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| **Voluntary Medical Male Circumcision (VMMC) Tool G – Communication to Clients**  **External Quality Assurance (EQA)**  **Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Tool G covers in-service communications in these areas:   * HIV and MC education and counseling *materials* * Group and individual client HIV and MC education and counseling *sessions* * Individual HIV test counseling and test-application procedures     **Reviewer Guidance**    Competencies will be determined through review of written materials and direct observation of sessions. Where observation is not possible, assessment may be made through interviews with appropriate staff. Obtain verbal permission from both the managing program official and session participants, i.e., clients for access to group and individual sessions. Select “Yes” for components deemed adequate/available; select “No” for components deemed inadequate/unavailable. **Please elaborate in notes section, as applicable.**  As you move from session to session, collect any written materials available to clients and/or guardians and take note of any posters, flipcharts, etc., as these materials are part of your review.  It is critical that clients be present in order to complete some parts of this tool; if no clients are present, complete the other parts and note the lack of clients as a quality failure. | | | | | | | | |
| **Pre-Op Group Education and Individual Counseling Sessions**  Through direct observation (optimal) or interviews with counselors, determine whether the following information is presented. Note that some points may be covered in group or individual counseling, and repeated in both settings.  Age range of clients (***group session***)  Client age (***individual session***) | | | | | | | | |
|  | | | | **Yes** | | **No** | | **Comments / Notes** |
|  | Reviewer observed actual (not simulated) session | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Education and counseling space allows for privacy, ease of client access, and isolation from noise or other disruptions | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor is able to conduct session without outside interruption | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Group sessions assembled in appropriate age range/Session content is tailored to age of client | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor can be easily seen and heard by all participants | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor presents information in clear, simple terms | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor manages group and individual client dynamics effectively | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor encourages questions and client participation | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor checks for understanding throughout session | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Leader or counselor treats clients with respect and without judgment | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | | | | **Yes** | | **No** | | **Comments / Notes** |
|  | Clients assured of confidentiality | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | All participants can easily observe job-aids, demonstrations, or other props | Group | |  | |  | |  |
| Individual | |  | |  | |  |
|  | Condom use is properly demonstrated *(note at right if props were used or female condom mentioned)* | Group | |  | |  | | Props usedFemale condom |
| Individual | |  | |  | | Props used Female condom |
| ***Leader / Counselor provided accurate and adequate information in these areas:*** | | | | | | | | |
|  | Overarching HIV and AIDS risk reduction information | Group | |  | |  |  | |
| Individual | |  | |  |  | |
|  | Common modes of HIV transmission and relative HIV-risk from specific activities or behaviors | Group | |  | |  |  | |
| Individual | |  | |  |  | |
|  | Guidance for reducing individual HIV risk | Group | |  | |  |  | |
| Individual | |  | |  |  | |
|  | MC only provides partial protection against acquiring HIV infection | Group | |  | |  |  | |
| Individual | |  | |  |  | |
|  | Condom use and other HIV risk reduction measures are still necessary after MC to protect self and partner | Group | |  | |  |  | |
| Individual |  | |  | |  | |
|  | MC does not protect the client’s partner(s) from HIV | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | Emphasis on need for six week abstinence period during VMMC healing | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | Recommendations to improve compliance with abstinence | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | Description of MC options for eligible clients (where both standard surgery and devices, i.e., PrePex and/or ShangRing, are available) | Group |  | |  | | Not Applicable | |
| Individual |  | |  | | Not Applicable | |

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|  | | | | **Yes** | | **No** | | **Comments / Notes** |
|  | Confidential HIV testing and STI screening are part of MC evaluation | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | HIV testing is optional and is not a requirement to receive MC services | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | HIV+ clients can be circumcised, but MC **does not reduce the risk of HIV transmission to partner(s)** | Group |  | |  | |  | |
| Individual |  | |  | |  | |
|  | Leader and counselor provided accurate information throughout. *(If “No” record errors of fact).* | Group |  | |  | |  | |
| Individual |  | |  | |
| **HIV Testing – Counseling and Test Administration**  Through direct observation determine whether the following information is presented and whether specific steps in test administration are followed.  **Client age** | | | | | | | | |
|  | | | **Yes** | | **No** | | **Comments / Notes** | |
|  | Reviewer observed actual (not-simulated) HIV test counseling and test administration session | |  | |  | |  | |
|  | Counselor / test provider obtained client consent for testing | |  | |  | |  | |
| **For clients *who declined testing*, the counselor / test provider:** | | | | | | | | |
|  | Respected the client’s decision | |  | |  | |  | |
|  | Explored reason(s) for client’s refusal | |  | |  | |  | |
|  | Reinforced benefits of knowing one’s HIV status | |  | |  | |  | |
|  | Invited client to get tested at a later date | |  | |  | |  | |

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|  | | **Yes** | **No** | **Comments / Notes** |
| **For  *all* clients the counselor / test provider:** | | | | |
|  | assured confidentiality |  |  |  |
|  | reinforced client knowledge of HIV transmission risks and preventive measures |  |  |  |
|  | corrected misconceptions about HIV/AIDS |  |  |  |
|  | explained HIV test benefits and limitations |  |  |  |
|  | encouraged partner (e.g. wife) testing |  |  | Not Applicable |
|  | explained HIV testing process |  |  |  |
|  | presented information clearly |  |  |  |
|  | provided accurate information *(note any errors of fact)* |  |  |  |
|  | checked for understanding throughout session |  |  |  |
|  | responded to client’s non-verbal cues |  |  |  |
|  | engaged client with respect and without judgment |  |  |  |
| **In conducting the HIV test, the provider:** | | | | |
|  | conducted test in clean, uncluttered, private space |  |  |  |
|  | could refer to prominently posted, accurate HIV testing algorithm |  |  |  |
|  | wore gloves |  |  |  |
|  | used a current, secure test kit *(sealed with desiccant, kept in proper temperature controlled space)* |  |  |  |
|  | immediately, properly disposed of lancet and cotton |  |  |  |
|  | used working timepiece to time the test interval |  |  |  |
|  | read the test result only after recommended time interval |  |  |  |
|  | gave client test results without undue delay |  |  | Client tested positive  T |

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|  | | **Yes** | **No** | **Comments / Notes** |
| **For observed clients testing negative, the HIV test provider:** | | | | |
|  | withheld results (***if yes, please explain in comments section***) |  |  |  |
|  | explained implications of negative result *(including “window period”)* |  |  |  |
|  | reminded client that VMMC is only partially protective against HIV |  |  |  |
|  | emphasized how VMMC must be combined with condom use and other HIV prevention practices to minimize risk of HIV infection |  |  |  |
| **For observed clients testing positive, the HIV test provider:** | | | | |
|  | withheld results (***if yes, please explain in comments section***) |  |  |  |
|  | conducted confirmatory test using different kit brand |  |  |  |
|  | delivered positive results directly and clearly |  |  |  |
|  | offered client appropriate emotional support |  |  |  |
|  | addressed client’s HIV understanding and misperceptions |  |  |  |
|  | encouraged disclosure to partner(s) and offered assistance |  |  |  |
|  | encourage partner and family HIV testing |  |  |  |
|  | affirmed that client could still undergo VMMC but it would not reduce risk of HIV transmission to partners |  |  |  |
|  | explained that VMMC recovery may take longer when HIV positive |  |  |  |
|  | emphasized importance of consistent, proper condom use |  |  |  |
|  | provided printed materials for persons testing HIV positive |  |  |  |
|  | initiated referral (linkage) to HIV care and treatment |  |  |  |

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| **Post-Operative, Pre-discharge Client Observation and Counseling Session**  **Client age** | | | | |
|  | | **Yes** | **No** | **Comments / Notes** |
|  | Reviewer observed post-operative, pre-discharge observation and counseling session |  |  |  |
| The counselor / care provider: | | | | |
|  | recorded client temperature on arrival |  |  |  |
|  | recorded client blood pressure on arrival |  |  |  |
|  | recorded client pulse and respiration rate on arrival |  |  |  |
|  | recorded client temperature 15 minutes after arrival |  |  |  |
|  | recorded client blood pressure 15 minutes after arrival |  |  |  |
|  | recorded client pulse and respiration rate 15 minutes after arrival |  |  |  |
|  | reaffirmed need for six week abstinence period during VMMC healing |  |  |  |
|  | recommended ways to improve compliance with abstinence |  |  |  |
|  | gave oral and written instructions for contacting VMMC staff |  |  |  |
|  | Provided clear, accurate instructions on wound care |  |  |  |
|  | provided instructions for pain management |  |  |  |
|  | described warning signs of adverse events and recommendations for managing |  |  |  |
|  | warned against applying anyhome or folk remedies, such as animal dung or ash to the MC wound***. Message should stress that such applications increase the risk of life-threatening infection, including tetanus.*** |  |  |  |
|  | explained the importance of returning in-person within 48-hours for a follow-up visit |  |  |  |
|  | communicated in clear, simple terms |  |  |  |
|  | gave accurate information *(note errors of fact)* |  |  |  |
|  | checked for client understanding throughout session |  |  |  |
|  | engaged client with respect and without judgment |  |  |  |
| **Follow-up Clinic Visit (2nd , 7th day, or later)**  **Client age** | | | | |
|  |  | **Yes** | **No** | **Comments / Notes** |
|  | Reviewer observed follow-up clinic visit on \_\_\_ post-operative day/week (***indicate which***) |  |  |  |
|  | Care provider completed a physical exam |  |  |  |
| **The counselor / care provider gave client information on:** | | | | |
|  | the status of client’s healing |  |  |  |
|  | the need for six week abstinence period during VMMC healing |  |  |  |
|  | recommended ways to improve compliance with abstinence |  |  |  |
|  | effective wound care and pain management |  |  |  |
|  | importance of not applying any home or folk remedies, such as animal dung or ash to the MC wound, stressing that such applications increase the risk of life-threatening infection, including tetanus |  |  |  |
|  | warning signs of adverse events and recommendations for managing them |  |  |  |
|  | procedures for contacting VMMC staff |  |  |  |
| **The counselor / care provider:** | | | | |
|  | gave accurate information (note errors of fact) |  |  |  |
|  | communicated in clear, simple terms |  |  |  |
|  | checked for client understanding throughout session |  |  |  |
|  | engaged client with respect and without judgment |  |  |  |
|  | affirmed client’s VMMC decision and encouraged him  to bring in friends, peers, male relatives |  |  |  |

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| **HIV and MC Education and Counseling Materials**  Examine all in-service communication materials, including flip-charts, pamphlets, brochures, client guidance and instructional hand-outs. Seek translation/interpretation assistance for assessing materials produced in local language(s). These materials can be reviewed during any stage of the evaluation visit. | | | | |
|  | | **Yes** | **No** | **Comments / Notes** |
|  | On-site signage is sufficient to direct clients to VMMC service locations |  |  |  |
|  | On-site materials adequately support in-service communication |  |  |  |
|  | Materials are legible and in good-condition (i.e., not faded, worn, or distorted) |  |  |  |
|  | Materials tailored to specific audiences are available (e.g., adolescent and adult males, wives/partners, parents, guardians, other home caregivers); ***describe in notes section.*** |  |  |  |
|  | Clinic staff can explain or show how they use these materials in client education and counseling |  |  |  |
| *Materials provide accurate and adequate information in these areas:* | | | | |
|  | Overarching HIV and AIDS risk reduction information |  |  |  |
|  | Common modes of HIV transmission and relative HIV-risk from specific activities or behaviors |  |  |  |
|  | Guidance for reducing individual HIV risk |  |  |  |
|  | Emphasis on need for abstinence during VMMC healing |  |  |  |
|  | Clear and accurate wound care instructions, including instructions for devices, i.e., PrePex and/or ShangRing, if applicable |  |  |  |
|  | Warning against applying anyhome or folk remedies, such as animal dung or ash to the VMMC wound***. Message should stress that such applications increase the risk of life-threatening infection, including tetanus.*** |  |  |  |
|  | Signs of adverse events and what to do in the case of a suspected adverse event |  |  |  |
|  | Specific contact information for reaching VMMC staff |  |  |  |
|  | Emergency contact number operational (***dial the number, if possible, to confirm that it is in service)*** |  |  |  |
| **Additional comments**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |