



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

Includes
Assessment Tool
& Resources for
Site-Level Quality Improvement



VMMC CQI TOOL BOX



**Tools & Guidance for Improving the Quality of
Voluntary Medical Male Circumcision Services**



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Tools & Guidance for Improving the Quality of Voluntary Medical Male Circumcision Services

April 2017

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ASSIST	Applying Science to Strengthen and Improve Systems Project
IEC	Information, Education and Communication
CQI	Continuous Quality Improvement
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IP	Implementing Partner
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
NDOH	National Department of Health
PDSA	Plan, Do, Study, Act
PEPFAR	United States President's Emergency Plan for AIDS Relief
QA	Quality Assurance
QI	Quality Improvement
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Program on HIV/AIDS
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

INTRODUCTION

Medical male circumcision (MMC) has been identified as an effective intervention for significantly reducing the risk of female-to-male sexual transmission of HIV^a. Since 2007, the World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) have recommended voluntary medical male circumcision (VMMC) as an important strategy for HIV prevention, particularly in settings with high HIV prevalence and low levels of male circumcision^b. In 2009, the WHO published standards for MMC service delivery, as well as tools for assessing MMC service quality^c. Some of the tools presented in this tool box are derived from the WHO standards and tools.

Quality Improvement of Voluntary Medical Male Circumcision Services in South Africa

The South African National Department of Health (NDOH) has been incorporating VMMC into its comprehensive HIV prevention strategy since 2010. Since May 2014, ASSIST has been providing CQI technical assistance to strengthen the capacity of South African NDOH and US President's Emergency Plan for AIDS Relief (PEPFAR)-funded implementing partners (IPs) to deliver high quality VMMC services in more than 130 sites across all nine provinces of South Africa. Supported by nine PEPFAR IPs, significant progress has been achieved and is substantiated by performance improvement on quality standards, such as leadership and planning; management systems; monitoring and evaluation (M&E); registration, group education and information, education and communication (IEC); individual counseling and testing for VMMC clients; infrastructure, supplies, equipment and environment; male circumcision surgical procedure; and infection prevention^d.

a Joint Strategic Action Framework to Accelerate the Scale-Up of Voluntary Medical Male Circumcision for HIV Prevention in Eastern and Southern Africa, 2012-2016. 2011. Available online: www.pepfar.gov/documents/organization/178294.pdf

b WHO Fact Sheet: Voluntary medical male circumcision for HIV prevention. July 2012. Available online: www.who.int/hiv/topics/malecircumcision/fact_sheet/en/

c Male Circumcision Services Quality Assessment Toolkit. 2009. ISBN 9789241597517. Available online: www.who.int/hiv/pub/malecircumcision/qa_toolkit/en/

d USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. 2015. South Africa Country Report FY15. University Research Co., LLC. Available online: pdf.usaid.gov/pdf_docs/PA00M58J.pdf

WHO male circumcision standards:

1. An effective management system is established to oversee the provision of male circumcision services.
2. A minimum package of male circumcision services is provided.
3. The facility has the necessary medicines, supplies, equipment and environment for providing safe male circumcision services of good quality.
4. Providers are qualified and competent.
5. Clients are provided with information and education for HIV prevention and male circumcision.
6. Assessments are performed to determine the condition of clients.
7. Male circumcision surgical care is delivered according to evidence-based guidelines.
8. Infection prevention and control measures are practiced.
9. Continuity of care is provided.
10. A system for monitoring and evaluation is established.

CONTINUOUS QUALITY IMPROVEMENT

Providing VMMC services that consistently comply with the standards defined by WHO and UNAIDS requires robust quality assurance and quality improvement at all levels. The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project works in more than 20 countries globally on building the capacity of service delivery organizations to improve the effectiveness, efficiency, client-centeredness, safety, accessibility and equity of health and family services. The project applies and instills modern improvement methods to advance, strengthen and sustain quality healthcare and other services for vulnerable populations. ASSIST directly supports healthcare sites and implementing partners to integrate continuous quality improvement (CQI) into VMMC programs in six countries in Eastern and Southern Africa, namely Malawi, Mozambique, Namibia, South Africa, Tanzania and Uganda.

In VMMC service delivery, site-level CQI comprises a range of activities, including:

- a. Forming an improvement team with representation from all staff categories.
- b. Familiarizing improvement team with quality improvement concepts, methodology and tools (through training, coaching and mentoring).
- c. Consistently tracking performance indicators.
- d. Assessing different facets of the site's performance against standards.
- e. Sharing assessment findings with site staff.
- f. Prioritizing performance gaps.
- g. Developing action plans to address gaps.
- h. Designing and testing interventions/changes.
- i. Monitoring effectiveness of interventions/changes.
- j. Deciding on interventions/changes to scale-up and/or discard.
- k. Conducting periodical re-assessments to monitor performance and identify good practices.
- l. Documenting and sharing learning.

Continuous quality improvement (CQI) is an ongoing process for assessing performance and working towards improving the quality of services to address a client's needs in an effective, responsive and respectful manner.

CONTINUOUS QUALITY IMPROVEMENT TOOLS

Tools included in this collection relate to CQI activities as follows:

CQI ACTIVITY	TOOL/S
Forming an improvement team	Improvement Team Register
Consistently tracking performance indicators	Monthly Summary Data Form
Assessing different facets of the site's performance against standards	Quality Improvement Assessment
Sharing assessment findings with site staff	Quality Improvement Plan
Prioritizing performance gaps	CQI Prioritization Matrix
Developing action plans to address gaps	Action Plan Matrix
Designing and testing interventions/changes	Plan-Do-Study-Act (PDSA) Worksheet
Monitoring effectiveness of interventions/changes	CQI Documentation Journal
Deciding on interventions/changes to scale-up and/or discard	Plan-Do-Study-Act (PDSA) Worksheet CQI Documentation Journal
Conducting periodical re-assessments	Quality Improvement Assessment
Documenting and sharing learning	CQI Documentation Journal

IMPROVEMENT TEAM REGISTER

The improvement team register documents the names, contact details, positions and roles of improvement team members.

How often is the tool used/updated?

It is advisable to fill out the team register when an improvement team is established and to review and update it during improvement team meetings.

Having the names and contact details of members of the site improvement team on record can be useful in various scenarios, e.g.:

- Scheduling routine and/or emergency team meetings
- Confirming attendance during team meetings
- Familiarizing new team members with the existing group
- Reporting to site management

TEAM LEAD <small>Tick relevant name/s</small>	LAST NAME	FIRST NAME	DEPARTMENT	JOB TITLE	RESPONSIBILITY AT FACILITY	TEL NUMBER <small>Office</small>	TEL NUMBER <small>Mobile</small>	EMAIL ADDRESS	DATE JOINING TEAM	NOTES <small>E.g. date withdrawing from team</small>
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	
<input type="checkbox"/>									DD/MM/YYYY	

MONTHLY SUMMARY DATA FORM

The monthly summary data form is used by site teams to record performance related to VMMC indicators. It records monthly targets, VMMCs conducted and various disaggregations.

How often is the tool used/updated? Monthly

Tracking VMMC performance indicators support:

- Monitoring progress towards meeting targets
- Determining whether services are reaching intended populations
- Calculating circumcision coverage over time
- Assessing follow-up rates and potential link with quality care

MONTH REPORTED	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
Date of Data Capture	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Name of Data Capturer												
Monthly VMMC Target												
INDICATORS												
1. Number of Registered VMMC Clients												
	Facility	Outreach	Facility	Outreach	Facility	Outreach	Facility	Outreach	Facility	Outreach	Facility	Outreach
1.1. Number of clients registered for VMMC												
2. Number of Males Circumcised by Age Group												
2.1. <15 years												
2.2. 15-49 years												
2.3. >49 years												
2.4. Unknown												
2.5. TOTAL												
2.6. GRAND TOTAL (Fixed + Outreach)												
3. VMMC Clients Counseled and Tested for HIV at VMMC Site												
3.1. HIV Negative												
3.2. HIV Positive												
3.3. Known HIV Negative Status												
3.4. Known HIV Positive Status												
3.5. TOTAL (Clients Tested)												
3.6. Clients' Partners Tested at VMMC Site												

MONTH REPORTED	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY	MM/YYYY
Date of Data Capture	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Name of Data Capturer												
Monthly VMMC Target												
INDICATORS (CONTINUED)												
4. Linkage to HIV Care and Treatment												
4.1. Newly tested HIV Positive VMMC Clients Provided or Referred for HIV Care and Treatment (subset of 3.2)												
5. Assessment for Sexually Transmitted Infections												
5.1. Number of VMMC clients assessed for STIs (subset of 1.1)												
6. VMMC Clients Returning for Follow-Up Within Six Weeks of VMMC Procedure												
6.1. First follow-up visit (48 hours)												
6.2. Second follow-up visit (7 days)												
6.3. Further follow-up visit (>7 days)												
7. Clients Circumcised Experiencing One or More Adverse Events (Document only Moderate or Severe AEs)												
7.1. Moderate												
7.2. Severe												
7.3. TOTAL												
8. Action Taken on Adverse Events												
8.1. Managed on Site												
8.1. Referred												

QUALITY IMPROVEMENT ASSESSMENT

The quality improvement assessment tool is used by CQI teams to assess compliance with VMMC quality standards.

How often is the tool used/updated? It is advisable to conduct:

- An assessment at baseline (before CQI is adopted) to identify gaps for improvement
- Re-assessments every quarter to measure progress towards achieving desired improvement aims

The same tool and evaluation criteria are used for baseline assessment and subsequent re-assessments.

VMMC quality standards* covered in the assessment tool:

1. Leadership, planning & sustainability
2. Management systems
3. Monitoring & Evaluation
4. Registration, group education & IEC
5. Individual HIV counseling & testing for VMMC clients
6. Infrastructure, supplies, equipment & environment
7. Male circumcision surgical procedure
8. Infection prevention

* Derived from WHO Male Circumcision Services Quality Assessment Tool

Facility name							
Province				District			
Type of facility	<input type="checkbox"/> OUTREACH	<input type="checkbox"/> CLINIC	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> CORRECTIONAL	<input type="checkbox"/> MOBILE	<input type="checkbox"/> CHC	<input type="checkbox"/> PRIVATE
	<input type="checkbox"/> OTHER (specify):						
Donor supporting facility	<input type="checkbox"/> CDC	<input type="checkbox"/> USAID	<input type="checkbox"/> GLOBAL FUND	<input type="checkbox"/> OTHER (specify):			
Areas of partner support	<input type="checkbox"/> STAFF	<input type="checkbox"/> SURGICAL PROCEDURE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> INFRASTRUCTURE	<input type="checkbox"/> DATA MANAGEMENT	
	<input type="checkbox"/> M&E	<input type="checkbox"/> QUALITY IMPROVEMENT	<input type="checkbox"/> TRAINING	<input type="checkbox"/> MENTORING	<input type="checkbox"/> OTHER (specify):		
Does the facility provide voluntary medical male circumcision (VMMC) services?	<input type="checkbox"/> YES	When did the facility start providing VMMC services?		DD/MM/YYYY	Is the VMMC service integrated into routine health care services?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> NO						<input type="checkbox"/> N/A
How often does the facility provide VMMC?	<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKEND	If weekly, specify days of week the facility offers VMMC services	<input type="checkbox"/> MON	<input type="checkbox"/> TUE
	<input type="checkbox"/> OTHER (specify):					<input type="checkbox"/> WED	<input type="checkbox"/> THU
						<input type="checkbox"/> SAT	<input type="checkbox"/> SUN

Facility Contact Persons/Staff/ Individual present	Name		Position		Tel		Email	
	Name		Position		Tel		Email	
Assessors	Name		Position		Tel		Email	
	Name		Position		Tel		Email	

1. LEADERSHIP, PLANNING & SUSTAINABILITY

1.1 Staff knowledge of catchment population to be served – Verify the following and include relevant comments			
1.1.1 Catchment area map available		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.1.2 Knowledge of the catchment population size AND/OR profile served		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.1.3 Availability and Functionality of facility advisory committee (Clinic committee or Hospital board)	Available	Functional	COMMENTS
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
1.1.4 Is VMMC among the agendas of the meetings of the Clinic committee or hospital board?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.1.5 Availability of a Dedicated person for MMC in the facility		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.1.6 Evidence of VMMC supervisory, support or mentoring visits by the district/sub-district		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.1.7 Male population estimates in the area	<5 years	NUMBER	COMMENTS
	5-14 years	NUMBER	COMMENTS
	15-49 years	NUMBER	COMMENTS
Actual score (Sum of positive responses)			
Maximum possible score (Sum of all "YES" & "NO" responses)			
Total (%) - (Sum of "YES" responses divided by maximum possible score)			
OVERALL COMMENT			

1.2 The site has a written operational plan for MMC services (minimum 1 year plan) - Verify the existence of an MMC plan stand-alone OR incorporated in the facility health plan. Check if the plan includes the following and include relevant comments.

1.2.1 Expected client flow/service delivery targets	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.2 Human resource requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.3 Projected resource needs (equipment, supplies, commodities)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.4 QI Team	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.5 Supervision	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.6 M&E	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.7 Quality improvement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.8 Community involvement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
1.2.9 Budget	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

1.3 The facility has the capacity to sustain MMC services in the long term without relying on the Partner - Verify if the Government is providing the facility with the following:				
1.3.1 Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.2 Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.3 M&E and data management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.4 Mentoring and coaching	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.5 Drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.6 Quality improvement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.7 Infrastructure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
1.3.8 Equipment e.g. surgical packs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

2. MANAGEMENT SYSTEMS

2.1 Relevant MMC Policies, Guidelines and Standards are available and staff are aware of them							
Verify the availability and knowledge of the following documents (latest):	Availability			Is Staff well orientated?			Comments
2.1.1 Patient rights and responsibilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.2 Informed consent guidelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.3 HTS guidelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.4 MMC or Prepex manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.5 STI diagnosis and treatment guidelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.6 Supplies and equipment inventory book	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.7 Infection control policy/guidelines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.8 MMC Scale up Strategic Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.9 Quality Improvement guide	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.10 Referral system policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.11 DHIMS Policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.12 Client flow chart for MMC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.1.13 National Strategic Plan for HIV&AIDS (NSP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
						Actual score (Sum of positive responses)	
						Maximum possible score (Sum of all "YES" & "NO" responses)	
						Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT							

2.2 The MMC clinic is able to meet demand for services				
2.2.1 Evidence of circumcisions performed in the last quarter	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.2.2 Client demand numbers are in line with plan projections	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.2.3 Waiting list is no longer than one month	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

2.3 The MMC clinic or facility has clearly defined staff roles and responsibilities				
2.3.1 Written roles and responsibilities for all staff involved in male circumcision services	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.3.2 Staff are able to describe their roles and responsibilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

2.4 The MMC clinic or facility has the human resources available according to the MMC service delivery plan

Verify the existence of staff for each functional area		Category	Trained	Comments
2.4.1 Registration / intake	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
2.4.2 Counseling / group education	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
2.4.3 Client assessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
2.4.4 Surgical procedure	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
2.4.5 Post-procedure counseling	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
2.4.6 Follow-up assessment & management	<input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

2.5 The client passes through all elements of comprehensive MMC service in an efficient manner

Observe that client flow follows the client flow chart

2.5.1 Clients are received and directed to the MMC registration and intake area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
2.5.2 Clients receive clear instructions on going from one station to the next as per client flow	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
2.5.3 Clients move from one area to another without prolonged waiting time (<30 minutes between stations)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
A system for facilitating effective referral to linked services is in place					
2.5.4 Registers reflect appropriate referrals to care and treatment units (HTS, STIs, FP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
2.5.5 Client records show clients who have been referred have re-ceived the services	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
2.5.6 Availability of referral facilities and EIMS contact details:	Referral site		EIMS		COMMENTS
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	

Actual score (Sum of positive responses)

Maximum possible score (Sum of all "YES" & "NO" responses)

Total (%) - (Sum of "YES" responses divided by maximum possible score)

OVERALL COMMENT

2.6 Data are used for planning and improvement of service delivery

2.6.1 Functional Quality Improvement Team (team structure)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
2.6.2 Are QIT members trained/oriented to QI methodology?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
2.6.3 Evidence that meetings are held at least monthly to review data?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
2.6.4 Does information monitoring system assist the facility in decision-making and planning?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
2.6.5 Client satisfaction survey or other form of client feedback process is planned / implemented at least twice a year	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

2.7 Moderate and severe adverse events or complications are reviewed

Verify the existence of the following standards

2.7.1 Are adverse events forms available on site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.7.2 Are adverse events forms being filled in, filed and stored for management review?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.7.3 A systematic process exists for investigating moderate or se-vere adverse event to determine causes and outcomes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.7.4 Actions have been taken to prevent future events of this na-ture or determine if adverse events were handled properly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.7.5 Follow up is conducted as per recommendation 2 days and 7 days post circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

2.8 The facility has a functional supply and equipment ordering system

Verify the existence of the following standards

2.8.1 Requisition forms for MMC commodities are available and used	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.8.2 Minimum stock levels are established for essential MMC com-modities (at the MMC service or facility level)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.8.3 Commodity stocks records are kept up-to-date	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

2.9 Exploring task-shifting practices task shifting/sharing among the Clinical staff involved in the MMC

Verify the following

2.9.1 Professional Nurses are trained to perform MMC surgical procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.9.2 Professional Nurses not performing the MMC surgical procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.9.3 Clinical Associates performing MMC procedure under Doctors Supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.9.4 Professional Nurses are mentored/supervised on MMC surgical procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.9.5 Surgical procedures are completed by more than one Clinical Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

2.10 The facility has a demand creation management system

Verify the following

2.10.1 Does the facility have demand creation plan for VMMC (Stand alone or incorporated in VMMC plan)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
2.10.2 Is there human resource trained in VMMC demand creation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

3. MONITORING & EVALUATION

3.1 Availability of relevant tools for MMC data management			
Verify the availability and use of the following source documents:	Available	In use	Comments
3.1.1 MMC Facility Daily Register	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.2 MMC Client Form/File	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.3 HTS Register	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.4 MMC Surgical register	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.5 Adverse events register with grading scale	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.6 MMC Follow up registers	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.1.7 Monthly input form (data summary)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

3.2 MMC data management – system description

Verify and check the following

3.2.1 Facility has designated staff with clearly stated responsibilities for MMC data management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.2.2 Relevant staff were provided with training or refresher training on the data management processes including tools	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.2.3 Systems/mechanisms exists for tracking data/information on MMC follow up (i.e. 48 hours, seven days and six weeks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.2.4 Systems/mechanisms exists for tracking data/information on HIV-positive client referrals to care and treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.2.5 Forms, registers and reports are being filed and stored properly (in locked storage)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.2.6 Is a duplicate copy of the input form (summary) filed and stored appropriately for reference	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)				
Maximum possible score (Sum of all “YES” & “NO” responses)				
Total (%) - (Sum of “YES” responses divided by maximum possible score)				
OVERALL COMMENT				

3.3 MMC data management – data quality control systems

Verify and check if the the following data quality control mechanisms are in place

3.3.1 SOP/protocol document exist for managing (recording, collecting, collating, analysing and reporting) the MMC data	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.3.2 Staff systematically reviews data for errors, missing data, out-of-range values, and unusual patterns - numbers greater than 100%, unusual patterns, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
3.3.3 Facility is conducting data quality assessment periodically	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

3.4 Client records are complete with all relevant MMC tools for data management					
Select a random sample of 5 client records and verify if the following key elements are completely and correctly filled					
Client form key element or checklist	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4	CLIENT 5
3.4.1 Facility Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.2 Age	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.3 MMC Surgical Informed Consent signed	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.4 HIV status	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.5 Vital signs (Check All - Weight, BP & Temperature)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.6 MMC surgical method or other device used	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.7 Anaesthetic dosage (volume & strength)/Device batch documented	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.8 Intra operative/device placement adverse events status	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.9 At least one follow up visits by the client	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4.10 Post-operative/Device removal adverse events status	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Actual score (Sum of positive responses)					
Maximum possible score (Sum of all "YES" & "NO" responses)					
Total (%) - (Sum of "YES" responses divided by maximum possible score)					
OVERALL COMMENT					

3.5 MMC data management – data analysis, use and reporting

Verify and check the the following

3.5.1 Facility regularly analyse data (e.g. comparing data with prior months' data for reasonableness, assessing achievements/challenges, identifying trends in performance etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.5.2 The analysis include age disaggregation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.5.3 Staff uses data for MMC programme monitoring and improvement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.5.4 Systems exist to ensure that lessons learned and 'good practice' are applied to future programmes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.5.5 There is a systemic way of sharing MMC programme data reports with DOH and other external stakeholders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
3.5.6 Facility conducted or planned to conduct evaluation during the life of this MMC project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT	

4. REGISTRATION, GROUP EDUCATION & IEC

4.1 The client information is correctly recorded in the register								
Verify the following						Comments		
4.1.1 Does the facility have a register to record MMC clients?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS	
4.1.2 Observe TWO clients' documents to see whether:		CLIENT 1		CLIENT 2		Comments		
4.1.2.1 Client's information is completely and correctly entered into the register at registration point		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
4.1.2.2 Client is assigned a correct, unique ID/File number		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
4.1.2.3 Appointment card is correctly filled in with their name or unique ID/File number, age, date for follow up instructions given		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)						
Maximum possible score (Sum of all "YES" & "NO" responses)						
Total (%) - (Sum of "YES" responses divided by maximum possible score)						
OVERALL COMMENT						

4.2 The facility has appropriate information and educational materials on MMC and other sexual and reproductive health								
Verify if		CLIENT 1		CLIENT 2		Comments		
4.2.1 Clients are provided with printed take home materials on MMC in their local language		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
4.2.2 Clients' partners and family are provided with take home printed materials on MMC		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
4.2.3 Client is given material on other relevant sexual and reproductive health information to take home		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)						
Maximum possible score (Sum of all "YES" & "NO" responses)						
Total (%) - (Sum of "YES" responses divided by maximum possible score)						
OVERALL COMMENT						

4.3 Group education delivered with correct information

Observe during one group education session whether			Comments
4.3.1 Appropriate segregation of clients has been done according to adults and children	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.2 Provider has an appropriate name tag that is visible to the client	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3 Information and education being given about male circumcision includes the following:			Comments
4.3.3.1 Benefits and risk of circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.2 Surgical procedure/ device method	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.3 Giving clients options	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.4 Partially protective nature of MMC, necessitating maintenance of other HIV prevention strategies	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.5 Abstinence period of at least 6 weeks (8 weeks device method) post-operation to allow for wound healing	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.6 Importance of follow up visits	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.7 Removal of the device on day 7 if PrePex	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.8 Advising clients not to remove the device themselves but to come to the facility where it was put up	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.9 Clear instructions on wound care and when on device, also post removal	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.10 Review other sexual reproductive health information (including but not limited to FP, STIs, fertility etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.3.3.11 Provider uses appropriate job aids	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

4.4 Group education delivered with appropriate techniques

Observe during one group education session whether: Provider uses appropriate group education skills			Comments
4.4.1 Introduces her/himself to the clients	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.2 Explains purpose of session	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.3 Uses standardized DOH/ USAID VMMC IEC materials	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.4 Uses local language and terms that clients understand	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.5 Confirms at intervals that the clients understand	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.6 Encourages clients to ask questions	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.7 Projects voice so all clients can hear	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.8 Summarizes key points	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.9 Provider spends 25-35 minutes for group education	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
4.4.10 Most of the clients (two thirds) maintained for one session through out	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

5. INDIVIDUAL HIV COUNSELING & TESTING FOR VMMC CLIENTS

5.1 The counselor provides appropriate individual counseling on MMC							
Observe during the counseling session of TWO clients that the Counselor emphasizes:	CLIENT 1			CLIENT 2			Comments
5.1.1 Discussion of partial protection by MMC against HIV transmission (60%)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.2 Risks and benefits of MMC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.3 Benefits of MMC to the partner	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.4 Necessity of 6 weeks (8 weeks by device) abstinence following MMC procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.5 Risk reduction measures such as using condoms, abstinence, and being faithful	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.6 Complete the identifying and demographic information on MMC Client Record OR Register	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.1.7 Complete the MMC counseling and risk assessment sections on MMC Client Record OR Register	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
						Actual score (Sum of positive responses)	
						Maximum possible score (Sum of all "YES" & "NO" responses)	
						Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT							

5.2 The provider provides routine HIV testing for every client

Observe during the counseling session of TWO clients if the Counselor:	CLIENT 1			CLIENT 2			Comments
5.2.1 Keeps a working time-keeping device in the counseling room	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.2 Maintains privacy and confidentiality	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.3 Provides pre-test information	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.4 Routinely provides HIV test on opt-out basis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.5 Washes hands or uses alcohol hand rub solution	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.6 Puts on gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.7 Cleanses the skin of the client before pricking	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.8 Collects blood sample for HIV test	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.9 Disposes of lancets in a sharps container	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.10 Tests blood for HIV using national algorithm	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.11 Records the HIV test results in the HTS daily register	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.2.12 Completes the HIV counseling and testing section on the MMC Client Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

5.3 The provider provides routine HIV testing for every client (For Clients who declined testing)			
Observe during the counseling session of TWO clients that the Counselor emphasizes:	CLIENT 1	CLIENT 2	Comments
5.3.1 Respects the client's decision	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
5.3.2 Explore reason(s) for clients refusal	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
5.3.3 Reinforced benefits of knowing ones HIV status	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
5.3.4 Invited the clients to get tested at a later stage	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)			
Maximum possible score (Sum of all "YES" & "NO" responses)			
Total (%) - (Sum of "YES" responses divided by maximum possible score)			
OVERALL COMMENT			

5.4 The provider is properly giving results and post-test counseling							
Observe during the counseling of TWO clients if the Counselor provides post-test counseling: IF HIV NEGATIVE	CLIENT 1			CLIENT 2			Comments
5.4.1 Counseling on preventing becoming HIV infected by ABC	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.2 Counsel on partner testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.3 Explain the window period and counsel to retest af-ter 3 months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Observe during the counseling of TWO clients if the Counselor provides post-test counseling: IF HIV POSITIVE	CLIENT 1			CLIENT 2			Comments
5.4.4 Counsels on positive living	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.5 Refers to ART clinic for care and treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.6 Discusses the importance of self-disclosure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.7 Discusses ways to prevent HIV transmission to others	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.8 Suggests offering HIV counseling and testing to family members	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.9 Clarifies that circumcising has no protective benefit against HIV transmission for someone who is HIV positive, and emphasizes that he is highly infective within the 6 week period post-circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.10 Discuss other indications/reasons for circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.11 Offers the possibility of opting out of the circumcision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.12 Conducted Confirmatory test using different kit brand	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.4.13 Initiate referral to (linkage) to HIV care and Treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

5.5 The provider uses appropriate counseling skills throughout the session

Observe during the counseling session of TWO clients if the Counselor:	CLIENT 1			CLIENT 2			Comments
5.5.1 Provider uses appropriate counseling skills	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.2 Greets the client with respect and ask them to take their seats (if not seated)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.3 Describes his/her role as a counselor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.4 Assures the client that all information pro-vided will be kept confidential	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.5 Observe correct sitting position of the counselor	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.6 Asks clients if they have any questions they wish to ask about their problems with empathy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.7 Tells clients they can stop him/her at any time if they have a question or when they have not understood	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.8 Asks for and answers any questions or concerns	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.9 Tells client how to contact the health centre when needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.5.10 Thank the client for time and attention if leaving	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

5.6 All clients receive condoms along with appropriate counseling and instructions on their use

Observe the following:				Comments				
5.6.1 Are condoms readily available in the VMMC clinic?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS		
5.6.2 Are condoms stored properly?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS		
Observe during care of the TWO clients		CLIENT 1	CLIENT 2					
5.6.3 Did provider correctly demonstrate how to use a condom?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.6.4 Are condoms provided to VMMC clients at each visit?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

5.7 The provider obtains informed consent from clients

Observe during care of the TWO clients		CLIENT 1			CLIENT 2			Comments
5.7.1 The client understands the potential risks and complications of VMMC before signing the consent form		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.7.2 Parents/guardians of the client- if minor- understand the potential risks and complication of VMMC before signing the consent form		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.7.3 The client if minor understands the potential risk and complications of VMMC and has given assent for circumcision		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
5.7.4 The consent form is signed for each client		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

6. INFRASTRUCTURE, SUPPLIES, EQUIPMENT & ENVIRONMENT

6.1 The Infrastructures is appropriate for VMMC service provision				
Observe the facility infrastructure for the following			Comments	
6.1.1 No wall cracks, peeling paint, loose cables, broken window, sagging doors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.2 Availability of smoke alarm/fire hydrant on-site	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.3 Availability of emergency exit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.4 Is there appropriate space for client intake / reception and waiting area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.5 Does the consultation/exam and HIV testing rooms provide adequate privacy (auditory and visual), and space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.6 Is there a source of clean running water in the procedure room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.7 Is there a source of clean running water in the post-op room?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.1.8 Is there a designated room(s) for performing the surgical procedure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

6.2 The necessary equipment is available for performing MMC surgeries				
Verify for the following:			Comments	
6.2.1 The number of prepared MMC instrument sets is adequate for the expected number of procedures in a day	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2 Please verify that the MMC instrument set contains all the following instruments, in good working condition:			COMMENTS	
6.2.2.1 2 dissecting forceps (1 toothed and 1 non-toothed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.2 Artery forceps (2 straight, 1 curved)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.3 1 stitch scissors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.4 1 Mayo's needle holder	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.5 1 scalpel knife handle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.6 1 "O" drape (80 cm x 80 cm, with ~5 cm hole)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.7 1 gallipot for antiseptic solution (e.g. povidone iodine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.8 1 kidney dish	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.2.2.9 A tray on a stand or trolley	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

6.3 The necessary commodities are available for performing surgeries

6.3.1 Facility has adequate commodities for the expected number of procedures in a day. Physically verify the following supplies:

6.3.1.1) 1% or 2% lignocaine without adrenaline	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.2) Povidone iodine (10% solution)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.3) Plain sterile gauze swabs (10 × 10 cm)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.4) Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.5) Chlorine (bleach)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.6) Strapping	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.7) Syringes, 2.5ml, 5ml, 10 ml	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.8) Needles (21 or 23-gauge)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.9) Surgical blades	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.10) Suture material (chromic catgut or vicryl rapidae 3-0 and 4-0)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.11) Reverse-cutting or round bodied needle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.12) Masks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.13) Caps and Aprons	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.14) Safety shoes of different sizes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.15) Patient gowns	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.16) Soap or antiseptic hand-rub	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.17) Sharps containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.18) Waste receptacles for contaminated and non-contaminated waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.19) Properly color coded bin liners	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.20) Buckets for decontamination	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.3.1.21) Mackintosh or linen savers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)

Maximum possible score (Sum of all "YES" & "NO" responses)

Total (%) - (Sum of "YES" responses divided by maximum possible score)

OVERALL COMMENT

6.4 Adequate supplies of medicines and commodities (HIV test kits, condoms) are available for non-surgical aspects of MMC service provision

Verify whether minimum stock levels are maintained of the following medications for STI management and management of post-operative infections (whether in the VMMC clinic or in the pharmacy)

6.4.1 Ciprofloxan (N/A if not available, No longer in use for UTI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.2 Lindane 1% lotion or cream or other treatment of scabies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.3 Podophylin 25% in tincture iodine (Aldara, Wartex or other treatment of warts)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.4 Benzathine Pencillin / Rocephine inject (Ceftriaxone)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.5 Fluconazole tablet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.6 Erythromycin / Azithromycin	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.7 Doxycycline (N/A if not available, No longer in use for STI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.8 Acyclovir tablets	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.9 Metronidazole	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.10 Amoxicillin (tablets) / Amoxiclav	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.11 Cotrimoxazole	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.12 Paracetamol (tablets)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.13 All the medications stocked and dispensed according to FEFO/ FIFO guide-lines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.14 Medications stored according to temperature and light recommendations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.15 Is a medication inventory system in use	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
6.4.16 Availability of a minimum stock of HIV test kits to meet the expected demand for at least (1) day	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

7. MALE CIRCUMCISION SURGICAL PROCEDURE

7.1 Pre-operative care							
7.1.1 The provider correctly takes history (PRE-OPERATIVE CARE)							
Observe during the care of TWO clients whether the provider obtains the following history:	CLIENT 1		CLIENT 2		Comments		
7.1.1.1 Current general health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.2 STI and history (genital ulcers, discharge, genital warts)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.3 UTI history (any pain or burning on urination, frequent urination and urgency to pass urine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.4 Whether the client is taking any medicine (chronic e.g. warfarin, aspirin, DM, TB, HPT etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.5 Whether the client has any known allergies to medicines and fish	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.6 Previous operation (7.1.6 N/A if no previous surgery)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.7 If yes in 7.1.5, type of operation and if there were complications including prolonged bleeding?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.8 Previous reaction to anaesthesia (local or general)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.9 Whether the client has problems with penile erection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.10 Any problem with sexual function	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.1.11 Complete client history section of MMC Client Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

7.1.2 The provider correctly performs pre-operation examination

Observe during physical examination whether the provider performs the following:	CLIENT 1			CLIENT 2			Comments
7.1.2.1 Takes the vital signs: pulse, resp. BP, weight and temp. (tick NO if one not done & comment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.2 Head to toe examination to determine the general condition (check for anaemia, enlarged lymph nodes, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.3 Examines genitalia to rule out anatomical abnormalities: chronic paraphimosis genital ulcer disease, urethral discharge, penile cancer, penile warts, scar tissue at the frenulum and any other abnormalities or other signs of STIs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
If client has a suspected STI:	CLIENT 1			CLIENT 2			Comments
7.1.2.4 Correct diagnosis is made using syndromic approach (according to guidelines/EDL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.5 Referral for treatment and care done	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.6 Partner notification and treatment is encouraged	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.7 Contact notification slip provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.8 Case documentation is done	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.2.9 Complete physical examination section of MMC Client Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

7.1.3 The operating or surgical theatre/room				
Observe the operating theatre/surgical procedure room for the following			Comments	
7.1.3.1 Availability of operating lights	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.2 Restriction of access	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.3 Privacy available to each patient (doors with handles & locks; beds enclosed by curtains; at least 1m between patient beds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.4 Use of PPE by all personnel, at all times (at a minimum: masks, caps, shoe covers, and aprons)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.5 Does the theatre/operating room(s) have adequate temperature control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.6 Does the theatre/operating room(s) have adequate ventilation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.7 Does the theatre/operating room(s) have adequate space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.3.8 Is there an adequate area for performing the surgical scrub?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

7.1.4 Operative care							
The provider prepares the client for surgery (OPERATIVE CARE/ SURGICAL PROCEDURE)							
Observe during the care of TWO clients whether the provider:	CLIENT 1			CLIENT 2			Comments
7.1.4.1 Verifies client details	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.2 Check for the consent form for surgical procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.3 Ensures proper positioning of the client	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.4 Scrubs and keeps his/her hands above the elbows	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.5 Puts on protective clothing and gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.6 Prepares the necessary equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.7 Make sure the client is clean	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.8 Cleans genitalia and surrounding (from umbilicus to mid-thigh with povidone 10% or savlon 1:100)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.9 Maintains dialogue with the client throughout the procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Assess proper functioning of equipment:	CLIENT 1			CLIENT 2			Comments
7.1.4.10 Check proper connection of diathermy and patient electrodes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.4.11 Check proper settings of the diathermy (max of 20 for children and 25 for adults)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

7.1.5 The provider administers anaesthetic and performs surgical procedure correctly

Observe during the care of TWO clients whether the provider:	CLIENT 1			CLIENT 2			Comments
7.1.5.1 Drapes the client exposing the genitalia only	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.2 Re-assures the client	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.3 Opens a new ampule of anaesthetic for observed client	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.4 Administers correct amount of anaesthetic (maximum dose of 3mg/kg) at the base of the penis (at eleven and one o'clock followed by a ring block)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.5 Aspirate every time before injecting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.6 Waits for 3-5 min for the anaesthetic to work	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.7 Test for pain sensation using toothed dissecting forceps	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.8 Manages pain by administering additional anaesthetic (if necessary throughout the procedure otherwise N/A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.9 Makes a surgical marking incision at the level of the corona on a relaxed penis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.10 Clamp the foreskin to apply a recommended surgical method	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.5.11 Excise foreskin along the marked incision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

7.1.6 The provider achieves haemostasis, sutures the wound and applies the dressing correctly							
Observe during the care of TWO clients whether the provider:	CLIENT 1			CLIENT 2			Comments
7.1.6.1 Exposes the wound bit by bit to identify and clamp the bleeders with the artery forceps and then finally pulls the whole skin to identify and clamp any more bleeders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.2 Ligates the bleeders either by diathermy or simple ligature	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.3 Checks for additional bleeding points	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.4 Align the median raphe with the frenulum and applies a horizontal mattress suture	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.5 Applies a vertical mattress suture at 12 o'clock then 3 o'clock and finally at 9 o'clock	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.6 Put simple interrupted sutures in between the mattress sutures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.7 Applies sterile gauze along the suture line and apply pressure for 2-3 min	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.8 Cleans the glans and genital area using normal saline if necessary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.6.9 Applies dressing using Vaseline gauze swabs and then applies strapping	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

7.1.7 The provider completes the procedure and assists the client to the post-operative area

Observe during the care of TWO clients whether the provider:	CLIENT 1			CLIENT 2			Comments
7.1.7.1 Straps the penis to the lower abdomen	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.2 Helps client to get off the operating table	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.3 Cleans the back of the client at the bottom if necessary	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.4 Escorts patient to the post-operative recovery area	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.5 Complete Theatre Register	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.6 Document procedure time on the register	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.7 Complete the surgical notes section of the MMC Client Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.8 If any complications or adverse events were experienced, record on the MMC Client Record and the MMC Adverse Event Reporting Form	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.9 Were all the needles and syringes disposed of safely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.7.10 The staff dispose of personal protective equipment correctly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS

Actual score (Sum of positive responses)	
Maximum possible score (Sum of all "YES" & "NO" responses)	
Total (%) - (Sum of "YES" responses divided by maximum possible score)	

OVERALL COMMENT

7.1.8 The availability of emergency equipment at surgical theatre and post-op room				
Check the availability of the following emergency equipment:				Comments
7.1.8.1 Oxygen	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.2 Suction apparatus	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.3 Availability of resuscitation trolley	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.4 Availability of resuscitation checklist	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Check the contents of the resuscitation trolley for the following:				
7.1.8.5 Adrenaline	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.6 Atropine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.7 Promethazine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.8 Intravenous drip Cannulae & giving sets	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.9 5% dextrose solution/ Dextrose saline (50ml, 200ml or 1litre)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.10 Normal saline solution/ ringers lactate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.11 Airways	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.12 Endotracheal tubes (different sizes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.13 Laryngoscope (set)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.14 Torch	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.15 Ambubag	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Check the contents of the resuscitation trolley for the following:				
7.1.8.16 Pulse oximeter (may be separate or part of BP machine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.17 Defibrillator & paddles (or AED machine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.18 Does the post-operative care area have adequate temperature control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.19 Does the post-operative care area have sufficient lighting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.8.20 Does the post-operative care area have sufficient space and privacy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

7.1.9 POST-OPERATIVE CARE			
Observe during the care of TWO clients whether the provider:	CLIENT 1	CLIENT 2	Comments
7.1.9.1 Observes the general condition of the client	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
7.1.9.2 Monitors the vital signs before discharge (BP, pulse, respirations and temp)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
7.1.9.3 Checks the surgical dressing for oozing or bleeding	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
7.1.9.4 Manages post-operative pain by reassuring and providing paracetamol to be taken at home	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)			
Maximum possible score (Sum of all "YES" & "NO" responses)			
Total (%) - (Sum of "YES" responses divided by maximum possible score)			
OVERALL COMMENT			

7.1.10 The provider gives client appropriate post-op care instructions							
Gives post-operative instructions to the client – Observe:	CLIENT 1			CLIENT 2			Comments
7.1.10.1 Shows how to remove and reapply strapping before and after urinating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.2 When to come to clinic for removal of device (Pre-pex)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.3 Avoid intercourse and masturbation for 6 weeks (8weeks with device)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.4 Dressing to be removed 48 hours later provided there is no bleeding or oozing or any other complication	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.5 Client not to try and remove the device. To visit the MMC site if device is displaced	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.6 Wear clean, loose fitting under wear which should be changed each day	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.7 Do not wet the dressing for the first 2 (48hrs) days	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.8 After 2 (48hrs) days wash the genitalia with lukewarm salt water	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.9 Remember to come for follow-up visit after 48 hours, 7 days and 6 weeks	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.10 To recognize and return in case of any danger signs or signs of complications (excessive bleeding, difficulty in passing urine, excessive pain, swelling, oozing of pus)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.11 Client to rest, not to engage in exercises or strenuous activities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.12 Reinforce HIV prevention messages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.13 Makes sure the client knows where to go if complication arise and have a contact phone number	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.14 Give oral and written instructions for contacting VMMC staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.15 Provide instructions for pain management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.16 Gives information on how to manage post-operative penile erections	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.17 Give next appointment date	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.18 Provide the client with condoms	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.19 Warned against applying any home or folk remedies-message should stress that such application	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.10.20 increase the risk of life threatening infection, including tetanus	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
						Actual score (Sum of positive responses)	
						Maximum possible score (Sum of all "YES" & "NO" responses)	
						Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT							

7.1.11 Client records are updated and completed prior to discharge			
Observe:	CLIENT 1	CLIENT 2	Comments
7.1.11.1 Fill in the follow-up visit date and emergency contact number on the client appointment card	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
7.1.11.2 Complete post-operative notes section of VMMC Client Record	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
7.1.11.3 Record any post-operative complications or adverse events on the VMMC Client Record and Adverse Event Form	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)			
Maximum possible score (Sum of all "YES" & "NO" responses)			
Total (%) - (Sum of "YES" responses divided by maximum possible score)			
OVERALL COMMENT			

7.1.12 Follow up visits							
The provider correctly manages initial follow up (FOLLOW UP VISITS)							
Observe during routine follow up care for first follow-up whether the provider:	CLIENT 1			CLIENT 2			Comments
7.1.12.1 Retrieves and reviews MMC Client Record for background information on the client and the surgical procedure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.2 Verify the contact information is still valid	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.3 If the client has not been tested for HIV in the last 3 months, offer HIV testing and counseling on an opt-out basis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.4 Asks the client if they have had any problems or complaints	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.5 Remove the dressing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.6 Examine the operation site to assess healing and ensure that there is no infection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.7 Treat any complication found during examination or refer client to higher level	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.8 Post-operative instructions are reinforced on wound care, potential complications and danger signs, return visits, and abstinence / resumption of sexual activity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.9 Review and reinforce HIV prevention messages	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.10 Ask if the client has other SRH needs or concerns and respond or refer as appropriate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.11 Ask the client whether he is satisfied with the service provided or has any comment to make that will help improve the service	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.12 Complete the follow-up notes section of the VMMC Client Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.13 Record any complications or adverse events on the MC Client Record and Adverse Event Recording Form. (N/A if none)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
7.1.12.14 Provide the client with condoms	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all "YES" & "NO" responses)							
Total (%) - (Sum of "YES" responses divided by maximum possible score)							
OVERALL COMMENT							

8 INFECTION PREVENTION

8.1 The concentration and use of antiseptics are according to the standards				
Observe the following:				
The antiseptic concentration is correct:			Comments	
8.1.1.1 Povidone 10%	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.1.2 Savlon 1:100	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.2 Antiseptics are prepared in small reusable/disposable containers for daily use.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.3 The reusable containers are thoroughly washed with soap and water, rinsed with clean water and dried before refilling	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.4 Reusable containers are labelled with date each time they are refilled	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.5 Gauze or cotton wool is not stored in containers with antiseptics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.1.6 Instruments and other items are not stored in containers with antiseptics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

8.2 The process of cleaning rooms between and after procedures is performed according to the standards				
Observe in the procedure room:			Comments	
8.2.1 Housekeeping personnel wear utility gloves, aprons, shoe cover during cleaning	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.2 Waste is collected and removed from the room in closed leak proof containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.3 Puncture-resistant sharps containers are closed and removed when ¾ full	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.4 Containers with 0.5% chlorine solution with instruments are removed at the end of the day	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.5 Soiled linen is removed in closed leak proof containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.6 Small body fluid spills are contained and cleaned with a disinfectant cleaning solution	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.7 Large body fluid spills are flooded with 0.5% chlorine solution, mop up solution, and then clean with detergent and water	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.8 All horizontal surfaces that have come in immediate contact with a patient or body fluids are cleaned with lint free cloth soaked in a disinfectant solution	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.9 The procedure bed is cleaned, and all surfaces and mattress pads are wiped with a disinfectant-soaked, lint-free cloth	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.10 Instrument trolleys are decontaminated with a cloth dampened with 0.5% chlorine solution and rinsed with clean water	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.11 After the room is cleaned, cleaners' utility gloves are cleaned, removed, and dried	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.2.12 The cleaner washes his / her hands after removing gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

8.3 The preparation of a disinfectant cleaning solution is performed according to the standards				
Verify if the disinfectant cleaning solution is prepared as follows:			Comments	
8.3.1 A 0.5% chlorine solution is prepared	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.3.2 Detergent (does not contain an acid, ammonia or ammonium) is added to the 0.5% chlorine solution until a mild soapy cleaning solution is made	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

8.4 The cleaning equipment is decontaminated, cleaned and dried before reuse or storage according to the standards				
Observe if the mops, buckets, brushes and cleaning cloths are:			Comments	
8.4.1 Decontaminated by soaking for 10 minutes in 0.5% chlorine solution or other approved disinfectant, after use	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.4.2 Washed in detergent and water after use	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.4.3 Rinsed in clean water	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.4.4 Dried completely before reuse or storage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

8.6 The storage process of sterile or high-level disinfected items is performed according to the standards				
Observe if:				Comments
8.6.1 Clean supplies are not stored with sterile or high-level disinfected items	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.6.2 Unwrapped items are used immediately and are not stored	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.6.3 Sterile or high-level disinfected packs and/or containers have expiry dates on them	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.6.4 There is a rotation and an inventory system to control the use of sterile or high-level disinfected items	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.6.5 The packs are free of tears, dampness, excessive dust and gross oil (there is an event-related shelf-life practice, regardless to the EXPIRY date)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

8.7 Waste is disposed of / handled appropriately: Health Care Waste Management				
Observe in the rooms if medical waste (e.g., cotton wool, gauze, etc.):				Comments
8.7.1 Waste is segregated at point of origin into hazardous and non-hazardous waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.2 All medical waste (e.g., gauze, cotton wool, dressing, etc.) is disposed in a container with a leak proof bag	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.3 Colour coding: red (bins and bin liners) for hazardous waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.4 Sharps are placed in a puncture-resistant container (heavy card box, empty plastic container, metal container with small opening)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.5 Containers are closed and collected when ¾ full. Sharps containers are not reused	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Housekeeping personnel wear personal protective equipment when handling medical waste				
8.7.6 Utility gloves	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.7 Gumboots	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.8 Plastic aprons	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Waste is transported to the interim storage area or for disposal in adequate closed containers:				
8.7.9 Sharps in puncture-resistant containers (heavy card box, hard plastic or can containers)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.10 Sharps containers are not emptied and reused	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.11 Other medical waste (e.g., used cotton rolls, gauze, dressing, etc.) in leak proof containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.12 General waste is collected from all areas in adequate closed containers and transported to the interim storage area or for disposal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.13 Anatomical waste is stored and disposed appropriately	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Housekeeping personnel perform hand hygiene after handling waste and removing utility gloves				
8.7.14 Wash hands with running water and soap for 10–15 seconds and dry with an individual clean towel, paper towel or allows hands to air-dry, or	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.7.15 Rub hands with 3–5 ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

8.8 The system for interim storage is appropriate				
Observe if:				Comments
8.8.1 Contaminated waste doesn't cross path with clients and providers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.8.2 The interim storage area is not accessible to general staff, patients/clients and visitors	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.8.3 Containers are leak proof and closed with tight lids	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.8.4 There is no waste sticking out of the containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all "YES" & "NO" responses)				
Total (%) - (Sum of "YES" responses divided by maximum possible score)				
OVERALL COMMENT				

8.9 The facility ultimately disposes waste properly				
Observe if:			Comments	
8.9.1 The final disposal sites are appropriate, whether incinerated, buried, or encapsulated	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.2 Does the facility dispose its own waste or have outsourced its waste disposal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Observe the following the facility disposes its own waste:				
8.9.3 Waste is removed according to specification in the service level agreement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.4 The disposal sites are well secured (fenced) and away from the traffic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.5 Well situated (avoid residential areas)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.6 Appropriate personnel to manage the sites	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.7 Properly managed (i.e., incinerator is run for right time at right temperature, buried wastes are not left in an open pit uncovered, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
Are one of the below options available to dispose used instruments?				
8.9.8 Burial of instruments in a secure instruments/sharps pits/concrete vaults OR Specialized encapsulation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
8.9.9 Transporting the instruments to a recycling / smelting facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	COMMENTS
			Actual score (Sum of positive responses)	
			Maximum possible score (Sum of all "YES" & "NO" responses)	
			Total (%) - (Sum of "YES" responses divided by maximum possible score)	
OVERALL COMMENT				

QUALITY IMPROVEMENT PLAN

The quality improvement plan is used by CQI teams to document tested changes addressing improvement aims.

How often is the tool used/updated? During improvement team meetings and continuously throughout the implementation of CQI.

Tracking the impact of tested changes is useful for availing data to support decisions related to:

- Adoption of change
- Potential for scale-up
- Need for further analyses

IMPROVEMENT AIM <small>List one measurable aim per row</small>	TESTED CHANGES <small>List one change per row & insert more rows as necessary</small>	START DATE	END DATE	RESULTS	EFFECTIVE?	NOTES <small>E.g. any potential reasons why change was or was not effective; indicate change in indicator value observed related to this change</small>
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	

CQI PRIORITIZATION MATRIX

The prioritization matrix is used by CQI teams to rate the significance/urgency of addressing quality gaps following a quality improvement assessment.

How often is the tool used/updated? During improvement team meetings as needed.

Prioritizing quality gaps in order to address them systematically can support CQI teams with:

- Improving communication among staff
- Simplifying tasks and aligning focus
- Optimizing the allocation of program resources

Usage instructions: Populate the first column with the iquality gaps identified. Taking one gap at a time, have three or more team members rate the priority of addressing each gap on a scale of 1-10 (with 10 being “extremely urgent” and 1 being “trivial”). Note that each team member can assign the same value to multiple gaps, but should be encouraged to differentiate to the extent possible.). Capture the ratings in the columns below. Calculate total scores per quality gap – gaps with the highest priority will be signified by the highest total scores.

QUALITY GAP	TEAM MEMBER A	TEAM MEMBER B	TEAM MEMBER C	TEAM MEMBER D	TEAM MEMBER E	TEAM MEMBER F	TEAM MEMBER G	TOTAL
	NAME	NAME	NAME	NAME	NAME	NAME	NAME	Sum of ratings per gap
	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	
	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	
	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	
	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	SCORE BETWEEN 0-10	

ACTION PLAN MATRIX

The action plan matrix is used by CQI teams to document and categorize gaps per VMMC quality standard and serves as a reference point for filling out other CQI tools/planning documents.

How often is the tool used/updated? Following each quality improvement assessment.

Documenting and categorizing quality gaps enable CQI teams to:

- Plan interventions to address gaps identified
- Assign responsibilities
- Schedule tasks and track progress

QUALITY IMPROVEMENT STANDARD	PERFORMANCE GAP <small>List one gap per row & insert more rows as necessary</small>	INTERVENTION TO ADDRESS GAP	RESPONSIBLE PERSON/BODY	INTERNAL & EXTERNAL SUPPORT NEEDS	TIMELINE	
					START DATE	END DATE
1. Leadership & planning					DD/MM/YYYY	DD/MM/YYYY
2. Management systems					DD/MM/YYYY	DD/MM/YYYY
3. M&E					DD/MM/YYYY	DD/MM/YYYY
4. Registration, group education & IEC					DD/MM/YYYY	DD/MM/YYYY
5. Individual counseling & testing for VMMC clients					DD/MM/YYYY	DD/MM/YYYY
6. Infrastructure, supplies, equipment & environment					DD/MM/YYYY	DD/MM/YYYY
7. Male circumcision surgical procedure					DD/MM/YYYY	DD/MM/YYYY
8. Infection prevention					DD/MM/YYYY	DD/MM/YYYY

PLAN-DO-STUDY-ACT WORKSHEET

The plan-do-study-act worksheet^a is used by CQI teams to document a test of change.

How often is the tool used/updated? When developing a plan for testing a change and documenting progress with the test.

Use the PDSA worksheet to document a test of change. Fill out one worksheet for each test conducted.

Facility name		Test start date	DD/MM/YYYY
Objective of the test		Test completion date	DD/MM/YYYY

PLAN Describe the test			
We plan to learn:			
We hope to improve <i>(include aim and timeframe)</i> :			
We will collect the following data to measure improvement:			
We will perform the following tasks to conduct the test:			
Task necessary to complete test	Person responsible	When	Where

DO Conduct the test and collect data
We have observed the following <i>(include timeframe, challenges, surprises)</i> :

STUDY Summarize and analyze data
We have achieved the following:
The measurement goal has:
<input type="checkbox"/> Been achieved <input type="checkbox"/> Not been achieved

ACT Define next steps
We have concluded the following from this cycle:
Next, we will:
<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon

^a Adapted from Institute for Healthcare Improvement (www.ihl.org)

CQI DOCUMENTATION JOURNAL

The documentation journal is used by CQI teams to record and monitor progress towards reaching improvement objectives.

How often is the tool used/updated? During improvement team meetings and continuously throughout the implementation of CQI.

Recording and monitoring progress towards reaching improvement objectives can support CQI teams with:

- Documenting tested changes
- Identifying challenges
- Visualizing results
- Optimizing the allocation of program resources and aligning focus

IMPROVEMENT OBJECTIVE		INDICATOR/S FOR THE OBJECTIVE			
		List one indicator per row & insert more rows as necessary			
DESCRIPTION OF THE PROBLEM					
Briefly describe the problem being addressed and gaps between the current situation and the improvement objective					
TESTED CHANGES	START DATE	END DATE	RESULTS	EFFECTIVE?	NOTES
List one change per row & insert more rows as necessary					E.g. any potential reasons why change was or was not effective; indicate change in indicator value observed related to this change
	DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Use the graph below to document your progress. Indicate the value of the numerator and denominator. Note on your graph the time the change was introduced.



NUMERATOR												
DENOMINATOR												
%												

GRAPH TRENDS
Provide brief explanations for any notable trends in the graph

NOTES ON THE INDICATOR
Provide any additional comments on the performance of indicators. Write anything derived from the tested changes and the graph that might explain the performance trends of the improvement objective

OTHER EFFECTS OBSERVED
Document any effects (positive or negative) observed as a result of the quality improvement effort, such as comments from patients, changes in your performance or motivation, improved efficiency or the survival story of a sick patient. You may use your notes to tell the complete story at learning sessions.

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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