

Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6): Voluntary Medical Male Circumcision (VMMC)

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Video Outline

- 1) Section 1: Overview of the technical area and related indicators
- 2) Section 2: Indicator changes in MER 2.6
- 3) Section 3: Review of numerator, denominator, and disaggregates.
 - What is the programmatic justification and intention for collecting VMMC data?
 - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
 - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
- 4) Section 4: Overview of guiding narrative questions
- 5) Section 5: Data quality considerations for reporting and analysis
- 6) Section 6: Additional resources and acknowledgments



Section 1: Overview of the technical area and related indicators





Overview of VMMC

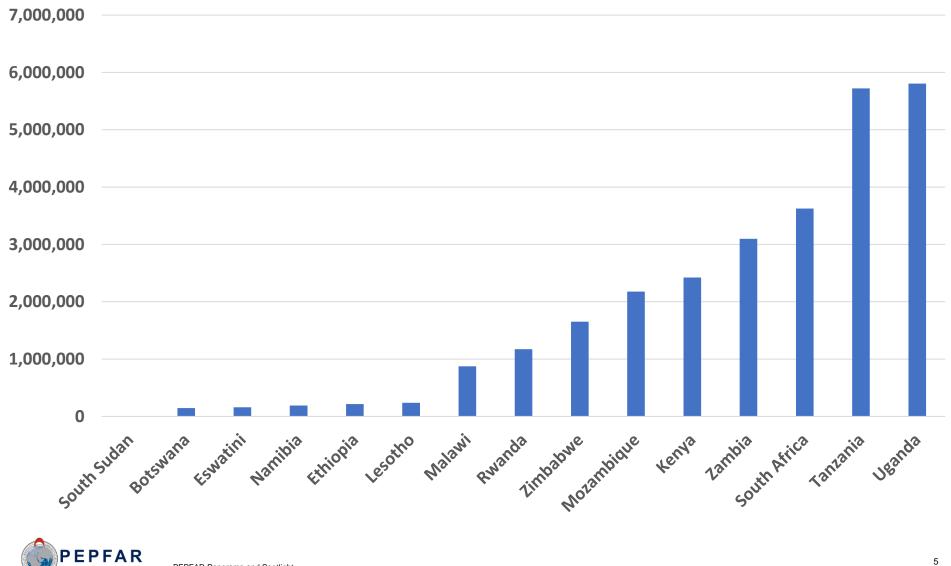
What is VMMC?

- VMMC is the removal of all or part of the foreskin of the penis (the fold of skin that covers the head of penis when it is not erect).
- PEPFAR-supported VMMCs may be done surgically or using a Shang Ring device.
- Observational studies and randomized trials demonstrated 60% reduction in risk of heterosexual HIV acquisition with VMMC; benefit continues lifelong. Downstream benefits for women.
- Non-medical ritual circumcisions, especially those done in adolescence, do not confer same level of protection.
- PEPFAR conducts VMMCs in 15 countries: Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.



27M PEPFAR-Supported VMMCs since 2007

Cumulative PEPFAR-Supported VMMCs, FY07-FY21 Q3

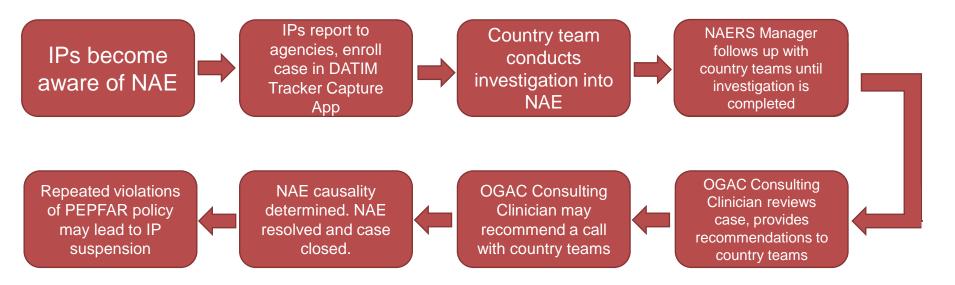


What data do we collect?

- PEPFAR collects data on: Number of Circumcisions (VMMC_CIRC); disaggregated by Age, HIV Testing, Technique, Follow-Up
- VMMC_CIRC is a simple count of how many males were circumcised each quarter. Data is collected by fine 5-year age bands.
 - As of COP20, no surgical VMMCs for boys <15 are supported by PEPFAR. ShangRing allowed in boys ages 13-14 with HQ (Country Chair) approval.
 - No infant circumcisions are supported.
 - HIV status in those receiving VMMC services:
 - Number HIV-positive, negative, or unknown
 - Given low prevalence of HIV among VMMC clients, only test appropriate clients based on risk behaviors and factors. HIV risk screening is encouraged.
 - HTS before VMMC is optional but should be offered; clients who opt out should be given alternative options (other places/methods) for later testing.
- VMMC technique and follow-up rates:
 - Technique can be surgical or device-based (ShangRing).
 - Follow-up with the client should occur within 14 days (ideally at 2 and 7 days) of surgery or device placement.
 - Low follow-up rates may indicate issues with program quality.

Notifiable Adverse Events Reporting System

- Although VMMC is a safe procedure, adverse events (AEs) can and do occur. OGAC tracks the most severe AEs through the Notifiable Adverse Events Reporting System (NAERS).
- To report an NAE, access the Tracker Capture App in DATIM. Questions can be sent to the NAERS Manager at VMMC_AE@state.gov.
- <u>All OUs performing VMMC activities are required to report into the NAERS.</u>



 PEPFAR VMMC violations include using forceps-guided method on boys under 15 years and VMMC without informed consent.

ΡΕΡΕΔΡ

Section 2: Indicator changes in MER 2.6





There are no indicator changes from MER 2.5 to MER 2.6!



Section 3: Review of numerator, denominator, and disaggregates





Overview of Technical Area and Indicators

- VMMC_CIRC tracks the number of male circumcisions conducted and assists in determining coverage of circumcision in the population over time.
- Total number of males circumcised indicates a change in the supply of and/or demand for VMMC services. Disaggregates for prioritized services evaluate success at reaching intended population, targets, and modeling inputs.
- Additional disaggregation required for follow-up status to assess program quality.

Program	Indicator	Indicator Name	Reporting	Reporting
Area Group	Code		Frequency	Level
Prevention	VMMC_CIRC	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period	Quarterly	Facility



Overview of Technical Area and Indicators

- VMMC_CIRC numerator disaggregates:
 - Age: 0-60 days, 2 months-1 year, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

• Testing Result:

- HIV-positive at VMMC site
- HIV-negative at VMMC site
- Indeterminate HIV status or not tested for HIV at site (regardless of previous documentation)
- Circumcision Technique: Surgical, device-based
- Circumcision Technique/Follow-up Status:
 - Surgical: Followed up within 14 days of surgery
 - Surgical: Did not follow up within 14 days of surgery or did not follow up within the reporting period
 - Device-based: Followed up within 14 days of device placement
 - Device-based: Did not follow up within 14 days of device placement or did not follow up within the reporting period
- **Denominator** disaggregates: N/A

How to Count VMMC_CIRC

- **Data Sources:** VMMC register, or client medical records maintained by each program/site/service provider
- **Calculation Method**: Numerator generated by counting the number of males circumcised as part of the VMMC for HIV prevention program.
- Standard definition of DSD and TA-SDI used.



Calculated Indicators Related to VMMC_CIRC

• HTS_TST

 Data from VMMC_CIRC auto-populates to HTS_TST VMMC modality.

HTS_TST VMMC testing modality: The number of VMMC clients who were tested for HIV at a VMMC site and received results

Calculation:

Copied from VMMC_CIRC positive and negative clients

Example:

HTS_TST VMMC Male 15-19 Positive = VMMC_CIRC Male 15-19 HIV positive clients



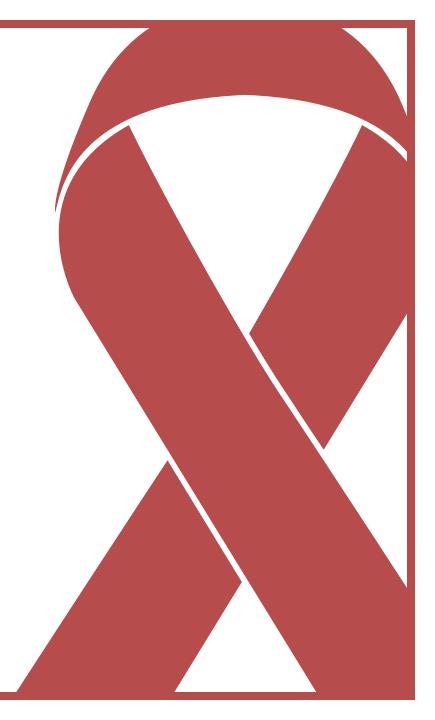
Auto-Populated Modalities

DSD: PMTCT_S1	TAT (Numerator)	- Collapse		
Auto-Calculate	Number of pregnant women with known HIV status at first antenatal care visit (AN their HIV status prior to ANC1). Numerator will auto-calculate from the Status and			
Numerator	6	HTS_TST modalities		
Required	Disaggregated by Status and Age	auto-populate into the		
Unknown Age <1	0 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50+	HTS_TST indicator:		
Known Positives:	Subtotal	 Index (Community and Facility) 		
Newly Tested 1 2 Positives:		 PMTCT (ANC-1 only) 		
New Negatives:	Sub	TBVMMC		
Recent Negatives:		IPs should only enter		
Sub-total 6		data once under the		
		modality.		
DSD: HTS_TST (Facility) - PITC Modality: PMTCT (ANC1 Only)	- Collapse		
Auto-Calculate Number of pregnant women with known HIV status at first antenatal care visit (ANC1) (includes those who already knew their HIV status prior to ANC1). This data will auto-calculate from PMTCT_STAT.				
New Positives	6 PMTCT_STAT	Т		
New Negatives	subtotal auto-populate	es		
Sub-Total	6 into HTS_TS	Τ		



Section 4: Overview of guiding narrative questions





Guiding Narrative Questions: VMMC_CIRC

- 1. Is the age distribution of males 60% or more 15+ years of age?
 - Is this age distribution getting older as compared to previous quarters?
- 2. If OU is using compression collar type device for VMMC
 - Are they adhering to WHO Guidelines for tetanus immunization?
 - Were there any tetanus AEs reported?
- 3. What proportion of clients are returning for follow-up (should be at least 80%)?
- 4. What barriers are there to further scaling up VMMC services?



Section 5: Data quality considerations for reporting and analysis





Data Quality Considerations: VMMC_CIRC

- How to review for data quality:
 - Disaggregates for HIV status and outcome and circumcision technique should be equal to (but not exceed) the numerator.
 - The circumcision technique by follow-up status disaggregate should be less than or equal to the circumcision technique disaggregate.



Section 6: Additional Resources and Acknowledgments



Acknowledgments

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Thank you!