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| STANDARD SECTOR INDICATOR CODE: HE-153 PEPFAR CODE: NA | Males Mobilized for Voluntary Medical Male Circumcision AND Reporting They Were Circumcised: Number of males reporting they were circumcised as a result of the work of the Volunteer. | |
| HEALTH SECTOR | Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: HIV Prevention | |
| Type: Intermediate-term Outcome | Unit of Measure: Males | Disaggregation: Sex: Males Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years |

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

- The individual must have regularly participated in a group that was focused on HIV prevention and was facilitated by a PCV or their partner.
- The individual must have been encouraged by the Volunteer or their partner to get circumcised.
- The individual must report that they were circumcised **and** that the circumcision was done in accordance to national standards and WHO/UNAIDS.

Definitions:

Mobilize is defined as to organize, assemble, prepare 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.

PEPFAR Male Circumcision (MC) minimum package of services must include:

- elective surgical circumcision using local anesthesia or non-surgical circumcision using an approved device;
- education on circumcision;
- on-site pre-operative HIV counseling and testing (offer of);
- active exclusion of symptomatic STIs and syndromic treatment when indicated;
- post-operative wound care and abstinence instructions;
- age-appropriate counseling on risk reduction, reducing number and concurrency of sexual partners; delaying/abstaining from sex; and
- provision and promotion of correct and consistent use of male and/or female condoms.

**Circumcision must be Voluntary.

Rationale: Three randomized controlled clinical trials in sub-Saharan Africa demonstrated a 60% reduction in risk of female-to-male HIV transmission among men randomized to receive circumcision (compared to uncircumcised controls). For maximal population impact, uptake of male circumcision should be as high and as rapid as safely possible and aligned with national policy. In areas with high HIV prevalence, it is estimated that scaling up voluntary medical male circumcision (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:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with males, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the community and males in particular first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on “frequency of measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is that an individual shows a positive measurable difference (they were circumcised) and reported that they were.
6. **General Reporting in the VRF:** The “number achieved” (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of men who reported being circumcised after working with the Volunteer/partner. The “total number” (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
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: Reduce HIV Transmission