Voluntary Medical Male Circumcisio External Quality Assurance (EQA)	n (VMMC)	Tool G – Communio	ation to Clients:
Site Name:	Reviewer's Name:		Date

Tool G covers in-service communications in these areas:

- HIV and MC education and counseling *materials*
- Group and individual client HIV and MC education and counseling sessions
- Individual HIV test counseling and test-application procedures

## **Reviewer Guidance**

Competencies will be determined through review of written materials and direct observation of sessions. Where observation is not possible, assessment may be made through interviews with appropriate staff. Obtain verbal permission from both the managing program official and session participants, i.e., clients for access to group and individual sessions. Select "Yes" for components deemed adequate/available; select "No" for components deemed inadequate/unavailable. **Please elaborate in notes section, as applicable.** 

As you move from session to session, collect any written materials available to clients and/or guardians and take note of any posters, flipcharts, etc., as these materials are part of your review.

It is critical that clients be present in order to complete some parts of this tool; if no clients are present, complete the other parts and note the lack of clients as a quality failure.

## Pre-Op Group Education and Individual Counseling Sessions

Through direct observation (optimal) or interviews with counselors, determine whether the following information is presented. Note that some points may be covered in group or individual counseling, and repeated in both settings.

Age ra	nge of clients ( <i>group session</i> )				
Client	age ( <b>individual session</b> )				
			Yes	No	Comments / Notes
G1	Reviewer observed actual (not simulated)	Group			
01	session				
G2					
02		Individual			
G3		Group			
05					
G4	Group sessions assembled in appropriate age range/Session content is tailored to	Group			
04	age of client				
G5		Group			
05		Individual			
G6		Group			
00					
G7	Leader or counselor manages group and	Group			
0/	individual client dynamics effectively				
G8					
00		Individual			
G9	Leader or counselor checks for	Group			
	understanding throughout session	Individual			
G10	Leader or counselor treats clients with respect and without judgment	Group			
010		Individual			

			Yes	No	Comments / Notes
G11 Clients assured of confidentiality	Clients assured of confidentiality				
	Individual	$\square$			
G12					
			$\square$		
G13		Group			
		Individual			Props used D Female condom
Londo	. / Councelor provided accurate and adeque	ta informatio	, in thac	o aroaci	

Leader / Counselor provided accurate and adequate information in these areas:

	,			
G14		Group		
G14		Individual		
		Group		
G15				
C1C	Guidance for reducing individual HIV risk	Group		
G16				
C17			$\square$	
G17		Individual	$\square$	
C10	Condom use and other HIV risk reduction	Group		
G18	measures are still necessary after MC to protect self and partner	Individual		
C10	MC does not protect the client's partner(s) from HIV	Group		
G19		Individual		
630	Emphasis on need for six week	Group		
G20	abstinence period during VMMC healing	Individual		
C21	Recommendations to improve	Group		
G21	compliance with abstinence	Individual		
<b>C</b> 22	Description of MC options for eligible	Group		Not Applicable
G22	clients (where both standard surgery and devicesare available)	Individual		Not Applicable

Tool G (June 2018)

Consent for MC procedure (counseler's discussion with client prior to client signing informed consent)					
G23	Risks of MC procedure appropriately described (infection, bleeding, scarring/keloid, injury to penis, fistula, allergic reactions, etc.)	Individual			

			Yes	No	Comments / Notes
624	Confidential HIV testing and STI	Group			
G24	screening are part of MC evaluation				
6.25					
G25		Individual			
<b>C</b> 2C		Group			
G26					
C 2 7	Leader and counselor provided accurate information throughout. (If "No" record errors of fact).	Group			
G27		Individual			
HIV Testing – Counseling and Test Administration Through direct observation determine whether the following information is presented and whether specific steps in test administration are followed.					
Client	tage				
			Yes	No	Comments / Notes
G28					
G29					

For clients who declined testing, the counselor / test provider:

G30	Respected the client's decision		
G31	Explored reason(s) for client's refusal		

G32	Reinforced benefits of knowing one's HIV status		
G33	Invited client to get tested at a later date		

		Yes	No	Comments / Notes
For al	/ clients the counselor / test provider:			
G34	assured confidentiality			
G35	reinforced client knowledge of HIV transmission risks and preventive measures			
G36	corrected misconceptions about HIV/AIDS			
G37	explained HIV test benefits and limitations			
G38	encouraged partner (e.g. wife) testing			Not Applicable
G39	explained HIV testing process			
G40	presented information clearly			
G41	provided accurate information (note any errors of fact)			
G42	checked for understanding throughout session			
G43	responded to client's non-verbal cues			
G44	engaged client with respect and without judgment			
In con	ducting the HIV test, the provider:			
G45	conducted test in clean, uncluttered, private space			
G46	could refer to prominently posted, accurate HIV testing algorithm			
G47	wore gloves			
G48	used a current, secure test kit (sealed with desiccant, kept in proper temperature controlled space)			
G49	immediately, properly disposed of lancet and cotton			
G50	used working timepiece to time the test interval			
G51	read the test result only after recommended time interval			
G52	gave client test results without undue delay			Client tested positive

		Yes	No	Comments / Notes
For ob	served clients testing negative, the HIV test provider:			
G53	withheld results ( <i>if yes, please explain in comments section</i> )			
G54	explained implications of negative result (including "window period")			
G55	reminded client that VMMC is only partially protective against HIV			
G56	emphasized how VMMC must be combined with condom use and other HIV prevention practices to minimize risk of HIV infection			
For ob	oserved clients testing positive, the HIV test provider	:		
G57	withheld results ( <i>if yes, please explain in comments section</i> )			
G58	conducted confirmatory test using different kit brand			
G59	delivered positive results directly and clearly			
G60	offered client appropriate emotional support			
G61	addressed client's HIV understanding and misperceptions			
G62	encouraged disclosure to partner(s) and offered assistance			
G63	encourage partner and family HIV testing			
G64	affirmed that client could still undergo VMMC but it would not reduce risk of HIV transmission to partners			
G65	explained that VMMC recovery may take longer when HIV positive			
G66	emphasized importance of consistent, proper condom use			
G67	provided printed materials for persons testing HIV positive			
G68	initiated referral (linkage) to HIV care and treatment			

	Post-Operative, Pre-discharge Client Observation and Counseling Session					
		Yes	No	Comments / Notes		
G69	Reviewer observed post-operative, pre-discharge observation and counseling session					
The co	ounselor / care provider:					
G70	recorded client temperature on arrival					
G71	recorded client blood pressure on arrival					
G72	recorded client pulse and respiration rate on arrival					
G73	recorded client temperature 15 minutes after arrival					
G74	recorded client blood pressure 15 minutes after arrival					
G75	recorded client pulse and respiration rate 15 minutes after arrival					
G76	reaffirmed need for six week abstinence period during VMMC healing					
G77	recommended ways to improve compliance with abstinence					
G78	gave oral and written instructions for contacting VMMC staff					
G79	Provided clear, accurate instructions on wound care					
G80	provided instructions for pain management					
G81	described warning signs of adverse events and recommendations for managing					
G82	warned against applying any home or folk remedies, such as animal dung or ash to the MC wound. <i>Message</i> <i>should stress that such applications increase the risk</i> <i>of life-threatening infection, including tetanus.</i>					
G83	explained the importance of returning in-person within 48-hours for a follow-up visit					
G84	communicated in clear, simple terms					
G85	gave accurate information (note errors of fact)					
G86	checked for client understanding throughout session					

	-				
G87	engaged client with respect and without judgment				
	Follow-up Clinic Visit (2 <sup>nd</sup> ,	, 7 <sup>th</sup> da	y, or la	ater)	
		Yes	No	Comments / Notes	
G88	Reviewer observed follow-up clinic visit on post- operative day/week ( <i>indicate which</i> )				
G89	Care provider completed a physical exam				
The co	ounselor / care provider gave client information on:				
G90	the status of client's healing				
G91	the need for six week abstinence period during VMMC healing				
G92	recommended ways to improve compliance with abstinence				
G93	effective wound care and pain management				
G94	importance of not applying any home or folk remedies, such as animal dung or ash to the MC wound, stressing that such applications increase the risk of life- threatening infection, including tetanus				
G95	warning signs of adverse events and recommendations for managing them				
G96	procedures for contacting VMMC staff				
The co	The counselor / care provider:				
G97	gave accurate information (note errors of fact)				
G98	communicated in clear, simple terms				
G99	checked for client understanding throughout session				
G100	engaged client with respect and without judgment				
G101	affirmed client's VMMC decision and encouraged him to bring in friends, peers, male relatives				

## HIV and MC Education and Counseling Materials

Examine all in-service communication materials, including flip-charts, pamphlets, brochures, client guidance and instructional hand-outs. Seek translation/interpretation assistance for assessing materials produced in local language(s). These materials can be reviewed during any stage of the evaluation visit.

		Yes	No	Comments / Notes	
G102	On-site signage is sufficient to direct clients to VMMC service locations				
G103	On-site materials adequately support in-service communication				
G104	Materials are legible and in good-condition (i.e., not faded, worn, or distorted)				
G105	Materials tailored to specific audiences are available (e.g., adolescent and adult males, wives/partners, parents, guardians, other home caregivers); <i>describe in</i> <i>notes section</i> .				
G106	Clinic staff can explain or show how they use these materials in client education and counseling				
Materials provide accurate and adequate information in these areas:					
G107	Overarching HIV and AIDS risk reduction information				
G108	Common modes of HIV transmission and relative HIV- risk from specific activities or behaviors				
G109	Guidance for reducing individual HIV risk				
G110	Emphasis on need for abstinence during VMMC healing				
G111	Clear and accurate wound care instructions, including instructions for devices (i.e., ShangRing) if applicable				
G112	Warning against applying any home or folk remedies, such as animal dung or ash to the VMMC wound. <i>Message should stress that such applications increase</i> <i>the risk of life-threatening infection, including tetanus.</i>				
G113	Signs of adverse events and what to do in the case of a suspected adverse event				
G114	Specific contact information for reaching VMMC staff				
G115	Emergency contact number <u>operational (dial the</u> number, if possible, to confirm that it is in service)				

Additional comments						