

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

MALE CIRCUMCISION SERVICES REGIONAL MONTHLY SUMMARY FORM

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



**MALE CIRCUMCISION SERVICES
REGIONAL MONTHLY SUMMARY FORM**

Region: _____ Number of districts in region: _____ Number of districts reporting this month: _____

Name of person reporting: _____ Contact: _____

Reporting Month: _____ Year: _____ Reporting date : _____

Number of sites reporting static / routine MC services this month: _____

Number of sites reporting campaign / outreach MC services this month: _____

Indicators	
1. Number of males circumcsed (by age group)	
<1	
1-9	
10-19	
20-24	
25-29	
30+	
Total	
2. Number of MC clients counseled and tested for HIV in the region	
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	
5. Referred to	
CTC	
STI clinic	
Other medical / surgical services	
Psychosocial support services	

Name of person verifying the report _____

Signature _____

Date _____

REPORTING TIME			
	Date Received	Date Submitted to the next level	Name of person receiving the report
Facility	N/A	/ /	
District	/ /	/ /	
Region	/ /	/ /	
NACP	/ /	N/A	