







Achievements and Lessons Learned in Efforts to Achieve Optimal Site Capacity in a Voluntary Medical Male Circumcision Program in Mozambique

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Background—HIV and Male Circumcision in Mozambique

- To control the HIV epidemic among Mozambicans 15–49 years old, Mozambique Ministry of Health is offering voluntary medical male circumcision (VMMC) services to two million men and adolescent boys by 2018.
- In Mozambique's Manica and Tete Provinces, VMMC services have been available since 2012.
- However, a high, site-level provision of VMMC services has not been achieved.
- Manica and Tete has a high HIV prevalence rate, and low male circumcision (MC) prevalence rate. HIV prevalence rates are 5.2% in Tete and 13.5% in Manica. MC rates are 9% in Tete and 20% in Manica.
- To increase the availability and improve the quality of VMMC services offered, AIDSFree Mozambique acted on the findings of the 2015 and 2016 external quality assessments (EQAs).

2015 and 2016 EQA Findings

- Lack of clear procedures for documenting and tracking referrals and follow-up visits
- Privacy concerns for HIV testing services and inadequate space for recovery
- Stock-outs of emergency trolley supplies

analyze data from 2015 to 2017

- Refresher training needed for taking adequate history, giving a physical examination, and performing the recommended forceps-guided technique
- Weak HIV testing and counseling process: condom use not demonstrated, key messages omitted from counseling
- Weak postoperative procedures, including taking temperature, blood pressure, and relaying key messages

Methods

- VMMC sites received support from Ministry of Health and partners in using site-specific action plans:
- Redistributed staff (providers, counsellors, and mobilizers) and recruited additional staff to match the defined site-staffing based on bed capacity
- Staff retrained on client-provider interaction, with a focus on barriers to service uptake, VMMC follow-up rates, and wound care

Used USAID VMMC Site Capacity and Productivity Assessment Tool to

Methods, continued

- AIDSFree Mozambique's site-level improvement plans (see Figure 1) were developed:
- Site-level daily, weekly, and monthly targets were set and their progress monitored, disaggregated by age.
- Site-level staffing and training plan was developed and implemented.
- Interventions to address quality issues identified during the EQA were implemented.
- Each week, site staff reviewed progress and discussed quality issues to address.
- Monthly, USAID monitored progress using the VMMC Site Capacity and Productivity Assessment Tool.
- AIDSFree staff were oriented on the use of the site capacity-utilization tool and entered related data.
- USAID analyzed these data in September 2015, September 2016, and April 2017.

Table 1. EQA dashboard by site and tool, September 2016 (for four VMMC sites visited)

Site	EQA tools									
	Tool A: SOPs, guidelines, policies, and job aids	Tool B: Facilities, supplies, and equipment	Tool C: Client record review	Tool D: Emergency management	Tool E: Adequacy of staffing	Tool F: Surgical equipment and procedures	Tool G: Communication with clients	Total		
Chitima Health Center	74%	96%	80%	81%	85%	81%	90%	73%		
Hospital Tete	88%	93%	77%	64%	100%	89%	88%	75%		
Hospital Gondola	96%	84%	77%	91%	100%	66%	86%	75%		
Maio	91%	83%	79%	90%	77%	82%	94%	75%		
Overall total	87%	89%	78%	81%	90%	80%	90%	72%		
<i>Vote</i> : external quality assess	ment (EQA)	< 70% [Poor]	70%–85% [Fair]	> 85% [Good]						

Figure 1. AIDSFree Mozambique, site-specific action plan tool

Country:	Mozambique									
Province:	Manica									
Site	1º Maio CS II	Targets by Age Grou	up	•	•					
		Age Group	Annual	Monthly	Weekly	Daily		Site Requirements based		on Targe
		10-14	1872	156	31	8			Optimum	
		15-19	2246	187	37	9		Providers	3	
		20-24	1872	156		8		Serventes	4	
		25-29	1123		19			Counselor	2	
		30-49	374		6	2		Data Clerk	1	
		Totals	7487	624	125	31		Receptionist	1	
								Beds	2	
		e 4 days a week. 1 day is reserved for dressings and p	rogram revie	ew						
Action Pl										
Objective	1: Improve qual	lity of data recording on patient records								
		Activity	Responsi	ble Person	Frequ	iency	ļ	ndicator	Comr	ment
							Proportion	n of patient		
		cords for review of completeness					charts fille	ed completely		
		cordance with MISAU guidelines								
Is anaesth	netic dosage co	rrect volume								
Method of	surgery									
Objective	2: Improve use	of guidelines and SOPs								
Confirm av	vailability of requ	uired SOPs and guidelines								
Ensure gu	idelines and SC	Ps are properly displayed								
		npleteness of registers								
HTC regis	ters are correc	tly filled & page totals completed								
Is the AE ı	register continu	ously updated correctly								
Referral lir	nkages records	complete								
		procedures done in accordance to national guideline	s for VMMC							
	adequate for w									
		ng circumcision in accordance with MISAU guidelines								
Is emerge	ncy trolley up to	o date?								
Objective	5. Are targets d	isaggregated by age groups being met?								
		s per age group?								
Is data analysis done & displayed?										
Objective	6. Coordination									
Is there jo	int monthly plan	ning with HC3 & health facility/DPS								
Is there monthly joint review with HC3 & health facility/DPS										
		ta review meeting?								
	7. Supervision	<u> </u>	•							
		nducted weekly?								
	ervision book u	•								
		ations for which actions were taken		†			1		1	

Table 2. Results: Changes in VMMC indicators from 2015 to 2017

Indicator	FY 2015	FY 2016	FY 2017	
MC target	65,054	62,166	95,296	
MCs performed	21,824	35,389	100,636	
Achievement versus target (%)	34%	57%	105%	
Males 15–29 years who received MCs (%)	48%	50%	58%	
VMMC site utilization rate (%)	38%	50%	100%	
Rate of adverse events (%)	0.07%	0.14%	0.14%	

Notes: fiscal year (FY), male circumcision (MC), voluntary medical male circumcision (VMMC)

Results

- By April 2017, AIDSFree Mozambique had achieved the following (see Table 2):
- For prior 6 months, increased and maintained optimum site capacity by increasing the number and training of nurses, surgeons, and assistants
 Increased and maintained high monthly achievement of targeted MC numbers
- Increased and maintained a high site-utilization rate
- 2017 EQA showed that VMMC sites had improved and maintained high-quality standards (see Table 3).
- VMMC sites had improved and maintained high-quality standards, and majority of sites had met most of the VMMC quality standards, in spite of serving a higher number of clients in 2017 than in 2015 and 2016.

Table 3. Findings from April 2017 EQA, by tool and site

Site	EQA tools										
	Tool A: SOPs, guidelines, policies, and job aids	Tool B: Facilities, supplies, and equipment	Tool C: Client record review	Tool D: Emergency management	Tool E: Adequacy of staffing	Tool F: Surgical equipment and procedures	Tool G: Communication with clients	Total			
Hospital Manica	91%	89%	87%	90%	100%	92%	97%	92%			
Gondola Health Centre	100%	96%	91%	95%	100%	100%	91%	96%			
de Maio health Centre	100%	90%	91%	95%	85%	92%	86%	91%			
Tete Provincial Hospital	100%	100%	87%	100%	100%	92%	84%	95%			
Changara Health Centre	100%	100%	86%	90%	77%	97%	86%	91%			
Military Health Centre	100%	100%	85%	100%	100%	100%	86%	96%			
Overall	99%	96%	88%	95%	93%	96%	89%	94%			

Conclusions **S**

- Several interventions accounted for the considerable increase in the uptake and achievement of VMMC services:
- Optimizing staff availability at each site to match site capacity
- Redistributing and retraining all VMMC staff on communicating with clients at all stages of VMMC services—from early mobilization to postsurgery follow-up
- Having intense supervision, data monitoring, and data-based decision-making to fine-tune activities
- Opening services on Saturdays for clients who cannot access VMMC services during the week
- Having a collaborative and cooperative spirit, among all players, in using data to close gaps identified

Next steps

- High site productivity, which was observed as increased use of services by 10–29 year olds, is critical to achieve VMMC goals.
- Lessons from Manica and Tete Provinces can apply to other VMMC programs to improve site-level performance.



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