****

**VOLUNTARY MEDICAL MALE CIRCUMCISION**

**QUALITY IMPROVEMENT ASSESSMENT TOOL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Province:** | | | | | | | | | | | | | | | | | | | | | | | | **District:** | | | | | | | | | | | | | | | | | |
| **Facility Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Facility –**Please circle/ to the correct one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | OUTREACH | | | | | | | | | 2 | CLINIC | | | | | | | | | | | 3 | | | HOSPITAL | | | | | | | | | 4 | | CORRECTIONAL | | | | | |
| 5 | MOBILE | | | | | | | | | 6 | CHC | | | | | | | | | | | 7 | | | PRIVATE | | | | | | | | | 8 | | OTHER | | | | | |
| 8 | Specify OTHER: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUPPORTED BY:** | | | | | | 1 | | CDC | | | 2 | | USAID | | | | | 3 | | | DOH | | | | | | | | | | 4 | | OTHER: | | | | | | | | |
| **NAME OF PARTNER SUPPORTING THE FACILITY (Implementing Partner Name): -** Please circle/ to the correct one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | RTC | | | | 2 | | | |  | | | | | 3 | SOCIETY FOR FAMILY HEALTH | | | | | | | | | | | | | | | 4 | | | JHPIEGO SOUTH AFRICA | | | | | | | | |
| 5 | MATCH | | | | 6 | | | | THE AURUM INSTITUTE | | | | | 7 | TB HIV CARE ASSOCIATION | | | | | | | | | | | | | | | 8 | | | SACTWU | | | | | | | | |
| 9 | CHAPS | | | | | | | | | | | | | | | | | | | | | | 10 | | | Specify OTHER: | | | | | | | | | | | | | | | |
| **AREAS OF PARTNER SUPPORT: -** Please circle/ to the correct one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | STAFF | | 2 | | | TRAINING | | | | | | | | | | 3 | | | M&E | | | | | | 4 | DATA MANAGEMENT | | | | | | | | | | | 5 | MENTORING | | |
| 6 | | DRUGS | | 7 | | | SURGICAL PROCEDURE | | | | | | | | | | 8 | | | QI | | | | | | 9 | INFRASTRUCTURE | | | | | | | | | | | 10 | EQUIPMENT | | |
| 11 | | OTHER: Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DELIVERY OF MMC SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | **NO** |
| Is the facility providing MMC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| In which YEAR the facility started providing MMC? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| How often does the facility provide MMC services? - Please circle the correct one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Daily | | 2 | | Weekly | | | | | 3 | Monthly | | | | | 4 | | | Weekend | | | | | | | 5 | | Other: | | | | Specify | |  | | | | | | | |
| If WEEKLY, SPECIFY days of the week the facility is offering MMC services? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Is the MMC service integrated into routine health care services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | **NO** | **Na** |
|  | | |  |  |
| **Facility Contact Persons/Staff or Individual present** | | | | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | |
| Position: | | | | | | |  | | | | | | | | | | | | | | | | | Email: | | | | | |  | | | | | | |
| Name: | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | |
| Position: | | | | | | |  | | | | | | | | | | | | | | | | | Email: | | | | | |  | | | | | | |
| **Assessors** | | | | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | |
| Position: | | | | | | |  | | | | | | | | | | | | | | | | | Email: | | | | | |  | | | | | | |
| Name: | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | |
| Position: | | | | | | |  | | | | | | | | | | | | | | | | | Email: | | | | | |  | | | | | | |
| **Date of Assessment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. **LEADERSHIP, PLANNING AND SUSTAINABILITY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1** | **Staff knowledge of catchment population to be served.** | | | | | | | |
| **Verify the following:** | | | | **Yes** | **No** | **Na** | **Comment** | |
| 1.1.1 | Catchment area map available | | |  |  |  |  | |
| 1.1.2 | Evidence of Management involvement in the MMC program | | |  |  |  |  | |
| 1.1.3 | Availability of a Dedicated person for MMC in the facility | | |  |  |  |  | |
| 1.1.4 | Evidence of VMMC supervisory, support or mentoring visits by the district/sub-district | | |  |  |  |  | |
|  |  | | | **Number** | | | **Comment** | |
| 1.1.5 | Male population estimates in the area | | < 5 years |  | | |  | |
| 5 – 14 years |  | | |  | |
| 15 – 49 years |  | | |  | |
| 1.1.6 | Number of uncircumcised males in the catchment area | | |  | | |  | |
| **Actual Score ( Sum of positive responses)** | | | |  | | |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | | |  |  |
| **Overall Comment**: | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** | | | **Yes** | **No** | **Na** | **Comment** | |
| 1.2.1 | service delivery targets | |  |  |  |  | |
| 1.2.2 | Human resource requirements | |  |  |  |  | |
| 1.2.3 | Projected resource needs (equipment, supplies, commodities) | |  |  |  |  | |
| 1.2.4 | QI Team | |  |  |  |  | |
| 1.2.5 | Supervision, | |  |  |  |  | |
| 1.2.6 | M&E | |  |  |  |  | |
| 1.2.7 | Quality Improvement | |  |  |  |  | |
| 1.2.8 | Community involvement | |  |  |  |  | |
| 1.2.9 | Budget | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.3** | **The facility has the capacity to sustain MMC services in the long term without relying on external Partners** | | | | | | |
| **Verify if the Government is providing the facility with the following:** | | | **Yes** | **No** | **Na** | **Comment** | |
| 1.3.1 | Staff | |  |  |  |  | |
| 1.3.2 | Training | |  |  |  |  | |
| 1.3.3 | M&E and data management | |  |  |  |  | |
| 1.3.4 | Mentoring and coaching | |  |  |  |  | |
| 1.3.5 | Drugs | |  |  |  |  | |
| 1.3.6 | Quality improvement | |  |  |  |  | |
| 1.3.7 | Infrastructure | |  |  |  |  | |
| 1.3.8 | Equipment’s e.g. surgical packs, diathermy ,lighting | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |
| **END** | | | | | | | |

**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 orientated** | | | **Comment** | | |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 2.1.1 | Patient rights and responsibilities | |  |  |  |  |  |  |  | | |
| 2.1.2 | Informed consent guidelines | |  |  |  |  |  |  |  | | |
| 2.1.3 | HCT guidelines | |  |  |  |  |  |  |  | | |
| 2.1.4 | MMC Guidelines | |  |  |  |  |  |  |  | | |
| 2.1.5 | STI diagnosis and treatment guidelines | |  |  |  |  |  |  |  | | |
| 2.1.6 | Supplies and equipment inventory book | |  |  |  |  |  |  |  | | |
| 2.1.7 | MMC Scale up Strategic Plan | |  |  |  |  |  |  |  | | |
| 2.1.8 | Quality Improvement policy/WHO quality assurance tool | |  |  |  |  |  |  |  | | |
| 2.1.9 | Referral system policy | |  |  |  |  |  |  |  | | |
| 2.1.10 | DHIMS Policy | |  |  |  |  |  |  |  | | |
| 2.1.11 | Client flow chart for MMC? | |  |  |  |  |  |  |  | | |
| 2.1.12 | National Strategic Plan for HIV&AIDS (NSP) :2016-2020 | |  |  |  |  |  |  |  | | |
| 2.1.13 | National core Standards | |  |  |  |  |  |  |  | | |
| 2.1.14 | Infection control policy/guidelines | |  |  |  |  |  |  |  | | |
| 2.1.15 | Waste disposal policy/S.O.P | |  |  |  |  |  |  |  | | |
| 2.1.16 | Disposal of human tissue guideline | |  |  |  |  |  |  |  | | |
| **Actual Score (Sum of responses)** | | |  | | |  | | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | | | |  |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | | | | |  |  |  |
| **Overall Comment:** | |  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.2** | **The MMC clinic or facility has clearly defined staff roles and responsibilities** | | | | | | | |
| **Verify the existence of:** | | | **Yes** | **No** | **Na** | **Comment** | | |
| 2.2.1 | Written roles and responsibilities for all staff involved in male circumcision services | |  |  |  |  | | |
| 2.2.2 | Staff are able to describe their roles and responsibilities | |  |  |  |  | | |
| **Actual Score ( Sum of positive responses)** | | |  | | | |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  | |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  | |  |
| **Overall Comment**: | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.3** | **The MMC clinic or facility has the human resources available** | | | | | | | |
| **Verify the existence of staff for each functional area?** | | | | **Yes** | **No** | **Category** | **Trained** | |
| **Yes** | **No** |
| 2.3.1 | Registration / intake | | |  |  |  |  |  |
| 2.3.2 | Counselling / group education | | |  |  |  |  |  |
| 2.3.3 | Client assessment | | |  |  |  |  |  |
| 2.3.4 | Surgical procedure | | |  |  |  |  |  |
| 2.3.5 | Post-procedure counselling | | |  |  |  |  |  |
| 2.3.6 | Follow-up assessment & Management | | |  |  |  |  |  |
| 2.3.7 | Cleaner/infection control/waste disposal officers | | |  |  |  |  |  |
| **Actual Score ( Sum of positive responses)** | | |  | |  |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | | |  |  |
| **Overall Comment**: | |  | | | | | | |

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| **2.4** | **The client passes through all elements of comprehensive MMC service in an efficient manner** | | | | | | | | | | | |
| **Observe the client flow:** | | | | | | **Yes** | | **No** | | **Na** | **Comment** | |
| 2.4.1 | Clients are received and directed to the MMC registration and intake area | | | | |  | |  | |  |  | |
| 2.4.2 | Clients receive clear instructions on going from one station to the next | | | | |  | |  | |  |  | |
| 2.4.3 | Clients move from one area to another without prolonged waiting time (<30 minutes between stations) | | | | |  | |  | |  |  | |
| **A system for facilitating effective referral to linked services is in place** | | | | | | **Yes** | | **No** | | **Na** | **Comment** | |
| 2.4.4 | Registers reflect appropriate referrals to care and treatment units(HCT, STIs, FP,ART,ECMD) | | | | |  | |  | |  |  | |
| 2.4.5 | Client records show that clients who have been referred have received the services | | | | |  | |  | |  |  | |
| 2.4.6 | Availability of referral facilities and EMS contact details: | | **Referral Site** | | | **EMS** | | | | | **Comment** | |
| **Y** | **N** | **Na** | **Y** | **N** | | **Na** | |
|  |  |  |  |  | |  | |  | |
| **Actual Score ( Sum of positive responses)** | | | | | |  | | | | |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | | | | | | |  |  |
| ***Overall Comment****:* | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.5** | **Functional Quality improvement system** | | | | | | |
| **Verify the existence of:** | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.5.1 | Functional Quality Improvement Team (team structure) | |  |  |  |  | |
| 2.5.2 | Are QIT members trained/oriented on QI methodology? | |  |  |  |  | |
| 2.5.3 | Evidence that meetings are held at least monthly to review data? | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall C*omment***: | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.6** | **Clients Follow up and adverse events complications are reviewed** | | | | | | |
| **Verify the existence of the following** | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.6.1 | Follow up is conducted as per recommendation 2 days and 7 days post circumcision | |  |  |  |  | |
| 2.6.2 | Are adverse events forms available on site? | |  |  |  |  | |
| 2.6.2 | Are adverse events forms being filled in, filed and stored? | |  |  |  |  | |
| 2.6.3 | A systematic process exists for investigating moderate or severe adverse event to determine causes and outcomes. | |  |  |  |  | |
| 2.6.4 | Actions have been taken to prevent future events of this nature or determine if adverse events were handled properly. | |  |  |  |  | |
| 2.6.5 | Adverse events policy/SOP available? | |  |  |  |  | |
| 2.6.6 | Facility staff trained on classification, Management and reporting of Adverse events | |  |  |  |  | |
| 2.6.7 | Evidence that management has reviewed all adverse events within assessment periods | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |

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| **2.7** | **The facility has a functional supply and equipment ordering system** | | | | | | |
| **Verify the existence of the following standards:** | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.7.1 | Requisition forms for MMC commodities are available and used | |  |  |  |  | |
| 2.7.2 | Minimum stock levels are established for essential MMC commodities (at the MMC service or facility level) | |  |  |  |  | |
| 2.7.3 | Commodity stocks records are kept up-to-date | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  | | |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.8** | **Task shifting/sharing practices among the Clinical MMC staff** | | | | | | |
| **Verify the following** | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.8.1 | Professional Nurses are trained to perform MMC surgical procedure | |  |  |  |  | |
| 2.8.2 | Surgical procedures are completed by more than one Clinical Staff | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.9** | **The Facility has a Demand creation Management system** | | | | | | |
| **Verify the following** | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.9.1 | Does the facility have demand creation plan for VMMC (Stand alone or incorporated in VMMC plan)? | |  |  |  |  | |
| 2.9.2 | Are community mobilisers or recruiters trained in VMMC demand creation? | |  |  |  |  | |
| 2.9.3 | Does the facility utilise/analyse demand creation data for planning | |  |  |  |  | |
| 2.9.4 | Evidence of circumcisions performed in the last quarter. | |  |  |  |  | |
| 2.9.5 | Facility is able to reach its VMMC target | |  |  |  |  | |
| 2.9.6 | Waiting list is not more than one month | |  |  |  |  | |
| Does the facilities **conduct** any of the following demand creation activities: | | | | | | | |
| 2.9.7 | integration of traditional initiation into the MMC in TMC hotspot townships (where necessary/applicable) | |  |  |  |  | |
| 2.9.10 | Engage CHWs, and WBOTS for MMC social mobilisation | |  |  |  |  | |
| 2.9.11 | Targeting specific institutions (e.g. Universities, schools TVETs, correctional facilities, religious groups etc.) | |  |  |  |  | |
| 2.9.12 | Integrate MMC into existing HCT campaigns (e.g., first-things-first campaign, HCT campaign waves targeted at women, youth, taxi industry etc.) | |  |  |  |  | |
| 2.9.13 | Engaging community champions and peer-to-peer recruiters to enhance grassroots mobilization | |  |  |  |  | |
| 2.9.14 | Utilize traditional leaders or influencers as MMC champions | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |

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| **2.10** | **Does the facility analyse and use data for decision making and planning:** | | | | | | |
|  | | | **Yes** | **No** | **Na** | **Comment** | |
| 2.10.1 | Results of the client satisfaction survey | |  |  |  |  | |
| 2.10.2 | Performance indicators of VMMC services(e.g. follow up, AE, HCT,ART) | |  |  |  |  | |
| 2.10.3 | CQI assessment data (post-baseline data) | |  |  |  |  | |
| **Actual Score ( Sum of positive responses)** | | |  |  |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | |  |  |
| **Overall Comment**: | |  | | | | | |
| **END** | | | | | | | |

1. **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** | | | **Comment** | |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 3.1.1 | MMC Facility Daily Register | |  |  |  |  |  |  |  | |
| 3.1.2 | MMC Client Form/File | |  |  |  |  |  |  |  | |
| 3.1.3 | HCT Register | |  |  |  |  |  |  |  | |
| 3.1.4 | MMC Surgical register | |  |  |  |  |  |  |  | |
| 3.1.5 | Adverse events register with grading scale | |  |  |  |  |  |  |  | |
| 3.1.6 | MMC Follow up registers | |  |  |  |  |  |  |  | |
| 3.1.7 | Monthly input form (data summary) | |  |  |  |  |  |  |  | |
| **Actual Score ( Sum of responses)** | | |  |  |  |  |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible score)** | | | | | | | | |  |  |
| **Overall Comment**: | |  | | | | | | | | |

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| **3.2** | **MMC data management – system description** | | | | | | | |
| **Verify and check the following**: | | | | | | | | |
|  | | | | **Yes** | **No** | **Na** | **Comment** | |
| 3.2.1 | | Facility has designated staff with clearly stated responsibilities for MMC data management. | |  |  |  |  | |
| 3.2.2 | | Relevant staff were provided with training or refresher training on the data management processes including tools. | |  |  |  |  | |
| 3.2.3 | | Systems/mechanisms exits for tracking data/information on MMC follow up (i.e. 48 hours, seven days and six weeks). | |  |  |  |  | |
| 3.2.4 | | Systems/mechanisms exits for tracking data/information on HIV-positive client referrals to care and treatment. | |  |  |  |  | |
| 3.2.5 | | Forms, registers and reports are being filed and stored properly (in locked storage) | |  |  |  |  | |
| 3.2.6 | | Is a duplicate copy of the input form (summary) filed and stored appropriately for reference | |  |  |  |  | |
| **Actual Score ( Sum of responses)** | | | |  | | |  | |
| **Maximum possible score (Sum of all “YES “ and “NO” responses)** | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible score)** | | | | | | |  |  |
| **Overall Comment**: | | |  | | | | | |

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| **3.3** | **MMC data management – data quality control systems** | | | | | | | |
| **Verify and check if the following data quality control mechanisms are in place:** | | | | | | | | |
|  | | | | **Yes** | **No** | **Na** | **Comment** | |
| 3.3.1 | | SOP/protocol document exist for managing (recording, collecting, collating, analysing and reporting) the MMC data. | |  |  |  |  | |
| 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. | |  |  |  |  | |
| 3.3.3 | | Facility is conducting data quality assessment periodically | |  |  |  |  | |
| **Actual Score ( Sum of responses)** | | | |  | | |  | |
| **Maximum possible score (Sum of all “YES “ and “NO” responses)** | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible score)** | | | | | | |  |  |
| **Overall Comment**: | | |  | | | | | |

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| **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;** | | | | | | | | | | | | | | | | |
| **Clients number:** | | | **Client File 1** | | | **Client File 2** | | | **Client File 3** | | | **Client File 4** | | | **Client File 5** | | |
| **Client form key elements or checklist:** | | | **Y** | **N** | **Na** | **Y** | **N** | **Na** | **Y** | **N** | **Na** | **Y** | **N** | **Na** | **Y** | **N** | **Na** |
| 3.4.1 | Facility Name | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.2 | Age | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.3 | MMC Surgical Informed Consent signed | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.4 | HCT informed Consent | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.5 | HIV status | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.6 | Vital signs (Check All - Weight, BP & Temperature | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.7 | MMC surgical method or other device used | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.8 | Anaesthetic dosage (volume & strength) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.9 | Device batch documented | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.10 | Intra operative/device placement adverse events status | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.11 | At least one follow up visit by the client | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.4.12 | Post-operative/Device removal adverse events status | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Actual Score ( Sum of responses) – each client** | | |  | | | | | | |  | | | | | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses) each client** | | | | | | | | | | | |  | | |  | | |
| **Total (%) - (Sum of “YES” response divided by Maximum possible score)** | | | | | | | | | | | |  | | |  | | |
| **Overall Comment**: | |  | | | | | | | | | | | | | | | |

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| **3.5** | **MMC data management – data analysis, use and reporting** | | | | | | | |
| **Verify and check the following:** | | | | | | | | |
|  | | | | **Yes** | **No** | **Na** | **Comment** | |
| 3.5.1 | | The facility regularly analyses data (e.g. comparing data with prior months’ data for reasonableness, assessing achievements/challenges, identifying trends in performance etc.) | |  |  |  |  | |
| 3.5.2 | | The data analysis include age disaggregation | |  |  |  |  | |
| 3.5.3 | | There is evidence that Staff uses data for MMC programme monitoring and improvement. | |  |  |  |  | |
| 3.5.4 | | Systems exist to ensure that lessons learned and ‘good practices’ are applied to future programmes. | |  |  |  |  | |
| 3.5.5 | | There is a systemic way of sharing MMC programme data reports with DOH and other external stakeholders? | |  |  |  |  | |
| 3.5.6 | | The facility has conducted or plans to conduct an evaluation during the life of this MMC project | |  |  |  |  | |
| **Actual Score ( Sum of responses)** | | | |  | | |  | |
| **Maximum possible score (Sum of all “YES “ and “NO” responses)** | | | | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible score)** | | | | | | |  |  |
| **Overall Comment**: | | |  | | | | | |
|  | | | **End** | | | | | |

1. **REGISTRATION, GROUP EDUCATION AND IEC**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** | **The client information is correctly recorded in the register** | | | | | | | |
| **Verify the following:** | | | | | | | | **Comment** |
| 4.1.1 | Does the facility have a register to records MMC clients? | | | | **Yes** | **No** | **Na** |  |
|  |  |  |
|  | **Observe two clients documents to see whether** | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 4.1.2 | Client’s information is completely and correctly entered into the register at registration point |  |  |  |  |  |  |  |
| 4.1.3 | Client is assigned a correct, unique ID/File number |  |  |  |  |  |  |  |
| 4.1.4 | Appointment card is correctly filled in with their name or unique ID/File number, age, date for follow up instructions given. |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **4.2** | | **The facility has appropriate information and educational materials on MMC and other reproductive health** | | | | | | | |
| **Verify if:** | | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 4.2.1 | Clients are provided with printed take home materials on MMC in their local language | |  |  |  |  |  |  |  |
| 4.2.2 | Clients’ partners and family are provided with take home printed materials on MMC | |  |  |  |  |  |  |  |
| 4.2.3 | Client is given material on other relevant sexual and reproductive health information to take home | |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| --- | --- | --- | --- | --- | --- |
| **4.3** | **Group education delivered with correct information** | | | | |
| **Observe during one group education session whether** | | **Yes** | **No** | **Na** | **Comment** |
| 4.3.1 | Appropriate segregation of clients has been done according to adults and children |  |  |  |  |
| 4.3.2 | Provider has an appropriate name tag that is visible to the client |  |  |  |  |
|  | **Information and education being given about male circumcision includes the following:** | **Yes** | **No** | **Na** | **Comment** |
| 4.3.3 | Benefits and Risk of circumcision |  |  |  |  |
| 4.3.4 | Surgical procedure/ device method |  |  |  |  |
| 4.3.5 | Options for clients |  |  |  |  |
| 4.3.6 | Partially protective nature of MMC, necessitating maintenance of other HIV prevention strategies |  |  |  |  |
| 4.3.7 | Abstinence period of at least 6 weeks (8 weeks device method) post-operation to allow for wound healing |  |  |  |  |
| 4.3.8 | Importance/benefits of involving women in VMMC is discussed |  |  |  |  |
| 4.3.9 | Importance of follow up visits. |  |  |  |  |
| 4.3.10 | Advising clients not to remove the device themselves but to come to the facility where it was inserted |  |  |  |  |
| 4.3.11 | Clear instructions on wound care for surgical or post device removal. |  |  |  |  |
| 4.3.12 | Review other sexual reproductive health information (including but not limited to FP, STIs, fertility etc.) |  |  |  |  |
| 4.3.13 | Provider uses appropriate job aids |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **4.4** | **Group education is delivered with appropriate techniques** | | | | |
| **Observe during one group education session whether: Provider uses appropriate group education skills** | | **Yes** | **No** | **Na** | **Comment** |
| 4.4.1 | Introduces her/himself to the clients |  |  |  |  |
| 4.4.2 | Explains purpose of session |  |  |  |  |
| 4.4.3 | Uses standardized DOH/ PEPFAR VMMC IEC materials |  |  |  |  |
| 4.4.4 | Uses local language and terms that clients understand |  |  |  |  |
| 4.4.5 | Confirms the clients understand at regular intervals |  |  |  |  |
| 4.4.6 | Encourages clients to ask questions |  |  |  |  |
| 4.4.7 | Projects voice so that all clients can hear |  |  |  |  |
| 4.4.8 | Summarizes key points |  |  |  |  |
| 4.4.9 | Provider spends 25-35 minutes for group education |  |  |  |  |
| 4.4.10 | Most of the clients (2/3) maintained for one session continuously |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
| **END** | | | | |

1. **. INDIVIDUAL COUNSELLING AND HIV TESTING FOR MMC CLIENTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** | **The counsellor provides appropriate individual counselling on MMC** | | | | | | | |
| **Observe during the counselling session of TWO clients that the Counsellor emphasizes:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.1.1 | Discussion of partial protection by MMC against HIV transmission (60%) |  |  |  |  |  |  |  |
| 5.1.2 | Risks and benefits of MMC |  |  |  |  |  |  |  |
| 5.1.3 | The need for vaccination when opting for device method |  |  |  |  |  |  |  |
| 5.1.4 | Benefits of MMC to the partner |  |  |  |  |  |  |  |
| 5.1.5 | Necessity for 6 weeks (8 weeks by device) abstinence following MMC procedure |  |  |  |  |  |  |  |
| 5.1.6 | Risk reduction measures such as using condoms, abstinence, and being faithful |  |  |  |  |  |  |  |
| 5.1.7 | Importance/Benefits of involving women in VMMC is discussed |  |  |  |  |  |  |  |
| 5.1.8 | Complete the identifying and demographic information on MMC Client Record OR Register |  |  |  |  |  |  |  |
| 5.1.9 | Complete the MMC counselling and risk assessment sections on MMC Client Record OR Register |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **5.2** | **The provider provides routine HIV testing for every client who agrees to be tested** | | | | | | | |
| **Observe during the counselling session of TWO clients if the Counsellor:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.2.1 | Keeps a working time-keeping device in the counselling room |  |  |  |  |  |  |  |
| 5.2.2 | Maintain privacy and confidentiality |  |  |  |  |  |  |  |
| 5.2.3 | Provides pre-test information |  |  |  |  |  |  |  |
| 5.2.4 | Routinely provides HIV test on opt-out basis |  |  |  |  |  |  |  |
| 5.2.5 | Washes hands or uses alcohol hand rub solution |  |  |  |  |  |  |  |
| 5.2.6 | Puts on gloves |  |  |  |  |  |  |  |
| 5.2.7 | Cleanses the skin of the client before pricking |  |  |  |  |  |  |  |
| 5.2.8 | Collects blood sample for HIV test |  |  |  |  |  |  |  |
| 5.2.9 | Disposes of lancets in a sharps container |  |  |  |  |  |  |  |
| 5.2.10 | Tests blood for HIV using national algorithm |  |  |  |  |  |  |  |
| 5.2.11 | Records the HIV test results in the HCT daily register |  |  |  |  |  |  |  |
| 5.2.12 | Complete the HIV counselling and testing section on the MMC Client Record |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | |  |  |
| **Overall Comment**: |  | | |

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| **5.3** | **The provider provide the relevant information For Clients who declined to test for HIV** | | | | | | | |
| **Observe during the counselling session of TWO clients that the Counsellor emphasizes:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.3.1 | Respects The client’s decision |  |  |  |  |  |  |  |
| 5.3.2 | Explore Reason(s) for clients refusal |  |  |  |  |  |  |  |
| 5.3.3 | Reinforced benefits of knowing ones HIV status |  |  |  |  |  |  |  |
| 5.3.4 | Invited the clients to get tested at a later stage |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **5.4** | **The provider provides results and post-test counselling Properly** | | | | | | | |
| **Observe during the counselling of TWO clients if the Counsellor provides post-test counselling: IF HIV NEGATIVE** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.4.1 | Counselling on preventing becoming HIV infected by ABC |  |  |  |  |  |  |  |
| 5.4.2 | Counsel on partner testing |  |  |  |  |  |  |  |
| 5.4.3 | Explain the window period and counsel to retest after 6-12 weeks |  |  |  |  |  |  |  |
| **Observe during the counselling of TWO clients if the Counsellor provides post-test counselling: IF HIV POSITIVE** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.4.4 | Conducted Confirmatory test using different kit brand |  |  |  |  |  |  |  |
| 5.4.5 | Counsels on positive living |  |  |  |  |  |  |  |
| 5.4.6 | Refers to ART clinic for care and treatment |  |  |  |  |  |  |  |
| 5.4.7 | Discusses the importance of self-disclosure |  |  |  |  |  |  |  |
| 5.4.8 | Discusses ways to prevent HIV transmission to others |  |  |  |  |  |  |  |
| 5.4.9 | Suggests offering HIV counselling and testing to family members |  |  |  |  |  |  |  |
| 5.4.10 | 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 |  |  |  |  |  |  |  |
| 5.4.11 | Discuss other indications/reasons for circumcision |  |  |  |  |  |  |  |
| 5.4.12 | Offers the possibility of opting out of the circumcision |  |  |  |  |  |  |  |
| 5.4.13 | Initiate referral to (linkage) to HIV care and Treatment |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **5.5** | **The provider uses appropriate counselling skills throughout the session** | | | | | | | |
| **Observe during the counselling session of TWO clients if the Counsellor::** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.5.1 | Provider uses appropriate counselling skills |  |  |  |  |  |  |  |
| 5.5.2 | Greets the client with respect and ask them to take their seats (if not seated) |  |  |  |  |  |  |  |
| 5.5.3 | Describe his/her role as a counsellor |  |  |  |  |  |  |  |
| 5.5.4 | Assures the client that all information provided will be kept confidential |  |  |  |  |  |  |  |
| 5.5.5 | Observe correct sitting position of the counsellor |  |  |  |  |  |  |  |
| 5.5.6 | Asks clients if they have any questions they wish to ask about their problems with empathy |  |  |  |  |  |  |  |
| 5.5.7 | Tells clients they can stop him/her at any time if they have a question or when they have not understood |  |  |  |  |  |  |  |
| 5.5.8 | Asks for and answers any questions or concerns |  |  |  |  |  |  |  |
| 5.5.9 | Tells client how to contact the health centre when needed |  |  |  |  |  |  |  |
| 5.5.10 | Thank the client for time and attention when leaving |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.6** | **All clients receive condoms along with appropriate counselling and instructions on their use.** | | | | | | | |
| **Observe the following:** | | | | | **Yes** | **No** | **Na** | **Comment** |
| 5.6.1 | Are condoms readily available in the VMMC clinic? | | | |  |  |  |  |
| 5.6.2 | Are condoms stored properly in a cool dry place? | | | |  |  |  |  |
| **Observe during care of two clients** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.6.3 | Did provider correctly demonstrate how to use condom? |  |  |  |  |  |  |  |
| 5.6.4 | Are condoms provided to VMMC clients at each visit? |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.7** | **The provider obtains Informed consent from clients** | | | | | | | |
| **Observe during the care of two clients whether**: | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 5.7.1 | The client understands the potential risks and complications of VMMC before signing the consent form |  |  |  |  |  |  |  |
| 5.7.2 | Parents/guardians of the client (if minor) understand the potential risks and complication of VMMC before signing the consent form |  |  |  |  |  |  |  |
| 5.7.3 | The client (if minor > 7 years) understands the potential risk and complications of VMMC and has given assent for circumcision |  |  |  |  |  |  |  |
| 5.7.4 | The consent form is signed for each client. |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
| **END** | | | | |

**6. INFRASTRUCTURE, SUPPLIES, EQUIPMENT AND ENVIRONMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.1** | **The Infrastructure is appropriate for VMMC service provision** | | | | |
| **Observe the facility infrastructure for the following:** | | **Yes** | **No** | **Na** | **Comment** |
| 6.1.1 | No wall cracks, peeling paint, loose cables, broken window, sagging doors. |  |  |  |  |
| 6.1.2 | Availability of smoke alarm/fire hydrant on-site |  |  |  |  |
| 6.1.3 | Availability of emergency exit |  |  |  |  |
| 6.1.4 | Appropriate space for client intake / reception and waiting area? |  |  |  |  |
| 6.1.5 | consultation/exam and HIV testing rooms provide adequate privacy (auditory and visual) and space |  |  |  |  |
| 6.1.6 | a source of clean running water in the procedure room |  |  |  |  |
| 6.1.7 | a source of clean running water in the post-op room |  |  |  |  |
| 6.1.8 | a designated room(s) for performing the surgical procedure |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **6.2** | **The necessary equipment is available for performing MMC surgeries** | | | | |
| **Verify for the following:** | | **Yes** | **No** | **Na** | **Comment** |
| 6.2.1 | The number of prepared MMC instrument sets or device sets is adequate for the expected number of procedures in a day |  |  |  |  |
| **6.2.2** | **Please verify that the MMC instrument set contains all the following instruments, in good working condition:** | **Yes** | **No** | **Na** | **Comment** |
| 6.2.2.1 | 2 dissecting forceps (1 toothed and 1 non-toothed) |  |  |  |  |
| 6.2.2.2 | Artery forceps (2 straight, 1curved) |  |  |  |  |
| 6.2.2.3 | 1 stitch scissors |  |  |  |  |
| 6.2.2.4 | 1 Mayo’s needle holder |  |  |  |  |
| 6.2.2.5 | 1 scalpel knife handle |  |  |  |  |
| 6.2.2.6 | 1 “O” drape (80 cm x 80 cm, with ~5 cm hole) |  |  |  |  |
| 6.2.2.7 | 1 gallipot for antiseptic solution (e.g. povidone iodine) |  |  |  |  |
| 6.2.2.8 | 1 kidney dish |  |  |  |  |
| 6.2.2.9 | A tray on a stand or trolley |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **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 (not in the circumcision pack)** | **Yes** | **No** | **Na** | **Comment** |
| 6.3.1.1 | 1% or 2% lignocaine without adrenaline or a mixture of 5ml of 1% Lignocaine with 5ml of 0,25% plain macaine |  |  |  |  |
| 6.3.1.2 | Povidone iodine (10% solution) |  |  |  |  |
| 6.3.1.3 | Plain Sterile gauze (10 × 10 cm) |  |  |  |  |
| 6.3.1.4 | Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm) |  |  |  |  |
| 6.3.1.5 | Chlorine (bleach) |  |  |  |  |
| **Physically verify the following supplies:** | | **Yes** | **No** | **Na** | **Comment** |
| 6.3.1.6 | Strapping |  |  |  |  |
| 6.3.1.7 | Syringes, 2.5ml, 5ml, 10 ml |  |  |  |  |
| 6.3.1.8 | Needles (21or 23-gauge) |  |  |  |  |
| 6.3.1.9 | Surgical blades |  |  |  |  |
| 6.3.1.10 | Suture material (chromic catgut or vicryl rapidae 3-0 and 4-0) |  |  |  |  |
| 6.3.1.11 | Reverse-cutting or round bodied needle |  |  |  |  |
| 6.3.1.12 | Masks |  |  |  |  |
| 6.3.1.13 | Caps and Aprons |  |  |  |  |
| 6.3.1.14 | Safety shoes of different sizes |  |  |  |  |
| 6.3.1.15 | Patient gowns |  |  |  |  |
| 6.3.1.16 | Soap or antiseptic hand-rub |  |  |  |  |
| 6.3.1.17 | Sharps containers |  |  |  |  |
| 6.3.1.18 | Waste receptacles for contaminated and non-contaminated waste |  |  |  |  |
| 6.3.1.19 | color coded Bin liners |  |  |  |  |
| 6.3.1.20 | Buckets for decontamination |  |  |  |  |
| 6.3.1.21 | Mackintosh or linen savers. |  |  |  |  |
| 6.3.1.22 | Adequate supplies of TTCV available on site/ in pharmacy |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **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:** | | | **Yes** | **No** | **Na** | **Comment** |
| 6.4.1 | Ciprofloxacin( NA if not available, No longer in use for UTI ) | |  |  |  |  |
| 6.4.2 | Lindane 1% lotion or cream or other treatment of scabies? | |  |  |  |  |
| 6.4.3 | Podophylin 25% in tincture iodine ( Aldara, Wartex or other treatment of warts) | |  |  |  |  |
| 6.4.4 | Benzathine Pencillin / Rocephine inject (Ceftriaxone) | |  |  |  |  |
| 6.4.5 | Fluconazole tablets | |  |  |  |  |
| 6.4.6 | Erythromycin / Azithromycin | |  |  |  |  |
| 6.4.7 | Doxycycline ( NA if not available, No longer in use for STI) | |  |  |  |  |
| 6.4.8 | Acyclovir tablets | |  |  |  |  |
| 6.4.9 | Metronidazole tablets | |  |  |  |  |
| 6.4.10 | Amoxicillin tablets/ Amoxiclav | |  |  |  |  |
| 6.4.11 | Cotrimoxazole tablets | |  |  |  |  |
| 6.4.12 | Paracetamol (tablets) | |  |  |  |  |
| 6.4.13 | All the medications stocked and dispensed according to FEFO/ FIFO guidelines | |  |  |  |  |
| 6.4.14 | Medications stored according to temperature and light recommendations | |  |  |  |  |
| 6.4.15 | Is a medication inventory system in use? | |  |  |  |  |
| 6.4.16 | Availability of a minimum stock of HIV test kits to meet the expected demand for at least (1) day | |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
|  | **END** | | | |

**7.1: MALE CIRCUMCISION SURGICAL PROCEDURE**

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| **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** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.1.1 | Current general health |  |  |  |  |  |  |  |
| 7.1.1.2 | STI history (genital ulcers, discharge, genital warts ) |  |  |  |  |  |  |  |
| 7.1.1.3 | UTI history ( any pain or burning on urination, frequent urination and urgency to pass urine ) |  |  |  |  |  |  |  |
| 7.1.1.4 | Whether the client is taking any medicine (chronic e.g. warfarin, aspirin, DM, TB, HPT, epilepsy etc.) |  |  |  |  |  |  |  |
| 7.1.1.5 | Whether the client has any known allergies especially medicines and fish |  |  |  |  |  |  |  |
| 7.1.1.6 | Any Previous operation |  |  |  |  |  |  |  |
| 7.1.1.7 | If yes in 7.1.5, type of operation and if there were complications including prolonged bleeding? |  |  |  |  |  |  |  |
| 7.1.1.8 | Any bleeding tendencies |  |  |  |  |  |  |  |
| 7.1.1.9 | Previous adverse reaction to anaesthesia (local or general) |  |  |  |  |  |  |  |
| 7.1.1.10 | Whether the client has problems with penile erection |  |  |  |  |  |  |  |
| 7.1.1.11 | Any other problem with sexual function |  |  |  |  |  |  |  |
| 7.1.1.12 | Completes client history section of MMC Client Record |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.1.2** | **The provider correctly performs pre-operation examination** | | | | | | | |
| **Observe during physical examination whether the provider performs the following:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.2.1 | Takes the vital signs: pulse, resp. BP, weight and temp. (tick NO if one is not done & comment) |  |  |  |  |  |  |  |
| 7.1.2.2 | Head to toe examination to determine the general condition (check for anaemia, enlarged lymph nodes, JACCOL etc.) |  |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |  |
|  | **If client has a suspected STI:** | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.2.4 | Correct diagnosis is made using syndromic approach (according to guidelines/EDL). |  |  |  |  |  |  |  |
| 7.1.2.5 | Referral for treatment and care done |  |  |  |  |  |  |  |
| 7.1.2.6 | Partner notification and treatment is encouraged |  |  |  |  |  |  |  |
| 7.1.2.7 | Contact notification slip provided |  |  |  |  |  |  |  |
| 7.1.2.8 | Case documentation is done |  |  |  |  |  |  |  |
| 7.1.2.9 | Completes physical examination section of MMC Client Record |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.1.3** | **The operating or surgical theatre/room** | | | | |
| **Observe the operating theatre/surgical procedure room for the following:** | | **Yes** | **No** | **NA** | **Comment** |
| 7.1.3.1 | Availability of adequate lights |  |  |  |  |
| 7.1.3.2 | Restriction of access |  |  |  |  |
| 7.1.3.3 | Privacy available to each patient (doors with handles & locks; beds enclosed by curtains; at least 1m between patient beds) |  |  |  |  |
| 7.1.3.4 | Use of PPE by all personnel, at all times (at a minimum: masks, caps, shoe covers, and aprons) |  |  |  |  |
| 7.1.3.5 | Availability of Savlon for clients sensitive to Iodine |  |  |  |  |
| 7.1.3.6 | Does the theatre/operating room(s) have adequate temperature control? |  |  |  |  |
| 7.1.3.7 | Does the theatre/operating room(s) have adequate ventilation? |  |  |  |  |
| 7.1.3.8 | Does the theatre/operating room(s) have adequate space? |  |  |  |  |
| 7.1.3.9 | Is there an adequate area for performing the surgical scrub? |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **OPERATIVE CARE** | | | | | | | | |
| **7.1.4** | **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** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.4.1 | Documents Surgical procedure start time |  |  |  |  |  |  |  |
| 7.1.4.2 | Documents Surgical procedure end time |  |  |  |  |  |  |  |
| 7.1.4.3 | Verifies client details |  |  |  |  |  |  |  |
| 7.1.4.4 | Checks for the consent form for surgical procedure |  |  |  |  |  |  |  |
| 7.1.4.5 | Ensures proper positioning of the client |  |  |  |  |  |  |  |
| 7.1.4.6 | Scrubs and keeps the hands above the elbows |  |  |  |  |  |  |  |
| 7.1.4.7 | Puts on protective clothing and gloves |  |  |  |  |  |  |  |
| 7.1.4.8 | Prepares the necessary equipment |  |  |  |  |  |  |  |
| 7.1.4.9 | Was Iodine skin test done on a smaller area before being applied on a larger area during cleaning? |  |  |  |  |  |  |  |
| 7.1.4.10 | Cleans genitalia and surrounding (from umbilicus to mid-thigh with povidone 10% or savlon 1:100) |  |  |  |  |  |  |  |
| 7.1.4.11 | Maintains dialogue with the client throughout the procedure |  |  |  |  |  |  |  |
| **Assess proper functioning of equipment** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.4.12 | Check proper connection of diathermy and patient electrodes |  |  |  |  |  |  |  |
| 7.1.4.13 | Check proper settings of the diathermy (max of 20 for children below 15 years of age and 25 for adults). |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **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** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.5.1 | Drapes the client exposing the genitalia only |  |  |  |  |  |  |  |
| 7.1.5.2 | Re-assures the client |  |  |  |  |  |  |  |
| 7.1.5.3 | Opens a new ampule of anaesthetic for each observed client. |  |  |  |  |  |  |  |
| 7.1.5.4 | Administers correct amount of anaesthetic **(maximum dose of 3mg/kg of lignocaine or lignocaine combined with 5ml macaine)** at the base of the penis ( at eleven and one o’clock followed by a ring block) |  |  |  |  |  |  |  |
| 7.1.5.5 | Aspirates every time before injecting |  |  |  |  |  |  |  |
| 7.1.5.6 | Waits for 3-5 min for the anaesthetic to work |  |  |  |  |  |  |  |
| 7.1.5.7 | Tests for pain sensation using toothed dissecting forceps |  |  |  |  |  |  |  |
| 7.1.5.8 | Manages pain by administering additional anaesthetic (if necessary throughout the procedure otherwise NA) |  |  |  |  |  |  |  |
| 7.1.5.9 | Makes a surgical marking incision at the level of the corona on a relaxed penis |  |  |  |  |  |  |  |
| 7.1.5.10 | Clamps the foreskin to apply a recommended surgical method appropriate for age(Dorsal slit for Clients < 15 years, any method deemed necessary by the surgeon ) |  |  |  |  |  |  |  |
| 7.1.5.11 | Excises foreskin along the marked incision |  |  |  |  |  |  |  |
| 7.1.5.12 | Wraps sterile gauze around the wound and applies pressure for 3-5 min |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **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** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 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 |  |  |  |  |  |  |  |
| 7.1.6.2 | Ligates the bleeders either by diathermy or simple ligature |  |  |  |  |  |  |  |
| 7.1.6.3 | Checks for additional bleeding points |  |  |  |  |  |  |  |
| 7.1.6.4 | Align the median raphe with the frenulum and applies a horizontal mattress suture |  |  |  |  |  |  |  |
| 7.1.6.5 | Applies a vertical mattress suture at 12 o’clock then 3 o’clock and finally at 9 o’clock |  |  |  |  |  |  |  |
| 7.1.6.6 | Put simple interrupted sutures in between the mattress sutures |  |  |  |  |  |  |  |
| 7.1.6.7 | Applies sterile gauze along the suture line and apply pressure for 2-3 min |  |  |  |  |  |  |  |
| 7.1.6.8 | Cleans the glans and genital area using normal saline if necessary |  |  |  |  |  |  |  |
| 7.1.6.9 | Applies dressing using Vaseline gauze swabs and then applies strapping |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **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** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.7.1 | Straps the penis to the lower abdomen |  |  |  |  |  |  |  |
| 7.1.7.2 | Helps client to get off the operating table |  |  |  |  |  |  |  |
| 7.1.7.3 | Cleans the back and bottom of the client if necessary |  |  |  |  |  |  |  |
| 7.1.7.4 | Escorts patient to the post-operative recovery area |  |  |  |  |  |  |  |
| 7.1.7.5 | Completes Theatre Register |  |  |  |  |  |  |  |
| 7.1.7.6 | Documents procedure time on the register |  |  |  |  |  |  |  |
| 7.1.7.7 | Completes the surgical notes section of the MMC Client Record |  |  |  |  |  |  |  |
| 7.1.7.8 | If any complications or adverse events were experienced, the provider should record on the MMC Client Record and the MMC Adverse Event Reporting Form |  |  |  |  |  |  |  |
| 7.1.7.9 | Disposes all the needles and syringes safely? |  |  |  |  |  |  |  |
| 7.1.7.10 | Correct disposal of PPE by all staff |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.1.8** | **The availability of emergency equipment at surgical theatre and post-OP room** | | | | | | |
|  | | **Availability** | | | **Functionality** | | |
| **Check the availability and functionality of the following emergency equipment:** | | **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.8.1 | Oxygen |  |  |  |  |  |  |
| 7.1.8.2 | Suction apparatus |  |  |  |  |  |  |
| 7.1.8.3 | Availability of resuscitation trolley |  |  |  |  |  |  |
| 7.1.8.4 | Availability of resuscitation checklist |  |  |  |  |  |  |
| **Check the contents of the resuscitation trolley for the following**: | | **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.8.5 | Adrenaline |  |  |  |  |  |  |
| 7.1.8.6 | Atropine |  |  |  |  |  |  |
| 7.1.8.7 | Promethazine |  |  |  |  |  |  |
| 7.1.8.8 | Intravenous drip Cannulae & giving sets |  |  |  |  |  |  |
| 7.1.8.9 | 5% dextrose solution/ Dextrose saline (50ml, 200ml or 1litre) |  |  |  |  |  |  |
| 7.1.8.10 | Normal saline solution/ ringers lactate |  |  |  |  |  |  |
| 7.1.8.11 | Airways |  |  |  |  |  |  |
| 7.1.8.12 | Endotracheal tubes ( different sizes ) |  |  |  |  |  |  |
| 7.1.8.13 | Laryngoscope (set) |  |  |  |  |  |  |
| 7.1.8.14 | Torch |  |  |  |  |  |  |
| 7.1.8.15 | Ambu bag |  |  |  |  |  |  |
| 7.1.8.16 | Pulse oximeter ( may be separate or part of BP machine) |  |  |  |  |  |  |
| 7.1.8.17 | Defibrillator & paddles ( or AED machine ) |  |  |  |  |  |  |
| 7.1.8.18 | Does the post-operative care area have adequate temperature control? |  |  |  |  |  |  |
| 7.1.8.19 | Does the post-operative care area have sufficient lighting |  |  |  |  |  |  |
| 7.1.8.20 | Does the post-operative care area have sufficient space and privacy |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **POST-OPERATIVE CARE** | | | | | | | | |
| **7.1.9** | **The provider monitors immediate post-OP client** | | | | | | | |
| **Observe during the care of two clients whether the provider:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.9.1 | Observes the general condition of the client( JACCOL) |  |  |  |  |  |  |  |
| 7.1.9.2 | Monitors the vital signs before discharge ( BP, pulse, respiration and temp) |  |  |  |  |  |  |  |
| 7.1.9.3 | Checks the surgical dressing for oozing or bleeding |  |  |  |  |  |  |  |
| 7.1.9.4 | Manages post-operative pain by reassuring and providing paracetamol to be taken at home. |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

| **7.1.10** | **The provider gives client appropriate post-OP care instructions** | | | | | | | |
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| **Gives post-operative instructions to the client – Observe:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.10.1 | Shows how to remove and reapply strapping before and after urinating |  |  |  |  |  |  |  |
| 7.1.10.2 | Avoid intercourse and masturbation for 6 weeks (8weeks with device) |  |  |  |  |  |  |  |
| 7.1.10.3 | Dressing to be removed 48 hours later provided there is no bleeding or oozing or any other complication |  |  |  |  |  |  |  |
| 7.1.10.4 | Wear clean, loose fitting under wear which should be changed each day |  |  |  |  |  |  |  |
| 7.1.10.5 | Do not wet the dressing for the first 2 days (48hrs) |  |  |  |  |  |  |  |
| 7.1.10.6 | After 2 days (48hrs) wash the genitalia with lukewarm salt water |  |  |  |  |  |  |  |
| 7.1.10.7 | follow-up visit after 48 hours, 7 days and 6 weeks |  |  |  |  |  |  |  |
| 7.1.10.8 | 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). |  |  |  |  |  |  |  |
| 7.1.10.9 | Client to rest, not to engage in physical exercises or strenuous activities. |  |  |  |  |  |  |  |
| 7.1.10.10 | Reinforces HIV prevention messages |  |  |  |  |  |  |  |
| 7.1.10.11 | Makes sure the client knows where to go if complications arise |  |  |  |  |  |  |  |
| 7.1.10.12 | Gives oral and written instructions for contacting VMMC staff with an emergency contact number |  |  |  |  |  |  |  |
| 7.1.10.13 | Provide instructions for pain management |  |  |  |  |  |  |  |
| 7.1.10.14 | Gives information on how to manage post-operative penile erections |  |  |  |  |  |  |  |
| 7.1.10.15 | Gives next appointment date |  |  |  |  |  |  |  |
| 7.1.10.16 | Provides the client with condoms |  |  |  |  |  |  |  |
| 7.1.10.17 | Warns against applying any home or folk remedies-messages should stress that such applications increase the risk of life threatening infection, including tetanus |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Commen**: |  | | | |

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| **7.1.11** | **Client records are updated and completed prior to discharge** | | | | | | | |
| **Observe whether provider** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.11.1 | Fills in the follow-up visit date and emergency contact number on the client appointment card |  |  |  |  |  |  |  |
| 7.1.11.2 | Completes post-operative notes section of VMMC Client Record |  |  |  |  |  |  |  |
| 7.1.11.3 | Records any post-operative complications or adverse events on the VMMC Client Record and Adverse Event Form |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **FOLLOW UP VISITS** | | | | | | | | |
| **7.1.12** | **The provider correctly manages initial follow up** | | | | | | | |
| **Observe during routine follow up care whether the provider:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.1.12.1 | Retrieves and review MMC Client Record for background information on the client and the surgical procedure |  |  |  |  |  |  |  |
| 7.1.12.2 | Verifies that the contact information is still valid |  |  |  |  |  |  |  |
| 7.1.12.3 | If the client has not been tested for HIV in the last 3 months, offers HIV testing and counselling on an opt-out basis |  |  |  |  |  |  |  |
| 7.1.12.4 | Asks the client if they have had any problems or complaints |  |  |  |  |  |  |  |
| 7.1.12.5 | Removes the dressing |  |  |  |  |  |  |  |
| 7.1.12.6 | Examines the operation site to assess healing and ensure that there is no infection |  |  |  |  |  |  |  |
| 7.1.12.7 | Treats any complication found during examination or refer client to higher level |  |  |  |  |  |  |  |
| 7.1.12.8 | Re enforces Post-operative instructions on wound care, potential complications and danger signs, return visits, and abstinence / resumption of sexual activity |  |  |  |  |  |  |  |
| 7.1.12.9 | Reviews and reinforces HIV prevention messages |  |  |  |  |  |  |  |
| 7.1.12.10 | Asks if the client has other SRH needs or concerns and responds or refers as appropriate |  |  |  |  |  |  |  |
| 7.1.12.11 | Asks the client whether he is satisfied with the service provided or has any comment to make that will help improve the service |  |  |  |  |  |  |  |
| 7.1.12.12 | Completes the follow-up notes section of the VMMC Client Record |  |  |  |  |  |  |  |
| 7.1.12.13 | Records any complications or adverse events on the MC Client Record and Adverse Event Recording Form. ( NA if none ) |  |  |  |  |  |  |  |
| 7.1.12.14 | Provides the client with condoms |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
| **END** | | | | |

**7.2 MALE CIRCUMCISION DEVICE PROCEDURE**

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| **PRE-OPERATIVE CARE** | | | | | | | | |
| **7.2.1** | **The provider correctly takes history (PRE-OPERATIVE CARE)** | | | | | | | |
| **Observe during the care of two clients Client whether the provider obtains the following history:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.1.1 | Current general health |  |  |  |  |  |  |  |
| 7.2.1.2 | STI and history (genital ulcers, discharge, genital warts ) |  |  |  |  |  |  |  |
| 7.2.1.3 | UTI history ( any pain or burning on urination, frequent urination and urgency to pass urine ) |  |  |  |  |  |  |  |
| 7.2.1.4 | Whether the client is taking any medicine (chronic e.g. warfarin, aspirin, DM, TB, HPT, epilepsy etc.) |  |  |  |  |  |  |  |
| 7.2.1.5 | Whether the client has any known allergies especially medicines and fish |  |  |  |  |  |  |  |
| 7.2.1.6 | Any Previous operation |  |  |  |  |  |  |  |
| 7.2.1.7 | If yes in 7.1.5, type of operation and if there were complications including prolonged bleeding? |  |  |  |  |  |  |  |
| 7.2.1.8 | Previous adverse reaction to anaesthesia (local or general) |  |  |  |  |  |  |  |
| 7.2.1.9 | History of tetanus vaccination |  |  |  |  |  |  |  |
| 7.2.1.10 | Whether the client has problems with penile erection or any sexual function |  |  |  |  |  |  |  |
| 7.2.1.11 | Completes client history section of MMC Client Record |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.2.2 Training** | | | | | |
|  | | **Yes** | **No** | **NA** | **Comment** |
| 7.2.2.1 | Have the clinical personnel in health facilities in the site’s catchment area being trained and orientated on Device |  |  |  |  |
| 7.2.2.2 | Have the clinical personnel in health facilities in the site’s catchment area being trained and orientated on follow up visit including the recognition of potential complications from Device? |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |
| **Overall Comment**: |  | | |

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| **7.2.3** | **The provider correctly performs pre-operation examination** | | | | | | | |
| **Observe during physical examination whether the provider performs the following:** | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.3.1 | Takes the vital signs: pulse, resp. BP, weight and temp. (tick NO if one is not done & comment) |  |  |  |  |  |  |  |
| 7.2.3.2 | Head to toe examination to determine the general condition (check for anaemia, enlarged lymph nodes, JACCOL etc.) |  |  |  |  |  |  |  |
| 7.2.3.3 | 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. |  |  |  |  |  |  |  |
|  | **If client has a suspected STI:** | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.3.4 | Correct diagnosis is made using syndromic approach (according to guidelines/EDL). |  |  |  |  |  |  |  |
| 7.2.3.5 | Referral for treatment and care done |  |  |  |  |  |  |  |
| 7.2.3.6 | Partner notification and treatment is encouraged |  |  |  |  |  |  |  |
| 7.2.3.7 | Contact notification slip provided |  |  |  |  |  |  |  |
| 7.2.3.8 | Case documentation is done |  |  |  |  |  |  |  |
| 7.2.3.9 | Complete physical examination section of MMC Client Record |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | |  |  |
| **Overall Comment**: |  | | | | |

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| **7.2.4** | **Surgical Backup** | | | | |
|  | | **Yes** | **No** | **NA** | Comment |
| 7.2.4.1 | Is skilled surgical backup available within 6hours of site? |  |  |  |  |
| 7.2.4.2 | Is the surgical backup adequately skilled in performing different VMMC surgical methods/procedures to address potential adverse events? |  |  |  |  |
| 7.2.4.3 | Does staff know what to do I case of Adverse events and referral to surgical |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |
| **Overall Comment**: |  | | |

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| **7.2.5** | **The operating or surgical theatre/room** | | | | |
| **Observe the operating theatre/surgical procedure room for the following:** | | **Yes** | **No** | **NA** | **Comment** |
| 7.2.5.1 | Availability of adequate lights |  |  |  |  |
| 7.2.5.2 | Restriction of access |  |  |  |  |
| 7.2.5.3 | Privacy available to each patient (doors with handles & locks; beds enclosed by curtains; at least 1m between patient beds) |  |  |  |  |
| 7.2.5.4 | Use of PPE by all personnel, at all times (at a minimum: masks, caps, shoe covers, and aprons) |  |  |  |  |
| 7.2.5.5 | Does the theatre/operating room(s) have adequate temperature control? |  |  |  |  |
| 7.2.5.6 | Does the theatre/operating room(s) have adequate ventilation? |  |  |  |  |
| 7.2.5.7 | Does the theatre/operating room(s) have adequate space? |  |  |  |  |
| 7.2.5.8 | Is there an adequate area for performing the surgical scrub? |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  |  |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **OPERATIVE CARE** | | | | | | | | |
| **7.2.6** | **The provider prepares the client for Device Procedure** | | | | | | | |
| **Observe during the care of two clients whether the provider**: | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.6.1 | Documents insertion of Device start time |  |  |  |  |  |  |  |
| 7.2.6.2 | Documents insertion of Device end time |  |  |  |  |  |  |  |
| 7.2.6.3 | Verifies client details |  |  |  |  |  |  |  |
| 7.2.6.4 | Verifies if client received required TTCV doses, at least 2 doses |  |  |  |  |  |  |  |
| 7.2.6.5 | Checks for the consent form for the Device procedure |  |  |  |  |  |  |  |
| 7.2.6.6 | Ensures proper positioning of the client |  |  |  |  |  |  |  |
| 7.2.6.7 | Scrubs and keeps his/her hands above the elbows |  |  |  |  |  |  |  |
| 7.2.6.8 | Puts on protective clothing (gloves, mask and apron) |  |  |  |  |  |  |  |
| 7.2.6.9 | Prepares the necessary equipment |  |  |  |  |  |  |  |
| 7.2.6.10 | Cleans genitalia with povidone 10% or savlon 1:100 or betadine solution (starting with the gland and the shaft of the penis moving out to the periphery) |  |  |  |  |  |  |  |
| 7.2.6.11 | Uses a new single use Device sizing plate to select the appropriate size |  |  |  |  |  |  |  |
| 7.2.6.12 | Marks the outer circumcision line using a marker (leave 5mm of prepuce approximately to the corona) |  |  |  |  |  |  |  |
| 7.2.6.13 | Pulls the foreskin down towards the body and apply 1gr of 5% Elma cream on the exposed shaft area up to the coronal sulcus |  |  |  |  |  |  |  |
| 7.2.6.14 | Places the elastic ring on the placement ring |  |  |  |  |  |  |  |
| 7.2.6.15 | Places the placement ring on the penis shaft with the elastic ring side facing away from the body |  |  |  |  |  |  |  |
| 7.2.6.16 | The foreskin is stretched upwards and the assistance inset the inner ring with its flat parts toward the dorsal and ventral penis sides |  |  |  |  |  |  |  |
| 7.2.6.17 | Holds the foreskin closed at the tip of the penis to secure the inner ring in place |  |  |  |  |  |  |  |
| 7.2.6.18 | Advances the placement ring and elastic ring towards the gland until you can visualise that the inner ring and elastic ring are aligned |  |  |  |  |  |  |  |
| 7.2.6.19 | Ensures that the foreskin has been adjusted up to the marking line to avoid excessive/insufficient skin removal |  |  |  |  |  |  |  |
| 7.2.6.20 | Releases elastic ring released (this should be exactly in the groove of the inner ring) and removes placement ring |  |  |  |  |  |  |  |
| 7.2.6.21 | Ensures that urethra has been well identified and well secured, no sign of invagination before removal of verification thread |  |  |  |  |  |  |  |
| 7.2.6.22 | Upon proper placement of the elastic ring, discards the placement ring, and cut the verification thread with the nurse utility scissors |  |  |  |  |  |  |  |
| 7.2.6.23 | Elevates the penis by supporting with tape |  |  |  |  |  |  |  |
| 7.2.6.24 | Provides Client is with pain killers |  |  |  |  |  |  |  |
| 7.2.6.25 | Maintains dialogue with the client throughout the procedure |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.2.7** | **Post-Placement instruction** | | | | | | | | |
| **Ensure that instruction given to client include the following**: | | | **Client 1** | | | **Client 2** | | | **Comment** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.7.1 | Not to remove the device, and not to let anyone other than the designated provider remove it | |  |  |  |  |  |  |  |
| 7.2.7.2 | To return for device removal after 7 days | |  |  |  |  |  |  |  |
| 7.2.7.3 | To return to the MMC centre if he wants to remove the device before 7days period is over | |  |  |  |  |  |  |  |
| 7.2.7.4 | To immediately report any unexpected situation, such as uncontrollable pain or device displacement | |  |  |  |  |  |  |  |
| 7.2.7.5 | Not to pull on the foreskin as this can cause partial detachment | |  |  |  |  |  |  |  |
| 7.2.7.6 | To abstain from sexual intercourse and masturbation for 8 weeks | |  |  |  |  |  |  |  |
| 7.2.7.7 | To take pain killer tablets per instructions | |  |  |  |  |  |  |  |
| 7.2.7.8 | To expect the foreskin to become darker and dry out | |  |  |  |  |  |  |  |
| 7.2.7.9 | Unpleasant odour may occur while wearing the device | |  |  |  |  |  |  |  |
| 7.2.7.10 | Infection may occur while wearing the device | |  |  |  |  |  |  |  |
| 7.2.7.11 | There may be some partial skin detachment along the elastic ring | |  |  |  |  |  |  |  |
| 7.2.7.12 | To bath normally and keep the foreskin clean | |  |  |  |  |  |  |  |
| **Clients expectation while wearing the Device** | | | | | | | | | |
| 7.2.7.13 | Parts of the foreskin may become separated from the penis about 5 to 7days | |  |  |  |  |  |  |  |
| **Actual Score ( Sum of positive responses)** | | |  | | | | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | | | | | | | |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | | | | | | | |  |
| **Overall Comment** | |  | | | | | | | |

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| **7.2.8** | **Device Removal** | | | | | | | |
| **Observe during the loading process if:** | | **Client 1** | | | **Client 2** | | | **Comments** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.8.1 | Client asked about general condition and whether he experienced problems with Device |  |  |  |  |  |  |  |
| 7.2.8.2 | Provider scrubs and put on gloves |  |  |  |  |  |  |  |
| 7.2.8.3 | A/E on the wound assessed and documented |  |  |  |  |  |  |  |
| 7.2.8.4 | Genital area cleaned with betadine |  |  |  |  |  |  |  |
| 7.2.8.5 | Forceps placed at 2 0’clock |  |  |  |  |  |  |  |
| 7.2.8.6 | Foreskin cut oblique at 3 0’clock to remove the skin |  |  |  |  |  |  |  |
| 7.2.8.7 | Elastic ring pierced to remove device |  |  |  |  |  |  |  |
| 7.2.8.8 | Inner ring removed on curved side |  |  |  |  |  |  |  |
| 7.2.8.9 | Clean gently with betadine solution |  |  |  |  |  |  |  |
| 7.2.8.10 | Dressing applied |  |  |  |  |  |  |  |
| 7.2.8.11 | Client told to come back if experiencing any problems after removal |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **7.2.9** | **Post Device Removal Procedure** | | | | | | | |
| **Observe during the loading process if the provider** | | **Client 1** | | | **Client 2** | | | **Comments** |
| **Yes** | **No** | **Na** | **Yes** | **No** | **Na** |
| 7.2.9.1 | Instructs the patient not to wet the dressing for 2days |  |  |  |  |  |  |  |
| 7.2.9.2 | Supplies the patient with new dressing to take home and instruct him in case the dressing on the penis gets wet he should remove it and replace it with a new dressing |  |  |  |  |  |  |  |
| 7.2.9.3 | Instructs the patient to remove the dressing completely in 2 days, at which time he can wash the penis and the wound area normally |  |  |  |  |  |  |  |
| 7.2.9.4 | Instructs the patient to contact the MC clinic in case of pain, infection, swelling or fever |  |  |  |  |  |  |  |
| 7.2.9.5 | Instructs the patient to abstain from sexual intercourse for 6 weeks after device removal and to avoid masturbation |  |  |  |  |  |  |  |
| 7.2.9.6 | Explains to the patient the importance of using condoms and that circumcision is not a complete protective solution for the prevention of HIV infection |  |  |  |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **END** |

1. **INFECTION PREVENTION**

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| **8.1** | **The concentration and use of antiseptics are according to the standards** | | | | |
| **Observe the following:** | | | | | |
| **8.1** | **The antiseptic concentration is correct:** | **Yes** | **No** | **Na** | **Comment** |
| 8.1.1 | Povidone 10% |  |  |  |  |
| 8.1.2 | Savlon 1:100 |  |  |  |  |
| 8.1.3 | Antiseptics are prepared in small reusable/disposable containers for daily use. |  |  |  |  |
| 8.1.4 | The reusable containers are thoroughly washed with soap and water, rinsed with clean water and dried before refilling. |  |  |  |  |
| 8.1.5 | Reusable containers are labelled with date each time they are refilled. |  |  |  |  |
| 8.1.6 | Gauze or cotton wool **is not stored** in containers with antiseptics. |  |  |  |  |
| 8.1.7 | Instruments and other items **are not stored** in containers with antiseptics |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | |  |  |
| **Overall Comment**: |  | | |

| **8.2.** | **The process of cleaning rooms between and after procedures is performed according to the standards** | | | | |
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| **Observe in the procedure room:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.2.1 | Housekeeping personnel wear utility gloves, aprons, shoe cover during cleaning. |  |  |  |  |
| 8.2.2 | Waste is collected and removed from the room in closed leak proof containers. |  |  |  |  |
| 8.2.3 | Puncture-resistant sharps containers are closed and removed when ¾ full. |  |  |  |  |
| 8.2.4 | Containers with 0.5% chlorine solution with instruments are removed at the end of the day. |  |  |  |  |
| 8.2.5 | Soiled linen is removed in closed leak proof containers. |  |  |  |  |
| 8.2.6 | Small body fluid spills are contained and cleaned with a disinfectant cleaning solution |  |  |  |  |
| 8.2.7 | Large body fluid spills are flooded with 0.5% chlorine solution, mop up solution, and then clean with detergent and water |  |  |  |  |
| 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. |  |  |  |  |
| 8.2.9 | The procedure bed is cleaned, and all surfaces and mattress pads are wiped with a disinfectant-soaked, lint-free cloth |  |  |  |  |
| 8.2.10 | Instrument trolleys are decontaminated with a cloth dampened with 0.5% chlorine solution and rinsed with clean water. |  |  |  |  |
| 8.2.11 | After the room is cleaned, cleaners’ utility gloves are cleaned, removed, and dried. |  |  |  |  |
| 8.2.12 | The cleaner washes his / her hands after removing gloves |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | |  |  |
| **Overall Comment**: |  | | |

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| **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:** | | **Yes** | **No** | | **Na** | **Comment** |
| 8.3.1 | A 0.5% chlorine solution is prepared. |  |  |  | |  |
| 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. |  |  |  | |  |

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| **Actual Score ( Sum of positive responses)** | | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | |  |  |
| **Overall Comment**: |  | | |

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| **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:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.4.1 | Decontaminated by soaking for 10 minutes in 0.5% chlorine solution or other approved disinfectant, after use. |  |  |  |  |
| 8.4.2 | Washed in detergent and water after use |  |  |  |  |
| 8.4.3 | Rinsed in clean water |  |  |  |  |
| 8.4.4 | Dried completely before reuse or storage. |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.5.** | **Instrument processing: Decontamination, Cleaning, Sterilization and High level disinfection (HLD):** | | | | |
| **The decontamination of instruments and other articles (immediately after use and before cleaning) is performed according to the standards** | | | | |
| **Observe if: The concentration of chlorine solution is 0.5%:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.5.1 | **Liquid chlorine:** if using bleach (3.5%), 1 part bleach for 7 parts water, **or**  **Powder chlorine:** if using Calcium hypochlorite (35%), 14 grams bleach powder for 1 litre water |  |  |  |  |
| 8.5.2 | A new chlorine solution is prepared at the beginning of each day or sooner as needed. |  |  |  |  |
| 8.5.3 | Instruments and other items are soaked in the 0.5% chlorine solution for 10 minutes |  |  |  |  |
| 8.5.4 | After 10 minutes, instruments and other items are removed from the chlorine solution cleaned with soapy water and rinsed with clean water and dried. |  |  |  |  |
| 8.5.5 | Chlorine solution is changed whenever cloudy or after 24 hours. |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.6** | **The storage process of sterile or high-level disinfected items is performed according to the standards.** | | | | |
| **Observe if :** | | **Yes** | **No** | **Na** | **Comment** |
| 8.6.1 | Clean supplies **are not** stored with sterile or high-level disinfected items |  |  |  |  |
| 8.6.2 | Unwrapped items are used immediately and **are not** stored |  |  |  |  |
| 8.6.3 | Sterile or high-level disinfected packs and/or containers have expiry dates on them. |  |  |  |  |
| 8.6.4 | There is a rotation and an inventory system to control the use of sterile or high-level disinfected items. |  |  |  |  |
| 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). |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

| **8.7** | **Waste is disposed of / handled appropriately: Health Care Waste Management** | | | | |
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| **Observe in the rooms if: Medical waste (e.g., cotton wool, gauze, etc.):** | | **Yes** | **No** | **Na** | **Comment** |
| 8.7.1 | Waste is segregated at point of origin into hazardous and non-hazardous waste |  |  |  |  |
| 8.7.2 | All medical waste (e.g, gauze, cotton wool, dressing, etc.) is disposed in a container with a leak proof bag. |  |  |  |  |
| 8.7.3 | Colour coding: red (bins and bin liners) for hazardous waste. |  |  |  |  |
| 8.7.4 | Sharps are placed in a puncture-resistant container (heavy card box, empty plastic container, metal container with small opening). |  |  |  |  |
| 8.7.5 | Containers are closed and collected when ¾ full. Sharps containers are not reused |  |  |  |  |
| **8.7.6** | **Housekeeping personnel wear personal protective equipment when handling medical waste** | **Yes** | **No** | **Na** | **Comment** |
| 8.7.6.1 | Utility gloves |  |  |  |  |
| 8.7.6.2 | Gumboots |  |  |  |  |
| 8.7.6.3 | Plastic aprons |  |  |  |  |
| 8.7.6.4 | Face mask |  |  |  |  |
| **8.7.7** | **Waste is transported to the interim storage area or for disposal in adequate closed containers:** | **Yes** | **No** | **Na** | **Comment** |
| 8.7.7.1 | Sharps in puncture-resistant containers (heavy card box, hard plastic or can containers) |  |  |  |  |
| 8.7.7.2 | Sharps containers are not emptied and reused |  |  |  |  |
| 8.7.7.3 | Other medical waste (e.g., used cotton rolls, gauze, dressing, etc.) in leak proof containers |  |  |  |  |
| 8.7.7.4 | General waste is collected from all areas in adequate closed containers and transported to the interim storage area or for disposal |  |  |  |  |
| 8.7.7.5 | Anatomical waste is stored and disposed appropriately |  |  |  |  |
| **8.7.8** | **Housekeeping personnel perform hand hygiene after handling waste and removing utility gloves:** | **Yes** | **No** | **Na** | **Comment** |
| 8.7.8.1 | 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** |  |  |  |  |
| 8.7.8.2 | Rub hands with 3–5 ml of an alcohol-based solution until the hands are dry (if hands **are not** visibly soiled) |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.8** | **The system for interim storage is appropriate** | | | | |
| **Observe if:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.8.1 | Contaminated waste doesn’t cross path with clients and providers |  |  |  |  |
| 8.8.2 | The interim storage area is not accessible to general staff, patients/clients and animals. |  |  |  |  |
| 8.8.3 | Containers are leak proof and closed with tight lids. |  |  |  |  |
| 8.8.4 | There is no waste sticking out of the containers. |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.9** | | **The facility ultimately disposes waste properly** | | | | |
| **Observe if:** | | | **Yes** | **No** | **Na** | **Comment** |
| 8.9.1 | The final disposal sites are appropriate, whether incinerated, buried, or encapsulated | |  |  |  |  |
| 8.9.2 | The facility dispose its own waste or has outsourced its waste disposal | |  |  |  |  |
| **8.9.3** | **Observe the following if the facility disposes its own waste.** | | **Yes** | **No** | **Na** | **Comment** |
| 8.9.3 | Waste is removed according to specification in the service level agreement | |  |  |  |  |
| 8.9.4 | The disposal sites are well secured (fenced) and away from the traffic, human and animals | |  |  |  |  |
| 8.9.5 | Well situated ( avoid residential areas) | |  |  |  |  |
| 8.9.6 | Appropriate personnel to manage the sites. | |  |  |  |  |
| 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.) | |  |  |  |  |
| **8.9.8** | **Are one of the below options available to dispose used instruments?** | | **Yes** | **No** | **Na** | **Comment** |
| 8.9.8.1 | Burial of instruments in a secure instruments/sharps pits/concrete vaults OR Specialized encapsulation | |  |  |  |  |
| 8.9.8.2 | Transporting the instruments to a recycling / smelting facility | |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  | | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
| **END** | | | | |

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| **ONLY IF NON-DISPOSABLE INSTRUMENTS ARE USED** |

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| **8.10** | | **The process of cleaning instruments and other items is performed according to the standards** | | | | |
| **Observe if the person cleaning the instruments complies with the following steps and recommendations:** | | | | | | |
| **8.10.1** | **Wears appropriate personal protective equipment:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.10.1.1 | Utility gloves | |  |  |  |  |
| 8.10.1.2 | Mask and eyewear protection or face shield | |  |  |  |  |
| 8.10.1.3 | Plastic apron | |  |  |  |  |
| 8.10.1.4 | Covered shoes | |  |  |  |  |
| **8.10.2** | **Utilizes** | | **Yes** | **No** | **Na** | **Comment** |
| 8.10.2.1 | Soft brush | |  |  |  |  |
| 8.10.2.2 | Detergent | |  |  |  |  |
| 8.10.2.3 | Running water | |  |  |  |  |
| 8.10.3 | Scrubs instruments and other items under the surface of water completely removing all blood and other foreign matter | |  |  |  |  |
| 8.10.4 | Dissembles instruments and other items with multiples parts and clean in the grooves, teeth and joints with a brush | |  |  |  |  |
| 8.10.5 | Rinses the instruments and other items thoroughly with clean water | |  |  |  |  |
| 8.10.6 | Allows instruments and other items to air-dry, or dry with a clean towel | |  |  |  |  |
| 8.10.7 | Washes hands after removing gloves | |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.11** | **The process of packaging of items to be sterilized is performed according to the standards** | | | | |
| **If packaging items to be sterilized through steam sterilization (autoclave)** | | **Yes** | **No** | **Na** | **Comment** |
| 8.11.1 | The instruments are clean and dry |  |  |  |  |
| 8.11.2 | Cloths items have been laundered dried and have no holes. |  |  |  |  |
| 8.11.3 | All jointed instruments are opened or in unlocked position |  |  |  |  |
| 8.11.4 | All instruments are disassembled |  |  |  |  |
| **8.11.5** | **Instruments are wrapped in the correct material:** | **Yes** | **No** | **Na** | **Comment** |
| 8.11.5.1 | Cloth wraps, muslin (140 thread count): double wrapping using two double-thickness wraps (4 layers in all), **or**  Jean cloth (170 thread count): double- thickness per wrapper, **or**  Barrier cloth (272-288 thread count): one thickness but two wraps, **or**  Paper (Kraft or other): double wrapping. It is **not reused** |  |  |  |  |
| 8.11.5. 2 | Packages are not tied tightly |  |  |  |  |
| **8.11.6** | **If packaging items to be sterilized through dry-heat**: **The types of materials** | **Yes** | **No** | **Na** | **Comment** |
| 8.11.6.1 | Cloth wraps, muslin (140 thread count): double wrapping using two double-thickness wraps (4 layers in all), **or** |  |  |  |  |
| 8.11.6.2 | Metal containers with lids |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |

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| **8.12** | **The process of sterilization is performed according to the standards.** *(see Appendix 1 for a reference with more technical details on proper sterilization procedures)* | | | | |
| **Observe during the loading process if:** | | **Yes** | **No** | **Na** | **Comment** |
| 8.12.1 | The autoclave / dry heat oven is loaded properly |  |  |  |  |
| 8.12.2 | Sterilization is done at the proper temperature / pressure / time |  |  |  |  |
| 8.12.3 | Time, temperature and pressure gauges are functioning properly |  |  |  |  |
| 8.12.4 | Processed items are unloaded properly maintaining sterility |  |  |  |  |
| 8.12.5 | The sterilization process is monitored appropriately |  |  |  |  |
| 8.12.6 | Any failure noted results in appropriate corrective measures (checking equipment and re-processing instruments |  |  |  |  |
| 8.12.7 | When sterilization is not possible, high-level decontamination is done correctly and appropriate documentation is included |  |  |  |  |

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| **Actual Score ( Sum of positive responses)** | |  |  | |
| **Maximum possible score (Sum of all “YES “ & “NO” responses)** | | |  |  |
| **Total (%) - (Sum of “YES” response divided by Maximum possible sore)** | | |  |  |
| **Overall Comment**: |  | | | |
| **END** | | | | |

**Appendix 1: Detailed reference for proper sterilization and HLD**

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| The process of loading the sterilizer is performed according to the standards**.** | Observe during the loading process if:  **If using steam sterilization (autoclave):**   * There is at least 7–8 cm (3 inches) of space between the packages and the walls. * Packs (linen, gloves) rest on their edge, in loose contact with each other. * Canisters, utensils and treatment trays (if a solid tray) are on their sides. * Instrument trays (mesh or perforated bottom only) are placed flat on shelves. * Packs are not oversized. Maximum dimensions: 30 x 30 x 50 cm (12 x 12 x 20 inches) or 5 kg (12 pounds). * The sterilizer is not overloaded: the packs and containers are not compressed. * Gloves are sterilized by themselves and are placed in the upper shelves.   AND/OR  **If using dry-heat sterilization**:   * There is at least 7–8 cm (3 inches) of space between the packages and the walls.   The sterilizer is not overloaded: the packs and containers are not compressed. |
| The sterilization process is performed according to the standards. | Observe during the sterilizing cycle if the standard conditions listed below are followed:  **If steam sterilization (autoclave)**:   * Correct time * Correct temperature * Correct pressure * All meters for time, temperature and pressure are functioning properly * Complete sterilization is checked using markers (e.g., test strips)   **AND/OR**  **If dry-heat sterilization**:   * Correct time * Correct temperature * All meters for time, temperature and pressure are functioning properly   AND/OR  **If chemical sterilization**:   * Disassembled instruments are totally immersed in glutaraldehyde (concentration according to manufacturer’s instructions) for 10 hours in a container with lid. * There is a label on the container indicating the starting time of sterilization. * There is a label on the container indicating the date of reconstitution, and the solution is used within 14 days.   After 10 hours, instruments are removed with sterile gloves or forceps and rinsed with sterile water, dried and placed in a sterile container. |
| The process of unloading the sterilizer is performed according to the standards. | Observe during the unloading process:  **If using steam sterilization (autoclave)**:   * The door is open 12–14 cm (5–7 inches) after the sterilizing cycle has been completed, and the chamber pressure gauge reaches “0”. * 30 minutes are allowed before unloading the sterilizer, for pack and instruments to dry. * If a loading cart is used, the cart is removed from the sterilizer and placed away from open window or fan until it is cool. * If no cart is used, packs are laid out on a surface padded with paper or fabric, away from open windows or a fan until they are cool. * Unnecessary handling of the packs is avoided. * When packs have cooled to room temperature, they are dispensed or placed into a sterile storage area.   **If using dry-heat sterilization**:   * Packs are laid out on a surface padded with paper or fabric, away from open windows or a fan until they are cool. * Packs cool to ambient room temperature before handling. * Unnecessary handling of the packs is avoided. |