



Improving Quality VMMC

Project IQ Webinar Series

In Pursuit of the Pivot Reaching and Serving Clients Aged 15-29 Years

August 24, 2016

Agenda

1. Project IQ updates & resources

Stephanie Davis, CDC

2. PEPFAR age pivot

Carlos Toledo, CDC

3. Country perspective: Zambia

Omega Chituwo, CDC
Jackson Okuku, Jhpiego

4. Human centered design approach to demand creation

Ngoni Madidi, PSI
Kumbirai Chatora, PSI
Albert Machinda, SFH
Brittany Thurston, SFH

5. Country perspective: Namibia

Nikki Soboil, Jhpiego



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Project IQ updates & resources

Stephanie Davis

U.S. Centers for Disease Control and Prevention

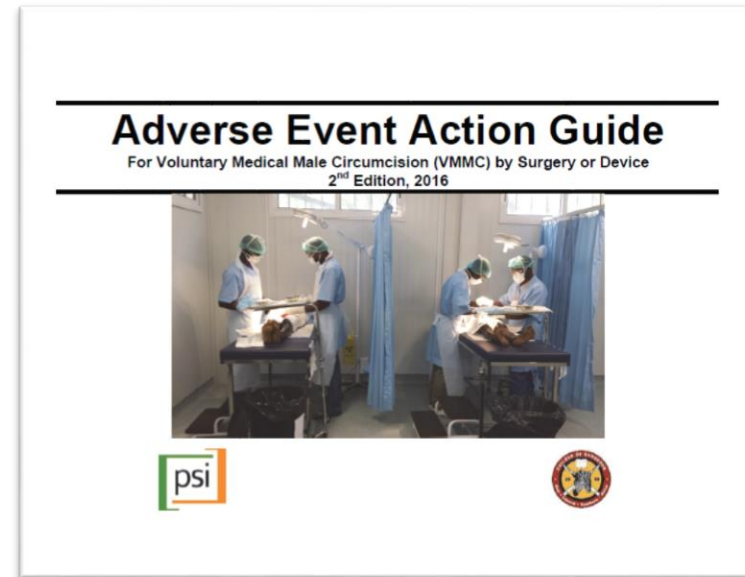
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Coming soon: Project IQ Resources Web page

- Web page providing access to Project IQ Webinar slides, tools, and other resources
- Launch expected September 2016

Now available: 2nd ed. Adverse Event Action Guide

- Provides latest guidance on:
 - Prevention and safe/appropriate management of any MC-related complications
 - Standardized AE identification and grading
 - Monitoring of VMMC program safety and quality
- Key updates:
 - Addition of device-related AEs
 - Simplified anesthetic dosing charts
 - Multiple clinical updates based on continued program experience
 - Appendices summarizing key information, including management of common AEs for any provider performing clinical reviews
- AE photo job aid distributed to ministry and implementing partner colleagues



<https://www.malecircumcision.org>

Coming soon: VMMC Verbal Pre-Screen Job Aid

- Responds to requests during May 4 Project IQ Webinar “A Healthy Obsession with Safety: Improving Programs through Management and Reporting of Adverse Events”
- Provides set of minimum questions to help providers consistently **verbally** screen for VMMC contraindications that may not be apparent during physical screening, e.g., bleeding disorders
- Adapt for local programs/policies/regulations
 - Integrate within existing tools or use as standalone job aid
- Email distribution post-Webinar

The screenshot shows a document titled "Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision" with the IQ logo. It includes instructions for providers and a list of 11 screening questions, each with a checkbox for the answer. The questions cover current or past conditions, medications, allergies, tetanus, previous operations, bleeding disorders, dental visits, nose bleeds, family history of bleeding disorders, diabetes, and anemia.

Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision

INSTRUCTIONS TO PROVIDERS:

- These questions are intended to identify conditions that may not be apparent through physical screening but could still compromise the safety of VMMC.
- Please verbally ask the following questions in addition to performing physical screening of all voluntary medical male circumcision (VMMC) clients prior to performing circumcision, regardless of the circumcision method to be used.
- Questions should be asked even if a client or their guardian already completed a written form with similar information.
- If a client answers "Yes" to any of the full questions below, please follow site policies or consult the senior onsite clinician to determine whether any further testing or referral to a specialized provider is needed before circumcision.

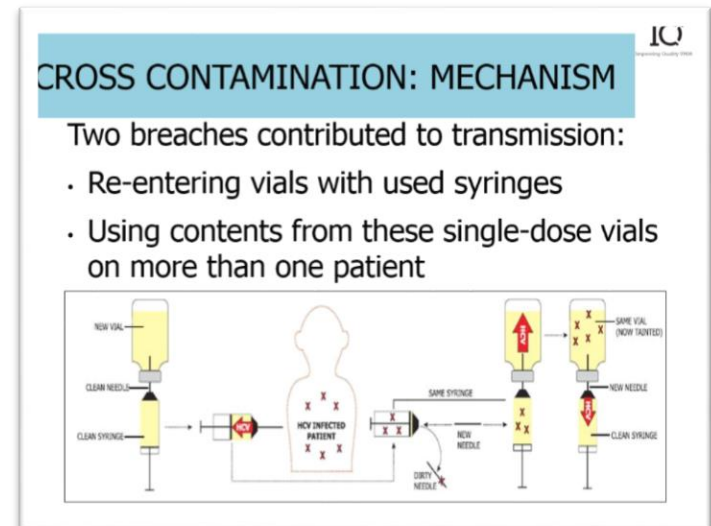
Check if answer is YES – Consider further screening

1. Do you have any current or past conditions, or a chronic illness that we should be aware of?	<input type="checkbox"/>
2. Are you currently taking any medications or vitamins? If yes, please list them. (Consider further screening if client cites medications other than over-the-counter analgesics)	<input type="checkbox"/>
3. Are you allergic to any medicines?	<input type="checkbox"/>
4. If administering tetanus toxoid: Have you ever a bad reaction to a vaccine?	<input type="checkbox"/>
5. Have you had any previous operations? If yes, did you have a bad reaction to anesthesia?	<input type="checkbox"/>
6. Have you ever experienced wounds that take a long time to stop bleeding?	<input type="checkbox"/>
7. Have ever visited the dentist? If yes, have you experienced bleeding for a long time after a dental procedure?	<input type="checkbox"/>
8. Have you ever had nose bleeds? If yes, please describe how often and how long they last.	<input type="checkbox"/>
9. Do any of your family members have bleeding disorders (example: haemophilia), nose bleeds, or wounds that take a long time to stop bleeding?	<input type="checkbox"/>
10. Do you have diabetes?	<input type="checkbox"/>
11. Have you ever been diagnosed with anemia or told you have low iron in your blood?	<input type="checkbox"/>
12. If client is or has been sexually active: Do you have any concerns or problems with penis erection or any other concerns about sexual function? If not yet sexually active: Do you have any concerns about the health of your penis that you want to discuss?	<input type="checkbox"/>

Coming soon:

Training module – Injection safety

- To prevent VMMC practices that could transmit bloodborne pathogens
- PowerPoint module for broad distribution and use in VMMC catchment areas
- Email distribution Sept 2016; limited flipbook shipment Oct 2016
- Trains VMMC providers on:
 - Risks to patients and providers of obvious and ‘hidden’ exposure to blood and body fluids through injections
 - Safety injection practices for VMMC service delivery
 - Steps for safe disposal of sharps



- Accompanying job aid: injection safety reminders (Oct shipment) **IQ**

Coming soon:

Training module – Adverse event management for non-VMMC providers

- To prevent AE exacerbations related to initial management
- PowerPoint module for broad distribution and use in VMMC catchment areas
- Email distribution Sept 2016; limited flipbook shipment Oct 2016
- Enables non-VMMC clinicians to:
 - Become familiar with routine post-VMMC care
 - Recognize normal VMMC wound healing (surgical and device)
 - Identify and classify common VMMC adverse events (AEs) following surgical and device circumcision
 - Recognize AEs that warrant referral to trained provider/higher level of care
 - Record and report follow-up to VMMC facility and national HMIS

Coming soon: “Smart” (auto-disable) syringe feedback

- WHO initiative to transition to exclusive use of “smart” (auto-disable) syringes, which contain built-in re-use and sharps injury prevention, in all projects with injectable medicines (including VMMC) by 2020
- Field introduction of multiple “smart” syringe models underway in small number of VMMC sites in Zambia
- Feedback from field experience will be reflected in PEPFAR COP 2017 Technical Considerations



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PEPFAR Age Pivot

Carlos Toledo

U.S. Centers for Disease Control and Prevention

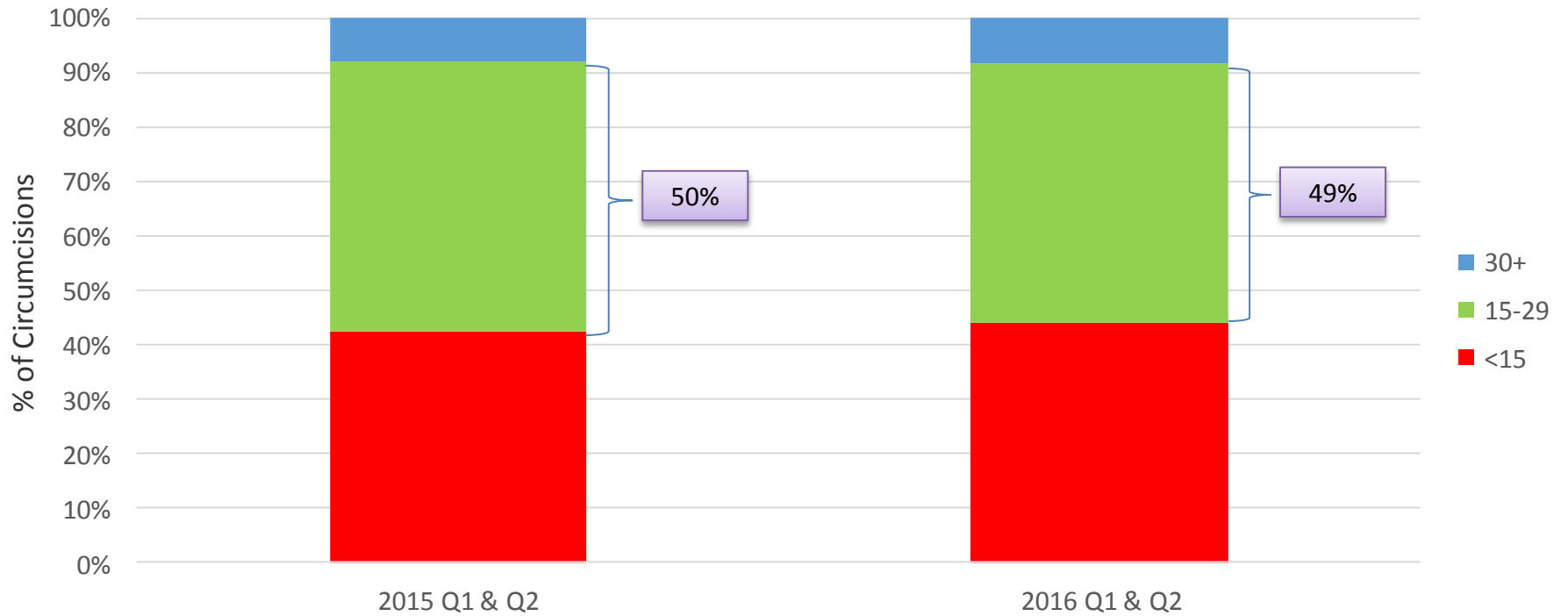
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PEPFAR Technical Considerations for COP/ROP 2016



*“Programs should **prioritize clients aged 15-29 years of age for immediate impact** and make sure that the focus is to reach 80 percent coverage among that group in a very short period of time. Many programs continue to see a high proportion of VMMC procedures in 10-14 year olds rather than 15-29 year-olds, and should continue to pursue supply-side and demand-side innovations to attract a greater proportion of clients in the prioritized age groups.”*

(All), Proportion of Circumcisions, by Priority Age Bands, PEPFAR
FY15Q1 + Q2 and FY16Q1 + Q2



Proportion of VMMC by Priority Age Bands, PEPFAR, FY15 and FY16 Q1&Q2

