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# Male Circumcision for HIV Prevention: Quality Assurance Workshop

**World Health Organization**



# DAY 1

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# Workshop Objectives

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- 1. Introduce concepts about quality and quality assurance/improvement principles and practice QI approaches.**
- 2. Familiarize participants with the WHO “*Male circumcision quality assurance: A guide to enhancing the safety and quality of services*” and the *WHO Male Circumcision Service Quality Assessment Toolkit*.**
- 3. Enhance facilitation skills for quality improvement activities.**



# Ground Rules

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- Arrive on time
- Cell phones on silent
- Phone calls taken outside of room
- Stay throughout workshop
- Respectful interactions
- No smoking



# Agenda

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# Expectations

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# Global Recommendations

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- Promoting male circumcision should be recognized as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men
- Male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package
- Correct communication messages are critical and should be carefully tailored and stress that early resumption before wound healing may increase risk of HIV infection.

[i] WHO/UNAIDS. *New data on male circumcision and HIV prevention: Policy and programme implications, March 2007*. Geneva: World Health Organization; 2007.



# Global Recommendations

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- The social and cultural context should inform programming
- Male circumcision should be provided with full adherence to medical ethics and human rights principles, including informed consent, confidentiality, and absence of coercion
- Gender implications should be addressed. Male circumcision service provision should be used as an opportunity to address the sexual health needs of men, and such services should actively counsel and promote safer and responsible sexual behaviour
- Programmes should be targeted to maximize public health benefits...scaling up should be a priority in generalized HIV epidemics





# Global Recommendations

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- Health services should be strengthened to increase access to safe male circumcision services
- Additional resources should be mobilized to finance scale up, and resources should be used as efficiently as possible
- MC is not recommended as an HIV prevention intervention for HIV+ men to reduce HIV transmission to women; HIV testing should be recommended for all men seeking MC; MC should be provided to all men if medically indicated
- Research is needed to guide programme implementation, including operations research



# UN Actions

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UN Agencies under the leadership of WHO have a joint work plan:

The goal of the UN partners joint work plan on male circumcision is to assist countries to make evidence-based policy and programme decisions to **improve** the **availability**, **accessibility** and **safety** of male circumcision and reproductive health services as an integral component of **comprehensive HIV prevention strategies**



# UN Actions

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The objectives of the UN work plan are to:

1. Set global norms and standards and provide policy and programme guidance for the provision of safe male circumcision services
2. Provide technical support for accelerated action to roll out safe male circumcision services in selected countries
3. Conduct high level advocacy and develop global communication strategies and messages
4. Coordinate the setting of global research priorities, commission research and develop systems for monitoring and evaluation of male circumcision services



# Two years later.....

*How far have countries moved ...???*



# Progress on Male Circumcision for HIV Prevention, August 2009

## Tanzania, Malawi

Situation analysis, pilot service sites

**Rwanda** advocacy campaign, situation assessment underway, services in military

## South Africa

Situation analysis underway, draft policy

**Lesotho:** advocacy, situation analysis, policy development, draft strategy & comms

## Namibia:

Champions visit, advocacy, DMPPT, draft policy, strategy, training and QA planned, communications plan



**Kenya:** national guidance & strategy, situation analysis, guidelines, training, Quality Assurance guide, expanded service delivery, communication & advocacy under development, M&E, research

## Uganda

Situation analysis, policy development, Comms draft

**Zambia:** Situation analysis, trainings, policy, strategy & Implementation plan, service delivery

**Botswana:** Situation analysis, DMPPT, policy, strategy, training, M&E, communications and QA

## Swaziland

Policy approved, situation analysis, strategy & Implementation plan, leg/regulatory assessment, trainings, QA, M&E draft, comms draft





## Service delivery progress in selected countries

- Small but increasing numbers of MC procedure
  - Kenya - 20,000 MC's by May 2009
  - Orange Farm, South Africa – 8300 (Jan '08 - March '09)
  - UTH Zambia – 2500 pilot ( 6-month)
- Adverse event rates remain reportedly low <3%
- Rapid expansion will have a larger effect on HIV incidence
- Safety and quality must accompany scale up



# Background

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- ADD SLIDES AND INFORMATION PERTINENT TO YOUR COUNTRY.



# What is Quality?

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# Activity

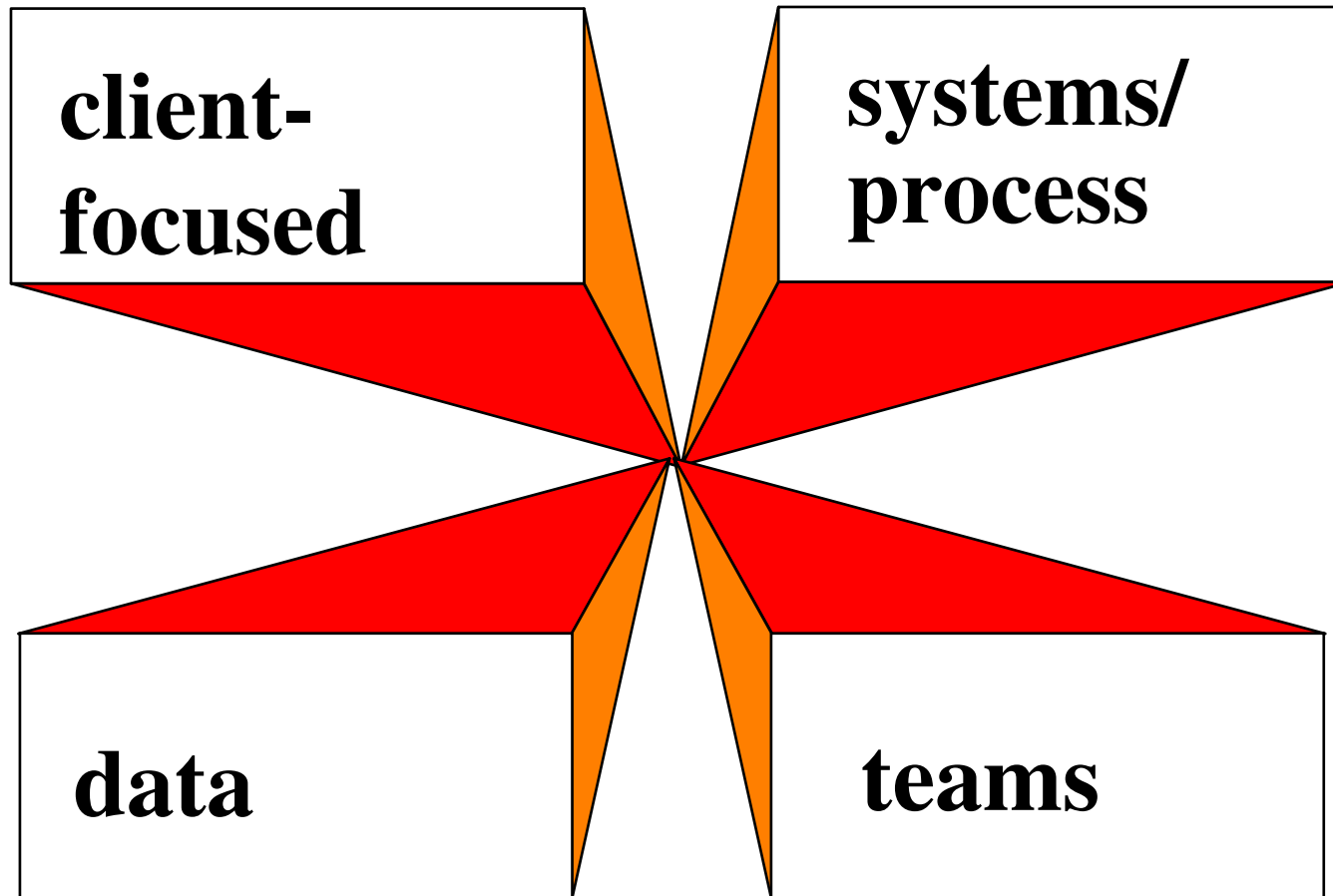
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- How would you describe the quality of the chocolate?
- How was the quality achieved?
- How could the quality be improved?



# ***Four principles of quality improvement***

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# Client-Focused

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- **Dignity and respect:** Taking into account the values, beliefs and cultural backgrounds of patients into the planning and delivery of care
- **Information sharing:** Encouraging patients to share their thoughts & questions and healthcare professionals providing information regarding illness & treatment options in ways that the patient can understand
- **Participation:** Preparing and supporting patients/families to participate in care at the level they choose
- **Continuity:** Providing care across the continuum of care between home, hospital, primary health care, and community.



# Teams

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- Multidisciplinary teams
- Each team member brings a different set of knowledge, experiences and skills
- Creates a sense of accountability and ownership
- Teams provide a greater number of ideas for solutions
- More commitment to the solutions agreed upon



# Systems/Processes

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- Hospital services are provided within a system.
- Focus is on improving the system and processes
  - Deming's 85/15 rule: 85% of quality problems can be traced to system problems. Only 15% are directly under a worker's control
  - The question that should be asked is “why” did a problem occur, rather than “who” caused the problem



# Data

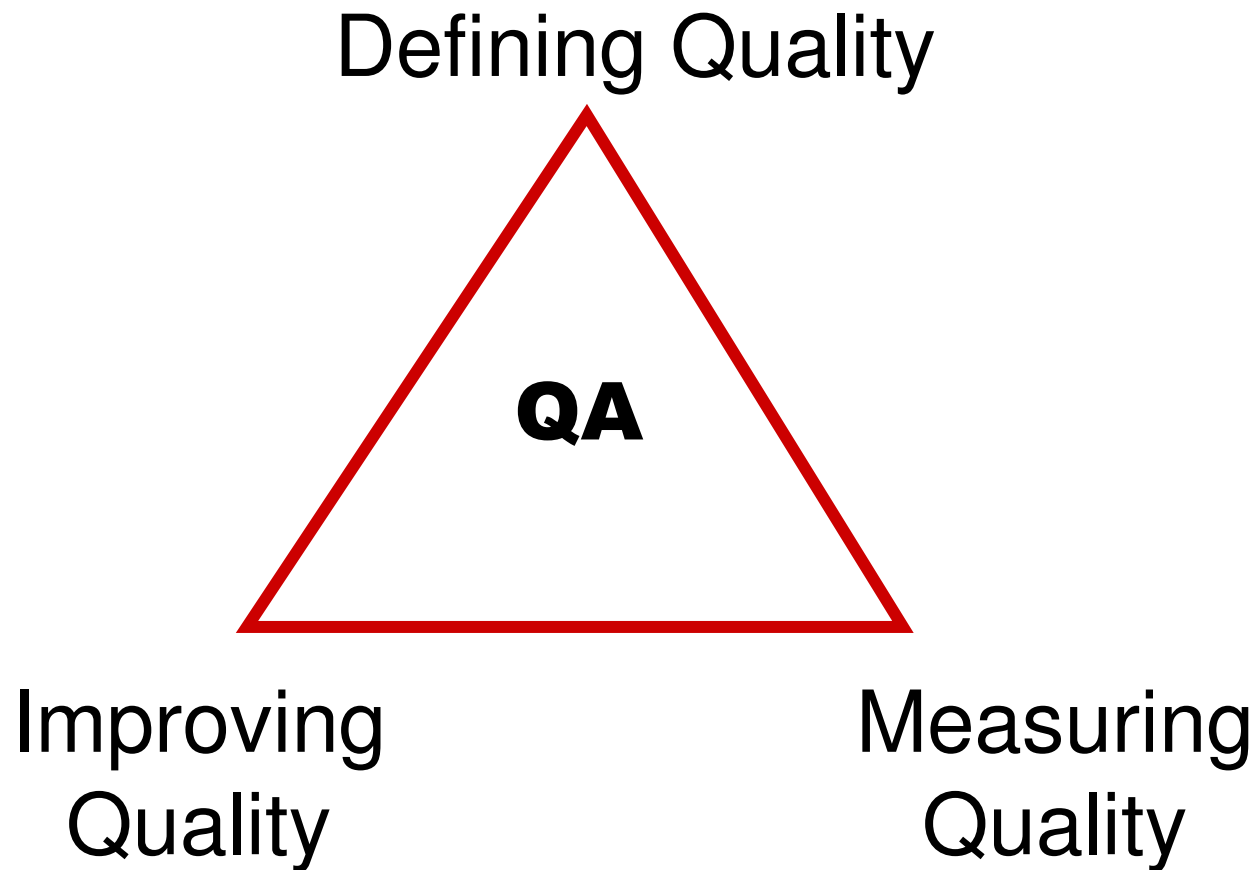
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- Sound decisions are made with the appropriate information
- Effective problem identification
  - Identification of trends
  - Understanding of root causes leads to alternative solutions
  - Tracking improvement



# Quality Triangle

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# Defining Quality: Standards





# What is a standard?

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*A statement of the  
quality expected*



# Components of Systems

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Inputs	Processes	Outcomes
Personnel Equipment Supplies	Admission Test Procedures Patient Education Treatment	Improved health status Efficient services



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What are the  
inputs, processes and outcomes  
for male circumcision services?



# Standards for Male Circumcision based on System Components

Inputs	Processes	Outcomes
Trained staff	Obtaining a consent	Informed consent obtained
Sterile instruments	Sterilizing equipment	Circumcision completed without complications
Consent forms	Aseptic technique	
	Performing surgery	



# Male Circumcision Service Standards

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- **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 quality male circumcision services.
- **Standard 4.** Providers are qualified and competent.
- **Standard 5.** Clients are provided with information, education and counselling for HIV prevention and male circumcision.



# Male Circumcision Service Standards

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- **Standard 6.** Assessments are performed to determine the client's condition.
- **Standard 7.** Male circumcision surgical care is delivered according to evidence-based guidelines.
- **Standard 8.** Infection prevention and control measures are practiced.
- **Standard 9.** Continuity of care is provided.
- **Standard 10.** A system for monitoring and evaluation is established.



# Minimum Package

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- Information about the risks and benefits of the procedure
- Counselling about the need to adopt and maintain safer sexual practices
- Access to HIV counselling and testing
- Condom promotion and provision
- Management of sexually transmitted infections



# Communicating Standards

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# Identify Target Population

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Identify the various individuals and groups that will need the information



# What is the Message?

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- What information do you want to give?
- What action do you want the individual or group to take?



# What is the best way to send the message?

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- Consider the usual patterns of communication for the individual or group
- Be creative!



# Who will send the message?

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Identify someone to deliver the message that the individual/group respects and is appropriate for the group



# When will the message be sent?

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Identify exactly when the message will be delivered



# Activity

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- Each small group will be assigned a target population
- Complete a communication plan for that population (30 minutes)
- Two groups to share results with the large group (10 minutes each)



# Working in Teams



# Why work in teams?

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What are the benefits of working in a team?





# Benefits of Working in Teams

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- A more complete working knowledge of the process
- A more open atmosphere with less blaming of others for problems
- A greater number of ideas to resolve problems
- Greater acceptance and a higher implementation rate of solutions



# Characteristics of Effective Teams

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- Clear goal and role definition
- Sensitivity to each other's needs and expressions
- Clear expectations and preparation
- A high level of interest and commitment
- Interruptions and distractions are avoided or kept to a minimum



# Facilitating quality improvement: Team Roles

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- Team leader
- Quality facilitator
- Recorder
- Time keeper
- Team members



# Activity

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List the roles of the Team Leader and the Quality Facilitator

Team Leader	Quality Facilitator



# Team Leaders

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Ultimately, it is the leader's responsibility to create and maintain communication channels and work processes that enable team members to do their work



# Characteristics of Effective Team Leaders

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- Communicate effectively
- Give praise and recognition
- Criticize constructively and address problems
- Make decisions with input from others
- Give team members information they need to do their jobs
- Set team goals collaboratively
- Keep team focused through follow-up
- Make themselves available and accessible
- Represent the team and defend their actions when appropriate



# Quality Facilitators

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Manages the quality process

- Helps interpret the male circumcision standards
- Teaches quality methods
- Facilitates team work
- Guides problem-solving



# Characteristics of Effective Quality Facilitators

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- Knowledge of male circumcision standards
- Group process skills
- Able to use quality methods
- Teaching skills
- Good at asking questions





# Facilitating Quality

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A process to help a team improve the way it identifies and solves problems and makes decisions



# Making Process Observations

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By observing a team's activities and helping them reflect on what is happening, facilitators help the team gain self-awareness of their behavior and become more productive



# Effective Questioning

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- Stimulates thinking
- Initiates and promotes discussion
- Provides feedback to the facilitator about team's knowledge and skills



# Facilitation Guidelines

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- Set ground rules
- Stay neutral in the team
- Encourage participation by all
- Help team reach consensus
- Assist with team building
- Observe group processes



# Facilitation Guidelines

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- Intervene to address issues of group communication
- Give feedback
- Reflect feelings and ideas back to the team
- Help team keep on track



# Active Listening Behaviours

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- Being quiet, no interrupting or taking over the conversation
- Using body language such as leaning forward, nodding head, and open gestures, to communicate interest and understanding
- Maintaining eye contact
- Restating the person's words



## Active Listening Behaviours, cont.

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- Using encouraging words, such as “I see” and “yes” to encourage free flow of conversation
- Using open-ended questions to encourage the other person to elaborate their thoughts and feelings
- Asking for clarification when needed
- Summarizing various points
- Being non-judgmental



# Self-Awareness

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- How sensitive am I to the needs of others?
- How approachable, pleasant, or positive do others perceive me to be?
- Do I listen and communicate openly?
- Do I work well with others?
- Do I believe in quality improvement?





# Self-Awareness

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- Am I willing to be wrong or to lack knowledge?
- Am I willing to learn about myself as well as about how to support teams?
- Am I willing to have my priorities become second to the priorities of the team or team leader?



# Form Quality Improvement Teams

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- All categories of service providers
- Community representatives
- Clients
- Team leader



# Effective Team Members

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- Share knowledge and expertise
- Participate in all meetings and discussions
- Complete assignments on time
- Apply the steps of the quality improvement process



# Stages of Team Development

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- Forming
- Storming
- Norming
- Performing
- Closing



# Stage 1: Forming Common Feelings

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- Excitement, anticipation, optimism
- Pride in being chosen for the work
- Tentative initial attachment to the team
- Anxiety, fears, or even suspicions about the job ahead



# Stage 1: Forming Common Feelings

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- Polite, fairly formal interactions
- Attempts to define the task and how it will be accomplished
- Attempts to figure out acceptable group behavior
- Decisions about information to gather



# Stage 1: Forming Common Feelings

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- Discussion of topics not relevant to the task
- Difficulty in identifying relevant problems
- Complaints about the organization and barriers to the task



# Stage 1: Forming Possible Interventions

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- Conduct introduction/inclusion activities
- Clarify the mission/task
- Establish ground rules for team behavior
- Provide needed training





# Stage 2: Storming

## Common Feelings

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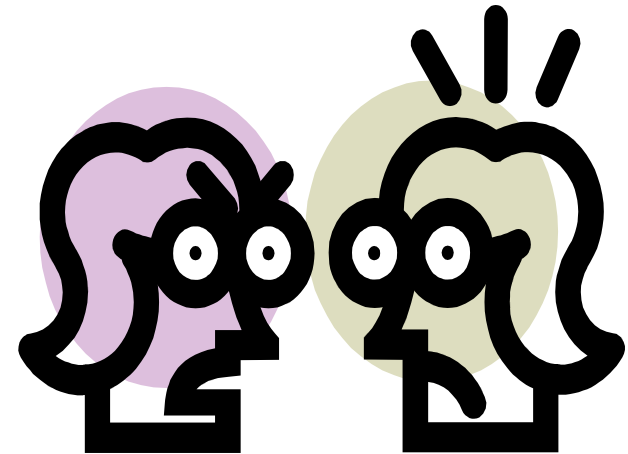
- Resistance to the task and to unfamiliar quality approaches
- Wavering (though often negative) attitudes about the team, the team members, and the chance of success



# Stage 2: Storming Common Behaviors

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- Arguing among members
- Defensiveness, competition, jealousy or withdrawal
- Questioning
- Setting unrealistic goals



# Stage 2: Storming

## Possible Interventions

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- Conflict management techniques
- Clarification/teaching of quality concepts, tools, team dynamics, meeting methods, and roles



# Stage 3: Norming Common Feelings

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- Acceptance of membership in the team
- Relief that everything will work out



# Stage 3: Norming Common Behaviors

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- Commitment to working out differences
- Giving and receiving supportive and constructive feedback
- More expression of feelings
- “Playful” interactions



# Stage 3: Norming

## Possible Interventions

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- Continued fostering of shared responsibility
- Refocus on agenda or purpose
- Provide training in quality tools or group processes as needed



# Stage 4: Performing Common Feelings

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- Satisfaction with team's progress
- Trust in one another
- Commitment to process and goals



# Stage 4: Performing Common Behaviors

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- Ability to anticipate and prevent problems or work through them constructively
- Risk-taking, creativity, and learning of new skills/roles





# Stage 4: Performing Possible Interventions

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- Training in QI tools or concepts
- Team and individual self-evaluation
- Sharing leadership responsibilities



# Activity

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## Teambuilding

