



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Quality Assurance Assessments at Voluntary Medical Male Circumcision Sites





Outline of the Presentation

- Why Quality Assurance (QA)
- Why External Quality Assurance (EQA)
- EQA Toolkit
- Expected Outcomes of EQA
- EQA Experience to Date
- PEPFAR EQA Process





Why Quality Assurance (QA)

- QA is the process of evaluating a program or system against known and accepted **standards**
 - Define quality
 - Provide basis for measuring – and recognizing – quality
 - Provide guidance for improving quality
- Goals of quality with MC include:
 - Safety
 - Efficiency and productivity to achieve health impact
 - Provision of a minimum package of services + surgery





WHO Toolkit for Quality Assurance

- One of the first tools developed after the surgical manual
- WHO and consultant participatory process
- Designed for internal program assessment by site, local or national staff
- Available at <http://www.malecircumcision.org>





Why External QA (EQA) for VMMC

- Provides objective assessment to guide improvements
- Motivates sites to align services with national standards and international guidelines
- Facilitates achievement of service targets
- Complements WHO and/or national QA self-assessment tools
- Promotes public recognition and confidence in the services provided





EQA Toolkit

- The current VMMC EQA Toolkit based on the WHO document, has evolved over several years of experience, and assesses:
 - SOPs and Guidelines
 - Facilities, Supplies and Equipment
 - Client Record Review
 - Emergency Management
 - Adequacy of Staffing
 - Surgical Procedure and Post-operative Care
 - Communication to Clients
 - Public health impact (Site Characteristics)





Expected Outcomes

- The VMMC EQA assessments are a transparent method for identifying and addressing implementation strengths and weaknesses that may influence program safety, resource use and public health impact.
- The EQA assessments complement existing normative guidance, routine monitoring, and can easily be adapted to differing local and health contexts.





Experience to Date

- Eleven EQA assessments conducted in 6 countries.
- Clear documentation of progress in meeting standards in all programs at follow-up assessments.
- Some countries doing self-assessments which complement external assessments.*
- Evolving tools and standards as we all learn more about VMMC program best practices.

* PEPFAR Technical Consideration: Internal QA process encouraged.





PEPFAR EQA Process in Country

- Three teams composed of WHO, USG, and contractor staff (the externals) along with MOH, local health dept, and implementing partner staff.
- Review 10-17 sites over 3-4 days.
- **ALWAYS** travel long distances to include the most geographically diverse programs.
- Teams meet to review findings at end of week.





EQA Process (2)

- Upon completion of site assessments, EQA team holds exit meeting with the MOH, regional and district health departments, USG agencies, and implementing partners to present overall preliminary findings.
- Within 1-2 months, the EQA team provides a written report to the MOH with the findings and specific recommendations for each individual site visited.
- Follow-up EQA usually scheduled for 6 to 12 months later.





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Thank You!

Current PEPFAR EQA Tools on meeting flash drive
or available from:

MQUALLS@CDC.GOV

