

A Multi-dimensional QI Approach to Improving Voluntary Medical Male Circumcision Uptake in Communities Served by Karugutu HCIV, Ntoroko District, Western Uganda

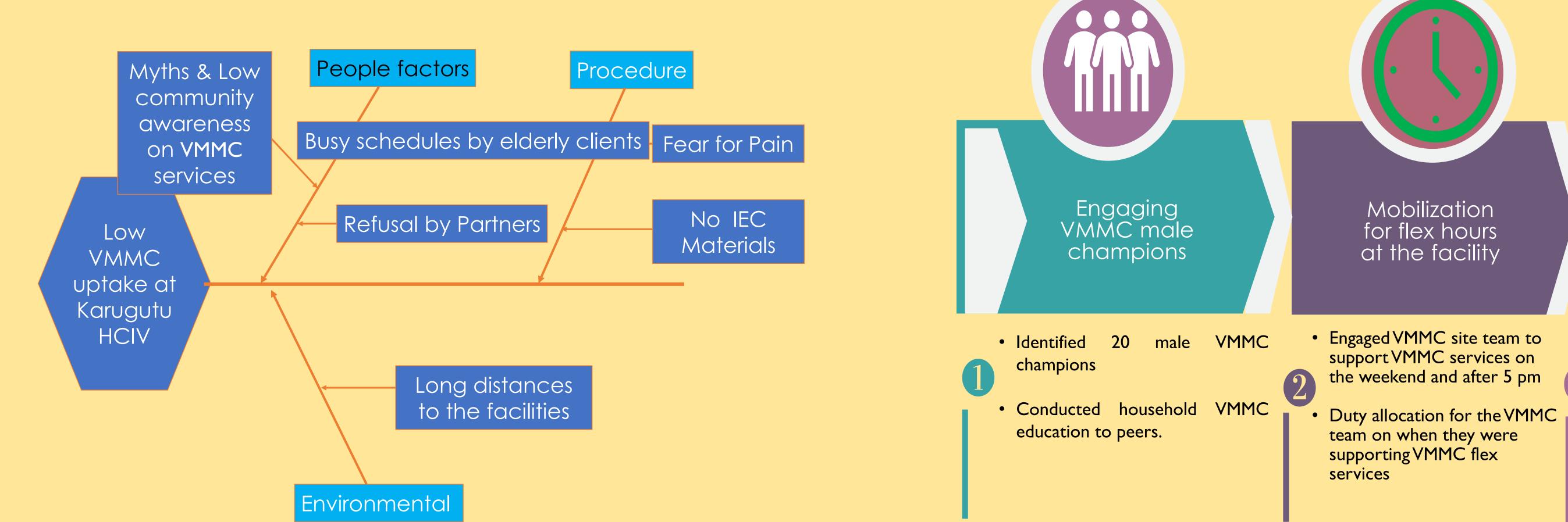
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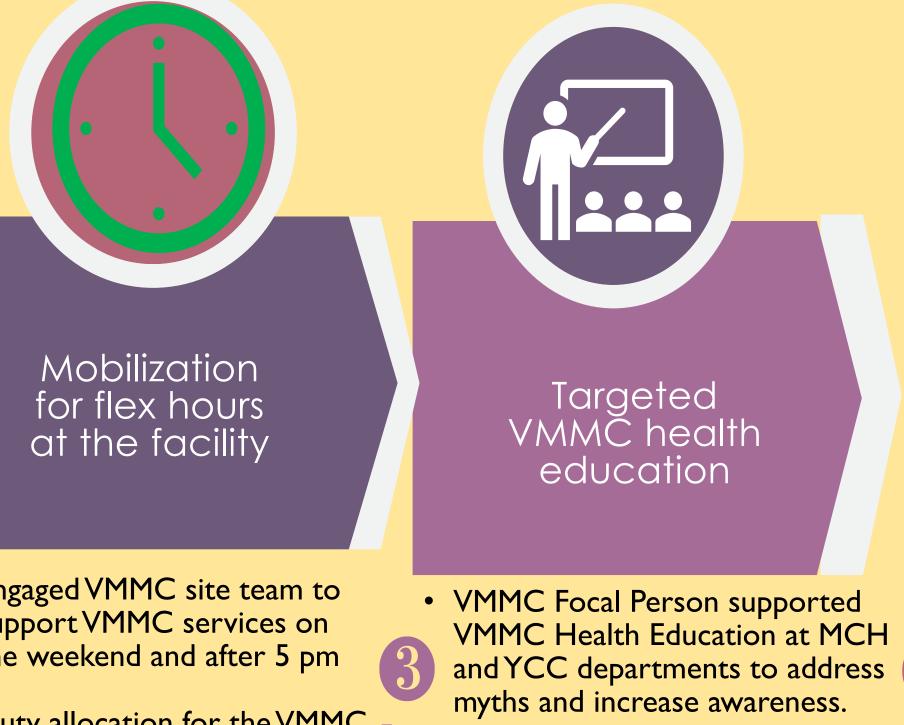
Affiliations: Baylor Foundation- Uganda¹, Ntoroko District Local Government² Introduction

- To offer comprehensive HIV care services including voluntary medical male circumcision (VMMC), the Baylor Foundation- Uganda supports Karugutu HCIV, a governmentaided facility in Ntoroko District.
- VMMC is proven to reduce the risk of heterosexual HIV transmission by 60%.
- In COP 22, Karugutu HC IV had an annual target of 1,559 males to circumcise by the end of September 2023. However, only 80 (61% of the monthly target of 130) had been reached in October 2022.
- The team took a quality improvement (QI) initiative to improve VMMC uptake to meet the target.

Methods

- Karugutu HC IV VMMC Work Improvement Team and Baylor Foundation- Uganda conducted a Root Cause Analysis (RCA)on major client-level barriers to VMMC uptake.
- The RCA indicated busy schedules, refusal by partners, fear of pain, high transport costs to the facility, limited community knowledge about VMMC, and myths surrounding the service such as circumcision affecting sexual Performance and it being appropriate for kids only.





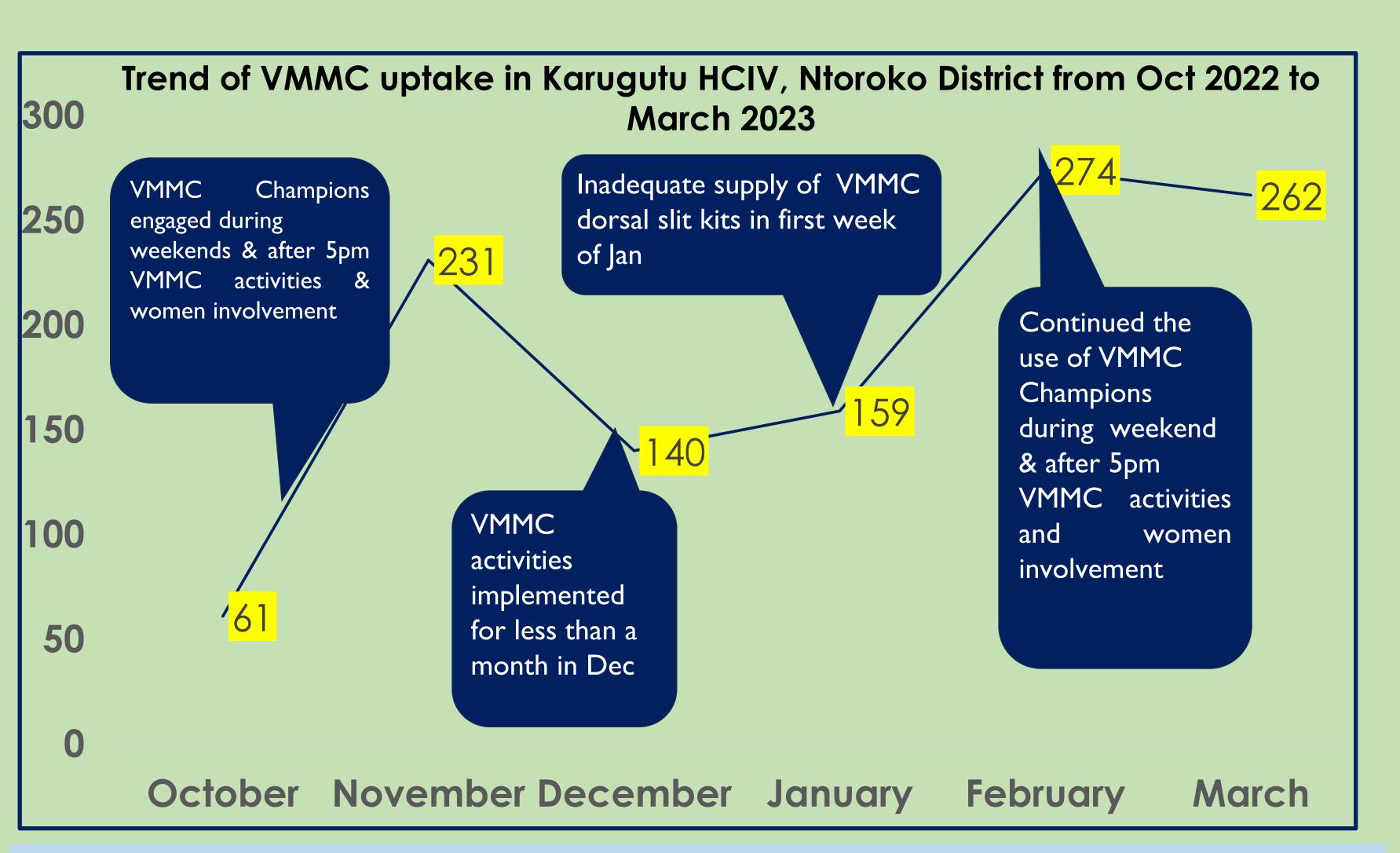


- Engaged data clerk to make weekly Mothers whose husbands were circumcised provided additional summaries experience and support to their partners
 - Weekly Plan- do- study –Act cycles to guide actions the following week

Robust data review

system

RESULTS



The percentage of clients circumcised versus the monthly target increased from 61% in October 2022 to over 100% (262%) by March 2023.





consent to

VMMC.

Discussion

- sharing their positive personal experiences.
- Empowering women with information reduced partner resistance towards VMMC.

Lessons learned

• VMMC champions influenced their peers to embrace VMMC by Customized multi-dimensional QI approaches at facility and community levels play a critical role in addressing barriers to VMMC uptake and building synergies that lead to sustained uptake.

Conclusions and Recommendations

- Implementing partners should continue to engage communities through mass media campaigns and radio talk shows to demystify VMMC myths and misconceptions
- Health facilities should engage champion mobilizers, utilize flexible hours, and empower women about VMMC
- HCs should leverage existing common community platforms for men, such as disco halls, to pass on VMMC information.
- Weekly monitoring of VMMC uptake is crucial for sustaining positive results.
 - This poster was printed with assistance from the American people through the Centers for Disease Control and Prevention (CDC).