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| **STANDARD SECTOR INDICATOR CODE:** HE-149<br>**PEPFAR CODE**: NA | **Conducted Campaigns to Promote Voluntary Medical Male Circumcision (VMMC):** Number of campaigns conducted to educate the public on VMMC as an HIV prevention method. | |
| **HEALTH SECTOR** | **Sector Schematic Alignment**<br>• **Project Area:** HIV Mitigation<br>  ○ **Project Activity Area/Training Package:** HIV Prevention | |
| **Type:** Output | **Unit of Measure**: Campaigns | **Disaggregation:** None |

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

- The campaign must be planned and coordinated.
- A PCV or their partners must play a significant role in organizing the campaigns.
- The campaign must promote HIV prevention and male circumcision and the adoption on healthy sexual behavior post circumcision.

**Definitions:**
**Circumcision** is defined as the removal of the foreskin of the penis or prepuce.

**Rationale:** Circumcision can save lives. There is conclusive epidemiological evidence to show that uncircumcised men are at a much greater risk of becoming infected with HIV than circumcised men. Three separate randomized clinical trials found that circumcision reduced a man's risk of contracting HIV by about 60%. In areas with high HIV prevalence, it is estimated that scaling up 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. Please check PCLive for data collection tools. 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:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output

indicator. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on HIV prevention through male circumcision. He/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, a minimum expectation for any HIV prevention skill to be counted for this indicator is that an individual or group must attend training on HIV Prevention skills. This could include: behavioral approaches such as risk behaviors and risk reduction, biomedical approaches (condom use, adherence to treatment, VMMC), or structural approaches (availability of prevention services and social norms).

6. **Reporting**: In the case of output indicators, Volunteers only have one box to fill in on their VRF: "total # (number)."

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:** No Link