

Voluntary Medical Male Circumcision (VMMC)

Site Characteristics and M&E Systems Tool

Data Quality Assessment (DQA)

Site Name: _____ **Reviewer's Name:** _____ **Date:** _____

This tool is divided into two sections. The first section covers the characteristics of sites where VMMC services are being offered. The second part of the tool covers the availability of resources required for data management and audits the correlation between client files, registers and DHIS reports.

Please provide all information requested.

Section A: Site Characteristics

Q1. Province:

Q2. District:

Q3. Sub-district:

Q4. Site Manager Name:

Q5.1. Site/Facility Structure (Check one with an **X**)

Fixed/static

Mobile

Outreach

Q5.2. Site/Facility Structure (Check one with an **X**)

Public

Private/GP

Other

Q6. If Mobile, Outreach, GP or other in Q5, Name of Facility which site is attached:

Q7. Type of Service Delivery (Check one with an **X**)

Routine

Campaign

Don't Know

Q8. When did this site begin performing VMMCs? (Please include the date)

Q9. At this site, which days of the week are VMMC services currently being performed? (check all that apply with an **X**)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Q10. At this site, how many hours are VMMC services currently being performed each day? (Please fill each blank; write "0" if no services are provided that day.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Q11. At this site, what is the approximate number of VMMCs performed each day? (Please fill each blank; write "0" if no services are provided that day.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

	Sunday	
Q11. At this site, what age groups are provided VMMCs? (Check all that apply with an X.)	< 61 days	
	61 days – 9 yrs	
	10 – 14 years	
	15 – 19 years	
	20 – 24 years	
	25 – 49 years	
	50+ years	
Q12. Does this facility circumcise men who are HIV-positive? (check one with an X)	Yes	
	No	
	Don't know	
Q13. Does this facility circumcise men with an unknown HIV status? (check one with an X)	Yes	
	No	
	Don't know	
Q14. Is ketamine or any other type of general anaesthesia or sedative used for elective male circumcision at this site? (check one with an X)	Yes	
	No	
	Don't know	
Q15. For clients testing HIV-positive, are HIV care and treatment services available locally (within 10 kilometres)? (check one with an X)	Yes	
	No	
	Don't know	
Q16. If YES, are services available on-site (same medical campus as the VMMC facility) and/or off-site? (check all that apply with an X)	On-site	
	Off-site	
	Don't know	
Q17. If off-site, how many kilometres away?		
Q18. How does the VMMC staff at this site confirm linkage to HIV care and treatment services? (check all that apply with an X)	Confirm with clinic	
	Confirm with client	
	Referral card at clinic	
	Other	
Q19. Where is the referral for HIV positive clients linkage documented? (check all that apply with an X)	Logbook	
	HTC Register	
	VMMC Register	
	Other	
	Not Documented	
Q20. Are summary reports for VMMC service statistics available for on-site review? (check one with an X)	Yes	
	No	
Q21. Does the site use NDOH branded clinical records? (check one with an X)	Yes	
	No	
Q 22. Are the records the latest approved version?	Yes	
	No	
Q 23. Does the site use the approved National MMC Register	Yes	
	No	
Q21. If no reports are available, please explain why not.		

Section B: M&E Systems and Data Correlation

Q22. Is there a person dedicated for registering clients, opening client records and filing them?	Yes	
	No	
Q23. Does the site capture on DHIS?	Yes	
	No	
Q24. If No for Q23, does the site report monthly summary sheets?	Yes	
	No	
Q25. Is there a Senior Manager that verifies and approves the data prior to reporting to the district?	Yes	
	No	
Q26. Does the site file client records by month?	Yes	
	No	

Q27. *The reviewer will need to have the DHIS extract containing 12 months of monthly Data for Medical male circumcisions and the MMC registers where the circumcisions were recorded for the same time period. The reviewer, assisted by the staff member responsible for data for the site will need to review the DHIS output against the Monthly input form, the MMC Register and the client files for each of the 12 months and complete the table below:*

	1	2	3	4	5	6	7	8	9	10	11	12
Month:												
Year:												
DHIS output												
Monthly Summary Sheet												
MMC Register												
Number of files on site												

Q28. Does the facility have an adverse event register?		
Q28. Does the facility have an adverse event register?	Yes	
	No	
Q29. Have any Adverse events been recorded in the past 12 Months?		
Q29. Have any Adverse events been recorded in the past 12 Months?	Yes	
	No	
Q30. Is the outcome of the Adverse event recorded?		
Q30. Is the outcome of the Adverse event recorded?	Yes	
	No	
Q31. Have there been any Notifiable Adverse events recorded over the past 12 months?		
Q31. Have there been any Notifiable Adverse events recorded over the past 12 months?	Yes	
	No	
Q32. If yes to Q31, is there any evidence that these events have been reported to the district?		
Q32. If yes to Q31, is there any evidence that these events have been reported to the district?	Yes	
	No	
Q33. Is the site using the Patient Safety Incidence (PSI) reporting system?		
Q33. Is the site using the Patient Safety Incidence (PSI) reporting system?	Yes	
	No	
Q34. If yes to Q33, have the Adverse events been reported on the PSI?		
Q34. If yes to Q33, have the Adverse events been reported on the PSI?	Yes	
	No	
Additional Comments/Notes:		

