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| **Voluntary Medical Male Circumcision (VMMC) Site Characteristics Tool**  **External Quality Assurance (EQA) Assessment**    **Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| This tool covers characteristics of sites where VMMC services are being offered. Please provide all information requested. This information should be completed prior to the day of the assessment, and verified on the day of the assessment.  Please fill out the SIMS questions included below, regardless of whether this visit counts as a SIMS visit. They capture unique information that should be included in this quality assessment. | | | | | | | |
| **Please provide the following information about VMMC service delivery at this site:** | | | | | | | |
| Q1. Country: | | | | | | | |
| Q2. Province: | | | | | | | |
| Q3. City/Town: | | | | | | | |
| Q4. Site Name: | | | | | | | |
| Q5. Date of EQA assessment visit: | | | | | | | |
| Q6. Name of the person completing this tool: | | | | | | | |
| Q7. Name of the PEPFAR implementing partner: | | | | | | | |
| Q8. Site/Facility Structure (check one): | | Fixed/Static | | |  | | |
| Mobile | | |  | | |
| Outreach | | |  | | |
| Q9. Site/Facility Structure (check one): | | Public | | |  | | |
| Faith-based | | |  | | |
| Other | | |  | | |
| Q10. Type of Service Delivery (check one): | | Routine | | |  | | |
| Campaign | | |  | | |
| Don’t Know | | |  | | |
| Q11. If “campaign”, please name the site from which the VMMC team is based or sent. | |  | | | | | |
| Q12. If “routine”, what is the date this site began performing VMMCs? | |  | | | | | |
| Q13. At this site, which days of the week are VMMC services currently being performed? (check all that apply) | | Monday | | |  | | |
| Tuesday | | |  | | |
| Wednesday | | |  | | |
| Thursday | | |  | | |
| Friday | | |  | | |
| Saturday | | |  | | |
| Sunday | | |  | | |
| Q14. At this site, how many hours are VMMC services currently being performed each day? (Please fill each blank; write “0” if no services are provided that day.) | | Monday | | |  | | |
| Tuesday | | |  | | |
| Wednesday | | |  | | |
| Thursday | | |  | | |
| Friday | | |  | | |
| Saturday | | |  | | |
| Sunday | | |  | | |
| Q15. At this site, what is the approximate number of VMMCs performed each day? (Please fill each blank; write “0” if no services are provided that day.) | | Monday | | |  | | |
| Tuesday | | |  | | |
| Wednesday | | |  | | |
| Thursday | | |  | | |
| Friday | | |  | | |
| Saturday | | |  | | |
| Sunday | | |  | | |
| Q16. What ages of VMMC clients are served at this site? (check all that apply) | | < 61 days | | |  | | |
| 61 days – 9 years | | |  | | |
| 10 – 14 years | | |  | | |
| 15 – 19 years | | |  | | |
| 20 – 24 years | | |  | | |
| 25 – 49 years | | |  | | |
| 50+ years | | |  | | |
| Q17. Does this facility circumcise men who are HIV-positive? (check one) | | Yes | | |  | | |
| No | | |  | | |
| Don’t know | | |  | | |
| Q18. Does this facility circumcise men of unknown HIV status? (check one) | | Yes | | |  | | |
| No | | |  | | |
| Don’t know | | |  | | |
| Q19. Is ketamine or any other type of general anesthesia or sedative used for elective male circumcision at this site? (check one) | | Yes | | |  | | |
| No | | |  | | |
| Don’t know | | |  | | |
| Q20. For clients testing HIV-positive, are HIV care and treatment services available locally (within 10 kilometers)? (check one) | | Yes | | |  | | |
| No | | |  | | |
| Don’t know | | |  | | |
| Q21. If YES, are services available on-site (same medical campus as the VMMC facility) and/or off-site? (check all that apply) | | On-site | | |  | | |
| Off-site | | |  | | |
| Don’t know | | |  | | |
| Q22. If off-site, how many kilometers away? | |  | | | | | |
| Q23. How does the VMMC staff at this site confirm linkage to care and treatment services? (check all that apply) | | Confirm with clinic | | |  | | |
| Confirm with client | | |  | | |
| Referral card at clinic | | |  | | |
| Other | | |  | | |
| Q24. Where is the referral linkage documented? (check all that apply) | | Log Book | | |  | | |
| HTC Register | | |  | | |
| VMMC Register | | |  | | |
| Other | | |  | | |
| Not Documented | | |  | | |
| Q25. Are summary reports for VMMC service statistics available for on-site review? (check one) | | Yes | | |  | | |
| No | | |  | | |
| Q26. If no reports are available, please explain why not. | | | | | | | |
| Q27. How many VMMC procedures were performed at this site during the previous 12 months? Please provide the number and percentage of the total by age group, and indicate the start and end month/year for the period covered. If fewer than 12 months of data are available, please indicate this and provide the available data. | **Period Covered** | | **Start (month/year)**  **\_\_\_\_\_\_\_\_** | | | **End**  **(month/year)**  **\_\_\_\_\_\_\_\_** | |
| **Age** | | **Number** | | | **Percentage** | |
| <61 days | |  | | |  | |
| 61 days – 9 years | |  | | |  | |
| 10 – 14 years | |  | | |  | |
| 15 – 19 years | |  | | |  | |
| 20 – 24 years | |  | | |  | |
| 25 – 49 years | |  | | |  | |
| 50+ years | |  | | |  | |
| Total | |  | | |  | |
| Q28. What is the average number of VMMC procedures that are performed at this site in a week? (provide one number, not a range of numbers). |  | | | | | | |
| Q29. What number and percentage of clients who underwent a VMMC procedure in this facility in the previous 12 months returned for at least one post-operative visit within 14 days after surgery? If fewer than 12 months of data are available, please indicate the number of months and provide the percentage. To calculate percentage, divide the number of clients who received at least one post-operative visit by total number of clients circumcised at this site during the same period (this may be the total number noted above). | **Number of Months** | | | **Number of clients** | | | **Percentage** |
|  | | |  | | |  |
| Q30. Among the VMMC clients who were tested for HIV at this site during the previous 12 months, please provide the number and percentage by HIV status. | **Status** | | | **Number of clients** | | | **Percentage** |
| HIV- | | |  | | |  |
| HIV+ | | |  | | |  |
| Indeterminate not tested | | |  | | |  |
| Total | | |  | | |  |
| **Additional Comments/Notes:** | | | | | | | |