The Ministry of Health (MOH) of Uganda has implemented voluntary medical male circumcision (VMMC) as part of its HIV prevention strategy since 2010 with support from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and its partners. In 2012, two PEPFAR-led external quality assessments found serious gaps in performance to minimum VMMC quality standards in a number of sites. In response, PEPFAR asked the USAID ASSIST Project to provide support in quality improvement to the MOH and implementing partners to improve quality and safety in VMMC services and build capacity of MOH staff to continuously improve VMMC service quality.

This article describes the initial work with 30 sites across Uganda to identify barriers in achieving national standards, identify possible solutions to overcome the barriers, and carry out improvement plans to test these changes, while collecting performance data to objectively measure whether they had bridged gaps.

A 53-indicator quality assessment tool adapted by the MOH based on the WHO VMMC Quality Toolkit was used by teams as a management tool to measure progress across seven standards areas. Teams also measured client-level indicators through self-assessment of client records. The article describes how the 30 site-level teams achieved large improvements in compliance with VMMC standards within one year of the starting the improvement effort.

**HIV and AIDS [2]**

**Male Circumcision [3]**

**Countries: Uganda [4]**

**Report Author(s):** John Byabagambi | Pamela Marks | Humphrey Megere | Esther Karamagi | Sarah Byakika | Alex Opio | Jacqueline Calnan | Emmanuel Njeuhmeli

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