

Improving Quality of and Access to Voluntary Medical Male Circumcision Services for HIV Prevention Among Men Ages 15-49 in Uganda

The 5-year USAID-funded *Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN)* project, which began in June 2010, aims to support delivery of and enhance the quality of HIV prevention, care and treatment, TB and laboratory services in selected public hospitals and to support increased stewardship by the Ministry of Health (MOH) to sustain the delivery and quality of these services within the public healthcare system. Voluntary Medical Male Circumcision (VMMC) is a critical component of the HIV prevention services supported by USAID/SUSTAIN.

HIV prevalence in Uganda is higher among uncircumcised men (6.7%) than men who are circumcised (4.5%). But currently, only an estimated 27% of Ugandan men between age 15 and 49 are circumcised (UDHS 2011). The Uganda MOH implements safe medical male circumcision as one of the various biomedical interventions for reducing transmission of HIV infection. In April 2013, USAID/SUSTAIN began supporting 12 regional referral and 6 general hospitals to implement VMMC as per the Ministry policy and operational guidelines. 20,825 men were circumcised at 16 hospitals, from April–Sept. 2013. During 2014, the project aims to support 14 hospitals to circumcise up to 40,000 clients.

The Quality Improvement Approach

USAID/SUSTAIN uses Quality Improvement (QI) approaches to improve the effectiveness, efficiency, and safety of service delivery processes and systems, as well as the performance of VMMC teams in delivering services.

Together with the USAID ASSIST project, three hospitals teams (Kabale, Fort Portal, and Gulu Regional Referral Hospitals) are being continuously mentored to support effective application of quality standards through QI, as per MOH guidelines. USAID/SUSTAIN also continues to conduct supportive supervision and coaching at the rest of the hospitals, at least once every two months.

Baseline and recent scores in seven key quality standards areas for the three hospitals show significant improvement in only six months.

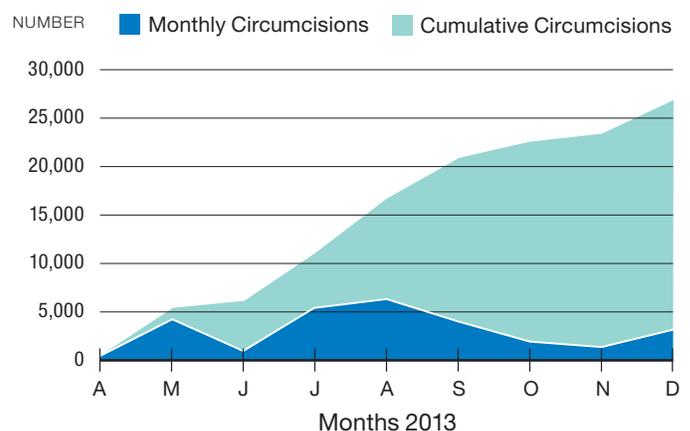
Baseline and recent scores in seven key quality standards areas for the three hospitals, Kabale, Fort Portal and Gulu

Hospital	Month	Management systems	Supplies, equipment & environment	Registration group education and IEC	Individual counseling & HIV testing	Male circumcision surgical procedure	Monitoring & evaluation	Infection prevention
Kabale	Baseline	33	25	0	NA	NA	0	64
	Sept'13	80	50	67	67	80	77	75
Fort Portal	Baseline	25	33	0	NA	NA	NA	70
	Oct'13	100	83	100	80	83	100	92
Gulu	Baseline	20	50	50	NA	NA	0	33
	Oct'13	90	100	100	83	100	92	93

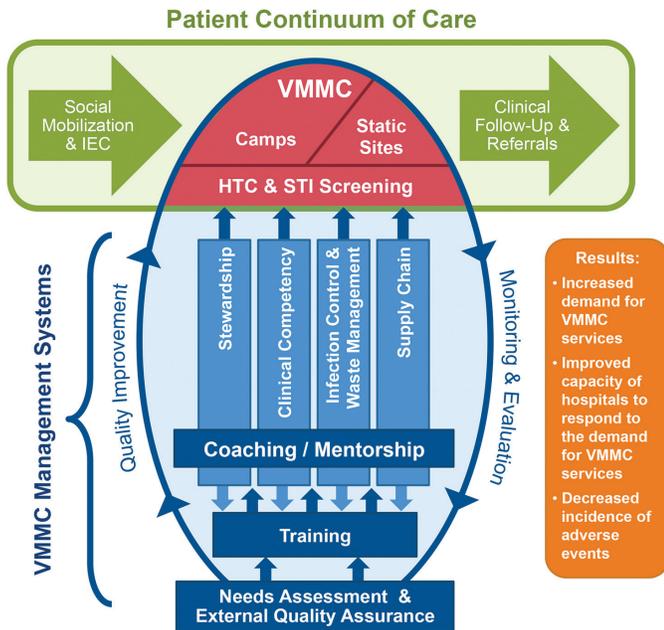
Score: (80%+: Good); (50%-<80%: Fair); (<50%: Poor); (NA: Not assessed)

Circumcisions Conducted

April – December 2013



The USAID/SUSTAIN VMMC Model



Supply Chain: In addition to WM materials, hospitals were supplied with HIV testing kits, surgical supplies and other necessary equipment.

As part of USAID/SUSTAIN's Quality Improvement approach, the project provides on-site support for implementing quality standards through **coaching and mentoring**.

Each client is offered **HIV testing and counselling** before surgery. Individuals who test positive are linked to HIV care and treatment services within the same healthcare facility.

VMMC services are provided within hospitals on a routine basis (**static sites**) and during multi-day **camps** at the same hospitals and/or their outreach sites.

Social mobilization efforts increase awareness about and demand for VMMC services, through activities like radio announcements, health education materials and community dialogue meetings. Post-operatively, clients are given cards for **follow-up** appointments that include contact information in case they experience any problems.

The VMMC Package of Services

USAID/SUSTAIN implements VMMC as a package of services that includes health education, HIV prevention messaging, HIV testing and counselling (HTC), screening for and treatment of sexually transmitted infections (STIs), circumcision, and referral for other healthcare services.

A **needs assessment** was conducted at 18 hospitals to establish their readiness for provision of VMMC services. The assessment covered management systems, supplies, equipment, records management, infection prevention and waste management (WM).

Three VMMC **trainings** were conducted in 2013 to equip service provider teams with the required skills to deliver VMMC services at their respective hospitals. Each team includes a circumciser, a circumcision assistant and a counselor.

Stewardship: Each hospital developed a work plan and budget for VMMC services, defining their annual and monthly targets. Hospital managers selected a VMMC focal person and personnel to be trained to deliver services.

Clinical competency: Hospital-based specialists and consultant surgeons supervise the services on day-to-day basis, and remain on call to manage adverse events.

During the VMMC trainings, circumcision teams were oriented on **infection control and waste management (WM)**. WM materials were supplied to each hospital and are routinely used during circumcision activities.

Management of Adverse Events (AEs)

Of the 20,825 circumcised clients from April-September 2013, 256 (1.2%) experienced adverse events (239 moderate and 17 severe, including excessive bleeding and swelling), all of which were successfully managed. AE rates progressively declined from May to September 2013, due to training on emergency resuscitation, technical support supervision; provision of essential supplies and improving client follow-up through referrals, telephone reminders and giving more appropriate messages during health education about warning signs for adverse events and the importance of keeping post-operative appointments.

Percentage of Adverse Events

April – September 2013

