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| **Voluntary Medical Male Circumcision (VMMC) Tool B – Facilities, Supplies & Equipment****External Quality Assurance (EQA)****Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| This Tool (B) covers the adequacy of the facility infrastructure, supplies and equipment.**Reviewer Guidance:** Adequacy of facilities will be determined through direct observation. Adequacy of supplies and equipment will be determined by observation and inventory/log review. Select “Yes” (Y) if ALL of the components of the area being assessed are present and adequate; and “No” (N) if any components are not adequate/available**. Please provide comments to explain any No responses.**Existence of any stock-outs (medicines or supplies) should be noted in the appropriate questions. If there are stock-outs, ask providers to explain why this happened (ex., site forgot to place their order in a timely manner, or central pharmacy did not deliver as usual).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. |
| **Patient and Client Flow** | **Y** | **N** | **Notes** |
| B1. Are space and client flow arranged to allow all the following steps to take place simultaneously without disrupting each other or affecting privacy: waiting, registration, education, history and physical exam, HIV testing and counseling, surgical procedure, and recovery. *If YES, skip to B3.* |  |  |  |
| B2. Identify which services cannot occur simultaneously without disruption due to limitations from space or client flow. |  |
| B3. **General Facility** – Is the facility clean (free of litter; clean floors, walls, doors, furniture)? |  |  |  |
| B4. **Waiting Area** – Is there enough room (indoor or outdoor) for all clients to wait comfortably without *obstructing* hallways? |  |  |  |
| B5. **Examination Room(s)** – Is the temperature comfortable? |  |  |  |
| B6. **Examination Room(s)** – Is the lighting sufficient to let staff perform the activities conducted correctly? |  |  |  |
| B7. **Examination Room(s)** – Is the space sufficient for provider to perform a thorough exam? |  |  |  |
| B8. **Examination Room(s)** – Is there privacy (others will not see or hear; notraffic through area)? |  |  |  |
| B9. **HTC Room(s)** – Is there visual privacy (other clients will not see testing; no client traffic through room; screens or partitions are acceptable)? |  |  |  |
| B10. **Operating Theater(s**) – How many does the site have that are used for VMMC? (note number) |  |
| B11. **Operating Theater(s**) – How many beds are in each theater? (note number) |  |
| B12. **Operating Theater(s**) – Do all theaters have all the beds that can be reasonably accommodated in the space? |  |  |  |
| B13. **Operating Theater** – Is the temperature comfortable? |  |  |  |
| B14. **Operating Theater** – Is the lighting sufficient to let staff perform the activities conducted correctly? |  |  |  |
| B15. **Operating Theater** – Is the space sufficient to let all beds be used simultaneously without providers interfering with each other? |  |  |  |
| B16. **Operating Theater Surgical Scrub** – Is there running water (this includes clean water that runs from a tank or basin)? |  |  |  |
| B17. **Operating Theater Surgical Scrub** – Is there hand soap or gel available? |  |  |  |
| B18. **Operating Theater Surgical Scrub** – Are there clean and disposable hand drying materials available? |  |  |  |
| B19. **Recovery Room** – Is the space sufficient for all clients being circumcised to comfortably spend at least 30 minutes? |  |  |  |
| B20. **Recovery Room** – Is the lighting adequate to allow staff to monitor clients? |  |  |  |
| B21**. Recovery Room** – Is the temperature comfortable? |  |  |  |
| **Medicines**  | **Y** | **N** | **Notes** |
| B22. **Medicines** – Are these stored in a temperature-controlled (shaded, ventilated) or monitored (thermometer, temperature log) environment?  |  |  |  |
| B23. **STI Medicines** – Are these available on site? |  |  |  |
| B24. **STI Medicines** – Has the site been free of stock outs for the past 3 months? |  |  |  |
| B25. **Broad-Spectrum Antibiotics** - Are these available on site? |  |  |  |
| B26. **Broad-Spectrum Antibiotics** – Has the site been free of stock outs for the past 3 months? |  |  |  |
| B27. **Oral Analgesics** – Are these available on site? |  |  |  |
| B28. **Oral Analgesics** – Has the site been free of stock outs for the past 3 months? |  |  |  |
| B29. **Local Anesthetics** – Has the site been free of stock outs for the past 3 months? |  |  |  |
| B30. **Medicines Storage** – Are medicines stored in a clean and dry area? |  |  |  |
| B31. **Medicines Storage** – Are medicines stored in a secure area? |  |  |  |
| B32. **Medicines Storage** – Are medicines clearly labeled? |  |  |  |
| B33. **Medicines Storage** – Are medicines clearly organized? |  |  |  |
| B34. **Older Medicines** – Are these dispensed first? |  |  |  |
| B35. **Older Medicines** – Are all the medicines unexpired? |  |  |  |
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| **Supplies and Equipment** |
| B36. **Disposable Supplies** – Over the past three months, has the disposable supply inventory been sufficient to maintain uninterrupted services? *If YES, skip to B39.* |  |  |  |
| B37. **Disposable Supplies** – Write which products have experienced stock outs. |  |
| B38. **Disposable Supplies** – Which of the following is the PRIMARY reason for the stock out? (check one)* Supplies not reordered in time
* Supplies reordered but not delivered in time
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| B39. **Re-usable Supplies** – Over the past three months, has the reusable supply inventory been sufficient to maintain uninterrupted services? *If YES, skip to B41.* |  |  |  |
| B40. **Re-usable Supplies** – Which of the following is the PRIMARY reason for the interruption? (check one)* Autoclaves broken
* Broken (defective or overused) instruments
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| B41. **HIV Test Kits** – Are these stored in a temperature-controlled (shaded, ventilated) or monitored (thermometer, temperature log) environment? (Reviewer will need to verify the manufacturer’s specifications about temperature). |  |  |  |
| B42. **HIV Test Kits** – Over the past three months, have rapid HIV test kits consistently been in stock? |  |  |  |
| B43. **Blood Pressure Cuff** – Is a working ADULT blood pressure cuff available on site? |  |  |  |
| B44. **Blood Pressure Cuff** – Is a working PEDIATRIC blood pressure cuff available on site? |  |  |  |
| B45. **Scale** – Is a working scale available on site? |  |  |  |
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| **Equipment Storage (Visually inspect the storage area).** | **Y** | **N** | **Notes** |
| B46. Are all sterile kits stored in a visibly clean area? |  |  |  |
| B47. Are all sterile kits stored elevated above the floor (e.g. on a pallet)? |  |  |  |
| B48. Are all sterile kits stored away from (not touching) outside walls? |  |  |  |
| B49. Are all sterile kits stored away from (not touching) ceiling? |  |  |  |
| **Surgical Kits** |  |  |  |
| Indicate whether each type of kit is being used at this site | B50. Disposable forceps-guided?  |  |  |  |
| B51. Reusable forceps-guided?  |  |  |  |
| B52. Disposable multipurpose?  |  |  |  |
| B53. Other (specify): |
| **For all kits, indicate whether VMMC providers have consistently been able to perform MC without experiencing any of the problems listed below in the past 3 months at this site.**  |
| B54. For all kits, have providers been performing MCs free of any difficulty in opening or closing metal instruments? |  |  |  |
| B55. For all kits, have providers been performing MCs free of any difficulty with cutting surfaces that do not cut correctly? |  |  |  |
| B56. For all kits, have providers been performing MCs free of any difficulty with grasping or crushing surfaces that do not meet, including tissue holders that do not grasp tissue? |  |  |  |
| B57. For all kits, have providers been performing MCs free of any difficulty with unusable gloves? (If NO, specify reason such as: torn, stuck together, etc.) |  |  |  |
| B58. For all kits, have providers been performing MCs free of any difficulty with missing component(s)? (If NO, specify which components) |  |  |  |
| B59. For all kits, have providers been performing MCs free of any difficulty with other tool problems? (If NO, specify) |  |  |  |
| B60. If any problems have been identified with kits (any ‘No’ answers to questions B54-B59), have they been reported to the implementing partner’s leadership?  |  |  |  |
| B61. If problems have been noted with kits (any ‘No’ answers to questions B54-B59), please write down a sample lot number. |  |  |  |
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| **Devices - Complete this section only if this site offers device-based VMMC.** |
| **Question**  | **Y** | **N** | **N/A** | **Notes** |
| B62. Is device-based VMMC offered at this site? *If yes, please complete the following questions as appropriate. Mark “N/A” if one of the devices listed is not offered at this site.* |  |  |  |  |
| B63. **Devices** – Over the past three months, has the device inventory (including sizing plates) been sufficient to maintain uninterrupted services for all sizes (A-E for PrePex, A4-S for ShangRing)? *If YES, skip to B66.* | **PrePex** |  |  |  |  |
| **ShangRing** |  |  |  |  |
| B64. **Devices –** Which of the following is the PRIMARY reason for insufficient stock? (check one)* Devices not reordered in time
* Devices reordered but not delivered in time
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| B65. **Devices –** Which sizes were out of stock (*specify whether PrePex or ShangRing*)? |  |  |
|  | **Y** | **N** | **N/A** | **Notes** |
| B66. **Devices** – Over the past three months, has the device supply inventory been sufficient to maintain uninterrupted services? (e.g., examination gloves, antiseptic solution, etc.)? *If YES, skip to B69.* | **PrePex** |  |  |  |  |
| **ShangRing** |
| B67. **Devices –** Which of the following is the PRIMARY reason for insufficient stock of device supplies? (check one)* Supplies not reordered in time
* Supplies reordered but not delivered in time
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| B68. **Devices –** Which supplies were out of stock (*specify whether supplies for PrePex or ShangRing*)? |  |

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| **Question**  | **Y** | **N** | **N/A** | **Notes** |
| B69. Are all device sizes available on site? (A-E for PrePex, A4-S for ShangRing) | **PrePex**  |  |  |  |  |
| **ShangRing** |  |  |  |  |
| B70. Are all device placement supplies available on site (e.g., examination gloves, antiseptic solution)? | **PrePex**  |  |  |  |  |
| **ShangRing** |  |  |  |  |
| Indicate whether each type of kit is being used at this site | B71. Disposable instruments necessary for device removal (e.g., spatula, forceps, scissors)?  | **PrePex** |  |  |  |  |
| **ShangRing** |  |  |  |  |
| B72. Reusable instruments necessary for device removal (e.g., spatula, forceps, scissors)?  | **PrePex** |  |  |  |  |
| **ShangRing**  |  |  |  |  |

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| **Biohazardous Waste Disposal** | **Y** | **N** | **Notes** |
| B73. **Biohazardous Waste Disposal** – Was the number of waste containers in the procedure room sufficient?  |  |  |  |
| B74. **Biohazardous Waste Disposal** – Is there a functional incinerator on site? *If NO, skip to B77.* |  |  |  |
| B75. **Biohazardous Waste Disposal** – Is the incinerator secure? |  |  |  |
| B76. **Biohazardous Waste Disposal** – Is waste buried in a pit after incineration? (The pit should be inspected and described). *If YES, skip to B78.* |  |  |  |
| B77. **Biohazardous Waste Disposal** – Is there an off-site incinerator where the waste is taken? |  |  |  |
| B78. **Biohazardous Waste Disposal** – Are disposable surgical instruments stored out of the way in a container until final disposal? |  |  |  |
| B79. **Biohazardous Waste Disposal** – Is the process staff describe for disposing of waste the same as that detailed in the waste disposal SOPs? (Cross-reference with tool A.) *If NO, skip question B80.* |  |  |  |
| B80. Please describe the process: |
| **Additional Comments/Notes:** |