VMMC Continuous Quality Improvement Results: What's New in Implementation, Research, and Tools?

Wednesday, February 1, 2017 8:00-10:00AM US EDT/2:00-4:00PM GMT

WEBINAR SUMMARY

This PEPFAR-sponsored webinar shared the latest results, research, and tools in continuous quality improvement (CQI) in PEPFAR-supported voluntary medical male circumcision (VMMC) programs. Hosted by the USAID ASSIST Project, the webinar featured five presentations from USAID, USAID ASSIST, AIDSFree, and the Health Communications Capacity Collaborative (HC3), showcasing quality improvement efforts in Mozambique, Uganda, Tanzania, South Africa, Malawi, Lesotho, Namibia, and Swaziland. Reflecting AIDSFree's role as a global champion of strengthening VMMC programming, **Jackie Sallet**, AIDSFree Project Director, moderated the webinar.

In the first presentation, **Emmanuel Njeuhmeli** of USAID spoke about tools that USAID has developed to analyze site efficiency and productivity and how these are helping VMMC sites and programs make better use of resources to increase service volume. He explained key measures used in these tools: *VMMC daily site capacity,* which is a function of the number of surgical beds, circumcisers, and assistants available to provide circumcision; and *VMMC site productivity,* a measure of the efficiency of a site in converting inputs (staff time, commodities, beds) into useful outputs (# men receiving quality services and circumcised). Emmanuel showed how the VMMC Site Capacity & Site Utilization Tool allows sites to calculate site capacity, site performance, and site utilization for any time period of interest to see clearly how changes in use of inputs can lead to significant gains in efficiency and productivity. He gave the example of the USAID-supported VMMC program in Mozambique, where AIDSFree used the tool to guide investments that doubled or even tripled sites' capacity to reach optimum capacity in the first quarter of FY17.

Emmanuel's presentation was followed by **Patrick Devos** (CCP), who shared results from Mozambique on improving the quality of client in-service communication. EQAs and other assessments had recommended that USAID-supported VMMC sites in Mozambique undertake a number of steps to improve client counseling. These included: immediate comprehensive training of counselors; reviewing and updating all counseling and communication materials; putting in place a system for tracking stock of materials; providing brief refresher training for providers on key post-operative messages; developing a checklist to remind providers about key messages; improving signage for better visibility; and ensuring that critical post-operative care instructions are in fact reaching parents or guardians of adolescent clients. Patrick described how HC3, working in partnership with AIDSFree, put in place these measures and more. The subsequent EQA in September 2016 found excellent performance in the area of group and individual counseling. HC3 and AIDSFree are focusing now on improving linkage to care of clients who are HIV-positive or have sexually transmitted infections.

After Patrick, **John Byabagambi** from USAID ASSIST (URC) summarized the key findings of the recently completed tetanus mitigation study in Uganda conducted by the Ministry of Health, Rakai Health Sciences Program, and ASSIST. Tetanus first emerged as an issue in VMMC in Uganda in 2014 with deaths from tetanus among men who had been circumcised. In Uganda, available data showed that less than half the target population for VMMC had been fully immunized with DPT. As Uganda began to address mitigation of the tetanus risk, the MOH identified several issues in how tetanus vaccination was being integrated into VMMC that would benefit from operational research, including determining how protective antitoxin concentration changed over time in relation to doses

of tetanus. The study found that by 14 days after the first dose of tetanus (TT1), protective antibody levels were achieved almost universally (92-97%) among males 10-35 years of age seeking VMMC. However, the study revealed that among HIV-positive and older (35+ years) clients, protective antibody levels were slower to develop and not fully achieved until 42 days after the dose of tetanus vaccine. The study team recommended that circumcision may safely be conducted at day 14 following TT1 vaccination with screening for HIV and age as potential risk factors for slow or delayed response to TT vaccination. The study also recommended mass tetanus vaccination as a long-term solution.

In the fourth presentation, **Saidi Mkungume** from AIDSFree (Jhpiego) and **Joseph Kundy** from ASSIST (URC) explained how CQI has been integrated into early infant male circumcision (EIMC) in Tanzania, where VMMC implementation has progressed to the extent that two regions (Iringa and Njombe) have reached a sustainability phase. EIMC is an additional strategy to maintain the gains achieved during the catch-up phase of VMMC programming. Although circumcision can be performed safely at any age, EIMC is likely to have low complication rates, more benefit, and lower cost. AIDSFree first supported the Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania to pilot EIMC in eight sites in Iringa Region to inform national scale-up plans. EIMC is delivered in the Reproductive and Child Health (RCH) units at health facilities and conducted by existing staff during regular work hours. ASSIST was asked to support incorporating CQI into the EIMC pilot. Quality standards for EIMC are in many ways similar to those for adult VMMC services, but with an important emphasis on counseling the mother about post-operative follow-up and infection prevention. Ministry, ASSIST, and AIDSFree developed an EIMC CQI tool that was then piloted in three sites in Iringa in October. The tool was finalized based on lessons learned in the field test and is now being applied across all EIMC sites, beginning with a baseline assessment to establish sites' actual compliance to the National EIMC standards. AIDSFree will support facility teams with monthly supportive supervision and mentorship and work with ASSIST to convene quarterly learning sessions among all sites to share what changes sites have made to meet the national standards. ASSIST and AIDSFree will also work together to provide CQI and VMMC/EIMC services orientation to RHMT, CHMT, and facility health managers.

In the final presentation of the webinar, **Lani Marquez** from ASSIST (URC) explained that CQI support involves forming a team at the site level to do the improvement work, training in CQI and in the use of tools, regular assessment using these tools, and ongoing coaching and mentoring support and sharing of learning across team, but most importantly engaging site-level providers in comparing their own performance again standards and figuring out what they can do to meet those standards. She shared results from several various countries to illustrate how VMMC sites are applying CQI to address a whole range of critical issues. Results presented showed how sites in Uganda have dramatically increased the proportion of HIV-positives identified in VMMC who are linked to care and treatment, and how sites in Malawi have made steady gains in increasing 48-hour review. In Namibia, CQI is being applied with private providers, and in Tanzania, to both VMMC and EIMC. ASSIST has a number of tools to help sites and implementing partners get started with CQI; these will soon be available in an online CQI toolkit on the ASSIST website. The other innovation is that the VMMC QUAL EQA app will also soon be available as an entirely downloadable app that can be used on any tablet or laptop.

Resources for CQI can be found now on the ASSIST website at: www.usaidassist.org/vmmc-cqi-resources.

The recording of this webinar is available for play-back at: https://www.usaidassist.org/content/webinar-vmmc-continuous-quality-improvement-results.