



Improving Quality VMMC

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Project IQ Resources

Project IQ supports the implementation of voluntary
male medical circumcision.

LEARN MORE

Project IQ Resources Web Page:

<http://project-iq-resources.jhpiego.org/>



Improving Quality VMMC

Webinars (available online)

- **A Healthy Obsession with Safety (<http://goo.gl/NQUsx7>)**
 - Improving Programs through Management and Reporting of Adverse Events
- **In Pursuit of the Pivot (<http://goo.gl/eLqeTZ>)**
 - Reaching and Serving Clients Aged 15-29 Years
- **The Men of Our DREAMS (<http://goo.gl/DBgxR5>)**
 - Linking Male Partners of Adolescent Girls and Young Women Served by DREAMS to VMMC and Other HIV Services
- **A Common Goal (<http://goo.gl/zgrfE9>)**
 - How Partnerships Introduce New Perspectives and Platforms to Strengthen VMMC Programs

Training modules

Managing Adverse Events of Voluntary Medical Male Circumcision (VMMC)

An orientation for non-VMMC providers



About: A tool for VMMC teams to orient non-VMMC providers to surgical and device-based VMMC healing, AEs, basic AE management, criteria for referral to specialists/higher level of care, and AE reporting. Developed in response to case histories of many notifiable AEs involving a non-VMMC provider who made an error in care.

Email: ProjectIQ@jhpiego.org

About: Millions of injections occur in VMMC services each year. This training familiarizes participants with vital injection safety practices specific to VMMC, to ensure programs prevent provider actions that could create risk of client and healthcare provider exposure to these infections.

URL: <http://goo.gl/A4dhdu>






Injection Safety For
VMMC Service
Delivery

Injection safety job aid

- Injection safety reminders for providers
- Can be used as tent cards or flat posters for injection preparation area.

Injection Do's and Don'ts	
DO ensure that you have a sharps container available before preparing an injection.	Do NOT discard injection materials in a regular waste bin.
DO use aseptic technique when preparing or administering medications.	Do NOT proceed in administering an injection if you think there has been a breach in aseptic technique. Prepare a new injection ensuring aseptic technique is preserved.
DO use a new needle AND new syringe every time you enter a vial.	Do NOT reuse a needle or syringe to enter a medication vial or solution.
DO check the vial for an expiration date and to see if it is single-dose or multi-dose before drawing the medication.	Do NOT use a multi-dose or single-dose vial if you think it might be contaminated, spoiled, or expired.
DO limit the use of a multi-dose vial, and dedicate it to a single client whenever possible.	Do NOT use a single-dose vial or IV solution bag for more than one client.
DO discard a single-dose vial immediately after its use.	Do NOT use the same needle or syringe on more than one client.
	Do NOT recap needles; use a single hand scoop technique if you must recap a needle.
	Unsafe practice, help your colleague recognize and prevent it.

3 Questions for Safe Injections

-  Did you wash your hands?
-  Are you using a new needle and syringe EVERY TIME you access a vial?
-  Is there any possibility that the vial is contaminated, spoiled, or expired?

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URL: <http://goo.gl/P2ru6a>

IQ¹

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Verbal pre-screen job aid

- Responds to discussion during May 4 Project IQ Webinar “A Healthy Obsession with Safety: Improving Programs through Management and Reporting of Adverse Events,” in which participants requested a standardized approach to screening clients.
- Provides set of minimum questions to help providers consistently **verbally** screen for VMMC contraindications that may not be apparent during physical screening, e.g., bleeding disorders.
- Adaptable for local programs/policies/regulations
 - Can integrate within existing tools or use as standalone job aid

The image shows a document titled "Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision" with the IQ logo. It includes instructions for providers and a list of 12 screening questions with checkboxes for responses.

Provider Verbal Pre-Screening Questions for Voluntary Medical Male Circumcision

INSTRUCTIONS TO PROVIDERS:

- These questions are intended to identify conditions that may not be apparent through physical screening but could still compromise the safety of VMMC.
- Please verbally ask the following questions in addition to performing physical screening of all voluntary medical male circumcision (VMMC) clients prior to performing circumcision, regardless of the circumcision method to be used.
- Questions should be asked even if a client or their guardian already completed a written form with similar information.
- If a client answers "Yes" to any of the full questions below, please follow the policies or consult the senior provider clinician to determine whether any further testing or referral to a specialized provider is needed before circumcision.

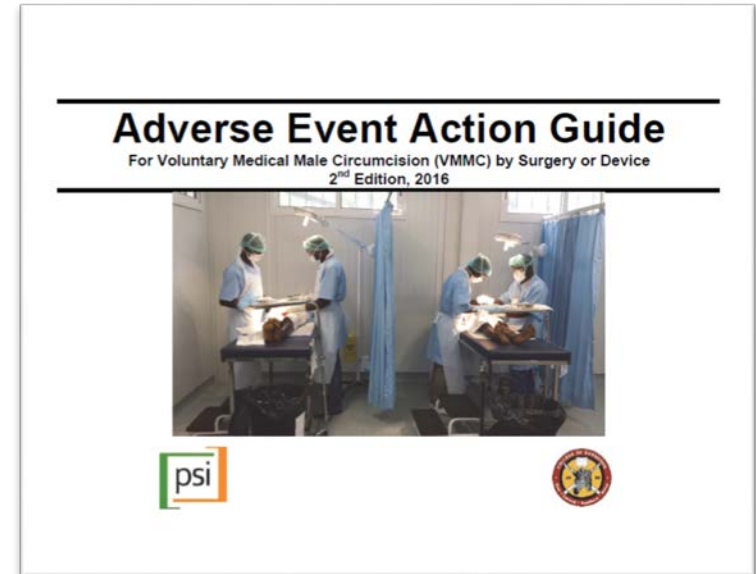
Check if answer is YES – Consider further screening

1. Do you have any current or past conditions, or a chronic illness that we should be aware of?	<input type="checkbox"/>
2. Are you currently taking any medications or vitamins? If yes, please list them. (Consider further screening if client takes medications other than over-the-counter analgesics)	<input type="checkbox"/>
3. Are you allergic to any medicines?	<input type="checkbox"/>
4. If administering tetanus toxoid: Have you ever a bad reaction to a vaccine?	<input type="checkbox"/>
5. Have you had any previous operations? If yes, did you have a bad reaction to anesthesia?	<input type="checkbox"/>
6. Have you ever experienced wounds that take a long time to stop bleeding?	<input type="checkbox"/>
7. Have you ever visited the dentist? If yes, have you experienced bleeding for a long time after a dental procedure?	<input type="checkbox"/>
8. Have you ever had nose bleeds? If yes, please describe how often and how long they last.	<input type="checkbox"/>
9. Do any of your family members have bleeding disorders (example: haemophilia), nose bleeds, or wounds that take a long time to stop bleeding?	<input type="checkbox"/>
10. Do you have diabetes?	<input type="checkbox"/>
11. Have you ever been diagnosed with anemia or told you have low iron in your blood?	<input type="checkbox"/>
12. If client is or has been sexually active: Do you have any concerns or problems with penis erection or any other concerns about sexual function? If not yet sexually active: Do you have any concerns about the health of your penis that you want to discuss?	<input type="checkbox"/>

URL: <http://goo.gl/kFuh9Z>

2nd ed. Adverse Event Action Guide

- Reflects latest scientific/programmatic information on:
 - Prevention and safe/appropriate management of any MC-related complications
 - Standardized AE identification and grading
 - Monitoring of VMMC program safety and quality
- Key updates:
 - Addition of device-related AEs
 - Simplified anesthetic dosing charts
 - Multiple clinical updates based on continued program experience
 - Appendices summarizing key information, including algorithms to assist providers not trained in VMMC with managing common AEs
- AE photo job aid distributed to ministry and implementing partner colleagues



URL: <http://goo.gl/Z4q3MJ>

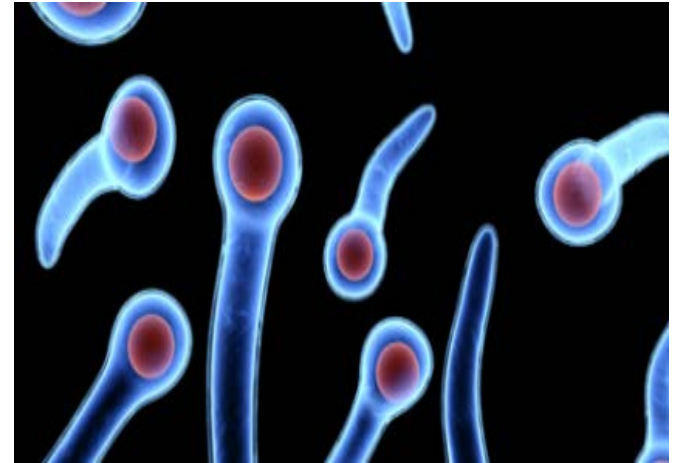
Skin preparation/tetanus materials

For providers:

- Detailed standard operating procedure (SOP)
- Condensed job aid

For clients:

- Brochure: Tetanus and VMMC

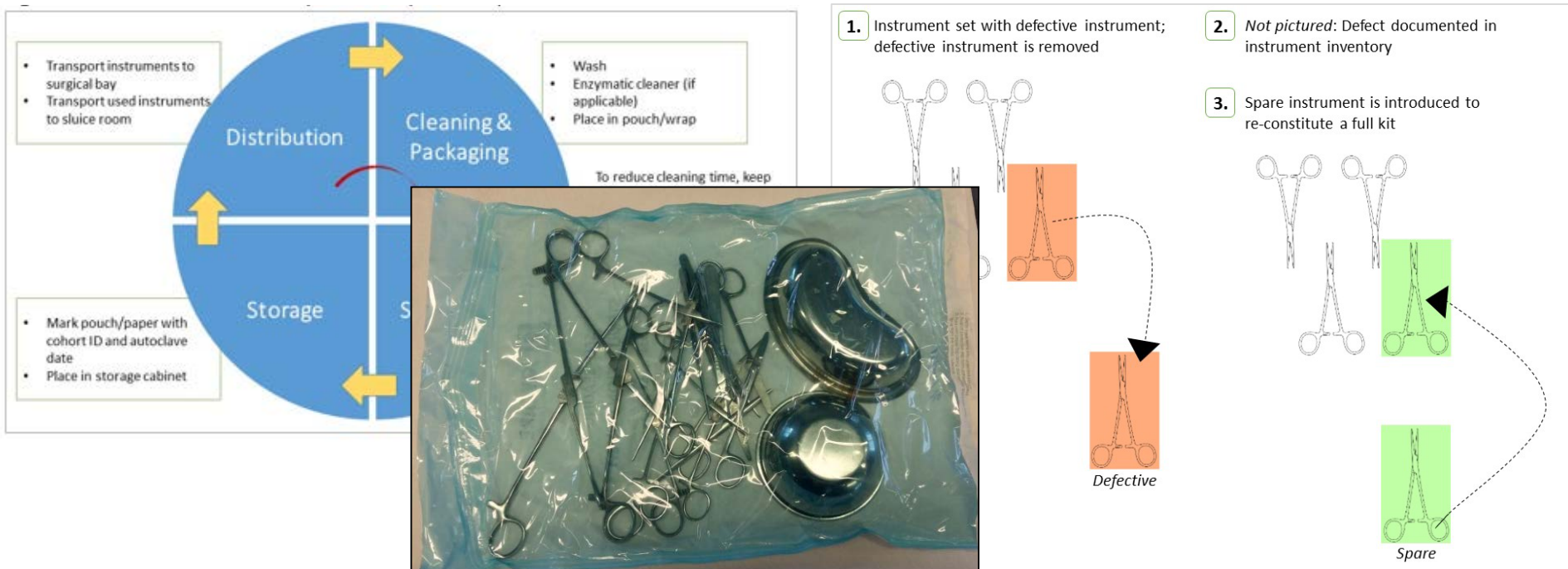


To assist programs in implementing the WHO-prescribed “clean care” approach to reduce the risk of infection and tetanus following VMMC, these resources summarize essential skin preparation and wound care responsibilities for providers and clients

URL: <http://goo.gl/xKMZuB>

Manual: Introduction and Use of Reusable Instruments in VMMC Programs

- Orientation to the process of integrating reusable surgical instruments within VMMC programs.
- Serves as resource to programs considering partial or full transition from single-use to reusable instruments.



URL: <http://goo.gl/doB5zn>



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Reusable VMMC Instrument Set Calculator

The following tool can assist programs in forecasting the number of reusable surgical instrument sets to purchase for their first and subsequent procurements, based on the annual VMMC volume and mean daily VMMC volume. This forecast may need to be adjusted based on the proportion of procedures a program intends to do with reusable versus single-use instruments (i.e., if a program plans to retain single-use instruments in some settings). The calculator currently uses default assumptions, which are listed in detail at the bottom of this page. These can be

Enter anticipated annual VMMC volume to be completed with reusable instruments (*may be equivalent to annual performance target, or a fraction thereof if program is using a mix of reusable and single-use instruments.*)

Enter expected number of times each instrument will be used/autoclaved before expiring

150 is a default assumption based on program experience with the quality of instruments. If your instruments are expected to last considerably longer or shorter than an average of 150 cycles, please enter the most accurate estimate.

URL: <https://project-iq-resources.jhpiego.org/vmmc-calculator/>





“Smart” (safety-engineered) syringe feedback

- Responds to WHO initiative to transition to safety-engineered injection devices with **re-use prevention** and **sharps injury prevention** by 2020.
- Provider feedback and recommendations from field introduction of three reuse prevention syringe models in Zambia; reuse- and sharps injury-prevention models to be introduced in additional countries.

Kaloko Clinic - Ndola

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PROVIDER FEEDBACK FORM – AUTO-DISABLE SAFETY SYRINGES

Syringe model used (circle one): 1. HMD Kojak 2. 30 Emerald PRO 3. Helmject
 Number of times used: 15

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	This prevents me from safely using the syringe (Mark with '✓')
1. Instructions on the job aid were easy to understand.	1	2	3	4	5	
2. The syringe felt high quality during use and disposal.	1	2	3	4	5	
3. It is easy to use this syringe to withdraw from the vial.	1	2	3	4	5	
4. I had a clear view of the injection site and needle tip while performing an injection.	1	2	3	4	5	
5. I had a clear view of any aspirated fluid.	1	2	3	4	5	
6. The safety feature functions as intended.	1	2	3	4	5	
8. It is obvious (by sight or sound) when the safety feature is activated.	1	2	3	4	5	
9. The safety feature activates at the proper time.	1	2	3	4	5	
10. The syringe is comfortable to hold in my hand.	1	2	3	4	5	
11. The syringe is easy to handle while wearing gloves.	1	2	3	4	5	
12. The plunger is easy to depress.	1	2	3	4	5	
11. This syringe takes the same amount of time to use as a standard syringe.	1	2	3	4	5	
12. This syringe is as easy to dispose of as a standard syringe.	1	2	3	4	5	
The clients seem as comfortable with injections from this syringe as with standard syringe injections.	1	2	3	4	5	
13. The syringe meets my clinical needs.	1	2	3	4	5	

URL: <http://goo.gl/9LXMBK>





“Smart” (safety-engineered) syringe feedback

- Responds to WHO initiative to transition to safety-engineered

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PROVIDER FEEDBACK FORM – AUTO-DISABLE SAFETY SYRINGES

Syringe model used (circle one): 1. HMD Kojak 2. 30 Emerald PRO 3. Helmject
Number of times used: 15

This prevents from safely using the syringe with ✓

The safety feature is activated.

The safety feature activates at the

13. This syringe meets my clinical needs.

Re-use prevention (RUP):

Feature that prevents or significantly discourages re-use of the syringe and/or needle. Disabling mechanism and activation timing vary. Protects **clients** from bloodborne pathogens from previous clients.

Sharps injury prevention (SIP):

Feature that automatically or easily blocks needle after an injection is complete. Protects **clients and providers** from accidental needlesticks.

introduced in additional countries.

URL: <http://goo.gl/9LXMBK>

Strength in Numbers

Demand creation skills building

WEBINARS

Slides and materials on malecircumcision.org

- “What’s happening? VMMC programs share promising demand creation approaches”
 - Shared program design approaches, the degree to which they improved service uptake, and challenges and failures that guided their path to a successful strategy.
- “What’s Next? Applying human centered design approaches to increase VMMC demand”
 - Focused on innovative efforts to increase VMMC demand creation, detailing an integrated approach leveraging market research techniques such as journey mapping, behavioral economics and segmentation and transforming that research to practice using human centered design approaches – these approaches have shown promising initial results, including documented increases in VMMC uptake.

TOOLS AND REFERENCE MATERIALS

- Summary of regional market research
- Tools to support demand creation portfolio mapping, intervention design, and intervention improvement
- Audience segmentation guide

BILL & MELINDA
GATES foundation

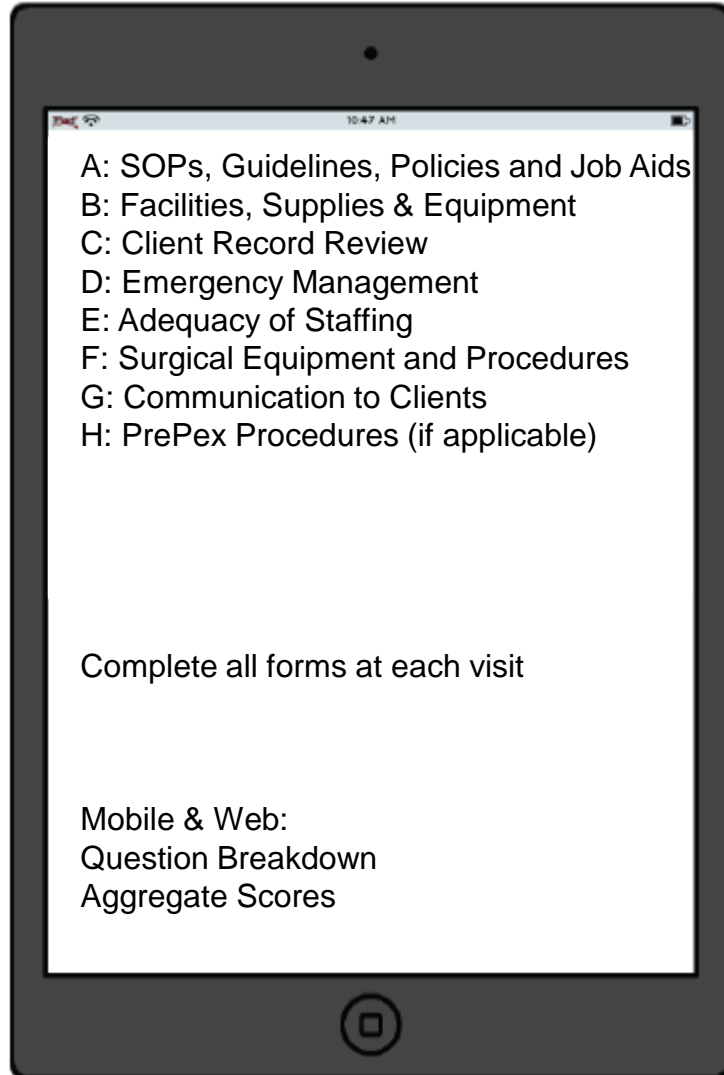


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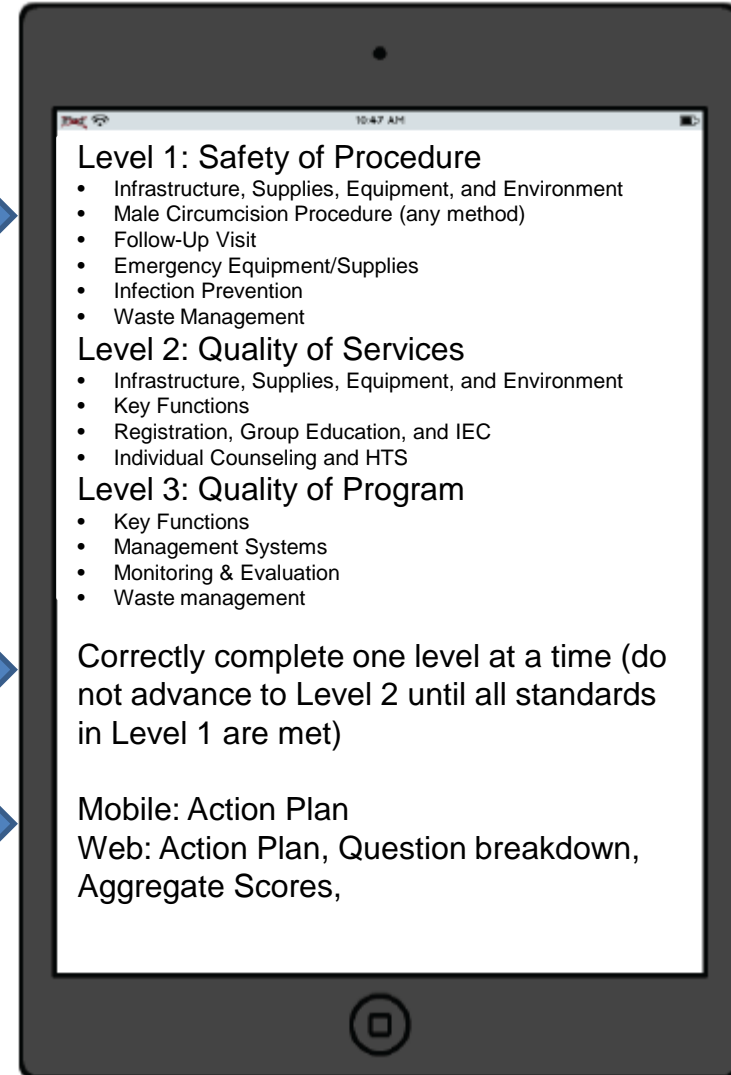


Being introduced: digital quality tools

External Quality Assurance



Continuous Quality Improvement



Forms

Standards mapped from EQA to CQI tools

Process

Reports

Purpose: These tools were digitized to increase access to data.

This month: EIMC QA Resource Guide

- Formatted to mirror WHO VMMC QA guide structure
- Existing EIMC resources do not address several aspects of service quality.
- Resource guide offers considerations for national decision-makers and EIMC program planners for filling identified gaps in EIMC quality standards and making the associated technical or program policy decisions.



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Thank you.

Please take our survey:

<https://www.surveymonkey.com/r/ProjectIQResourceUtilizationSurvey>



Improving Quality VMMC

Update:
WHO Technical Advisory Group on
Innovations in Male Circumcision

Julie Samuelson, WHO

11 October 2017



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Thank you.

Please take our survey:

<https://www.surveymonkey.com/r/ProjectIQResourceUtilizationSurvey>