STANDARD SECTOR INDICATOR CODE: HE-151 **PEPFAR CODE**: NA	**Individuals Reached with an HIV Prevention Message Promoting Voluntary Medical Male Circumcision (VMMC):** Number of individuals reached with individual or small group messaging promoting VMMC as a way to reduce the risk of HIV infection since the last reporting period.	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** HIV Mitigation ○ **Project Activity Area/Training Package:** HIV Prevention	
Type: Output	**Unit of Measure**: Individuals	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

To be counted for this indicator the following criteria must be met:

- Must have participated in 1 or more hours of training on HIV prevention and male circumcision or been reached by a Male circumcision campaign message.
- Training or MC campaigns must have been organized by the PCV or their partner in an individual or small group setting comprised of no more than 25 people.
- Attendance at educational session/s must be documented by the Volunteer or their partner.

Definitions:

Mobilize is defined as to organize, assemble, prepare (educate and answer questions) and encourage (uncircumcised men) to act in a concerted way in order to get men circumcised.

Circumcision is defined as the removal of the foreskin of the penis or prepuce.

Rationale: Circumcision can save lives. There is conclusive epidemiological evidence to show that uncircumcised men are at a much greater risk of becoming infected with HIV than circumcised men. Three separate randomized clinical trials found that circumcision reduced a man's risk of contracting HIV by about 60%. In areas with high HIV prevalence, it is estimated that scaling up VMMC to reach 80 percent coverage of men aged 15 to 49 years old in five years could avert up to 3.4 million new HIV infections in eastern and southern Africa, or 22 percent of all new infections in the region.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—program records, survey, and observation—though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see **Appendix I in the MRE Toolkit**. Also be sure to check **this link** on the intranet page as sample tools are regularly uploaded for post use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting

any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).

3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on how to conduct BCC/IEC activities to promote male circumcision. He/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, a minimum expectation for any HIV prevention skill to be counted for this indicator is that an individual or group must attend training on HIV Prevention skills. This could include: behavioral approaches such as risk behaviors and risk reduction, biomedical approaches (condom use, adherence to treatment, VMMC), or structural approaches (availability of prevention services and social norms).

6. **Reporting in the VRF**: The numerator or "number achieved" column in the VRF is where Volunteers will report number of individuals reached with individual or small group messaging promoting male circumcision as a way to reduce the risk of HIV infection. The denominator, or "total number" column in the VRF is where the Volunteer will report the total number of individuals who went to the session.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Age" and "Sex". When reporting in the VRF, a volunteer should disaggregate the total number of male individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: HIV Prevention Interventions