

## 11. Routine Monitoring, Reporting, and Evaluation

### Routine Monitoring, Reporting, and Evaluation



<b>Useful Tools</b>	19 VMMC Client Record Form 20 VMMC Monthly Reporting Form 21 VMMC Client Register
<b>Useful International Guidance Documents</b>	13 PEPFAR Next Generation Indicators Reference Guide 14 A Guide to Indicators for Male Circumcision Programs in the Formal Health Care System, 2010 15 PEPFAR Guidance for Monitoring & Reporting VMMC Indicators

**Objective(s):** To ensure the quality, safety, and progress of VMMC services by collecting, analyzing, and utilizing routine data from VMMC service provision

**Description:** VMMC programs should have the relevant data infrastructure in place so that routine data can be collected from the client records at each VMMC site (see TOOLS 19 and 21). Data can be collected either in paper or electronic format and then collated for routine reporting. Whenever feasible these data should be entered into a VMMC client database. Routine summary data should be compiled in daily, weekly, and monthly reports (see TOOL 20). These reports should be submitted to PEPFAR and the relevant government officials at the district level and upward, following health management information system (HMIS) reporting requirements (see GUIDANCE DOCUMENT 14). Additional information should be gathered during periodic supportive supervision visits. In order to maximize the usefulness of these data, proper analysis is needed to ensure that lessons learned from the data are put into practice at the site level. District, regional, and national levels should likewise have the capacity to collate, analyze, and utilize these data, and to ensure that the analyses are also communicated back to the sites.

Community mobilization data also need to be monitored and reported. Potential indicators include the number of people reached with messages that promote VMMC, clients booked (referrals) for VMMC, materials distributed, people reached with group education, people who underwent individual counseling, and people who underwent HTC.

Beginning in 2010, PEPFAR provided a list of VMMC indicators that funded programs are required to collect and report. Definitions to support the accurate collection of the indicators are provided. For detailed information on the PEPFAR VMMC indicators, please see the PEPFAR NEXT GENERATION INDICATORS REFERENCE GUIDE (GUIDANCE DOCUMENT 13). A new publication by PEPFAR called GUIDANCE FOR MONITORING & REPORTING VMMC INDICATORS (see GUIDANCE DOCUMENT 15) provides guidance on collecting, aggregating, and sharing of information about the VMMC services provided. Programs will be expected to report on indicators to PEPFAR, MOHs, and to other stakeholders; and when VMMC programs are rolled out, they will be expected to comply with PEPFAR reporting requirements. This guidance document is intended for those who are required to report indicators to PEPFAR (implementing partners and implementers). In addition, MOHs and other policymakers and stakeholders may find this guidance useful for understanding how to collect and use routine VMMC data and how to follow PEPFAR's monitoring and reporting guidelines.

### **Case Study—Tanzania’s Development of Routine Monitoring and Evaluation Standards**

Tanzania started a VMMC pilot in September 2009. The Ministry of Health and Social Welfare (MOHSW) brought together a Technical Working Group (TWG), and VMMC was designated to be under the National AIDS Control Program (NACP). The pilot, funded by PEPFAR, was carried out by three implementing partners. In December 2009, partners (facility in-charges, implementing partner staff) convened to discuss indicators and tools for VMMC. The output of that meeting was a draft set of tools and indicators, which all partners in the country agreed to use during the pilot period.

Following the first meeting, NACP took the lead in developing the national indicators. The partners and facility in-charges, who used the tools on a daily basis, took the lead in refining the tools and bringing suggestions back to NACP.

The second stakeholder meeting was convened by NACP in December 2010. In this two-day meeting, the draft indicators were refined (with input from international guidance documents from UNAIDS and PEPFAR), and the tools were thoroughly discussed. As an output of this meeting, a draft set of provisionally approved tools for VMMC was created, and it was re-stated that all partners supporting rollout of VMMC should use the standard set of tools.

By mid-2011, it became clear that management of VMMC data from multiple partners was no longer feasible using the previous methods. In response, a Web-access database was developed that will house monthly summary forms from facilities. In this system, the implementing partner supporting VMMC logs on and enters the monthly summary form data. All stakeholders (NACP, implementing partners, PEPFAR) have log-in access to view the data. Eventually, VMMC should be streamlined into a national HMIS data management system.