Improving voluntary medical male circumcision standards adherence and post-procedure follow-up in Uganda: A mixed methods study

Voluntary medical male circumcision (VMMC) has been demonstrated to reduce the transmission of HIV by 60% from HIV-positive women to HIV-negative men. Scaling up VMMC services requires that they be of high quality, socially accepted, and effective.

ASSIST evaluated an intervention aimed at improving VMMC standards adherence and patient follow-up rates in nine facilities in Uganda. We also qualitatively explored why some men return for follow-up care and others do not.

The completeness and quality of clinical documentation was poor at baseline, but significantly improved at endline. We observed significant improvements in management systems; supplies, equipment, and environment; and monitoring and evaluation. Due to the volume of missing data, results were less clear for registration, group education, and information, education and communication; individual counselling and HIV testing; and infection prevention. Significant improvements were also observed in follow-up rates at 48 hours and 7 days, and 6 weeks.

Interviews revealed the importance of peers, including female partners, in deciding to get circumcised and in seeking follow-up care. Among the men who did not return for follow-up services, most reported they had no problems and did not see it as necessary. For those who did have mild or moderate adverse events, follow-up care was often sought at a facility closer to the patients’ home rather than the circumcising facility. However, information systems were unable to capture this. Applying improvement approaches to VMMC services can promote improved standards adherence and follow-up rates and should be integrated into scale-up plans.

Read the full article in the African Journal of AIDS Research [2].

HIV and AIDS [3]
Male Circumcision [4]
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Countries: Uganda [6]
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