The cost-effectiveness of three methods of disseminating information to improve medical male circumcision in Uganda

Uganda is working to increase voluntary medical male circumcision (VMMC) to prevent HIV infection. ASSIST has been supporting efforts in Uganda to ensure provision of high-quality, patient-centered VMMC services.

This study compares three methods of disseminating information to facilities on how to improve VMMC quality:

1. providing a written manual
2. providing the manual plus a handover meeting in which clinicians shared advice on implementing key changes and participated in group discussion; and
3. manual, handover meeting, and three site visits to the facility in which a coach provided individualized guidance and mentoring on improvement.

We analyzed the effect each method had on quality of care. Health workers in facilities that received the VMMC improvement manual and participated in the handover meeting and received coaching visits (method #3) showed more improvement in provision of quality VMMC services than those in the other two intervention groups. Simply giving health workers a written manual was the cheapest intervention — but was also the least effective in achieving improvements.

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