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ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

CASE STUDY

Collaborative approach to improving the quality of voluntary medical male circumcision services in five districts of Lesotho

Summary

The United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project provides continuous quality improvement (CQI) technical support to six voluntary medical male circumcision (VMMC) sites in five districts of Lesotho. CQI baseline assessments were conducted at the six sites in September 2016, revealing gaps in VMMC service quality and areas requiring improvement to comply with World Health Organization (WHO) quality standards for VMMC. Subsequent to the baseline assessments, the ASSIST Project has been working with the United States President's Emergency Plan for AIDS Relief (PEPFAR) implementing partner, Jhpiego, and the Lesotho Ministry of Health (MoH) to address the gaps identified and improve the quality of VMMC services. CQI technical support comprises onsite coaching and mentoring, training and CQI reassessments. From September 2016 to March 2017, the six sites managed to improve overall average performance from 79.8% at baseline to 91.3% at reassessment.

This case study outlines quality improvement activities undertaken by the six sites to improve VMMC service quality, particularly relating to leadership and planning, management systems and monitoring and evaluation (M&E).

Background

Lesotho adopted voluntary medical male circumcision (VMMC) in 2012 as part of its comprehensive HIV prevention program. Despite HIV awareness efforts, HIV prevalence in Lesotho remains high at 22.7% for Basotho aged 15-49, with a higher prevalence for women aged 15-24 (9.1%) than for men of the same age group (5.1%). *Rola Katiba*, a Sesotho phrase which translates to "take off your hat", is the national slogan and brand used to promote VMMC services in the country. *Rola Katiba* was designed to engage men and women in discussions about VMMC and to increase demand for VMMC services. Free VMMC services are provided in public hospitals and selected private clinics as well as at certain outreach sites associated with health centers across the ten districts of the country. PEPFAR Lesotho is supporting the government of Lesotho to scale up VMMC coverage in five priority districts (with high HIV disease burden and low circumcision rates). The aim is to circumcise 38,737 males aged 15-29 years to attain >80% VMMC saturation in Berea and Maseru districts and 80% VMMC coverage in the remaining priority districts (Leribe, Mafeteng and Mohale's Hoek) by September 2018¹.

As a PEPFAR implementing partner (IP), Jhpiego has been supporting the Lesotho Ministry of Health (MoH) with scaling up VMMC since 2012, providing the following VMMC package of service at several MoH sites:

- VMMC surgery

¹ <https://www.pepfar.gov/documents/organization/257640.pdf>

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- HIV testing services (HTS) and linkage to care and treatment
- VMMC and HIV risk reduction counseling
- Screening for and treatment of sexually transmitted infections (STIs)
- VMMC post-procedure counseling
- Post-procedure follow-up at 48 hours, seven days and six weeks

Improving quality of VMMC services in Lesotho

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, implemented by University Research Co., LLC (URC) is providing continuous quality improvement (CQI) technical assistance to six VMMC sites in five districts of Lesotho. Five of the sites are under the leadership of MoH and one site is a private clinic. All of these sites are supported by Jhpiego in terms of service delivery.

The six sites underwent CQI baseline assessments in September 2016, assessing overall service performance and compliance with World Health Organization (WHO) quality standards for VMMC. Gaps identified were discussed with the sites to develop quality improvement plans. Subsequently, the sites have been categorized to receive the following levels of CQI support: one site is under intensive support (receiving needs-based monthly mentoring and coaching) two sites are under light support (receiving needs-based technical assistance on a quarterly basis to develop overall program-level improvement plans) and three sites are under collaborative support (receiving technical assistance on an annual basis to develop overall program-level improvement plans). CQI support visits were conducted in December 2016, February-March 2017 and August 2017.

Common challenges experienced by the sites include:

- Planning
 - Lack of operational plans indicating resources and budget needs
- Infrastructure and equipment
 - Shortage of essential equipment in the emergency trolley
 - Inadequate ventilation in surgical rooms
 - Limited working space
- Demand generation
 - Projected client targets not being met
- Client follow-up
 - Low seven-day post-operative follow-up
- Documentation and use of data
 - Lack of adverse event forms and standard practices for documenting adverse events
 - Incomplete client records
 - Data not being used for decision-making

Improvement activities to address identified gaps

After receiving feedback on CQI baseline assessment findings, Jhpiego worked with USAID ASSIST and the MoH to address and overcome challenges identified.

Quality improvement (QI) teams have been formed at each site and the teams hold regular meetings to discuss VMMC issues. VMMC is also included in the agenda of the meetings held by clinic committees. In addition, the IP is part of the MoH primary health care (PHC) meetings held every quarter and provides regular updates on the VMMC program.

During mentoring and coaching visits conducted by USAID ASSIST, all sites were supported to apply QI methodology. Site staff have been trained on applying the cause-effect approach (fishbone analysis) to address identified challenges and to use documentation journals to document quality improvement efforts. Sites have also developed action plan matrices with assigned responsibilities and timelines for expected completion of interventions.

The MoH VMMC Coordinator collaborates with the Jhpiego and facility managers to oversee the planning, management and execution of VMMC efforts. Sites also receive the following support from District Health Management Teams (DHMTs):

- In an effort to improve demand generation, DHMTs provided sites with catchment area maps and estimated population sizes
- Infrastructure improvement
- Supply of drugs and commodities

VMMC providers at the six sites were trained in CQI training by USAID ASSIST in September 2016 and received a data management training led by Jhpiego in October 2016.

The support of USAID ASSIST, Jhpiego, and MoH has resulted in sites achieving the following:

Planning

- The QI teams have developed demand creation plans that are included in site operational plans to improve demand for services.

Demand generation

- Mobilizers have been recruited to increase demand for VMMC services. “Hot spot” areas identified for recruiting clients include sports clubs, taxi ranks/bus stations and community gatherings arranged by local chiefs. Occasions such as harvest or ploughing periods are also targeted for demand creation campaigns.
- VMMC outreach campaigns targeting “herd boys” aged 15-49 years have been scheduled by the sites. Herd boys are boys or men who take care of livestock such as cattle, goats and sheep as an occupation. For most of the year, herd boys roam with their livestock and have limited access to health care services. Through the outreach campaigns, herd boys receive VMMC services including HTS and linkage to care, VMMC post-operative care, HIV risk reduction counseling and STI screening in rural areas where they work.

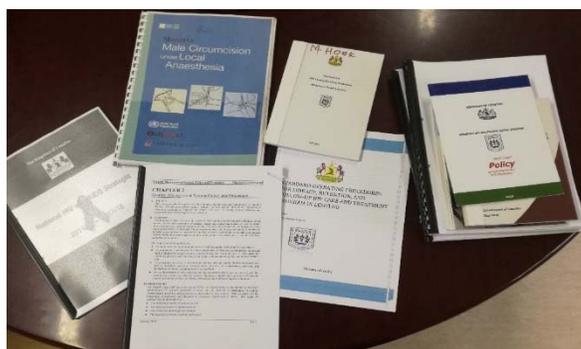
Client follow-up

Some of the sites are addressing low seven-day post-operative follow-up by implementing tested changes such as:

- Phone call reminders to clients about scheduled follow-up appointments.
- Issuing of appointment cards to clients including those referred to health centers.
- Physical tracking of clients by mobilizers.
- Reinforcing messages and handing out IEC materials to clients about the importance of follow-ups.
- Provision of transport reimbursement to clients.

Documentation and use of data

- Collection of data on all important indicators on a monthly basis, using the monthly data summary tool. Sites are successfully collecting data on:



- Number of males circumcised by age group
 - VMMC clients counseled and tested for HIV
 - Number of clients linked to HIV care and treatment
 - Number of clients circumcised returning for follow up visits within six weeks of MMC procedure
 - Number of circumcised clients who experience adverse events
- Use of a standardized adverse event (AE) form: The AE form has been developed and it is used alongside the client record to document AEs. The form is in use at all six sites.
 - Expansion of the quality assessment tool used by sites during site level evaluations to include leadership and planning and management systems to regularly measure and monitor site improvement on the service standards.
 - A monthly summary reporting book, filled in by site teams has been developed by MoH and IP to improve data analysis and reporting on VMMC.

Collaborating with an implementing partner

Since inception of VMMC in 2012, Jhpiego and the MoH have collaborated closely to scale up the program. The two parties have maintained constant interaction and communication, including regular meetings to discuss VMMC program progress, challenges and achievements. MoH has a dedicated VMMC focal person who actively works with Jhpiego to ensure smooth running of services at the six supported sites.

When ASSIST joined in to support MoH and Jhpiego with CQI, establishing a working relationship and attaining buy-in was achieved through approaching MoH management at national headquarters. The objectives of ASSIST CQI support to the VMMC program were discussed and the relationship established was fruitful as MoH and Jhpiego enthusiastically adopted CQI. Feedback sessions/presentations post VMMC CQI assessments to MoH management at national level were highly valued, as management is able to engage ASSIST and Jhpiego in discussions related to VMMC progress and way forward is mapped and agreed upon by all stakeholders. The joint effort has led to successful implementation of CQI methodologies in VMMC and significant improvement in VMMC service provision.

Where sites were lacking necessary supplies and equipment, Jhpiego promptly responded to requests. Examples include development and distribution of IEC materials and procurement of containers for human tissue disposal for all sites.

Results and Lessons Learned

Introduction of CQI in VMMC in Lesotho has led to noticeable improvements in service quality of the supported sites. The formation of QI teams in the six sites has led to Facility Managers of some of the sites joining the teams and participating in QI meetings. Some of the QI teams have started using the data collected to inform progress in service performance and some sites have assigned rotational responsibilities to QI members to regularly verify client records as a way of improving consistent and thorough completion of records.

The dashboards below show results of the CQI baseline in and the reassessment in March 2017. Notably, all of the sites have improved greatly, from an overall average performance of 79.8% at baseline to 91.3% at reassessment. Initially, most of the sites scored below 49% for leadership and planning with an average of 40.4%, requiring immediate intervention for this quality standard. Most of the sites scored between 50-79% for management systems and monitoring and evaluation (M&E), needing improvement as well. The rest of the quality standards had scores ranging from 50-79% and >80% with the exception of one site categorized red under infection prevention and control. Although for some quality standards, sites met expectation, CQI support is needed for improvement and maintaining good efforts. Reassessment results show most of the sites improving their scores, moving from red to yellow/green and from yellow to green, particularly leadership and planning, management systems and M&E.

Figure 1. CQI baseline and reassessment results at six sites, Sept 2016 and March 2017

Site	Baseline assessment (September, 2016)										Reassessment (March, 2017)									
	Leadership and Planning	Management systems	Monitoring and Evaluation	Group education and IEC	Individual counseling and HIV testing	Infrastructure, equipment and environment	Circumcision surgical procedure	Circumcision prepex procedure	Infection prevention and control	Average	Leadership and Planning	Management systems	Monitoring and Evaluation	Group education and IEC	Individual counseling and HIV testing	Infrastructure, equipment and environment	Circumcision surgical procedure	Infection prevention and control	Average	
Site 1	49.1	67.4	74.7	93.8	78.6	72.7	85.6	88.5	57.2	74.2	55.6	87.7	80.0	97.2	95.3	92.6	89.7	87.5	85.7	
Site 2	23.3	76.9	63.3	98.1	82.5	91.7	97.0	96.2	96.7	80.6	72.2	91.4	80.0	100.0	95.0	92.6	93.6	90.7	89.4	
Site 3	50.7	77.2	82.9	100.0	91.4	89.4	91.0		82.4	83.1	96.3	91.9	93.8	83.3	91.2	97.2	89.7	98.8	92.8	
Site 4	36.7	79.4	67.1	68.0	84.3	96.1	84.3	98.1	90.3	78.3	96.3	93.6	88.0	100.0	86.1	95.7	78.4	100.0	92.3	
Site 5	54.9	80.9	77.5	98.1	89.3	92.4	90.6	93.6	92.8	85.6	96.3	96.3	99.6	100.0	98.7	100.0	97.4	95.9	98.0	
Site 6	27.5	73.7	62.1	91.7	58.9	90.0	93.3	90.0	95.4	75.8	96.3	94.4	96.7	86.7	66.6	94.1	83.5	98.1	89.6	
Average	40.4	75.9	71.3	91.6	80.8	88.7	90.3	93.3	85.8	79.8	85.5	92.6	89.7	94.5	88.8	95.4	88.7	95.2	91.3	

Key 1	≥85%	70-84%	<70%
	Good	Fair	Poor
Surgical procedure and infection prevention			

Key 2	≥80%	50-79%	<50%
	Good	Fair	Poor
Other quality standards			

Benefits of continuous quality improvement

- Introduction of CQI in VMMC has strengthened the relationship between MoH and the IP. There is frequent communication to discuss VMMC issues and support is provided where needed. CQI has helped sites recognize the importance of MoH involvement in sustaining the program.
- CQI has enabled QI teams to be independent and competent to develop strategies that work for them.
- Service delivery has remarkably improved. The use of CQI tools has aided in developing means to reducing AEs and increasing post-operative follow-ups.
- VMMC program has been recognized by facility managers as one of the best performing programs because of service quality.
- Sites have gained an understanding of the importance of analyzing data to inform progress and decision making.

Next steps

The QI teams in the six sites are committed to continue implementing activities in their sites to address challenges they are faced with and to achieve improvement objectives. The IP is working with the teams to revise site plans to include operational budgets specific to the sites. The QI teams also plan to document good practices to inform program progress and for shared learning platforms.

Additional recommendations for sites and partners as they continue implementing CQI in VMMC and complying with WHO quality standards, it is recommended that:

- Development of a referral protocol or standard operating procedures to guide sites on the referral of clients to HIV treatment, care and support services.
- Emergency trolley at all the sites to be fully equipped as per WHO standards.
- Sites consistently follow policies on human tissue disposal.
- Sites that have initiated quarterly assessments to monitor VMMC progress to continue to do so and share best practices.
- The DHMT strengthen supervisory support at the site level.
- QI teams make use of e-learning platforms, for example the VMMC Online Training Hub, to refresh skills and expand knowledge on CQI and VMMC.
- VMMC integration with other health care programs be strengthened at the sites.



3. Quality improvement team meetings at two sites.

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