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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Colour Codes:



Cell (grouping) that requires input



Problem with input. (Dual capture, Eg. "Yes" **and** "No" selected)

| Site Characteristics | | | | | | | |
|--|--------|-------------|-----------|----------|--------|----------|--------|
| External Quality Assurance (EQA) | | | | | | | |
| Site Name: _____ | | Date: _____ | | | | | |
| Reviewer's Name: _____ | | | | | | | |
| Question | Y | N | Notes | | | | |
| Date facility resumed performing VMMCs after the COVID-19 halt? | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Which days of the week are VMMC services being Monday performed? | | | | | | | |
| Operating Hours | | | | | | | |
| Operating Hours - Monday | | | | | | | |
| Operating Hours - Tuesday | | | | | | | |
| Operating Hours - Wednesday | | | | | | | |
| Operating Hours - Thursday | | | | | | | |
| Operating Hours - Friday | | | | | | | |
| Operating Hours - Saturday | | | | | | | |
| Operating Hours - Sunday | | | | | | | |
| Number of Procedures | | | | | | | |
| Number of Procedures - Monday | | | | | | | |
| Number of Procedures - Tuesday | | | | | | | |
| Number of Procedures - Wednesday | | | | | | | |
| Number of Procedures - Thursday | | | | | | | |
| Number of Procedures - Friday | | | | | | | |

| | | |
|---|---|---|
| Number of Procedures - Saturday | | |
| Number of Procedures - Sunday | | |
| | | |
| What ages of VMMC clients are served at this site? | | |
| Question | Y | N |
| Does this facility circumcise men who are HIV positive? | | |
| Does this facility circumcise men of unknown HIV status? | | |
| For clients testing HIV-positive, are HIV care and treatment services available locally (within 10 kilometers? | | |
| <i>If Yes above, are services available on-site (same On-site medical campus at the VMMC facility) and/or off-site?</i> | | |
| If off-site, how many Kilometers? | | |
| How does the VMMC staff at this site confirm linkage to care and treatment services? | | |
| Where is the referral linkage documented? | | |
| Question | Y | N |
| Are summary reports for VMMC service statistics available for on-site review? If Not, explain in notes. | | |
| VMMCs performed start date | | |
| VMMCs performed end date | | |
| Months | | |
| Age < 61 Days | | |
| Age 61 Days to 9 Years | | |
| Age 10-14 years | | |
| Age 15+ years | | |

| | | |
|--|--|--|
| Total | | |
| What is the average number of VMMC procedures that are performed at this site in a week? | | |
| Follow-up rate day 2 | | |
| Follow-up rate day 7 | | |
| Follow-up rate day 14 | | |
| HIV rate negative | | |
| HIV rate positive | | |
| HIV rate not tested | | |
| Additional Comments | | |
| | | |

Voluntary Medical Male Circumcision (VMMC)

Tool A – SOPs, Guidelines, Policies and Job Aids

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's Name:

This Tool (A) covers verification of the SOPs, guidelines, policies, job aids, and recording forms and registers related to VMMC services.

Reviewer Guidance:

Performance of each indicator will be assessed by documenting whether the guidelines, policies, etc. are available. The content does not influence whether the element is assessed as present (Y) or not present (N). If, however, the reviewer finds a document to be outdated or incomplete s/he must make a note of this. Some of the required documents may be found in national or international manuals kept on site.

Tool A should be completed by a thorough review of documents, supplemented by relevant discussions with key clinic personnel if additional issues need clarification. The reviewer will indicate either “Yes” (Y) if it is available and has been seen, or “No” (N) if it is not available. **Whenever “N” is checked, the reviewer should add an explanatory note. If uncertain, use the notes section to describe what is available.** If there is a date or version number on a document, please note this so we can confirm if it is the most recent.

Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be included in this quality assessment.

These items need to be directly observed by the reviewer.

| Question | Y | N | Notes |
|---|---|---|-------|
| A1. Patient Rights – Is this document posted for patients to see? <i>If NO, skip to A3.</i> | | | |
| A2. Is the Patient Rights document in the local language? | | | |
| A3. Informed Consent Process – Is there written guidance available at the site on properly obtaining informed consent from clients (e.g., written procedures, job aids, counseling guidelines)? (SIMS 5.4, Q3) | | | |
| A4. HIV/AIDS Risk Reduction Counseling – Are these guidelines available on site? | | | |
| A5. HIV Testing – Are these guidelines available on site? (Job aid or poster alone is not sufficient). | | | |
| A6. STI Diagnosis and Treatment – Are national guidelines available on site? | | | |

| | | | |
|--|--|--|--|
| A7. Waste Management - Are guidelines or SOPs on waste disposal on site? This includes disposal of biohazardous and non-biohazardous waste and disposable instruments. | | | |
| A8. Client Record Forms – Are blank (unused) VMMC client record forms available on site? | | | |
| A9. Infection Prevention and Control – Are these protocols available on site? | | | |
| A10. Blood-borne Pathogen Exposure, including PEP guidelines – Is a protocol or guidelines available on site? | | | |
| A11. VMMC Surgical Manual – Is this available on site? (WHO or national). | | | |
| A12. Adverse Event (AE) Prevention and Management – Is a written procedure or algorithm available for classifying, documenting and managing adverse events (including emergency complications and life-support measures) in the areas where VMMC surgery and clinical care are provided at the facility? (SIMS 5.3, Q3) | | | |
| A13. Adverse Event (AE) Prevention and Management – Are there meeting minutes from a facility-level AE review committee with notes reflecting that all moderate/severe AEs are reviewed at least monthly and corrective actions have been taken (as necessary)? (SIMS 5.3, Q4) | | | |
| A14. Immediate Post-Operative Care – Are these guidelines available on site? (These may be within the surgical manual). | | | |
| A15. Post-Operative (return visit) Follow-up Protocol – Are these guidelines available on site? (These may be within the surgical manual). | | | |
| A16. Post-Operative Written Instructions – Are these available for clients on site? | | | |
| A17. Surgical Register – Is this available on site? | | | |
| A18. Adverse Event Register – Is this available on site? <i>If NO, skip to A21.</i> | | | |
| A19. Does the AE register indicate which clients were referred for AEs? | | | |
| A20. Are the outcomes of AEs documented in the AE register? (Reviewer should verify the documentation of the resolution of an AE). | | | |
| A21. Guidelines or Protocols for Medical Emergencies (anaphylaxis, etc.) – Are these available on site? | | | |
| A22. Minutes from Quality Improvement Team Meetings - Are these available on site? | | | |

| | | | | |
|--|------------|-------|-------|--|
| A23. Referral record: Is a register(s) or other system(s) being used to track referrals made to key services and whether the beneficiary received those services? Please document which services are covered: STI treatment, HIV care, PLHIV support groups, OVC programs, TBHIV, condom and lubricant provision, and any others. | | | | |
| A24. Are the outcomes of referrals documented in the referral record? (Reviewer should verify the documentation of the linkage to an STI program). | | | | |
| A25. Has clear signage/posters/ job aids etc been placed inside or outside the facility to show clients where to go next? | | | | |
| | Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| Adherence to COVID-19 prevention guidance | | | | |
| A26. Has clear signage/posters/ job aids etc been placed inside or outside the facility to show clients how to prevent transmission of COVID-19? | | | | |
| A27. Has clear signage/posters/ job aids etc been placed inside or outside the facility to signs and symptoms of COVID-19? | | | | |
| A28. Has clear signage/posters/ job aids etc been placed inside or outside the facility to properly maintain hand hygiene? | | | | |
| A29. Are there SOPs /guidelines for screening and referral of clients for COVID19? | | | | |
| A30. Are there SOPs /guidelines for screening and referral of staff members for COVID19? | | | | |
| A31. Is there a clear site-specific SOP available for what to do if someone screens positive, ensuring proper triage for testing, diagnosis, and treatment for COVID-19 per National guidelines? | | | | |
| A32. Are there SOPs/ guidelines on communicating PPE shortages to all stakeholders? | | | | |
| A33. Does the facility have COVID-19 register for clients/staff/parents/guardians entering the facility building for tracking if there is a contact or suspected COVID-19 Case? | | | | |
| A34. Has clear signage/posters/ job aids etc been placed inside for staff to see appropriate level of PPE to wear depending on the task? | | | | |
| A35. Has clear signage/posters/ job aids etc been placed inside for staff to see proper donning and doffing of PPE? | | | | |
| A36. Are there SOPs/guidelines for staff to raise safety concerns about COVID 19 to responsible stakeholders? | | | | |
| | Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| Staffing | | | | |

| | | | |
|--|------------|-------|-------|
| A37. Staff job descriptions, are they available on site? | | | |
| A38. Provider VMMC Training - Have all providers have received initial and any partner or country-required refresher trainings on performing VMMC? | | | |
| A39. Staffing - In your observation today, was the client flow free of bottlenecks caused by insufficient staffing in one area? If YES, skip to A41 | | | |
| A40. Please identify where bottlenecks took place | | | |
| A41. Staffing - Is staffing sufficient to let intake, education, HTC and individual counseling, medical screening and examination, and surgery all go on | | | |
| A42. Staffing - For the past 6 months, has staffing been sufficient to let services continue as scheduled, and meet any surge in demand, without interruptions due to staff availability? | | | |
| A43. Staffing - Has the site, partner, or national program determined a safe maximal number of VMMCs per hour per provider? (please ask what that number is) | | | |
| A44. Staffing - Does the site have a plan to respond to changes in client volume? (e.g. can they bring in more staff to meet demand) | | | |
| A45. Does the site have a shortage of any particular type of staff? (e.g. counselors, providers, mobilizers; please ask the site manager and document the shortage staff type(s) and comment in the notes below) | | | |
| A46. Staffing - Does the site have a surplus of any particular type of staff? (e.g. counselors, providers, mobilizers; please ask the site manager and document the surplus staff type(s) in notes to the right) | | | |
| | Total | 0 | 0 |
| | Percentage | 0,00% | 0,00% |

Tool E

This Tool (E) verifies the adequacy of staff to provide VMMC services as part of a comprehensive HIV prevention program based on the volume of clients.

Reviewer Guidance:

The reviewer will interview key site administrators and supervisory staff, and review documents as necessary to document the:

1. Type of site (see definitions below)
2. Type of service delivery
3. Number of beds and the average number of VMMCs performed per day
4. Number of staff providing VMMC service delivery at this site (based on the specific staffing roles and functions that are defined at the bottom of the form).

Site Options:

1. Fixed Site - A site that is a permanent structure, often located near or within an existing health care facility that offers VMMC on a continuous/regular basis.
2. Mobile Site - A site that offers VMMC at a temporary structure.
3. Outreach Site - A site that offers periodic VMMC services in various locations that may have been modified for VMMC purposes.

Service Delivery Types:

Campaign - A program that offers services in high volume for short periods of time. Services are often offered on consecutive days for a specified time period, to capture as many clients as possible. Campaigns are often designed to target certain populations (e.g. during school holidays to provide VMMC to adolescents, or during certain times of the year to align with cultural beliefs or traditions).

Routine Service Delivery - Availability of dedicated VMMC services throughout the year.

Please indicate if there are full-time staff working in the roles listed below, and the number of each cadre (some staff may be filling multiple roles but only count each staff member one time).

| Question | Notes | | |
|--|-------|---|-------|
| E1 Please provide the total number of site managers | | | |
| E1.1 Number of site managers employed by the Department of Health | | | |
| E1.2 Number of site managers employed by Partner | | | |
| Question | Y | N | Notes |
| E2. VMMC providers | | | |
| E2.1. If yes, please provide the total number of VMMC providers | | | |
| E2.2. Number of VMMC providers employed by the Department of Health | | | |
| E2.3. Number of VMMC providers employed by Partner | | | |
| E2.4. Number of MMC providers employed full time | | | |
| E2.5. Number of locum MMC providers | | | |
| Question | Y | N | Notes |
| E3. VMMC assistants | | | |
| E3.1. If yes, please provide the total number of VMMC assistants | | | |
| E3.2. Number of VMMC assistants employed by the Department of Health | | | |
| E3.3. Number of VMMC assistants employed by Partner | | | |

| | | | |
|--|----------|----------|--------------|
| E3.4. Number of VMMC assistants employed full-time | | | |
| E3.5. Number of locum VMMC assistants | | | |
| Question | Y | N | Notes |
| E4. Pre- and Post-operative care clinicians | | | |
| E4.1. If yes, please provide the total number of pre- and post-operative care clinicians | | | |
| E4.2. Number of pre- and post-operative care clinicians employed by the Department of Health | | | |
| E4.3. Number of pre- and post-operative care clinicians employed by partner | | | |
| E4.4. Number of pre- and post operative clinicians employed fulltime | | | |
| E4.5. Number of locum pre-and post operative clinicians | | | |
| Question | Y | N | Notes |
| E5. Hygienists/Cleaners/Infection Prevention Officers | | | |
| E5.1. If yes, please provide the total number of Hygienists/Cleaners/Infection Prevention Officers | | | |
| E5.2. Number of Hygienists/Cleaners/Infection Prevention Officers employed by the Department of Health | | | |
| E5.3. Number of Hygienists/Cleaners/Infection Prevention Officers employed by Partner | | | |
| E5.4. Number of Hygienists/Cleaners/Infection Prevention Officers employed fulltime | | | |
| E5.5. Number of locum Hygienists/Cleaners/Infection Prevention Officers | | | |
| Question | Y | N | Notes |
| E6. Counselors | | | |
| E6.1. If yes, please provide the total number of Counselors | | | |

| | | | |
|---|----------|----------|--------------|
| E6.2. Number of Counselors employed by the Department of Health | | | |
| E6.3. Number of Counselors employed by Partner | | | |
| E6.4. Number of counselors employed fulltime | | | |
| E6.5. Number of locum counselors | | | |
| Question | Y | N | Notes |
| E7. Community Health Workers | | | |
| E7.1. If yes, please provide the total number of Community Health Workers | | | |
| E7.2. Number of Community Health Workers employed by the Department of Health | | | |
| E7.3. Number of Community Health Workers employed by Partner | | | |
| E7.4. Number of Community Health Workers employed fulltime | | | |
| E7.5. Number of locum Community Health Workers | | | |
| Question | Y | N | Notes |
| E8. Runners | | | |
| E8.1. If yes, please provide the total number of Runners | | | |
| E8.2. Number of Runners employed by the Department of Health | | | |
| E8.3. Number of Runners employed by Partner | | | |
| E8.4. Number of Runners employed fulltime | | | |
| E8.5. Number of locum Runners | | | |
| Question | Y | N | Notes |

| | | | | |
|--|-------------|----------|----------|--------------|
| E9. Data Clerks | | | | |
| E9.1. If yes, please provide total number of Data Clerks | | | | |
| E9.2. Number of Data Clerks employed the Department of Health | | | | |
| E9.3. Number of Data Clerks employed by Partner | | | | |
| E9.4. Number of Data Clerks employed fulltime | | | | |
| E9.5. Number of locum Data Clerks | | | | |
| Question | | Y | N | Notes |
| E10. Receptionists | | | | |
| E10.1. If yes, please provide the total number of Receptionists | | | | |
| E10.2. Number of Receptionists employed the Department of Health | | | | |
| E10.3. Number of Receptionists employed by Partner | | | | |
| E10.4. Number of Receptionists employed fulltime | | | | |
| E10.5. Number of locum Receptionists | | | | |
| | Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| | Grand Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |

Voluntary Medical Male Circumcision (VMMC)

Tool B – Facilities, Supplies & Equipment

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's Name:

This Tool (B) covers the adequacy of the facility infrastructure, supplies and equipment.

Reviewer Guidance:

Adequacy of facilities will be determined through direct observation. Adequacy of supplies and equipment will be determined by observation and inventory/log review. Select “Yes” (Y) if ALL of the components of the area being assessed are present and adequate; and “No” (N) if any components are not adequate/available. **Please provide comments to explain any No responses.**

Existence of any stock-outs (medicines or supplies) should be noted in the appropriate questions. If there are stock-outs, ask providers to explain why this happened (ex., site forgot to place their order in a timely manner, or central pharmacy did not deliver as usual).

Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be included in this quality assessment.

| Patient and Client Flow | Yes | No | Notes |
|--|-----|----|-------|
| B1. Are space and client flow arranged to allow all the following steps to take place simultaneously without disrupting each other or affecting privacy: waiting, registration, education, history and physical exam, HIV testing and counseling, surgical procedure, and recovery. <i>If YES, skip to B3.</i> | | | |
| B2. Identify which services cannot occur simultaneously without disruption due to limitations from space or client flow. | | | |
| B3. Has a single point of entry been created for clients to enter the facility in response to COVID-19 requirements? | | | |
| B4. Is screening for COVID-19 conducted at a single entry point for clients? | | | |
| B5. Is screening for COVID-19 being carried out immediately outside the point of entry for clients? | | | |
| B6. Has a single point of entry (can be same as clients) been created for staff to enter the facility? | | | |
| B7. Is there a screening conducted at a single entry point for staff? | | | |
| B8. Does the COVID-19 screening area allow for physical distancing of > 1 metre in between staff-client, client-client, and staff-staff? (If Yes, skip to B10) | | | |

| | | | |
|---|--|--|--|
| B9. Where space in the screening area cannot be configured to allow adequate distancing, are barriers such as glass or plastic sheeting used? | | | |
| B10. Has ventilation for the screening area been optimized by using outdoor space? | | | |
| B11. General Facility – Is the facility clean (free of litter; clean floors, walls, doors, furniture)? | | | |
| B12. Have tissues been made available for respiratory etiquette? | | | |
| B13. Have trash bins been made readily available? | | | |
| B14. Does the general lay-out of the facility allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? (id Yes, skip to B16) | | | |
| B15. Where space in the general facility cannot be configured to allow adequate distancing, are barriers such as glass or plastic sheeting used? | | | |
| B16. Waiting Area – Is there enough room (indoor or outdoor) for all clients to wait comfortably without <i>obstructing</i> hallways? | | | |
| B17. Does the waiting area allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? | | | |
| B18. Where space in the waiting area cannot be configured to allow adequate distancing, are barriers such as glass or plastic sheeting used? | | | |
| B19. Has ventilation for the waiting area been optimized by using outdoor space? | | | |
| B20. If indoors waiting area, has ventilation been optimized by opening windows when appropriate? | | | |
| B21. Examination Room(s) – Is the temperature comfortable? | | | |
| B22. Examination Room(s) – Is the lighting sufficient to let staff perform the activities conducted correctly? | | | |
| B23. Examination Room(s) – Is the space sufficient for provider to perform a thorough exam? | | | |
| B24. Examination Room(s) – Is there privacy (others will not see or hear; no | | | |
| B25. Does the examination room allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? (If Yes, skip to B27) | | | |
| B26. If indoor examination area, has ventilation been optimized by opening windows when appropriate? | | | |
| B27. HTC Room(s) – Is there visual privacy (other clients will not see testing; no client traffic through room; screens or partitions are acceptable)? | | | |
| B28. Does the HTC room(s) allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? | | | |

| | | | |
|---|------------|-------|-------|
| B29. Where space in the HTC room(s) cannot be configured to allow adequate distancing, are barriers such as glass or plastic sheeting used? | | | |
| B30. If indoor HTC room(s), has ventilation been optimized by opening windows when appropriate? | | | |
| B31. Operating Theater(s) – How many does the site have that are used for VMMC? (note number) | | | |
| B32. Operating Theater(s) – How many beds are in each theater? (note number) | | | |
| B33. Operating Theater(s) – Do all theaters have all the beds that can be reasonably accommodated in the space? | | | |
| B34. Operating Theater – Is the temperature comfortable? | | | |
| B35. Operating Theater – Is the lighting sufficient to let staff perform the activities conducted correctly? | | | |
| B36. Operating Theater – Is the space sufficient to let all beds be used simultaneously without providers interfering with each other? | | | |
| B37. Does the operating theatre allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? | | | |
| B38. Operating Theater Surgical Scrub – Is there running water (this includes clean water that runs from a tank or basin)? | | | |
| B39. Operating Theater Surgical Scrub – Is there hand soap or gel available? | | | |
| B40. Operating Theater Surgical Scrub – Are there clean and disposable hand drying materials available? | | | |
| B41. Recovery Room – Is the space sufficient for all clients being circumcised to comfortably spend at least 30 minutes? | | | |
| B42. Does the recovery room allow physical distancing of > 1 meter in between staff-client, client-client, and staff-staff? | | | |
| B43. Recovery room ventilation can be optimized by opening windows when appropriate? | | | |
| B44. Recovery Room – Is the lighting adequate to allow staff to monitor clients? | | | |
| B45. Recovery Room – Is the temperature comfortable? | | | |
| | Sub-Total | 0 | 0 |
| | Percentage | 0,00% | 0,00% |

| Medicines | | Yes | No | Notes |
|---|--|-------|-------|-------|
| B46. Medicines – Are these stored in a temperature-controlled (shaded, ventilated) or monitored (thermometer, temperature log) environment? | | | | |
| B47. STI Medicines – Are these available on site? | | | | |
| B48. STI Medicines – Has the site been free of stock outs for the past 3 months? | | | | |
| B49. Broad-Spectrum Antibiotics - Are these available on site? | | | | |
| B50. Broad-Spectrum Antibiotics – Has the site been free of stock outs for the past 3 months? | | | | |
| B51. Oral Analgesics – Are these available on site? | | | | |
| B52. Oral Analgesics – Has the site been free of stock outs for the past 3 months? | | | | |
| B53. Local Anesthetics – Has the site been free of stock outs for the past 3 months? | | | | |
| B54. Medicines Storage – Are medicines stored in a clean and dry area? | | | | |
| B55. Medicines Storage – Are medicines stored in a secure area? | | | | |
| B56. Medicines Storage – Are medicines clearly labeled? | | | | |
| B57. Medicines Storage – Are medicines clearly organized? | | | | |
| B58. Older Medicines – Are these dispensed first? | | | | |
| B59. Older Medicines – Are all the medicines unexpired? | | | | |
| Sub-Total | | 0 | 0 | |
| Percentage | | 0,00% | 0,00% | |
| Supplies and Equipment | | Yes | No | Notes |
| B60. Disposable Supplies – Over the past three months, has the disposable supply inventory been sufficient to maintain uninterrupted services? <i>If YES, skip to B62.</i> | | | | N/A |
| Disposable Supplies – Write which products have experienced stock outs. | | | | |
| B61. Disposable Supplies – Which of the following is the PRIMARY reason for the stock out? | | | | |
| B62. Re-usable Supplies – Over the past three months, has the reusable supply inventory been sufficient to maintain uninterrupted services? <i>If YES, skip to B64.</i> | | | | N/A |

| | | | |
|--|------------|-------|-------|
| B63. Re-usable Supplies – Which of the following is the PRIMARY reason for the interruption? | | | |
| B64. Face masks-Does the site have enough stock for face masks/coverings for clients without a mask, meeting WHO standards (3 layers of fabric, covering the nose, mouth, and extends below the chin) for 3 months? | | | |
| B65. Face masks-Does the site have enough stock for face masks/coverings for staff to have one face mask/day for the next 3 months? | | | |
| B66. Chlorhexidine gluconate -Does the site have enough stock for Chlorhexidine gluconate for the next 3 months? | | | |
| B67. Iodine solution-Does the site have enough iodine solution for the next 3 months? | | | |
| B68. Paper towels-Does the site have enough stock of paper towels for the next 3 months? | | | |
| B69. Soap-Does the site have enough stock of handwashing soap for the next 3 months? | | | |
| B70. Hand Sanitizer-Does the site have enough stock of alcohol-based hand sanitizer for the next 3 months? | | | |
| B71. Face shield-Does the site have enough goggles/face shield dedicated to each provider? | | | |
| B72. Thermometre-Does the site have a non-touch thermometre? | | | |
| B73. HIV Test Kits – Are these stored in a temperature-controlled (shaded, ventilated) or monitored (thermometer, temperature log) environment? (Reviewer will need to verify the manufacturer’s specifications about temperature). | | | |
| B74. HIV Test Kits – Over the past three months, have rapid HIV test kits consistently been in stock? | | | |
| B75. Blood Pressure Cuff – Is a working ADULT blood pressure cuff available on site? | | | |
| B76. Blood Pressure Cuff – Is a working PEDIATRIC blood pressure cuff available on site? | | | |
| B77. Scale – Is a working scale available on site? | | | |
| | Sub-Total | 0 | 0 |
| | Percentage | 0,00% | 0,00% |

| | | | | |
|--|--|-------------|-----------|--------------|
| B92. If problems have been noted with kits (any 'No' answers to questions B54-B59), please write down a sample lot number. | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| Biohazardous Waste Disposal | | Yes | No | Notes |
| B93. Biohazardous Waste Disposal - Was the number of waste containers in the procedure room sufficient? | | | | |
| B94. Biohazardous Waste Disposal - Is there a functional incinerator on site? If NO, skip to B97. | | | | |
| B95. Biohazardous Waste Disposal - Is the incinerator secure? | | | | |
| B96. Biohazardous Waste Disposal - Is waste buried in a pit after incineration? (The pit should be inspected and described). If YES, skip to B108. | | | | |
| B97. Biohazardous Waste Disposal - Is there an off-site incinerator where the waste is taken? | | | | |
| B98. Biohazardous Waste Disposal - Are disposable surgical instruments stored out of the way in a container until final disposal? | | | | |
| B99. Biohazardous Waste Disposal - Is the process staff describe for disposing of waste the same as that detailed in the waste disposal SOPs? (Cross-reference with tool A.) | | | | |
| B100. Please describe the process: | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| | | Grand Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |

| Voluntary Medical Male Circumcision (VMMC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------|---|---|---|--|---|------------------------------|---|-----------------------------|-------|---|----|----|----|-----|----|----|----|----|----|------------------------------|----|-----------------------------|----|----|-----|--|----|--|-------|--|------|--|
| Tool C – Client Record Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External Quality Assurance (EQA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Name: | | | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewer's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This Tool (C) is used to verify the maintenance of clinic records.</p> <p>Reviewer Guidance:</p> <p>If the site uses a sequential method for numbering charts, use chart numbers rather than physical charts to follow the below directions for choosing charts to review. For example, if charts 1-100 are eligible for review, look for every 4th chart number to choose 25 charts. This will give you the opportunity to determine whether some charts are missing. If a chart number is missing, write “MISSING” across its row</p> <p>A systematic sample of client records will be reviewed with 25 being the target number of records reviewed. Some of the SIMS questions at the end of this tool only require reviewing 10 of these charts; this is indicated in the question where applicable.</p> <ul style="list-style-type: none"> • If the site changed its record forms longer than 3 months ago, modify the instructions below to restrict your sampling to records filled since the change. • If this is the first EQA visit to this site: Determine (consult with staff) the number of MCs that have been performed at the site after the beginning of VMMC program, but at least 3 weeks prior to the date of the site visit (to allow time for clients’ post-operative follow up visits after procedure.) • Divide the number of MCs performed by 25 to calculate the sampling interval, N. • Request that staff pull every <u>Nth</u> client record for review. • If this is a repeat EQA visit to this site: Determine (consult with staff) the number of MCs that have been performed at the site after the last EQA visit to this site, but again at least 3 weeks prior to the date of the site visit. Divide the number of VMMCs performed by 25 to calculate the sampling interval, N. • Request that staff pull every <u>Nth</u> client record for review. • If the site has performed fewer than 25 circumcisions in the target period, then review all available records. <p>If the site is also implementing PrePex and/or ShangRing, review an additional 15 records specific to each device offered on site. If the site has performed fewer than 15 device-based VMMCs, then</p> <p>Provide comments for any patterns of missing content (for example: no place on client form for cadre of surgeon) and for any section left blank.</p> <p>Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be included in this quality assessment.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| These items need to be directly observed by the reviewer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C1. Type of site (check one) | | <Please Select> | | C2. Type of | | <Please Select> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C3. Are VMMC client records stored on site | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | C4. If C3 is YES, are client records stored in a secure area | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | C5. If C3 is YES, are client records filed in a manner that facilitates easy searching by name or date of service | | | | | | | | | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | | | | | | | | | |
| C6. Has the site changed record forms during the last 3 months | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | C7. What is the range of dates selected for the client record review | | | | From: | | | | | | To: | | | | | | | | | | | | | | | | | | |
| C9. What is the national age of consent for VMMC? | | | | C8. Explain why this range of dates (in C7) was selected: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Questions (Mark with x) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | Yes % | | No % | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|----|-------|--------|-------|
| C10. Age | In Years (Whole) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | 0,00% | 0,00% |
| | No Documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C11. What is the result of the client’s documented HIV test? Documentation may include HIV test results provided outside the VMMC site. | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Indeterminate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | No documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Testing not done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| C12. ADULTS (≥ the national age for consent to VMMC) ONLY. Is the informed consent form signed by the client? May include thumbprints for those unable to write. | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C13. MINORS (< the national age for consent to VMMC) ONLY. Did the parent or guardian sign the informed consent form? May include thumbprints for those unable to write. | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C14.(a) History present | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C14.(b) Physical examination present | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C14.(c) Blood pressure present | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C14.(d) Weight present | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C14.(e) Temperature present | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C15. Date of surgery documented (DD / MM / YY) | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C16. Is the name of the surgeon documented? | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C17. VMMC surgical method | Forceps guided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Dorsal slit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Sleeve resection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | Device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| | No documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 25 | 0,00% | 20,00% | |
| C18.1.a Anesthetic dosing-Weight (kg) | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C18.2.b Anesthetic dosing-Weight (kg) | Kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| C18.2.a Anesthetic dosing-Lidocaine | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C18.2.b Anesthetic dosing-Lidocaine volume (ml) | ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| C18.3.a Anesthetic dosing-Lidocaine | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C18.3.b Anesthetic dosing-Lidocaine strength (%) | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| C18.4.a Anesthetic dosing-Bupivacaine | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |
| C18.4.b Anesthetic dosing-Bupivacaine volume (ml) | ml | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| C18.5.a Anesthetic dosing-Bupivacaine | Yes (y) / No (n) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0,00% | 0,00% | |

[illegible]

Total Yes: 0

Voluntary Medical Male Circumcision (VMMC)

Tool D – Emergency Management

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's Name:

Tool (D) verifies the adequacy of guidelines, procedures, supplies, equipment, medicines, and training for managing both blood borne pathogen exposure and

Reviewer Guidance:

The reviewer should observe and verify, then check “Y” (Yes) if the specific medical supplies, equipment, medicines and materials are available or “N” (No) if Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be

Please check if the following are available at this site:

| Emergency Practices and Procedures | | Yes | No | Notes |
|---|--|-------|-------|-------|
| All Sites | D1. Are staff able to explain the correct procedures to follow if there was an accidental needle stick, cut, splash, or other exposure to blood? (Reviewer should verify that the answer is correct). | | | |
| | D2. Are staff able to correctly identify who to report to in the case of accidental needle stick, cut, splash, or other exposure to blood? (Reviewer should verify that the answer is correct). | | | |
| | D3. Are staff able to correctly identify where to get an evaluation for post-exposure prophylaxis (PEP) eligibility? (Reviewer should verify with site leadership that the answer is correct). | | | |
| | D4. Are staff able to correctly explain the time frame in which an exposed person needs to start post-exposure prophylaxis (PEP)? (The correct response is within 72 hours after exposure and includes HIV testing). | | | |
| Sub-Total | | 0 | 0 | |
| Percentage | | 0,00% | 0,00% | |
| Guidelines, Reports, Procedures, Medicines and Training for Medical Emergencies | | | | |
| | D5. In the last 12 months, has any training in emergency procedures including anaphylaxis management and resuscitation been conducted? <i>If NO, skip to D7.</i> | | | |

| | | | | | |
|-----------|---|------------|---|---|--|
| All Sites | D6. In the past 12 months have ALL clinical staff been trained in emergency procedures? | | | | |
| | D7. Have staff been trained to deliver adrenaline for anaphylaxis in the past 12 months? <i>If NO, skip to D9.</i> | | | | |
| | D8. Have at least 50% of clinical staff been trained to deliver adrenaline for anaphylaxis in the past 12 months? | | | | |
| | D9. Within the last 6 months, have all emergency materials and supplies been continuously in stock? (i.e., NO stock-outs). | | | | |
| | D10. Does the site have an emergency cart, tray or jump bag? <i>If NO, skip to D12.</i> | | | | |
| | D11. Is the emergency cart, tray, or jump bag located in the procedure room when procedures are being done? (Reviewer should observe and verify). | | | | |
| | D12. Are ALL of the emergency medicines in the emergency cart, tray or jump bag unexpired? (Reviewer should observe and verify). <i>If NO, skip to SIMS Q1.</i> | | | | |
| | D13. Is there any documentation that any expired items in the emergency cart, tray or jump bag were replaced? | | | | |
| | | Sub-Total | 0 | 0 | |
| | | Percentage | 0 | 0 | |

| SIMS 5.2 Adverse Event Prevention and Management | | | |
|--|-----|----|-------|
| (VMMC Emergency Medical Supplies, Equipment and Medicines) | | | |
| Are <i>all</i> required emergency supplies available in the areas where VMMC surgery is provided at the site and not visibly broken? | | | |
| Questions | Yes | No | Notes |
| • D14. Stethoscope | | | |
| • D15. Sphygmomanometer (i.e., blood pressure cuff) | | | |
| • D16. Sodium chloride (i.e., normal saline solution for IV infusion; 0.9% NaCl) | | | |
| • D17. Tourniquet | | | |
| • D18. IV infusion tubing | | | |
| • D19. 3 sizes of IV catheters (G18-green, G20-pink, G22-blue) | | | |
| • D20. Adrenaline (unexpired) | | | |
| • D21. Hydrocortisone (unexpired) | | | |
| • D22. 2 sizes of syringes (2ml and 10ml) | | | |
| • D23. 2 sizes of needles (G21 and G23) | | | |
| • D24. Bags and masks (e.g. Ambu bag)-1 child size | | | |
| • D25. Bags and masks (e.g. Ambu bag)-1 adult size | | | |
| • D26. Exam gloves | | | |
| • D27. Alcohol swabs | | | |
| • D28. Gauze | | | |
| • D29. Adhesive Tape (strapping) | | | |
| • D30. 3 sizes of oropharyngeal airways (green, yellow, and purple/red) | | | |
| D31. Is there a written inventory list of all emergency supplies for VMMC that has been verified as functional in writing by a clinician at the facility at least monthly? | | | |
| Question | Yes | No | Notes |
| D32. Is the stethoscope dedicated to the emergency cart, not shared? | | | |
| D33. Is the sphygmomanometer dedicated to the emergency cart, not shared? | | | |
| D34. Does the sphygmomanometer (i.e., blood pressure cuff) contain pediatric AND adult cuffs? | | | |
| D35. Is the sphygmomanometer electronic? <i>If NO, skip to D18.</i> | | | |

| | | | | |
|--|-------------|-------|-------|--|
| D36. If the sphygmomanometer is electronic, are the batteries working? | | | | |
| Are the following highly recommended items available at this site in the cart, tray, or jump bag? | | | | |
| D37. Glucometer | | | | |
| D38. Glucometer strips | | | | |
| | Sub-Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| | Grand Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| Additional Comments/Notes: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Voluntary Medical Male Circumcision (VMMC)

Tool F – Surgical Equipment and Procedures

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's Name:

This Tool (F) aims to objectively assess resources and activities related to:

Facilities and supplies, screening patients and preparation for surgery

Surgical procedures for adults and adolescents

Postoperative care and management of complications

Prevention of infection

Reviewer Guidance:

The reviewer will record observations by marking “Y” for Yes (wholly adequate), or “N” for No (not wholly adequate) as noted on the form. In cases where the “N” is checked, the reviewer is asked to explain in the Notes section as appropriate.

Any additional general comments may also be recorded in the Comments/Notes section at the end.

For surgical services and clinical management, there are many considerations for each of the indicators. Several key elements are identified for the reviewer as a guide during observations. An indicator may be judged adequate overall, with comments identifying the strongest areas as well as problematic components, even though the overall performance may be within acceptable standards. When judged partially or wholly inadequate (N) overall, the specific component(s) that require change should be identified, as well as affirmation of those elements that are sound.

Please obtain permission from the clinical staff to observe the procedure. Then obtain verbal consent from the client (and from the parent/guardian if the client is a minor) to observe.

For each item below, please check the correct box in the first column to indicate whether the provider asked about or performed the item (NOT whether the answer was “Yes”). In the second column indicate whether the provider documented the result.

| Medical History | | Did provider ask about or perform? | | Did provider document the results correctly? | | Notes |
|--|--|------------------------------------|---|--|---|-------|
| Medical History – Does the client currently have or did he recently have any of the following: | N/A | Y | N | Y | N | |
| nly | F1. Any discharge from the tip of penis? | <Please Select> | | | | |

| | | | | | | | |
|---|--|-----------------|-------|-------|-------|-------|--------------|
| For post-pubescent clients or | F2. Any pain or burning on urination? | <Please Select> | | | | | |
| | F3. Frequent urination? | <Please Select> | | | | | |
| | F4. Any swelling/redness of the foreskin or penis? | <Please Select> | | | | | |
| | F5. Any ulcer or warts anywhere on penis? | <Please Select> | | | | | |
| | F6. Any problems with sexual function? | <Please Select> | | | | | |
| F7. Medical History – Does the client have allergies to any medication? | | | | | | | |
| F8. Medical History – Has the client had any previous surgeries? <i>If NO, skip to F10.</i> | | | | | | | |
| F9. Medical History – Has he had any complications including prolonged bleeding? | | | | | | | |
| F10. Medical History – Has the client ever had prolonged bleeding after cuts, dental extractions, or nose bleeds? | | | | | | | |
| F11. Medical History – Does the client have diabetes? | | | | | | | |
| F12. Medical History – Does the client have any history of anemia? | | | | | | | |
| F13. COVID-19 History - Does the client have a history of being diagnosed with COVID-19? | | | | | | | |
| F14. Medical History – Does the client currently have any other serious chronic illness? (It is NOT necessary to ask about HIV status). | | | | | | | |
| F15. Medical History - Does the client have a history of keloid scarring? (history of keloids is a contraindication to circumcision at the VMMC site) | | | | | | | |
| | | Sub-Total | 0 | 0 | 0 | 0 | |
| | | Percentage | 0,00% | 0,00% | 0,00% | 0,00% | |
| Physical Exam | | | | | | | Notes |
| F16. Physical Exam – Was the weight obtained? <i>If NO, skip to F16.</i> | | | | | | | |
| F17. Physical Exam – If YES, what was the weight (kg)? | | | | | | | |
| F18. Physical Exam – Was the temperature obtained? | | | | | | | |
| F19. Physical Exam – Was the blood pressure obtained? | | | | | | | |

| | | | | | | |
|--|------------|-------|-------|-------|-------|--|
| F20. Physical Exam - Did the examiner ask the client to point out any scars from previous surgery or injury? (The examiner should look at any scars to ensure there are no keloids which would be a contraindication to circumcision) | | | | | | |
| F21. Physical Exam – Was the penis examined, lifting and moving as needed to visualize all sides? (Done to rule out current STIs and anatomic abnormalities) | | | | | | |
| F22. Physical Exam – Was an attempt made to retract the foreskin and visualize the urethra? (For phimosis, adhesions, hypospadias/epispadias) | | | | | | |
| F23. Physical Exam – Was the scrotum examined, lifting and moving as needed to visualize all sides? (Done to rule out disorders such as hydrocele) | | | | | | |
| F24. Physical Exam - Was eligibility for VMMC assessed by VMMC provider? (the operating provider should always personally examine to confirm eligibility prior to beginning the procedure) | | | | | | |
| F25. Physical Exam – Was eligibility for VMMC assessed by VMMC provider? | | | | | | |
| | Sub-Total | 0 | 0 | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | 0,00% | 0,00% | |
| Sources: PEPFAR Operational Guide for Voluntary Medical Male Circumcision Services: <i>A service guide for site operations</i> ; Uganda Standard MC Record; WHO Manual for Male Circumcision under Local Anesthesia. | | | | | | |

| Surgical Preparation and Procedures | | | |
|---|---|---|-------|
| All questions should be answered YES if the item is fully complete, and NO if any part is not. | | | |
| Surgical Preparation and Procedures | Y | N | Notes |
| <i>Note: Local anesthetic may be injected before or after skin preparation. If adhesions or phimosis prevent the provider from easily retracting the foreskin, local anesthetic should be administered and given time to take effect prior to retracting the foreskin or separating adhesions and commencing skin preparation.</i> | | | |
| F26. Surgical Preparation and Procedures – Was the client’s name and age verified? | | | |
| F27. Surgical Preparation and Procedures – Was consent verified? | | | |
| F28. Surgical Preparation and Procedures – Did the provider correctly perform all surgical scrub elements? | | | |
| F29. Surgical Preparation and Procedures – Did the provider remove all jewelry? (If no jewelry worn, write N/A in the notes section). | | | |
| F30. Surgical Preparation and Procedures – Did the provider first wash his/her hands and arms up to the elbow with non-medicated soap? | | | |
| F31. Surgical Preparation and Procedures – Did the provider scrub with medicated soap or alcohol including all sides of each finger? | | | |
| F32. Surgical Preparation and Procedures – Did the provider keep his/her hands above the elbows until gloved? | | | |
| F33. Surgical Preparation and Procedures - Did the provider avoid touching anything (except drying towel) until gloved? | | | |
| F34. Surgical Preparation and Procedures – Did the provider don gloves without letting skin touch the outer surface? | | | |
| F35. Surgical Preparation and Procedures – Did the provider replace gloves if punctured? (If NO puncture, write N/A in the notes section). | | | |
| F36. Surgical Preparation and Procedures – Was the client asked whether they were allergic to iodine antiseptic prior to applying povidone-iodine (7.5% - 10%), and if allergic, was or chlorhexidine gluconate (2% - 4%) used instead? | | | |
| F37. Surgical Preparation and Procedures – Did provider check for physiological adhesions and if adhesions are detected, does provider administer anesthesia before continuing cleaning? <i>In case of adhesions, SKIP to question F46, follow anesthesia questions, then return to F37. Adhesions can usually be separated easily by applying gentle pressure on them using a moist gauze swab or a blunt probe.</i> | | | |

| | | Y | N | Notes |
|--|------------|-------|-------|-------|
| F38. Surgical Preparation and Procedures – Was antiseptic applied to client moving outward from the glans and inner foreskin, to the outer foreskin, shaft and scrotum, and peripheral genital area, including lower thighs and suprapubic area, without letting cleaned skin touch uncleaned skin? | | | | |
| F39. Surgical Preparation and Procedures – Did the provider apply antiseptic three times? | | | | |
| F40. Surgical Preparation and Procedures – Did the provider wait ≥2 minutes before cutting for disinfectant action? | | | | |
| F41. Surgical Preparation and Procedures – Did the provider drape the client correctly? (Draping extends up to mid-chest, down to mid-thighs, and laterally over sides of the bed). | | | | |
| F42. Surgical Preparation and Procedures – Did the provider re-wash hands and replace gloves after skin preparation? | | | | |
| F43. Surgical Preparation and Procedures – Did the provider wear face mask and protective eyewear throughout the procedure? | | | | |
| F44. Surgical Preparation and Procedures – If the provider wore protective eyewear, did the lenses remain clean and clear throughout the procedure? (poor visualization of the operative field can lead to poor operative technique and increased risk for adverse events.) | | | | |
| F45. Surgical Preparation and Procedures – Did the operative field have adequate lighting during the entire procedure? (poor lighting can increase the risk of adverse events) | | | | |
| | Sub-Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| Retraction and Marking | | | | |
| F46. Retraction and Marking – Did the surgeon retract the foreskin fully (using artery forceps to dilate and separate adhesions if needed)? | | | | |
| F47(a). Retraction and Marking – Did the surgeon mark the outer foreskin circumcision line at the corona with a pen or forceps? | | | | |
| F47(b). Retraction and Marking – Did the surgeon mark the inner foreskin circumcision line proximal to the coronal sulcus with a pen or forceps? | | | | |
| F47(c). Retraction and Marking – Did the surgeon mark extra orientation marks at 3, 6, 9 and 12 o'clock on the outer foreskin with a pen or forceps? | | | | |
| Anesthetic | | | | |
| F48. Anesthetic Were early symptoms of anesthetic overdose explained to client e.g., metallic taste in the mouth, numbness, light-headedness, dizziness, itching, or shortness of breath? | | | | |
| F49. Anesthetic – Did the provider open a NEW vial of anesthetic for the observed client? | | | | |

| | | | |
|---|-----------------|----|--|
| F50. Anesthetic – Was only lidocaine without ephinephrine, with or without bupivacaine used? | | | |
| F51. Anesthetic – Did the client receive only lidocaine or lidocaine with bupivacaine? | <Please Select> | | |
| F52. Anesthetic – For clients receiving lidocaine alone, what was the volume (ml) AND strength of the lidocaine injected (ml)? | | ml | |
| F53. Anesthetic – Does this equate to no more than 3.0 mg/kg based on the weight recorded in F14? (Indicate N/A in the notes if client did not receive lidocaine alone). | | | |
| F54. Anesthetic – For clients receiving lidocaine with bupivacaine, what was the volume (ml) AND strength of the lidocaine injected (ml)? (Write N/A in notes if client did not receive lidocaine with bupivacaine). | | ml | |
| F55. Anesthetic – For clients receiving lidocaine with bupivacaine, what was the volume (ml) AND strength of the bupivacaine injected (ml)? (Write N/A in notes if client did not receive lidocaine with bupivacaine). | | ml | |

| Questions | | Yes | No | Notes |
|--|--|------------|-------|-------|
| F56. Anesthetic – Does this equate to no more than 2.0 mg/kg and 0.5 mg/kg of lidocaine and bupivacaine, respectively? (Write N/A in notes if client did not receive lidocaine with bupivacaine). | | | | |
| F57. Anesthetic – Was a 23-gauge needle inserted at the 11 and 1 o'clock positions? | | | | |
| F58. Anesthetic – Was advancement around side of penis and injection each time performed? (without unnecessary additional sticks) | | | | |
| F59. Anesthetic – Was aspiration performed before injection at each new site? | | | | |
| F60. Anesthetic – If client expressed pain during the VMMC procedure, did the provider wait for drug to take effect if applicable, then give additional anesthetic if needed (up to max safe dose)? (If no pain, N/A in notes). | | | | |
| F61. Anesthetic – Did the provider use a NEW needle AND syringe (no 'double-dipping') to withdraw the additional anesthetic? If additional anesthetic was not required, ask the provider what technique would be used in this situation, and answer this question based on description. | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| Surgical Technique | | | | |
| F62. Surgical Technique – Did the surgeon follow method-appropriate procedures? | | | | |
| F63. Surgical Technique – What was the surgical start time: (first cut)? | | | | |
| F63(b). Was the start time for the procedure noted? | | | | |
| F64. Where diathermy settings noted before starting using it? | | | | |
| F65. Surgical Technique - Did the surgeon follow method appropriate procedures? | | | | |
| F66. Surgical Technique - Prior to using diathermy or placing hemostatic sutures, did the provider compress the operative site with a dry gauze for 2-3 minutes? (doing this will often control small areas of bleeding without the need for sutures or diathermy) | | | | |
| F67. Surgical Technique - Was hemostasis maintained with vessel clipping and tie-off as needed, or diathermy for small vessels? | | | | |
| F68. Surgical Technique - Did the provider avoid all diathermy use in the frenulum? (using diathermy in the frenulum may put client at risk for a fistula) | | | | |
| F69. Was diathermy NOT used for big blood vessels with visible lumen? | | | | |

| | | | | |
|--|--|-----------------|----------|--------------|
| F70. Diathermy was NOT used for skin edges? | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| Suture Technique | | | | |
| F71. Suture Technique – Was suturing material 3-0 or 4-0 chromic gut or vicryl rapide? | | <Please Select> | | |
| F72. Suture Technique – Did suture technique include first aligning the midline skin raphe with the frenulum? | | | | |
| F73. Suture Technique - Did suture technique include the correct mattress sutures at 3, 6, 9 and 12 o'clock? (horizontal mattress at the frenulum (just under the meatus) and vertical mattress for the other three points) | | | | |
| F74. Suture Technique – Did suture technique include ≥2 simple interrupted sutures in each quadrant? | | | | |
| F75. Suture Technique – Were all sutures placed using needle holders (not fingers)? | | | | |
| F76. Suture Technique – What was the wound closure time (final suture): | | | | |
| F77. Suture Technique – Was surgical time documented correctly? | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| Dressing Material and Application | | Y | N | Notes |
| F78. Dressing Material and Application – Did the provider first ensure bleeding was stopped (with manual pressure if needed)? | | | | |
| F79. Dressing Material and Application – Were the dressing materials used petroleum-jelly-impregnated gauze and dry sterile gauze? | | | | |
| F80. Dressing Material and Application – Did the provider first wrap petroleum gauze around the wound? | | | | |
| F81. Dressing Material and Application – Was the dressing applied by then covering petroleum gauze with dry sterile gauze, and taping up against abdomen but allowing circulation? | | | | |
| | | Sub-Total | 0 | 0 |
| | | Percentage | 0,00% | 0,00% |
| All questions should be answered YES if the item is fully complete, and NO if any part is not. | | | | |
| Surgical Preparation and Procedures | | | | |
| Disinfection | | Y | N | Notes |
| F82. Disinfection – Did the staff dispose of personal protective equipment correctly? | | | | |

| | | | | |
|--|-------------|-------|-------|--|
| F83. Disinfection – Were all needles and syringes disposed of safely? (in sharps container, no two-handed recapping, no reuse, no disassembling before disposal, without overstuffing) | | | | |
| F84. Disinfection – Was disinfection or sterilization of equipment adequate? | | | | |
| F85. Disinfection – Were used instruments placed in high-level chemical disinfection? | | | | |
| F86. Disinfection – Was lidocaine vial disposed of? <i>If YES, skip question F75.</i> | | | | |
| F87. Disinfection – Ask provider how opened lidocaine vials are handled after first use. Does the procedure ensure that no vial which might have had ‘double dipping’ is later used for another client? | | | | |
| | Sub-Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| | Grand Total | 0 | 0 | |
| | Percentage | 0,00% | 0,00% | |
| Additional Comments/Notes: | | | | |

Voluntary Medical Male Circumcision (VMMC)

Tool G – Communication to Clients

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's
Name:

Tool G covers in-service communications in these areas:

- HIV and MC education and counseling *materials*
- Group and individual client HIV and MC education and counseling *sessions*
- Individual HIV test counseling and test-application procedures

Reviewer Guidance

Competencies will be determined through review of written materials and direct observation of sessions. Where observation is not possible, assessment may be made through interviews with appropriate staff. Obtain verbal permission from both the managing program official and session participants, i.e., clients for access to group and individual sessions. Select “Yes” for components deemed adequate/available; select “No” for components deemed inadequate/unavailable. **Please elaborate in notes section, as applicable.**

As you move from session to session, collect any written materials available to clients and/or guardians and take note of any posters, flipcharts, etc., as these materials are part of your review.

It is critical that clients be present in order to complete some parts of this tool; if no clients are present, complete the other parts and note the lack of clients as a quality failure.

Pre-Op Group Education and Individual Counseling Sessions

Through direct observation (optimal) or interviews with counselors, determine whether the following information is presented. Note that some points may be covered in group or individual counseling, and repeated in both settings.

Age range of clients (*group session*)

| Questions | | Type | Yes | No | Comments / Notes |
|-----------|---|-------|-----|----|------------------|
| G1 | Reviewer observed actual (not simulated) session | Group | | | |
| G2 | Education and counseling space allows for privacy, ease of client access, and isolation from noise or other disruptions | Group | | | |
| G3 | Leader or counselor is able to conduct session without outside interruption | Group | | | |
| G4 | Group sessions assembled in appropriate age range/Session content is tailored to age of client | Group | | | |
| G5 | Leader or counselor can be easily seen and heard by all participants | Group | | | |
| G6 | Leader or counselor presents information in clear, simple terms | Group | | | |
| G7 | Leader or counselor manages group and individual client dynamics effectively | Group | | | |
| G8 | Counselor/leader ensures that physical distance is maintained. | Group | | | |
| G9 | Counselor/leader ensures that clients are using appropriate face masks worn appropriately. | Group | | | |
| G10 | Leader or counselor encourages questions and client participation | Group | | | |
| G11 | Leader or counselor checks for understanding throughout session | Group | | | |
| G12 | Leader or counselor treats clients with respect and without judgment | Group | | | |
| G13 | Clients assured of confidentiality | Group | | | |
| G14 | All participants can easily observe job-aids, demonstrations, or other props | Group | | | |

| | | | | | |
|--|---|-------|--|--|-------------|
| G15 | Condom use is properly demonstrated | Group | | | Props used: |
| G16 | Use of face mask for COVID-19 transmission prevention is demonstrated. | Group | | | |
| G17 | Hand sanitization for COVID-19 transmission prevention is demonstrated. | Group | | | |
| Leader / Counselor provided accurate and adequate information in these areas: | | | | | |
| G18 | Overarching HIV and AIDS risk reduction information | Group | | | |
| G19 | Common modes of HIV transmission and relative HIV-risk from specific activities or behaviors | Group | | | |
| G20 | Guidance for reducing individual HIV risk | Group | | | |
| G21 | MC only provides partial protection against acquiring HIV infection | Group | | | |
| G22 | Condom use and other HIV risk reduction measures are still necessary after MC to protect self and partner | Group | | | |
| G23 | MC does not protect the client's partner(s) from HIV | Group | | | |
| G24 | Emphasis on need for six week abstinence period during VMMC healing | Group | | | |
| G25 | Recommendations to improve compliance with abstinence | Group | | | |
| G26 | Confidential HIV testing and STI screening are part of MC evaluation | Group | | | |
| G27 | HIV testing is optional and is not a requirement to receive MC services | Group | | | |
| G28 | HIV+ clients can be circumcised, but MC does not reduce the risk of HIV transmission to partner(s) | Group | | | |
| G29 | Leader/counselor provided accurate information about COVID-19. (If "No" record errors of fact). | Group | | | |

| | | | | | |
|-----|--|-------------|-------|-------|--|
| G30 | Leader and counselor provided accurate information throughout. <i>(If "No" record errors of fact).</i> | Group | | | |
| | | Sub-Total: | 0 | 0 | |
| | | Percentage: | 0,00% | 0,00% | |

HIV Testing – Counseling and Test Administration

Through direct observation determine whether the following information is presented and whether specific steps in test administration are followed.

Client age

| Questions | | Yes | No | Comments / Notes |
|-----------|--|-----|----|------------------|
| G31 | Reviewer observed actual (not-simulated) HIV test counseling and test administration session | | | |
| G32 | Counselor/test provider obtained consent before testing. | | | |
| G33 | Education and counseling space allows for privacy, ease of client access, and isolation from noise or other disruptions (individual session) | | | |
| G34 | Leader or counselor is able to conduct session without outside interruption (Individual session) | | | |
| G35 | Session content is tailored to age of client (Individual session) | | | |
| G36 | Leader or counselor can be easily seen and heard by all participants (Individual session) | | | |
| G37 | Leader or counselor presents information in clear, simple terms (Individual session) | | | |
| G38 | Leader or counselor manages group and individual client dynamics effectively (Individual session) | | | |
| G39 | Counselor/leader ensures physical distancing with client (Individual session). | | | |
| G40 | Counselor/Leader ensures that clients are using appropriate face masks worn appropriately (Individual session). | | | |
| G41 | Leader or counselor encourages questions and client participation (Individual session) | | | |

| | | | | |
|--|--|-------------|-------|--------------------|
| G42 | Leader or counselor checks for understanding throughout session (Individual session) | | | |
| G43 | Leader or counselor treats clients with respect and without judgment (Individual session) | | | |
| G44 | Clients assured of confidentiality (Individual session) | | | |
| G45 | Participant can easily observe job-aids, demonstrations, or other props (Individual session) | | | |
| G46 | Condom use is properly demonstrated (Individual session) | | | Props Used: |
| G47 | Use of face masks for COVID-19 transmission prevention is demonstrated (Individual session). | | | |
| G48 | Hand sanitization for COVID-19 prevention prevention is demonstrated. | | | |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |
| Leader / Counselor provided accurate and adequate information in these areas: | | | | |
| G49 | Overarching HIV and AIDS risk reduction information (Individual session) | | | |
| G50 | Common modes of HIV transmission and relative HIV-risk from specific activities or behaviors (Individual session) | | | |
| G51 | Guidance for reducing individual HIV risk (Individual session) | | | |
| G52 | MC only provides partial protection against acquiring HIV infection (Individual session) | | | |
| G53 | Condom use and other HIV risk reduction measures are still necessary after MC to protect self and partner (Individual session) | | | |
| G54 | MC does not protect the client's partner(s) from HIV (Individual session) | | | |

| | | | | |
|---|---|------------|-----------|-------------------------|
| G55 | Emphasis on need for six week abstinence period during VMMC healing (Individual session) | | | |
| G56 | Recommendations to improve compliance with abstinence (Individual session) | | | |
| G58 | Confidential HIV testing and STI screening are part of MC evaluation (Individual session) | | | |
| G59 | HIV testing is optional and is not a requirement to receive MC services (Individual session) | | | |
| G60 | HIV+ clients can be circumcised, but MC does not reduce the risk of HIV transmission to partner(s) (Individual session) | | | |
| G61 | Counselor/Leader provided accurate information about COVID-19. | | | |
| G62 | Counselor/Leader provided accurate information throughout. | | | |
| G63 | Reviewer observed actual (not-simulated) HIV test counseling and test administration session | | | |
| G64 | Counselor / test provider obtained client consent for testing | | | |
| For clients <i>who declined testing</i> , the counselor / test provider: | | | | |
| G65 | Respected the client's decision | | | |
| G66 | Explored reason(s) for client's refusal | | | |
| G67 | Reinforced benefits of knowing one's HIV status | | | |
| G68 | Invited client to get tested at a later date | | | |
| Questions | | Yes | No | Comments / Notes |
| For <i>all</i> clients the counselor / test provider: | | | | |

| | | | | |
|-----|---|-------------|-------|----------------|
| G70 | assured confidentiality | | | Not Applicable |
| G71 | reinforced client knowledge of HIV transmission risks and preventive measures | | | |
| G72 | corrected misconceptions about HIV/AIDS | | | |
| G73 | explained HIV test benefits and limitations | | | |
| G74 | encouraged partner (e.g. wife) testing | | | |
| G75 | explained HIV testing process | | | |
| G76 | presented information clearly | | | |
| G77 | provided accurate information (<i>note any errors of fact</i>) | | | |
| G78 | checked for understanding throughout session | | | |
| G79 | responded to client's non-verbal cues | | | |
| G80 | engaged client with respect and without judgment | | | |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |

| In conducting the HIV test, the provider: | | | | |
|---|---|-------------|-------|------------------------|
| G81 | conducted test in clean, uncluttered, private space | | | |
| G82 | could refer to prominently posted, accurate HIV testing algorithm | | | |
| G83 | wore gloves | | | |
| G84 | used a current, secure test kit (<i>sealed with desiccant, kept in proper temperature controlled space</i>) | | | |
| G85 | immediately, properly disposed of lancet and cotton | | | |
| G86 | used working timepiece to time the test interval | | | |
| G87 | read the test result only after recommended time interval | | | |
| G88 | gave client test results without undue delay | | | Client tested positive |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |
| Questions | | Yes | No | Comments / Notes |
| For observed clients testing negative, the HIV test provider: | | | | |
| G89 | withheld results (<i>if yes, please explain in comments section</i>) | | | |
| G90 | explained implications of negative result (<i>including "window period"</i>) | | | |
| G91 | reminded client that VMMC is only partially protective against HIV | | | |
| G92 | emphasized how VMMC must be combined with condom use and other HIV prevention practices to minimize risk of HIV infection | | | |
| | | Sub-Total: | 0 | 0 |

| | | | | | |
|--|--|-------------|-------|-------|--|
| | | Percentage: | 0,00% | 0,00% | |
| For observed clients testing positive, the HIV test provider: | | | | | |
| G93 | withheld results (<i>if yes, please explain in comments section</i>) | | | | |
| G94 | conducted confirmatory test using different kit brand | | | | |
| G95 | delivered positive results directly and clearly | | | | |
| G96 | offered client appropriate emotional support | | | | |
| G97 | addressed client's HIV understanding and misperceptions | | | | |
| G98 | encouraged disclosure to partner(s) and offered assistance | | | | |
| G99 | encourage partner and family HIV testing | | | | |
| G100 | Affirmed that client could still undergo VMMC but it would not reduce risk of HIV transmission to partners | | | | |
| G101 | explained that VMMC recovery may take longer when HIV positive | | | | |
| G102 | emphasized importance of consistent, proper condom use | | | | |
| G103 | provided printed materials for persons testing HIV positive | | | | |
| G104 | initiated referral (linkage) to HIV care and treatment | | | | |
| | | Sub-Total: | 0 | 0 | |
| | | Percentage: | 0,00% | 0,00% | |

| Post-Operative, Pre-discharge Client Observation and Counseling Session | | | | |
|---|--|-----|----|------------------|
| Client age | | | | |
| Questions | | Yes | No | Comments / Notes |
| G105 | Reviewer observed post-operative, pre-discharge observation and counseling session | | | |
| The counselor / care provider: | | | | |
| G106 | recorded client temperature on arrival | | | |
| G107 | recorded client blood pressure on arrival | | | |
| G108 | recorded client pulse and respiration rate on arrival | | | |
| G109 | recorded client temperature 15 minutes after arrival | | | |
| G110 | recorded client blood pressure 15 minutes after arrival | | | |
| G111 | recorded client pulse and respiration rate 15 minutes after arrival | | | |
| G112 | reaffirmed need for six week abstinence period during VMMC healing | | | |
| G113 | recommended ways to improve compliance with abstinence | | | |
| G114 | gave oral and written instructions for contacting VMMC staff | | | |
| G115 | Provided clear, accurate instructions on wound care | | | |
| G116 | provided instructions for pain management | | | |
| G117 | described warning signs of adverse events and recommendations for managing | | | |

| | | | | |
|------|---|-------------|-------|-------|
| G118 | warned against applying any home or folk remedies, such as animal dung or ash to the MC wound. <i>Message should stress that such applications increase the risk of life-threatening infection, including tetanus.</i> | | | |
| G119 | explained the importance of returning in-person within 48-hours for a follow-up visit | | | |
| G120 | communicated in clear, simple terms | | | |
| G121 | gave accurate information (note errors of fact) | | | |
| G122 | checked for client understanding throughout session | | | |
| G123 | engaged client with respect and without judgment | | | |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |

| Follow-up Clinic Visit (2 nd , 7 th day, or later) | | | | |
|--|---|-------------|-------|------------------|
| Client age | | | | |
| Questions | | Yes | No | Comments / Notes |
| G124 | Reviewer observed follow-up clinic visit on which post-operative day/week (<i>indicate which in Notes</i>) | | | |
| G125 | Care provider completed a physical exam | | | |
| The counselor / care provider gave client information on: | | | | |
| G126 | the status of client's healing | | | |
| G127 | the need for six week abstinence period during VMMC healing | | | |
| G128 | recommended ways to improve compliance with abstinence | | | |
| G129 | effective wound care and pain management | | | |
| G130 | importance of not applying any home or folk remedies, such as animal dung or ash to the MC wound, stressing that such applications increase the risk of life-threatening infection, including tetanus | | | |
| G131 | warning signs of adverse events and recommendations for managing them | | | |
| G132 | procedures for contacting VMMC staff | | | |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |
| The counselor / care provider: | | | | |
| G133 | gave accurate information (note errors of fact) | | | |
| G134 | communicated in clear, simple terms | | | |

| | | | | |
|---|--|-------------|-----------|-------------------------|
| G135 | checked for client understanding throughout session | | | |
| G136 | engaged client with respect and without judgment | | | |
| G137 | affirmed client's VMMC decision and encouraged him to bring in friends, peers, male relatives | | | |
| | | Sub-Total: | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |
| HIV and MC Education and Counseling Materials | | | | |
| Examine all in-service communication materials, including flip-charts, pamphlets, brochures, client guidance and instructional hand-outs. Seek translation/interpretation assistance for assessing materials produced in local language(s). These materials can be reviewed during any stage of the evaluation visit. | | | | |
| Questions | | Yes | No | Comments / Notes |
| G138 | On-site signage is sufficient to direct clients to VMMC service locations | | | |
| G139 | On-site materials adequately support in-service communication | | | |
| G140 | Materials are legible and in good-condition (i.e., not faded, worn, or distorted) | | | |
| G141 | Materials tailored to specific audiences are available (e.g., adolescent and adult males, wives/partners, parents, guardians, other home caregivers); <i>describe in notes section.</i> | | | |
| G142 | COVID-19 IEC material. | | | |
| G143 | Clinic staff can explain or show how they use these materials in client education and counseling | | | |

| Materials provide accurate and adequate information in these areas: | | | | | |
|---|---|--|-------------|-------|-------|
| G144 | Overarching HIV and AIDS risk reduction information | | | | |
| G145 | Common modes of HIV transmission and relative HIV-risk from specific activities or behaviors | | | | |
| G146 | Guidance for reducing individual HIV risk | | | | |
| G147 | Emphasis on need for abstinence during VMMC healing | | | | |
| G148 | Clear and accurate wound care instructions, including instructions for devices, i.e., PrePex and/or ShangRing, if applicable | | | | |
| G149 | Warning against applying any home or folk remedies, such as animal dung or ash to the VMMC wound. Message should stress that such applications increase the risk of life-threatening infection, including tetanus. | | | | |
| G150 | Signs of adverse events and what to do in the case of a suspected adverse event | | | | |
| G151 | Specific contact information for reaching VMMC staff | | | | |
| G152 | Emergency contact number <u>operational</u> (dial the number, if possible, to confirm that it is in service) | | | | |
| | | | Sub-Total: | 0 | 0 |
| | | | Percentage: | 0,00% | 0,00% |
| | | | Grand Total | 0 | 0 |
| | | | Percentage: | 0,00% | 0,00% |
| Additional comments | | | | | |



Voluntary Medical Male Circumcision (VMMC)

Tool H – CQI activities

External Quality Assurance (EQA)

Site Name:

Date:

Reviewer's
Name:

| Questions | | Yes | No | Comments / Notes |
|-----------|---|-----|----|------------------|
| H1 | Does the implementing partner (funder) have a team that conducts regular CQI visits? If NO, skip to H3. | | | |
| H2 | Was there a CQI visit done in the last 3 months by the IP(funder)? | | | |
| H3 | Does the facility have a complete CQI team (Made of at least a clinician, counselor and data clerk) confirmed with minutes of meetings? | | | |
| H4 | Mobilization Process - Has the team assessed their mobilization process? (If No skip to H8) | | | |
| H5 | Mobilisation process - Were there any challenges noted with mobilisation? | | | |
| H6 | Mobilisation process - Were there Quality Improvement Plans (QIPs) put in place to address mobilisation challenges? | | | |
| H7 | Mobilisation process - Was a follow-up assessment done to ensure closure of the identified gaps? | | | |
| H8 | Screening for COVID-19 - Has the team assessed their COVID-19 screening processes for both patients and staff? (If No skip to H12) | | | |

| | | | | |
|-----|--|--|--|--|
| H9 | Screening for COVID-19 - Were there any challenges noted with screening for COVID-19 for both clients and staff? | | | |
| H10 | Screening for COVID-19 - Were there Quality Improvement Plans (QIPs) put in place to address COVID-19 screening challenges? | | | |
| H11 | Screening for COVID-19 - Was a follow-up assessment done to ensure closure of the identified gaps with COVID-19 screening? | | | |
| H12 | Client records - Has the team assessed their patients records entry/storage/filing ? (If No skip to H16) | | | |
| H13 | Client records - Were there any challenges noted with client records entry/storage/filing? | | | |
| H14 | Client records - Where there Quality Improvement Plans (QIPs) put in place to address client records entry/storage/filing challenges? | | | |
| H15 | Client records - Was a follow-up assessment done to ensure closure of the identified gaps with client records entry/storage/filing? | | | |
| H16 | Group education - Has the team assessed their Group education sessions ? (If No skip to H20) | | | |
| H17 | Group education - Were there any challenges noted with Group education sessions? | | | |
| H18 | Group education - Were there Quality Improvement Plans (QIPs) put in place to address Group education challenges? | | | |
| H19 | Group education - Was a follow-up assessment done to ensure closure of the identified gaps with Group education? | | | |
| H20 | HTS - Has the team assessed their HTS ? (If No skip to H24) | | | |
| H21 | HTS - Were there any challenges noted with HTS? | | | |

| | | | | |
|-----|--|--|--|--|
| H22 | HTS - Were there Quality Improvement Plans (QIPs) put in place to address HTS challenges? | | | |
| H23 | HTS - Was a follow-up assessment done to ensure closure of the identified gaps HTS? | | | |
| H24 | Client screening for VMMC - Has the team assessed their Client screening for VMMC ? (If No skip to H28) | | | |
| H25 | Client screening for VMMC - Were there any challenges noted with Client screening for VMMC? | | | |
| H26 | Client screening for VMMC - Were there Quality Improvement Plans (QIPs) put in place to address Client screening for VMMC challenges? | | | |
| H27 | Client screening for VMMC - Was a follow-up assessment done to ensure closure of the Client screening for VMMC identified gaps ? | | | |
| H28 | Client pre-operative procedures - Has the team assessed their Client screening for Client pre-operative procedures? (If No skip to H32) | | | |
| H29 | Client pre-operative procedures - Were there any challenges noted with Client pre-operative procedures? | | | |
| H30 | Client pre-operative procedures - Were there Quality Improvement Plans (QIPs) put in place to address Client pre-operative procedures challenges? | | | |
| H31 | Client pre-operative procedures - Was a follow-up assessment done to ensure closure of the Client pre-operative procedures identified gaps ? | | | |
| H32 | Client VMMC procedure - Has the team assessed their Client VMMC procedure ? (If No skip to H36) | | | |
| H33 | Client VMMC procedure - Where there any challenges noted with Client VMMC procedure? | | | |
| H34 | Client VMMC procedure - Where there Quality Improvement Plans (QIPs) put in place to address Client VMMC procedure challenges? | | | |

| | | | | |
|-----|--|--|--|--|
| H35 | Client VMMC procedure - Was a follow-up assessment done to ensure closure of the Client VMMC procedure identified gaps ? | | | |
| H36 | Immediate post-operative procedures - Has the team assessed their Client screening for Immediate post-operative procedure ? (If No skip to H40) | | | |
| H37 | Immediate post-operative procedure - Were there any challenges noted with Immediate post-operative procedure? | | | |
| H38 | Immediate post-operative procedure - Were there Quality Improvement Plans (QIPs) put in place to address Immediate post-operative procedure challenges? | | | |
| H39 | Immediate post-operative procedure - Was a follow-up assessment done to ensure closure of the Immediate post-operative procedure identified gaps ? | | | |
| H40 | Follow-up - Has the team assessed their Client screening for Follow-up ? (If No skip to H44) | | | |
| H41 | Follow-up - Were there any challenges noted with Follow-up? | | | |
| H42 | Follow-up - Where there Quality Improvement Plans (QIPs) put in place to address Follow-up challenges? | | | |
| H43 | Follow-up - Was a follow-up assessment done to ensure closure of the Follow-up identified gaps ? | | | |
| H44 | Adverse Events - Has the team assessed their detection, recording, reporting and management of adverse events? (If no, end of tool H) | | | |
| H45 | Adverse Events - Were there any challenges noted with detection, recording, reporting and management of adverse events? | | | |
| H46 | Adverse Events - Were there Quality Improvement Plans (QIPs) put in place to address detection, recording, reporting and management of adverse events challenges? | | | |

| | | | | |
|---------------------|--|-------------|-------|-------|
| H47 | Adverse Events - Was a follow-up assessment done to ensure closure of the detection, recording, reporting and management of adverse events identified gaps ? | | | |
| | | Total | 0 | 0 |
| | | Percentage: | 0,00% | 0,00% |
| Additional comments | | | | |

Summary



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

| Source | Yes | No |
|--|------------|------------|
| Tool A – SOPs, Guidelines, Policies and Job Aids | 0 0,00% | 0 0,00% |
| Tool B – Facilities, Supplies & Equipment | 0 0,00% | 0 0,00% |
| Tool C – Client Record Review | 0 0,00% | 0 0,00% |
| Tool D – Emergency Management | 0 0,00% | 0 0,00% |
| Tool F – Surgical Equipment and Procedures | 0 0,00% | 0 0,00% |
| Tool G – Communication to Clients | 0 0,00% | 0 0,00% |
| Tool H – CQI activities | 0 0,00% | 0 0,00% |
| Total | 0 | 0 |

| Tool A – SOPs, Guidelines, Policies and Job Aids | Yes | No |
|---|-----|----|
| These items need to be directly observed by the reviewer. | 0 | 0 |
| Adherence to COVID-19 prevention guidance | 0 | 0 |
| Staffing | 0 | 0 |
| Staffing #2 | 0 | 0 |

| | | |
|-------|---|---|
| Total | 0 | 0 |
|-------|---|---|

| Tool B – Facilities, Supplies & Equipment | Yes | No |
|--|------------|-----------|
| Patient and Client Flow | 0 | 0 |
| Medicines | 0 | 0 |
| Supplies and Equipment | 0 | 0 |
| Equipment Storage (Visually inspect the storage area). | 0 | 0 |
| Surgical Kits | 0 | 0 |
| Total | 0 | 0 |

| Tool D – Emergency Management | Yes | No |
|---|------------|-----------|
| Emergency Practices and Procedures | 0 | 0 |
| Guidelines, Reports, Procedures, Medicines and Training for Medical Emergencies | 0 | 0 |
| SIMS 5.2 Adverse Event Prevention and Management | 0 | 0 |
| Total | 0 | 0 |

| | Did provider ask about or perform? | | Did provider document the results correctly? | |
|---|------------------------------------|-----------|--|----|
| | Yes | No | Yes | No |
| Tool F – Surgical Equipment and Procedures | | | | |
| Medical History | 0 | 0 | 0 | 0 |
| Physical Exam | 0 | 0 | 0 | 0 |
| | Yes | No | | |
| Surgical Preparation and Procedures | 0 | 0 | | |
| Anesthetic | 0 | 0 | | |
| Surgical Technique | 0 | 0 | | |
| Suture Technique | 0 | 0 | | |
| Dressing Material and Application | 0 | 0 | | |
| Disinfection | 0 | 0 | | |
| Total | 0 | 0 | | |

| Tool G – Communication to Clients | Yes | No |
|---|-----|----|
| Pre-Op Group Education and Individual Counseling Sessions | 0 | 0 |
| HIV Testing – Counseling and Test Administration | 0 | 0 |
| Post-Operative, Pre-discharge Client Observation and Counseling Session | 0 | 0 |
| Follow-up Clinic Visit (2nd , 7th day, or later) | 0 | 0 |
| HIV and MC Education and Counseling Materials | 0 | 0 |
| Total | 0 | 0 |

| Tool H – CQI activities | Yes | No |
|--------------------------------|-----|----|
| Mobilization Process | 0 | 0 |
| Screening for COVID-19 | 0 | 0 |
| Client records | 0 | 0 |
| Group education | 0 | 0 |
| HTS | 0 | 0 |
| Client screening for VMMC | 0 | 0 |

| | | |
|-------------------------------------|---|---|
| Client pre-operative procedures | 0 | 0 |
| Client VMMC procedure | 0 | 0 |
| Immediate post-operative procedures | 0 | 0 |
| Follow-up | 0 | 0 |
| Adverse Events | 0 | 0 |
| Total | 0 | 0 |