Author's response to reviews

Title: A Program Evaluation Report of a Rapid Scale-up of a High-Volume Medical Male Circumcision Site, KwaZulu-Natal, South Africa, 2010-2013

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Dear Reviewers:

Thank you again for reviewing our manuscript entitled, “A Program Evaluation Report of a Rapid Scale-up of a High-Volume Medical Male Circumcision Site, KwaZulu-Natal, South Africa, 2010-2013.” We appreciate receiving your comments and edits. Our responses to each question are outlined below.

**Response to Reviewer 1**

2. **No table of client demographics presented by year.**

   *AT* - This is a severe shortcoming. Without demographic information about the population who were reached, any conclusions about the reasons for service delivery decline are largely speculation.

   We agree that population demographic information would greatly improve this paper. Further, future evaluations of circumcision programs should ensure that individual-level data is collected. We have highlighted this limitation in the discussion section of our paper.

4. **Circumcisions on HIV positive men.**

   *AT* - This point should be explored in the discussion. We do feel that HIV testing requirements may reduce acceptability of VMMC in high prevalence communities. This point should not be overlooked in the discussion.

   Although HIV testing was encouraged, it was not integrated into the circumcision program and was not a requirement for participation. We have added additional language to the discussion on this issue.

5. **Staff Training.**

   *AT* – Please add this information to the paper.

   We have included this additional information about staff training in the program description.

6. **Factors associated with demand.**

   *AT* - Exploration of additional factors which might reduce demand for services will improve the quality of the paper and should be included.

   Thank you for your suggestion that we include more of an assessment of additional factors related to demand for circumcision services. However, as we are just providing a programmatic report, we do not have access to this information. We agree more research is needed to understand the barriers and facilitators to demand for circumcision services as this is an important priority for WHO and UNAIDS.
Response to Reviewer 2

1. Anesthesia used.
*Please double check the anesthesia used. Guidelines call for a mixture of lignocaine (lidocaine) and bupivicaine; not bupivicaine alone. If this is not correct in the paper it will be a major flaw.*

You are correct that the WHO guidelines recommend a combination of lidocaine and bupivicaine; however both products were not routinely available at the Asiphile facility at the time. In this setting, bupivicaine alone was used. As you know, bupivicaine has a longer half-life than lidocaine. As long as there is adequate demonstration of anesthetic effect it may be sufficient.

2. Adverse events’ rates.
*Since the program did not follow up with all clients with VMMC, the denominator of AE rate should be those that returned for follow up, not the total VMMCs.*

*Line 197: the denominator should be 92% who returned for follow up since there is no knowledge of the other 8%. They could have had an AE and gone to another facility.*

Thank you for pointing this out. We have adjusted the denominator to be those that returned for follow up (9,182). As 200 individuals experienced a minor adverse event, the proportion continues to be 2%.