

13. Internal and External Quality Assurance (EQA)



Useful Tools	18 Quality Assessment Toolkit 18.2 VMMC Self Assessment Tool
Useful International Guidance Documents	17 External Quality Assurance (EQA) Tools developed by PEPFAR 18 Male Circumcision Quality Assurance: A Guide to Enhancing the Safety and Quality of Services

Objective (s): To ensure that the VMMC services provided in the site meet the global standard for safety and efficiency

Description: Routine self-assessments of quality should be a continuous and ongoing activity to ensure that any difficulties with quality are identified quickly and remedied (see TOOL 18, 18.2). Country programs should reinforce the need for VMMC sites to conduct routine self-assessments of quality on a given schedule and implement a continuous quality improvement for VMMC services, as well as facilitate external quality assurance (EQA) assessments (see GUIDANCE DOCUMENT 17). EQA assessments by WHO, national departments/MOHs, or donors, along with international institutions, provide an opportunity for sites to improve their performance further and to identify areas needing support. Routine self-assessments should occur at least quarterly, and EQA exercises at least annually. Both activities should occur more frequently if serious issues are identified. Routine self-assessment can and should be integrated within any existing quality improvement strategies a given country put in place. The VMMC self-assessment tool (18.2) should be revised and adapted annually to meet the needs of the program.

The goals of a VMMC EQA assessment are to ensure that all the sites funded by PEPFAR are providing VMMC for HIV prevention according to best clinical practices and guided by PEPFAR’s standards; and to provide information to national and local governments and individual VMMC sites regarding the quality of the services being delivered.

The objectives of VMMC EQA assessment visits are to:

- Monitor PEPFAR-funded VMMC service delivery programs by conducting QA assessments of implementing partners’ service sites in resource-limited settings
- Assure that all PEPFAR-funded VMMC service provision meets appropriate standards and best clinical practices
- Provide technical assistance and support for program improvement where needed
- Build/strengthen the capacity of respective MOHs to conduct VMMC quality assurance (QA)

An EQA assessment typically takes three to four hours per site and includes direct observation of facility procedures and activities, including counseling sessions and actual VMMC surgeries, staff interviews, review of material resource inventories (e.g., supplies, medications, written materials), and a review of

client registers and records. Findings from the EQA assessments are summarized by general and site-specific reports (see GUIDANCE DOCUMENT 17). The general report helps national task forces and MOHs to identify their programs' strengths and challenges. Site-specific reports help national programs and local facilities craft specific interventions to fill gaps. The assessments yield immediate and tangible benefits including increased partner and governmental buy-in, rapid identification of barriers to service efficiency and demand creation, and practical feedback on infection control and waste management. The EQA assessments complement existing normative guidance and routine monitoring, and can easily be adapted to differing local and health contexts.

Case Study—Kenya's and Zambia's External Quality Assurance (EQA) for VMMC Programs

Kenya's first EQA assessment occurred in April 2009. During this assessment, a multi-disciplinary team visited 17 VMMC sites. The overall quality of surgical care was excellent, though several issues affecting program quality and productivity were identified: insufficient clinical staff to conduct an adequate number of procedures, variable rates of HTC uptake, occasional stock-outs of supplies, and sub-optimal documentation in client medical records. Specific recommendations made by the EQA team led to substantial improvements in performance, as documented by the follow-up visits conducted in November 2009. At the second assessment, more staff had been dedicated to providing VMMC services, medical record documentation had improved, and better client flow and organization was evident.

As in Kenya, Zambia's first EQA visit in February 2011 confirmed the strong commitment and clinical expertise of MOH and PEPFAR's other implementing partners. The assessments also identified issues related to productivity and efficiency at some sites. Older men were generally not accessing services, and implementing partners were using different client record forms to capture clinical information. Following the feedback from that EQA visit, Zambia's MOH has moved toward standardized national clinical recording and reporting tools for all partners and has prioritized dedicating more staff to VMMC full time. These efforts have contributed to improvements in the overall quality of Zambia's VMMC program.