

**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH AND SOCIAL WELFARE**



MALE CIRCUMCISION SERVICES  
MONTHLY SITE SUMMARY FORM

Site Name _____		Name of person reporting _____		Contact _____	
District _____		Region _____		Reporting Month _____ Year _____ Reporting date _____	
Service Delivery approach _ Outreach / Campaign <input type="checkbox"/>		Static Site <input type="checkbox"/>			
<b>Indicators</b>					
1. Number of male circumcised (by age group)					
					<1
					1 - 9
					10 - 14
					15 - 19
					20 - 24
					25 - 29
					30 +
					Total
2. Number of MC clients counseled and tested for HIV at MC site*					
					HIV positive
					HIV negative
					Total
3. Number of clients circumcised who experienced one or more adverse events					
					Moderate
					Severe
4. Number of clients circumcised who returned for follow up visit					
					First follow up visit/ 48 Hours
					Second follow up visit / 7 days
5. Referred from (client source):					
					Self referral
					VCT
					PITC
					Others
6. Referred to:					
					CTC
					STI clinic
					other medical / surgical services
					Psychosocial support services

\* This figure should not be used to calculate district level HCT aggregated summaries; rather the HCT recording and reporting tools