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CHANGES TESTED TO IMPROVE QUALITY OF SAFE MALE CIRCUMCISION SERVICES IN UGANDA



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Cover photo: Members of a facility-level quality improvement team prepare their presentation at a learning session of teams who are trying to improve Safe Male Circumcision services. *Photograph by Angella Kigonya, URC.*

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DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Introduction

In January 2013, USAID ASSIST started providing technical assistance and support to 30 health units and 10 implementing partners (IPs) [STAR EC, Walter Reed, STAR E, Private Sector, STAR SW, SPEAR, IRCU, RTI, NUHITES and SUSTAIN] in Uganda to carry out quality improvement (QI) activities in Safe Male Circumcision (SMC). Part of this support involves supporting sites to identify gaps using a SMC quality standards tool, and supporting the teams through onsite coaching to innovate interventions to bridge the gaps identified. To date, the teams have received five rounds of onsite coaching held once a month.

In August 2013, the teams were convened together in a learning session in order for them to share experiences and learn from each other. The 30 teams were divided into three groups in order to make the sessions manageable with each group having at least 10 sites. The groupings were made based on geographical location of the health units. In each group, the learning session lasted three days.

Objectives of the Learning Session

The August learning session had the following objectives;

- 1) To enable site teams to share experiences on what changes they have tested to improve SMC quality standards and performance indicators.
- 2) To address cross-cutting gaps identified during the learning sessions and remind the teams about the SMC package.
- 3) To support sites in coming up with action plans for implementation of identified gaps.

The changes tested by the sites that have led to improvement were harvested and summarized in this compilation.

Intended Use

As a result of the field experiences of the participating health facilities over a five month period a list of tested changes for improving SMC services has been developed. This compilation of changes is designed in such a way that it offers frontline health care providers who are struggling to improve the quality of SMC services in terms of meeting the Ministry of Health (MoH) SMC quality standards a list of changes that quality improvement teams have tested so that they do not reinvent the wheel.

It is not expected that every facility will implement every change idea that is listed below. Rather, each facility can evaluate its own situation and decide which of the changes could be most helpful in improving SMC service delivery. Quality improvement teams intending to use this compilation of changes should be aware that changes that have led to positive results at the participating health units may not necessarily lead to improvements at their own health units.

How to Use this Compilation of Changes

The compilation is structured into two major areas; changes to improve SMC quality standards and changes to improve the SMC performance indicators. Each area has the gap to be addressed, the changes tested, a brief description of how the change was tested and the

number of sites that tested that change. The gaps are based on the seven SMC quality standards as defined in the MoH SMC quality standards toolkit.

Teams will first conduct a self-assessment using the MoH SMC standards toolkit to identify gaps that need to be addressed. Guided by the column of gaps, they will identify changes already tested to bridge that gap which they may adapt or adopt. Attempts have been made to provide the reader with enough information to understand how each change was tested.

Acronyms

ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
BCA	Behaviour change agents
BP	Blood pressure
CME	Continuous medical education
HCT	HIV counselling and testing
HIPS	Health Initiatives in the Private Sector
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IP	Implementing partner
IRCU	Inter Religious Council of Uganda
MoH	Ministry of Health
MUWRP	Makerere University Walter Reed Project
NMS	National Medical Stores
NUHITES	Northern Uganda Health Integration to Enhance Services
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
QI	Quality improvement
RTI	Research Triangle Institute
SMC	Safe Male Circumcision
SPEAR	Supporting Public Sector Workplaces to Expand Action and Responses against HIV/AIDS
SRH	Sexual Reproductive Health
STAR E	Strengthening TB and HIV&AIDS Responses in Eastern Uganda
STAR EC	Strengthening TB and HIV&AIDS Responses in East Central Uganda
STAR SW	Strengthening TB and HIV&AIDS Responses in Southwestern Uganda
STI	Sexually transmitted infection
SUSTAIN	Strengthening Uganda's Systems for Treating AIDS Nationally
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
VHT	Village Health Team
VMMC	Voluntary medical male circumcision

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
			activities. This has helped in reducing the duration of wait time for SMC clients.	
The SMC clinic or facility has clearly defined roles and responsibilities	No written/ clearly defined staff roles and responsibilities	The staff roles and responsibilities were defined, written and pinned up by the SMC team for all to view. Held a meeting and assigned staff roles and responsibilities depending on the training in SMC	The team held a meeting to discuss and understand everyone's roles and responsibilities, these were then written down and displayed	16 1
The SMC clinic or facility has the human resources available according to the SMC service delivery plan	Few staff trained in SMC procedure	Requested Implementing Partners to have staff trained in SMC Conducted on-job staff training	Approached the supporting IP to train staff in SMC The trained staff work and supervise the untrained staff especially the counsellors	3 1
SMC staff receive mentorship and support	No periodic support and mentorship for SMC	On-going support and mentorship being offered by the IP and ASSIST	Monthly mentorship by IP and ASSIST is on-going	7
Client flow chart is available in the facility	No client flow chart	Team developed client flow chart. It is well displayed and visible to clients.	Team held a meeting and discussed how clients should flow from one session to another. This was done after the QI training in which staff were taught how to develop flow charts. The chart indicates what has to be done in each session	15
	No active linkage to other services	Started recording clients linked to other services (STI treatment, HIV chronic care) in the registers	Notebooks were introduced to register the clients. Column was added in the existing register to indicate clients referred for other	3

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
		Phone calls to sites/ stations that are receiving referred clients for other services so as to ensure complete referral and linkage of these clients.	services The teams are currently using their personal airtime. Airtime is still a challenge.	1
Monitoring service delivery data are used for planning and improvement of service delivery	No written minutes of meetings	A program for monthly review meetings was developed for the whole year	The SMC team held a meeting where a coordinator for meetings was appointed and dates were set when each meeting would be held	1
	No quality improvement team	Introduced a QI team and hold regular meetings to review performance, data accuracy and completeness	Following the QI training by ASSIST, staff at SMC sites formed quality improvement teams to address the gaps	6
	No staff trained in quality improvement	Staff trained in QI by ASSIST	The team informed ASSIST that their staff were not trained in QI and ASSIST conducted the training	1
	No systematic client feedback mechanism	Use of the SMC champions to obtain client feedback Created a client feedback corner at the facility where client feedback is received	SMC champions are clients who have been trained in SMC and often go the community to conduct client interviews on SMC services The team identified a corner at the facility where clients are free to take feedback on the quality of services they are receiving. Clients are educated on the use of this feedback corner	1 1
Moderate and severe adverse events or complications are reviewed	No system for investigating moderate to severe adverse events	Conducted Continuous Medical Education (CME) on adverse events, grading of adverse events and management.	A meeting was called to review the grading of adverse events and their identification, and documentation.	2
		Adverse events grading	The team also introduced after event review meeting to	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
		scale displayed on notice boards and procedure rooms QI team formed; regularly reviews and investigation of adverse events	learn from the adverse events so as to prevent recurrence	
	Client follow-up not according to standards/ no client follow up	Client follow-up now done according to the guideline and consistent messages are given out. Site teams repackaged the information on follow-up, from telling clients to come back for follow-up when they have problems to telling all clients to come back for follow-up at 48 hours, 7 days, and 6 weeks. Designed client follow-up forms which provide the address and contacts of clients Integrated the importance of follow up in counselling and testing for HIV and group education Allocated a focal person for follow up of clients	Clients are told to come back for removal of dressing and review. Clear message on the importance of follow-up is given to clients	4 1 1 1
The facility/SMC clinic has a functional supply and equipment ordering system.	Lack of stock cards (No supplies management system in place)	Stock cards were introduced and updated regularly (staff were assigned to update the cards) Photocopied stock cards Introduced electronic based stock management system	After mentorship by ASSIST and the Implementing partners, the site teams held a meeting and selected members that would be in charge and who would take control of the stock cards by updating them and making timely orders of medicines and supplies. The supplies	5 2 1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
			management has improved steadily. Engaged the store keeper who is able to get store cards and also manage them.	
	No integration of SMC supplies with National Medical Stores (NMS)	Generated requests for SMC supplies to NMS supply orders for the health facility. This was done with the in-charge of the drug stores.	Made requests for some SMC supplies like testing kits, JIK (hypochlorite solution), gloves and liquid soap to the NMS ordering system. Previously teams were relying on whatever amounts that would be supplied without necessarily making orders	4
Supplies, Equipment & Environment				
The physical facilities are appropriate for SMC service provision	Physical facilities inappropriate for SMC service provision/ lack of adequate space	Partitioned screens for privacy	The teams approached the implementing partners and the health facility administration after the baseline assessment was conducted to provide screens for privacy of clients during the surgical procedure in operating room with more than one operating table and to identify space for pre-operative assessment which was being done on the operating table. Approached the IP to avail an all-weather shelter for group education The theatre was dilapidated and the team approached the implementing partners to renovate the theatre to improve the appropriateness of the facility.	4
		Improvised space for pre-operative assessment		1
		Mobilized funds among staff and started renovation of some structures		1
		Approached the IP to avail us tent for group education		1
		Lobbied IPs to renovate an SMC theatre		2
	Pre-	Identified a room at the	The team held a meeting	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
	operative assessment done on the operating table	health facility for pre-operative examination and obtained an examination couch from the health facility administration.	with the in-charge of the health unit to identify space for preoperative assessment	
	Lack of running water in the theatre	Used a portable hand washing facility Improvise buckets with taps	The team approached the health facility management for a portable hand washing facility	1 1
The necessary equipment are available for performing MC surgeries	Lack of enough SMC sets for the surgical procedure	Lobbied IP for disposable SMC kits	The team approached the IP to supply an adequate quantity of disposable kits for SMC based on the client target for the site since initially the reusable SMC sets at the facility were not adequate to handle large number of clients (often requiring for sterilization on the day of the procedure)	2
The necessary commodities are available for performing surgeries	No SMC commodities like Bupivacaine, Acyclovir, Cefixime	Requisitioned for SMC commodities from NMS and Implementing Partners. Previously these items were not requisitioned for	Started generating a list of supplies and teams share it with the health unit manager for inclusion in the order list to NMS	5
	No protective materials (shoes, eye wear, gowns) for staff	Made requisition for the protective materials to the health facility management and the implementing partners	The team made requests for missing protective materials and submitted it to the hospital management and implementing partners	5
	Lack of client gowns	Improvise client gowns with the available materials of linen.	Team tailored the available linen, which was not in use at the facility, into client gowns	2
	No petroleum impregnated gauze	Made requisition for the petroleum impregnated gauze from the implementing partner	Team learnt of the importance of using impregnated petroleum gauze for dressing the surgical wound and placed a	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
			request to the implementing partner to supply petroleum impregnated gauze in the kits for SMC.	
	No colour coded bin liners	Requested bin liners from other health units, NMS and IPs	Through coaching, the representative from the district health office informed the teams that he could help get them from another health unit in the interim, while awaiting NMS to supply	4
	No mackintosh on theatre beds	Requisitioned for supply from IPs	Teams placed requests for the protective covering of the operating tables to the IPs after the on-site coaching on the importance of infection control	3
Adequate supplies of medicines and commodities	Inadequate testing kits/ stock out of STI drugs	<p>Prompt orders that were followed up by the team leader</p> <p>Quantified medicine requirements for SMC using quantities used in the previous month or number of clients seen in previous month</p> <p>Encourage clients to buy STI needs/drugs by Mengo hospital and Ishaka hospital which are private hospitals</p> <p>Requesting for HIV test kits from other health facilities when there low or no stock. Also approach the District Health Office for support</p> <p>Integrated the missing SMC commodities in the hospital budget for purchase</p>	<p>The team started generating orders for testing kits and STI supplies promptly from the hospital stores, District offices and IPs, before the stock out of these commodities as it was the case before the coaching visits. Minimum stock levels are being used for placing orders and quantities ordered based on previous month's consumption</p> <p>The team has included the budget for missing SMC commodities in the general hospital budget awaiting purchase in Ishaka Adventist hospital</p>	<p>2</p> <p>1</p> <p>2</p> <p>2</p> <p>1</p>

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
	No condoms	Requisitioned for condoms from the District Health Office and implementing partners	Following on-site coaching, teams learnt of the importance of distribution of condoms to SMC clients and hence placed requests for condoms from the District Health Office and IPs	2
	No audio visual materials at the reception area	Requested for audio visual materials from the implementing partners	Following the baseline assessment, we placed requisitions to the IPs for audio visual materials for the SMC client waiting area	3
An emergency resuscitation system exists and medications/ supplies are available with immediate access	No emergency resuscitation system/equipment	Emergency drugs and equipment were requested and supplied by the IPs and NMS	Emergency drugs were requisitioned from NMS after informing the administration about the importance and they were supplied. IPs were also approached for support and they responded positively.	14
	No emergency resuscitation protocols in place in the procedure rooms	Developed emergency resuscitation protocols and displayed them in the procedure rooms	Teams had a meeting to discuss the management of emergencies as a team and developed protocols The anaesthetist was requested to give a talk to team members and also help in development of protocols	9
	Having expired emergency drugs on the emergency trolley	Removal of expired drugs and routine check of the emergency drugs for potency and expiry dates.	Someone was assigned the duty of being in charge of these drugs to ensure they are available and not expired	1
Registration, Group Education and IEC				
	Gaps identified	What changes were tested to address the gap?		No of sites
The client is correctly	Clients data not complete	CME for staff on correct recording of client data	Team held a staff meeting where correct registration of	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
recorded in the register and given a serial number	and accurately input	in the register and giving a client a serial ID number Introduced a new register to capture all clients who come for SMC services	clients in the registers, client forms and administration of serial identification numbers of clients was explained and demonstrated	2
	No register/record for group education	Introduced a register for group education	The team bought a counter book which they use to register clients.	4
	No client SMC forms	Requisitioned the forms from IPs		4
	Registration and filling of Client cards while the client is already on the operating table	Introduction of someone to handle registration of clients	The team identified person from the SMC team who was given the task of carrying out client registration from the registration point and not when the client is already on table by the circumciser/assistant.	1
The facility has appropriate information and educational materials on SMC and reproductive health	Lack of take-home information, education, and communication (IEC) materials for clients	Requisition for IEC materials from the IP and MoH Made photocopies of take home IEC materials	Site teams made requests for Information, Education and Communication materials for clients and their spouses or guardians to the Implementing partners and Ministry of Health through the District Health Offices	9 1
	No IEC materials for other Sexual Reproductive Health (SRH) activities	Integration of SRH activities in SMC where we picked some IEC materials from other clinics Requisitioned for materials from IPs	Following a staff meeting, team decided to start offering Sexual Reproductive Health services (i.e. family planning to clients during SMC) and obtained the IEC materials and commodities for family planning services from the family planning clinic in the health facility.	1 2
Group	Group	Group education	Group education is now	2

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
education delivered with correct information	education not being done	included as part of the SMC process. A list of talking points was generated and shared with people in charge of group education	offered to all clients who come for SMC services whether they come as individuals or in a group.	
	Inadequate information given to clients during group education	Counsellors oriented on the content of information given during SMC group education	Generated a list of talking points from the standards tool	3
	No separation according to age groups	Counsellors resolved to separate children from adults during group education	The facility has two counsellors and each attends to a different group and gives them messages relevant to their age group	2
Group education delivered with appropriate techniques	No use of appropriate group education techniques	CME held on group education techniques	A meeting was held and the appropriate group education techniques and skills discussed for the staff involved in group education and counselling.	1
Individual Counseling, and HIV testing for SMC Clients				
The counsellor provides appropriate individual counselling on SMC	No privacy during HCT	Acquired a tent for HCT services to provide more space and ensure privacy	Team approached the IP to provide a tent for HCT services	1
	No HCT register	Requested HCT registers from District Health Office, Implementing Partners and Joint Medical Stores	Teams made requests for HCT registers from the District Health Office, IPs and Joint Medical Stores which were supplied.	3
	No individual counselling & testing for HIV during SMC	Incorporated individual counselling and testing for HIV in SMC	Counsellors were oriented on conducting individual counselling and testing during SMC.	2
	Elements of	CME on individual	Adopted the minimum	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
	SMC not discussed during individual counselling and testing for HIV	counselling for SMC conducted	standards of procedure for SMC for guidance and developed key talking points for individual counselling and testing for HIV during SMC	
The provider provides routine HIV testing for every client	No HCT kits	Made prompt requisitions for testing kits from District health Offices, lower health units, and IPs	Site teams placed requisitions for testing kits to the District Health Offices, lower health units and IPs	3
The provider is properly giving results and post-test counselling	Poor referrals and linkage systems for HIV clients	Staff members were sensitised on proper referrals and linkages of HIV clients to ART clinic for comprehensive services	A meeting was held and the referral and linkage system of clients to chronic HIV care clarified	1
All clients receive condoms along with appropriate counselling and instructions on their use	Condoms not offered to clients no demonstration of condom use	Requisition for condoms from the IP	Following the on-site coaching visits, the team made requests for condoms from the implementing partners, prepared models for demonstration of condom use during counselling and also ensured discussion of the HIV prevention strategies during counselling. Teams were also made aware of the importance of condom distribution to clients at each clinic visit.	3
		Prepared a model penis for demonstration of condom use during counselling		4
		ABC strategy has been made part of the SMC individual counselling		1
		Changed condom distribution to clients to be at each visit		2
The provider obtains informed consent from clients	Informed consent not being obtained	Oriented all staff on the importance of obtaining consent from the clients prior to the procedure	Team had a meeting to reinforce the importance of allowing clients to consent for HCT services.	1
	No cross checking for understanding of risks and benefits	Counsellors have started cross checking for understanding of risks and benefits of SMC before obtaining	All counsellors were oriented on the importance of assessing the clients' understanding of the risks and benefits of SMC during	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
	of SMC before obtaining informed consent	informed consent	the counselling process so as to ensure that informed consent is obtained	
Surgical Procedures				
The provider correctly takes history	Hurried history taking resulting in incomplete history taking	Increasing the number of staff at the history taking point	The team sourced for adequate number of staffs from the nearby health facilities during the camp activities so as to ensure that the number of staff to carry out activities during camp activities is adequate and work is done properly.	3
The provider correctly performs pre-operation examination	No head-to-toe medical examination of clients pre-operatively.	Re-orientation of circumcisers and assistants to carry out complete head-to-toe medical examination	A meeting with the circumcisers was held to discuss the process of carrying out general medical examination of clients pre-operatively	2
The provider prepares the client for surgery	No verification of client consent pre-operatively	Put in place a reminder on the wall for all staff to check and verify client consent pre-operatively.	Following the on-site coaching, the team wrote a reminder for service providers at the facility to remember to check the clients' forms to ensure that consent has been documented before the surgical procedure.	1
	Protective clothing (aprons, gowns) not used by surgical team during the surgical procedure.	Use of the disposable aprons provided in the kits Requisition for protective clothing from the implementing partners	The team was not initially using the protective clothing in the kits and with on-site coaching, the team understood the importance of using them and now they regularly emphasize the use of protective clothing during the surgical procedure	3 2
The provider administers	Lack of forceps for	Health facility purchased reusable	The surgical sets at the facility did not have forceps	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
anaesthetic and performs dorsal slit correctly	checking for whether anaesthesia has been achieved	SMC sets that have forceps	for checking for anaesthesia and with on-site coaching, the team placed request for reusable SMC kits to the hospital administration who made the procurement of the sets.	
	Infiltration of local anaesthesia not done at the right position	Re-oriented the surgical team on the surgical procedure techniques and administration of anaesthesia using the minimum standards of procedure guideline for dorsal slit	The team convened a meeting in which they reviewed the entire surgical procedure to ensure all services providers are providing the acceptable service	1
The provider achieves haemostasis, sutures the wound and applies the dressing correctly	Clients are not checked for oozing from the site of the operation post-operatively because there is no privacy to do it.	Post-op staff checking for oozing on the bandage in the immediate post-operative care	A screen and examination couch were availed for postoperative assessment	1
Provider is able to respond appropriately to an emergency situation	Inability to appropriately respond to emergencies	Organized a training for emergency response and management for all staff involved in SMC	Teams approached the implementing partners to organize training for the staff in emergency response and management	2
The provider monitors immediate post op client	No observation of vital signs post-operatively	Introduced the post-operative station/nurse who observes the post-operative vital signs for the clients.	Placing reminders for staff to give post-operative instructions in the post-operative care room	2
The provider completes the	No strapping of the penis	Introduced support supervision both	Internal support supervision from within the health facility	2

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
procedure and assists the client to the post-operative area	to the lower abdomen	internally and externally to ensure this is done. Penis now being strapped to the lower abdomen	team and externally from outside the facility.	
Client records are updated and completed prior to discharge	Incomplete client records	All surgeons/circumcisers to complete the client forms immediately after surgery	Initially client forms were not completely filled since the circumcisers would fill the client forms at the end of the day after the surgeries. Following on-site coaching the teams agreed to have the circumcisers fill the client forms immediately after the procedure to ensure complete client records both in the client forms and the registers.	4
The provider gives client appropriate post-operative instructions	Post-operative instructions not discussed with clients	Developed a list of post-operative instructions which are discussed with clients by the post-op nurse	Placing reminders for staff to give post-operative instructions in the post-operative care room	2
The provider correctly manages initial follow-up	No follow-up of clients post-operatively	<p>Repackaged the follow-up message (telling clients to come for removal of the dressing at the health facility at 48 hours)</p> <p>Sensitisation meetings for staff held to share the importance of follow-up and provision of appointment dates for follow-up at 48 hours, 7 days, and 6 weeks post-operatively.</p> <p>Facilitate follow-up by health workers to reach clients in the communities</p>	Sites have developed talking points and clear messages to share with clients so that each team member gives the same clear and consistent message	7 2 1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
Monitoring and Evaluation				
Availability of relevant tools in SMC clinic	Lack of relevant SMC data tools (client cards, forms, adverse events grading scale, SMC register, HCT register)	Printed and photocopied the tools; client forms, cards, registers, adverse events grading scale and HMIS 105 form Requisitioned for the SMC tools from the IPs	ASSIST availed copies of the tools which were printed with the help of the IP	6 11
Data are correctly transferred from SMC client records to the SMC registers	No designated person for transferring data to the registers from the client forms	Assigned a records assistant/person to transfer data from the clients form to the register	Brought a records officer on board	6
Client records are complete and correspond with the SMC client counselling, testing and follow-up register	SMC registers and forms were not fully completed Registers and client forms not completely filled due to missing weights, blood pressure (BP) due to lack of weighing scale, BP machine and pulse oximeter.	Incorporated a records officer to the team to always complete the register by the end of the day after service delivery Oriented the team on completing the data tools Lobbied for a weighing scale, BP machine and pulse oximeter from the IP On job mentorship of staff on use of data tools Each SMC team member to actively participate in completion of the tools after use Counsellor s allocated	Brought on board a records officer to cross check the forms for completeness and inform other staff on any missing information Each member of the SMC team to ensure completion of the sections of the client forms that applies to them before the form is forwarded to the next person.	4 5 1 4 5 1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
		the task of recording in the client forms and the surgeon to verify the client forms for completeness Meeting held and agreed not to circumcise anyone whose form is incomplete until the form is completed		1
Data are correctly summarised, reported and filed	SMC client forms not well kept	Procurement of box files and provision of box file storage shelves	Approached the IP to provide box files	2
	Data not correctly summarised, reported and filed	Acquired box files/folders to keep the client forms. The client forms are filed according to follow up, STIs e.g. the ones who come for follow up, who are diagnosed with STIs	The team placed request for box files from the health facility stores to facilitate filing of the client forms.	1 1
	Data not adequately used for planning or improvement of services	Formed a QI team, which meets regularly (monthly) to analyse data and present it on run charts. For other issues meet whenever an issue comes up	QI team formed and it has monthly meetings and minutes of meetings are taken	12
Infection Control				
The preparation of the disinfectant cleaning solution is performed according to the standards	Preparation of JIK solution (disinfectant) was not being done correctly	Instructions on preparation of JIK solution written and displayed in the sluice rooms.	Team was initially using high concentrations of JIK solution and following on-site coaching; the team developed the protocol for preparing JIK (disinfectant) solution and oriented all staffs on the protocol which has also been displayed on the wall for guidance.	5
		Staff oriented on preparation of JIK solution		4
		Requisitioned for protocol of preparing		1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
		disinfectant from IPs		
The process of cleaning rooms between and after procedures is performed according to standards	Not easy to clean the work environment	Improvise a specific ward for SMC theatre	The initial operating room was not easy to clean and maintain infection control and hence team approached the health facility administration to identify another appropriate room for surgical procedures	1
The process of cleaning instruments and other items is performed according to the standards	Instruments kept with antiseptics	Orientation of staff on instrument management (cheatle forceps handling and sterilization)	Staffs were oriented on the use of antiseptics and storage of instruments	1
The process of packing items for sterilisation is performed according to standards	No wrapping of instruments before sterilisation	Requested wrappers for instruments from the hospital administration.	Team placed requests for wrappers for instruments from the hospital administration	1
	No expiry dates on the sterilised packs of instruments	Making of expiry dates on all sterile sets	Following on-site coaching, teams decided to put expiry dates on the sterile sets so as to keep an up-to-date inventory of sets and use the first in and first out rule for use of the sets.	1
The process of sterilisation is performed according to standards	Instruments for sterilization packed in closed position	Orientation of the person's in-charge of sterilization of instruments on the sterilization process.	A meeting was organized and the team members involved in sterilization were oriented on the process of sterilization of instruments.	2
	No sterilization tape	Made requests to NMS for sterilization tape	Team placed requests for sterilization tape for instruments to the hospital administration	1
The storage of	Poor storage	Secured a cupboard for	Team acquired a cupboard	1

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
sterile or high level disinfected items is performed according to the standards	of sterile sets of instruments	storage of sterile sets	from the health facility administration after putting a request for it.	
	Use of drums which are opened frequently rendering the instruments unsterile	Lobbied the IP to provide sterile disposable kits	Team placed requests for disposable kits from the IP	1
Waste is disposed of/handled appropriately	No waste segregation	Had CME on waste management and segregation Started segregation of waste using colour-coded bins Requested for waste bins and bin liners from NMS and IPs	Teams held a team meeting where a technical person oriented the team on the concept of waste management and segregation. The team placed requests for waste bins and bin liners to NMS and IPs. With the bins and bin liners in place the sites started waste segregation	2 5 7
	Sharps containers are overfilled	Made orders for more safety boxes from the hospital stores and NMS	Teams obtained adequate number of safety containers from the hospital stores and NMS after placing request.	2
	No disposal of metallic waste	Requested IPs and ASSIST to identify a company to help with metallic waste disposal Decontaminate the instruments and store them in a box Sale of metallic waste to scrap dealers	Following the on-site coaching, team placed a request to IPs and ASSIST to identify a company which can help with metallic waste disposal. Teams were advised by the coaches to decontaminate and safely store the instruments	1 2 1
	No utility gloves	Facility purchased utility gloves Requisition for utility gloves from the IPs and hospital administration	The team placed request for utility gloves to the health facility administration and IPs.	1 4

Quality standard	Gaps identified	Changes tested to address the gap	How-to guide	No. sites
	No colour-coded bin liners	Requisitioned for bin liners from the hospital administration. Requisition for bin liners from NMS and IPs Improvised with labelled buckets for waste segregation	Teams placed requests for bins to NMS, hospital administration and IPs. Team obtained buckets from the health facility stores and labelled the buckets for waste segregation at the point of waste generation.	2 3 1
	Lack of protective wear like shoes, masks and eye shield	Purchased protective wear Requisition for protective wear from Implementing Partners.	Team placed requisitions for protective wear to the IP	1 1
The system for interim storage is appropriate	There was no interim storage of waste /interim storage area not appropriate	Obtained bins for interim storage of waste Created interim storage rooms	Team placed requests for bins to NMS for interim storage of waste The team identified a room within the health facility for interim storage of waste with the help of the health facility administration	1 2
	No leak proof containers with tight fitting lids	Made requests for leak proof containers from IPs, hospital administration and health sub-district. Health facility purchased leak proof containers	Team placed requisitions for leak proof containers to the IPs, hospital administration and health sub-district	4 1
The facility/SMC clinic ultimately disposes of waste properly	Open pit disposal of waste	On-going discussion between stakeholders for construction of an incinerator		1
	Use of burning for disposal of waste	Liaised with the hospital administration and the municipality authority to have waste collected and taken for incineration at the municipal incinerator.	Team approached the hospital administration on how to dispose of waste	1

Changes Tested – SMC Performance Indicators

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
Proportion of clients counselled and tested for HIV during SMC			
Lack of counselling skills	Ensure that clients are handled by a trained counsellor	Originally the facility would assign the role of counselling to other staff like the theatre assistant, however they changed and resolved to stop task-shifting and only allowed the trained counsellor to do their work	2
No register for group education	Introduced a register for group education Improvise a counter book as a group education register	The team used their allowances to buy a counter book	6 1
Stock outs of testing kits	Timely reporting and ordering of testing kits from NMS Borrowing of testing kits from lower health units	Teams agreed to have timely reporting and ordering of testing kits from NMS so as to avoid stock outs of testing kits and to also borrow from lower health units	5 2
No one to one counselling being done due to lack of space	Made a request to IP for a tent and awaiting feedback	Team approached the IP to provide a tent for counselling since the site was not able to carry out individual counselling due to lack of space	1
Not testing all clients who came for SMC service	Started testing everyone who comes for SMC	Following on-site coaching the team learnt of importance of offering HCT to all clients who come for SMC and hence team decided to start offering HCT to all clients.	2
Lack of HCT register	Improvise a counter book for registration of clients		2
Poor client flow during SMC such that some clients miss out on HCT and go straight to theatre	Orientation of the team on client flow Development of client flow chart	Team re-organized the client flow to ensure that all clients go through HCT before the surgical procedure, since initially some clients would go directly for surgery without	4 4

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
		being offered HCT.	
Poor documentation of the clients who have had HCT	Proper documentation and good record keeping emphasised after QI meeting and on job mentorship	After the QI training by ASSIST, the team formed a QI team which is regularly emphasizing to all staff the importance of complete and correct documentation, carrying out on job mentorship in the use of data tools.	2
Inadequate information given on HCT during mobilisation for SMC services.	Offered sensitisation on HCT during mobilisation Orientation of the SMC team on HCT information given to clients during SMC	Site teams held meetings after on-site coaching to orient all staff on the communication message on HCT to be given to clients during mobilisation services and during SMC.	2 2
Proportion of clients who attend SMC services with partners			
Lack of information about the need for partner involvement	Launched a community sensitisation exercise on partner involvement, use of Village Health Team (VHTs), health assistants, SMC champions, and radio talk shows to do this sensitisation. During mobilisation, the importance of partner involvement is stressed. Integrated outreaches with other female-friendly services e.g., cervical cancer screening, breast examination, antenatal care, testing for malaria, blood pressure check, check for diabetes mellitus, TB screening, and family planning Use of audio-visual materials at the reception area to engage the partners as their spouses are being circumcised Escorting the female clients with other medical conditions	Following the QI training where the teams were introduced to the importance of gender integration in SMC, teams launched a community sensitisation exercise to promote the integration of partners in SMC services through VHTs/Health Assistants/SMC champions and during radio talk shows. Teams have started carrying out integrated outreaches with female-friendly services with the help of other staffs from other departments (e.g., maternity ward, antenatal clinics) to offer these services The team obtained audio-visual materials from the IPs and placed it in the reception area to help disseminate information and educate clients on the importance of	9 6 4 1

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
	to the sites for treatment e.g., for treatment of STIs, hypertension	partner involvement. This has also helped in engaging the partners as their spouses are being circumcised. The team agreed to have all female clients/partners diagnosed with other medical conditions at the SMC service point escorted by the health workers on the team to the various service points of treatment for these conditions	
Low number of partners attending education	Sensitisation of partner involvement and benefits of SMC to female partners/re-packaging the message being communicated	Use of community mobilisers and VHTs to carry out the sensitisation	1
Proportion of clients experiencing adverse events			
No reporting/ documentation of adverse events	Obtained the adverse grading scale and health workers were oriented on its use and how to document	Teams obtained the adverse events grading scale from ASSIST and IPs and held a meeting to orient all members of the teams on the use of this tool and how to document adverse events	4
	Use of caregivers at all stages & peers; involve caregivers at pre/post-operative & follow-up	Initially caregivers of clients were not involved in pre-and post-operative care and follow up, which affected adherence to post-operative instructions resulting in adverse events. Following on-site coaching, the team has started involving care givers at all stages of the SMC service provision to ensure that the clients adhere to the post-operative instructions	1
	Follow-up at 48 hours, 7 days, 6 weeks, and whenever necessary	Team decided to follow the guideline for follow-up for all clients at 48 hours, 7 days, and 6 weeks to ensure that	1

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
		any adverse events occurring are identified as soon as possible during these follow-up visits	
	Advise the use of Vaseline on the glans that had adhesions	Emphasis on the use of Vaseline on the glans penis that may have had physiological adhesions to reduce on the occurrence of infections post-operatively	1
	Give take home written instructions	Team developed written post-operative instructions which are given to clients to take home after the surgical procedure	1
	Treatment of STIs before circumcision	All clients diagnosed with STIs are offered treatment before circumcision	1
	Health education & checking understanding at all stages	Clients are requested to repeat the key messages to check for understanding	1
	Never underscore client's compliant	Create a log for recording all complaints whether mild of severe	1
	Provide an emergency phone number; availability of air time to call back if client tries to call & has no credit on phone	The team agreed to provide all clients with a telephone contact number for the health facility which clients may call in case of any danger symptoms/ adverse events when at home.	1
Poor suturing techniques	Held CME on suturing and mentored staffs who had poor suturing techniques	Team held a meeting to orient all staff on the suturing techniques for the dorsal slit method of circumcision with guidance of the minimum standards of procedure document	1
No grading scale for adverse events	Acquired a grading scale and put it up on display in the theatre	Team acquired adverse events grading scale from ASSIST and IPs and placed it	4

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
		on display for staff	
Inadequate post-operative information giving to clients	Repackaged information to include all information to clients on post-operative wound care	Teams agreed to give information on wound care post-operatively to all clients by developing a list of talking points for post-operative care instructions	2
Lack of trained staff in SMC	Trained staff in SMC	The staffs who were initially offering SMC services were not trained. After training these staffs, the adverse events have decreased. This was done when team approached the IP to have staff trained in SMC	2
No strapping the penis to the lower abdomen	Started strapping the penis to the lower abdomen	Initially the surgical procedure was completed without strapping the penis to the lower abdomen and clients were reporting with haematoma. After strapping the penis to the lower abdomen this has reduced.	3
Proportion of clients who return for follow-up at 48 hours			
No focal point for carrying out follow-up at the health facility	Identification of a focal point for follow up in the Out-patient department	Team identified a place for follow-up at the facility where the clients who return for follow-up are directed and follow-up is done.	1
Clients being transferred to other military departments before follow-up dates	Liaised with administration of the military unit to ensure that circumcised clients are allowed to comeback for follow-up	Team approached the administration of the military unit to allow for circumcised clients who are transferred to other military units to return for follow-up at the health facility where the procedure was done	1
Data not well documented/ updated/no documentation of	Assigned a specific person to update registers accurately Designated a book to capture clients who return for follow up	Following on-site coaching, teams allocated a person from the team to have the responsibility of transferring	3 2

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
follow-up	<p>Created a column in the SMC register to capture clients who come for 48 hour follow-up</p> <p>Orientation of staff on the documentation of follow-up in the client forms and SMC register</p> <p>Obtained data tools from the IPs for documentation</p>	<p>data from the client forms and HCT client forms to the SMC register and HCT register, respectively.</p> <p>Teams obtained a book to capture all clients who return for follow-up at the Out Patient Department and these data are used to update the SMC register.</p>	<p>5</p> <p>3</p> <p>1</p>
No community liaison officer to track the lost-to-follow-up clients	Brought on board the community liaison/linkage officer to help in tracking the lost-to-follow-up clients	The team approached the health facility community liaison/linkage officer who was involved in tracking lost to follow clients on antiretroviral therapy so as to have him track lost-to-follow-up clients from SMC	1
Inadequate information given on follow-up/ wrong information given on follow-up	<p>Repackaged the information on follow up to include removal of the bandage at 48hours and not just to come back only when they have problems as it was before.</p> <p>Use of the VHTs/SMC mobilisers to disseminate information on the importance of follow-up during mobilisation for SMC services in the community.</p> <p>Provision of take home IEC materials for clients</p> <p>Increased the client contact time with the counsellors during group education and individual counselling</p> <p>Emphasis on follow-up during all the service points in SMC</p> <p>Conducted CME on the importance of follow-up and the message of follow-up for all SMC staff</p>	<p>Initially clients were told to come back only when they have problems and now the message is for them to come back for follow-up at 48 hours</p> <p>Clients are given information on follow-up during health education, individual counselling & testing for HIV, surgical procedure, and post-operative health education</p>	<p>23</p> <p>4</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
		<p>airtime.</p> <p>The team has decided to provide toilet paper and polythene bags for wound care to clients who come for follow-up at 48 hours to encourage all circumcised clients to come back for follow-up.</p>	
<p>Clients not given appointment cards with dates for follow-up</p>	<p>Issuing appointment cards with the dates for follow-up to clients</p>	<p>Team obtained appointment cards from the IP and now are issuing clients cards that have the date of appointment for follow-up</p>	<p>2</p>
Proportion of clients who return for follow-up at 7 days			
<p>There was no adequate health education on need for follow-up</p>	<p>Re-packaging messages to emphasise 7 day follow-up during the health education sessions</p> <p>Involved staff at outreaches to review clients at 1 week</p> <p>Use of SMC mobilisers, VHTs, behaviour change agents (BCAs) to give information on follow-up at 7 days</p> <p>Using the partners to remind the clients to return</p>	<p>Initially clients were told to only come back when they have problems but now they are given information on follow-up</p> <p>Teams agreed to involve the staff at health facilities near the outreach sites to carry out follow-up of clients at 7 days and to collect the data on the clients who have been followed up to update our registers.</p> <p>The team has started use of peer educators (who have already been circumcised and have completed follow up) to give health education during pre- and post- operative care</p> <p>Partner involvement in group education and individual counselling is being emphasised at the health facility to ensure that these partners contribute to clients returning for follow-up</p>	<p>10</p> <p>5</p> <p>5</p> <p>3</p>

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
No documentation of follow-up at 7days	Link clients to lower level health units and update records from the lower level units	Documentation of follow-up at 7 days was not initially being done. With on-site coaching, the team started linking clients to lower health units near the outreach sites and have the staff at these units carry out follow-up at 7days and for the team to regularly collect this data from the units	2
	Create a column for 7-day follow-up in the SMC register	The initial SMC register did not have a column to capture follow-up at 7 days and so the team created a column on the register to capture follow-up at 7 days	1
	Started recording clients followed up at 7 days	With on-site coaching, the team learnt to update the client forms of those who come for follow-up at 7 days and transfer data to the registers	4
	Formation of the QI team to regularly review data	The QI team formed regularly reviews data to ensure documentation and improvement of performance	1
Abrupt change of clients' work stations	Liaised with the superiors to remind the clients to come back for follow-up	With the transfer of clients to other work stations especially in the police health facilities, the team approached the supervisors to regularly remind the clients who are circumcised to come for follow-up	1
Clients not coming back thinking that they are Ok at 7 days post-op	Use phone calls for follow-up with clients	Team approached the IP to provide airtime for carrying out follow-up of clients using phone calls and keeping the call log of clients who have been followed up at 7 days using phone calls	1

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
Clients at outreach sites not followed up	<p>Provided transport for clients to and from the outreach sites for 7 days' follow-up</p> <p>Link clients to lower level health units and update records from the lower level units</p>	Transport is offered to clients to and from the site for follow-up after an outreach. This was made possible when the team approached the IP to provide fuel for the health facility vehicle to bring clients to and from the outreach sites for follow-up at 7 days post-operatively	1 1
Proportion of clients who return for follow-up at 6 weeks			
Health workers not providing adequate information on 6 week follow-up	<p>Re-packaging the message being communicated on 6 week follow-up</p> <p>Distribution of condoms at 6 weeks</p> <p>Using partners to remind clients to return</p> <p>Clients are linked to lower level health centres nearer to them to get follow-up at 6 weeks</p>	<p>Clients are told to come back for follow-up at 6 weeks for assessment for complete wound healing, for assessment for readiness to resume sexual activities, to report for condom distribution and to receive counselling on HIV prevention strategies</p> <p>Team has started involving partners/women in SMC activities to promote return of clients at 6 weeks post-operatively</p> <p>Clients are now being referred to lower health facilities near the outreach sites for follow-up at 6 weeks</p>	5 2 1 3
Transfer of clients before follow-up date	Liaised with superiors to facilitate clients to come back for follow-up after 6 weeks	Team has approached the superiors to facilitate clients who are transferred from the duty station (especially from police health facilities) to come back for follow-up at 6 weeks	1

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
Proportion of circumcised clients with documented consent			
Clients below 18 years were not being escorted by parents/guardians	<p>Community sensitisation on age of consent</p> <p>Sensitisation of the heads of the institutions and parents on the importance of escorting minors for SMC services</p> <p>Improvised consent forms for the parents/guardians of the minors to consent on their behalf</p> <p>Postpone surgery until a guardian is available to consent on behalf of the minor</p>	<p>Part of the mobilisation message involved emphasising the age of consent, and the need for minors to be accompanied by a guardian.</p> <p>Team talked with heads of the institutions and the parents to start escorting minors for SMC services so as to sign consent.</p> <p>These improvised consent forms have been developed and the parents/guardians following sensitisation are issued these forms to consent for the minors.</p>	<p>6</p> <p>3</p> <p>2</p> <p>4</p>
Clients going direct for the surgical procedure without going through group education, individual counselling, testing for HIV, and giving informed consent	Re-organisation of the client flow using the client flow chart	Client flow was re-organised using the developed client flow chart to ensure that all clients go through group education, individual counselling, testing for HIV, and giving informed consent.	1
No verification of consent in theatre	Surgeons actively verifying and checking for consent in theatre	Team decided to have the surgeons/circumcisers actively verify and check for complete documentation of consent forms in the operating rooms before any surgical procedure.	6
Inadequate number of staff especially counsellors during outreaches	<p>Team included more counsellors in the SMC team for outreaches to ensure that clients give informed consent.</p> <p>Wrote and displayed staff roles to ensure clarification of roles and responsibilities</p>	In the organisation of outreaches, team decided to always have adequate number of counsellors on the SMC team to ensure that clients give informed consent	<p>1</p> <p>1</p>

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
Stock-out of consent forms	Made requests to the IP to provide consent forms	Team placed requisitions for consent forms from the IP	1
Huge number of clients turning up for SMC services during outreaches	Increased the number of days for outreach activities so that the clients are spread out and documentation of consent is done easily	Initially the team would not have all clients sign consent forms during outreach days due to the high turn-out of clients. After on-site coaching, the team decided to increase the number of days of the outreaches so as to spread out the client attendances and ensure that consent forms are signed by all clients	1
Incomplete filling of consent forms	Used reminders in the counselling rooms and pre-operative assessment rooms for the staff to ensure that consent forms are completely filled. Orientation of staff on the accurate completion of consent forms	The reminders for completion of the consent forms have been developed and placed in the counselling and pre-operative examination room. The team was oriented on the correct and accurate completion of the consent forms.	2 2
Clients under 18 years consenting for themselves	A meeting was held and it was resolved that all minors should not be circumcised without guardians	Team agreed to avoid having minors consent for SMC for themselves but to only go ahead with circumcision of minors who have had their guardians and parents consent for them	1
Health workers consenting on behalf of minors	Orientation of the staff on the importance of having the guardians/parents of the clients consent for the minors and not the health workers	The site team held a meeting and agreed to stop consenting for the minors but to have the guardians and parents of the minors consenting for them	1

Gaps identified	Changes were tested to address the gap	How-to guide	No. of sites
Proportion of clients assessed for STIs			
Lacked client forms for completing after assessment of clients for STIs	Liaised with IPs and acquired data tools required.	Following the baseline assessment, the team approached the IPs and ASSIST to provide client forms for documentation of completed STI assessments	2
Clients being circumcised without STI assessment	Verification of STI assessment before the surgical procedure by the circumcisers	Team decided to have all circumcisers check the client forms for completion of STI assessment before the surgical procedure	1
Hurried history taking and no complete physical (head to toe) examination of clients	Organized staff meeting to orient all staff on complete history taking and examination of clients for STIs	Team held a meeting to educate staff on complete history taking and medical education for STIs.	2
Incomplete forms and poor documentation	Meetings and CME were held on the need to improve documentation	Clients were initially being assessed but document of this was not being done. Team held meetings and oriented all members of the SMC team on the importance of documentation	1
Clients going direct for surgical procedure without being assessed for STIs	Developed a client flow chart to ensure that all clients go through pre-operative assessment for STIs	Teams developed the client follow chart to enable unidirectional follow of clients during SMC services and hence all clients will be assessed for STIs before the surgical procedure	2

List of participating health units

Health Unit	District	Implementing Partner
Kayunga Hospital	Kayunga	Walter Reed
Mukono HCIV	Mukono	
Mobile Van Clinic		
Buyinja HCIV	Namayingo	STAR EC
Nsinze HCIV	Namutumba	
Bugiri Hospital	Bugiri	
Nankandulo HCIV	Kamuli	
Busesa HCIV	Bugiri	
Kamuli Hospital	Kamuli	
Kibuku HCIV	Kibuku	STAR E
Busolwe Hospital	Butalejja	
Budaka HCIV	Budaka	
Lugazi Mehta Hospital	Buikwe	Private Sector
Anaka Hospital	Nwoya	NU-HITES
Kitgum Hospital	Kitgum	
Apac Hospital	Apac	
Murchison Bay Hospital	Kampala	SPEAR
Kibuli PTS clinic	Kampala	
Kuluva Hospital	Arua	IRCU
Kinyara HC III	Masindi	Private Sector
Bombo Military Hospital	Luwero	RTI
4th Division Military Hospital	Gulu	
Gulu Regional Referral Hospital	Gulu	SUSTAIN
Ishaka Adventist Hospital	Bushenyi	IRCU
Mengo Hospital	Kampala	
Mabaale Tea Estate Clinic	Kyenjojo	HIPS
Kabale Regional Hospital	Kabale	SUSTAIN
Masaka Police HCIII	Masaka	SPEAR
Mbarara Military Hospital	Mbarara	RTI
Kabuyanda HCIV	Isingiro	STAR SW
Kisoro Hospital	Kisoro	
Bugangari HCIV	Rukungiri	

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