Findings of External Quality Assessment
for Voluntary Medical Male Circumcision

COUNTRY:

Date of EQA

MONTH-REPORT-PUBLISHED 20XX [Include appropriate year]

This report was prepared by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Voluntary Medical Male Circumcision External Quality Assurance Assessment Team for the United States Agency for International Development (USAID) with support from the [note any partner support, if applicable].
Acknowledgements

The External Quality Assessment (EQA) team appreciates the opportunity to conduct this external assessment and is grateful for the time and cooperation afforded them. The following entities are specifically acknowledged for their support of this assessment:

- The Ministry of Health of Country
- The United States Agency for International Development (USAID) in Country and Washington, DC
- List any global or local partners who participated in the EQA

The EQA team would also like to acknowledge the following staff of implementing partner [name] for their contributions to the logistical preparation for the EQA: [can name here any specific individuals and their organizations who facilitated the EQA implementation and explain how they supported it].

This EQA was conducted under the leadership of [name team leader and organization]. The EQA team that visited [name of country] would also like to acknowledge the following staff of [implementing partner] for their contributions to the logistical preparation for the EQA and support of data collection: [name individuals].

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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AE</td>
<td>Adverse event</td>
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<tr>
<td>CQI</td>
<td>Continuous quality improvement</td>
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<tr>
<td>EQA</td>
<td>External quality assessment</td>
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<tr>
<td>HTC</td>
<td>HIV testing and counseling</td>
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<tr>
<td>IP</td>
<td>Implementing partner</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MCC</td>
<td>Medical male circumcision</td>
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<tr>
<td>MC</td>
<td>Male circumcision</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>OR</td>
<td>Operating room</td>
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<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
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<tr>
<td>PPE</td>
<td>Personal protective equipment</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>PT</td>
<td>Proficiency testing</td>
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<td>QA</td>
<td>Quality assurance</td>
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<td>QC</td>
<td>Quality control</td>
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<tr>
<td>RTK</td>
<td>Rapid test kit</td>
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<td>SIMS</td>
<td>Site Improvement through Monitoring System</td>
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<td>SOP</td>
<td>Standard operating procedure</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VMMC</td>
<td>Voluntary medical male circumcision</td>
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<td>WHO</td>
<td>World Health Organization</td>
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</table>
Executive Summary

Country adopted voluntary medical male circumcision (VMMC) as part of its HIV prevention strategy in 200X with support from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) and its partners. [Mention other partners if available eg GF, World Bank]

The VMMC external quality assessment (EQA) was carried out on ................. (Date), by MOH, USAID, A, B and C (names of additional organizations represented on the EQA team). The team assessed XX sites in XYZ regions of the country. (Number of sites assessed and their location in the country)

The goals of the EQA were to: 1) ensure that the PEPFAR-supported sites were providing VMMC services according to recommended national and World Health Organization (WHO) guidelines and PEPFAR policy directives contained in the 201X (year under consideration) Technical Considerations; and 2) provide information to the MOH and the sites regarding the quality of the VMMC services being delivered.

The main findings of the EQA assessment are summarized below into best Practices, Strengths, weakness, specific issues (requiring immediate attention) and overarching recommendations.

1. Best Practices
   •
   •

2. Strengths
   •
   •

3. Weaknesses
   •
   •

4. Issues Requiring Immediate Attention
   These are usually violations of PEPFAR policy or WHO guidance that require immediate remediation and include:
   •
   •

5. Overarching Recommendations
   •
   •
Introduction

Since the start of voluntary medical male circumcision (VMMC) program for HIV prevention funded through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), focus has been on achieving high numbers of circumcisions in each country, as well as ensuring that these services are of the highest quality possible. One of the ways of ensuring this has been the performance of PEPFAR-led external quality assessments (EQAs). PEPFAR routinely conducts EQAs of the programs it supports and successfully and extensively field tested its male circumcision EQA tools and procedures in Kenya in 2009. The EQA process provides objective assessments to guide program improvements and serves as an opportunity to compare findings to prior EQAs, highlight and share program experiences, and recognize program-wide and site-specific practices. These EQAs complement program self-assessments and reinforce the critical role of continuous quality improvement.

Between [dates of this EQA], a team comprised of personnel from the United States Agency for International Development (USAID Washington and Country), name any other partner organizations who participated in this EQA, conducted on-site EQAs of the VMMC program at [number] sites in Country: [list the sites and briefly characterize what type of facilities (fixed vs mobile) and how often they offer VMMC services]. All sites had been providing VMMC services for more than xx months (specify duration, but preferably 12) under the current PEPFAR mechanism.

Methodology

The goals of the EQA assessment were: 1) to ensure that the PEPFAR VMMC programs for HIV prevention are conducted according to the recommended National and WHO guidelines, and PEPFAR policy directives, and 2) to provide feedback regarding the quality of VMMC service delivery elements contained in the EQA assessment tools.

PEPFAR’s EQA assessments for medical male circumcision (MMC) are conducted using a set of tools derived from the toolkit published by the World Health Organization (WHO) and UNAIDS for the normative VMMC standards they developed. However, PEPFAR places additional emphasis on program efficiency and productivity, ability to meet impact targets, communication and promotional activities and any issues specific to a country’s implementation strategy. Thus, the process strongly complements the WHO’s quality assurance (QA) toolkit and service delivery sites’ self-assessments.

The methods used during this EQA assessment included document and chart reviews, observations of facilities, equipment and clients (counselling, pre/post-operative care, surgeries) and discussions with key personnel. Each criterion was assessed while on-site and determined to be adequately addressed / documented (“Yes”), or inadequately addressed to no documentation (“No”) based on the referenced guidelines.

The EQA assessment tools applied include: A-Availability of standard operating procedures (SOPs), guidelines, policies and job aids; B-Facilities, supplies and equipment; C-Clinic record review; D-Emergency management; E-Adequacy of staffing; F-Surgical equipment and procedures; G-Communication with clients; and H-PrePex. [If applicable] The EQA team also conducted a Site Improvement Monitoring System (SIMS) visit at the same time as the EQA. (Include other tools if used/applied, e.g. the site characteristics tool or the Site capacity site utilization analysis tool)

Definition of Terms

The EQA yields four types of findings: 1) Best practices, 2) Strengths, 3) Weaknesses, and 4) Issues requiring immediate attention. For the purposes of this EQA, the operational definitions of these terms are as follows:

Best practice: Superior performance that represents a benchmark; performance exceeding relevant PEPFAR and WHO quality standards or expectations. Best practice should be applied to any area where the site’s performance goes well beyond expected levels and demonstrates exceptional quality.
**Strength:** Areas of performance that meet all standards and demonstrate full compliance with PEPFAR and WHO quality standards.

**Weakness:** Areas of performance below expectation and considered poor, where performance does not meet the minimal acceptable standards. For EQA tools, this is defined as performance below 70%. Where no number can be placed, such as clinical observations or infection control practices, the assessor may describe the extent of the weakness in qualitative terms.

**Issue requiring immediate attention:** These areas, once not met or observed as performed at the site, represent violations of PEPFAR policy and require specific and immediate action. The following constitute such policy violations (relevant EQA tool noted, as applicable):

1) Male circumcision procedure conducted using adequate local anesthesia and analgesia – Tools C & F (C18, F37, F39, F43-46)
2) Emergency supplies, equipment and site staff with up to date training, at least once every two years – Tool D (all)
3) Provision and documentation of the minimum package of services – Tool C (C11, C14, C20, F1-22)
4) HIV testing should be recommended and provided, but never required for VMMC – Site characteristics tool, Tool G (G53,54,60-77,82-89)
5) Written informed consent for adult clients or parental/guardian consent and assent for minor clients obtained and retained before VMMC – Tool C (C13)
6) Counseling should be tailored to the individual client (based on life phase and specific needs). Group education should be segmented by age cohorts, as possible. (VMMC Counseling guide–forthcoming) – Tool G (G1-52)
7) Immediate reporting of any death or notifiable adverse event per “PEPFAR Death and other Notifiable Adverse events protocol”
8) PEPFAR funds should not be used to support/provide VMMC for clients aged >2 months – 9 years. Those MCs will not be counted as achievements in results under the indicator VMMC_CIRC – Site characteristics tool
9) Boys aged 10 through 14 years of age and those with immature genitalia should not be circumcised using the forceps-guided surgical method – Tool C (C17)
10) Clients must receive written instructions on recommended post-procedure wound care that explicitly address the risk of wound infection and specifically tetanus risk mitigation including the danger of using traditional remedies for wound care – Tool G (102, 107, 134-136)
11) Only surgical methods described in the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia or medical devices pre-qualified by WHO may be used – Tools C & F (C17-18: F23-55)

**Composition of the Assessment Team**

The assessment team for the Country EQA in Month 2017 included:

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<tr>
<th>Name</th>
<th>Title</th>
<th>Organization Affiliation</th>
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Previous EQA Findings in [Country]

[Summarize here the major findings of the previous EQA in the country if available.]

Site Capacity/Site Utilization Analysis

[Insert here findings from the Site Capacity and Site Utilization Analysis conducted as part of this EQA.]

Findings from the [Month Year] EQA

The dashboard was calculated for each area by adding the sum of the positive responses (mainly “Yes”) divided by the sum of both positive and negative responses ("Yes" and “No”). The overall dashboard for the XX sites combined, by service delivery element, is shown in Figure 1. Figure 2 shows the site-specific aggregate scores for each service delivery element, using the green-yellow-red scheme to signify good performance (green, score >85%), fair performance (yellow, score of 70-85%, and poor performance (red, score <70%).

Figure 1: Distribution of answers by specific EQA tool area (aggregate of xx sites)

*Note: The number of responses (Yes, No, Not applicable and Not assessed) were aggregated and weighted relative to their contribution in each EQA tool.

Figure 2: EQA dashboard scores (xx sites)

*Performance score: >85% (Good); 70-85% (Fair); <70% (Poor)

Table 1 presents the site-level characteristics of the facilities assessed by the EQA team in Country.

Table 1: Characteristics of sites assessed in the EQA [add more columns as needed]
Figure 3 shows the breakdown of VMMC clients served in the XX USAID-supported sites visited for the EQA. Figure 4 shows the relative share that each of these sites contributes to the total of VMMC clients served across the XX sites, with the XXX site accounting for the largest share of clients (XX%).

Figure 3: VMMC coverage by age group in selected USAID sites in Country, [insert months/year covered by data]

Figure 4: VMMC clients by site in selected USAID sites in Country, [insert months/year covered by data]

Figures 5-7 explore other important characteristics of the clients reached by these XX USAID-supported sites. Figure 5 shows the number of VMMC clients reached by age group by site. Figure 6 shows HIV status of VMMC clients by site. Figure 7 shows the number of clients by circumcision method (technique) by site from a sample of 25 circumcisions per site.

Figure 5: VMMC cases by age group and by site in selected USAID sites in Country, [insert months/year covered by data]

Figure 6: HIV status among VMMC clients by site in selected USAID sites in Country, [insert months/year covered by data]

Figure 7: Distribution of VMMC cases by method used by site in selected USAID sites in Country, [insert months/year covered by data] (n=100 circumcisions)

[For the following tool-specific sections, summarize the main observations by tool, across all the sites assessed.]

Tool A: Standard Operating Procedures (SOPs), Guidelines, Policies and Job Aids

Best practices

- 
- 

Strengths

- 
- 

Weaknesses

- 
- 

Requires immediate attention

- 
- 

Tool B: Facility, Supplies and Equipment

Best practices

- 
- 

Strengths

- 
- 
Weaknesses

•

Requires immediate attention

•

Tool C: Client Record Review

Best practices

•

Strengths

•

Weaknesses

•

Requires immediate attention

•

Tool D: Emergencies Management

Best practices

•

Strengths

•

Weaknesses

•

Requires immediate attention

•

Tool E: Adequacy of Staff

Best practices

•

Strengths

•

Weaknesses

•
Requires immediate attention

Tool F: Surgical Equipment and Procedure
Best practices
  •
  •
Strengths
  •
  •
Weaknesses
  •
  •
Requires immediate attention
  •
  •

Tool G: Pre-Op Group Education, Individual Counseling and Materials
Best practices
  •
  •
Strengths
  •
  •
Weaknesses
  •
  •
Requires immediate attention
  •
  •

Tool H: PrePex
Best practices
  •
  •
Strengths
  •
  •
Weaknesses
  •
  •
Requires immediate attention
  •
  •
Recommendations

- [Restate each of the key recommendations made by the EQA team]

Way Forward

- [Summarize the agreed-upon next steps following the EQA]