Since 2007, the World Health Organization (WHO) and United National Programme on AIDS (UNAIDS) have recommended that voluntary medical male circumcision (VMMC) services be adopted as part of comprehensive HIV prevention in countries with a generalized epidemic. Similarly, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) cites VMMC as one of the core biomedical prevention interventions to achieve an AIDS-free generation.

With the expansion of VMMC programs, the importance of addressing quality issues affecting patient safety and outcomes has also gained greater attention. These quality issues cut across the continuum of VMMC services, including demand creation, counseling and client communications, supply logistics, staff competency, infection prevention, surgical procedure, waste management, referral and linkages to care and treatment, client follow-up, and management of adverse events.

The VMMC Continuous Quality Improvement (CQI) and External Quality Assessment (EQA) Toolkit was developed to help VMMC service providers, site managers, implementing partners, and program leaders to understand CQI and EQA methods and how they can be applied to improve VMMC service quality, efficiency, and outcomes. The online toolkit, housed on the USAID ASSIST Project website, contains a variety of resources related to improving VMMC quality, including:

- Tools
- Guides
- Case studies
- Articles
- Technical reports
- Webinar recordings and other multimedia products
- Conference presentations

The toolkit addresses key quality issues in VMMC, including critical patient safety issues such as client follow-up, prevention and management of adverse events, linkages to other care and treatment services, and tetanus risk mitigation. It also addresses quality issues in other key aspects of VMMC.

Users can navigate easily through the VMMC CQI and EQA Toolkit using the navigational links in the blue box on the right-hand side of every page.
Contents of the VMMC CQI and EQA Toolkit

The VMMC CQI and EQA Toolkit is divided into eight sections:

1. INTRODUCTION: This section highlights key quality issues in VMMC programming, describes how quality assurance and quality improvement approaches are applied to improve VMMC program effectiveness and efficiency, and summarizes results from applying CQI in PEPFAR-supported VMMC programs.

2. STAGES IN CQI ROLL-OUT: This section explains the process of introducing CQI into a VMMC program. Twelve discrete stages of developing and rolling out CQI in VMMC programs are described.

3. EXTERNAL QUALITY ASSESSMENT: This section describes the EQA process and explains the tools used in US Government-led VMMC external quality assessments.

4. ADDRESSING KEY VMMC QUALITY ISSUES: Experience with improving VMMC services led to the identification of critical patient safety issues as well as other program issues that lend themselves to CQI. This section describes such issues and points to specific resources to address them.

5. TOOLS: Tools developed by the USAID ASSIST Project and others to support CQI in VMMC programs are grouped in this section for easy access.

6. CHANGE IDEAS AND COMMON SOLUTIONS: This section draws on the experience of over two hundred QI teams to offer tested change ideas for common problems encountered in meeting VMMC quality standards.

7. CASE STUDIES, ARTICLES & REPORTS: This section includes descriptive reports about applications of CQI to VMMC as well as links to peer-reviewed journal articles related to VMMC and CQI.

8. MULTIMEDIA: This section presents video clips, webinar recordings, and conference presentations related to VMMC CQI.

Acknowledgements

The USAID ASSIST Project acknowledges the contributions of hundreds of improvement teams and coaches to the tools and guidance contained in the VMMC CQI and EQA Toolkit. Technical review of the toolkit was provided by Emmanuel Njeuhmeli and Valerian Kiggundu of USAID; Haley Brightman, John Byabagambi, Silvia Holschneider, Donna Jacobs, Joseph Kundy, Anna Lawino, Themba Masina, James Ndiiirang, Josephine Sithole, Kim Stover, and Albert Twinomugisha of URC; and Julia Holtemeyer of WI-HER, LLC.