



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

MEDICAL MALE CIRCUMCISION (MMC) REGISTER

Version 2

March 2019

PROVINCE	
FACILITY NAME	
FACILITY UNIQUE IDENTIFIER	
START DATE	
END DATE	

GUIDE FOR THE USE OF MMC REGISTER

1. OVERVIEW

- The MMC register should be the only register used to capture the data elements of MMC services and MMC data source used in a facility.
- The register should always be placed at a designated, safe and secure place or service point.
- All males attending the facility whom successfully underwent medical circumcision should be entered in the MMC register.
- Clinical stationery should be the source of reporting for MMC register.
- Completed clinic registers should be stored for seven (7) years.
- To ensure the carbon copy is activated, please press down hard with a ball point pen or rollerball pen.
- All information entered in the register should be legible and must be in permanent ink.

2. INSTRUCTIONS

- A new page for each month should be used to capture client's data that underwent a circumcision.
- Always complete all demographic details on the registers such as district and patient de
- Ensure that the age of the patient is entered in the same line as the names of the male undergoing circumcision.
- Record the age of the client in the appropriate group column.
- The client's final HIV test results must be ticked to indicate HIV testing status as per the national testing algorithm: refer to data element for definitions.
- All patients returning for follow-up visits should be recorded on the same line bearing the patient name.

If you make an error on an entry into the register, please draw a straight line through all the data recorded on that line, sign and date.

3. REPORTING

- Running totals should be collected daily and transferred to the Monthly Input report.
- The totals for each register page should be summed up and transcribed into the Monthly Input report form.
- The monthly summary is to be signed by designated official prior to data submission.

4. DEFINITION OF DATA ELEMENTS

- **District:** is the name of the district in which the MMC facility is located.
- **Subdistrict:** is the name of the subdistrict in which the MMC facility is located.
- **Facility:** is the clinic, CHC, hospital or any other structural facility at which MMC procedures were successfully performed.
- **No.:** is the of males who successfully underwent MMC.
- **Date of MMC:** is the day on which an MMC procedure was successfully performed
- **Names and surname:** full names and surname of the potential MMC client as per documents presented for identification.
- **File number:** is a number allocated for a potential MMC client.
- **ID number:** is a 13-digit number used as a unique.
- **Age:** is any age, 10 years and above.
- **Method:** is either the approved surgical method or the approved device/ surgical aid for MMC.
- **Follow-up visit:** is when a patient returns on day 2, 7 and other days for post-operative review.
- **Adverse Event (AE):** is any undesired outcome that occurred to an MMC client during or after an MMC procedure.
- **Adverse Event Type:** is a form of an AE that occurs to an MMC client
- **Moderate Adverse Event:** is any AE that requires intervention and can be managed at the facility.
- **Severe Adverse Event:** is any adverse event that requires extensive intervention or specialist's input and are usually referred for further management.
- **HIV testing Result:** is the patient final HIV status after all the HIV testing procedures have been followed. The client's final HIV test results must be ticked as **N= Negative, P= Positive, K= Known HIV Status** and **D= Declined HIV testing.**
- **Referrals and linkages:** is any service to which an MMC potential client was referred to or linked to after being assessed for eligibility of MMC service. This can be ART/Wellness, STI, TB. Please specify for any other related referrals and linkages done for the client.
- **Signatures and dates:** The data clerk signature and date at the end of the page is required to account for the data entered. The facility manager's signature and date validate the data.

MEDICAL MALE CIRCUMCISION REGISTER

MONTH:

YEAR:

DISTRICT: _____

SUB-DISTRICT: _____

FACILITY: _____

SERVICE PROVIDER (TICK): *DoH* *NGO* *Private Provider*

Age: Write actual age in the appropriate group column	HIV Testing Result: Tick appropriate status. N = Negative, P = Positive, K = Known status, D = Declined HIV testing	Method for MMC: Tick appropriate method used	Follow up visit: Tick appropriate column	Adverse Events: Specify type and tick severity = Bleeding (BL) Damage to Penis (DP) Excess Skin Removal (ES) Infection (IN) Insufficient Skin Removal (IS)	Referrals and Linkages Specify appropriate referral or linkages done for the client
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No:	Date of MMC	File Number	Name and Surname	ID Number	10-14	15+	N	P	K	D	Surgical	Aid/Device	Day 2	Day 7	Type	Mild	Moderate	Severe	ART/Wellness, STI, TB. Any other (please specify)	
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2.																				
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10.																				
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12.																				
13.																				
14.																				
15.																				
Running/ Monthly Total																				

Data Clerk (names and surname): _____	Signature: _____	Date: _____
Facility Manager (names and surname): _____	Signature: _____	Date: _____

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YEAR:

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FACILITY: _____

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