



**PEPFAR**

U.S. President's Emergency Plan for AIDS Relief

CHAPTER EIGHT.

MONITORING & EVALUATION AND RESEARCH

# PEPFAR'S BEST PRACTICES FOR VOLUNTARY MEDICAL MALE CIRCUMCISION SITE OPERATIONS

A Service Guide for Site Operations

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# CHAPTER 8.

## Monitoring & Evaluation and Research

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### CHAPTER GOALS

For MONITORING & EVALUATION, to ensure site staff are able to:

- Collect, analyze, and utilize routine data from VMMC service provision and performance standards to appropriately monitor the quality and safety of VMMC services and respond as needed.

For RESEARCH & FORMAL EVALUATIONS, to ensure site staff are able to:

- Participate in periodic formal evaluations and research studies that address issues not captured in routine monitoring and evaluation (M&E) by providing adequate background information.

### WHAT USERS NEED TO KNOW

#### MONITORING & EVALUATION

Monitoring and evaluation are means of tracking progress and reviewing outcomes of a specific program with the goal of program improvement. Monitoring and reporting activities that collect, aggregate (combine), and share service provision data are an essential component of a VMMC program. VMMC programs should have the capacity to capture and track key required indicators regarding service delivery as well as safety and quality. Monitoring of VMMC programs is described in depth at [PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide](#) and [Table 8.1](#).

#### RESEARCH & FORMAL EVALUATIONS

Research in VMMC programs is conducted to advance the state of knowledge about VMMC practices so that global and local policies and program implementation can be improved. Research and formal evaluations are an important corollary approach to routine monitoring of VMMC services; they are used to answer specific questions related to quality, service delivery approaches, demand for, or utilization of services. Facility administrators, site managers, and facility clinical staff may either design and lead or be asked to participate in these studies from time to time. Anyone participating in IRB-reviewed research should, in addition to meeting organizational requirements, have training in research ethics. An internationally recognized online course is offered by CITI (Collaborative Institutional Training Initiative) which provides an overview of research ethics [See [CITI Training](#)].

# FREQUENTLY REFERENCED MONITORING & EVALUATION INFORMATION

## PEPFAR AND PROGRAM MONITORING INDICATORS

An indicator quantifies performance and is a measurable number, proportion, percentage, ratio, or rate that reports program achievements. Similar to other PEPFAR programs, the VMMC program has specific indicators on which every funded partner who supports or provides VMMC services must report.

**Table 8.1** presents the VMMC indicator on which all PEPFAR-funded implementing partners must report. HIV testing services that occur within PEPFAR-funded VMMC, should also be reported, separately, using the HTS\_TST indicator as explained in PEPFAR's MER 2.0 Guide.

## FOR ADDITIONAL INFORMATION ON MONITORING AND EVALUATION

VMMC programs must have the capacity to capture and track key indicators regarding service delivery as well as safety and quality. Reporting must take place both to PEPFAR, using such formats as the Annual (APR) and Semi-Annual Program Results (SAPR) Reports, Quarterly Performance Reviews, and PEPFAR Oversight Accountability Report Team (POART), and to ministries of health or private sector associations as warranted in different country programs. Additionally, PEPFAR team members will examine performance indicators, expenditure of programs, and quality of services on a monthly basis.

Monitoring systems can be diverse between countries based on available infrastructure for health information systems (HIS). Appropriate norms for reporting should be based on the country's reporting requirements, PEPFAR requirements, and the available infrastructure and resources. Client level reporting provides the most detail but requires more human resources and data management infrastructure, and it must conform to norms of client confidentiality in the country. Aggregate data, which is the norm in most HIS, are generally sufficient to track necessary data for VMMC reporting, including the VMMC and HIV testing PEPFAR MER (monitoring, evaluation, and reporting) indicators (see **Table 8.1**).

Client records, client registers, and monthly summary forms are necessary site-level building blocks of any service delivery tracking system, unless the system is a full electronic medical record system (eMRS). Sample tools, which form the foundation of routine service delivery, are provided in the following: **VMMC Client Record Form**, **VMMC Monthly Reporting Form**, and **VMMC Client Register**, as templates that may be adapted to individual country needs. In addition to the routine service delivery monitoring, supervision visits, such as external quality assessment [EQA], quality improvement/assurance initiatives such as continuous quality improvement [CQI], and PEPFAR's Site Improvement and Monitoring Systems [SIMS], as well as client exit interviews, all provide opportunities to review routine data for quality or gather information to guide quality improvement.

As with any other health service, VMMC service monitoring requires:

- National indicators
- Standardized national data collection tools (including client records, client registers, and monthly summary forms)
- Systems and protocols for data flow
- Data management system (can be electronic or paper-based, or a combination).



**Table 8.1. PEPFAR VMMC Indicators (from PEPFAR 2016 Monitoring, Evaluation, and Reporting [MER] Indicator Reference Guide 2.0)**

Note: PEPFAR indicators change periodically so these indicators should be reviewed online

**PEPFAR INDICATOR: VMMC\_CIRC  
PROGRAM AREA: VMMC**

<b>DESCRIPTION</b>	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	
<b>NUMERATOR</b>	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	Additional information about numerator definition N/A
<b>DENOMINATOR</b>	N/A	N/A
<b>MER 1.0 TO 2.0 CHANGE</b>	Age disaggregate improved to align with VMMC technical considerations. Follow-up disaggregation to include device-based VMMC.	
<b>HOW TO USE</b>	Tracks the number of VMMCs conducted during the reporting period, a key component of determining coverage of circumcision in the population over time, as well as supply of and/or demand for VMMC services. Disaggregations (by age, HIV status, and circumcision technique) are required and are used to evaluate whether prioritized services have been successful at reaching the intended population and whether targets have been achieved. Modeling inputs should be adjusted as information on VMMCs by disaggregation accumulates. Attendance at follow-up visits should also be tracked, since postoperative clinical assessments are part of good clinical care, and low follow-up rates may indicate a problem in program quality.	
<b>DISAGGREGATION DEFINITIONS</b>	<b>Age: &lt;1 years, 1–9 years, 10–14 years, 15–19 years, 20–24 years, 25–29 years, 30–49, 50+ years</b> HIV status: number of HIV-positive clients (tested HIV positive at VMMC site), number of HIV-negative clients (tested HIV negative at VMMC program), number of clients with undocumented/indeterminate HIV status or not tested for HIV at site Circumcision technique: surgical VMMC, device-based VMMC	
<b>HOW TO COLLECT</b>	Follow-up status of surgical VMMC clients: number of surgical VMMC clients who returned at least once for follow-up care within 14 days of surgery; number of surgical VMMC clients who did not return for follow-up care within 14 days of surgery The numerator can be generated by counting the number of males circumcised as part of the VMMC for HIV prevention program. This information can generally be found in the VMMC Register or in client medical records maintained by each program/site/service provider.	
<b>HOW OFTEN TO REPORT</b>	Monthly or quarterly	
<b>HOW TO REVIEW FOR DATA QUALITY</b>	Numerator ≥ subtotal of each of the disaggregations.	
<b>HOW TO CALCULATE ANNUAL TOTAL</b>	Sum across all reporting periods.	

**Table 8.2. Important Non-PEPFAR-Required VMMC Program Quality Indicators**

PEPFAR Indicator	Recommended or Required Disaggregation Level(s)
Number of circumcised clients experiencing at least one moderate or severe adverse event (AE) during or following surgery within the reporting period. All notifiable adverse events (AE) must be reported on the same day they occur to the relevant funding agency (CDC, USAID, DOD) and to the in-country PEPFAR Coordinator, using the appropriate form.	Severity of AE, time of onset, and type of AE collected at site level
Number of locations providing male circumcision surgery as part of the minimum package of VMMC for HIV prevention services within the reporting period	Site location
Number of health care workers who successfully completed an in-service training program	All program areas

## OTHER IMPORTANT AREAS FOR MONITORING VMMC SERVICES

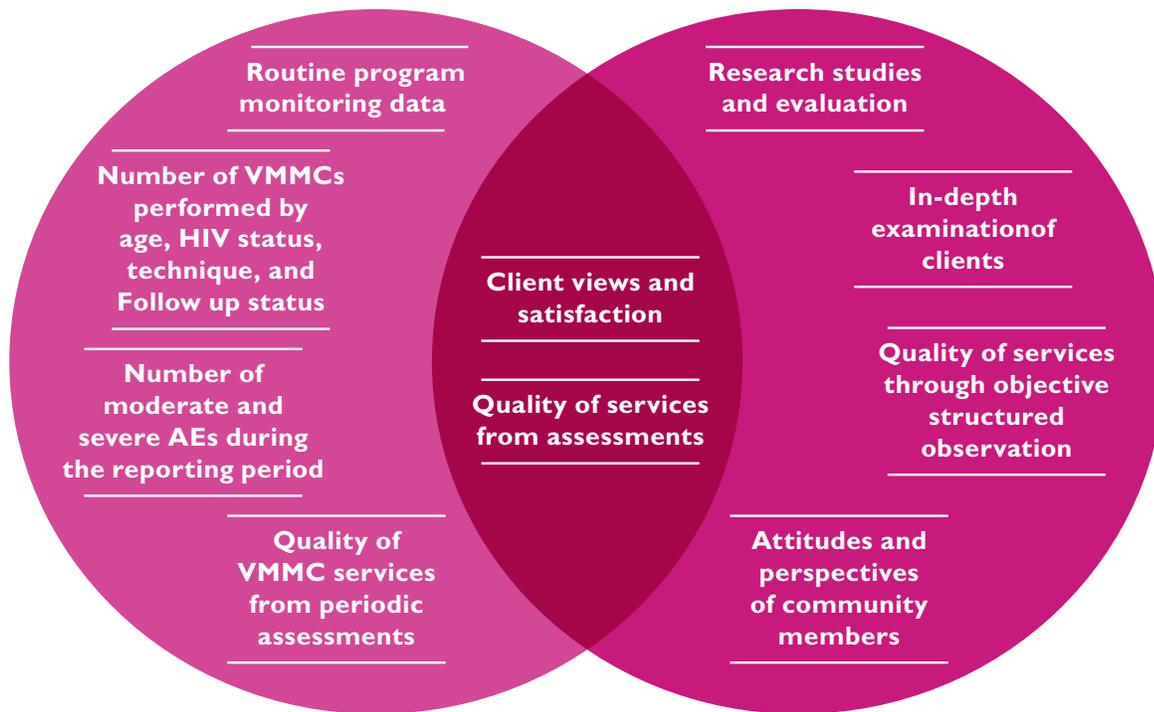
As demand creation becomes more refined within VMMC programs, monitoring of community mobilization data has become increasingly important. Although none of the PEPFAR reported indicators described above are demand creation indicators, VMMC program implementers are urged to collect routine information that will inform and guide demand creation efforts. These data may include: the number of people reached with VMMC demand creation activities or messages, stratified by age; materials distributed; and number of people referred in to the VMMC program by peer mobilizers, among others.

## WHAT USERS NEED TO KNOW ABOUT RESEARCH & FORMAL EVALUATIONS

Not all aspects of VMMC programs are captured in routine data. Figure 8.1 shows some program components that are well suited to routine program monitoring and some that may be better addressed through research studies. Studies that require independent additional data collection with more rigor, attention to detail, and often ethical oversight by institutional review boards are more costly to implement than routine program monitoring. However, they are sometimes necessary to answer in-depth or specialized questions about program quality or clinical practice, attitudes, and perceptions both in the community and among clients.



**Figure 8.1. Sample Program Components for Routine Monitoring or Studies**



Site management may either decide to design and conduct a study or formal evaluation from time to time, or the ministry of health may request that site management participate in a single or multi-country study related to VMMC.

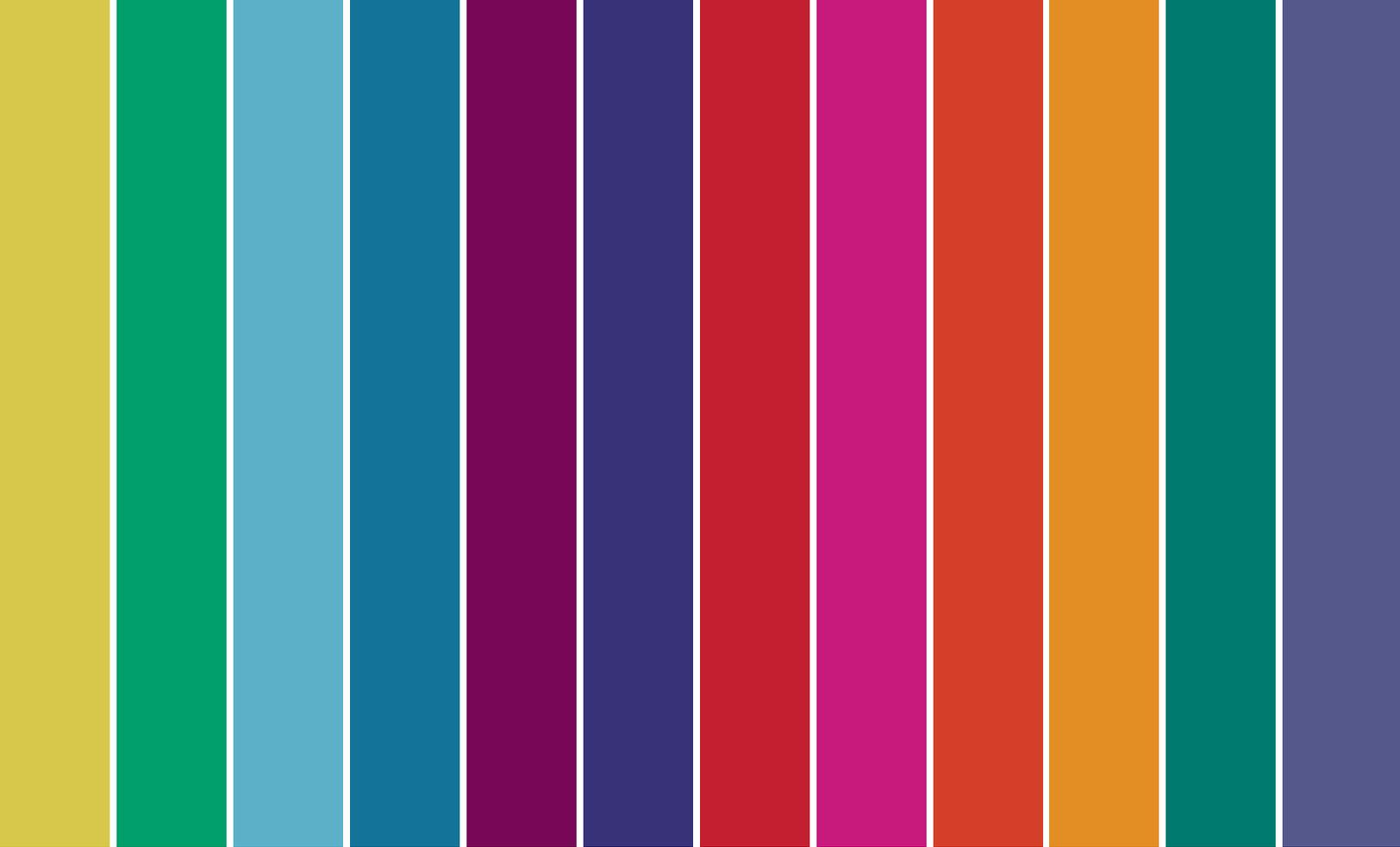
## TOOLS, INSTRUMENTS, AND GUIDANCE DOCUMENTS

1. [PEPFAR Monitoring, Evaluation, and Reporting \(MER 2.0\) Indicator Reference Guide](#)
2. [CITI Training](#)
3. [VMMC Client Record Form](#)
4. [VMMC Monthly Reporting Form](#)
5. [VMMC Client Register](#)
6. [PEPFAR Guidance for Monitoring & Reporting VMMC Indicators](#)

## ABBREVIATIONS

<b>AE</b>	<b>adverse event</b>
<b>APR</b>	<b>Annual Program Results Report</b>
<b>CITI</b>	<b>Collaborative Institutional Training Initiative</b>
<b>CQI</b>	<b>continuous quality improvement</b>
<b>eMRS</b>	<b>electronic medical record system</b>
<b>EQA</b>	<b>external quality assessment</b>
<b>HIS</b>	<b>health information systems</b>
<b>MER</b>	<b>monitoring, evaluation, and reporting indicators</b>
<b>PEPFAR</b>	<b>U.S. President’s Emergency Plan for AIDS Relief</b>
<b>POART</b>	<b>PEPFAR Oversight Accountability Report Team</b>
<b>SAE</b>	<b>severe adverse events</b>
<b>SAPR</b>	<b>Semi-Annual Program Results Report</b>
<b>SIMS</b>	<b>PEPFAR’s Site Improvement and Monitoring System</b>
<b>VMMC</b>	<b>voluntary medical male circumcision</b>





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