

Male Circumcision Services

# Quality Assessment Toolkit



**World Health  
Organization**

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Male Circumcision Services

# Quality Assessment Toolkit



**World Health  
Organization**

# Section 1

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## Acronyms

<b>ABC</b>	abstinence, being faithful, condom use
<b>AIDS</b>	acquired immunodeficiency syndrome
<b>GUD</b>	genitourinary disease
<b>HIV</b>	human immunodeficiency virus
<b>IEC</b>	information, education and counselling
<b>IQC</b>	internal quality control
<b>MC</b>	male circumcision
<b>OR</b>	operating room
<b>PEP</b>	post-exposure prophylaxis
<b>STI</b>	sexually transmitted infection
<b>VCT</b>	voluntary counselling and testing
<b>WHO</b>	World Health Organization

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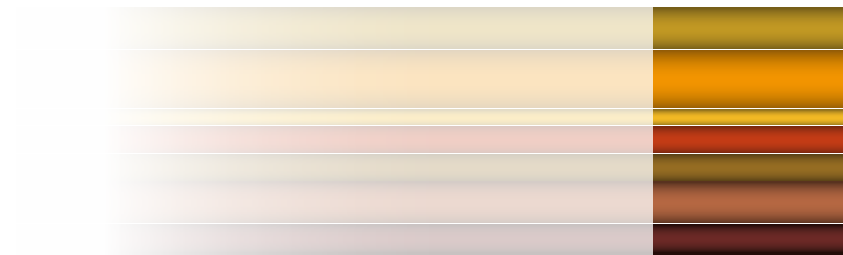
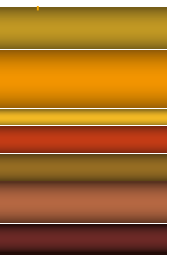
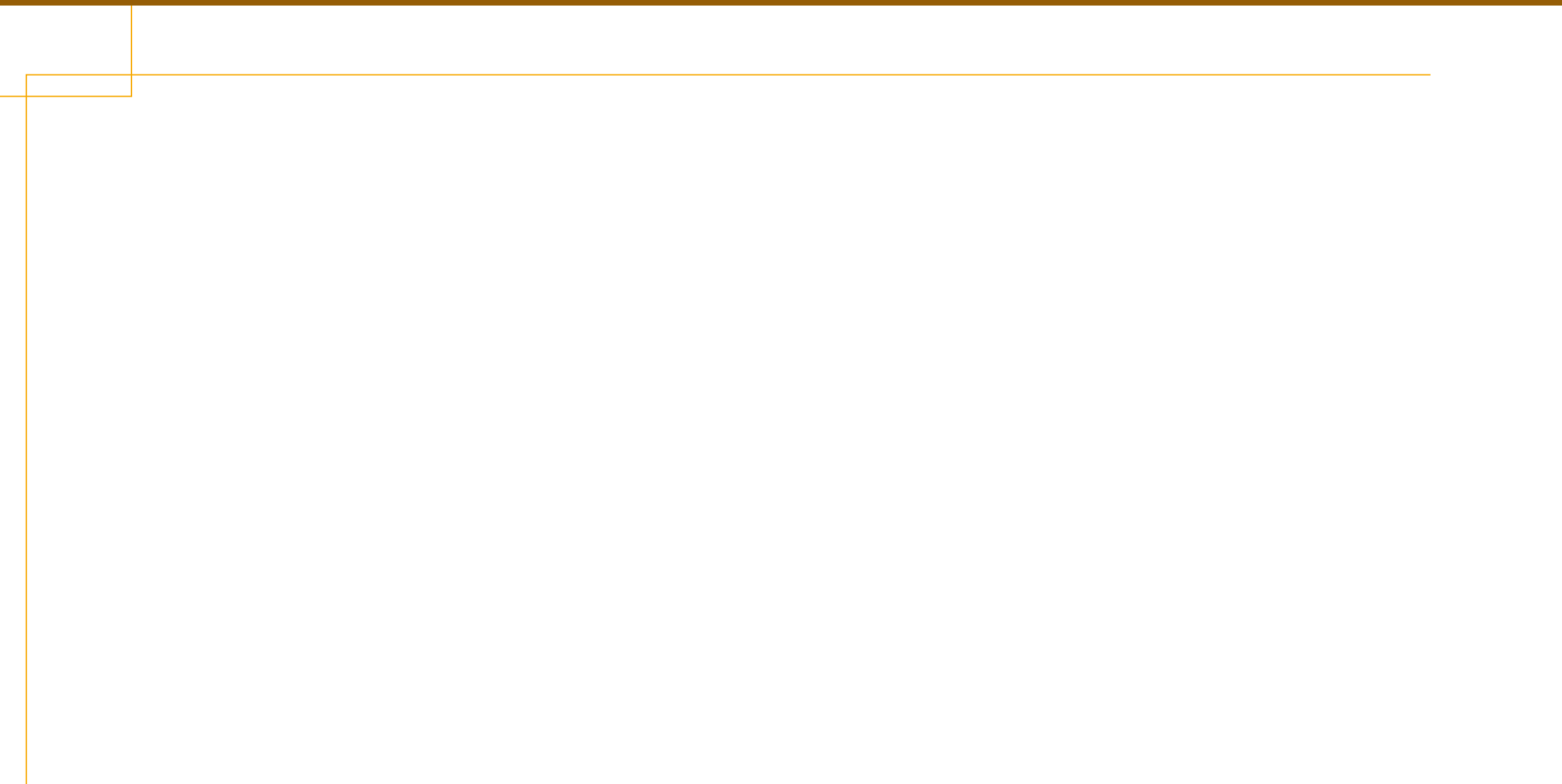
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# Section 1

## Guidance on using the toolkit

### Purpose

The male circumcision quality assessment toolkit has been developed to assist facility managers and staff to assess the quality of their services. The toolkit can be used by programme and facility managers to guide the set-up of services and to improve current services. It helps to measure progress towards meeting standards and can be used by external assessors to certify or accredit facilities.

### How to use the toolkit

The toolkit is designed to be used in conjunction with the WHO document *Male circumcision quality assurance: A guide to enhancing the safety and quality of services* (also referred to as the MC quality assurance guide).

### Who conducts the assessment?

This toolkit should be used by the quality improvement team in the facility to conduct a self-assessment (see the MC Quality Assurance Guide, section on forming quality improvement teams). The assessment team includes all categories of staff, although a subgroup can be designated to carry out most of the work. Representatives from, for example, the supply/logistics management, pharmacy and housekeeping departments, and from the community, should be invited to participate as appropriate.

A team leader should be appointed who is responsible for organizing the group, assigning tasks and coordinating the effort. This person is not necessarily the facility manager. Part of the learning process occurs through this participation. If one person tries to complete the assessment alone the process becomes an audit rather than a learning opportunity for the team. Performing the assessment together increases understanding of the services and fosters team spirit and, ultimately, ownership of the findings. When assignments of team members are being made it is important to identify individuals who have knowledge of the specific aspect of the service which they will assess. For instance, various members could review the availability of supplies, whereas someone skilled in male circumcision surgery would be needed to evaluate the competence of staff in performing the procedure. A community member may be requested to conduct interviews with clients who have used the service.

The toolkit can also be used by a supervisor or other external reviewer to conduct an external assessment. An assessment conducted by someone who is not working in the clinic can add value to the assessment process by offering a fresh view. Regardless of who is designated to carry out the assessment, it is best carried out with the involvement and participation of all staff members.

## How is the toolkit organized?

The toolkit is organized into 3 sections. Section 1 describes the set up of the toolkit and provides guidance on how to use it. Section 2 is the male circumcision quality assessment tool that is to be used in assessing the quality of services. Section 3 provides other tools including samples of checklists, forms and other tools that support the use of the MC quality assessment tool.

The Male circumcision quality assessment tool in Section 2 is organized according to 10 standards and 36 criteria. For each standard there is an “intent” statement, which assists the team to understand the standard. There is a list of **key documents** that should be reviewed, together with suggested **methods** for eliciting the required information. The assessment team should be oriented to the data collection tool and the methods that can be used to obtain information.

The standards and criteria are listed in bold. Under each criterion there are six main columns:

1. **QUESTIONS:** The first column provides questions helping the team to determine if the criterion is met.
2. **WHY IS THIS QUESTION IMPORTANT?** When indicated, this question provides additional understanding or rationale for the criterion.
3. **HOW IS THIS QUESTION ASSESSED?** This question indicates what to look for when assessing the criterion. Tools that will be useful for a particular assessment are cited in this column and are located in Section 3.
4. **SCORE:** The score (see key below) allows the team to measure the baseline and then to progress towards meeting the standards.
5. **OBSERVATIONS:** This column provides space for writing comments on observations that are made. This information is helpful to the team when determining why a criterion is not met. When the score is 0 or 1, notes on the observations can assist the team to better understand the issues identified so that they can develop plans for improvements.
6. **ACTIONS TO BE TAKEN:** The last column is for writing actions that can be taken to meet the standards.

Each criterion is scored by answering each of the questions according to the following scale.

### Scoring key

- 0 = No, the element does not meet the criterion
- 1 = Yes, some of the elements are in place, but the question is not fully satisfied
- 2 = Yes, the element fully meets the criterion

After discussion the team should determine which score best represents the answer to the question. If the score is 0 or 1 the team should place comments in the observations column to guide actions that should be taken and as a future reference for facilitating follow-up. It is recommended that the team assess all the standards and criteria initially so as to provide a baseline for future progress toward meeting the standards.

### What methods can be used to conduct the assessment?

Several data collection methodologies are necessary for gathering information to complete the assessment. Some are outlined below.

#### 1. Observation

Observation is used to assess attitudes, knowledge and skills in clinical practice, including client-provider interaction, client management and surgical practice. Assessing the competence of staff is a crucial element of the quality of the service. An initial competence assessment is recommended for all staff members providing male circumcision services. Subsequently, the assessment of competence should become a routine part of the performance appraisal process, preferably done on an annual basis. Competence assessment tools are included in this toolkit, which can be used to assess clinical performance, e.g. counselling and surgical skills. The team has to determine how many observations of clinical practice are needed in order to assure competence. A supervisor or qualified peer then has to use one of the monitoring tools to assess the practitioner. Further guidance on competence assessments and tools are provided in the WHO/UNAIDS/JHPIEGO *Manual for male circumcision under local anaesthesia* and training package. The giving and receiving of feedback are important aspects of the process of improving quality. Feedback helps to create an atmosphere in which practitioners welcome the observations made. These observations should be documented and included in personnel files.

## 2. Formal and informal interviews

One-on-one interviews may be conducted with managers, staff and clients. Some of the assessment questions seek staff and client perceptions. These insights can be obtained through interviewing staff and clients or more formally by conducting surveys. For satisfaction surveys the team develops a set of questions and decides the best approach to gathering the information. In either case the respondents must feel assured that they will not be identified and that the results will remain confidential.

### Staff satisfaction

When staff perceptions are sought, all staff should have an opportunity to give feedback. It is best to obtain staff feedback on a regular basis, e.g. annually. The team should develop a set of questions that it considers suitable for yielding the desired information. These questions should be used for each survey so that the team can measure the differences in responses between assessments.

### Client satisfaction

When clients are being questioned the approach should be tailored to the needs of the client, e.g. taking into account literacy, language and the location of data collection. A sufficient number of responses is necessary for the data to be adequately generalizable. If the number of male circumcision clients is small the team may decide to request opinions from each client, whereas for a large number it is necessary to take a sample. A systematic approach to sampling the clients reduces the potential for bias. If client satisfaction surveys are used they should be done on a regular basis in order to compare results over time and measure improvements in relation to the actions taken.

## 3. Focus group discussions

These can be used to gain an understanding of attitudes, beliefs and perceptions. They are open conversations in which each participant has an opportunity to speak, ask questions of other participants, and respond to the comments of others, including the facilitator, who guides the conversations and stimulates interaction among the participants by asking questions on various themes. These discussions can be held with groups of clients or staff. Focus groups typically have from six to ten members. If a group is too small, one or two people may dominate it, whereas the discussion can be difficult to manage with more than ten participants. Typical focus group discussions last between 60 and

90 minutes. They should be held in a place where the participants feel comfortable and which is neutral relative to the topic of discussion. For example, for a discussion about attitudes to health services a health clinic might not be a suitable venue.

#### 4. Inventory

Inventory is a process of inspection to determine whether the essential environment, medicines, supplies and equipment are available and to assess the storage and maintenance of supplies and equipment. This method is used to assess the condition of the facilities, the availability of space for performing the services efficiently, and the safety of the environment. It is recommended that the members of the team make rounds together in order to carry out these observations.

#### 5. Review of documents

Some information is obtained by reviewing documents, e.g. the client register, client records, personnel files, policies, guidelines and protocols, with a view to determining the availability and adequacy of the documents. It is important to obtain these documents and review their content.

### How is the score interpreted?

The responses for each standard can be summed to determine the level of achievement:

- add the 0, 1 and 2 scores for all the questions under a standard;
- divide by the total points possible, i.e. the number of questions under the standard x 2 (the highest possible score per question).

For instance, for Standard 1 there are 18 questions:

- the highest score possible for this standard is 36 (18 x 2);
- add all the scores to the questions under this standard and divide by 36;
- determine overall achievement of all the standards by adding together the scores for all the standards and dividing by 248 (the total score possible).

An Excel spreadsheet is available to assist with these calculations.

## What should be done with the assessment findings?

The assessment findings should be communicated and acted on.

- **Communicating the findings**

The results of the assessment should be shared with all key parties. The team should first determine who needs the information, e.g. staff, supervisor, partners and clients may all be key parties. Each has different needs and therefore different levels of information are required. The team should outline:

- a) who needs the information;
- b) what information is needed;
- c) how the information will be delivered, e.g. in a meeting, memorandum or workshop;
- d) who will convey the information / feed it back;
- e) when the information will be given.

- **Taking action**

Refer to “Steps for improving performance” in the MC Quality Assurance Guide. The team should focus on the standards with the lowest scores and use the results to develop an action plan (**Tool 1. Action plan.**) for closing gaps.

The team can be motivated by identifying quick fixes, i.e. things that can be implemented easily, and working on them first. The quality team can benefit from meeting weekly to implement the actions required to meet the standards. When most of the standards have been met the frequency of the meetings can be reduced to fortnightly or monthly.

In some cases a report will be needed, particularly if the assessment has been facilitated by an external organization. Its format should assist the facility staff to relate the findings to the recommended follow-up actions for each standard. The outline may be as follows.

## Section 1

Standard	Findings	Recommended actions
1. An effective management system is established to oversee the provision of male circumcision services.	Patients' rights are posted and staff are aware of the requirement to maintain the confidentiality and privacy of patients and to enable informed consent.  Job descriptions are available but not up to date.	Review and update job descriptions.

The areas in which the organization excels should be recognized as well as areas for improvement. Specific feedback is most helpful to the facility teams in developing their action plans.

### **How often should an assessment be done?**

Assessment is best conducted as a systematic process on a regular basis. During the initial stages the team has to measure progress toward the goals. When most of the standards have been met the assessment may be done annually so as to ensure that they are being maintained.



## Section 2

# Male circumcision services quality assessment tool

## Male circumcision services quality assessment tool

Date: .....

Name of facility: .....

Location: (town, district/province) .....

Name(s) of assessor(s) .....

### **The male circumcision standards**

- Standard 1. An effective management system is established to oversee the provision of male circumcision services.
- Standard 2. A minimum package of male circumcision services is provided.
- Standard 3. The facility has the necessary medicines, supplies, equipment and environment for providing safe male circumcision services of good quality.
- Standard 4. Providers are qualified and competent.
- Standard 5. Clients are provided with information and education for HIV prevention and male circumcision.
- Standard 6. Assessments are performed to determine the condition of clients.
- Standard 7. Male circumcision surgical care is delivered according to evidence-based guidelines.
- Standard 8. Infection prevention and control measures are practised.
- Standard 9. Continuity of care is provided.
- Standard 10. A system for monitoring and evaluation is established.

### **Standard 1. An effective management system is established to oversee the provision of male circumcision services.**

**Intent:** Management systems are developed and implemented to ensure efficient and safe provision of male circumcision. Services are designed in response to clients' needs. Administrative and clinical policies and procedures are available that provide guidance to staff in carrying out their duties. Processes are designed for efficient staffing and scheduling of procedures, and ongoing supportive supervision is provided.

1. DOCUMENTS: Ensure that the following documents are available for review.
  - a. Policies on confidentiality, privacy and informed consent (patients' rights document)
  - b. Staff job descriptions
  - c. Surgery waiting list
  - d. Staff duty roster
  - e. Surgery schedule
  - f. Supervisory reviews
  - g. Results of staff satisfaction survey
  - h. Results of client satisfaction surveys
  - i. Results of focus group discussions with community members and stakeholder groups
  - j. Community assessment information (e.g. numbers of males, employment patterns, circumcision prevalence)
  - k. Minutes and action plans of quality improvement team
2. METHODS: Suggested key methods for eliciting information include:
  - l. Team discussion
  - m. Interviews with staff
  - n. Document review
  - o. Staff satisfaction surveys
  - p. Client interviews, satisfaction surveys or focus group discussions

**Standard 1. An effective management system is established to oversee the provision of male circumcision services.**

**Criterion 1.1. Health rights policies are available and known.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are there general health policies available on confidentiality, privacy and informed consent?	Lack of confidentiality and privacy can affect clients' use of the services. All clients have the right to be informed about their care and treatment and to be involved in decision-making.	These policies do not need to be separate; they could be contained in a <b>patients' or health rights document or in a national male circumcision policy</b> . The facility should check to see if these policies are available at the national or district level. If not, the facility could draft its own.					
b) Do staff know the policies on confidentiality, privacy and informed consent?	All staff, including non-professional staff, should know the policies in order to implement them.	Interview all categories of staff to determine their knowledge of the policies.					

## Section 2

Criterion 1.1. Health rights policies are available and known.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Do clients know the policies on confidentiality, privacy and informed consent?	If clients are aware of their rights they are empowered to expect and demand these standards of care. If communities are aware of these rights they are more likely to accept services.	Client interviews and/or focus group discussions.					
Criterion 1.2. Staff roles and responsibilities are clear.							
a) Are there job descriptions for staff delivering male circumcision services?	As staff need to understand their roles and responsibilities, the job descriptions should clearly define how each level of staff functions in the health care system.	The health ministry may have generic job descriptions, copies of which should be on site. Written roles and responsibilities for all staff involved in male circumcision services, including surgeons, nurses and counsellors, should be clearly defined. For those performing male circumcision, minor surgery should be included in the job description.					

**Criterion 1.2. Staff roles and responsibilities are clear.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Do staff know their expected roles and responsibilities?	Staff should be informed of their expected duties.	Staff should be able to describe their roles and responsibilities.					
c) Are staff evaluated at least annually?	Providing staff with feedback on their performance is vital for assisting them to improve.	Performance appraisals have been done for each category of provider (including clinicians, theatre staff and counsellors) and are on file.					
d) Is continuous supervisory support provided?	Supervisory support and feedback are vital for improving staff performance. In addition to persons who hold formal supervisory positions, facilitative supervisors, e.g. consultants, can provide guidance on the basis of their knowledge and expertise.	Staff interviews can be conducted to determine whether supervisors provide feedback: by participating in the activities that they supervise; during regular team meetings, staff appraisals or consultative visits; by “management by walking about”.					

## Section 2

Criterion 1.3. Services are provided in an organized and efficient manner.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are staff available to meet the needs for: <ul style="list-style-type: none"> <li>• Counselling clients?</li> <li>• Performing surgery?</li> <li>• Infection control?</li> <li>• Supply management?</li> <li>• Record-keeping?</li> </ul>	<p>Using available staff in the most efficient manner enhances service delivery and increases the number of circumcisions that can be done.</p> <p>When volumes become unmanageable with current staffing it is important to investigate alternative options, e.g. additional clinic hours, calling in additional trained staff.</p>	<p>The appropriate staffing can be established by identifying the <b>ratio of number of staff to number of patients</b> required for the service and the number of rooms available (counselling, examination and operating rooms). For surgery, if sufficient staff are available, the <b>client waiting list</b> should not be long (as identified by the target set by the facility). The maximum number of daily surgeries per clinician should be worked out. The number of surgeries cancelled because of a lack of staff can be monitored. A client flow analysis provides evidence of actions taken to improve patient flow and the use of staff.</p>					



**Criterion 1.3. Services are provided in an organized and efficient manner.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is there a process for scheduling appointments?	This process allows for predicting the number of staff required on a given day to provide counselling, perform surgery and give postoperative care.	Staffing could be checked by reviewing the appointment book or client record and comparing with the duty rosters to determine if an appropriate number of staff is scheduled for the number of patients scheduled for surgery and counselling sessions.					
c) Is there a process for planning the effective use of operating rooms?	When operating rooms are not effectively scheduled, the use of personnel and time may be wasteful and consequently fewer operations may be performed.	A roster exists for each operating room, listing scheduled surgeries; realistic time frames are allotted for surgeries and clean-up between surgeries. The use of rooms is tracked and changes are made on the basis of the findings.					

## Section 2

Criterion 1.4. Barriers to accessing care are identified and minimized.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are efforts being made in communities to support the provision of male circumcision services?	Unfavorable attitudes and misconceptions about male circumcision among various groups in the community may present barriers to the uptake of services or prevent clients from seeking needed follow-up care.	Review community mobilization activities and advertising campaigns. Specific efforts should be made to ensure that women are involved as partners or mothers.					
b) Have particular efforts been made to help young men overcome barriers to receiving the service?	Young people obtain/seek information in different ways. Special means of promotion are needed to attract young men to the service.	Efforts might include using messages that are targeted to youth and promoted in locations where young men congregate or in the youth media (radio, TV), implementing youth-friendly services, and involving parents.					

**Criterion 1.4. Barriers to accessing care are identified and minimized.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Has a reasonable fee been set for the service?	The service will not be used if it is not affordable. Attempts should therefore be made to assess whether fees are realistic.	The fee for male circumcision is in line with national policy.  The opinions of clients on affordability may be solicited.					
d) Are efforts made to overcome myths and misconceptions that act as barriers to accessing services?	Specific efforts should be made to identify and address the key barriers to accessing services. These could include misconceptions about loss of sexual function and fear of pain.	Community interviews, focus group discussions or surveys and a review of media could be used to better understand and quantify misconceptions.					
e) Are efforts made to schedule service hours in response to the needs of the majority of men in the community?	It is important to understand the work patterns of men in the community and to find innovative ways to offer clinic hours that are as convenient as possible, e.g. after-hours or weekend clinics.	Management interviews, community and client interviews or surveys may be used. Actions are taken to improve access and results are documented.					

## Section 2

Criterion 1.5. The facility has systems for continuously improving the quality and safety of services.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the facility have a system to receive and address client feedback?	Mechanisms should be in place to receive, collate, review and act on clients' suggestions and complaints.	This could include client exit interviews, suggestion boxes, and interviews with community mobilizers, local leaders or clinic health committees to solicit feedback. Minutes of meetings could show how feedback is used to respond to clients' needs.					
b) Does a quality improvement team exist which includes all categories of staff?	The benefits of team work include: <ul style="list-style-type: none"> <li>• a more complete working knowledge of the process;</li> <li>• a greater number of ideas for resolving problems;</li> <li>• greater acceptance and a higher implementation rate of solutions.</li> </ul>	All staff involved in providing male circumcision services (clinicians, nurses, sterilization staff, etc.) should be represented in the team. Review the terms of reference of the quality committee and/or the minutes of meetings.					

Criterion 1.5. The facility has systems for continuously improving the quality and safety of services.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Does the quality improvement team meet regularly?	The improvement of quality is a continuous process requiring regular meetings.	The team has a routine meeting schedule, e.g. weekly or monthly. Examination of minutes allows the regularity of meetings to be determined.					
d) Does the team review quality and safety information and implement actions to improve the service?	Quality improvement requires implementing change, which is achieved by developing and implementing action plans.	The team uses this self-assessment tool or other quality tools to assess services, identify gaps and make improvements.  The minutes of meetings and <b>action plans</b> allow team activities to be assessed.					

### **Standard 2. A minimum package of male circumcision services is provided.**

**Intent:** The male circumcision service is more than just a surgical procedure. A minimum package of services should be available in all facilities providing male circumcision. These services could be offered in different locations within the same facility. However, systems and processes should be set up to facilitate easy client flow and referral from one point to another.

1. DOCUMENTS: Ensure that the following documents are available for review.
  - a. HIV/AIDS counselling guidelines
  - b. HIV testing guidelines
  - c. Laboratory quality control manual
  - d. Syndromic management guidelines/protocols
  - e. Risk reduction and safer sex counselling guidelines
2. METHODS: Suggested key methods for eliciting information include:
  - a. Observation
  - b. Client interview
  - c. Medical record review

## Standard 2. A minimum package of male circumcision services is provided.

### Criterion 2.1. HIV testing and counselling services are provided on site.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are HIV testing and counselling services available on site?	Comprehensive male circumcision services include HIV testing and counselling on site to ensure that they are routinely done.	Services are posted to inform the community of their availability. Finger-pricking for rapid assessments is highly recommended.					
b) Are up-to-date HIV testing and counselling guidelines available?	Guidelines set the expectations for staff and provide a written reference to assist staff in giving consistent and accurate HIV testing and counselling. As research and new evidence become available, facilities should adopt the new practices.	The testing and counselling guidelines should be in line with national guidelines or WHO/UNAIDS <i>Guidance on provider-initiated HIV testing and counselling in health facilities</i> and should include: <ul style="list-style-type: none"> <li>information on the “three Cs” (informed consent, confidentiality, counselling);</li> <li>minimum information provided to clients before HIV testing and during post-test counselling.</li> </ul>					

## Section 2

Criterion 2.1. HIV testing and counselling services are provided on site.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Are HIV/AIDS testing and counselling provided according to the guidelines?		Job aids are available and used to guide counsellors to ensure that the “three Cs” are provided. Peer and/or supervisor observations and feedback are recommended.					
d) Are all clients routinely offered HIV testing?	Knowledge of one’s HIV status is a critical component of an HIV prevention strategy and assists counsellors to provide the most effective and appropriate counselling and behaviour change. It also serves to encourage those in need of care and treatment to access the services.	Observation, client interview and medical records could be used.					



**Criterion 2.1. HIV testing and counselling services are provided on site.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
e) Are HIV testing services routinely offered to clients' partners and to parents bringing in their children?	When men come to the facility with partners or when parents bring children the opportunity should be used to offer them HIV testing.	Observation, client interviews, and medical records could be used.					
f) Is there a laboratory quality control process?	<p>IQC specimens should be used at least once a week and with new shipments, lots and testers to ensure that the rapid test kits are accurately detecting HIV antibodies.</p> <p>When running controls for HIV rapid testing it is important to use both a negative and a positive control.</p>	<p>A site officer has been assigned. When HIV testing is done outside the hospital laboratory the main laboratory provides oversight of the testing.</p> <p>Laboratory standing operating procedures are in place and there is evidence of staff training and certification to perform HIV tests.</p> <p>There is a standardized register for recording lot numbers of test kits, test kit expiry dates and IQC sample results to facilitate reference of IQC sample data.</p>					

## Section 2

Criterion 2.2. Syndromic management of STIs is provided on site.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is syndromic management of STIs provided on site?	Infections must be identified and treated before elective operations. Operations should be postponed until infections have resolved.	Services are posted to inform the community of their availability. Clinicians are available who are trained to provide syndromic management.					
b) Are STI syndromic management guidelines/protocols available?	Guidelines set the expectations for staff and provide a written reference to assist staff in providing consistent and accurate STI syndromic management. As research and new evidence become available, facilities should adopt the new practices.	These guidelines should be in line with national or WHO STI syndromic management guidelines. Syndromic management protocols or algorithms are posted on the wall and/or are readily accessible to staff in consultation rooms.					
c) Is treatment provided to patients with STIs according to guidelines?		Documentation can be reviewed to determine if treatment is provided according to protocol.					

**Criterion 2.3. Individual risk reduction and safer sex counselling is provided on site.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is individual risk reduction and safer sex counseling provided on site?	Risk reduction and safer sex counselling should be provided to all men scheduled for circumcision in order to ensure that they understand their continued risk of acquiring and transmitting HIV and other STIs. Counseling should include specific messages for clients to deliver to their partners, explaining the importance of continuing safe sex practices even when circumcision has been performed.	Risk reduction and safer sex counselling are provided to all men scheduled for circumcision. This may be assessed by observation, review of medical records, and/or client interviews.					
b) Are risk reduction and safer sex counselling guidelines available?	Current guidelines indicate that the following information needs to be provided: <ul style="list-style-type: none"> <li>male circumcision gives the client only partial protection against HIV;</li> </ul>	On-site written guidelines include the required information. They may be included in HIV or other sexual reproductive health counselling guidelines.					

## Section 2

Criterion 2.3. Individual risk reduction and safer sex counselling is provided on site.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
	<ul style="list-style-type: none"> <li>• lack of protection against HIV (or evidence of it) for the client's partner;</li> <li>• importance of both partners knowing their HIV status;</li> <li>• reducing the number of partners;</li> <li>• reducing contact with the partner's body fluids, including ejaculate (semen) from a man's penis, vaginal fluids, blood and other types of discharge from open sores;</li> <li>• condom use (male and female);</li> <li>• increased risk of HIV acquisition and transmission if client engages in sex before wound is healed.</li> </ul>						

**Criterion 2.3. Individual risk reduction and safer sex counselling is provided on site.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Are risk reduction and safer sex counselling provided according to the guidelines?	Counselling should be guided by a risk assessment. Individual counselling should reinforce clients' understanding of information given, address clients' specific concerns and questions, determine clients' reasons for seeking circumcision and clear up any misconceptions.	The medical record shows that the guidelines have been met.  Observation of counselling sessions and interviews with clients may be done to verify this criterion. <b>Tool 2. Checklist for individual counselling on male circumcision and male reproductive health.</b>					

**Criterion 2.4. Male and female condoms are provided on site.**

a) Are male condoms readily available in the facilities?	The availability of condoms helps to reinforce counselling messages on the importance of their use in HIV/STI risk reduction and condom use behaviour.	Observation of sources and availability of condoms in locations that are convenient for the client, e.g. waiting rooms or toilets; supply records on the number of condoms distributed.					
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## Section 2

Criterion 2.4. Male and female condoms are provided on site.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Are female condoms readily available in the facilities?	Female condoms provide an alternative to male condoms and may be preferred by some clients and their partners.	Condoms should be offered in a setting or location that is accessible to clients' partners.					
c) Are male and female condoms promoted and provided to all sexually active clients during consultations?	Promotion includes informing clients about the importance of the consistent use of condoms as well as about using them correctly.	Observations, review of medical records, and client interviews could be done.					
Criterion 2.5. The facility ensures that the minimum package of services is integrated and that appropriate linkages are made.							
a) Does the facility organize the services to ensure that client flow through the clinic is smooth and that clients can easily access all minimum package services?	Even if services are not provided in the same building but are in different buildings or areas in the facilities, there should be a way to direct patients so that they can access the different services. Attempts should be made to bring the services closer together to make it easier for clients.	Walking the path taken by clients from registration to counselling, assessment, surgery, postoperative care, etc. will assist the team to understand client flow. Making a diagram of client flow can be useful.					

**Criterion 2.5. The facility ensures that the minimum package of services is integrated and that appropriate linkages are made.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Are all MC staff aware of the components of the minimum package and do they know where to direct clients to access the different services?	Staff should know what services are available in the facility and where clients can receive them so that they can help clients to access them.	Ask various staff members how they would instruct clients about accessing the services provided.					
c) Are all opportunities used at every MC service delivery point to promote and check if other parts of the minimum package have been delivered?	At every MC service delivery point, staff should take advantage of the opportunity to check if HIV testing has been done or at least offered, and that clients have received counselling and condoms.	Various assessment methods could be used, e.g. staff interviews, observation of client-provider interactions, and client interviews.					

## Section 2

### Standard 3. The facility has the necessary medicines, supplies, equipment and environment for providing safe male circumcision services of good quality.

**Intent:** The provision of quality care requires an infrastructure capable of supporting the activities of the client and the care provider. Leaders must commit the resources necessary to provide safe male circumcision services, including adequate facilities, medicines, equipment and supplies.

1. DOCUMENTS: Ensure that the following documents are available for review.
  - a. Inventory lists
  - b. Equipment maintenance registers
2. METHODS: Suggested key methods for eliciting information include:
  - c. Inventory
  - d. Observation

### Standard 3. The facility has the necessary medicines, supplies, equipment and environment for providing safe male circumcision services of good quality.

#### Criterion 3.1. Essential medicines required for providing circumcision services are available.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the facility have adequate supplies of medicines for syndromic management of STIs?	Clients with STIs have to be treated before undergoing surgery. Supplies should be available so as to avoid surgical delays or failure of clients to return for treatment.	Review the current stock and stock lists to determine whether stock is routinely available and whether there are stock-outs. Required drugs are in accordance with WHO or national guidelines.					



**Criterion 3.1. Essential medicines required for providing circumcision services are available.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Does the facility have adequate broad-spectrum antibiotics for postoperative infections?	Antibiotics should be available for any postoperative infection that may develop.	Review the stock of available antibiotics. The country's sensitivity patterns and national guidelines determine which are the most important antibiotics to be stocked.					
c) Does the facility have adequate medicines for pain control?	Analgesics should be available to manage postoperative pain.	Review the stock of analgesics.					
d) Does the facility have adequate local anaesthetics?	Local anaesthetics are required to manage pain during the operative procedure.	Local anaesthetics may be located in the pharmacy or operating theatre. Anaesthetics are available and surgeries are not cancelled due to lack of anaesthetics.					

## Section 2

Criterion 3.1. Essential medicines required for providing circumcision services are available.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
e) Are all the medicines stocked and dispensed within their expiry dates?	Medicines that have expired may no longer be effective.	<p>Check each category of medicines to ensure that they are stocked within their expiry dates.</p> <p>Check shelves to see that medicines that will be out of date first are stocked in front so that they will be used first.</p>					
f) Are medicines stored according to temperature and light recommendations?	Medicines must be stored properly to assure effectiveness.	Check the list of medicines used for male circumcision. If any require refrigeration or protection from light, check to see if they are stored properly.					

Criterion 3.1. Essential medicines required for providing circumcision services are available.							
Questions	Rationale Why is this question important?	Look for: How is this question assessed?	Score			Observations Why did you give this score?	Actions What needs to be done?
			0	1	2		
g) Is a medicine inventory system in use?	Effective inventory systems help to ensure that medicines are available.	A process for routine stocking of medicines according to an established level of use is in place so that stock is available but not in excessive amounts that would result in expiry before use. This could be done using stock cards. <b>Tool 3. Medicine stock card.</b>					
Criterion 3.2. The necessary supplies and equipment are available for performing surgeries.							
a) Is an inventory system used to ensure that adequate non-emergency supplies and equipment are available?	An inventory system helps to ensure that supplies and equipment are available when needed.	A stocking inventory, e.g. stock cards or sheets, could be used and a specific routine for checking inventory and ordering supplies/equipment should be in place. <b>Tool 4. Supplies stock card.</b>					

## Section 2

Criterion 3.2. The necessary supplies and equipment are available for performing surgeries.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is a system used to ensure that non-emergency equipment is functioning?	All equipment used for performing surgery should be checked to ensure that it functions properly, including the sterilizer, cautery and surgical instruments.	An equipment maintenance log should be kept to track equipment repairs and maintenance. Observe whether there is a routine process for checking the functioning of surgical instruments, e.g. during the sterilization process. The sterilizer is maintained in accordance with a planned programme.					
c) Are adequate disposable supplies available for performing circumcisions, including HIV kits?	Surgeries may be delayed or cancelled when there are insufficient supplies. Disposable supplies should be reordered in a timely manner. A robust supply chain is necessary.	Check that all the supplies and instruments needed for performing surgeries and HIV testing are available and sufficient for the daily scheduled procedures. Single-use items are used once and then discarded. <b>Tools 5a, 5b and 5c. Supplies and instruments (reusable and disposable) for standard male circumcision.</b>					

**Criterion 3.2. The necessary supplies and equipment are available for performing surgeries.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
d) Is there an adequate inventory of reusable supplies?		<b>Tools 5a, 5b, 5c and 5d. Supplies and instruments (reusable and disposable) for standard male circumcision</b>					
e) Are HIV kits stored according to the manufacturer's instructions?	HIV kits must be stored properly to assure effectiveness.	Check that HIV kits are stored according to the manufacturer's instructions. If the kits require refrigeration or protection from light, check to see that the kits are stored properly. A refrigerator temperature log should be kept to ensure that temperatures are maintained as required. Ask staff what actions they should take if the temperature is out of the required range.					

## Section 2

Criterion 3.3. Emergency equipment, supplies and medicines are available.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are emergency resuscitation guidelines and protocols readily available in the operating rooms (ORs)?	Emergency protocols must be visible to staff to ensure rapid treatment.	Key algorithms could be posted on the walls or on the resuscitation trolley so that they can be easily accessed and read by clinicians.					
b) Are emergency resuscitation equipment/ supplies and medicines easily accessible?	Emergency equipment/ supplies must be immediately accessible in the OR.	Emergency equipment and supplies are available to carry out the protocols. Check whether the emergency supplies/ equipment are easily accessible (in close proximity to or in the OR).					
c) Is there a system for checking and maintaining the emergency resuscitation supplies/ equipment and medicines?	Because emergency equipment/supplies are not used often, a maintenance process is required to ensure their availability and functioning when needed.	There is a mechanism to check the functioning of the emergency equipment on a routine basis. The medicines and supplies are stored according to a checklist and are within their expiry dates. The emergency supplies are secured between uses. <b>Tool 6. Adult emergency supply checklist.</b>					

**Criterion 3.4. Infection prevention supplies and equipment are readily available.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are there sinks, running water and non-reusable towels available for staff to wash hands in all consulting rooms?	When sinks and running water are not close to patient care areas, staff are less likely to wash their hands as required. Drying hands on reusable towels is a means of transmitting germs, therefore disposable or non-reusable towels should be used.	Visit consulting rooms to determine whether running water is available for hand-washing. This may be tap water or a container with a spigot or other method that meets the standard for proper hand-washing. Paper towels or single-use towels should be available to dry hands (no shared cloth towels). Antiseptic hand rubs are also a suitable alternative to running water.					
b) Are clean non-reusable towels and soap available for washing hands after use of the toilet?		Visit staff and client toilets and check to see if there are materials for washing hands properly.					

## Section 2

Criterion 3.4. Infection prevention supplies and equipment are readily available.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Are plastic goggles, aprons (or gowns) and non-sterile and sterile gloves available?	Sterile gloves of various sizes are needed to perform the surgical procedure proficiently. Personal protective gear needs to be available to protect staff from undue exposure to blood and other body fluids. If reusable aprons are used they should be wiped down with an antiseptic after each surgery.	Check the inventory of available items. Goggles, gowns and gloves should be available for all staff performing or assisting with the procedure.					
d) Are non-penetrable containers for disposing of sharps available and no more than two-thirds full?	Sharps containers should be designed to protect staff from injury. They should be sealed for disposal and should never be emptied.	Visit clinical areas where injections and sharps are used. Check that sharps containers are readily available and are non-penetrable (hard plastic or thick cardboard) and have openings to insert needles/sharps that cannot be retrieved. Check boxes to determine if they are no more than two-thirds full.					



**Criterion 3.4. Infection prevention supplies and equipment are readily available.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
e) Are medical waste containers available, labelled and with lids?	Regular and medical wastes are disposed of differently and therefore must be separate; colour-coding is preferable (red is used for medical waste).	Check containers that are used for medical waste to determine if they have lids and are labelled "medical waste". Preferably the containers can be opened with a foot pedal.					
f) Are the essential medicines available for post-exposure prophylaxis (PEP)?	Exposure to HIV is a serious incident that requires immediate intervention to prevent transmission of HIV. There should be a PEP protocol that includes both emergency and follow-up care; and PEP drugs should be in stock and accessible.	Check that the essential medicines for PEP are in stock and that the protocol is readily available to staff.					

## Section 2

Criterion 3.5. The environment is adequate for carrying out the activities required.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the waiting room have adequate ventilation and sufficient lighting, space and seating?	Patient comfort is an important aspect of quality services.	Visit the waiting room to assess the availability of seating, space and lighting. An ideal waiting area has a covered seating area if outside, seating available for all clients, windows and lighting sufficient for reading, and is not overcrowded.					
b) Do the consultation / examination and HIV testing rooms have adequate ventilation, sufficient lighting and space?		There is sufficient lighting to examine clients, read materials and document findings. A window is preferable and a fan if air conditioning is not available. Space is sufficient to include a desk, two chairs and an examination table.					

**Criterion 3.5. The environment is adequate for carrying out the activities required.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Do the consultation / examination and HIV testing and counselling rooms and changing rooms ensure privacy?	Privacy is one of the client's rights. Interruptions during consultations/ counselling may be embarrassing to clients as well as disrupting discussion.	Rooms should be set up in such a way that they ensure auditory and visual privacy. Preferably the rooms have full walls and doors, and curtains at windows. Screens may be used to separate the area for changing clothing. Methods for decreasing interruptions might include the use of a "do not disturb" sign and/or keeping doors closed.					
d) Is there a designated room for performing surgical procedures?	Surgical procedures should be performed in an area that can be controlled for infections.	Visit the procedure room to determine its suitability; it must have a door that can be shut.					

## Section 2

Criterion 3.5. The environment is adequate for carrying out the activities required.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
e) Do the theatre / operating rooms have adequate temperature control and ventilation and sufficient lighting and space?	A source of strong adjustable lighting is required for proper visibility of the operating site.	A minor procedures light should be available that can be positioned or a fluorescent light should be directly above the operating table; adjustable surgical lights are ideal. Space should be sufficient for two clinicians, one at either side of the table, with an instrument tray. Exposed patients should be warm and comfortable and providers should not be perspiring. Preferably, air should enter the OR through a vent close to the ceiling and should leave via a vent near the floor. Air conditioning systems should have filters that are changed regularly.					

**Criterion 3.5. The environment is adequate for carrying out the activities required.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
f) Does the postoperative care area have adequate temperature control and sufficient lighting and space?	A space should be allotted specifically for monitoring patients postoperatively where they can lie down and recover.	There should be enough space to accommodate the number of patients recovering at any one time. Lighting should be sufficient to permit reading. If there is an overnight facility, ensure that it also meets these requirements.					
g) Is the operating room equipped with an adequate table, instrument table/trolley and a floor made of materials that are easy to clean and disinfect?	The procedure table should be at a height/width that allows the clinicians to avoid musculoskeletal problems and fatigue. Instruments should be positioned for easy access and prevented from dropping. The floor must be easily cleaned to avoid infections.	Determine whether the table is at a height and width convenient for clinicians; preferably its height should be adjustable. The table should be washable and in good repair. A standard instrument trolley/table, preferably of stainless steel, should be available, in good condition and structurally sound.  Preferably, the floor is made of an impervious material that can be easily cleaned.					

## Section 2

Criterion 3.5. The environment is adequate for carrying out the activities required.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
h) Is there an adequate area for performing the surgical scrub?		There is running water and sufficient space, the area is clean, there is a liquid soap dispenser and antiseptic soap, the tap (faucet) can be turned off without touching it, and single-use towels are available. The sink for washing hands is not used for washing instruments or other items.					
i) Does the layout of surgical suites allow for effective flow of both patients and clinicians?	The surgical suite should be set up to allow continuous movement from non-sterile to sterile areas/rooms.	Draw a flow diagram of the rooms and/or walk through the areas to assess the flow. Make random observations of the numbers of people in the theatre.					
j) Are toilets available for staff and clients and in a sanitary condition?		Toilets are clean with no unpleasant odours.					

**Criterion 3.5. The environment is adequate for carrying out the activities required.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
k) Are fire safety measures in place?	Patient and staff safety should be a priority concern. Every effort must be made to prevent fires. If a fire occurs, staff must know how to use fire equipment and evacuate clients safely.	Fire extinguishers are located in all patient care areas, are in working condition and are checked regularly. Ensure that emergency exits are available from all areas, e.g. consulting rooms, wards and waiting areas. All emergency exits should be clearly signposted and unlocked.					
l) Are the different areas for providing services clearly signposted?	Ease of access is important so that clients can easily access the right services and find follow-up services.	Start at the front door of the facility and trace the steps that a client would take to find the reception area and other services, in order to determine if the signs make it easy to locate the services.					

## Section 2

Criterion 3.5. The environment is adequate for carrying out the activities required.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
m) Is the facility clean overall?		There is no litter. Floors, walls and doors are unstained, and furniture and facilities are in good order in all areas. There is no clutter, work services are in good repair and cupboards are clean and tidy.					



## Standard 4. Providers are qualified and competent.

**Intent:** A system exists for identifying staff learning needs and ensuring that plans are designed to meet these needs. Training activities are conducted to prepare staff to carry out their jobs effectively. The team of staff members has the necessary competences to provide the minimum package of male circumcision services.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Samples of personnel files of clinicians, nurses and counsellors
  - b. Staff training needs assessment
  - c. Staff training plan
  - d. Training attendance records
2. METHODS: Suggested key methods for eliciting information include:
  - e. Document review
  - f. Staff interviews

### Standard 4. Providers are qualified and competent.

**Criterion 4.1. The facility has a process in place to ensure that all staff have the appropriate qualifications and competence for their assigned tasks for male circumcision.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is there a process for determining whether clinicians have valid qualifications/licence/registration to practise?	To ensure the highest possible safety and quality of MC services, only clinicians with the appropriate credentials can provide such services.	Evidence of the process includes a review of paperwork documenting that credentials for all clinical staff were verified prior to their hire / service delivery. Appropriate credentials are as laid down by the health ministry or other authoritative body.					

## Section 2

Criterion 4.1. The facility has a process in place to ensure that all staff have the appropriate qualifications and competence for their assigned tasks for male circumcision.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is there a process to verify the competence of all staff hired to provide male circumcision services?	To ensure the highest possible safety and quality of MC services, only competent staff may provide such services	Evidence of the process includes a review of paper-work documenting that competence in service provision was met by all staff providing such services before their hire date or hire/date of initial services delivery (for volunteers). A certificate of competence from a recognized body or a competence verification process may suffice.					

**Criterion 4.2. There is a periodic assessment of staff competences.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is the competence of staff providing counselling as a part of male circumcision services routinely and periodically assessed?	Ongoing formal assessment of competence helps to ensure that clients are receiving accurate messages and the appropriate care, support and referrals.	Observation and health-care worker interviews and examinations. Assessment of performance in relation to the protocols should be documented in the personnel file.					
b) Is the competence of staff performing history-taking skills as part of male circumcision services periodically assessed?	Ongoing assessment of history-taking skills is necessary to ensure that history-taking is performed in a thorough and accurate manner.	As above. The requirement for the assessment may vary, depending on the experience of the staff and the number of clients he or she has seen. Competence assessment should be done on a regular basis (at least annually) and formally documented.					

## Section 2

Criterion 4.2. There is a periodic assessment of staff competences.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Is the competence of staff performing physical examinations as part of male circumcision services periodically assessed?	Ongoing assessment of physical examination and assessment skills is necessary to ensure that examinations and assessments are performed in a clinically competent manner and that contraindications for surgery are identified.	As above.					
d) Is the competence of staff performing surgery or components of surgery as part of the male circumcision services periodically assessed?	Ongoing assessments of male circumcision surgical skills are necessary for all staff involved, in order to ensure that the surgery is performed in a clinically competent manner.	As above.					

**Criterion 4.3. Ongoing in-service education and training are provided to assist staff to fulfil their duties.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Has a training needs assessment been done in the past year for staff providing male circumcision services?	Staff should receive training on the most up-to-date skills and techniques employed in delivery of the MC minimum package of services to ensure that services are safe, efficient and of the highest quality. An annual training needs assessment may reveal a lack of knowledge or skills or outdated knowledge or skills.	This information might be included in a formal document or minutes of a meeting where training needs were determined.  Issues noted during performance appraisals or through monitoring and evaluation activities may provide additional evidence of training needs.					
b) Is there a staff training and development plan for staff providing male circumcision services?	Results of the training needs assessment should be developed into a training plan so that management can anticipate and fulfil the training needs.	This information might be included in a formal document, e.g. an in-service training plan or the minutes of a meeting where a plan for addressing training needs was developed.					

## Section 2

Criterion 4.3. Ongoing in-service education and training are provided to assist staff to fulfil their duties.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Has the staff training and development plan been implemented?	Implementation of the training plan is necessary so that staff may receive the necessary training and provide the safest, most efficient and highest quality services possible.	Written evidence, e.g. a training attendance record that training activities have taken place or that staff have attended workshops/courses (filed in personnel records).					
d) Has the effectiveness of the training activities been evaluated?	Staff who have attended training activities should integrate their new knowledge and skills into practice.	Documented evidence that the skills have been integrated into practice through the monitoring of practice. This could be a focused assessment of skills or could be included in the performance appraisal.					

## Standard 5. Clients are provided with information and education for HIV prevention and male circumcision.

**Intent:** The facility is recognized as a resource centre for promoting healthy lifestyles. The facility has a role and responsibility to develop channels for sharing sexual and reproductive health information and materials. Specific materials are available on male circumcision and are accurate, simple, age-appropriate and consistent with the minimum package.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Samples of information and education materials
2. METHODS: Suggested key methods for eliciting information include:
  - b. Medical record review
  - c. Observations

### Standard 5. Clients are provided with information and education for HIV prevention and male circumcision.

#### Criterion 5.1. Information is provided to clients on male circumcision, sexually transmitted infections and HIV prevention.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are clients provided with information and education about male circumcision which include the following? <ul style="list-style-type: none"> <li>• Risk and benefits</li> <li>• Surgical procedure</li> <li>• Partially protective nature, necessitating maintenance of other HIV prevention strategies</li> </ul>	<p>Clients have the right to be informed about the procedure and should know how to protect themselves from developing infections.</p> <p>Group education is effective for providing general information (<b>Tool 7. Checklist for group education on male circumcision and male reproductive health.</b>),</p>	Assessment data can be obtained from observation, provider interviews, client interviews and/or community focus group discussions.					

## Section 2

Criterion 5.1. Information is provided to clients on male circumcision, sexually transmitted infections and HIV prevention.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
<ul style="list-style-type: none"> <li>Abstinence period of at least six weeks post-operation to allow for wound healing</li> <li>No known HIV prevention benefit for HIV+ persons so not recommended for persons already HIV-infected unless medically indicated</li> </ul>	<p>but it should be followed by individual information and education sessions to allow an opportunity for each client to ask questions and the health-care worker to validate each client's understanding. Consideration should be given to the age of clients when conducting group education, as different teaching strategies should be used for youth and older men.</p>						



**Criterion 5.1. Information is provided to clients on male circumcision, sexually transmitted infections and HIV prevention.**

Questions	Rationale Why is this question important?	Look for: How is this question assessed?	Score			Observations Why did you give this score?	Actions What needs to be done?
			0	1	2		
b) Are clients who are seeking male circumcision provided with information and education about STI screening and HIV testing?	For MC to be maximally effective and safe for HIV prevention, it is recommended for males who are HIV- negative, and clients must be free of active STIs at the time of surgery. Testing for HIV before surgery is therefore highly encouraged for all clients seeking MC. Similarly, screening for active STIs through history and physical examination is required before surgery. Clients must receive and understand information about HIV testing and STI screening before such assessments are conducted.	Evidence could be obtained through observation of group and individual information and education sessions involving staff and clients and should be documented in the client record.					

## Section 2

Criterion 5.1. Information is provided to clients on male circumcision, sexually transmitted infections and HIV prevention.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Are clients' partners or parents bringing sons for MC provided with this information?	If a client's partner and family are present at the facility, the information should be communicated directly to them. If they are not present, the client should be advised about what information to share with them following the visit.	As above					
Criterion 5.2. Appropriate reinforcing information and educational materials are provided.							
a) Are clients provided with printed materials that they can take with them to reinforce the verbal information on male circumcision, STIs and HIV prevention and testing?	Information materials that men can take away should be age and culturally appropriate and in the local language (or presented pictorially if the clientele is illiterate).  Take-away materials allow clients an opportunity for greater understanding of information presented verbally and may serve as reminders and sustain knowledge.	MC materials should be available that men can take with them either before or after MC is performed. Materials should be age and culturally appropriate and in the local language.					

**Criterion 5.2. Appropriate reinforcing information and educational materials are provided.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Are clients' partners or parents provided with printed materials that they can take with them to reinforce the verbal information on male circumcision, STIs and HIV prevention and testing?	<p>Information materials that partners/family can take away should be tailored to their roles and relationship to the client, age and culturally appropriate and in the local language (or presented pictorially if the clientele is illiterate).</p> <p>Take-away materials allow partners/family an opportunity for greater understanding of information presented verbally and may serve as reminders and sustain knowledge.</p>	Review the MC materials that are available for women to take with them. Materials should be age and culturally appropriate and in the local language. NOTE: Materials for women should specifically include information about the risks and benefits of MC for women, so that they are aware and can take steps to protect themselves and encourage MC among HIV-negative men in the population.					

## Section 2

Criterion 5.2. Appropriate reinforcing information and educational materials are provided.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Are male sexual and reproductive health materials available which provide information and education?	Male circumcision for HIV prevention programmes should provide boys and men who traditionally do not access male sexual and reproductive health care services with information about reproductive health, including general information about HIV and STIs. Persons considering MC and those who have had the procedure performed should have access to written materials about male sexual and reproductive health which reinforce the information and education received during group/individual sessions.	Review MC materials that men can take away with them either before or after MC is performed. Materials should be age and culturally appropriate and in the local language.					

**Criterion 5.2. Appropriate reinforcing information and educational materials are provided.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
d) Are MC client teaching aids available in the counselling rooms?	Teaching aids should be available and used in counselling rooms to help staff in providing consistently accurate and complete information and education to clients and their sexual partners.	Flip charts, posters or other teaching aids are evidence in relation to this question.					

**Criterion 5.3. Informed consent is obtained from clients.**

a) Is there a process to verify that the client or parents/guardians of minor children understand the surgical procedure to be undertaken and the potential risks and complications before signing the consent form?	In addition to receiving information about MC surgery, clients or parents/guardians of minors must demonstrate an understanding of the information before providing meaningful informed consent. Client understanding needs to be assessed by asking clients to repeat key information back to the staff that provided it.	Client interviews could be conducted to determine whether clients understood the MC information before surgery. Observation of staff obtaining consents could also be done.					
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## Section 2

Criterion 5.3. Informed consent is obtained from clients.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is there a signed surgical consent form on each client's record?	It is unethical to perform surgery on a person who has not provided informed consent or consented to something he did not understand. If clients are to give meaningful consent they must therefore be properly educated about (and understand) key aspects of MC surgery.	Evidence is obtained through a review of a random sample of client records to see if consents have been completed and signed. <b>Tools 8 &amp; 9. Informed consent forms.</b>					

## Standard 6. Assessments are performed to determine the condition of clients.

**Intent:** An initial assessment is performed to evaluate the suitability of the client for the circumcision procedure. The assessment takes into account the social, economic and cultural background and the health risks of each client. Ongoing assessments are performed to evaluate the client's status in relation to the surgical procedure.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Samples of client medical records
2. METHODS: Suggested key methods for eliciting information include:
  - a. Medical record review
  - b. Observations

### Standard 6. Assessments are performed to determine the condition of clients.

#### Criterion 6.1. An initial client history is taken.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is a medical history obtained to assess any surgical contraindications for clients undergoing male circumcision?	An accurate and appropriate past medical history is required to allow health-care providers to assess for surgical contraindications and potential risks that need to be managed, e.g. allergies or diabetes.	Review a sample of medical records to determine if medical histories are routinely documented on a standard form or checklist that guides history-taking. <b>Tool 10. Client assessment form for male circumcision.</b>					

## Section 2

Criterion 6.2. Initial physical examinations are performed.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is a physical examination performed to assess for surgical contraindications on all clients undergoing male circumcision?	Clients must be assessed for potential contraindications. An accurate and appropriate physical examination is required to allow health-care providers to assess eligibility for surgery.	Review a sample of medical records to determine if a physical examination was completed using a standard form that guides physical examination.  <b>Tool 11. Checklist for client assessment for male circumcision.</b>					



## Standard 7. Male circumcision surgical care is delivered according to evidence-based guidelines.

**Intent:** Providing safe clinical care of good quality is at the heart of male circumcision services delivery. These activities require an interdisciplinary approach. Each practitioner's role and responsibilities are determined by: her or his professional skills, competence and credentials; the care provided; and the programme's policies. Procedures and care are provided according to evidence-based guidelines.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Surgical procedure guidelines
  - b. Guidelines for management of complications
2. METHODS: Suggested key methods for eliciting information include:
  - a. Medical record review
  - b. Observations
  - c. Surgical review

### Standard 7. Male circumcision surgical care is delivered according to evidence-based guidelines.

#### Criterion 7.1. Male circumcision surgical procedures are performed according to standard guidelines.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are male circumcision surgical guidelines available?	Guidelines set the expectations for staff and provide a written reference to assist staff in performing the surgical procedure properly and under proper conditions. As research and new evidence become available, facilities should adopt the new practices.	The guidelines should be located in an area that is easily accessible to the clinical staff. Staff should be aware of their location and content. They should be based on the most up-to-date national and international guidelines on performing the preferred or standard surgical method(s), e.g. the WHO <i>Manual for male circumcision under general anaesthesia</i> .					

## Section 2

Criterion 7.1. Male circumcision surgical procedures are performed according to standard guidelines.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is the surgical procedure performed according to standard guidelines?		The surgical procedure is documented. <b>Tool 12. Male circumcision surgical procedure form.</b> Individual clinicians should be assessed to ensure performance according to the guidelines. <b>Tools 13–16. Checklists for male circumcision procedures.</b>					
c) Was a sterile dressing applied?	An incision is usually covered for 24–48 hours with a sterile dressing to reduce the potential for infection.	Observations of the procedure and documentation in the client record.					
d) Are efforts made to protect clients' privacy and dignity during surgery?	Clients have the right to privacy and dignity and to be treated with respect during the procedure.	Observations during surgery can be made to determine whether patients are routinely covered when the procedure is not under way, ensuring that they are not unnecessarily exposed. Staff do not make comments that could be concerning to clients, e.g. unnecessary remarks about their private parts or alarming exclamations.					

**Criterion 7.2. Standard procedures for assessment and management of emergencies and complications are followed.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are guidelines available for managing complications during and after surgery?	Guidelines set the expectations for staff and provide a written reference to assist staff in responding quickly and effectively to manage complications. As research and new evidence become available, facilities should adopt the new practices.	Protocols for the most common complications, e.g. anaphylactic reactions, cardiovascular events, bleeding and wound infections, are readily available. These could be posted on a wall or located in a convenient place for staff to refer to them when necessary.					
b) Are standard guidelines followed for the management of emergencies and complications?	Emergencies and complications are best reviewed immediately to establish what happened and identify ways to avoid similar situations in the future.	When a complication has occurred, the client's records should be reviewed as well as minutes from medical review meetings to determine actions taken and any trends (patterns of recurring complications).					

## Section 2

Criterion 7.3. Immediate postoperative care is provided according to the standard protocol.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are guidelines available for immediate postoperative care?		<p>A standard protocol is available that outlines postoperative care.</p> <p><b>Tool 17. Male circumcision immediate postoperative care protocol.</b></p>					
b) Are the patient's postoperative vital signs and condition monitored according to a standard protocol?	The patient's vital signs should be stable before discharge.	<p>The protocol should include how often vital signs are to be monitored postoperatively and before discharge.</p> <p>Adherence to this protocol can be assessed by observation or by reviewing the client's record.</p>					
c) Is the patient's pain assessed and managed in an appropriate manner postoperatively?	The patient may be reluctant to complain of pain. The staff should assess postoperative pain and provide treatment when indicated. Clients should be asked about the effectiveness of the pain management that they received.	The postoperative protocol should include assessing the client's pain postoperatively. Postoperative care can be observed and client records can be reviewed for assessment and treatment that was provided.					

## Standard 8. Infection prevention and control measures are practised.

**Intent:** The facility effectively implements infection prevention and control processes by involving staff and clients in observing standard precautions. Infection control surveillance, data collection and corrective measures are conducted to reduce the incidence of surgical site infections.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Infection prevention and control policies and procedures
2. METHODS: Suggested key methods for eliciting information include:
  - a. Document review
  - b. Observations

### Standard 8. Infection prevention and control measures are practised.

#### Criterion 8.1. Infection prevention and control policies and procedures are available.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Are policies and procedures available for the following? <ul style="list-style-type: none"> <li>• Hand-washing</li> <li>• Surgical scrub</li> <li>• Gowning and gloving</li> <li>• Decontamination</li> <li>• Disinfection</li> <li>• Sterilization</li> <li>• Cleaning of operating rooms</li> <li>• Traffic flow</li> <li>• Handling of needles and sharps</li> </ul>	New evidence of the most effective means of preventing infection is routinely published. Policies and procedures should be written on the basis of these findings and staff should be aware of the current practices.	Written infection prevention policies and procedures defining safe practices should be located where health-care workers can access them. These may be national policies and procedures or may be adopted from other reputable sources, e.g. Centers for Disease Control and Prevention, USA.					

## Section 2

Criterion 8.1. Infection prevention and control policies and procedures are available.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
<ul style="list-style-type: none"> <li>• Waste management</li> <li>• Management of spills</li> <li>• Post-exposure prophylaxis</li> </ul>							
Criterion 8.2. Infection prevention and control measures are practised according to policy and procedures.							
<p>Are infection control measures practised according to guidelines and procedures?</p> <p>a) Hand-washing, surgical scrub, gowning and gloving</p>	<p>One of the most common complications of circumcision is infection, which can lead to loss of function and death. Hand-washing is the most effective means of reducing the spread of organisms; a minimum of a two-minute surgical scrub is recommended before surgery. Caps may reduce contamination to the surgical field. Masks may be beneficial in protecting the wearer from exposure to blood and body fluids. Shoe covers have not been shown to decrease the risk of infection.</p>	<p>Observations can be made to verify whether sterile gloves and an apron (or gown) are worn and changed between cases. If plastic reusable aprons are used they are wiped down with 0.5% chlorine between use. Reusable aprons could be used that are changed for each patient and washed at the end of the day. Periodic assessment should be done using a checklist. <b>Tool 18. Observation of infection prevention and injection safety practices.</b></p>					

**Criterion 8.2. Infection prevention and control measures are practised according to policy and procedures.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
	Clothing should not be changed in the OR, as this can lead to airborne dissemination of group A streptococci.						
b) Decontamination, disinfection, sterilization, cleaning of operating rooms, and movement/flow of people	Strict adherence to cleaning and sterilization processes is necessary to avoid contamination. The microbial level in the OR is directly proportional to the number of people moving about in the room. The flow of people should therefore be minimized and doors should be kept shut. The importance of routine monitoring of the quality of sterilization procedures has been well established.	Use the infection prevention and control assessment tool to measure this criterion.					

## Section 2

Criterion 8.2. Infection prevention and control measures are practised according to policy and procedures.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
c) Handling of needles and sharps, waste management and spills, post-exposure prophylaxis	Needle/sharps-sticks can be a source of transmission of HIV, hepatitis B, etc. Poor management of waste, including spills, can also expose staff to viruses. Post-exposure prophylaxis should be carried out immediately to prevent transmission of viruses.	Ask staff what they would do following a sharps injury to determine if they know the PEP procedure. Use the infection prevention and control assessment tool to measure this criterion. Preferably, all staff should have received hepatitis B vaccination.					
Criterion 8.3. Individuals are designated to be accountable for infection control activities at the facility.							
a) Are there designated individuals responsible for infection prevention activities including: infection control training, monitoring, reviewing findings and taking actions to improve infection control practices?	Infection prevention is an important aspect of care. Even though all staff are expected to follow procedures, practices are more likely to be adhered to when there is someone with knowledge and expertise in the area who is overseeing the process.	There may be one infection control practitioner or there may be individuals in different departments, e.g. laboratory, central supply, sterilization and theatre, who are assigned to be responsible for infection control activities.					



## Standard 9. Continuity of care is provided.

**Intent:** Systems and procedures are in place to promote effective follow-up care. Effective referrals and counter-referrals are made. Adequate and clear information is given to clients to facilitate their home care and ongoing use of services.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Referral contact information
  - b. Referral records
  - c. Protocols for postoperative review
  - d. Postoperative instructions
2. METHODS: Suggested key methods for eliciting information include:
  - a. Document review
  - b. Medical record review
  - c. Observations

Standard 9. Continuity of care is provided.							
Criterion 9.1. An effective referral system is in place.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the facility have a protocol on referrals to other services?	Providers are more likely to systematically make referrals if a clear protocol is available.	Review of facility documents.					

## Section 2

Criterion 9.1. An effective referral system is in place.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is contact information available for referral facilities?	Specific information facilitates both access to referral services and uptake. All staff should be aware of referral facilities or relevant departments in a facility. Where appropriate, staff should be aware of the days that particular clinics (e.g. specialist clinics) are held. Well-established links should be made with these facilities/departments. Referral sources within the community for meeting psychosocial needs identified during risk assessments, e.g. drug abuse or violence, HIV+ support groups, should be established. Referral facilities for managing complicated cases should be identified.	Ask the staff if they are aware of referral facilities and relevant departments within the facility. Staff should be aware of the days that particular clinics (e.g. specialist clinics) are held. Links between facilities and departments can be assessed through interviews with key parties. A list of referral sources in the community for meeting psychosocial needs identified during risk assessments, e.g. drug abuse or violence, HIV+ support groups, and managing complicated cases, should be available with contact information. Preferably, written agreements should have been established with key referral agencies.					

**Criterion 9.1. An effective referral system is in place.**

Questions	Rationale Why is this question important?	Look for: How is this question assessed?	Score			Observations Why did you give this score?	Actions What needs to be done?
			0	1	2		
c) Are client referrals documented?	Referral records help to ensure continuity of care. A record should be kept of each patient's name, age and reason for referral. The referral should also be recorded in the patient's record.	Review and analysis of referral lists and client records.					
d) Is adequate written information on the patient's condition provided to the referral facility?	A written referral letter or form, containing at least the patient's name and age, the treatment given and the reason for referral, should be sent to the referral facility in the interest of continuity of care.	Review of records for copies of referral letters.					

## Section 2

Criterion 9.2. The client/family is given discharge instructions.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is the patient given postoperative instructions on the following? <ul style="list-style-type: none"> <li>• The importance of wound management for the prevention of infection</li> <li>• Abstaining from sexual intercourse until complete wound-healing has been certified by a clinician or until at least six weeks post-operatively</li> <li>• Returning to activities and work</li> <li>• Warning signs; e.g. excessive bleeding, pain, fever or pus from the wound, and what to do if such signs occur</li> <li>• The partially protective nature of circumcision and the use of condoms</li> </ul>	<p>Clients may have difficulty in remembering all the information provided; written information is helpful to reinforce the instructions. This information needs to be easy for the patient to understand.</p> <p>The client's usual activities and work should be determined and the patient should be counselled on when to resume them. Instructions should preferably be given first in person and then in writing.</p>	<p>Client interviews on the patient's understanding of the information could be conducted. Written postoperative information is given to the patient, including: wound management, warning signs of healing problems, abstaining from sex for six weeks, returning to work, partial protection and use of condoms. Documentation on the client records could be reviewed. Observations could also be made. <b>Tool 19. Post-operative instructions for male circumcision.</b></p>					

**Criterion 9.3. There is a well-established mechanism for follow-up of clients.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the facility have standard protocols or guidelines for postoperative review?		Protocols should outline expectations on follow-up and the examination and educational and/or counselling activities that will take place. See the <i>WHO Manual for male circumcision under general anaesthesia</i> .					
b) Are the protocols for follow-up carried out?		Review client records to determine whether follow-up protocols are carried out and/or observe clinical practice. <b>Tool 20. Checklist for postoperative review.</b>					
c) Do clients routinely return for follow-up visits?	It is preferable for patients to return for follow-up visits so that the wound can be assessed. Follow-up visits also provide an opportunity to reinforce risk-reduction measures. If patients do not return the facility should investigate why this is so.	A process should be in place to determine if patients are returning for follow-up visits and actions should be taken if issues are identified. Follow-up visits should be documented. <b>Tool 21. Checklist for male circumcision follow-up visit.</b>					

### Standard 10. A system for monitoring and evaluation is established.

**Intent:** A process is in place to monitor and evaluate the quality and safety of services. The process includes data collection and analysis, actions taken to improve care and services, and monitoring the effect of the actions.

1. DOCUMENTS: Ensure that the following documents are available for review:
  - a. Clinic register/log (service statistics)
  - b. Staffing and scheduling plans
  - c. Adverse event review process
2. METHODS: Suggested key methods for eliciting information include:
  - a. Document review

Standard 10. A system for monitoring and evaluation is established.							
Criterion 10.1. Data are collected on services provided.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Does the clinic keep a general client register?	The types of services and numbers of clients are important in service planning, including staffing and budgeting. This information is also used to evaluate the effectiveness of service promotion and access.	A register/log is kept to record the patient's name, services received, date, etc. Specific registers for VCT counselling and HIV testing may be useful. <b>Tool 22. Male circumcision register.</b>					

**Criterion 10.1. Data are collected on services provided.**

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Does the clinic have a surgical register/log that records the date, patient's name, age, procedure, type of anaesthesia, surgeon and comments?	The number and types of surgeries performed will assist the facility in evaluating the use of services and can be used to plan future service delivery.	A surgical register/log is kept for the listed information. Additional information could be entered in the comments, e.g. complications.					
c) Does the clinic compile the information from these registers for reporting/evaluation purposes?	Data collected in the registers are not useful unless compiled and used for decision-making.	The information collected in the registers/logs is compiled on a regular basis (e.g. monthly) in a report including such data as the numbers of patients presenting for services, patients seen and assessed, surgeries scheduled and postoperative clients reviewed.					

## Section 2

Criterion 10.2. Data are used for planning and improvement of service delivery.							
Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is there a process for reviewing the data for all the different areas of service delivery?	The data should be analysed to determine who uses the services and how they are being used.	Evidence would include data collected from records for such things as the numbers of patients presenting for services, patients seen and assessed, surgeries scheduled and postoperative clients reviewed. A process for regular review and discussion of data should be established, e.g. weekly/monthly staff meetings, which is evidenced in minutes.					
b) Are services planned and improved on the basis of the data and information?	The information is ultimately used to improve the use, efficiency and effectiveness of services, e.g. staffing and scheduling plans should be based on information elicited from service delivery data review as well as plans to promote or redesign services to meet clients' needs more effectively.	Service plans, and minutes of management meetings or of the quality improvement team, could serve as evidence.					



Criterion 10.3. There is a system for prompt reporting and review of adverse events.

Questions	Rationale	Look for:	Score			Observations	Actions
	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is there a system for recording all adverse events?	The recording of adverse events is the first step in learning from them in order to find ways of preventing their recurrence.	Adverse events are defined and recorded according to severity, e.g. no harm, moderate or severe outcomes. A standard format is used to collect information on adverse events and a file of these events is maintained. Events are trended and patterns identified as evidenced in reports and/or the minutes of meetings. <b>Tool 23. Adverse event descriptions and management, Kisumu, Kenya.</b>					

## Section 2

Criterion 10.3. There is a system for prompt reporting and review of adverse events.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
b) Is there a systematic process for investigating moderate or severe adverse events in order to determine causes?	This process is NOT for identifying who was at fault but for determining how such events occurred. A cause analysis should be conducted for each serious event to determine where processes have failed. The events need to be trended so as to track patterns. The trends should be discussed by the medical team to learn about and find ways of reducing the possibility that the events will happen again.	Review minutes or reports on individual events and on investigations into (cause analysis) and reports of trends. Depending on the number of clients and adverse events, these reports may be produced quarterly or biannually.					

**Criterion 10.3. There is a system for prompt reporting and review of adverse events.**

Questions	Rationale Why is this question important?	Look for: How is this question assessed?	Score			Observations Why did you give this score?	Actions What needs to be done?
			0	1	2		
c) Have actions been taken to prevent future events of this nature?	The most important aspect of the review of complications is to develop plans to avoid the problems in the future.	An action plan is developed and carried out to prevent further events. Minutes show that the plans have been implemented and that monitoring continues to track complications.					
d) Are discussions held with clients who have experienced adverse events about how these were managed?	Patients have the right to know what has occurred and what actions were taken to deal with situations. Managers and staff should know how to handle these situations.	Staff and client interviews may be conducted in order to seek this information.					

## Section 2

Criterion 10.4. Data collection is thorough and accurate.							
	Rationale	Look for:	Score			Observations	Actions
Questions	Why is this question important?	How is this question assessed?	0	1	2	Why did you give this score?	What needs to be done?
a) Is there a process for assessing missing or erroneous data?	Inaccurate data lead to inaccurate decision-making. A person or persons should be assigned to oversee the accuracy of data collection.	Data quality standards exist. Review the process with the person who is responsible for overseeing the accuracy of data collection. A quality check is made at least monthly to determine if data are collected according to the standards.					

# Section 3

## Supporting Tools



## Tool 2. Checklist for individual counselling on male circumcision and male reproductive health

Place a “✓” in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

	Task/activity	Performance		
		S	U	N/O
<b>Preparation</b>				
1.	Prepare IEC materials.			
2.	Offer the client and the carer/parent a seat and ensure privacy.			
3.	Greet the client and carer respectively and with kindness. Introduce yourself and ask for the name of the client.			
4.	Explain to the client and the carer what is going to be done and encourage them to ask questions. Get permission before beginning and ask whether the carer should be present.			
5.	Explain to the client that the information he gives will be confidential and will not be shared without his express permission.			
6.	Communicate respect verbally and non-verbally.			
7.	Honour confidentiality.			
8.	Communicate carefully and with sensitivity.			
9.	Use easy-to-understand language and check understanding.			
10.	Ask what the client already knows before providing relevant education.			
11.	Show sensitivity to social and cultural practices that may conflict with the plan of care.			
12.	Encourage the client to ask questions and voice concerns, and listen to what he has to say.			
13.	Be empathetic.			
14.	Ask the client/parent what specific reproductive health service he is requesting.			
<b>Male circumcision</b>				
15.	Ask the client (or the parents if the child is too young) to tell you what he already knows about male circumcision.			
16.	Tell the client/parents about male circumcision: <ul style="list-style-type: none"> <li>• what male circumcision is;</li> <li>• benefits and risks of male circumcision;</li> <li>• how it is done;</li> <li>• pain relief options;</li> <li>• how soon the patient can go home after the procedure;</li> <li>• postoperative care and follow-up;</li> <li>• how and where to contact health-care workers.</li> </ul>			

## Section 3

17. Ask for questions and address any concerns that the client or his parents may have.			
<b>Risk of HIV infection</b>			
18. Ask the client or his parents to tell you what they already know about HIV and AIDS.			
19. Ask the client or his parents if he has ever been tested for HIV.			
20. Assess the client's level of concern about having/acquiring HIV.			
21. Update the client and/or his parents about HIV and AIDS.			
22. Explore the client's most recent risk exposure/behaviour.			
a) When?			
b) With whom?			
c) Under what circumstances?			
23. Assess the pattern of risk (occurring regularly, occasionally, attributable to an unusual incident).			
a) Number of partners?			
b) Type of partners?			
c) Frequency of new/different partners?			
d) Condom use?			
24. Determine other high-risk behaviours (drug/alcohol abuse, violence).			
25. Summarize the client's situation and risk issues.			
26. Work with the client to develop a risk-reduction plan for the risk behaviours identified above. Refer clients to community groups as indicated.			
27. Explore the client's feelings about testing for HIV and readiness for testing.			
28. Refer the client for HIV testing if he so wishes.			
29. Refer the client for care and support if he is known to be HIV-positive.			
30. If he is HIV-negative, counsel the client on how to remain so (abstinence, being faithful, condom use – the ABC message).			
<b>Other sexually transmitted infections (if the client is already sexually active)</b>			
31. Ask the client what he knows about sexually transmitted infections.			
32. Update the client about STIs, including:			
• common types of STIs;			
• signs and symptoms of common STIs;			
• how STIs are spread from person to person;			
• how STIs are prevented;			
• ABC message);			
• use of dual protection;			
• where to go for diagnosis and treatment.			



### Tool 3. Medicine stock card

Item: atropine (0.6 mg/ml ampoules)		Min level _____ 30 _____					
Cost per item (if applicable):		Max level _____ 50 _____					
Storage condition:		Dept    Emergency Dept					
Date	Stock in	Stock out	Adjustment	Balance	Name	Sign	Comments
5/06/09	50	20	5	25	Kwame Opong		5 expired ampoules
5/10/09	25	0	0	50	Winnie Obuko		

#### Directions

1. Use one stock card per item.
2. ITEM: List the item, including the generic name of the medicine, the strength and the medium (e.g. ampoules, vial, suppositories).
3. COST: Include the cost of each item if applicable.
4. STORAGE: Indicate if there are any storage conditions that apply to this item (e.g. refrigeration, light).
5. MIN LEVEL: Indicate the minimum level of this item that should be in stock (reorder level)
6. MAX LEVEL: Indicate the maximum level of this item that should be in stock.
7. DEPT: Indicate the department in which this item is stocked (e.g. pharmacy, recovery room).
8. When taking stock, fill in the columns as follows:
  - a. Date
  - b. Stock in – how many items are received (added to the stock).
  - c. Stock out – how many items are taken out of stock.
  - d. Adjustment – note medicine losses that are identified.
  - e. Balance – how many of these items are left.
  - f. Name – print the name of the person who is doing the stocktaking.
  - g. Sign – signature.
  - h. Comments – any explanation of losses or other information.

### Tool 4. Supplies stock card

Date of stocktaking:		HCW initials:		
Details	Quantity			Comments
	Stocktaking	Stock card	Difference	
Sterile gloves				
Examination gloves (packets)				
Utility gloves				
Spirit bottles				
Betadine bottles				
Gauze rolls				
Cotton wool rolls				
3.0 chromic catgut				
Adhesive plaster rolls				
Normal saline bottles/bags				
27-gauge needles				
30-gauge needles				
10-ml syringes				
5-ml syringes				
2-ml syringes				
Safety pins				
Taper 4/8 circle needles				
JIK bottles				

## Tool 5a. Disposable and reusable supplies for standard male circumcision

### Directions

The second column indicates the numbers of the items needed. When an item has been obtained, place a tick (✓) in the third column.

Supplies	Number	Available
Instrument tray wrapped with sterile drape	1	
"O" drape (80 cm x 80 cm drape with ~5-cm hole)	1	
Drapes to cover patient before procedure	2	
Gallipot for antiseptic solution (e.g. povidone iodine)	2	
Kidney dishes	2	
Povidone iodine (50 ml 10% solution)	1	
Plain gauze swabs (ten 10 × 10 cm for procedure, five 10 × 10 cm for dressing)	15	
Petroleum-jelly-impregnated gauze (5 × 5 cm or 5 × 10 cm) ( <i>tulle gras</i> ) and sticking plaster	1	
15 ml 1% plain lidocaine (without adrenaline) anaesthetic solution or marcaine	1	
10-ml syringe (if single-use syringes and needles are unavailable, use equipment designed for steam sterilization)	2	
Injection needles (18-gauge or 21-gauge)	2	
Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle	1	
Gentian violet (no more than 5 ml) or sterile marker pen	1	
Crepe bandage	1	
Surgical gloves (sizes 7, 7½, 8 and 8½)	2 pairs of each size	
Surgical masks	2	
Surgical caps	2	
Disposable aprons	2	

Assembled by: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3

### Tool 5b. Reusable and disposable supplies for standard male circumcision, Rakai, Uganda (Sleeve method)

#### Directions

The first column indicates the instruments required and the second column indicates the numbers needed. When an item has been obtained, place a tick (✓) in the third column.

Instrument name	Number	Available
Scissors	3	
JAMES TENOTOMY	1	
Mayo	1	
METZENBAUM DEL CVD 7"	1	
Needle holders	1	
TC HALSEY smoolt 4 3/4"	1	
Forceps	16	
HALSFED mosquito DEL 5" STR	6	
CRILE CVD 5 1/2"	4	
ALLIS 5 X 6"	2	
ADISON serr 4 3/4" smoolt	1	
ADISON tissue 1X2 teeth 4 3/4"	1	
ADISON bipolar	1	
BALLENGER sponge DEL CVD 7"	1	
Knife handle	1	
#3 Knife handle	1	
Blades	2	
Retractors	2	
Joseph skin 6 1/2"	2	
Clamps	4	
BACHAUS towel clips 5 1/4"	2	
EDNA towel clips non per. 3 3/4"	2	
SPRINGER closed w/lock 6X2 1/2"	1	

Assembled by: \_\_\_\_\_

Date: \_\_\_\_\_

## Tool 5c. Reusable and disposable supplies for standard male circumcision, Kisumu, Kenya (forceps-guided method)

Item	Description	Quantity
Needle holder	4"	1
Blade holder	No. 3	1
Dunhill artery forceps	6"	2
Mosquito artery forceps	4"	6
Sponge-holding forceps	12"	2
Kocher's clamp	8"	1
Allis tissue forceps	6"	1
Toothed dissecting forceps	4"	1
Suture scissors		1
Metzenbaum tissue scissors	6"	1
Kidney dish (large)		1
Gulipot medium		1
Center "O" towel		1
Wrappers		4
Gauze	4 x 4	20
Hand towels		2

## Section 3

### Tool 5d. Reusable and disposable supplies for standard male circumcision, Orange Farm, South Africa (forceps-guided method)

Item	Description	Quantity
Gloves		1
Apron		1
Drape		1
Container tub		1
Needle		1
Syringe, 22-gauge		1
Gauze		
Plastic toothed forceps		1
Mosquito forceps		1
Needle holder		1
Across clamp		1
Scalpel		1
3/0 chronic gut (absorbent)		
Vaseline gauze		
Tape		
Alcohol swabs		
Compressible bandage		

## Tool 6. Adult emergency supply checklist

Unit \_\_\_\_\_

Emergency medicines and equipment	Date	Date	Date	Date
Pocket mask with one-way valve				
Ambu bag with valve and mask				
Oxygen mask				
Assorted adult airways				
Yankauer suction				
Tongue depressors (2)				
Atropine (0.6 mg/ml ampoules)				
Adrenaline (1 in 1000 solution, 1 mg in 1 ml ampoules)				
Rectal diazepam (10 mg in 2.5-ml suppositories)				
50% dextrose				
Hydrocortisone				
Aminophylline				
Intravenous saline and tubing				
IV cannulas (2 each 16, 18 and 22F)				
Tourniquets (2)				
Alcohol swabs (6)				
Adhesive tape (1 roll of 1" tape)				
Water for injection (1 vial)				

A portable suction machine and an oxygen source are required. Equipment for intubation may also be added to the list if the capability for intubation exists, as well as a defibrillator.

## Tool 7. Checklist for group education on male circumcision and male reproductive health

Place a “✓” in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

Task/activity	Performance		
	S	U	N/O
<b>Introduction</b>			
1. Greet the group and introduce yourself.			
2. Explain what you wish to talk about.			
3. Use easy-to-understand language and check understanding.			
4. Encourage the clients to ask questions and voice concerns, and listen to what they have to say.			
5. Describe the male reproductive health services that are available in the clinic.			
<b>Male circumcision</b>			
6. Ask a volunteer to tell you what he already knows about male circumcision.			
7. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> <li>• what male circumcision is;</li> <li>• benefits of male circumcision;</li> <li>• risks of male circumcision;</li> <li>• relationship between male circumcision and HIV infection;</li> <li>• pain relief options for male circumcision;</li> <li>• postoperative care after male circumcision;</li> <li>• how and where to contact health-care workers after male circumcision.</li> </ul>			



Task/activity	Performance		
	S	U	N/O
8. Ask for questions and address any concerns of the participants.			
<b><i>HIV disease basics and prevention</i></b>			
9. Ask a volunteer to tell you what he already knows about HIV/AIDS.			
10. Give positive feedback to the volunteer on any correct information provided and fill in the gaps.			
<b><i>Other sexually transmitted infections</i></b>			
11. Ask the group if they know of any other sexually transmitted infections.			
12. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> <li>• common STIs in the country;</li> <li>• symptoms and signs of the common STIs;</li> <li>• how STIs can be prevented (including the ABC message).</li> </ul>			
13. Tell the clients where they can receive services if they experience symptoms and signs of an STI.			
14. Ask the participants for questions on MC and male reproductive health and provide additional information as needed.			
15. Tell clients/parents where to go for the services that they require.			
16. Thank everyone for their attention.			

## Tool 8. Consent form for adults and adolescents (within age of consent)

### Information about circumcision

Circumcision is a minor surgical procedure for removing the fold of skin (the foreskin) that covers the front area of the penis. It is done after injecting a local pain medicine at the base of your penis to lessen the amount of pain at the time of the procedure. You may feel pain or discomfort from the needle. In very rare cases, men can have an allergic reaction to the medicine. The procedure takes about 40 minutes. You will be able to rest at the clinic for as long as necessary, normally about 30 minutes after the procedure. You will be given Panadol to take home and directions on how to care for the wound. If you follow these directions the chances of your having any problems are very small.

### Follow-up visits

You will come back to the clinic about seven days after the circumcision. The doctor will check your penis to make sure there are no problems or bad effects from the circumcision. You will receive treatment necessary for any problems that are found. If you feel heavy pain, swelling, bleeding or any signs of infection that you think are not normal at any time, you should not wait seven days: you should return to the clinic immediately to be checked by the study staff. Because it is important for the skin to heal properly after the procedure, you must not have sex for at least six weeks after the circumcision.

### Risks and discomforts

As with any surgical procedure there are risks associated with circumcision. They include the following.

- Bleeding
- Swelling
- Pain
- Infection
- In very rare cases, permanent injury, numbness, loss of sensitivity, mutilation or total loss of the penis
- There is also the risk of HIV or other infections if you have sex before the wound is fully healed (usually one month after the procedure).

You should be aware that circumcision does not fully protect you from HIV and AIDS or other sexually transmitted infections. Whether circumcised or not, you should protect yourself from HIV by abstaining from sex or being faithful to one partner whom you are sure is HIV-negative or by using a condom correctly every time you have sex.

Please feel free to ask any questions about the circumcision procedure or about the risks and benefits of circumcision before making your decision to be circumcised in this clinic. If, after weighing all the factors, you choose to be circumcised, please sign the statement below.

I have read this information form, had all my questions answered, and feel that I understand the risks and benefits of circumcision. I agree to be circumcised at this clinic.

Patient name	Patient signature	Date
Staff signature	Witness signature	Date

## Tool 9. Consent form for a minor

The name of my son is \_\_\_\_\_ (BLOCK CAPITALS)

My name is \_\_\_\_\_ (BLOCK CAPITALS)

I am the boy's parent or his legal guardian.

I am asking you to do the operation of circumcision (removal of the foreskin) on my son and I give you permission to do this operation on him.

Signed .....  
(parent or legal guardian)

My name is \_\_\_\_\_ (BLOCK CAPITALS)

I am the counsellor/surgeon who has given information to the parent or guardian of the above boy.

I have given information about:

- what circumcision is;
- the benefits of circumcision;
- how circumcision is done;
- the risks of circumcision;
- what to do before circumcision;
- what to do after circumcision;
- what to do if there are any complications or problems after circumcision;
- an emergency contact number and where to go in an emergency.

I have given the above client an opportunity to ask me questions about all the above matters.

I have asked the parent or guardian some questions to make sure that he/she understands the above information.

To the best of my belief the above client is capable of giving consent and to the best of my belief the above client has enough information to make a proper decision about whether to proceed with the operation of circumcision.

Signed .....  
(Circumcision clinic counsellor or surgeon)

## Tool 10. Client assessment form for male circumcision

Client name: \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Current history:

How is your general health?

How many sexual partners do you have? \_\_\_\_\_ How frequently do you have sex with different partners? \_\_\_\_\_

Do you use condoms?

Have you had any of the following symptoms in the past seven days?

Symptoms	No	Yes	Description (if Yes)
Urethral discharge			
Pain on urination			
Frequent urination			
Difficulty passing urine			
Swelling or redness of foreskin or penis			
Discharge or thick liquid under the foreskin			
Ulcer on penis or foreskin			
Genital warts			

### Past medical history

Previous treatment for STIs or other genital diseases  No  Yes \_\_\_\_\_

Do you know your HIV status?  No  Yes \_\_\_\_\_

Medical illnesses \_\_\_\_\_

Previous surgery \_\_\_\_\_

Bleeding problems \_\_\_\_\_

### Medicine history

Taking medicines (prescribed or over-the-counter)  No  Yes \_\_\_\_\_

Allergies to medicines (including lignocaine and iodine)  No  Yes  
If Yes, describe: \_\_\_\_\_

### General physical examination

Temperature \_\_\_\_\_ B/P \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

Weight \_\_\_\_\_ Urine dipstick test  Protein  Sugar

Blood (other significant findings) \_\_\_\_\_

## Penile examination

Findings	Present	Absent	NA	Description (if Present)
Urethral discharge				
Smegma under foreskin				
Phimosis				
Paraphimosis				
Adhesion of prepuce to glans				
Balanitis/redness/swelling of foreskin, glans/shaft				
GUD				
Condylomata lata				
Condylomata acuminata				
Other (specify)				
Normal penis shaft and easily retractable prepuce				

Is this patient suitable for surgery?  No  Yes

If No, give reason for unsuitability \_\_\_\_\_

Clinician name \_\_\_\_\_ Signature \_\_\_\_\_

## Section 3

### Tool 11. Checklist for client assessment for male circumcision

Place a "✓" in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

Task/activity	Performance		
	S	U	N/O
<b>Preparation</b>			
1. Review medical record, specifically client counselling information.			
2. Gather all necessary materials.			
3. Greet the client with respect and offer a seat.			
4. Ask the client if the carer or parent can stay during the discussion. Support the client's decision on this.			
5. Assure the client of confidentiality of all information provided during the session.			
6. Ask the client about personal information (name, address, age, marital status, etc.).			
<b>Client interview</b>			
7. Ask the client why he has come to the clinic.			
8. If he has come to the clinic for male circumcision, check if he (or his parent) has given informed consent.			
9. Ask if the client currently has any genitourinary symptoms.			
10. If he has any of the above, find out more about the complaint.			
11. Ask the client if he has ever been diagnosed and/or treated for an STI or other genital disease.			
12. Ask the client if he has ever been treated or is currently being treated for any medical illness.			
13. Ask the client if he has undergone any surgery in the past (especially genital surgery).			
14. Ask the client if he is currently on any special medicines (whether prescribed, over-the-counter or traditional).			
15. Ask the client if he is allergic to any known drug (including lignocaine injection or iodine).			

## Tool 12. Male circumcision surgical procedure form

Male circumcision procedure	Name of health facility:
Date (dd/mm/yy): ____/____/____	Patient name: _____
	Patient number: _____

- Patient pulse: \_\_\_\_\_ beats/minute      Blood pressure: \_\_\_\_\_
- Surgery start time: hh:mm | \_\_\_\_|\_\_\_\_| : \_\_\_\_|\_\_\_\_|  
Surgery end time:    hh:mm | \_\_\_\_|\_\_\_\_| : \_\_\_\_|\_\_\_\_|
- What surgical method was used?  Forceps-guided  Dorsal slit  Sleeve
- Was the circumcision completed?  Yes  No    If No, why not:
- Were there any complications of the procedure?  Yes  No  
If Yes, what were the complications (tick all that apply):  
 Excessive bleeding     Excessive skin removed  
 Cosmetic problem       Problem with anaesthetic  
 Excessive swelling     Injury/abrasion of glans penis  
 Other (please specify): \_\_\_\_\_  
 Required transfer to other facility (reason: \_\_\_\_\_ )
- What anaesthesia was used? \_\_\_\_\_ Quantity: \_\_\_\_\_
- Type of suture line:  No sutures needed     Standard     Running  
 Running/locked    Suture material used: \_\_\_\_\_
- Type of dressing:  Standard     Pressure     High pressure
- Type of pain killer:  None  Panadol     Other (please specify):
- The patient:  Was discharged home  Was hospitalized  Died

Clinical notes:

Print name of clinician: \_\_\_\_\_

Signature of clinician \_\_\_\_\_ Date: \_\_\_\_\_

Signature of surgical assistant \_\_\_\_\_ Date: \_\_\_\_\_

### Tool 13. Checklist for male circumcision procedure

Place a "✓" in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

Task/activity	Performance		
	S	U	N/O
<b>Getting ready</b>			
1. Gather all needed equipment.			
2. Greet the client and/or parent(s) respectfully and with kindness.			
3. Describe your role in the male circumcision procedure.			
4. Ask the client or parent(s) if they have any questions they wish to ask about the procedure.			
5. Review the client's records (history, examination findings, laboratory reports).			
6. Verify the client's identity and check that informed consent was obtained.			
7. Check that the client has recently washed and rinsed his genital areas.			
<b>Preoperative tasks</b>			
8. Prepare instrument tray and open sterile instrument pack without touching items.			
9. Ask the client to lie on his back in a comfortable position.			
10. Cover the patient to maintain dignity.			
11. Wash hands thoroughly and dry them with a clean dry towel.			
12. Put on a sterile gown or apron.			
13. Put on two pairs of sterile or high-level disinfected surgical gloves.			
14. Apply antiseptic solution (e.g. Betadine solution) twice to the genital area.			
15. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and that the skin is dry.			



Task/activity	Performance		
16. Remove the outer pair of gloves.			
17. Apply a centre "O" drape to the genital area and pull the penis through the "O" drape. If there is no "O-drape", apply four smaller drapes to form a small square around the penis.			
18. Perform a gentle examination of the external genitalia.			
19. Perform a subcutaneous ring block or a dorsal penile nerve block using an appropriate predetermined quantity of 1% plain lidocaine, paying special attention to the ventral nerve.			
20. Check the anaesthetic effect of the nerve block and top up as needed.			
21. Throughout the procedure, talk to and reassure the client (verbal anaesthesia).			
<b>Postoperative tasks</b>			
22. Dispose of contaminated needles and syringes in a puncture-proof container.			
23. Place soiled instruments in 0.5% chlorine solution for ten minutes for decontamination.			
24. Dispose of waste materials in a covered leak-proof container or plastic bag.			
25. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out. a) If disposing of gloves, place in a leak-proof container or plastic bag. b) If reusing gloves (not recommended), submerge in chlorine solution for decontamination.			
26. Wash hands thoroughly and dry them with a clean dry towel.			
27. Observe the client's vital signs and record the findings.			
28. Answer the client's questions and concerns.			
29. Advise the client on postoperative care of the penis.			
30. When the patient is stable, discharge him home on mild analgesics.			
31. Ask the client to come back for follow-up after 48 hours or any time earlier if any complications occur.			
32. Complete operation notes and other client record forms.			

## Section 3

### Tool 14. Checklist for dorsal slit procedure

Place a "✓" in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

	Performance		
	S	U	N/O
<b><i>Surgical procedure</i></b>			
1. Hold the prepuce with two mosquito forceps, one on each lateral aspect.			
2. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.			
3. Apply straight mosquito forceps to crush the prepuce at 12 o'clock and remove after 1 minute.			
4. Using a pair of surgical scissors, make a dorsal slit in the prepuce, proceeding from the preputial orifice to the dorsal corona sulcus.			
5. Excise the prepuce with a surgical blade along the previous mark.			
6. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.			
7. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If any are identified, tie them.			
8. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the V-shaped cut. Tie and tag with mosquito forceps.			
9. Insert vertical mattress stitches at the 12, 3 and 9 o'clock positions and tag the four quarters.			
10. Insert simple stitches between the vertical mattress stitches to close the gaps (total of about 16 stitches).			
11. Irrigate the area with normal saline and add other simple stitches as required.			
12. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.			
13. Advise the client to rest for 30 minutes.			

## Tool 15. Checklist for forceps-guided male circumcision procedure

Place a "✓" in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

	Performance		
	S	U	N/O
<b><i>Surgical procedure</i></b>			
1. Hold the prepuce with two mosquito forceps, one on each lateral aspect.			
2. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.			
3. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.			
4. Excise the prepuce distal to the clamp using a surgical blade along the mark.			
5. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.			
6. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If any are identified, tie them.			
7. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the V-shaped cut. Tie and tag with mosquito forceps.			
8. Insert vertical mattress stitches at the 12, 3 and 9 o'clock positions and tag the four quarters.			
9. Insert simple stitches between the vertical mattress stitches to close the gaps (total of about 16 stitches).			
10. Irrigate the area with normal saline and add other simple stitches as required.			
11. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.			
12. Advise the client to rest for 30 minutes.			

## Section 3

### Tool 16. Checklist for sleeve resection male circumcision procedure

Place a "✓" in performance box if step/task is:			
<b>Satisfactory (S):</b> Performs the step or task according to the standard procedure or guidelines			
<b>Unsatisfactory (U):</b> Unable to perform the step or task according to the standard procedure or guidelines			
<b>Not observed (N/O):</b> Step, task or skill not performed by participant during evaluation by trainer			
	<b>Performance</b>		
<b><i>Surgical procedure</i></b>	<b>S</b>	<b>U</b>	<b>N/O</b>
1. Make a curved mark with a sterile disposable marking pen, dabs of gentian violet, the back of a surgical blade or pinch-marks of an artery forceps, outlining the outside of the foreskin at a level just below the corona.			
2. On the underside (ventral surface) of the penis, the skin is marked with a V shape pointing towards the frenulum. The apex of the V should correspond with the midline raphe.			
3. Retract the foreskin and mark the inner (mucosal) incision line 1–2 mm proximal to the corona. At the frenulum the incision line crosses horizontally.			
4. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help to retract the skin with a moist gauze swab as you make the incisions.			
5. Using a pair of dissecting scissors, join the two incisions.			
6. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.			
7. Identify bleeders, and clamp, tie and/or under-run them.			
8. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If any are identified, tie them.			
9. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the V-shaped cut. Tie and tag with mosquito forceps.			
10. Using the same chromic catgut, place vertical mattress stitches at the 12, 3 and 9 o'clock positions and tag accordingly.			
11. Close the gaps between the tagged stitches with two or more simple sutures (total of about 16 stitches).			
12. Irrigate the area with normal saline and add other simple stitches as required.			
13. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.			
14. Advise the client to rest for 30 minutes.			

## Tool 17. Male circumcision immediate postoperative care protocol

1. Receive the client from the theatre.
2. Review the client record.
3. Check the blood pressure, respiration and pulse twice at 15-minute intervals.
4. Check the surgical dressing for oozing or bleeding.
5. Ask about pain and treat if indicated.
6. Observe the general condition of the client.
7. Provide bland carbohydrates and liquids to raise blood sugar levels.
8. Handle the client gently when moving him.
9. Make the client comfortable.
10. Complete the client record forms.
11. Review postoperative instructions and wound care with the patient.
12. Verify that the client is able to pass urine before leaving the clinic.
13. Before the client is discharged, assess his ability to walk and verify whether he feels faint. Do not discharge the client until he is fully mobile.
14. Ensure that the client takes home a copy of the wound care instructions and a note of the date and time of the next appointment.
15. Check the blood pressure, respiration and pulse just before discharge.
16. Document the client's condition at the time of discharge and note the time of discharge and the type of transportation used.

## Tool 18. Observation of infection prevention and injection safety practices

Assessment items	Circle either Y (Yes) or N (No)	Remarks
<b>For items not observed write N/A in the remarks column</b>		
<b><i>Injection safety</i></b>		
1. Was the injection prepared on a clean designated table or tray where blood or body fluid contamination was unlikely?	Y	N
2. Were a new syringe and needle used from sterile packets for every injection?	Y	N
3. Were all needles removed from the medicine vial between injections?	Y	N
4. Were a new sterile syringe and needle used to reconstitute each vial?	Y	N
5. Was two-handed recapping of a used needle avoided?	Y	N
6. Was a hand rub used or were hands washed with soap and water before injecting?	Y	N
7. Were needles disposed of properly (no bending, breaking, removing of needle from the syringe or setting the syringe/needle down before disposal) into a puncture-proof box immediately after use?	Y	N
<b><i>Hand-washing</i></b>		
8. Do the health-care providers wash hands or use hand rub when indicated (e.g. before and after patient care, before putting on gloves, when visibly dirty)?	Y	N
9. When washing their hands, do the health-care providers use soap and running water?	Y	N
10. After the hands are washed, are they dried with a paper towel or a clean personalized towel or are they air-dried?	Y	N
<b><i>Use of gloves</i></b>		
11. Are gloves worn whenever contact with blood or body fluids is anticipated?	Y	N
12. Are utility gloves worn when contaminated instruments and other items are handled, medical or hazardous waste and linens are handled, housekeeping chores are performed, and contaminated surfaces are cleaned?	Y	N
<b><i>Antiseptics and disinfectants</i></b>		
13. Are antiseptics used only on skin and mucous membranes?	Y	N
14. Are disinfectants used for processing instruments and other items for reuse and for housekeeping activities?	Y	N

Assessment items	Circle either Y (Yes) or N (No)	Remarks
<b>For items not observed write N/A in the remarks column</b>		
15. Are antiseptics and disinfectants handled in a manner that reduces contamination?	Y N	
<b>Protective covering</b>		
16. Are protective goggles available and used when the splashing of body fluids is expected?	Y N	
17. Are either the aprons or gowns that are worn by persons performing circumcision changed between procedures?	Y N	
<b>Aseptic technique</b>		
18. Is a surgical hand scrub performed before the first surgical procedure of the day, including thorough cleaning of nails?	Y N	
19. Are the hands decontaminated between procedures by washing with liquid antiseptic soap (not bar soap) or hand rub?	Y N	
20. Are sterile or single-use nailbrushes used?		
21. Are sterile or high-level disinfected gloves put on and removed in ways that do not contaminate them or allow the wearer to touch the contaminated outside part of the gloves?	Y N	
22. If hair is removed, is it removed immediately before the operation, preferably with electric clippers?	Y N	
23. Is the surgical procedure site prepared properly with the use of an antiseptic solution?	Y N	
24. Is a sterile field established and maintained during all surgical/clinical procedures?	Y N	
25. Are traffic and activities controlled?	Y N	
26. Are operating room doors closed except when moving personnel, patients or equipment?		
27. Is appropriate attire worn in surgical procedure areas?	Y N	
<b>Instrument processing</b>		
28. Are the personnel who process instruments (cleaning and sterilizing) trained and competent to carry out the procedures?	Y N	
29. Are "clean" and "dirty" activities performed in separate areas? (When only one room is available for processing instruments and other items it should be arranged so that activities and objects flow in an organized fashion from receiving used items to storing sterilized or high-level disinfected items.)	Y N	

Assessment items For items not observed write N/A in the remarks column	Circle either Y (Yes) or N (No)	Remarks
30. Are instruments and other items decontaminated by placing them in a 0.5% chlorine solution immediately after use and letting them soak for ten minutes (not left indefinitely in the solution)?	Y N	
31. Are instruments thoroughly scrubbed using a soft brush, detergent and water, and rinsed thoroughly with clean water before sterilization or high level disinfection?	Y N	
<b>Steam sterilization*</b>		
32. For steam sterilization, are instruments and other items packed in a way that allows steam to reach all surfaces?	Y N	
33. Are the appropriate parameters followed for steam sterilization (time, temperature, pressure)?	Y N	
34. Are appropriate parameters followed for dry-heat sterilization (temperature, time)?	Y N	
35. Is the sterilization equipment properly monitored and maintained (maintenance log)?	Y N	
36. If gloves are steamed, are they placed in the steamer so that steam can contact all surfaces and are they steamed for 20 minutes?	Y N	
37. Are instruments and other items stored in a way that limits the risk of contamination (stored above floor level)?	Y N	
<b>Chemical sterilization</b>		
38. Is a properly prepared chemical solution, such as a product containing glutaraldehyde, used for chemical sterilization?	Y N	
39. Are the instruments and other items dry, opened or disassembled, and completely submerged in the solution?	Y N	
40. Are the instruments and other items soaked in the chemical solution for the time indicated in the manufacturer's instructions and then rinsed with sterile water?	Y N	
<b>Medical waste management</b>		
41. Is the foreskin disposed of in a medical waste container?	Y N	
42. Is there a system for separating infectious waste from non-infectious waste at the source of generation (red bags/containers, well marked)?	Y N	
43. Are sharps containers no more than two-thirds full?	Y N	
44. Are sharps boxes that are ready for disposal/incineration properly sealed and stored in locked/secure areas inaccessible to the public?	Y N	



Assessment items For items not observed write N/A in the remarks column	Circle either Y (Yes) or N (No)	Remarks
45. Is all waste contained (lids) so that sharps and medical waste are not observed in open containers, on tables, on floors or elsewhere exposing staff to needle-stick injuries?	Y N	
46. Are all used syringes and needles outside the facility or at the disposal site completely buried or incinerated (reduced to ashes)?	Y N	
47. Are liquid wastes and hazardous chemical wastes routinely poured down the drain or buried in a pit?	Y N	
48. Are medical waste containers cleaned with disinfectant cleaning solution and rinsed with water daily, or more frequently if visibly contaminated?	Y N	
49. Is the disposal site secured?	Y N	
50. Is medical waste properly burned, buried or transported to a waste management site?	Y N	
<b>Cleaning</b>		
51. Are mop heads laundered each time they are contaminated with body fluids, or weekly?	Y N	
52. Are buckets clean, dry and inverted after use?	Y N	
53. Are cleaning products NOT decanted?	Y N	
54. Is the medicine/dressing trolley wiped with disinfectant between procedures?	Y N	
55. Are surfaces (tables, floors, walls, ceilings, lights) cleaned after each operation?	Y N	
56. If surfaces have been visibly soiled, are they wiped with disinfectant?	Y N	
57. Is medical equipment left in the OR covered at the end of the day?	Y N	

\*Boiling is not recommended unless it is the only option available.

## Tool 19. Postoperative instructions for male circumcision

1. Once you return home, rest at home for one or two days. This will help the wound to heal.
2. Support the penis with underwear to avoid swelling. Do not allow it to dangle until it heals completely.
3. You may bathe on the day after surgery but do not let the dressing become wet.
4. Bathe with a clean cloth or towel.
5. Do not apply ointments or creams.
6. Remove the dressing 24–48 hours after surgery.
  - a. Use the blade provided.
  - b. Wash both hands clean with soap and water.
  - c. Lift the upper edge of the strapping free from the skin.
  - d. Cut the strapping carefully from above to below.
  - e. Remove all the dressing underneath.
  - f. Throw everything, together with the blade, into a pit and bury.
  - g. You can bathe normally after this, allowing soapy water to run over the wound but do not soak or scrub the wound.
  - h. Keep the wound dry and clean.
7. Do not pull or scratch the wound while it is healing. The materials used for stitching will not break when you have an erection. They will be absorbed so that the stitches do not have to be removed.
8. Do not have sexual intercourse or masturbate for six weeks or until the wound has healed completely. (Your health-care provider will advise you about this during your follow-up visit.)
9. You may have slight pain or a small swelling where the wound is. Watch to be sure that it does not get worse. Slight pain or a small swelling that does not get worse are normal. Take the medicine provided or recommended by the clinic. Be sure to follow the instructions given to you.
10. Return to the clinic or telephone \_\_\_\_\_ if:
  - you notice increased bleeding from the surgical wound;
  - you have difficulty in passing urine;
  - you develop a fever within one week of surgery;
  - you experience severe lower abdominal pain;
  - the swelling gets worse;
  - the wound is discharging pus.

If you have any of these problems, go to: \_\_\_\_\_

Return for a follow-up visit about one week after the operation. A health-care worker will check to see how the wound is healing.

Your next appointment is:

Day \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

## Tool 20. Checklist for postoperative review

Place a “✓” in performance box if step/task is:

**Satisfactory (S):** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory (U):** Unable to perform the step or task according to the standard procedure or guidelines

**Not observed (N/O):** Step, task or skill not performed by participant during evaluation by trainer

Task/activity	Performance		
	S	U	N/O
1. Gather all needed materials.			
2. Greet the client and/or parent(s) respectfully and with kindness.			
3. Review the client's records (date of surgery, any complications during or after surgery).			
4. Ask the client or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?			
5. Ask the client if the dressing on the penis is still intact.			
6. Ask the client for permission to examine the surgical area.			
7. Help the client to lie down on the couch.			
8. Wash your hands with soap and water and dry with a clean dry towel.			
9. Put examination gloves on both hands.			
10. Examine the penis for: <ul style="list-style-type: none"> <li>• bleeding;</li> <li>• wound discharge;</li> <li>• wound disruption.</li> </ul>			
11. Gently remove strapping and gauze dressing.			
12. Apply saline to Sofratulle dressing and gently remove.			
13. Inspect suture line for bleeding, discharge or wound disruption.			
14. Clean with antiseptic solution and leave to dry.			
15. Dispose of contaminated wastes and gloves in a covered leak-proof container.			
16. Wash your hands with soap and water and dry with a clean dry towel.			
17. Tell the client about the examination findings and repeat postoperative care instructions (including abstinence for six weeks).			
18. Ask the client if he has any questions and answer them.			
19. Give the client a date for his next appointment.			
20. Complete the patient record form.			

## Tool 21. Checklist for male circumcision follow-up visit

<b>Male circumcision follow-up visit</b>	<b>Name of facility:</b>
Date (dd/mm/yy): ____/____/____	Patient number: _____
	Patient name: _____

Date of circumcision procedure (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note to clinician: Inspect the patient's penis before completing the following grid.*

1. Is the patient experiencing any of the following adverse events? (Tick all that apply.)

*Definitions:*

- *Moderate: Notable symptoms requiring modification of activity, but not resulting in loss of work or cancellation of social activities*
- *Severe: Incapacitating symptoms, requiring bed rest and loss of work*
- *P = probably related to the circumcision procedure*
- *D = definitely related to the circumcision procedure*

	Adverse event status (Tick No, New or Existing)			Severity (In the correct column, tick P or D)	
	No	New	Existing	Moderate	Severe
a. Abnormal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
b. Excessive swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
c. Haematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
d. Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
e. Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
f. Difficulty urinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
g. Wound disruption /delayed healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
h. Problems with appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
i. Injury to the glans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D
j. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P <input type="checkbox"/> D	<input type="checkbox"/> P <input type="checkbox"/> D

2. Has the patient performed normal activities or work since the circumcision?  
 Yes  No

3. How many days after the circumcision did the patient resume normal activities or work? \_\_\_\_\_days

4. Has the patient had an erection since the circumcision?  
 Yes  No  Don't know  Refused to answer  
If Yes, did the erection cause any of the following: (tick all that apply)  
 No problem  Bleeding  
 Pain  Opening up of the wound  Weak erection  
 Other problem (specify): \_\_\_\_\_
5. Has the patient had sexual intercourse since the circumcision?  
 Yes  No  Refused to answer  
If Yes, how often has the patient used a condom during sexual intercourse since the circumcision? (tick one box)  
 Always  Sometimes  Never  Refused to answer
6. Ask the patient: "So far, how satisfied are you with the circumcision?"  
 Very satisfied  
 Somewhat satisfied  
 Somewhat dissatisfied  
 Very dissatisfied  
If Somewhat dissatisfied or Very dissatisfied, what would make you more satisfied?  
\_\_\_\_\_

7. Is any treatment needed for adverse events?

Yes  No

If Yes, describe \_\_\_\_\_

8. Name of person conducting follow-up visit: \_\_\_\_\_

Clinical notes:



## Tool 23. Adverse event descriptions and management, Kisumu, Kenya

Adverse event and severity	Description	Management
<b>Abnormal pain</b>		
Mild	Pain scale of 3 to 4	Reassure the client
Moderate	Pain scale of 5 to 6	Increase paracetamol to four-hourly, reassure the client
Severe	Pain scale of 7 and above	Add Bruffen 400 mg TID; injections are not necessary
<b>Excessive swelling</b>		
Mild	Swelling limited to 2 cm around incision, minimal discomfort	Elevate, reassure
Moderate	Swelling involving glans and part of the shaft	Elevate, give Bruffen, reassure the client, review in 2–3/7 days
Severe	Swelling involving glans and most of the shaft	Elevate, give Bruffen, reassure, see on alternate days
<b>Infection</b>		
Mild	Erythema 1 cm beyond incision line or wetness with serosanguineous discharge	Clean with betadine
Moderate	Purulent discharge from the wound	Irrigate, clean with betadine, dress, antibiotics, review in 2–3/7 days
Severe	Cellulitis with wound necrosis	Irrigate, do surgical debridement, antibiotics, dress every two days
<b>Haematoma</b>		
Mild	Swelling less than 1cm in diameter, minimal discomfort	Reassure the client
Moderate	Substantial swelling but not more than 2 cm in diameter	Allow to ooze with gentle pressure, clean and dress, review in 2–3/7 days

## Section 3

Adverse event and severity	Description	Management
Severe	Massive swelling, diameter exceeding 2 cm	Re-exploration under local anaesthesia
<b>Bleeding</b>		
Mild	Most of dressing covered in blood at visit but no active bleeding, or bleeding easily controlled by gauze	Reassure the client, do examination and dressing aseptically
Moderate	Bleeding requires return to clinic, active but controlled by pressure dressing	Dress with moderate pressure under aseptic conditions
Severe	Bleeding not controlled by dressing, requires re-exploration	Needs re-exploration, admission or transfusion
<b>Difficulty in urinating</b>		
Mild	Mild to moderate transient pain	Increase paracetamol dose to four-hourly
Moderate	Severe pain on passing urine	Add Brufen for pain
Severe	Inability to pass urine	Canulate with small catheter, give analgesics
<b>Wound disruption</b>		
Mild	One or two continuous stitches missing	Clean with betadine
Moderate	Three to five continuous stitches missing	Re-stitch if less than 72 hours, clean with betadine, dress
Severe	Five or more continuous stitches missing	Re-stitch if less than 72 hours, antibiotics, dress every two days
<b>Delayed healing</b>		
Mild	3–4 weeks before healing, sinus or raw wound present	Give antibiotic, do HIV test, follow up 1 week
Moderate	4–6 weeks before healing, sinus or raw wound present	Give antibiotic, do HIV test, follow up 1 week
Severe	>6 weeks before healing, sinus or raw wound present	Give antibiotic, do HIV test, follow up 1 week, may need operation



Adverse event and severity	Description	Management
<b>Problem with appearance</b>		
Mild	Some concern, no discernable abnormality	Reassure client
Moderate	Scarring, cosmetic problem but operation not required	Reassure client
Severe	Rotation or other problem requires cosmetic treatment	Corrective surgery needed, REFER
<b>Injury to the glans</b>		
Mild	Abrasion/laceration, no active bleeding	No treatment needed, reassure
Moderate	Laceration of the glans, bleeding	Continuous stitch with a Round Body
Severe	Excision of part of glans or shaft with active bleeding	Continuous mass suture on Round Body , Surgicel

## Section 3



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