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ASSIST Technical Assistance to CSOs for VMMC Improvement Activities in Uganda: The Case of TASO Gulu

Summary

Between October 2017 and September 2018, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project provided above-site technical support to the Ministry of Health, implementing partners (IPs), and civil society organization (CSOs) in Uganda to build their capacity to identify and address gaps in the quality of Voluntary Medical Male Circumcision (VMMC) services. ASSIST's focus on CSOs rather than health facilities was motivated by a need to explore new ways to increase access, quality, and utilization of VMMC care services and to promote sustainability for VMMC improvement activities in Uganda. ASSIST supported the CSOs to identify gaps related to compliance with national VMMC quality standards and identify changes to test to address these gaps using the change packages developed based on ASSIST's earlier work with health facilities in Uganda. This short report describes the support ASSIST provided to the CSO TASO Gulu. Following the implementation of quality improvement activities, the CSO registered improvements in data quality including seven-day post circumcision patient follow-up, documentation of consent, and Tetanus Toxoid administration as well as in compliance with Safe Male Circumcision quality standards like infection control, monitoring and evaluation, surgical procedure, group education, management system, supplies, equipment, and environment, and individual/couple counseling.

Background

Available data has established a strong correlation between low HIV prevalence and high male circumcision prevalence. Research has also indicated that male circumcision reduces the risk of HIV acquisition by men through heterosexual intercourse. Specifically, randomized controlled trials in South Africa, Kenya, and Uganda demonstrated a nearly 60 percent reduction in the risk of HIV transmission among men from 15 to 49 years old who became circumcised. Based on evidence from these studies, the World Health Organization and the Joint United Nations Programme on HIV and AIDS (UNAIDS) adopted VMMC as an additional intervention for HIV prevention in 2007, recommending that countries with high HIV prevalence and low levels of male circumcision prioritize VMMC in their HIV prevention portfolios.

In 2010, the Ugandan Ministry of Health passed the National Policy on Safe Male Circumcision (SMC) to circumcise 80% (4.2 million) of all uncircumcised men of age 15-49 years by the end of 2015. This policy was in line with the goal set by the World Health Organization and UNAIDS to conduct over 20 million circumcisions to avert more than 3 million new HIV infections by 2015; an additional 8.4 million VMMC procedures would be required to meet 2025 targets of 80% coverage. The Uganda policy promoted wide scale-up of VMMC activities in the country, mainly offered as a package of health and HIV prevention interventions that included: health education, provider-initiated HIV testing and counseling, assessment and treatment for sexually transmitted infections, age-appropriate counseling on risk reduction, post-

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operative wound care, provision and promotion of condoms, and proactive linkage to HIV care and treatment services for HIV-positive men.

In October 2017, ASSIST switched its focus from support to Ministry of Health (MoH) facilities to civil society organizations (CSOs). From October 2017 to May 2018, ASSIST provided above-site technical support to the Ministry of Health, implementing partners (IPs), and CSOs to build their capacity to identify and address gaps in the quality of VMMC services. ASSIST's focus on CSOs rather than health facilities was motivated by a need to explore new ways to increase access, quality and utilization of VMMC care services and to promote sustainability for VMMC improvement activities in Uganda. CSOs sub-granted by USAID implementing partners provide comprehensive HIV care and treatment services including HIV counseling and testing. As part of the USAID ASSIST support to USAID-funded IPs, all IPs were asked to identify CSOs for the implementation of VMMC quality improvement activities. Six CSOs were identified by three of the seven IPs. These CSOs provided VMMC services through static (on-site) and outreach (off-site) approaches. ASSIST supported the CSOs to identify gaps related to compliance with national VMMC quality standards and identify changes to test to address these gaps using the change packages developed based on ASSIST's earlier work with health facilities in Uganda.

AIDS Support Organization (TASO) Gulu, a local organization which focuses on HIV prevention and services for people living with HIV/AIDS in Gulu, was one of the CSOs that benefited from ASSIST support. This report describes the quality improvement approach implemented by TASO Gulu with support from the USAID ASSIST Project along with changes in key VMMC indicators that resulted from these activities. An original objective was to also assess the costs associated with these activities. However, accounting records did not capture which expenses were specifically associated with CSOs, so the costing exercise could be carried out.

Baseline Situation

TASO Gulu lacked quality improvement teams prior to the quality improvement intervention but had a dedicated VMMC team whose function was to carry out VMMC outreach and static activities. The team met regularly to discuss staffing, accommodation issues, and mobilization of clients but did not address quality standards or gaps from previous activities. VMMC data was collected at the end of the month and entered in the database. The VMMC team had no access to the data and did not use data to inform their clinic processes or to identify gaps for improvement. In addition, data quality was poor. There were no standard client data collection tools—each site and IP had developed their own tools, most of which lacked key data elements. There were also no standard operating registers, and this greatly affected data quality.

Management systems were a challenge because VMMC standards required the presence of functional improvement teams. Efficient management systems also required: VMMC work plans and adequately trained staff.

Quality Improvement Intervention

The quality improvement approach for VMMC relied on coaching from ASSIST to assess overall service performance and compliance with quality standards for VMMC and to provide needs-based routine monitoring and improvement support. Gaps identified were discussed with the CSOs to guide the development of quality improvement plans. CSO staff were trained to apply cause-effect analysis to address identified challenges and to use documentation journals to document quality improvement activities. CSOs developed action plan matrices with assigned responsibilities and timelines for expected completion of interventions. Support visits from ASSIST were conducted between November 2017 and May 2018. CSO clinical and program teams implemented quality improvement plans based on several identified challenges. The initial strategy focused on post-operative assessment and management. ASSIST and CSOs maintained constant interaction and communication, including regular meetings to discuss VMMC program progress, challenges, and achievements.

A QI team was formed during the initial coaching visit and team members were assigned responsibilities to oversee the different processes for VMMC service delivery in TASO Gulu. The team was composed of the chairperson who was also the team leader for VMMC, a counselor, a laboratory technician, a vaccinator, a surgeon, a cleaner, a data person, and a community mobiliser. The team held monthly meetings to review data, synthesize clients' feedback, and complete the documentation journals and the assessment tools. The QI team also monitored the site's compliance with quality standards.

Gap analysis: The ASSIST coach provided support to the QI team to assess each of the seven VMMC quality standards: management systems; supplies, equipment, and environment; registration, group education, and information, education, and communication; individual counseling and HIV testing for male circumcision clients; male circumcision surgical procedure; monitoring and evaluation; and infection prevention. Each of the quality standards were assessed using the MoH assessment tool.

Fishbone diagrams, root cause analysis, and the 5 'whys' were used to identify gaps and the underlying cause of gaps. In addition, a client feedback questionnaire was designed and administered to all clients to assess their satisfaction with services, identify gaps in service delivery, and elicit solutions to improve services. The combined approaches were used to generate data that was synthesized during QI team meetings to inform the next course of improvement actions.

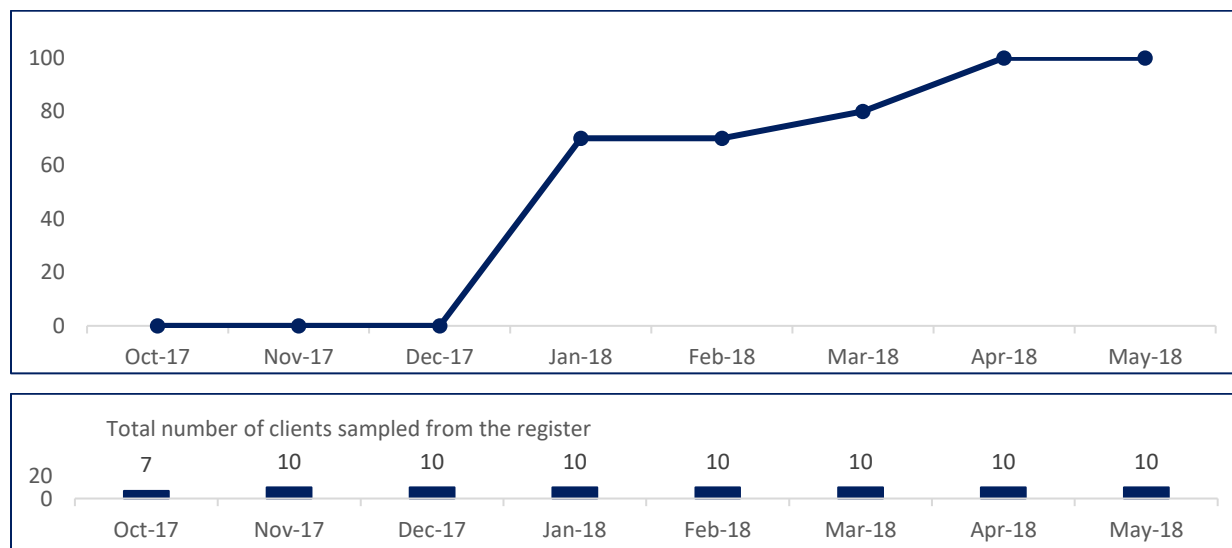
Choosing a change to test: The choice of a change to test to address gaps for VMMC was based on underlying gaps. The QI team used Pareto analysis to prioritize the causes of the problems and to come up with changes to test to address the gaps. The team mostly used brainstorming to suggest key changes to test with support from the coach.

Changes tested: The worst performing area was data quality which was not surprising due to the lack of standard client data collection tools. Part of the QI intervention was to develop standard tools and orient QI teams on the use of these tools. Key quality indicators, such as documentation of consent and recording of type and grade of adverse events, which had not previously been tracked, were now measured, and QI teams were able to track their performance on these indicators and test changes to improve processes where necessary.

Results

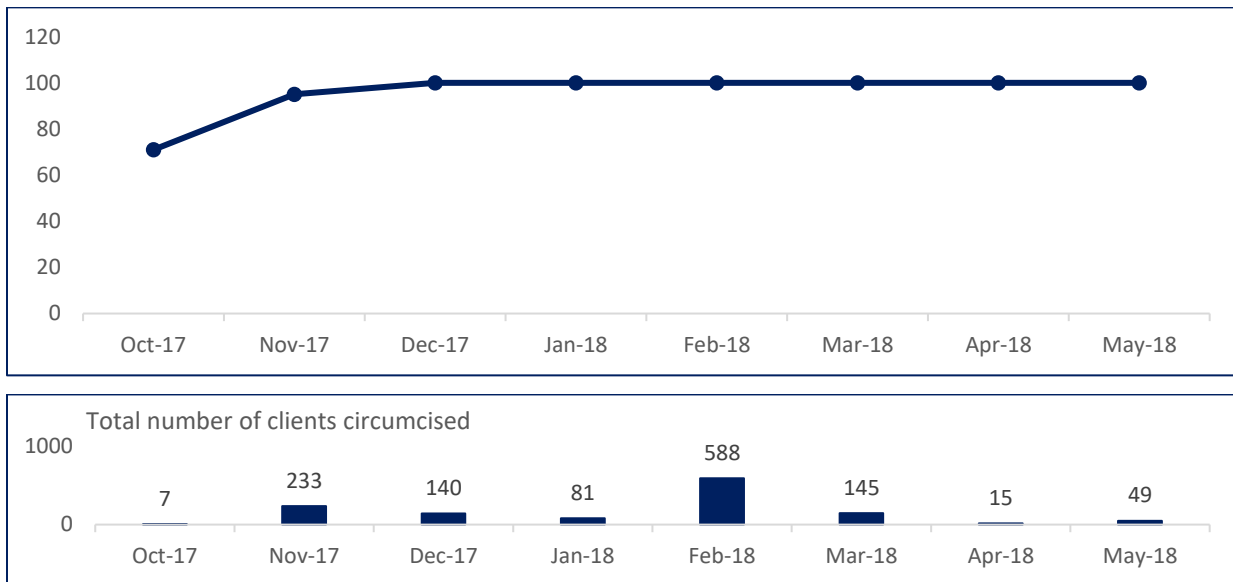
Improved data quality: The orientation of teams improved completeness and correctness of client records in VMMC client forms and registers (**Figure 1**). The data quality improved from 0% at baseline (Oct 2017) to 100% by May 2018.

Figure 1: Percentage of clients with their details completely filled out in the VMMC register



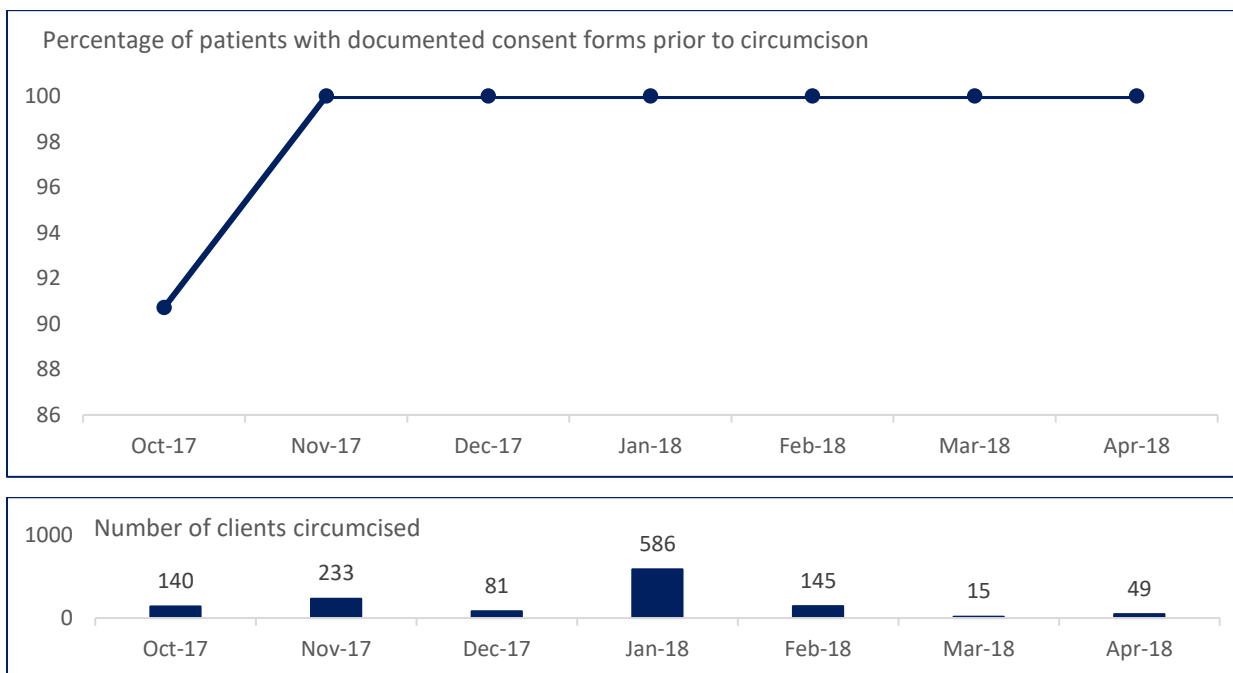
Improved client follow-up: The percentage of clients who returned for a follow-up visit within seven days following SMC improved from less than 75% in Oct 2017 to 100% by May 2018. Prior to the intervention, clients would be informed to return only if they had problems. A change introduced was to tell clients to return to the site for bandage removal, which also provided an opportunity for the site staff to address and prevent adverse events. Improvements in seven-day follow-up are shown in **Figure 2**.

Figure 2: Percentage of clients who returned for a follow-up visit within seven days



Improved documentation of consent: The proportion of clients with documented consent prior to circumcision improved from 91% in October 2017 to 100% in November and remained stable thereafter. The challenge of minors consenting, the biggest gap at baseline, was eliminated. Improvements in the documentation of consent are shown in **Figure 3**.

Figure 3: Percentage of clients with documented consent prior to circumcision



Improved documentation of TT: Although all clients received tetanus toxoid before circumcision, there were documentation gaps which improved over time

Improved SMC quality standards: There was a general improvement in compliance with SMC quality standards, like infection control, monitoring and evaluation, surgical procedure, group education, management system, supplies, equipment and environment and individual/ couple counseling.

Conclusion and Lessons Learned

The experience of ASSIST's support to TASO-Gulu shows that it is possible for a CSO to improve the quality of medical male circumcision using a quality improvement approach, particularly when improvements are initiated and implemented by the implementer of the VMMC activity itself--the CSO itself. Health workers often have solutions to most of the gaps they have in service delivery but do need guidance for the implementation of improvement approaches work through coaching.

Lessons learned from the implementation of the TASO-Gulu VMMC improvement intervention include:

- The formation of QI teams changed providers' perception of data use as QI teams started using the data collected to inform progress in service performance and QI team members were assigned rotational responsibilities to regularly check clients' records as a way of improving consistent and thorough completion of records.
- Quality improvement enabled QI teams to be independent and have the skills to identify gaps, generate changes to test, and monitor improvements.
- Having a coach to support the CSO helps keep track of the improvement plans and to address remaining gaps until the team is self-sustaining.
- Plans to implement VMMC QI efforts should allow flexibility to address emerging gaps.
- Easy to use and informative tools, such as root cause analysis as key to enable local staff to understand improvement.

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