is supportive of the introduction of a circumcision device to improve efficiency.

In 2011 there were 34.2 million people living with HIV in South Africa where 2.5 million were new infections in South Afri-

ca. This prevalence of HIV in adults aged 15-49 years is 16.6%, and HIV incidence for this age group is 1.38%.

The key drivers of the HIV epidemic in South Africa are: low prevalence of male circumcision, inconsistent condom use, and excessive alcohol use, multiple concurrent sexual partnerships, and inter-generational and transactional sexual relationships. Social and cultural factors, such as low marriage rates, high population mobility, and prolonged separation of families and partners contribute to these issues. Gender inequality has been identified as a factor in women's vulnerability. During 2009 to 2011, in the age group 15-49 women (22.5%) were more likely than men (13.1%) to be infected with HIV. Marginalized populations such as sex workers and men who have sex with men (MSM) are also at heightened risk. The prevalence of HIV in the MSM group ranges between 12.6% and 47.2%.

Thus South Africa has a generalised epidemic with no signs of the epidemic stabilizing; highlighting the need for better HIV Prevention methods.



Male Circumcision in South Africa

Three independent prospective random controlled trials conducted in South Africa, Kenya and Uganda in 2007 by the World Health Organisation (WHO) and the Joint United Nations Programme on HIV/AIDS recommended that male circumcision be promoted as part of a comprehensive HIV prevention package. Subsequent studies have confirmed the value and persistence of male circumcision protection against HIV infection and have demonstrated that male circumcision also reduces the acquisition and transmission of human papillomavirus. Male circumcision is targeted for scale up in 14 countries with generalized heterosexual HIV epidemics and low MC rates.

The goal of VMMC is to increase the scale-up of male circumcision coverage among young men to 80% over the next five years in 13 of Africa's East and Southern regions. South Africa adopted the VMMC approach on the 1st August 2010.

The Department of Health (DOH) initiated this programme with the objective of scaling up VMMC throughout the country to reach 4.3 million 15 to 49 year old

males by 2016. To date 250 000 men have undergone medical male circumcision and the objective is to continue with large-scale rollout of a national medical male circumcision programme as part of a package of sexual and reproductive health services.

Despite these advances, broad uptake of the national VMMC program has been slower than expected. The key barriers to broader VMMC uptake are: the fear of pain, and MMC would require too much time away from work.

Acceptability of male circumcision among uncircumcised men in Southern Africa is high, ranging between 60 - 70%. In a study conducted in Orange Farm, South Africa, 59% of the surveyed men to whom male circumcision was acceptable underwent the intervention. A study published in 2009 on acceptability of male circumcision in South Africa found that circumcision among males was increasing. The study revealed that both male youth and adult females were more accepting of male circumcision. The estimated targets needed to have the greatest public health impact and achieve the largest cost saving appears daunting in South Africa, where cultural circumcision is also practiced. However, recent technological advances, such as circumcision devices, provide viable options for achieving

national targets while maintaining a commitment to safety and high quality assurance standards.

The greatest challenge was creating on-going demand for VMMC in the traditional "off-peak" season (i.e. summer). Ingenuity and forward-planning is required to allow the staff to be re-allocated to different activities. The biggest lesson learnt was that in order to sustain demand beyond the "traditional" winter peak period demand creation efforts should not cease even during the height of service delivery. Even then, to overcome the traditional belief that winter is the circumcision period is the ultimate goal.

The greatest obstacle is accessibility to services and in impoverished setting whereby clients do not have the money to pay for transport to access services. Taking the services to the client via our mobile clinics and the use of travel vouchers at campaigns will hopefully overcome this huge obstacle. We expect to see a scale up in numbers of men circumcised in these areas.

PEPFAR (CDC and USAID) South Africa has contributed more than 200,000 MMCs since launching services in 2010.





Major Demographic Characteristics of Ekurhuleni

The estimated Ekurhuleni population is 2,865,611 (DHIS 2010 Mid-Year Population Estimates) people which constitutes 5,6% of the national population and makes up 27% of the population in Gauteng (9 245 085). Seventy seven percent (77.8%) of the Ekurhuleni population are un-insured and rely on the public health services.

According to the Ekurhuleni Growth and Development Strategy, 2025: October 2005 (EGDS): “The economically active population is 52% compared to 38% nationally. Household income and per capita income exceed the national average by 10% and 33% respectively. The percentage of people living in poverty nationally is 49% compared to 29% in Ekurhuleni.” ().

Currently the unemployment rate is estimated at approx. 40%, although the literacy rate is high at approx. 84% but technical skill levels are low and not a good





fit for skills demands in the Ekurhuleni Metropolitan Municipality. The prevalent lack of skills and the low local economic growth rate entrenched the cycle of poverty, deprivation and violence. (EGDS).

Males constitute 51% of the total population. The age group under five years constitutes 9% whereas the youth (age group 15 to 34 years) constitute 37% of the total population.

**LOCATION:
Winnie Mandela Park, Tembisa**

Winnie Mandela Park is located in Tembisa. The word “Tembisa” was derived from an Nguni word, written “Thembisa” which means: “Make a promise” or also derivable from an Nguni word “Isithembiso” which means “A promise” and “Ithemba” which means “hope”. This name was founded in the late 50s when black people were moved by the apartheid government from areas like Modderfontein, Kempton

Park, Midrand, Alexandra and Edenvale. Therefore Winnie Mandela Park is one of the sections in Tembisa with four wards and twelve zones.

INFRASTRUCTURE

Housing

- There are approximately 708 houses in Winnie Mandela Park i.e. brick buildings, which excludes backrooms and shacks.

Transport facilities

- The main mode of transport is taxis in this community.

HEALTH SERVICES: Winnie Mandela PHC Clinic

- The main healthcare facility to provide health services is Winnie Mandela Clinic situated in 9044 Madiba Drive, Zone 6, and Tembisa inside Margaret Zuma Centre.

It provides :

- Primary Health Care
- HCT
- Antiretroviral Initiation
- Wellness clinic
- Immunisation Expanded Programme
- Integrated Management of Childhood Illness
- Reproductive Health
- Mental Health Services
- Dental Clinic
- Antenatal Clinic
- Youth-Friendly Services.

The clinic renders services to approximately 10,000 clients/patients per month.

- Other clinics to provide services to Winnie Mandela community members are Olifantsfontein Clinic and Erin Clinic. The nearest Hospital is Tembisa Hospital (approximately 2 km’s away).





- Traditional Health Practitioners (THPs) also play a significant role in this community and have a close relationship with the clinic. They refer HIV- and TB-symptomatic patients to the clinic and sometimes assist with patient follow-up and DOTS.

Educational Services

- There are two primary schools in the area, Reagile and Boitumelo, and, on completion, children go to neighbouring areas for secondary school education. The nearest secondary school opened in January 2013, directly opposite Winnie Mandela Male Health Clinic and the Winnie Mandela PHC Clinic.
- The other nearest secondary schools in the Tembisa main clinic catchment area are Boitumelo and Kusasa Secondary school.

Welfare Facilities/Services

- There are three non-government organizations (NGOs) in Winnie Mandela Park namely: Bana-ba-Noko, MASA and Arebaokeng. The main aim of these NGOs is to provide palliative

care, OVC support, income-generation projects and DOTS. These NGOs expressed a need for the 69 day training (home-based-care, HCT, financial management and project management). MASA provides DOTS support to over 99 patients, and 166 patients referred from Winnie Mandela clinic (68 patients on ART and 59 TB patients, with the remainder (39) all having a chronic illness, e.g. mental problems, epilepsy, cancer, diabetics and stroke). The success rate on their programme is almost 99%. Only three home-based-caregivers were trained in 69 days for caregivers and the rest are not trained.

- The support group developed out of Winnie Mandela clinic no longer meets. It used to have 17 members
- There is one Social Worker who works at Winnie Mandela PHC Clinic, who deals only with HIV issues and is available for home visits per appointment.
- Community Development Workers (CDWs) are allocated to each ward.

Their role is to report anything faulty in the community e.g. street lights, uncollected refuse, leaking pipes. They also assist with grant applications, home visits and creation of self-help projects. There are five CDWs in Winnie Mandela led by Mr. Nathi Mbalathe. CDWs also run a cleaning project called Seriti, funded by the Gauteng Provincial Government.

- The main churches in this community are ZCC (+/- 200 members), Shembe (+/- 100) and Born Again Christian churches (aBazalwane).

Residents of the Community

- The community is a combination of permanent residents, migrant workers and those who are there to seek employment. Levels of education vary from those who completed primary school education to those who completed secondary school education and a few who have tertiary education.
- The family structure in this community is mainly female-headed households and child-headed household. There





are 104 OVCs and two child-headed households identified in Winnie Mandela.

Community Leadership

- Each and every ward has a Ward Councillor who all report to the Chief Whip for Ward Councillors. Councillors are the elected representatives of the people and are mandated as elected representatives to make decisions on behalf of their constituencies. This idea is based on the principles of representative democracy which recognises the need for people to have a voice in their government, but assigns that voice to selected persons chosen through the voting process.
- As elected representatives, councillors need to carry out their duties in a transparent and accountable way. This means that councillors do not act as individuals to do as they wish. Their actions must be visible to the public so that the community (or party to which the councillor belongs) is able to object when they feel their interests are not being adequately represented. To find out what is happening at council level, the public has the right to attend council meetings, and get records and reports provided by council.
- Councillors are expected to be in close contact with their constituencies 'on the ground' and to keep council informed of the real experiences and views of the residents within the municipality.
- As ward councillors often receive complaints from the public on specific problems, they are in a good position to advise the public on how to resolve their issues. They can also assist their constituents in making formal complaints or petitions, as for submission to the municipality, and can help follow-up the concerns brought to them.
- The councillor is also given reports on various service delivery issues and progress of capital projects, and should pass this information to the community at every opportunity. While a councillor cannot directly instruct an official on how to do his/her job, councillors have a right to expect officials to meet accepted standards of service and can raise any serious concerns within council for attention by the relevant department.
- Each ward councillor is elected by a specific geographically-defined ward within the municipality. The ward councillor, therefore, is expected to make sure that concerns related to his/her ward are represented on council. The Municipal Structures Act, 1998 provides for the establishment of ward committees to assist the ward councillor in understanding the needs and the views of the community. A ward committee should consist of up to ten members who serve as volunteers to advise the councillor, and may represent a certain sector, e.g. women's groups or ratepayer associations or a geographic area or community within the ward. The





ward councillor serves as chair of the ward committee and must hold regular meetings. A council may have a detailed policy on a ward councillor's responsibilities as ward committee chair, specifying the number of meetings, the type of reports to be made to the ward committee, etc. Ward councillors are also expected to hold regular public meetings within the ward, and can interact directly with any interest group even if that group is not represented on the ward committee.

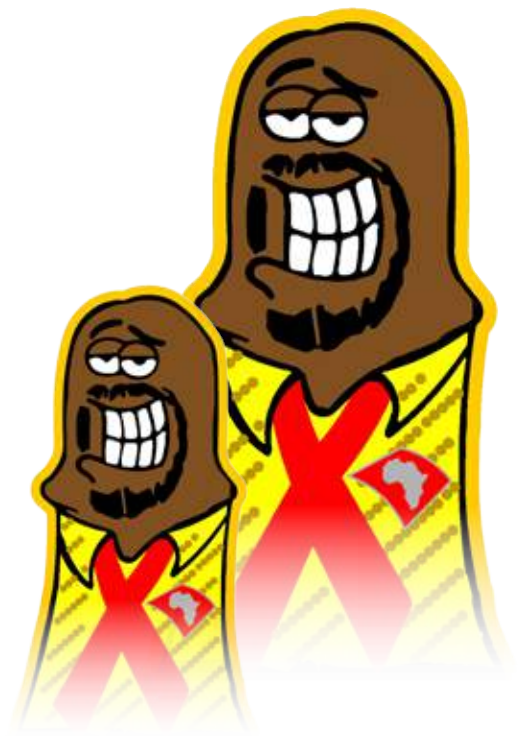
Communication

Various means of communication are used in the community e.g. word of mouth

and through different community-established forums e.g. clinic forum, Traditional Health Practitioner (THP) forum, youth forum etc.

Crime

There are two police stations in the community. Crimes that are reported in the community are mainly housebreaking, pick-pocketing and domestic violence. Ekurhuleni Metro Police are based at the Winnie Mandela clinic premises and the other police station near Winnie Mandela Park is in the Rabasotho section, which is approximately 10 km's away from Winnie Mandela Male Health Clinic .



The Aurum Institute: Winnie Mandela Male Health Clinic

The Aurum Institute is a specialist research and health systems management organization that focuses on TB and HIV prevention, treatment and care. The Aurum Institute TB and HIV Prevention, Care and Treatment Program has been in existence since October 2002, with the first patient prescribed antiretroviral therapy (ART) by Aurum clinicians in November 2002. At this time, the program was funded by the South African mining industry, primarily Anglo American. Since 2005, the program has been independent of the mining industry, with funding from the President's Emergency Plan for AIDS Relief (PEPFAR).

After the South African government's 2009 announcement that all primary health care clinics would move towards becoming ART initiating sites, primary partners and sub-partners were requested to join the provincial authorities to bolster capacity at the district and local level. In agreement with PEPFAR and CDC South Africa, Aurum has increased its partnership links with the NDOH in a number of identified Sub-Districts.

The institute works in partnership with the Ekurhuleni Metro Municipality to strengthen delivery of health services.

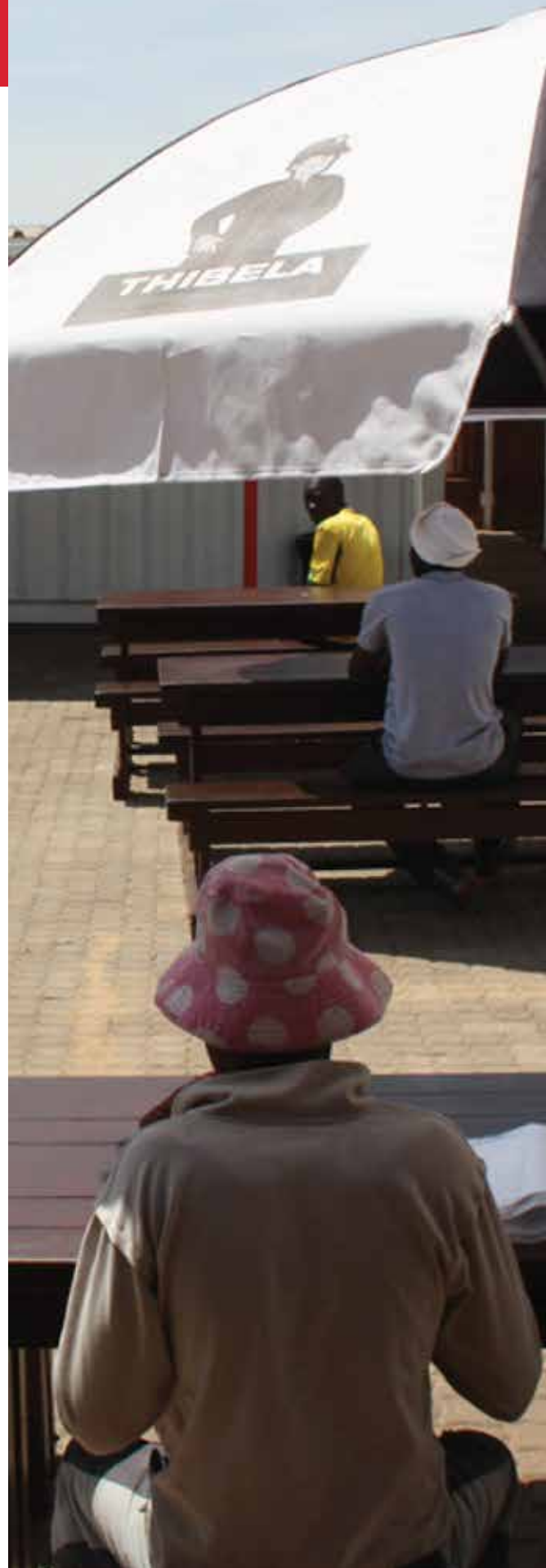
Ekurhuleni District

The estimated population of Ekurhuleni district is 2,865,611 people (DHIS 2010 Mid-Year Population Estimates) which makes up 27% of the population in Gauteng Province. Seventy seven percent (77.8%) of the Ekurhuleni population are un-insured and therefore rely on public health services.

- Ekurhuleni North (EKN) sub district has a population of approximately 800,000.
- Ekurhuleni North has 27 primary health care clinics and two "secondary level" hospitals.
- Achievement: Tuberculosis Cure Rate: 86,3% in 2008/09 (63,6% in 2005/06) (2010/11 District Health Plan)



U.S. Centers for Disease Control and Prevention South Africa



Winnie Mandela Male Health Clinic

WINNIE MANDELA MALE SEXUAL HEALTH CLINIC



COUNSELLING SESSION IN PROGRESS

PLEASE DO NOT DISTURB!!!

THANK YOU

The clinic is located on the campus of the district clinic and opened on 19 September 2011 in a pilot phase with an official launch on 1 October 2011. During the first

two weeks, the clinic saw 75 patients. The clinic is focused on medical male circumcision but incorporates HIV and TB counseling and voluntary testing into the counseling curriculum.

Men and young boys are ushered through a systematic process that includes gender-based counselling and education, pre-operative medical assessments, and emotional and educational preparation for the surgery. An eight-man “buddy system” is incorporated to provide peer

support throughout the process. An online data capturing systems allows for effective follow up and easy tracking of patients.

Shout It Now is a South African organization that works closely with the clinic and with Aurum. In addition to the MMC package, Aurum in collaboration with Shout It Now is piloting an interactive educational video that replaces group information sessions about MMC, as well as a fingerprint-based patient tracking system that feeds into centralised records. The site is in early stages of operation, open since 19 September 2011, but has already made significant headway in establishing high quality, efficient services.



The U.S. Centers for Disease Control and Prevention (CDC), under the Department of Health and Human Services, builds on its core strengths to provide support to the government of South Africa for the prevention, care and treatment of HIV and AIDS. All CDC global HIV and TB activities are implemented as part of the U.S. Emergency Plan for AIDS Relief (PEPFAR).

For more than 60 years, CDC has been the premier U.S. agency for evidence-based disease control and prevention. Uniting science, data-driven decision-making, and historic partnerships, CDC South Africa provides technical assistance to South African organizations to strengthen laboratory, epidemiology, surveillance, public health research, and workforce capacity.

The clinic's facilities are refurbished containers from previous Aurum projects that feature eight operating rooms and two recovery rooms. The clinic uses one resident doctor and several rotating doctors in addition to a clinic manager, two data capturers, three general assistants, four counselors and ten nurses.

To create community awareness and demand for the clinic's services, Aurum utilizes its network of 30 community recruiters.

The Aurum Ekurhuleni MMC project aims to contribute to the SA DOH HIV/AIDS Strategic Plan, PEPFAR and the millennium development goals of:

- o Reducing HIV incidence by 50% by 2015
- o Integrating MMC into other HIV prevention strategies
- o Contributing to South Africa's goal to perform 5.6 million MMCs by 2015

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Identifying the right location

The Process

The beginning . . . In January and February 2011, the Aurum Institute together with Ekurhuleni Metro Municipality (EMM) and the National Department of Health (NDoH) started engaging in respect to setting up a high volume Medical Male Circumcision Clinic in Ekurhuleni North, Gauteng, South Africa.



The first challenge that we faced was to find the right location. In partnership with Ekurhuleni Metropolitan Municipality and the Ekurhuleni Department of Health we visited numerous facilities with the purpose to identify the right location and the best setting for a high volume Medical Male Circumcision Clinic.

The criteria that was followed to find the correct location were as follows :

- Linked to a NDoH or EMM Primary Health Care Facility
- Close to other Municipality Services i.e. Municipality Customer Service Office, Police and Traffic Department, municipal library etc
- Close to Department of Education facilities i.e. High School, Primary School etc
- Close to Public Transport i.e. Taxi Rank
- Located on main feeder roads and close to main roads in Ekurhuleni North
- Close to the national highways
- Close to a public hospital
- Close to an industrial area
- Close to a shopping mall and informal trading
- Close to an informal settlement and subsidised housing (densely populated area)





Ekurhuleni Metro Municipality Customer Service building and the Winnie Mandela Primary Health Care Clinic

We identified that in order for this to be a successful, high volume facility, we needed to find the right location.

With the full support and collaboration of the partners we identified the land next to the Winnie Mandela Clinic as the right location that met all the criterias stipulated above. It is within two kilometers from Olifantsfontein Road, Phumulani Shopping Mall and Tembisa Hospital. In the immediate surrounding area is a municipal library, high school, primary school, pension payout centre, municipality customer care centre and a densely populated residential area.



The empty land next to the Winnie Mandela Primary Health Care Clinic available for development



The land identified to build a high volume Medical Male Circumcision Clinic.

Success – the ideal location has been found ...

The partnership between The Aurum Institute, the Department of Health and Ekurhuleni Metro Municipality (EMM) is strengthened as we move forward to the planning stage – to create a Medical Male Circumcision Clinic in the shortest, possible period of time ...



CDC Director's: site visit

4 May 2011



The Aurum Institute CEO, Professor Gavin Churchyard and Deputy CEO, Dr Dave Clark welcome the visitors from PEPFAR/CDC to a site tour of the potential site for the Medical Male Circumcision Clinic



Welcome and introductions



Tour of Winnie Mandela Primary Health Care Clinic



CDC staff



Briefing in the clinic manager's office, Sister Nomsa Shabalala



Developing the partnerships



Concept drawing prepared by Helen Kisbey-Green, Deputy Director Operations, The Aurum Institute.





Proposed land for the MMC clinic, Ekurhuleni North Community Programme and the Research Programmes



The vacant land



EKN Community Programme Team



Mpho Maraisane briefing the PEPFAR / CDC visitors in respect to the Aurum concept for the MMC clinic.



March – May 2011 was spent liaising with all the relevant stakeholder, obtaining the necessary support and drawing up the relevant Memorandum of Agreements and Service Level Agreements. A professional team of architects, quantity surveyor and structural engineer were appointed to assist with finalising the plans and adjudicating the tender processes.



The Construction : June to August

1 June 2011

The construction began on 1 June 2011, the building contractors moved on site and started clearing and preparing the ground. The construction process, together with the refurbishment of the Thibela containers.

The ground has been cleared of rock and rubble, platforms made and preparation made for construction



The construction crew, mixing cement, preparing and laying the platforms



The Thibela containers arrive at their new home from the Anglo American mines.



Continues to page 16 ▶



The Construction : June to August

1 June 2011

Continued from page 15

Construction crews hard at work . . .



Erecting the roof/steel structures . . .

Concrete, metal and endless paint – the clinic starts to take shape



A Good Omen –

delivering the furniture in the rain, hail, sleet and snow – the clinic is officially blessed!

15 August 2011



On the 15th August 2011, on a very over cast day we started loading the equipment and furniture at our Head Office to take it through to the MMC Clinic. On route to Tembisa it started to rain. As we parked at the MMC clinic it started to hail and within 5 minutes the hail had turned to sleet and then to snow.

Our new clinic was covered in a beautiful blanket of white. The community felt that this was a good omen and a blessing on the new facility . . .

We believe that the Winnie Mandela Male Health Clinic is indeed a blessing . . .



1 September 2011 **Final preparations:** the teams hard at work

The main building contractors moved off site at the end of August 2011. The smaller contracting teams came in to install signage, data lines, security alarms and the WMMHC staff were hard at work cleaning and setting up all the different rooms – there was a buzz of activity and excitement in the air – anticipation of opening a new clinic!



It is official
– the clinic
has a name
– the main
sign board
being put up.



The internal courtyard, no plants



Clinic staff helping to set up rooms



The registration booths . . .



The data management area



A surgery room



Signage : Consulting Room



Toilets for clients (patients)





Counselling room with door sign



Counselling room – now busy



Surgery room



Repeat visits (day 2 and day 7)



Movable disability ramp



Outside registration



Entrance to registration



The Aurum Mission at registration



The internal courtyard



Setting up chairs in the counselling waiting room



The Aurum Focus



The gardens have been planted



1 September 2011 **Final preparations:** the teams hard at work

The training and setting up . . . During this period of time the technical processes, data management processes and the appointment of staff took place. The first team started on the 1st August 2011 and went through a month of vigorous training at CHAPS and at the Aurum Head Office.

The first two weeks of September the teams assisted with the setting up of the clinic in respect to furniture, equipment, medical supplies etc.

The last stage of the process was spent on strategic team development – the first step of building and developing a high performing team . . .



Building a Team

September 2011

With the clinic ready to function it was now important to take a the newly appointed Medical Male Circumcision staff, a group of strangers, and turn them into a high performing team. Under the guidance and faciliation of Black Cherry Consulting, a strategic business development company, we set off on the road to build a team. This team of strangers arrived at the gates to a small lodge at a game reserve outside Brits in the North West. As an ice breaker the team gathered at the gate for the very first team photo and to sing their very first song as the Winnie Mandela Male Health Clinic Team. In excitement and anticipation team members climbed onto the game vehicles ready to set off on this journey . . .



Perfect venue to strategise



Let's get down to business . . .



The winning team

First task – we can only succeed as a team if we know each team member

It starts with me . . . the first step of developing high performing team is getting to know the members of the team! One cannot support a stranger but they will always support and hold up a friend.



Building a Team



Introducing the team members . . .



Boardroom in the middle of the bush



Time to start bonding as a team

This is not a team building outing but rather a lot of hard work, with a structured meeting agenda. Gavin Levin, Black Cherry Consulting, provided strategic team development activities that are used to compliment the objectives that need to be achieved. The exercise below highlights the importance of working together as a team, choosing a team leader and more importantly developing communication skills within a team. If they cannot communicate with one another; if they cannot listen to each other; then they will never be able to achieve the team objectives! This exercise also highlights to the management team which members of the team are the natural leaders and who are more comfortable in following instructions. It also highlights potential attitude problems which could lead to the downfall of the team.



Team activity to show the importance of working together as one team to achieve what seems to be impossible!



Teams can only succeed if they completely trust one another!



What are our objectives?



Each strategic team activity has a specific goal that feeds into the next meeting / discussion session.





*It starts with me...
 Let us work together...
 To make this the best...
 Medical Male Circumcision
 Clinic in the country!*

Closure – we are now one team and ready to take up this challenge !

Reflecting back :

The construction phase of the project had taken 3 months with industrial strikes, go slows, bad weather and numerous other challenges, however, that alone was a remarkable achievement!

Two weeks to set up the clinic and to ensure the success of the clinic by spending time on the critical task of building and strategically developing the clinic team in order to ensure that they were empowered to meet the challenges set before us.



We have started on the journey to develop a high performing team, they know each other, they are excited, they are passionate about the cause, they are ready and willing to take up the challenge!!

The clinic is ready, the staff are ready, The clock is counting down the hours until we officially open the doors and circumcise our very first patient!



19 September 2011

OUR FIRST DAY



First team meeting at the Winnie Mandela Male Health Clinic held together with the MMC task team

Representatives of the three Partners :

(The Aurum Institute – Dr Mpho Maraisane, DOH – Mr Modise and EMM – Mrs Antoinette Mogale)



The clinic team felt that it was important to have an “unofficial opening of the clinic” to bless the clinic and ensure the success of the clinic going forward. We quickly found a cloth that could be used as a make shift ribbon and the team together with the MMC task team gathered together to do a symbolic cutting of a ribbon to open the doors to our first patients . . .

The Winnie Mandela Male Sexual Health Clinic was NOW OPEN!

19 September 2011

Our first patient (Vusi)

19-09-2011 – our very first patient Mr Vusi Mothiba with the Clinic team before he went into surgery. Looking nervous but excited about being the very first patient at the Winnie Mandela Male Health Clinic.

During the period 19 – 30 September 2011 we ran a pilot phase with a small number of patients in order to review and fine tune our systems, before increasing numbers.

During our first two weeks we circumcised 75 patients.



We have made enormous strides, developing partnerships, securing the right location, designing and building a state of the art high volume MMC facility, developing software, hardware, data management and electronic client management systems, recruiting,

training and the first steps towards developing a high performing team, running a successful pilot – what an incredible year this has been . . . ready to start the next challenge with anticipation!!





The official beginning ...

1st October 2011 – March 2012 : the team settled down in respect to operating a high volume Medical Male Circumcision clinic. On average the team medically circumcised between 20 and 30 clients per day. From its first day the clinic had been set up to be a very advanced electronic patient management and data management system.

The billboards were designed, produced and installed next to the Winnie Mandela Male Health Clinic in order to generate awareness in the community and to support community demand generation.

The Aurum Institute slogan is :

It starts with me, Let's work together, in the fight against TB and HIV

The Winnie Mandela Male Health Clinic added to the Aurum slogan to show that as individuals (**I care**) and as individuals (**we care**) about the Tembisa Community and we are committed to help this community make a difference in the fight against HIV by circumcising as many members of the male community as we possibly can.



The Aurum and MMC billboards facing the road outside the MMC clinic



Our slogan

We experienced challenges with Community Demand Generation and had to relook at the structure of the Community Outreach teams. A decision was made to bring these teams in house rather than sub-contracting to an external NGO. Advertising and interviewing took place with the final result of 28 community outreach workers being recruited and employed by Aurum. This team went through vigorous training and the development of our own internal community outreach team took place.

All the systems and procedures were functioning appropriately, **then the autumn school holidays arrived . . .**

School Holidays

April 2012

The school holidays arrived and our numbers went up from approximately 30 MMC's a day to approximately 80 MMC's a day. Our systems were tested to their maximum, our stations were bottlenecking and our clients experienced long waiting times!

We realised that our systems coped with the smaller numbers but once placed under pressure the systems could not cope with the demand, and our team was placed under enormous pressure. The strength and commitment of this team was tested to its absolute fullest. If we had not taken the time to build and develop a high performing team, that worked together as one for the benefit of the community, we would have been in trouble and the team would not have been able to cope with servicing the community.

Our team stood up to the challenge and showed what a true high performing team that they truly are. They came up with innovative ideas in order to cope with the increase in numbers and they continued to treat our clients like kings. Our clients were made to be as comfortable as possible and our team continually strived to ensure that quality of service was always met, even under extreme circumstances. Quality of service was never compromised in the face of the quantity of clients.





The front entrance to the Winnie Mandela Male Health Clinic (Medical Male Circumcision Clinic)



The entrance / registration

The men and boys waiting to be registered ... our numbers have increased!



Online Counselling (Group discussion)

Client watching the online video

Clients in the counselling area



The set up of the pre examination and counselling waiting area





The boys and men waiting in the courtyard to be called into surgery



The surgery section

The surgery room



The post op recover area

Clients returned for their repeat visit on day 2 and day 7



WINNIE MANDELA MALE SEXUAL HEALTH CLINIC

The Winnie Mandela Male Health Clinic Management team spent hours conducting a full audit and quality review to identify what had and had not worked during the April school holidays. We identified that we had not coped when the numbers went up from 30 to 80 clients and we would therefore battle to manage our target of 100 clients per day. Urgent steps had to be put in place to address the situation and to make the necessary changes required to cope with the demand.

1. The first major obstacle we identified was the fact that we were doing HIV Counselling and Testing (HCT) as part of the individual counselling sessions. When an HIV+ patient was identified, they required the additional attention, time and care, and this created a bottle neck in this system. To address this situation in order to ensure that our HIV+ clients are given the required quality of care and linkage into PHC care, whilst ensuring that the clinic flow of HIV- clients was not compromised, we have moved the HCT to stage one of the process. Clients can therefore go for an HCT prior to their date of MMC, either at the Winnie Mandela Male Health Clinic or in the Aurum Community Programme Mobiles or at the Ekurhuleni Primary Health Care Clinics or other HCT service providers and merely bring in a copy of their results.
2. The pre-medical examination was done after the full counselling package, prior to surgery and if the client presented with any medical condition he was then referred out to a PHC or other service provider for further management and treatment.

The client had therefore been exposed to a long vigorous counselling session and would be mentally prepared for his medical circumcision, and to be told that due to medical reasons he could not be medically circumcised and had to go away for treatment and then come back. This created two problems :

- I. Lost to follow up – at times it was difficult to encourage the client to come back to the clinic.
 - II. When the client did come back to the clinic after treatment, he went straight to pre- examination and surgery, missing the counselling process as he had been previously counselled. This created a challenge as it could be a couple of weeks since he had been counselled and he had forgotten all the valuable information shared during the counselling sessions and the surgery team would be faced with having to repeat this information and mentally prepare him for his medical circumcision.
3. The third obstacle identified was the fact that our electronic data management system was an excellent system and worked extremely well when our numbers were below 30 clients per day, however, as soon as our numbers increased the system had its limitations. To achieve our object to circumcise between 100 and 120 clients per day we acknowledged that our electronic patient data management system needs to be reviewed and re designed. The Aurum Data Management together with Bytes Technology took on the project of developing an electronic client data management system to manage a high

volume Medical Male Circumcision clinic (100 clients plus per day).

4. All our data collection forms were reviewed to ensure that all relevant information was captured and to ensure that we were not duplicating the capturing of information.
5. As part of our review we identified the need to design and develop an electronic client booking system which allowed the client the opportunity to chose a date and time that would best suit them for the Medical Male Circumcision procedure.
6. To add value to our client services we developed an automated SMS system whereby clients received regular SMS's from the date they booked their appointment until six weeks after their MMC procedures.
7. The most important criteria that we addressed was to design a patient triage system that kept the clients moving through the system as quickly as possible with limited waiting periods. The patient triage system accommodates a patient moving through the entire system from start to finish in under three hours with quality of care!
8. Staff challenges, we identified that we were under resourced to cope with the high volume of clients coming to the clinic on a daily basis. In order to cope with 100 plus clients per day the number of staff needed to be increased to address the needs of a high volume MMC facility.



The changes . . . During the period April to June 2011, the Ekurhuleni North MMC Programme Management team, having identified the challenges now focused on finding the solutions!

The solutions to our challenges were :

1. HIV Counselling and Testing (HCT)

was moved out of the VMMC Individual Counselling process and moved to stage one of the process. The clients are encouraged to go for HCT prior to their VMMC procedure, either at the Winnie Mandela Male Health Clinic or at a Primary Health Care (PHC) clinic or to another HCT service provider. In this way we focus on the HCT process and ensure that the highest standard of quality and care is provided during HCT. Information and education is provided about HIV/AIDs and methods to prevent a client from contracting HIV. The importance of abstinence, one partner and using condoms correctly as preventative measures. The importance of regular HCT testing. In the instance that the results of the HIV test is positive, the counsellor can then spend adequate post counselling with the client and ensure the correct linkage into care.

This way the needs of the client are addressed at the highest standard of quality and care. This change has proved to be extremely beneficial. The client then arrives at the Winnie Mandela Male Health Clinic with his HIV results (HIV negative) or with his CD4 results (HIV positive). If a client arrives at the clinic without having been for a recent HIV test we will encourage him to go through HCT prior to registration for MMC. In the event the client refuses and does not wish to be tested for HIV. We will respect his decision and register him for VMMC, however during the process: pre-medical examination, counselling and surgery we will discuss the importance of knowing your HIV status and will encourage him to come back to the Winnie Mandela Male Health Clinic for HCT when he is ready to be tested. We have set up a completely new HCT centre connected to the Winnie Mandela Male Health Clinic to service both clients registered for MMC as well as male clients that present at the

Winnie Mandela PHC clinic requesting HCT. The male clients are referred to the HCT centre and the counsellors conduct HCT as well as VMMC education and if appropriate the recruitment and registration for VMMC at the Winnie Mandela Male Health Clinic. We see this HCT facility being extremely beneficial in our recruitment drive. This system is already proving to be a huge success.

2. Pre-medical examination:

this has been moved to the first stage immediately after registration. The client is assessed to ensure that there are no reasons, medically or other, why he cannot be medically circumcised and that he is fit to be medically circumcised:

- I. If the client presents with a sexually transmitted infection (STI), the client is provided with a treatment programme for his STI and rebooked for his VMMC at a later date.
- II. For other medical conditions, the client is referred to their local Primary Health Care (PHC) facility for assessment and treatment management.
- III. For all other conditions, the client is referred to the relevant service provider for further assessment and treatment management.
- IV. If none of the above conditions present, the client is then referred for Voluntary Medical Male Circumcision and continues with the process.

We have found this change in procedure most beneficial as we are identifying potential medical problems right at the beginning of the process and addressing these concerns immediately. We therefore do not waste the client's time going through the

entire process only to be turned away just before surgery. We have found this to be a most beneficial change and the electronic data management system addresses the issues relating to follow up and once again linking this client back into the system whereby he returns for his VMMC.

3. The electronic patient management system and the data management system. The Aurum Data Management team together with the Bytes software developers took on a huge challenge to design a completely new electronic patient management and MMC data management system within a three month period. They met the challenge and we now have a unique, state of the art, electronic patient management system and data management system.

This new system proved to be a huge asset during the 2012 peak winter period. In the last six months we conducted an additional quality review and audit of the system and identified how we can further improve data collection system. During May and June of 2013 the data management team is conducted at final system review and quality audit as well as fine tuning all the valuable reporting tools. Once this final stage of the process had been completed by the start of our winter peak period. Monitoring and Evaluation processes relating to the data was activated in July 2013. The monitoring and evaluation pilot relating to the Ekurhuleni North Medical Male Circumcision Programme ran for three months (July – September 2013). By the close of last year's financial year, 30 September, we had a fully functional:

- **electronic sms system;**
- **electronic patient management system;**
- **electronic client adverse event management system;**
- **electronic and automated data management and reporting system;**
- **monitoring and evaluation system**



4. Staffing challenges:

with developing the new electronic patient management system, the entire clinic process and the triaging of patients had to be reviewed. In line with the new system we identified the staffing requirements in order to meet the objective of being a high volume MMC site whereby we could medically circumcise 100 to 120 clients per day. These positions were advertised, staff was recruited and trained. In July 2012, during the winter peak period we put the new system to test and the team rose to the challenge and they found with the new staffing resources, systems and procedures, they comfortably and confidently able to medically circumcise 100 to 120 clients per day. The new staffing plan is working extremely well.

5. Patient triaging:

We have identified that one of the resistances to come forward for Voluntary Medical Male Circumcision is related to fear:

- Fear of the circumcision procedure
- Fear of pain, and
- Fear of the unknown – not know what the clinic is like, what is going to happen etc

To address this element of fear and the unknown, we have created a client “BUDDY SYSTEM” whereby our clients are triaged through the clinic in groups of eight.

This group is led by one of the Community Programme Outreach team member and they are responsible for:

- looking after their group of eight clients,
- to walk them through the entire clinic process (literally their hands are held each and every step of the way, so they don't get lost or sit in waiting areas not sure if this is where they need to be or what is happening next)

- to answer any questions they may have during the entire process
- to continually reassure and support them during the entire process

This “BUDDY SYSTEM” has proven to be a huge success, especially during the winter peak periods, whereby not only is the group supported by an experienced outreach recruiter, but they also have the support of the group who is feeling exactly what they are experiencing.

6. Clinic set up and flow processes:

the past year has been continuously reviewing and improving upon the clinic set up and process flow in order to ensure that the clients' needs are addressed and met.

- To limit waiting times to the absolute minimum
- To look at ways to improve the service we provide to our clients and to ensure that at the end of the process the client feels that he has been through a 5 star medical facility
- all his own individual needs where not only met but addressed to the highest possible quality standards
- At the end of the process the client has an opportunity to rate the service he received and to give his comments, suggestions and if any complaints if any.

On review the client suggestions box the clinic and the staff are meeting the standards that have been set!

Before the winter peak period, June winter school holidays, we had implemented an electronic client survey system where the client will be able to tick the boxes in order to rate the services he received. There will also be hard copies of the survey should the client prefer to rate our

services and make any comments in writing. The comments received from clients, stakeholders and visitors to the facility are very encouraging and we regularly receive comments that we are one of the best facilities in the country.

Preparing for the winter peak period:

This was a very demanding and challenging time for the Ekurhuleni North Medical Male Circumcision Programme team as:

- They conducted this quality improvement audit and started to implement the necessary changes.
- The team struggled with a patient electronic management system that was battling to cope with the increased demand.

The strength and endurance of the team was stretched to its fullest. Signs of burnout and pure exhaustion started to show on the faces of the team members and yet they continued to strive forward, to beat the odds to succeed. Against their own physical exhaustion the needs of the clients were always put first.

It was critically important that the team members understood and bought into the new changes, electronic patient management system, data collection tools and patient triage procedures.



A very motivated and emotionally strong team returned to face the winter holidays.

MMC peak season !!!!!



Preparing the Community outreach team for the Winter Peak Season

18 – 20 June 2012

In order to familiarise and train the team in respect to the changes to the system, the EKN MMC Programme teams went away for a two day strategic team development retreat, a week before the start of the winter school holidays. This retreat could not have been planned at a more appropriate moment as the exhausted teams were provided with the opportunity to debrief and to refocus on the changes and the way forward.



The Winnie Mandela Male Health Clinic – Community Outreach Team arrives at a small private game reserve outside Bela Bela for their very first strategic team development and training retreat.



Registration and welcome



The beginning ... A session to discuss the objectives of the strategic team development retreat



The conference venue ... Gavin Levin, Black Cherry Consulting getting down to business and what we need to do to become a high performing team!





It starts with me . . . I care



Lets work together . . . we care



In the fight against HIV and TB

As the Ekurhuleni North Medical Male Circumcision Programme: Community Outreach Team we are responsible for Community Demand Generation - MMC education and recruitment!

It starts with me . . . Lets work together



It starts with me . . . I care

A simple exercise to show how one gets a biscuit from one's eye into one's mouth requires all elements working together i.e the brain, the muscles, the skin - working together what seems impossible is actually possible!



As the Community Outreach team what are our objectives and how are we going to achieve them? Identify the challenges ahead of us and potential solutions.





To succeed as a team we must first learn to work together as one in order to meet a common objective/goal !!!!

During this exercise we identify the natural leaders, we are able to observe how the team communicate with one another and find common solutions to achieve their objective.

It is critical that we all understand exactly what we are trying to achieve and why.



What prevented us from achieving our goals - what were the challenges we faced trying to work together as one team ?

What are the solutions to these challenges and how are we going to improve going forward.

Understanding the importance of working together as a team

Understanding what are our team objectives?





Learning the importance of trusting one another and we need to put our faith in each other in order to achieve our team objectives. If we cannot trust each other how can we succeed as a team.



Developing a workplan and setting targets. Identifying the roles of each team member and the roles of the teams. Discussing clinic duties versus community demand generation duties.



Now we have a plan of action – how do we take what seems to be impossible targets and challenges and change this attitude into mindset that if one believes it is possible then anything can be achieved. A team activity of placing a team on a blanket with the objective of turning over the blanket with everyone standing on it!



We have embarked on this journey together. Climbing the mountain is not easy, but we can succeed if we work together and support each other!





Workshop what are the correct communication messages to say to the client that will get a positive response plus the communication messages one should not say to a client as this will get a negative response!



Teaching the skills on how to engage with the community members and to discuss medical male circumcision. Role playing and teaching skills on how to encourage the client to book for a medical male circumcision.



The Ekurhuleni North Medical Male Circumcision Programme : Community Outreach Team . . . arrived as individuals and learnt the importance of how it starts with me . . . through hard work and activities they learnt the importance of working together as a team. After all the hard work it was time to bond as a high performing team and after dinner, time for some fun and laughter !



A final pray to bless the team and the journey ahead of us . . . the challenges are enormous, this is not going to be an easy mountain to climb!

A bond that cannot be broken . . . a highly motivated, focused, high performing team with a work plan in place . . . Ready to go out into the Ekurhuleni North Community and to help educate and recruite the men for voluntary medical male circumcision !



20 - 22 June 2012

Preparing the clinic team for the winter peak season

The Community Outreach Team board the bus, the Clinical Team embark on their second strategic team development and training retreat.



Arrival, registration and the official welcome to a completely burnt out and exhausted team !!! The hardship of the last couple of months clearly visible on the faces of the EKN MMC Programme Clinical team members!



Let's get down to business and discuss the challenges that we have been through in the last couple of months and the solutions that have been identified to help the team cope with the winter demand!



It starts with me . . . I care, Let's work together . . . We care In the fight against HIV and TB



Understanding the importance of the new client triaging system and the importance of working together. The blue ball is the client, if we don't work together the ball will fall - We will never compromise the quality of services for quantity - the clients needs always come first!!!





The Ekurhuleni North Medical Male Circumcision Clinical Team start their climb up their mountain . . . they started climbing in August 2011 and it has been a challenging climb so far, with lots of unexpected challenges that required the team to support each other, to implement the lessons learnt during the first strategic team development retreat – to work together and support each other over the difficult challenges – they have proved working together any thing is possible!



We are half way up the mountain - we pause and look back at what we have achieved over the past twelve months. We stand in silence as we reflect on the challenges and the achievements!



We set off on the hardest part of the journey – knowing that we have not conquered the mountain – the most difficult challenge is ahead of us – the winter peak period !!!



We arrive at the top of our mountain and step out onto a deck that has a stunning view – this is what we as a team are wanting to achieve – to reach the summit of our own Mount Everest as top achievers, everything is possible!



The team spent a very special time on our mountain, debriefing, sharing our own challenges and hardships with the team, celebrating our success and strategically planning how we were going to work together to make the Ekurhuleni North Medical Male Circumcision Programme one of the most successful programmes in the country, that would allow us to share the lessons learnt with other partners and how the South African Department of Health and CDC/PEPFAR achieve their own targets. As a team we wanted to ensure that our individual and team efforts added value to the national drive for Medical Male Circumcision and to make an impact helping to reduce HIV!



The staff at the Winnie Mandela Male Health Clinic (Medical Male Circumcision) spent the first six months of 2012 gearing up for their first Winter school holidays having gone through an extensive internal quality improvement review of our systems, procedures and patient flow in order to ensure that we can operate as a high volume clinic and cope with circumcising approximately 100 patients per day.

*The sun rises on a new day . . .
a new beginning . . . a chance to make a difference*

Year 2 June 2012 Winter School Holidays

We had been pre warned by CHAPPS to expect approximately 300 people lined up outside the clinic wanting to be medically circumcised. Little did we know that on the day one of the winter school holidays , 25th June 2012, we would be faced with a crowd of approximately 1500 plus community members requesting medical male circumcision!!

Winter demand. On the first day of the school holidays the new, improved electronic patient management system, the new improved patient triage system as well as other improved processes were activated! Outside the clinic stood a queue of more than 1500 community members waiting to register for MMC .

Our first lesson that we learnt was crowd control! During the first week we learnt many lessons:

- **Our electronic booking system - what a life saver, this was adopted by the community and has worked extremely well.**
- **Our patient triaging “buddy system” improved patient flow and waiting times.**
- **Our new process flow presented bottlenecks and made the system easier for clients and staff**
- **Our electronic client management system made the process easier for clients and staff**
- **The staff became confident and familiar with the clinic flow and realised that they could easily accommodate 150 clients per day. Confidence in the improved system increased.**



The Ekurhuleni community arrived in their 100s requesting the services of the Winnie Mandela Male Health Clinic (Medical Male Circumcision)



The community standing outside the side gate waiting their turn for HCT (HIV Counselling and Testing)



During the first week we learnt valuable lessons in how to manage crowd control and to cope with a community demanding a service that well over what we could provide on a daily basis. We rapidly learnt how to triage the community into different sections :



- **Booking an appointment (the first come first served basis did not work as the community slept out on the street outside the clinic, in temperatures below 0, in order to be at the front of the queue).**
- **Queue for HIV Counselling and Testing - HCT (on average completing over 150 HCTs per day)**
- **Queue for registration at the MMC clinic**
- **Queue for repeat visits (day 2 and day 7 after circumcision)**

To cope with crowd control and to avoid a stampede at the clinic, we managed the crowd outside the gates to the Winnie Mandela facility and triaged small groups of patients through at one time. This was a huge success and helped elevate many of the issues we had to address on day one.



The Ekurhuleni Community queuing outside the gates waiting their turn to be allowed onto the premises for :

- Pre Bookings
- HCT (HIV Counselling and Testing)
- Medical Male Circumcision
- Repeat visits on day 2 and day 7 after their medical male circumcision



The Community Programme teams managing crowd control at the gates, whilst still managing to smile!



The Ekurhuleni waste disposal collection team enjoying the opportunity to pose for a photo



The driveway and parking area at the Winnie Mandela facility





As the sun rose the Ekurhuleni community where already lined up in the relevant queues. The numbers were large but the atmosphere was peaceful and we were totally amazed at how understanding the majority of the community members were. The pre-booking system had made a huge difference in the attitude of the community.



The Community Programme Outreach team ecstatic that their hard work of the previous months had paid off – the community had arrived! The Moms, grandparents and guardians arrived in their hundreds to ensure that their sons went through medical male circumcision

The turnout of the Ekurhuleni Community was not merely luck but the results of months of hard work by the Community Programme Outreach teams who had walked the streets; conducted door to door campaigns; community dialogues; put up hundreds of posters and handed out hundreds of flyers!! This extensive community engagement showed the results on day one – 1500 plus arriving at the clinic and they kept on coming to the clinic, each day of the school holidays and our September school holidays are fully booked and our numbers in August have not dropped!



The entrance to the MMC clinic

The crowds continue ...





The queue for repeat visits – over a 100 per day



A quick team meeting . . .



The smiles show that the team can cope with anything



The Winnie Mandela Primary Health Care clinic is the brown brick building next to the MMC clinic



Using tape and vehicles to separate the areas



Some of the members of the Community Programme team conducting the HCT (HIV Counselling and Testing)





The Aurum Institute and Sonke Gender Justice have partnered together to provide an **Adolescent Programme** at the Winnie Mandela Male Health Clinic running adolescent (boys to men) discussion groups to discuss gender issues, disclosure, HIV/AIDs and focused on now that you have been circumcised what does this mean.

These sessions take place in the small marquee when the young men arrive at the clinic to be circumcised or on their day 2 visit.

This programme is run by Refilwe Mophosho from Health Programmes and is proving to be extremely beneficial and we are looking forward to seeing a change in behaviour and very positive results coming out of this programme.



Outside the Winnie Mandela Male Health Clinic (MMC)



Inside the clinic - waiting for registration ...





The clients and their family members go through extensive group and 1-on-1 counselling to ensure that the client is adequately prepared for the procedures and completely understands what MMC is.



Inside the clinic - the boys and men waiting their turn to be medically circumcised.

The internal courtyard - the boys and men waiting their turn to be called into surgery.





Nervous clients as they wait their turn . . .



Moms waiting outside surgery for their boys.



These queues show the boys/men who have already been circumcised and returning for a follow up visit on day 2 and day 7 after their date of circumcission. We are encouraged by the numbers that do return.



The clients standing (and sitting on the sand) outside waiting their turn to see the nurse inside the clinic.



Inside the clinic – the clients waiting their turn to see the nurse for their follow up visit.





The Moms, Dads and family members support their boys on their day of circumcision. The Ekurhuleni community has shown that they understand and acknowledged the importance of having their boys medically circumcised.

The Winnie Mandela Male Sexual Health team are looking forward to continuing to provide this service to the Ekurhuleni North community and in helping to make a difference in the fight against HIV/AIDS !

End of the first week of the winter peak season (school holidays)



Week one (Friday afternoon) – the Winnie Mandela Male Sexual Health team take an hour off at the end of the day to celebrate the success of the week – 570 circumcisions completed in one week !!!!



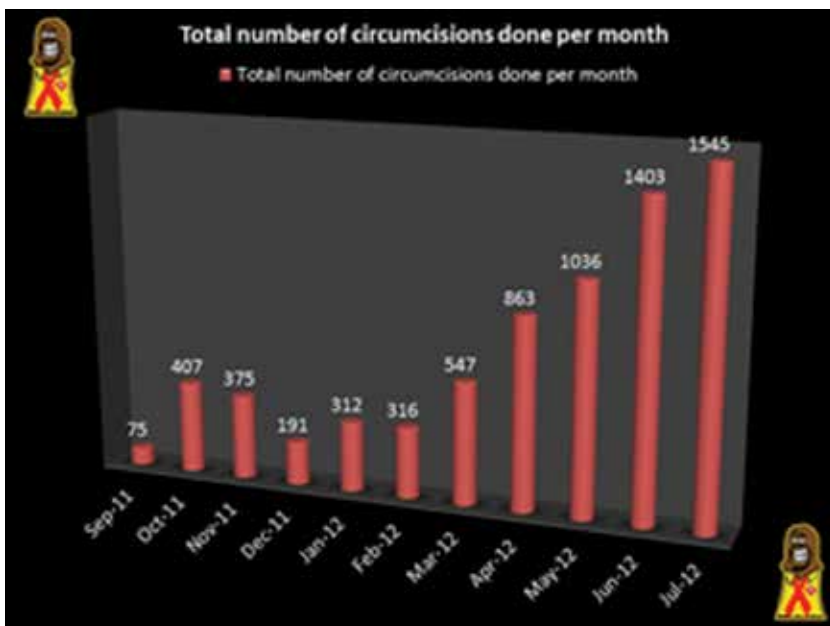


DAILY STATS



Week	Start	End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Monthly Totals
June 2012										
34	5/06/2012	11/06/2012					18	14	32	
35	12/06/2012	18/06/2012	56	54	39	39	57	18	306	
36	19/06/2012	25/06/2012	88	80	67	63	71	Public Holiday	348	
37	26/06/2012	2/07/2012	53	54	Clinic Closed	Clinic Closed	Clinic Closed		157	
38	3/07/2012	9/07/2012	103	117	125	138	76		570	
									Total	1403
July 2012										
39	10/07/2012	16/07/2012	99	101	100	104	111		516	
40	17/07/2012	23/07/2012	107	111	108	104	105		535	
41	24/07/2012	31/07/2012	91	89	108	95	101		684	

During the month of July the team successfully completed 2207 circumcisions



Other successes



The Ekurhuleni North Community Programme : Workplace – offer a wellness package to Small, Medium Enterprises (SME's) in Ekurhuleni North.

As part of the wellness package they provide :

- Medical Male Circumcision Education;
- Medical Male Circumcision Recruitment;
- HIV Counselling and Testing (HCT)
- TB Symptom Screening; and
- Referral to Primary Health Care Facilities for further management of other potential chronic illness.



On Fridays, the Ekurhuleni North Medical Male Circumcision Programme Quantum collects men from the workplace who have made a group booking for MMC. This was our first group of men collected from Trident Steel, Ekurhuleni North, that had successfully gone through the entire process.

Standing with this group is Aurum's Deputy CEO, Dr Dave Clark (on the far right in above picture) and the Community Engagement Team Leader Mr Wellington Radebe (on the far left in red) and two of the MMC doctors, Dr Adams Tongman and Dr Vusi Molapisa (front row).

During the month of July 2013, we successfully medically circumcised our **9000** client, standing below with his mother and the Aurum Deputy CEO, Dr Dave Clark, the Ekurhuleni North MMC Programme Clinic Manager, Sister Kgomotso Kwenje and one of our MMC nurses, Mr Cyril Sekoati.



This young man had successfully gone through medical male circumcision at the Winnie Mandela Male Health Clinic.

External audit and review, SYMMAC ...

In August 2012 the clinic team revised systems and procedures to ensure that the Winnie Mandela Male Sexual Health Clinic procedures and systems would pass and external audit.

On the 17th August 2012 the Quality Assurance Officer, Rue Tugwete conducted an internal audit of all the procedures. On the 27th August 2012 the Aurum Research Manager, Dr Candice Chetty conducted a second internal audit.

In September 2012, Symmacs conducted their 2nd independent audit of the Winnie Mandela Male Health Clinic, the first one having been conducted during our pilot stage in September 2011. Our clinic excelled in the external audit and the monitors were extremely impressed with the way the clinic had been set up and all the systems and processes that were in place.

We were very proud of the Symmac report and our achievements to date.



The Ekurhuleni North Medical Male Circumcision Programme – Community Programme Teams

As part of our Community Demand Generation activities we run a Community Programme where we have three dedicated teams, working out of mobile units, in Ekurhuleni North in three specific settings :

➤ **Community Programme : Workplace**

Small, Medium Enterprises both unionised and non-unionised. The unionised settings are through our partnership with Solidarity.

➤ **Community Programme : Primary Health Care Clinics**

This team sets up in the community in close proximity to an Ekurhuleni North Primary Health Care Clinic in order to conduct community campaigns.

➤ **Community Programme : Public Places**

This team sets up in the community in places such as Universities, Further Education Training Centres (FETs), Taxi ranks, train stations, shopping malls, sporting facilities – where ever there are large groups of people in a public setting, within Ekurhuleni North.

As part of the wellness package they provide :

- **Medical Male Circumcision Education**
- **Medical Male Circumcision Recruitment**
- **HIV Counselling and Testing (HCT)**
- **TB Symptom Screening**
- **General wellness Screening**

Referral to Primary Health Care Facilities for further management of other potential chronic illness.









Ekurhuleni North HCT Campaign 18th and 19th February 2012

The Ekurhuleni North Community team (HCT and MMC outreach team) had a campaign on the 18th and 19th of February 2012. The campaign was supported by Ekurhuleni Aids Unit, Dept. of Health, Tshidisanang, Sinethemba and Msosometso NGOs.

Venue: Angelo informal settlement in Boksburg and Emalahleni in Tembisa.



Poverty and HIV prevalence is high in both informal settlements

Poverty is the cause and consequence of HIV/AIDS and TB. The impact of the disease is disproportionately high in informal settlements, which is home to more people in Ekurhuleni North.

The deadly diseases of HIV and TB is prevalent amongst masses residing in areas highly susceptible to TB.

In response to this crisis, the EKN community team and the MMC outreach team strive to give people information and tools to protect themselves from HIV and TB. Educational materials and MMC pamphlets were distributed within the community

Old clothes and toys from companies and some from Aurum Parktown employees were given to the needy families.

The campaign was a success.

Angelo informal settlement

- No toilets for the community
- Poor environmental hygiene – Mobiles packed near dirty running water
- Venue- Sports grounds- The team were removed from the sports grounds because there was a community soccer tournament taking place.
- HCT uptake was high but we couldn't get a place to park the mobiles after being moved from the grounds

Emalahleni Informal settlement

- The roads are too narrow for the mobiles to pass



Services provided at the campaigns

- Group Health education on Male Medical Circumcision and other health problems
- HIV Counselling and testing
- Symptomatic TB and STI screening
- Blood pressure and blood Glucose
- Condom demonstration and distribution

Blood pressure and Blood glucose

Screening done	Total screened	Total referred
Blood Pressure	198	11
Blood Glucose	198	5

TB and STIs

Screening done	Total screened	Referrals
TB	347	18
STIs	347	0



The HCT statistics is as follows:

NAME OF CAMPAIGN	DATE OF TEST	TOTAL HCT	MALES	FEMALES	TOTAL NEGATIVE	MALES NEG	FEMALES NEG	TOTAL POS	MALES POS	FEMALES POS
Emalaheni Informal Settlement Temibisa	Sunday, February 19, 2012	104	52	52	64	39	25	40	13	27
Angelo Informal Settlement	Saturday, February 18, 2012	243	98	145	192	85	107	51	13	38
		347	150	197	256	124	132	91	26	65





The Ekurhuleni North Medical Male Circumcision Programme: Community Programme Teams are a truly dynamic group of people that work in some of the hardest conditions, working with and supporting the Ekurhuleni Community by offering HIV Counselling and Testing (HCT), Medical Male Circumcision education and recruitment. This group often go beyond the call of duty by collecting old clothes, toys, books etc. And setting up distribution stations in poor communities.

They are the soldiers out in the trenches who work long hours, efforts and support often go unnoticed. They are the core foundations to our efforts out in the community and add enormous value to the Ekurhuleni North Medical Male Circumcision Programme, the recruitment of patients into the MMC clinics and the linkage of care for patients to Primary Health Care Clinics.



Another Blessing ... Snow on the

7th August 2012

On the 15th August 2011 the Winnie Mandela Male Health Clinic was blessed with a covering of white snow. If we refer back to the meaning of the word "Tembisa" was derived from an Nguni word, written "Thembisa" which means: "Make a promise" or also derivable from an Nguni word "Isithembiso" which means "A promise" and "Ithemba" which means "hope".

The Winnie Mandela Male Health Clinic is indeed a place of hope and a promise by the Ekurhuleni North Medical Male Circumcision Programme team to care about each member of the community and to run this clinic and the services they provide to the benefit of the community and to provide hope that together we indeed make an impact in the fight against HIV and see a decrease in the number of HIV transmissions.

Almost a year later, on the 7th August 2012 the Winnie Mandela Male Health Clinic was cover in a blanket of white a second blessing for the work that we are doing for the community!



7 August 2012 The Official Launch

On the 17th August 2012, the Winnie Mandela Male Health Clinic, Tembisa was officially opened by the Gauteng MEC Mr Hope Papo.

The formal proceedings attending by CDC, PEPFAR, National Department of Health, Gauteng Department of Health, Ekurhuleni Department of Health, Ekurhuleni Metro Municipality, Ekurhuleni Community Advisory Group and many other valuable stakeholders.

WMMHC was officially opened by the MEC of Health (Mr Hope Papo) along with the Deputy CEO of The Aurum Institute (Dr Dave Clark). The day event at WMMHC was well attended by the community who came to experience the official launch of the facility that has brought a special health service to Men and boys in the fight against HIV.

The partnership that works, together we can make it in the fight against HIV and TB.





Dr Dave Clark shared with everyone present at the event the purpose of the day and the significance and impact the clinic has had on the neighbouring community since opening in September last year, having performed over 9000 medical male circumcisions.

Next to speak was Dr Nancy Knight, CDC SA Country Director. Dr Knight spoke about the extensive support and funding the CDC has made available to various NGO's in South Africa, with Aurum being their largest project. Aurum Institute is grateful to PEPFAR (through CDC) for previous and on-going funding that has made it possible to set up and run this state of the art facility.





19th September 2012 Our First Birthday

Happy birthday to you, happy birthday to you, happy birthday dear ekurhuleni north medical male circumcision programme, happy birthday to you . . .

1 year old today, our crawling stages are over and now we are officially starting to walk . . . what an amazing this year has been and we are looking forward to the challenges of the next year!



Each client received his own birthday cup cake!





Our clients were invited to join in the celebration of our first birthday and joined the clinic team in celebrating this special event.

Visitors

We have been most privileged to have had a wonderful stream of visitors: funders, partners, stakeholders, international agencies, corporations and other interested groups visiting our Winnie Mandela Male Health Clinic since we opened in September 2011.

We thoroughly enjoy these visits and the interest shown to our Ekurhuleni North Medical Male Circumcision Programme is greatly appreciated by the team and we are always very happy to welcome visitors through our doors, both scheduled and unscheduled visits are most welcomed!



WINNIE MANDELA MALE SEXUAL HEALTH CLINIC



Year 3 1 October 2012 to 30 September 2013

Year 1 : Planning; construction; designing and developing systems; recruitment, training and developing a high performing team; first external audit and pilot phase (75 clients)

Year 2 : Quality review of all systems and procedures; redesigning and developing systems; improving patient triage systems; second external audit which established us as one of the best MMC clinics in the country; identify staff resources; training and developing high performing teams; conducted 9 389 medical male circumcisions.

Year 3 : The focus for this financial year is to fine tune all the clinical operational procedures to ensure 100% compliance; further improve client triaging and client waiting times by looking at methods to improve counselling methods and methodology; finalise the data management and electronic client management system; perfect our reporting systems; write up the relevant documents :

- EKN MMC Programme : The journey (2011 to present)
- EKN MMC Programme : Communication and Marketing Plan
- EKN MMC Programme : Recruitment Plan
- EKN MMC Programme : Staffing Plan
- EKN MMC Programme : Operational Plan
- EKN MMC Programme : Client Triaging Plan
- EKN MMC Programme : Additional Programmes
- EKN MMC Programme : Disaster Management Plan
- EKN MMC Programme : Clinic Floor Plan

Year 4 : **The focus for this financial year is Community Demand Generation and to look at methods to educate and recruit clients, especially during the off peak periods (summer months).**

Conduct a quality review of all our communication and marketing material and activities.

Develop tools to assist with community demand generation:

- Community Demand Generation video to be played in Primary Health Care Clinics and other public settings
- Stakeholder Engagement Video to be used when meeting with relevant stakeholders to introduce and discuss the Medical Male Circumcision Programme.

Develop tools to assist with further reducing adverse events. We have identified that one of the common causes for adverse events is poor hygiene. To help overcome this issue we are developing tools to further educate the client on how to take care of themselves after the medical male circumcision. The following tools are being developed :

- Post Operative Care Video
- Post Operative Care Cartoon Information Booklet

The team approaches this new year 4 with optimism, ready to face the challenges ahead of them and hoping to find the workable solutions to make a further impact and to be able to assist the other Medical Male Circumcision programme in achieving its set objectives.



WMMHC – Celebrates its **10,000** Medical Male Circumcision in 2012

Article written by CDC Communications Department



Winnie Mandela Male Health Clinic circumcised their 10,000th patient, John Tsietsi Nkuna, aged 40 on Oct. 26, 2012. The team spirit underscores the innovative outreach of the Clinic.

Inspiring quotes about innovation and working together plaster the walls at the Winnie Mandela Male Health Clinic in Tembisa, South Africa, a township East of Johannesburg. But the sentiment is far more than decoration—it's the heart and brains that drives the clinic to become a model of success.

Using metal cargo containers as low-cost buildings for the clinic, developing the team strategically, creating mobilized outreach community programs, setting up HIV counseling and testing (HCT) as a first separate stage, creating an electronic-based system, and creating a diversity of counseling services are the cornerstones of their successes. "We are always looking for innovation," said Helen Kisbey-Green, Deputy Director of Operations. "We are determined to constantly review and change to serve our patients and the community better." The location for the medical male circumcision (MMC) clinic was carefully chosen near a primary care facility to serve a poor, dense population of 800,000 with informal settlements, people out of work, and a hub of people coming and going. Yet the area has

important catchments to bring people in, like a library, schools, hospital, and taxi stands.

But if they had waited for people to come in, they wouldn't have celebrated serving their 10,000th circumcised client on October 26, 2012, after officially opening in little more than one year. They started at 20 clients per day and are now at 80. MMC clinics are just one tool in the national plan to lower the rate of HIV in South Africa. But the clinic goes beyond just MMC. It is designed to be a hub of integrated care and counseling that achieves a greater health impact in the community.

Outreach teams are an essential key to success by educating and recruiting patients, generating community demand, and building trust in the community. The teams and their mobile vans reach out to workplaces, labour unions, public places like train stations, taxi stands, shopping malls, and schools. They even go door-to-door, reaching out to shacks in the surrounding informal settlements. In addition to recruiting men to undergo medical male circumcision – an evidence-based method of preventing HIV transmission – these teams provide HIV counseling and testing and other health services.

The clinic is a smooth set of operations:

incoming men are divided into "buddy teams", supporting each other through each efficient step of being registered, counseled and tested for HIV, introduced to the procedure, undergoing health examination, and finally ending with the circumcision. This "buddy system" in a setting of quality and quantity creates a safe, trustworthy, and nurturing environment. No patient wanders or wonders where he is to go, and they're never alone. A separate parent-preadolescent program was developed for those younger than 15 years (studies show most adolescents are sexually active at age 15). The mother and child are kept together. Staff has learned that parent don't normally brief the child beforehand, and that the child doesn't tell the mother about the 48-hour hygiene practices after MMC to ensure rapid healing. So both are instructed at the same time.

Finally each male going through the process is exposed to gender education. Aurum educates boys and men about masculinity and dispels gender stereotypes that are common in the area. The counselors work to build knowledgeable ambassadors in the community, since friends believe what friends say. It's an open forum, where older males can overhear the teen's discussion and learn. Older men also receive messages on reducing multiple, concurrent sexual partners.





The Aurum Research Institute launched the Winnie Mandela Male Health Clinic with funding from PEPFAR through CDC in Sept, 2011. **In October 2012 Aurum circumcised their 10,000th patient, John John Tsietsi Nkuna, aged 40 years.**

From left to right :
 Sr Nosipho Makuwerere, Mr John Tsietsi Nkuna, Dr Adams Tongman and Refilwe Maake

Winnie Mandela MMC Clinic Reaches 10 000th Client

Friday 26th October, 2012 was a memorable day for the staff at Winnie Mandela Male Health Clinic (WMMHC) as they circumcised their patient who was number 10 000. The clinic opened on the 19th September 2011 and in just over a year ten thousand patients have been educated on medical male circumcision, counseled and undergone medical male circumcision.

John Tsietsi Nkuna aged 40 was “The 10 000 Client” and he was excited to be part of such a huge milestone. He was recruited to come to the clinic by one of WMMHC’s outreach team members and he cited that he was going to encourage all his friends and colleagues to also come for circumcision at the clinic. He stated that he had enjoyed the service at the clinic and the surgery procedure had gone through well.

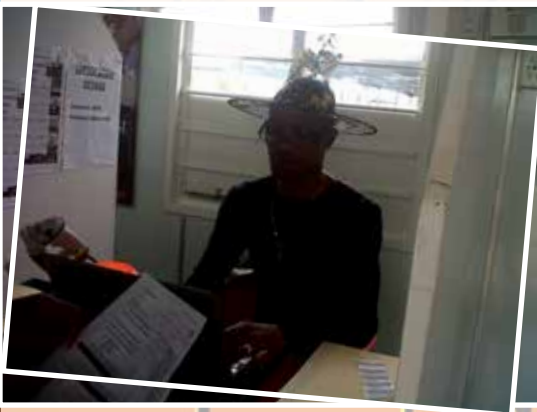
The WMMHC clinic is looking forward to welcoming more men and reaching bigger milestones in the months to follow. Well done to all of the MMC team for such a remarkable achievement!!!



HALLOWEEN IN TEMBISA

31 October 2012

As part of our Community Demand Generation planned activities we celebrate all the different feasivities that take place during the year, we even brought "Halloween" to Tembisa !!

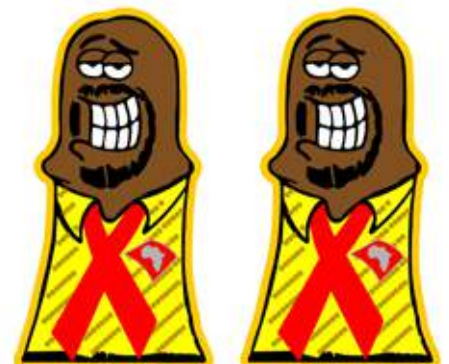


29 January 2013

CDC/PEPFAR Visit

On the 29th January 2013, we were delighted to showcase the Winnie Mandela Male Health Clinic to key stakeholders from the USA Presidents Emergency Plan For AIDS Relief (PEPFAR) and Centres for Disease Control and Prevention (CDC).



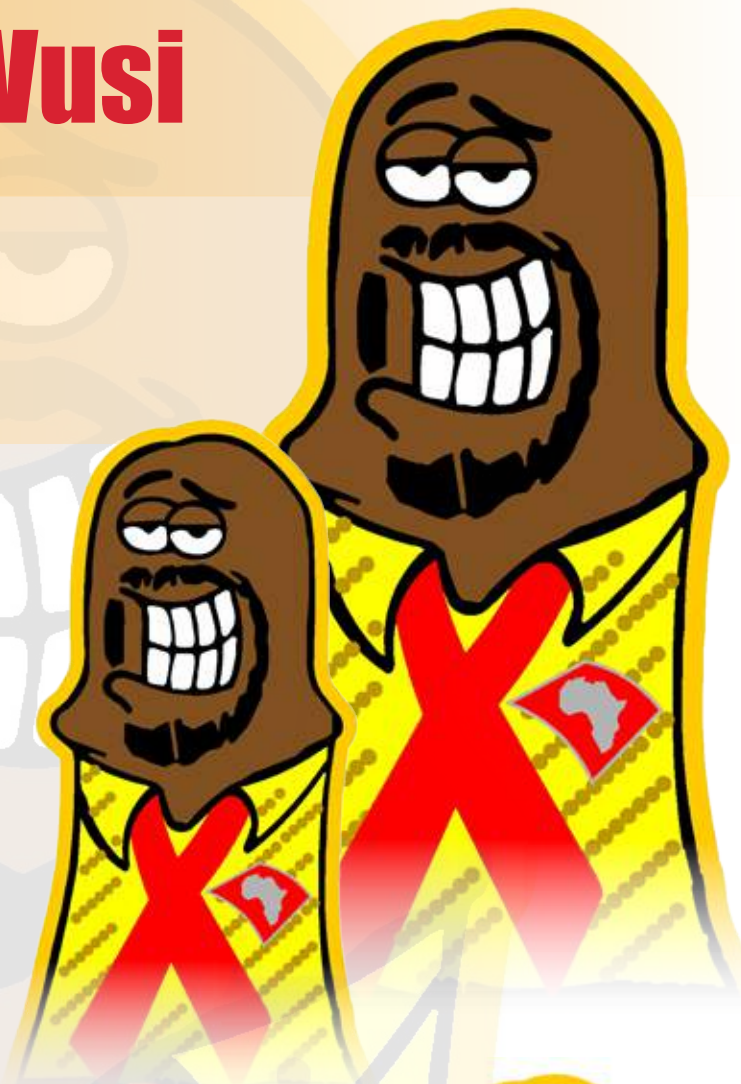


Mascot called Vusi

History:

Vusi originally came from Seattle in the United States of America and his name was Byron. However, we wished to give our mascot his own unique personality so we named him Vusi after the very first client we circumcised on the 19th September 2011

– Vusi Mothiba



In January 2013, a Methodist pastor and his wife, who reside in an old age village, in Edenvale, Ekurhuleni North agreed to support the Ekurhuleni North Medical Male Circumcision Programme by making a life size mascot.

On the 7th of March 2013, Vusi was collected from the Matthee home in Edenvale and transported to his official home at the Winnie Mandela Male Health Clinic.

The Ekurhuleni North Medical Male Circumcision Team greeted Vusi with open arms and enthusiasm – excited to have their life size mascot to bless and look after the clinic and all that go through their doors.





2013 February and March 2013 – The new patient shelters



During the 2012 / 2013 summer months the clients were getting wet when they were standing at the reception window, asking for information.

To address this weather issue the walkway cover was extended to cover the reception window.



During the 2012 winter peak periods one of the major challenges we had was a waiting area for clients that were coming to the Winnie Mandela Male Health Clinic for HIV Counselling and Testing (HCT), Medical Male Circumcision, their day two and day seven repeat visits and the adolescent programme. The clients could not be accommodated in the clinic and stood in long queues outside in the cold on the sand adjacent to the clinic. This became a huge problem on specific days when the weather was poor i.e. rain, snow and again during the summer months during the extreme heat. We tried to rectify this challenge with a small tent but it was insufficient for the need. It was identified in the later part of 2012 that a patient shelter was required to meet the needs of the clients.



In February 2012, in preparation for the March school holidays we started to prepare the ground for the erection of a patient shelter and the HCT container.





Preparation for the June/July 2013 School Holidays

Sunday, 23rd June 2013 . . . Preparing for the arrival of the Ekurhuleni North Community . . .

Last year our biggest challenge was how to manage large crowds and to be able to control and triage them into the different areas. The new client waiting area under the shelter has helped to streamline the queues. Sunday was spent marking off the different areas and preparing the clinic for what will hopefully be a very busy winter period.



Waiting area for booked MMC appointments



Waiting and triaging area.



Hard work ahead of the team to dig holes and put in the poles to mark off the different areas.



Designated areas for MMC appointments, repeat visits and HIV Counselling and Testing



Banners to identify areas to book appointments





Banners showing clients where to book MMC appointments and to go for HIV Counselling and Testing (HCT)



The marquee to triage clients through for HIV Counselling and Testing (HCT)



Designated parking area for Aurum staff and for crowd control



We are set up and ready for what the school holidays may bring – hopefully lots of clients!



Waiting area for registration and surgery



Registration cubicles



Waiting area for pre-medical examination



Group MMC Counselling Area 1



Group MMC Counselling Area 2



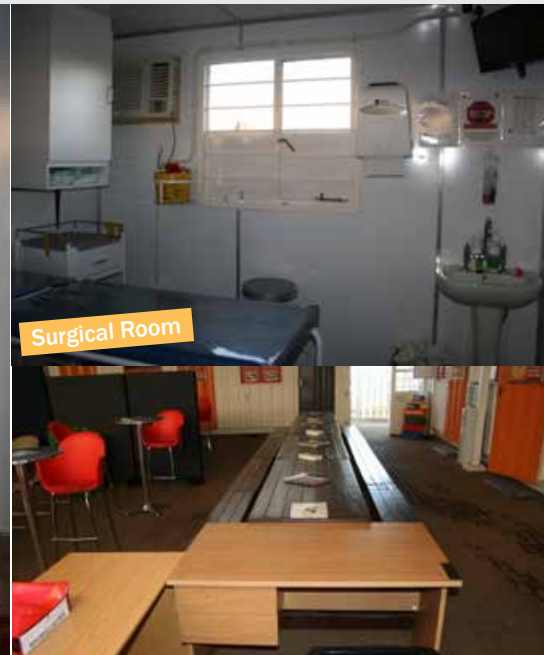
Waiting Area for individual MMC Counselling



Preparation for the June/July 2013 School Holidays



Individual Counselling Room



Surgical Room

Final decision desk – all steps and procedures completed – ready to go through for surgery



Post Operative Care Area



Discharge / Repeat Visit Desk and waiting area



Staff Meeting and Tea break area



Emergency Resuscitation Room



Junior Data Manager, Othia Letlape, final checks and preparations



General Assistant, Linah, hard at work making sure all our clinic is nice and clean.



Winter Peak Period

June and July 2013

Monday 24th June 2013 before sunrise, members of the team were already at the clinic, hanging up the banners on the palasade fence to help direct community members to the correct gates. By triaging the crowd in two different directions provided more control and assisted the clients and community to go directly to the relevant areas.

MAIN ENTRANCE GATE



**Booked MMC Appointments
MMC Repeat Visits**



BACK ENTRANCE GATE



**General Information
HIV Counselling and Testing ,TB symptom screening
Booking appointments for
Medical Male Circumcision**



2013

First week of the June 2013 school holidays

The lessons learnt in June 2012 in respect to crowd management were reviewed in great detail and workable solutions were designed. The focus was on how best to manage a large crowd and to triage the clients through the clinic as smoothly as possible.



The community have embraced the electronic booking system and the sms "please call me" to make a booking. The crowds standing in line to make an appointment are relaxed and happy with the system.



Our appointment booking system provides the client with a date and a time. This system is of huge benefit as you do not experience large numbers queuing up early hours of the morning to follow the standard first come first served. This system sees clients coming in over the course of the day, which is more manageable.



Our new plans and procedures have most definitely shown dividends and the management of the crowds and the triaging has gone smoothly.



The atmosphere both inside and outside the clinic is calm and orderly. On the first day of the school holidays we made over a 1000 bookings and the community continue to arrive . . .



Stakeholder Services EXPO during the June/July 2013 School Holidays

Introduction

Since the Winnie Mandela Male Health Clinic (WMMHC) opened its doors in September 2011 it has seen a steady flow of clients requesting circumcision. However during the winter (June/July) school holidays the clinic sees an influx of parents and guardian bringing young boys for circumcision at the clinic.

Parents go through the counselling and screening aspects of the MMC process and thereafter are left to their own vices in and around the clinic. In the past this has proven to be problematic as parents interfere with the clinic flow often causing arguments with clinic staff in terms of where their positions in the queue was, complaining about long waiting times with the clinic overflow of patients.

This experience has led us to the realization that this is an opportunity to engage with parents and guardians in a constructive and productive manner which is also informative and educational.

Aim

To constructively utilize parents/guardians waiting time in the WMMHC whilst their children are undergoing Medical Male Circumcision.

Target

Parents and/or guardians who have brought their children to the WMMHC during the June/July school holidays

Objectives

- To provide an information hub where parents/guardians can interact with service providers in the Tembisa community.
- To provide parents with information of services available in the Tembisa community
- To create long term referral systems between WMMHC and service providers in Tembisa

Organisations who participated

- Makukhanye alcohol and drug centre
- Association for people with disabilities
- NICRO
- Nedbank
- Deafsa
- Old Mutual
- International Organization for Migration (IOM)
- Tembisa SAPS

Organisations invited

- Environmental health
- AIDS UNIT
- EMPD
- Childline
- Child Welfare
- Tembisa Customer Care Centre (SASSA and Home Affairs)
- Standard Bank
- ABSA
- FNB

Makukhanye have requested to continue running sessions once a week after the expo for 3 months (July to September). They will be running a presentation once a week with parents and children depending on where they can be allocated for that day.



Our Successes to date . . .



When we look back over the past 33 months, our successes to date are numerous, against what has been a challenging and a difficult climb... and yet a remarkable group of people, from many different walks of life, cultures, religious beliefs, levels of education have joined hands to achieve a common goal, a vision that they are there to help make a difference in the lives of other people, to make a difference in a community, to make a difference in a nation . . . they come together each morning, ready to face another day and they do so by joining hands not only with a colleague or a friend but with a family member . . . for the Ekurhuleni North Medical Male Circumcision Programme

is not a group of people with a common goal but a family determined to make a difference for their community!

Reviewing the past 33 months achievements . . . (19 Sept 2011 to 18 June 2014)

- developed a high performing team.
- produce a MMC Community demand generation video to be shown in primary health care clinics, public settings, workplace settings to educate regarding MMC, reduce the fear associated to MMC, showcase the Winnie Mandela Male Health Clinic so that the community feel comfortable coming for MMC
- designed, constructed and set up a high volume facility in just over 3 months.
- conducted a detailed three month quality improvement process to review and improved all clinical procedures, patient flow and improved client waiting times.
- designed and implemented an electronic client appointment/ booking system
- designed and implemented a fully automated sms system
- designed and implemented a fully functional electronic client data management system
- set up a high volume Medical Male Circumcision clinic with systems and procedures that can accommodate 180 to 200 clients per day.
- produce a MMC Stakeholder engagement video to help market MMC to relevant stakeholders i.e. Small Medium Enterprises(SMEs), Further Education Training Facilities (FETs) etc
- produce Counselling videos (HCT Pre Counselling, MMC Counselling, Adolescent Programme) to help with group counselling, ensure correct messaging and to help speed up the process whilst ensuring quality.
- produce a post counselling video to ensure that the client knows exactly how to look after himself after the procedure and what to do in the event of any adverse events i.e emergency contact numbers. This video is





designed to help improve hygiene and reduce adverse events.

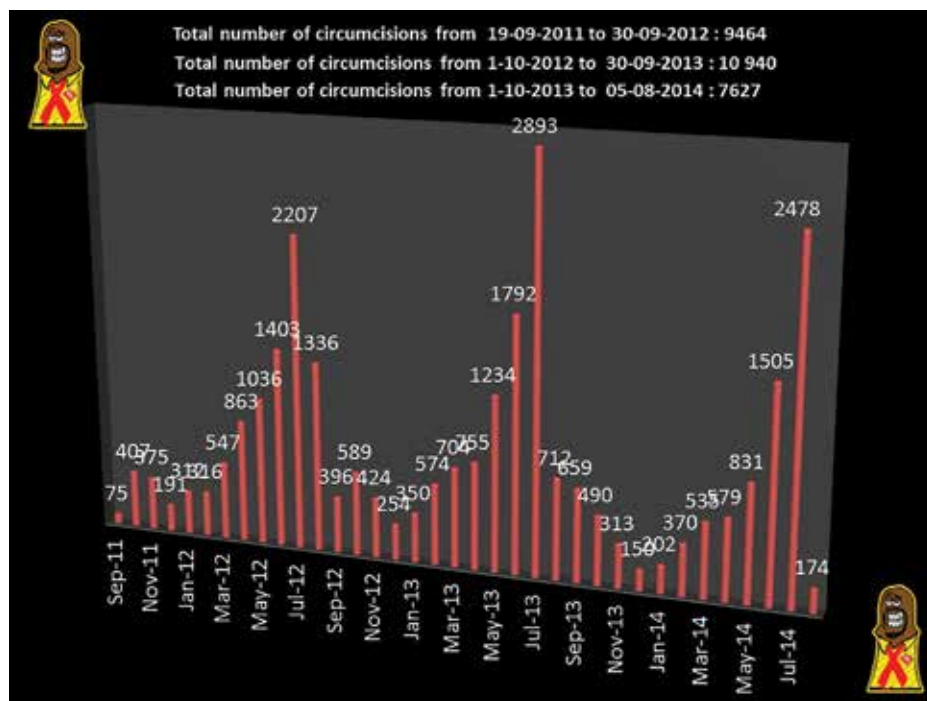
- produce a adolescent/young adult post operative care comic book with clear instructions both graphic and written on how to look after himself after the medical procedure.
- our clinic achieved excellent results in respect to an external audit and has been rated one of the best in the country
- we have increased stakeholder engagement and awareness within the Ekurhuleni North Community
- successfully set up and provided clinical outreach support to four Department of Correctional Services Facilities in Gauteng
- with the support to Ekurhuleni Metro Municipality and the NDoH expanded our VMMC services and clinical outreach (VMMC) procedures in identified EKN Primary Health Care (PHC) facilities
- increased community awareness and education relating to HIV/

AIDs and Voluntary Medical Male Circumcision through marketing and communication activities.

- conduct campaigns on a daily basis in workplace settings, near primary health care facilities and at other public place settings – providing HCT, MMC information and recruitment,

wellness programme to support primary health care facilities and NDoH and EMM.

- Design and implement a Mens Health Wellness Programme which encourages men to come to the clinic for the Annual Health Checkup and to bring a friend with them.



Our Challenges ...

The challenges facing the Ekurhuleni North MMC Programme teams to create demand all year round are:

- how to change community perceptions that circumcision can only take place during the winter months
- create awareness that this is a medical procedure, conducted in a medical setting by trained and experience medical personnel and MMC therefore can be done any time of the year
- how to increase community demand during the summer months
- manage the resistance relating to the 6 week healing and abstinence period
- support NDoH, EMM, CDC and PEPFAR in reaching the national targets



Climbing our Mount Everest!!! The challenges ahead of us . . .

BE EXTRA EXTRA EXTRA

Ekurhuleni North MMC Programme

You are the top performing team!!!

18000 THE SUMMIT We have achieved our goal! Enjoy the view

15500 16000 16500 17000 17500 History site

12500 13000 13500 14000 14500 15000 Camp 4 The balcony

9000 9500 10000 10500 11000 11500 12000 Camp 2 Camp 3

5000 5500 6000 6500 7000 7500 8000 8500 Camp 1

500 1000 1500 2000 2500 3000 3500 4000 4500 Base camp

VusiAurum, EMM, NDoH CDC and PcfFAR working together, have climbed Mount Everest!!!

The Ekurhuleni North Medical Male Circumcision Programme team have successfully recruited and medically circumcised 27 857 during the period 19th September 2011 to 30th July 2014

We still have a long and extremely hard climb ahead of us to try to make an impact in the HIV pandemic by reducing the number of new HIV infections.

We encourage you to be part of our journey, to join hands with us, together we can make a difference!

It starts with me . . . I care
Let's work together . . . We care

“ Those that are willing to join hands can overcome the greatest challenges – Nelson Mandela ”



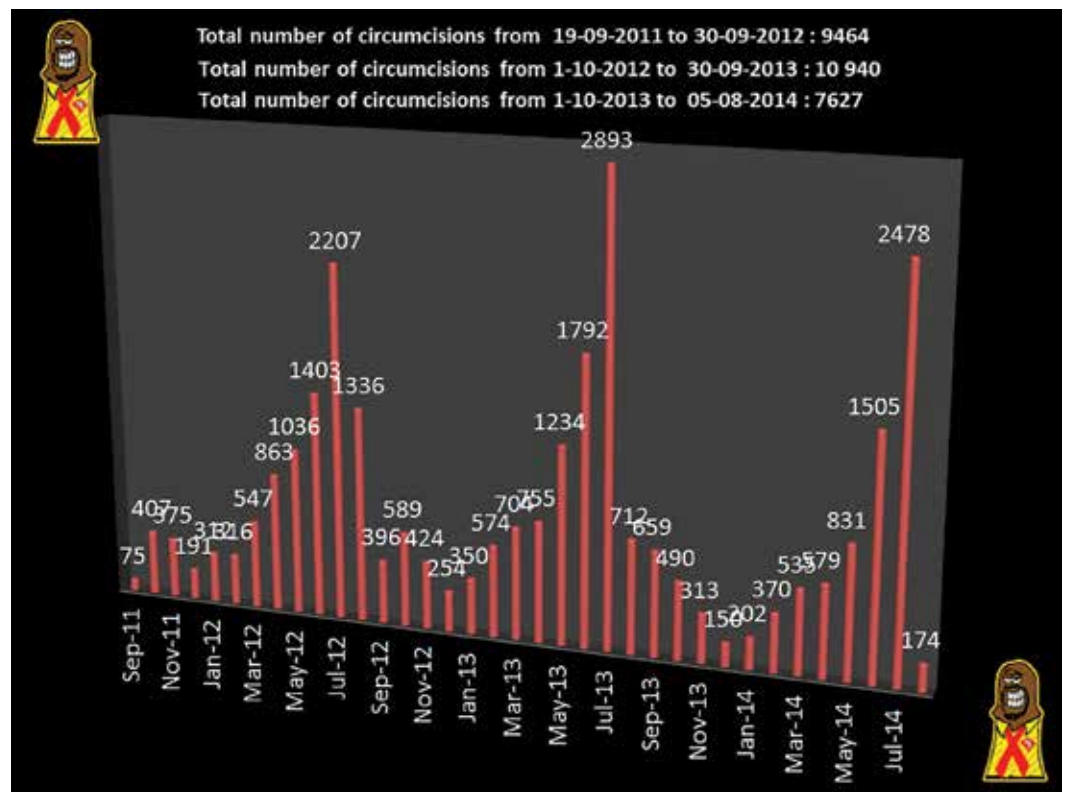
Innovative strategies to overcome the challenges

The Winnie Mandela Male Health Clinic started on the 19th September 2011, and on the 31st of July 2014 the team has medically circumcised a total of 27 857 clients.

The Ekurhuleni North (EKN) Medical Male Circumcision (MMC) Programme is currently in its financial year three (3) and during the low season the team has managed to medically circumcise 2634 clients. During the month of July 2014, winter school holidays the team managed to medically circumcise 2 478 clients.

From the bar chart below, it clearly shows the low season and the peak season and the demand for circumcision during the winter months.

Total number of circumcisions between 19-09-2011 and 30-07-2014 = 27 857



For the EKN MMC Programme Team together with the Aurum Public Relations Team this is a challenge that they are willing to take on, to come up with and to pilot innovative strategies to try to overcome this obstacle, and attempt to reach the summit of their own Mount Everest. A challenge against all odds.

In order to reach the summit, the team will need to complete a minimum of a 100 MMC's per day. The clinic team is quite capable of completing between 170-180 MMC's per day – the challenge is bringing the boys and the men into the clinic. Community demand generation is the critical key to achieving the targets.

At the beginning of October 2014, the EKN MMC programme team will review the innovative strategies piloted in August and September to identify which ones need to be implemented in year four.



Strategy 1 Focusing on Mens Health

The below is a summary of the innovative Community Demand Generation activities that are being tested and implemented in order to see if they will improve and assist with Community Demand generation within the Ekurhuleni North Medical Male Circumcision Programme, especially during the low peak periods.

WINNIE MANDELA MALE HEALTH CLINIC

FOCUSING *on* MEN'S HEALTH

- HIV COUNSELLING AND TESTING
- VOLUNTARY MEDICAL MALE CIRCUMCISION
- TB SYMPTOM SCREENING AND REFERRAL
- STI SCREENING, CARE AND TREATMENT
 - GENERAL WELLNESS
 - MEN PSYCHOSOCIAL SERVICES

CONTACT US ON 087 135 1631/2/3/4/5
SMS OR WHATSAPP US "CALL ME" TO 071 875 2296
LIKE OUR FACEBOOK PAGE: FACEBOOK@WMMHC

health Department of Health REPUBLIC OF SOUTH AFRICA
Ekurhuleni
PEPFAR
CDC
THE AURUM INSTITUTE

Posters and flyers (see above) have been designed and distributed promoting men's health and T-shirts and peak caps have been manufactured with the slogan "I make the right health decisions"

The posters and flyers are handed out by the Community Outreach team during their daily activities and posters, flyers, T-shirts and peak caps are distributed by the Community Programme Teams during their (Workplace, Public Places and Primary Health Care) wellness campaigns that are conducted in the Ekurhuleni North Community.

We have experienced that focusing on medical male circumcision (MMC) has presented resistance in the community. Opening the dialogue regarding MMC has been challenging in certain settings and some community members brush you off as soon as you start talking about medical male circumcision. For many this is a procedure associated with fear and pain. To overcome this obstacle we have changed our messaging to focus on Men's Health and to make the right health decisions. We have entered into a dialogue focusing on men's health and the services provided at the Winnie Mandela Male Health Clinic.

Once the platform has been opened on discussing men's health issues the community outreach team is then able to discuss voluntary medical male circumcision and the benefits associated to MMC for both men and women. Some men prefer to come into the Winnie Mandela Male Health clinic for HIV Counselling and Testing (HCT) or general wellness. Once they are at the clinic and are able to see for themselves that this is a professional establishment run by a professional team they are more willing to engage in the conversation relating to medical male circumcision and to make an appointment for medical male circumcision.

Men are encouraged to come back to the clinic on their birthday month for their annual health checkup and to bring a friend with them for MMC. It starts with me... I care, Let's work together... We care, in the fight against HIV and TB.



Innovative strategies to overcome the challenges

Strategy 2 Bulk SMS messaging

The Ekurhuleni North Medical Male Circumcision Programme has a complete electronic client data management system which includes a SMS management system. This provides the programme with sending out bulk SMS messages to the 28 000 clients who are already on our data base. This provides us with a value tool in order to send out messages to our client base.

Strategy 3 Social Media : Facebook

We have launched the Winnie Mandela Male Health Clinic (WMMHC) Facebook page as a tool to interact with our existing clients, potential clients and the community in general:

- Educational portal in respect to Medical Male Circumcisions, HIV and TB (Videos)
- Communication channel
- a platform to view opinions and to receive feedback
- a platform to ask for questions
- where to access MMC services
- a platform to send personal messages regarding their health, post recovery period etc
- To make an MMC appointment – the opportunity to book an appointment for medical male circumcision on a date and time that suits the client, merely by sending a message to the our facebook page.

The WMMHC Facebook page is managed by a trained “on-line” counsellor and supported by the Aurum Public Relations Department.



Strategy 4 Social Media : Poster Design Competition



Facebook/WMMHC

The duration of the Facebook design a poster competition ran from the 30th March to the 25th May 2014. The prize giving was held on Saturday 21st June 2014 at the Winnie Mandela Male Health Clinic in Tembisa.

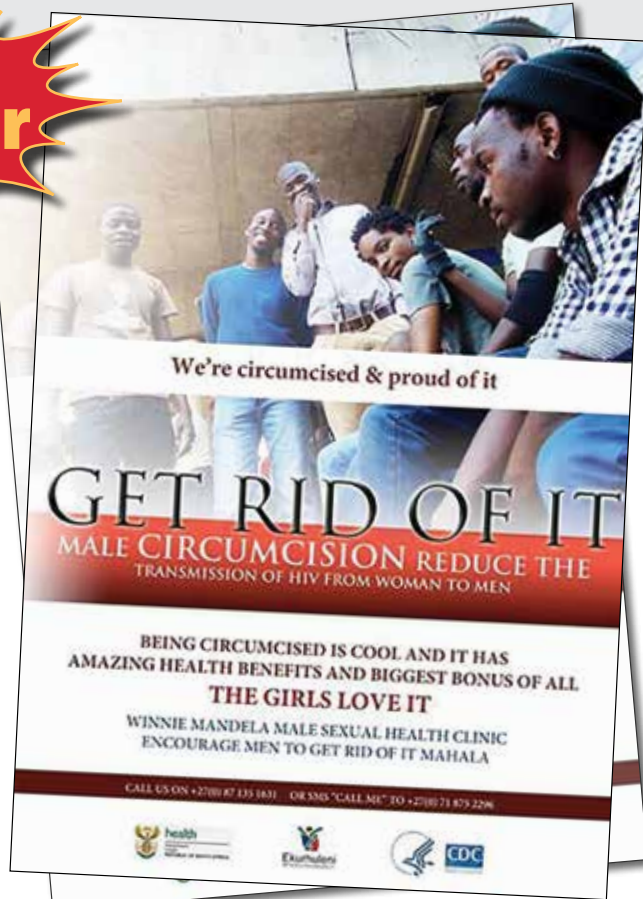
The competition was open to residents of Ekurhuleni North. The focus of the competition was to design a poster encouraging men to go for a medical male circumcision.

The objective is to use the competition participants to promote MMC through social media by spreading the word through the community. One expects visitors of the WMMHC Facebook page to view all the posters, read the comments, and “like” the posters of their choice. The top ten posters will be printed and distributed across EKN MMC Programme and the posters together with all the winners were printed in the local newspapers.

These posters will therefore be used to create awareness and demand during the peak winter period – June to August 2014.

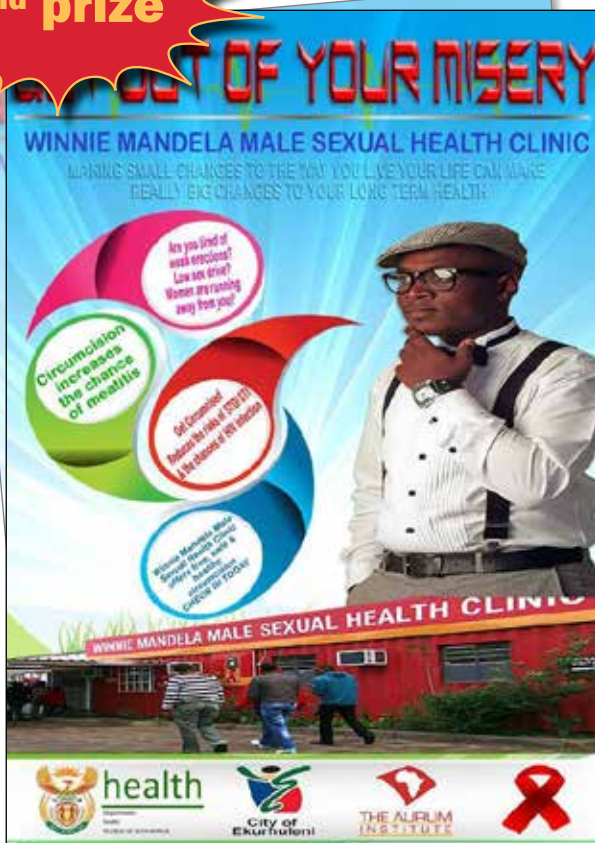


Winner



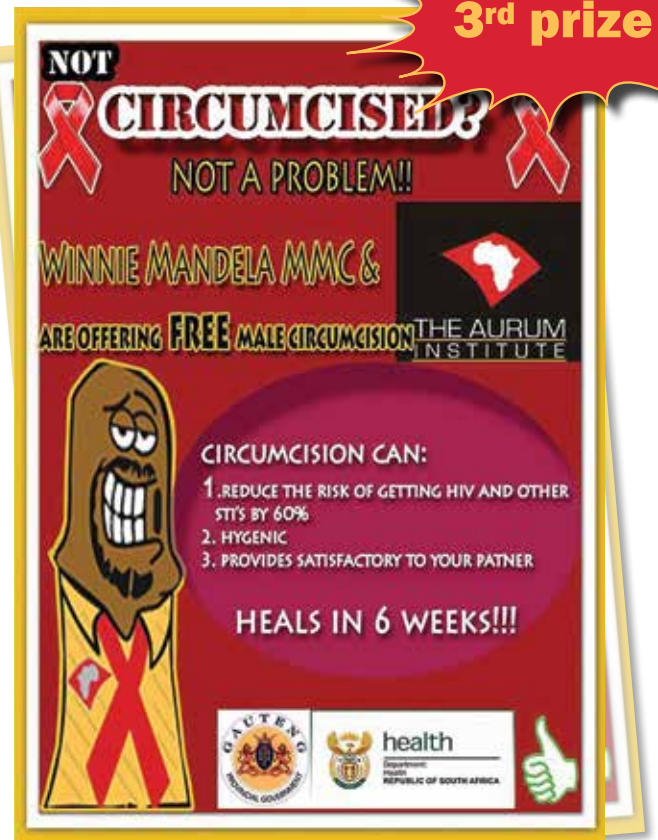
Poster designed by: TSHEPO DZUBA

2nd prize



Poster designed by: LUCAS LESENYHO

3rd prize



Poster designed by: HELLY MATHEBULA



Innovative strategies to overcome the challenges

Strategy 4 Social Media : Poster Design Competition



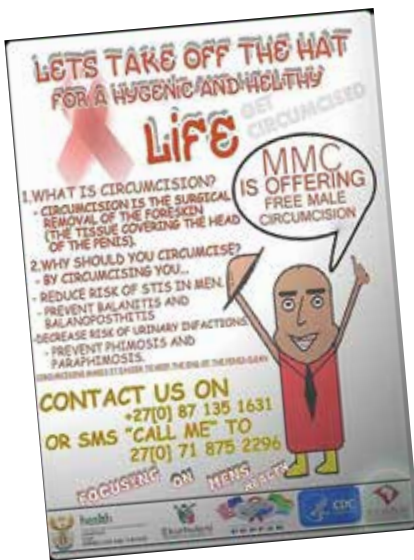
Poster designed by: Ziggy



Poster designed by: WYNARD RAPSINGER MONYESEALA



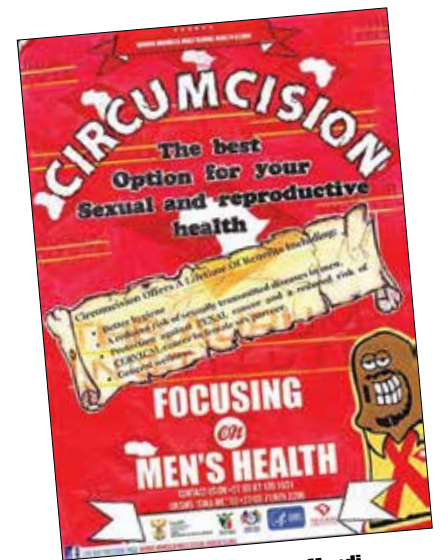
Poster designed by: Miles Peach



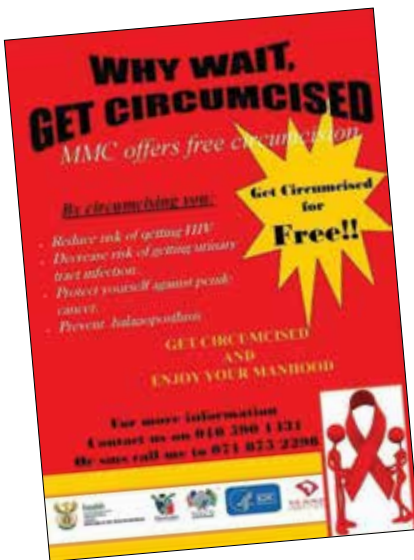
Poster designed by: Tshepo



Poster designed by: M J Choga



Poster designed by: Mondli



Poster designed by: Miranda Seopa



Poster designed by: Mpho



The objective was to use the competition participants to promote MMC through this medium by spreading the word in the community. This will create awareness not only to where they can assess free MMC services in Ekurhuleni North but to create awareness regarding medical circumcision. This social media innovation created awareness by reaching over 17000 people on facebook as well as creating awareness through adverts and editorials run in the local newspapers. Editorial announcing the winners and their posters were printed in all local newspapers and the top 10 posters will be printed and distributed across EKN. Our goal after the close of the competition is to increase awareness regarding MMC and WMMHC, with a target of these posters being exposed to approximately 100 000 people within Ekurhuleni North.

- ❖ The process was for the posters to be uploaded onto the Winnie Mandela Male Health Clinic facebook page
- ❖ Once the poster is uploaded participants encouraged their friends and family to go onto the facebook page and to “Like” their poster.
- ❖ The posters with the most “likes” were judged by a panel of judges. Choosing the top three winners. The winners were announced at a prize giving at the Winnie Mandela Male Health Clinic, Tembisa

Strategy 5 Social Media : YouTube Competition

Facebook/WMMHC

The Facebook YouTube competitions will run from the 21st June to the 1st September 2014. The prize giving will be held in September at the Winnie Mandela Male Health Clinic in Tembisa. The competition is open to residents of Ekurhuleni North. The focus of the YouTube Video competition - “I make the right decision for my health” – creative message of any form relating to getting this message across to the community. (Performing Arts)

The objective is to use the competition participants to promote MMC through this medium by spreading the word through the community. One expects visitors to the WMMHC Facebook page to look at the uploaded videos. This will create awareness not only to where they can assess free MMC services in Ekurhuleni North but to create awareness regarding medical circumcision and the Male Health Clinic, the importance of annual health check-ups.

Find a creative music video that we can use to promote male health and in particular MMC. Editorial announcing the winners to be printed in all local newspapers. Our goal after the close of the competition is to increase awareness regarding MMC and WMMHC through the use of YouTube videos developed by the community. The process will be similar to the poster competition.



Innovative strategies to overcome the challenges



Strategy 6 Advertising : Lollipop Campaign

The Lollipop Campaign is focused on men 18 years and older residing / working in Ekurhuleni North. The focus is on FETs, Universities, Workplace, Public Places and the Transport sector. The Lollipop Campaign will be launched on the 9th August 2014, International Women's Day, after the winter peak period to see if we can promote the fact that medical male circumcision is a medical procedure that can be done all year round!

The focus on launching this campaign on International Women's Day is to highlight the health benefits to women.

The focus of the wrapped lollipop relates to the topic of medical male circumcision being kept "under wrap". The focus is to "unwrap" conversation and to get the community talking about a topic that is normally kept under wraps.

The aim of the marketing campaign is for the man to see this advert and for him to go to his male family members and male friends and say :

- Did you see that advert on the back of the taxi, the one with the lollipop and the

saying: "I love my man circumcised and condomised" – and then to start asking the following questions thereby igniting conversation:

- What is circumcision?
- What is the difference between a circumcised and an uncircumcised penis?
- What are the health benefits?
- Do you still need to use a condom if you have been circumcised?
- Do girls really prefer someone who is circumcised?
- What is the difference between traditional and medical circumcised?
- Why are they encouraging men to go for a medical circumcision?
- Where can I go for a circumcision?
- Is it free?
- Is it for me ?

Once this topic has been discussed with the group of males in his circle, we hope that this man will have sufficient information to be able to go home to his wife, girl-friend, lover, partner and open up a conversation which again is normally under wraps and difficult to discuss and say:

- Did you see the advert on the back of the taxi/billboard/poster or have you seen this flyer about circumcision - and then to start asking the following questions thereby igniting conversation:

1. Do you think this is something WE should do ?
2. Do you know that there are a lot of health benefits if I were to get circumcised?
3. Do you know that there are medical benefits for you as a women if I were to get circumcised?
4. This does not protect us 100% so we will still need to use a condom
5. This pamphlet says the medical male circumcision is free and it is a same day procedure at the Winnie Mandela Male Health Clinic
6. There is six weeks that we have to abstain from all sexual activities but the long term benefits for both of us are well worth the wait.

For the women either prior or after the above conversation, will unwrap a



Posters

Flyers



conversation that she will not normally have either with her partner or with her female family members and female friends and open up a conversation which again is normally under wraps and difficult to discuss and say:

- Did you see that advert on the back of the taxi/billboard/poster/flyer
- and then to start to ask the following questions thereby igniting or unwrapping conversation :

- ❖ What is circumcision?
- ❖ Isn't circumcision something that only certain cultures do when the boy goes to the mountain?
- ❖ What is the difference between a circumcised and an uncircumcised penis?
- ❖ What are the health benefits?
- ❖ How will it benefit me?
- ❖ Why did it say "I love my man circumcised" – what does that mean?
- ❖ Why do we still need to use condoms if he is already circumcised?
- ❖ Six weeks without sex, that is a long time . . . will the long term benefits for both of us be worth the wait?

The focus of this Lollipop campaign is to unwrap a topic that is not openly discussed and to get the community talking openly about medical male circumcision and the benefits thereof. On all of our marketing material is our Facebook page details, whatsapp and SMS call me details and our five telephone numbers so that they are able to easily access additional information and how to contact us to answer any additional questions. Plus we will be handing out our Know the Benefits Brochure with this campaign.

A major part of our campaign is to hand out "Lollipop Condoms" so we are aggressively campaigning that one must always use a condom. We hope that this strategy will overcome any misinterpretation that it is safe not to use condoms after being circumcised. We are using the lollipops as a method to unwrap and open up conversation in order to get the communities talking about MMC, coming forward for MMC and thereby in the long run our focus is on saving lives. This campaign is then covered by our own wrapper – to make an impact and to make a difference in people's lives and most importantly to promote the use of condoms.

Circumcised and Condomised!



Strategy 6

Advertising : Lollipop Campaign

Lollipop Condoms

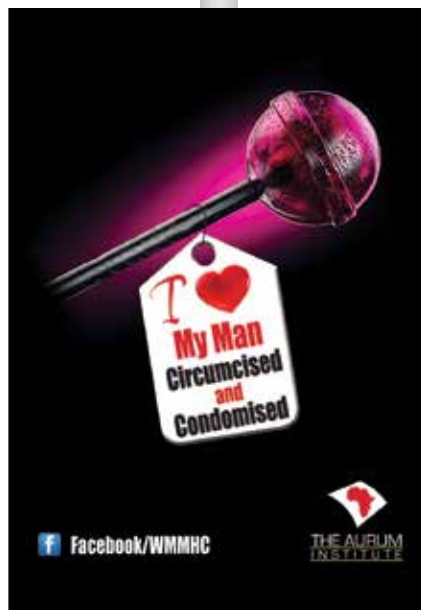


Bumper Sticker



Plastic Beer Mugs

Street Pole Advertising





Ladies T-shirts



Peak Hats

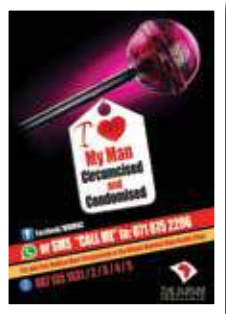


Licence Disc Holders

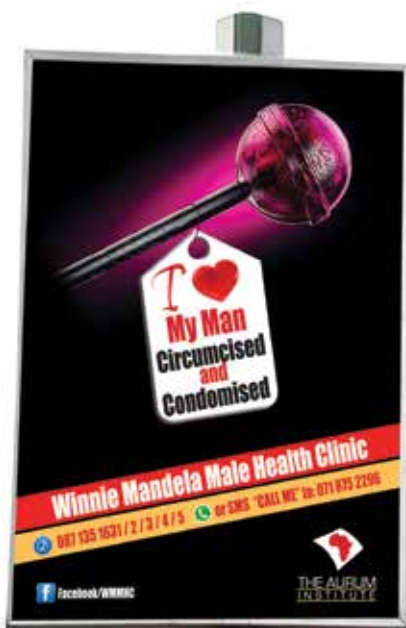


Taxi Branding

Shopping Mall Ablutions - posters



Metro Rail Advertising



Vertical Billboards



Horizontal Billboards



Innovative strategies to overcome the challenges

Strategy 7

Spring Awareness Campaign : Bring a Buddy – medical male circumcision can be done ALL YEAR ROUND

Campaign to start on the 1st September 2014 and to run until the 30th September 2015

Focus group: the 27 857 MMC Clients + 1 friend 27 857 = 55 714. Our optimistic expectation would be to expect 10% of this group to take up the All Year Round Buddy Campaign and to come back to the clinic for their annual check-up and bringing with them their buddy.

The aim of this initiative is to encourage previous MMC clients to bring in a friend or family member to the Winnie Mandela Male Health Clinic for their medical male circumcision. Whilst their friend or family member is going through the MMC process the initial client will go through an annual health check-up.

Strategy 8 Call Centre



On all marketing material the client is provided with the following contact information that they may use to gain further information and to book a medical male circumcision at a date and time that suits the client:

Call Centre:

- 087 135 1631 / 2/ 3/4/5
- Whatsup or Please call me – SMS “Please call” to 071 875 2296

The call centre phones are answered by Community Outreach Recruiters, Administrators and Counsellors.

Missed Appointments:

The Community Engagement Administrator and the Site Administrator take the electronically generated “Missed Appointment List” for the previous day’s booked appointment and they are responsible to phone all clients on the generated list to reschedule their booked appointment for a new date and time.

Community Programme Recruitment Books:

The four MMC Counsellors are required to work through all the recruitment books generated over the past two and a half years to call the clients reflected in the recruitment books to establish:

- a) Have they been circumcised?
- b) If yes – tell them about the Men’s Health Clinic and the Spring Bring a Buddy Campaign
- c) If no –find the original booking on the system and rebook them on a new date and time for their MMC
- d) If not interested – educate them on the benefits relating to making the right decision for their health and encourage them to come in to the Winnie Mandela Male Health Clinic for an annual checkup.

Team 1 : Government Programmes

Team 2 : Hospitality and Transport Programmes

Team 3 : Industry Programmes

- 👤 Rotation system to manage the following tasks at Winnie Mandela Male Health Clinic :
- 👤 Team leader to manage the call centre and unscheduled appointments
- 👤 Outreach recruiter to manage the clinic reception desk in the patient shelter (station 1)
- 👤 Outreach recruiters to manage the triaging of clients through the clinic
- 👤 Outreach recruiters to manage the MMC group counselling (Q and A sessions)

Team 4 : School Programme Team

- 👤 The School Programme Team to provide additional support during the School Holidays.



Strategy 9

Community Programme Teams

Target Groups: All - to provide HCT and Wellness (Blood pressure, sugar, TB symptom screening)

Duration: Monday 2nd June 2014 to Tuesday 30th September 2014

CP PUBLIC PLACES TEAM – Pension Day Payouts:

The Community Programme Public Place team to set up at the different pension day pay points to provide wellness services to the pensioners who are waiting to collect their pension payouts. The focus however needs to be on providing the grandparents with information regarding the Male Health Clinic and MMC so that they in return can encourage their brothers, sons, son-in-laws, nephews and grandsons to come to the Winnie Mandela Male Health Clinic for MMC.

CP PUBLIC PLACES TEAM – Busy Car Washes:

The Community Programme Public Place team to set up at the different car washes in Ekurhuleni North to provide services to the drivers and their passengers who are waiting whilst their cars are washed. The focus however needs to be on providing the men with information regarding the Male Health Clinic (Annual Health Checkups) and MMC.

CP PUBLIC PLACES TEAM –Further Education Training (FET) Centre's:

The Community Programme Public Place team to set up at the different FET's/Universities in Ekurhuleni North to provide services to the students and staff. The focus however needs to be on providing the men with information regarding the Male Health Clinic (Annual Health Checkups) and MMC.

CP WORKPLACE TEAM:

The workplace team conducts wellness days at small, medium enterprises as well as at large industry /companies within Ekurhuleni North.

CP PHC TEAM:

The Community Programme PHC team to set up at different locations near one of the 27 Primary Health Care Clinics in Ekurhuleni North services to the community. The focus however needs to be on providing the men with information regarding the Male Health Clinic (Annual Health Checkups) and MMC.

The tools the community programme team uses:

- 📺 EKN MMC Programme Community Demand Generation Video
- 📄 “Know the benefits” MMC Brochures
- 📄 Male Health Clinic Flyer
- 📄 A-framed & sharkfin banners
- 📄 Vusi inflatable Mascot
- 📄 Mobile and gazebos
 - Posters
 - Flyers
 - Know the benefits of MMC
 - Branded Condoms
 - Branded Lanyards
 - Branded Keyrings
 - Branded Water Bottles
 - Branded Lip ice
 - Pens
 - Peak Caps
 - T.Shirts

The objective of this innovation strategy:

- 📄 To create awareness regarding the Winnie Mandela Male Health Clinic and the services provided
- 📄 To book as many clients for MMC as possible
- 📄 The MMC recruitment targets are a third of the number of clients to whom they will be providing HCT/Wellness – whilst conducting HCT the Community Health Worker is required to discuss MMC with the client. If a client shows interest they are to use their tablets and access the booking system to make a booking for the client. Clients that want to think about it – provide them with a referral slip, Mens Health Clinic Flyer and the “Know the benefits ” MMC brochure.

Team Targets / Objectives	MMC Clinic target	HCT Target/team			MMC Target/team	
		Daily	Weekly	Monthly	Daily	Weekly
Each month	3000	36	144	576	12	48



Innovative strategies to overcome the challenges

Strategy 12 Ekurhuleni North Primary Health Care Clinics x 27

Woman

- 📌 Antenatal waiting area
- 📌 Paediatric waiting area
- 📌 Family planning waiting area

Start: Monday 2nd June 2014 Closing: Friday 26th September 2014

To educate woman on the health benefits of the men in their lives being circumcised i.e. boyfriends, husbands, partners, sons and the health benefits for women. This will create awareness not only to where they can assess free MMC services in Ekurhuleni North but to create awareness regarding medical circumcision and the Male Health Clinic, the importance of annual health check-ups.

Tools :

- 📌 Posters
- 📌 "Know the benefits" MMC Brochures
- 📌 Male Health Clinic Flyer with a branded condom

Team Leader and three community outreach recruiters

Strategy 13 Community Programme Outreach: School Programmes

Target: Ekurhuleni North High Schools / Secondary Schools
(12 – approx. 18 years)

Start: Monday 2nd June 2014
Closing: Tuesday 30th September 2014

This will create awareness not only to where they can assess free MMC services in Ekurhuleni North but to create awareness regarding medical circumcision and the Male Health Clinic, the importance of annual health check-ups.

Use the Vusi Mascot, music and a drama show to educate the high school students in respect to male health and the benefits for girls

- Develop an entertaining storyline that they can perform at the high schools educating boys respect to the benefits of making the right decision for their health.
- Incorporate the Adolescent Programme video.

School MMC Marketing Pack (12 000)

- 📌 Pencil Bag (including ruler, pen, pencil, rubber)
- 📌 Water bottle and lunch box
- 📌 Adolescent Comic Books
- 📌 Vusi Mascot
- 📌 Posters
- 📌 Flyers
- 📌 Know the Benefits

Team Leader and three community outreach recruiters

Targets		Per Day	Per Week	Per Month
	Individual	3	12	48
Team	18	72	288	



Strategy 14 Community Outreach Teams

Team: Industry

- Manufacturing and Construction Industry
- Eskom, Telkom, Vodacom, Mtn, Cellc

Start: Monday 2nd June 2014 Closing : Tuesday 30th September 2014

Team: Government Department

- South African Police, Traffic and Licencing Departments, Fire Departments, Security Industry
- Municipality, Department of Works, Department of Manpower, SARS

Team : Hospitality and Transport Industry

- Hospitality Industry – Hotels, Casinos’
- Transport Industry – SAA, Gautrain, Metrorail, Bus Companies, Trucking Companies, Taxi Associations

To educate . . . This will create awareness not only to where they can assess free MMC services in Ekurhuleni North but to create awareness regarding medical circumcision and the Male Health Clinic, the importance of annual health check-ups.

- “Know the benefits” MMC Brochures
- Male Health Clinic Flyer with a branded condom

Each team consists of: Team Leader and 4 community outreach recruiters

Strategy 14 Adolescent Programme

Boys between the ages of 14 and 19 years of age

Start: Monday 2nd June 2014 Closing: Tuesday 30th September 2014

Implementation of youth psychosocial services rendered to adolescent boys undergoing Voluntary Medical Male Circumcision.

- Adolescent Video
- Adolescent Comic Book

Strategy 15 Bottlestores, Shabeens, Pubs, Night Clubs, Teasers

Branded plastic beer mugs together with posters and flyers will be delivered to specific bottlestores, shabeens, pubs and night clubs in Ekurhuleni North to create awareness regarding Medical Male Circumcision and were to access services in Ekurhuleni North.



Innovative strategies to overcome the challenges

Strategy 16 Ekurhuleni North Primary Health Care Clinics

25 Primary Health Care Clinics – Health Promoters

Monday 4th August 2014 to 30th September 2014

Ekurhuleni Metro Municipality Health Promoters to incorporate the Mens' Health Clinic and Medical Male Circumcision into their talks that they present to patients who are in the waiting rooms.

The EMM Health Promoters are responsible for ensuring that:

- the posters relating to the Winnie Mandela Male Health Clinic and free MMC are placed on the notice boards/walls around the clinic
- hand out flyers relating to the Winnie Mandela Male Health Clinic to interested patients
- to complete and hand out MMC Outreach campaign travel vouchers to clients who wish to book for MMC together with a flyer on how to phone/sms to book an appointment

Ekurhuleni North = 25 Primary Health Care Clinics (25 x EMM Health Promoters)

Target: 1000 recruitment for MMC (issue of MMC Outreach Campaign Travel Vouchers)

- Min : 2 client recruited per day = 10 per week = 40 per month per Health Promoter/clinic
- 10 clients recruited per week x 25 health promoters/clinics = 250 per week
- 250 clients recruited per week x 4 weeks = 1000 clients recruited in EKN Clinics/month

Focus Groups : Patients in the Waiting Areas

- Posters:** Winnie Mandela Male Health Clinic
- Posters:** Medical Male Circumcision
- Flyers:** Winnie Mandela Male Health Clinic and the services provided
- Flyers:** Medical Male Circumcisions
- DVD/Flash Drive:** EKN MMC Programme Community Demand Generation Video
- Book:** Clinic MMC Outreach Travel Vouchers

Strategy 17 Ekurhuleni Metro Municipality Community Support Programme

Ekurhuleni Metro Municipality Community Health Workers / Recruiters to incorporate the Mens' Health Clinic and Medical Male Circumcision into their talks that they present to community members during their door to door campaign.

The EMM Community Health Workers / Recruiters are responsible for ensuring that :

- the posters relating to the Winnie Mandela Male Health Clinic and free MMC are placed in relevant places around the community
- hand out flyers relating to the Winnie Mandela Male Health Clinic to interested community members
- to complete and hand out MMC Outreach campaign travel vouchers to community members who wish to book for MMC together with a flyer on how to phone/sms to book an appointment

Ekurhuleni North = 50 EMM Community Health Workers/Recruiters

Target : 1000 recruitment for MMC (issue of MMC Outreach Campaign Travel Vouchers)

- Min : 1 client recruited per day = 5 per week = 20 per month per CHW/Recruiters
- 5 clients recruited per week x 50 health promoters/clinics = 250 per week
- 250 clients recruited per week x 4 weeks = 1000 clients recruited in EKN Clinics/month



Strategy 18

Ekurhuleni North Medical Male Circumcision GP Programme

Start : September 2014 – Sessional GPs (Our previous MMC Sessional Doctors who have worked at the WMMHC)
Develop the Ekurhuleni North General Practitioners with the skills necessary to conduct MMC within their practices through training and mentorship.

Outreach MMC Team consisting of a Counsellor and Nurse

- Quantum MMC Outreach Vehicle
- Posters : Free Medical Male Circumcision offered at GP clinic
- Flyers : Free Medical Male Circumcisions offered at GP clinic
- DVD/Flash Drive : EKN MMC Programme Community Demand Generation Video
- DVD/Flash Drive : EKN MMC Programme Stakeholder Video/Aurum and S-I-N /Thibela TB Video
- MMC Kits and supplies
- MMC Equipment i.e. Diathermy Machine
- Service to the client to be provided for free including follow up visits and unscheduled visits
- To advertise, promote and recruit a minimum of 20 clients for the MMC session once a week
- To conduct MMC surgery, follow up visits and unscheduled visits
- Responsible for the management of all AEs

Ekurhuleni North GPs

- EKN MMC Programme : Programme Doctor: and the Clinical Manager to provide training, mentorship and technical support.
- Waiting area with TV
- Admin/counselling area
- Surgical Room Emergency Resus Room/Area and all emergency equipment, supplies, services

Strategy 19

Ekurhuleni North MMC Outreach – Initiation Camps

To provide a service to the Traditional Health Leaders and Traditional Health Practitioners to medically circumcise the boys that are attending the initiation camps.

Ekurhuleni North MMC Programme Male Nurses to travel to the initiation camps for the day 2 and day 7 follow up visits.

In closing ...

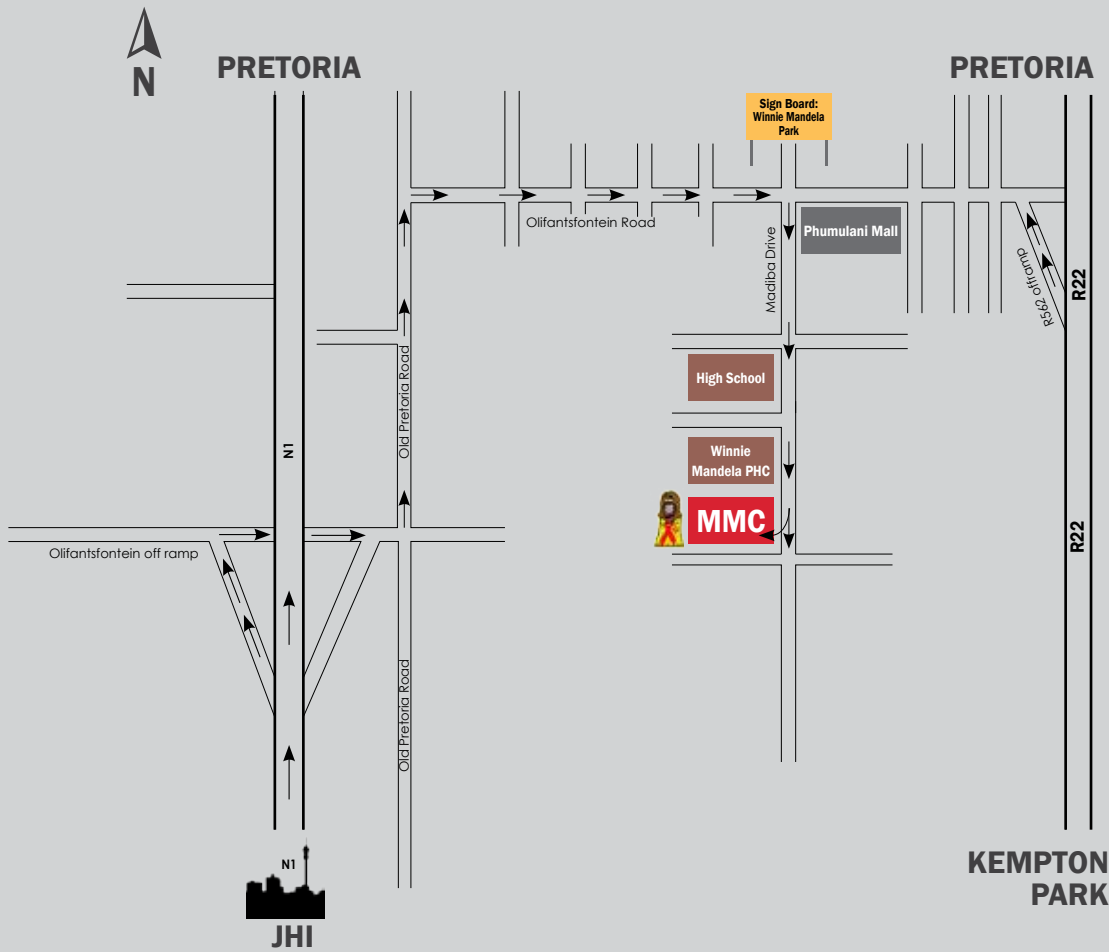
During the first week of October 2014 the Ekurhuleni North MMC Programme team together with the Aurum Public Relations Department plan to hold a strategic retreat to review all these innovative strategies to assess the successes, the challenges and to plan which strategies need to be implemented for the next financial year. Our goal is to continually strive to make an impact within the Ekurhuleni North community, to contribute towards the national MMC programme, not only in the numbers but in respect to the lessons learnt and being able to share our resources and strategies with other MMC partners, to ensure at the end of the day we have made a difference in someone's life and have made an contribution to saving lives!

It starts with me . . . I care
Let's work together . . . We care
In the fight against HIV and TB



Directions to Winnie Mandela Male Health Clinic

**9044, Zone 6,
Madiba Drive / Margret Zuma Street | TEMBISA | Gauteng | South Africa |1630**



Directions from Johannesburg

- Take M1 North towards Pretoria
- Take the Olifantsfontein off ramp
- At the robot turn right over M1 highway
- Through 1st robot (on ramp to the M1 highway)
- At the 2nd robot (Old Pretoria Rd) turn left
- Pass garage on your left, through the robots - keeping in your right hand lane
- Turn right at the next robot (Olifantsfontein Road)
- Drive straight along this road (watch your speed and camera's on the robots)
- Drive through a couple of robots/ stop streets and up a hill
- As you come over the crest of the hill, move into the middle/right hand lane
- You will see a large shopping complex coming up on the right hand side (Phumulani Mall)
- Just before the shopping mall you will see a sign board that points to "Winnie Mandela Park" and Madiba Drive on your right. Turn right
- Drive straight along this road, through two stop signs
- You will see a green roofed taxi rank on your left and next to it a brown brick building (Ekurhuleni Metro) with a sign on the left hand side of the gate to Winnie Mandela Male Health Clinic - drive in to the premises and drive through the parking, turn right and park on the sand next to the clinic
- The Winnie Mandela Male Health Clinic is the red and white containers

Directions From Kempton Park and Olivier R. Thambo International Airport

- Take R22 North towards Pretoria
- Take the Olifantsfontein (R562) off ramp
- At the stop street at the top of the off ramp - turn left (signboard shows Midrand/Tembisa)
- Drive straight through 1st robot
- Drive straight through 2nd robot
- Drive straight through large 4 way stop street
- A large shopping centre, Phumulani Mall is on your left hand side, keep in your left hand land
- Sign board that points to "Winnie Mandela Park" and Madiba Drive on your left. Turn left at robot
- Drive straight along this road, through two stop signs
- You will see a green roofed taxi rank on your left and next to it a brown brick building (Ekurhuleni Metro) with a sign on the left hand side of the gate to Winnie Mandela Male Health Clinic - drive in to the premises and drive through the parking, turn right and park on the sand next to the clinic
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Directions From Pretoria

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- The Winnie Mandela Male Health Clinic is the red and white containers



OUR JOURNEY



Winnie Mandela Male

HEALTH CLINIC



EKURHULENI NORTH MEDICAL MALE CIRCUMCISION PROGRAMME



CONTACT INFO:

Call Centre: 087 135 1631/2/3/4/5 | Whatsapp and SMS "CALL ME" to: 071 875 2296

Online Counsellor: 087 135 1635 | Facebook Page: facebook/wmmhc

Clinical Manager: Michael Kgampe | email: mkgampe@auruminstitute.org

Community Engagement Manager: Mmathabo Rangoshe | email: mrangoshe@auruminstitute.org

Deputy Director: Helen Kisbey-Green | email: hkisbeygreen@auruminstitute.org



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

