Progress in male circumcision scale-up: country implementation update

December 2009

World Health Organization

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

List of Abbreviations

ACHAP	Africa Comprehensive HIV/AIDS Programme
AIDS	Acquired Immunodeficiency Syndrome
BLM	Banja La Mtsogolo
BOTUSA	Botswana-USA partnership
CDC	Centres for Disease Control
CHAM	Christian Health Association of Malawi
CIDRZ	Centre for Infectious Diseases Research Zambia
DHS	Demographic and Health Survey
DMPPT	Decision Makers Programme Planning Tool
FHI	Family Health International
FLAS	Family Life Association of Swaziland
GFATM	Global Fund for AIDS, TB and Malaria
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information Education and Communication
IMC	International Medical Corps
Jhpiego	John Hopkins Program for International Education in Gynaecology and Obstetrics
KAP	Knowledge, Attitudes and Practice
M & E	Monitoring and Evaluation
MC	Male Circumcision
MCC	Male Circumcision Consortium
MOH	Ministry of Health
MOH&CW	Ministry of Health and Child Welfare
MOH&SW	Ministry of Health and Social Welfare
MOVE	Models for Optimising the Volume and Efficiency of MC services
MSI	Marie Stopes International
NAC	National AIDS Council/Commission
NGO	Non Governmental Organization
OR	Operations Research
PEPFAR	The US President's Emergency Plan for AIDS Relief
PSI	Population Services International
VCT	Voluntary Counselling and Testing
QA	Quality assurance
QI	Quality Improvement
RCT	Randomized Control Trial
RHRU	Reproductive Health and HIV Research Unit
SANAC	Southern African National AIDS Council
SRH	Sexual and Reproductive Health
TOT	Training of Trainers
TRAC Plus	Treatment Research AIDS, TB and Malaria and other epidemics
UNAIDS	Joint United Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
WHO	World Health Organization

Introduction

In 2007, WHO/UNAIDS recommended that male circumcision be included in the HIV Prevention package. Thirteen Southern and Eastern African countries with high HIV prevalence, low levels of male circumcision and generalized heterosexual epidemics have been identified as priority countries for male circumcision scale-up, these are: Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. These countries have been engaged in developing programmes for male circumcision implementation and are at various stages of programme scale-up.

Ten key elements have been identified as critical to male circumcision programme scale-up, these include: leadership and partnerships; situation analysis; advocacy; enabling policy and regulatory environment; strategy and operational plan for national implementation; quality assurance and improvement; human resource development; commodity security; social change communication and monitoring and evaluation. These are outlined in full in the Operational guidance for scaling up male circumcision services for HIV prevention, WHO and UNAIDS, 2008. Which can be accessed at http://www.who.int/hiv/pub/malecircumcision/op_guidance/en/index.html.

This report provides an overview of progress in male circumcision programme scale-up in all the thirteen priority countries according to the key elements. Information for each country has been contributed by country programme managers, UN Agency focal persons within countries, technical support agencies and other key stakeholders through regular progress reports, collaborative consultations, meetings and discussions.

Any further updates, revisions or corrections can be sent to the Male Circumcision for HIV Prevention Clearinghouse Webmaster at webmaster@malecircumcision.org

Botswana

Kenya

Lesotho

Malawi

Mozambique

Namibia

Rwanda

South Africa

Swaziland

Tanzania

Uganda

Zambia

Zimbabwe

BOTSWANA

Botswana

Statistics:

- Population: 1.8m
- HIV Prevalence: 17.6%
- MC Prevalence: 11.2%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading programme. Dedicated MC Coordinator appointed. National Task Force is in place. National and district level working groups have been set up and are functional.
2. **Partnerships:** ACHAP, PEPFAR, BOTUSA, WHO, UNAIDS.
3. **Advocacy:** The former President, Festus Mogae is a Champion and is a leading figure in the 'African Champions for HIV Prevention Initiative'.

Situation analysis

Facility readiness assessment has been conducted.

Situation Analysis for traditional healers to be started before the end of the year.

Policy & regulatory framework

MC has been incorporated into existing HIV prevention policy and this memorandum has been approved by Cabinet.

Strategy and operational plan

Strategy developed and approved by government proposal. Phased scale-up plan to reach male circumcision prevalence rate of 80% among 0-49 years old HIV-negative males by 2014. Costing and impact derived from DMPPT.

Activities from the strategy and operational plan were included in a GFATM.

Five facilities have been selected to be strengthened as Centres of Excellence.

Training

Safe MC Training curriculum has been developed which includes a video. 2 pilot trainings have been conducted. June 2009 - 17 medical officers and 15 nurses/social workers have been trained. Planning to decentralize training.

Quality assurance

QA framework has been developed. WHO MC QA Guide and toolkit have been adapted and the QA standards adopted. Working towards strengthening QA systems.

A QA/QI Strategy is being developed. A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

Service delivery

MC services integrated into existing HIV prevention services so that MC is not a stand alone service.

Scaling up of service delivery has started in the 5 Centres of Excellence.

Communication

Communication strategy being developed.

Monitoring & evaluation and research

Monitoring and evaluation framework has been developed.

Reporting and data collection of MC numbers in progress at the facilities. There are ongoing efforts to strengthen the monitoring systems.

Research

Ongoing:

Safety and acceptability and KAP studies being done by Jhpiego/BOTUSA.

An infant, MC feasibility, safety and acceptability study underway.

Planned:

Safe MC public health evaluation - Protocol in development with support and collaboration from BOTUSA/CDC which will be a 5 year cohort in 2 selected districts.

Safety, demand, acceptability measure indicators being developed and piloted.

Kenya

Statistics:

- Population: 37.5m
- HIV Prevalence: 7% for the country. 15.3% for Nyanza province.
- MC Prevalence: 85% for the country. 40% for Nyanza province

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. A National and Provincial Task Force is in place and operational. Focal MC persons identified at national and district levels. Joint MC inter-ministerial Task Force set up and working well.
2. **Partnerships:** The MCC (FHI, University of Illinois at Chicago and EngenderHealth), Nyanza Reproductive Health Society, Impact Research and Development, MSI, IMC, APHIA (EngenderHealth, PATH, PSI), WHO, UNAIDS, UNICEF.
3. **Advocacy:** The Prime Minister Mr. Raila Odinga has endorsed the scale up of MC and met with the council of Luo elders to promote MC.

Situation analysis

Situation analysis has been completed for Nyanza, Teso, Turkana and Nairobi provinces.

Policy & regulatory framework

MC policy is in place. It is now called 'National Guidance' for MC to enhance acceptance as some groups felt that a formal Policy would mandate MC for all men.

Strategy and operational plan

The strategic plan for next 5 years is finalized. The national Strategy is for all provinces to have an MC prevalence of 80% by 2013. The target groups are 15-49 year olds and newborns.

Training

As of September 2009, 650 providers have been trained in Nyanza province.

Quality assurance

WHO MC QA toolkit is being used.

QA Strategy is in the Strategic Plan. At the national level the M & E team is in charge of QA/QI in the health sector and MC is integrated in this. A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

Service delivery

Service delivery has expanded from 41 districts to 230 districts in last few months. 124 facilities (static and mobile) in Nyanza province are now offering MC services.

MC services being offered in the prisons. As of October 2009, 40 000 MCs have been done.

Communication

Communication Strategy completed and awaiting implementation. M&E framework in place. M&E system to monitor MC uptake and adverse events developed.

Monitoring & evaluation and research

M&E indicators developed in line with WHO/PEPFAR recommendations.

MC incorporated into routine Kenya AIDS Information system. The survey is ongoing.

Research

Ongoing:

- Prospective longitudinal observation study on behavior risk compensation: The Sexual Health Attitudes Behavior Study.
- Cross sectional surveys to determine MC impact in Kisumu municipality: The MC Impact Study.
- Neonatal MC.
- Text messaging for post adherence.
- Wound healing.
- Feasibility of private sector involvement.
- Foreskin immunochemistry.

LESOTHO

Lesotho

Statistics:

- Population: 2m
- HIV Prevalence: 23.2%
- MC Prevalence: 48%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading programme. MC Task Force with two sub-committees have been created: the Clinical and the Advocacy and Communications Sub-committee. MC Focal person has been identified in the MOH.
2. **Partnerships:** PSI, PEPFAR, WHO, UNFPA.
3. **Advocacy:** Extensive advocacy has been done with traditional leaders to get them on board.

Situation analysis

Situation analysis in formal health sector has been completed. Exploring ways of how to work with traditional providers.

Facility readiness assessment of 9 facilities has been conducted, awaiting finalization of report.

Policy & regulatory framework

MC Policy has been approved, awaiting formal launch. Regulations do not allow certain task shifting to nurses. Planning to review regulations and processes of task shifting in Lesotho and also other countries.

Strategy and operational plan

Strategy and Operational plan approved. Awaiting formal launch.

Guide on comprehensive health sector HIV prevention service implementation to be developed with MC as one component.

Training

Training plans with Jhpiego have been developed.

Quality assurance

QA activities not yet started.

Service delivery

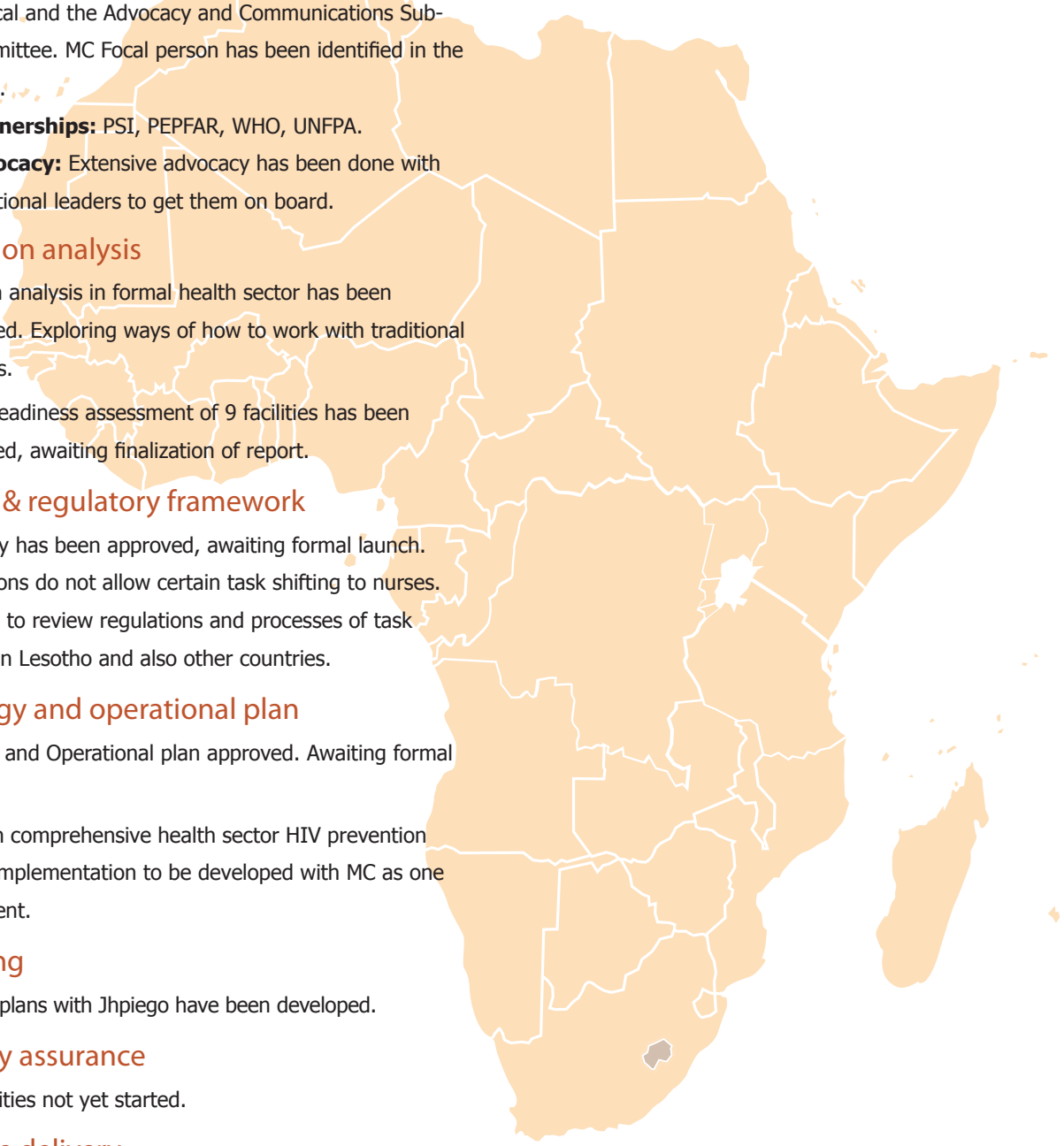
Formal scale-up has not started.

Communication

Planning to review current prevention communication strategy and see how to integrate MC.

Monitoring & evaluation and research

M&E framework has not yet been developed. Plans to be developed for OR.



Malawi

Statistics:

- Population: 13.2m
- HIV Prevalence: 12%
- MC Prevalence: 21%

Leadership, partnerships & advocacy

1. **Leadership:** The MOH is heading the MC subgroup consisting of national, multilateral & NGO representatives. A focal person for MC not yet appointed. Initial leadership provided by the NAC.
2. **Partnerships:** WHO, UNAIDS, UNICEF, UNFPA, CHAM, CDC, PSI, BLM.
3. **Advocacy:** Planning to identify a local champion for MC. Advocacy still needed at various political and health provider levels.
   Stakeholders meeting held in August 2009.

Situation analysis

Data collection for situation analysis completed. Final report to be presented to stakeholders at the end of 2009.

Policy & regulatory framework

Policy development awaiting results of situation analysis.

Strategy and operational plan

Awaiting finalization of situation analysis.

Training

Training activities not yet developed.

Quality assurance

QA activities not yet developed.

Service delivery

Formal scale-up has not started.

A local NGO, BLM is providing MC services in their clinics.

Communication

Communication plan not yet developed.

Monitoring & evaluation and research

M&E framework not yet developed and OR plans to be developed.

MALAWI

MOZAMBIQUE

Mozambique

Statistics:

- Population: 21m
- HIV Prevalence: 16%
- MC Prevalence: 56%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. A National Task Force is in place. MC focal person identified in MOH (a surgeon working in the national referral hospital).
2. **Partnerships:** PEPFAR, PSI, USG, WHO, UNAIDS, UNICEF, JHPIEGO.
3. **Advocacy:** Former Presidents involved in 'African Champions for HIV Prevention Initiative' visited Mozambique in June 2009. A follow up plan of action including continuous advocacy for scaling up access to MC services has been discussed with the government of Mozambique.

Situation analysis

A health facility readiness assessment (facility rapid assessment) has been completed by Jhpiego. A KAP survey is planned for 2010.

Policy & regulatory framework

No formal MC Policy developed. A national strategy for intensifying HIV prevention activities was adopted and launched by the President of Mozambique in December 2008.

Strategy and operational plan

An operational plan for HIV prevention has been developed which includes MC. Five pilot sites have been selected. Scale-up to be initiated in 2010.

Training

A few senior staff of the MOH have been trained on MC.

Training plans and materials are being developed with the support of WHO, UNAIDS and Jhpiego.

A TOT workshop is planned for 2010 which will be followed by a cascade training of staff in all 11 provinces in 2010-2011.

Training materials for traditional circumcisers are being developed by the National Task Force, to be finalized and tested in 2010.

Quality assurance

QA training materials and methodology are being developed by the MC National Task Force. The material will be translated into Portuguese and adapted to the national context in 2010. Field testing and implementation of the QA program is planned for late 2010.

Service delivery

No formal scale up has started. MC services are provided on demand and as part of routine minor surgery services. MC services are delivered mainly in government hospitals. There is no known private provider of MC services in Mozambique.

Communication

A communication strategy is being developed with the support of the National Task Force and PSI.

Monitoring & evaluation and research

M&E framework for MC has been developed. Nine core MC indicators have been selected and validated.

An OR agenda is being developed by the National Task Force.

Namibia

Statistics:

- Population: 2m
- HIV Prevalence: 18%
- MC Prevalence: 21%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. A National Task Force is in place. MC focal person identified in MOH. MC Coordinator being hired.
2. **Partnerships:** PEPFAR, PSI, CDC, WHO, UNAIDS.
3. **Advocacy:** The 'African Champions for HIV Prevention Initiative' visited in June 2009. Advocacy with traditional leaders is required.

Situation analysis

Situation analysis report now available.

Situation analysis needed in terms of understanding traditional circumcisers' practices. Workshop with traditional healers is being planned.

Policy & regulatory framework

Draft policy submitted to Parliament which includes task shifting of surgical tasks to nurses. This draft Policy available and guiding piloting programme.

Strategy and operational plan

Strategy has been developed and being rolled out in a limited number of pilot sites. Costing and impact data for the national strategy was derived by using the DMPPT.

Training

Two MC trainings have been conducted in 2009.

Quality assurance

QA training will be included in the pilot programme that is underway.

Service delivery

Formal scale-up not yet started but pilot sites have been identified.

Five pilot sites have been identified. Two sites are in operation.

Communication

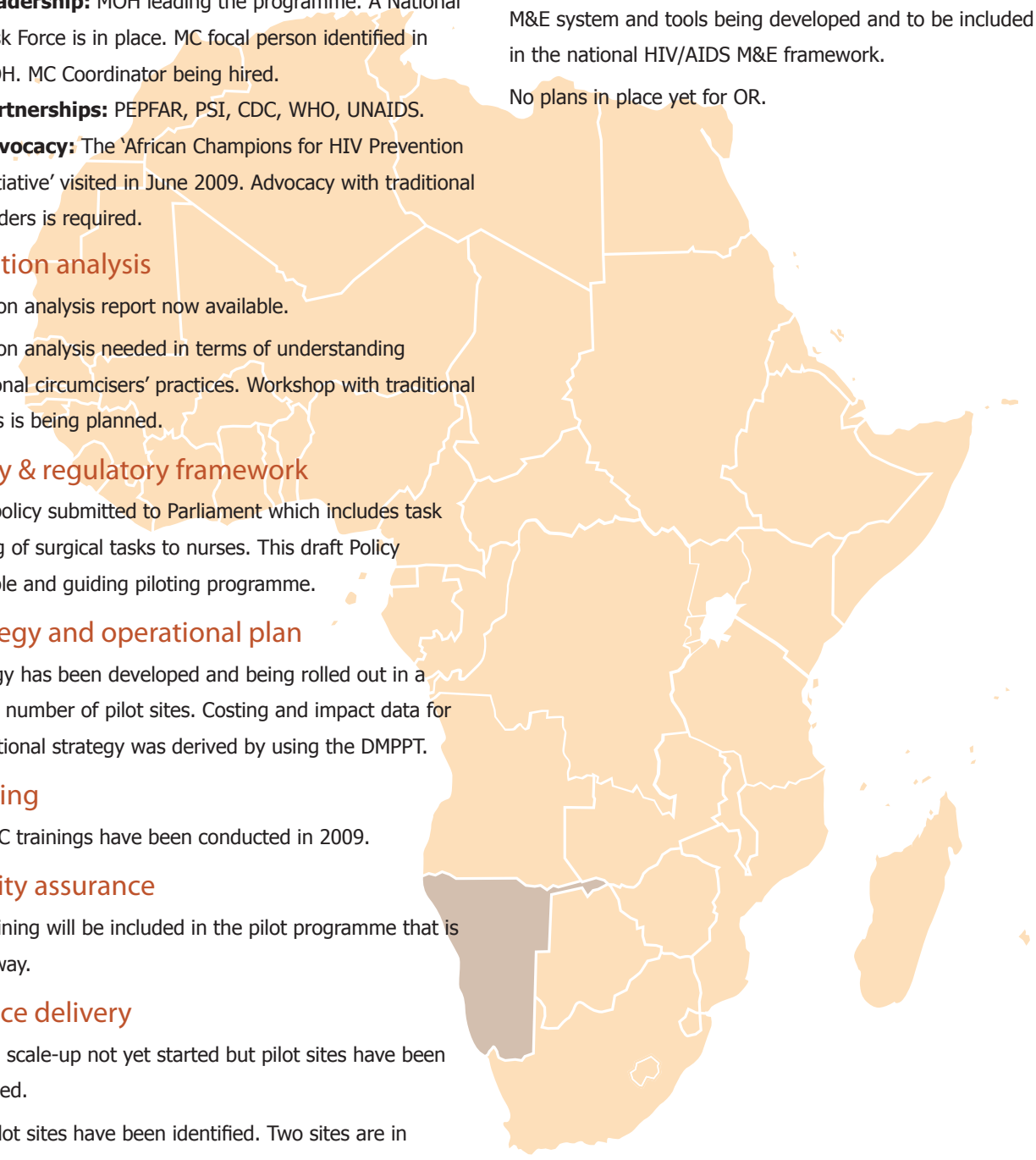
Communication Plan already in place.

Final versions of MC communication materials are now available.

Monitoring & evaluation and research

M&E system and tools being developed and to be included in the national HIV/AIDS M&E framework.

No plans in place yet for OR.



NAMIBIA

Rwanda

Statistics:

- Population: 9.3m
- HIV Prevalence: 3%
- MC Prevalence: 12%

Leadership, partnerships & advocacy

1. **Leadership:** MOH/TRAC PLUS leading the programme. TWG formed in early 2008. MC focal person appointed and is located in TRAC Plus.
2. **Partnerships:** WHO, UNAIDS, UNICEF. USG/PEPFAR (DOD, CDC).
3. **Advocacy:** Symposium on cost effectiveness of paediatric MC in 2007. National advocacy campaign conducted in September/October 2008.

Situation analysis

Facility readiness assessment completed. Data is being analysed, report expected December 2009.

KAP survey protocol presented to Ethics Committee.

Policy & regulatory framework

Policy to be developed after situation analysis.

Strategy and operational plan

National guidelines for implementation developed. Awaiting final approval.

Training

Two surgeons and focal person have attended WHO/ Jhpiego training.

Training and capacity building of health workers from Army health services in Kanombe and Kaduha conducted in September 2009.

TOT and training of Health workers after completion of the KAP Study.

Quality assurance

QA Framework and structure not yet developed.

Service delivery

Service delivery has started in the military.

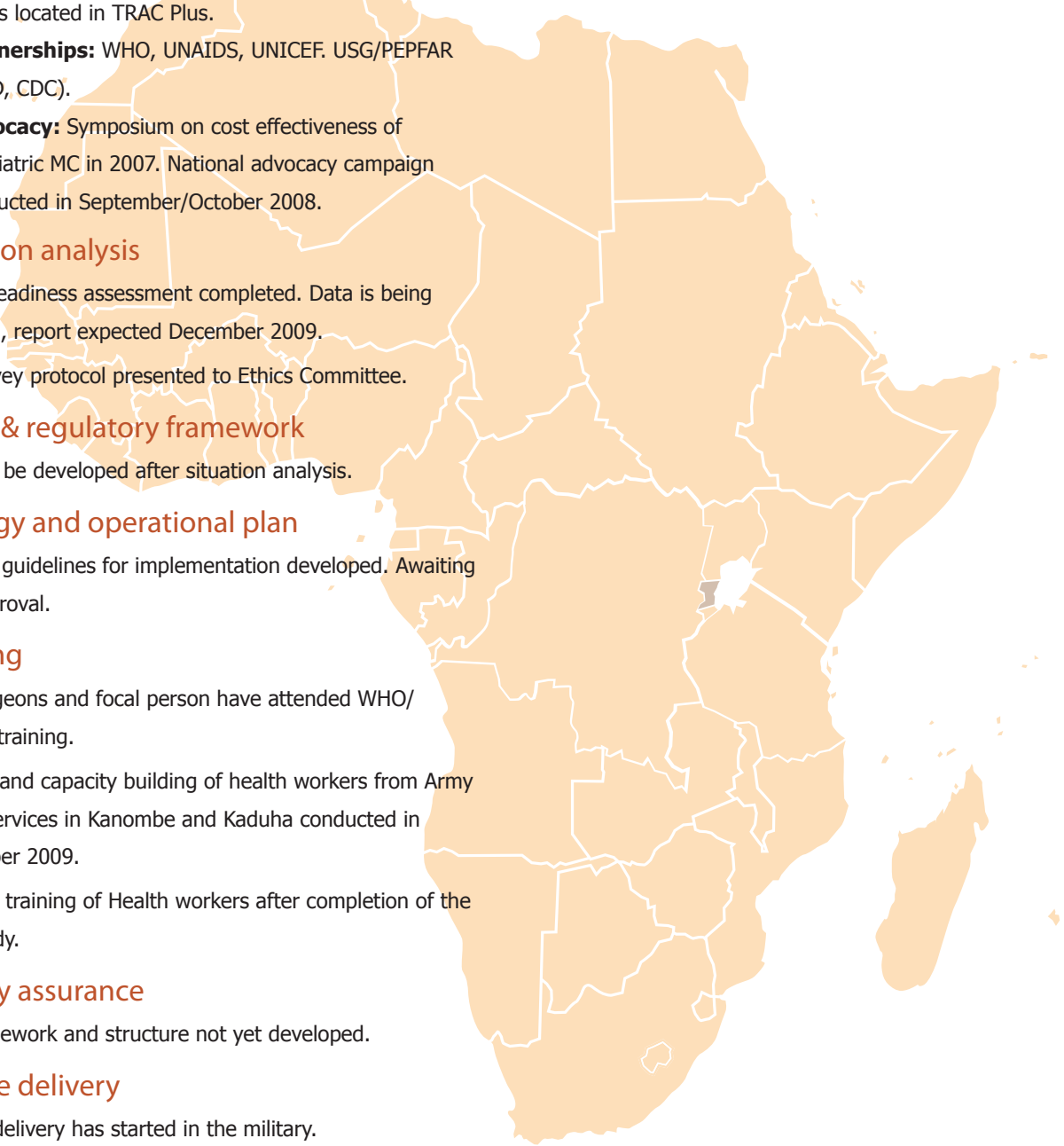
Communication

TRAC Plus has targeted all 30 district mayors to include MC in their HIV/AIDS control plans.

Communication Plan scheduled for 2010

Monitoring & evaluation and research

National M&E Plan for HIV/AIDS (2009-2012) ongoing.



South Africa

Statistics:

- Population: 48.5m
- HIV Prevalence: 18.1%
- MC Prevalence: 35%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading with SANAC Programme Implementing Committee. Deputy President is the Chair of SANAC. MC focal person in MOH.
2. **Partnerships:** RHRU, Jhpiego, UNAIDS, UNICEF, WHO, Futures Group, CDC/PEPFAR, SFH
3. **Advocacy:** Advocacy with different SANAC groups (men, women). Research Task team involved in advocacy.

Situation analysis

Situation analysis in progress, due to be completed by end of December 2009.

Facility readiness assessment (facility audit) tool being developed.

Policy & regulatory framework

Initial draft Policy developed. Awaiting approval by MOH decision making structures.

Strategy and operational plan

Draft strategy in place and implementation guidelines developed.

Training

Training plans being developed.

National Health Council reviewing Task Shifting and use of lay counsellors for VCT.

Quality assurance

WHO QA toolkit being adapted.

A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

Service delivery

Service delivery scaled up in Orange Farm community as a follow up to RCT.

Eighteen priority districts have been identified for scale up. Directive is that implementation can start and should not be hindered by stage of Policy.

Communication

Communication Strategy being developed.

Monitoring & evaluation and research

Research

Ongoing:

OR in progress in Orange Farm community including a series of cross-sectional studies being done at baseline, 3 and 5 years to assess impact of male circumcision scale up on HIV prevalence, as well as behaviour on condom use.

SWAZILAND

Swaziland

Statistics:

- Population: 1m
- HIV Prevalence: 26%
- MC Prevalence: 8%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. National Task Force includes all partners who are working on MC. Deputy Director Clinical Services is the MC focal person and Chair of the MC Task Force. A dedicated MC Coordinator now in place in MOH.
2. **Partnerships:** Supporting partners: WHO, UNICEF, UNAIDS, PEPFAR, FLAS, MC Partnership (PSI, Jhpiego, MSI, Population Council).
3. **Advocacy:** Current Prime Minister is strong supporter of MC.

Situation analysis

Parts of situation analysis done to inform policy development.

Policy & regulatory framework

MC Policy has been approved by Cabinet and is now being printed to be launched end of December 2009.

Strategy and operational plan

Strategy and operational plan developed and being printed.

Training

Training is ongoing. PSI/Jhpiego have done 3 trainings in 2009.

Quality assurance

QA being actively implemented in 3 sites using the WHO QA toolkit. A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

Service delivery

Five government sites identified to provide integrated MC services. FLAS has been providing MC and male SRH services for several years.

PSI launched a new site adopting MOVE principles in September 2009.

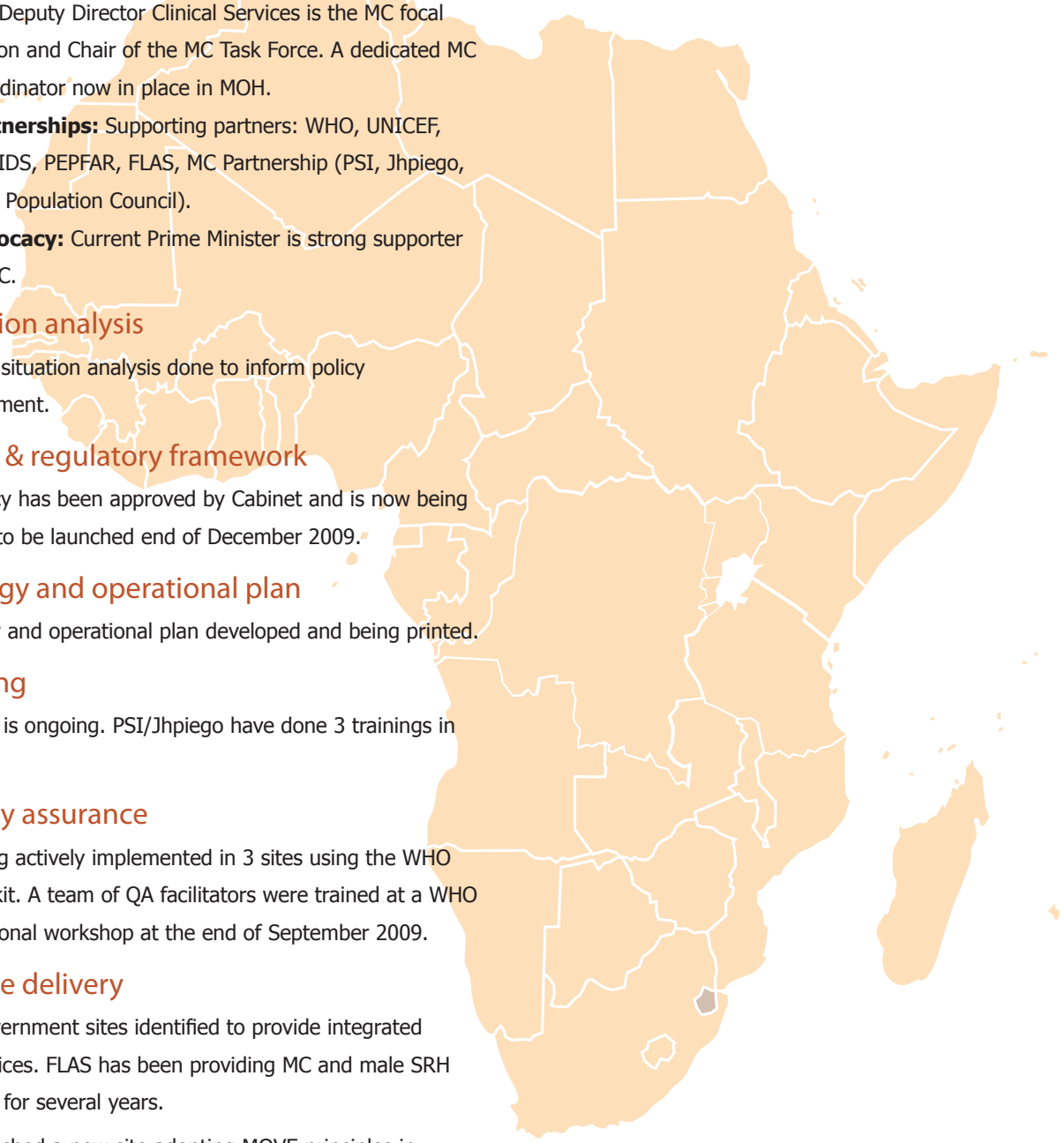
Communication

Communication and Advocacy Strategy being finalized. PSI/ FLAS advertising through the Mass media.

Monitoring & evaluation and research

M&E Framework is in draft form.

Research Committee and Strategic Information Unit overseeing ongoing research.



Tanzania

Statistics:

- Population: 40m
- HIV Prevalence: 5.7%
- MC Prevalence: 70%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. MC Task Force was formed in October 2007 with 25 members. MC responsibility added to IEC Head within National AIDS Control Programme in the MOH&SW.
2. **Partnerships:** NIMR, WHO, CDC, UNICEF, USAID, Jhpiego, Association of Private Hospitals.
3. **Advocacy:** MC has been widely practiced in regions for traditional and religious purposes. There is no evidence of opposition to MC.

Situation analysis

Situation analysis has been completed. Final report available.

Traditional providers study completed. Report available.

Policy & regulatory framework

Policy being developed.

Strategy and operational plan

Strategic plan under development.

Training

Three trainings have been conducted. The WHO surgical manual and training package is being adapted.

Quality assurance

QA activities have not yet been initiated.

Service delivery

Three demonstration sites in provincial and regional hospitals have been set up.

Communication

Communication plan has not yet been developed.

Monitoring & evaluation and research

M&E structures not yet developed.

No OR plans developed.

Uganda

Statistics:

- Population: 32m
- HIV Prevalence: 6.4%
- MC Prevalence: 25%

Leadership, partnerships & advocacy

1. **Leadership:** National Task Force for MC in place. MOH providing overall leadership, guidance and stewardship for MC.
2. **Partnerships:** Supporting partners: WHO, UNAIDS, UNICEF, UNFPA, PEPFAR (USAID and CDC), FHI and Makerere University School of Public Health.
3. **Advocacy:** No local champions identified. Advocacy still required at various levels.

Situation analysis

Situational analysis to determine the acceptability and feasibility of medical MC promotion in Uganda has been completed and disseminated. Mapping survey of medical MC services completed.

Policy & regulatory framework

Draft MC policy has been developed and will be presented to stakeholders.

Formal assessment of existing policies done using the UNAIDS legal and regulatory self assessment tool.

Strategy and operational plan

Strategy and operational plan developed and being printed.

Training

Nationwide training not yet initiated. Health workers from a selected number of facilities are being trained at the Rakai Health Sciences Research Project.

Quality assurance

QA activities have not yet initiated.

Service delivery

Formal scale-up not yet started. Scale up expected after the launch of the Policy in 2010.

Communication

Communication strategy under development. MC awareness campaigns ongoing.

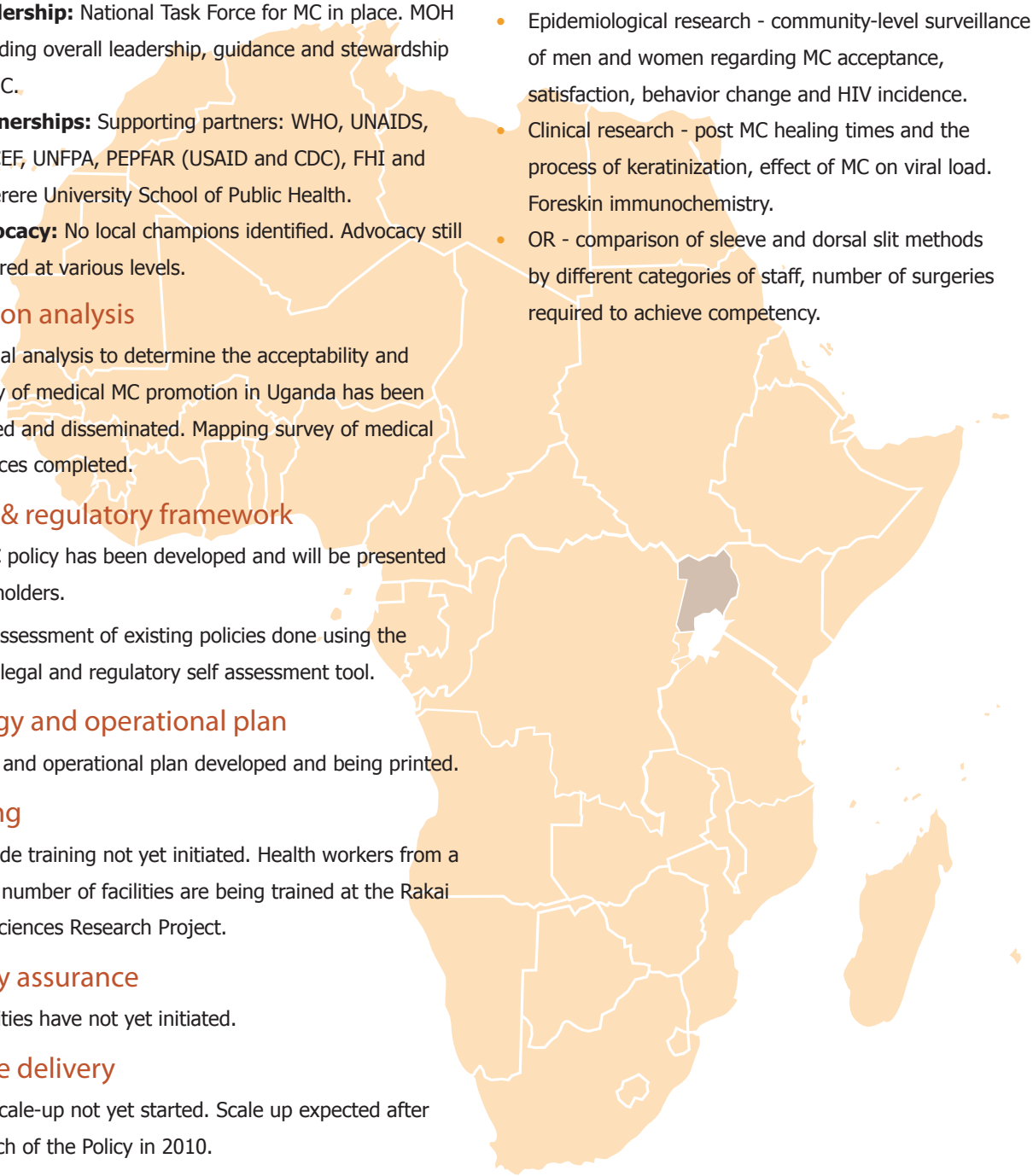
Monitoring & evaluation and research

Research

Ongoing:

In Rakai epidemiological, clinical, operational and basic science research RCT site.

- Epidemiological research - community-level surveillance of men and women regarding MC acceptance, satisfaction, behavior change and HIV incidence.
- Clinical research - post MC healing times and the process of keratinization, effect of MC on viral load. Foreskin immunochemistry.
- OR - comparison of sleeve and dorsal slit methods by different categories of staff, number of surgeries required to achieve competency.



Zambia

Statistics:

- Population: 12m
- HIV Prevalence: 14.3%
- MC Prevalence: 13.1%

Leadership, partnerships & advocacy

1. **Leadership:** MOH leading the programme. National Task Force in place. A dedicated National MC Coordinator has been appointed.
2. **Partnerships:** Supporting partners: UTH, MC Partnership (PSI, Jhpiego, MSI, Population Council) and CIDRZ.
3. **Advocacy:** Ongoing advocacy.

Situation analysis

Situational analysis and health facility readiness assessment (health facility preparedness assessment) has been completed.

Policy & regulatory framework

Cabinet memo incorporating MC in HIV prevention has been approved. The agreement is not to have a stand alone policy.

Strategy and operational plan

A national Implementation Plan has been formally launched. The plan is to increase from 11 service delivery sites to 300 sites by 2014.

Target of MCs is approximately 250 000/yr.

Training

Partnership with Jhpiego and UTH for training. Approximately 150 providers trained.

Training of providers ongoing.

Quality assurance

QA strategy in place. QI team present at national level. A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

WHO QA Guide and toolkit to be implemented.

Service delivery

11 service delivery sites established. About 4 000 male circumcisions have been done to date. In partnership with PSI, FHI, MSI, CIDRZ for service delivery.

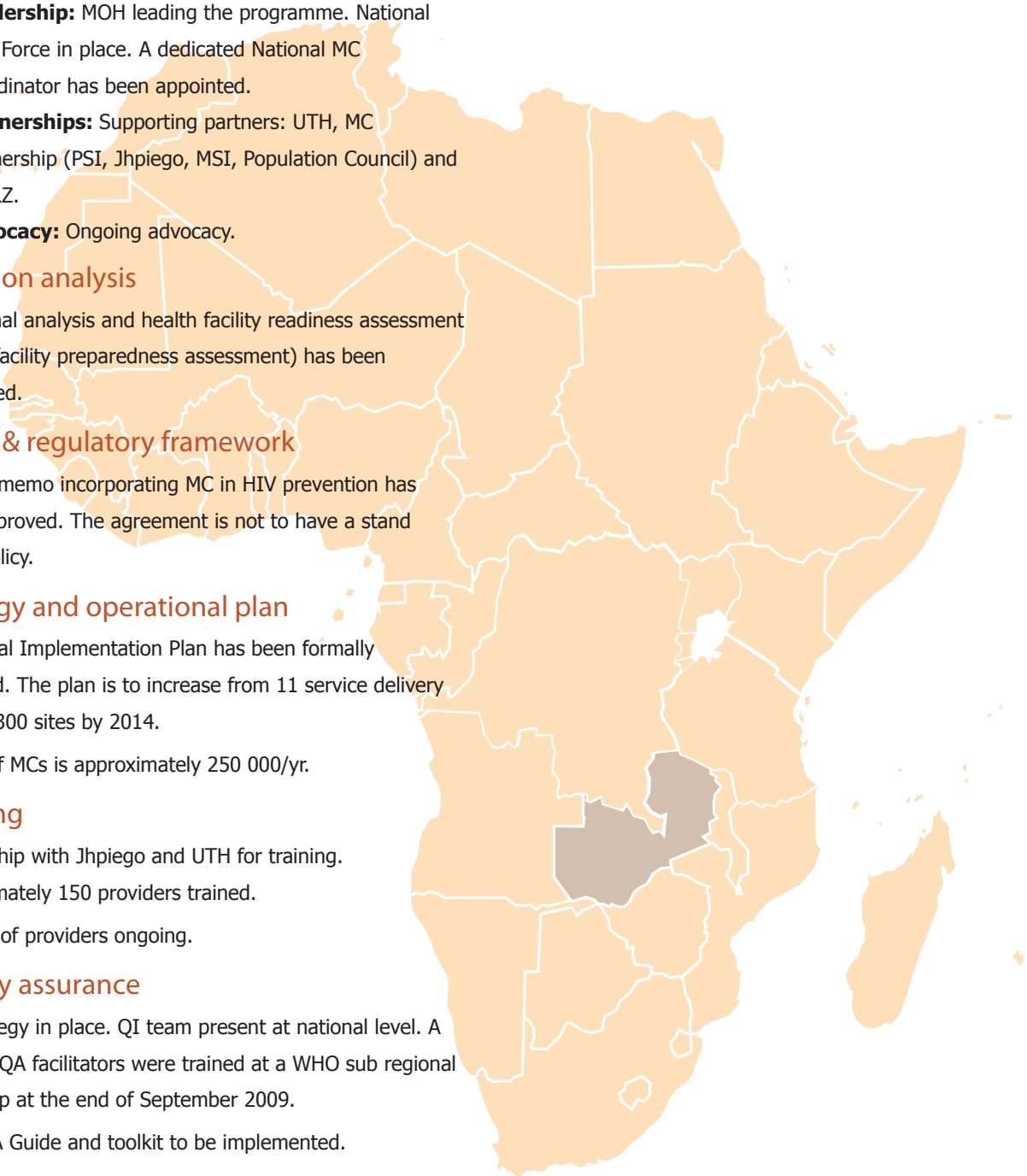
Service delivery sites adopting MOVE principles.

Communication

Communication activities being implemented.

Monitoring & evaluation and research

M&E framework and indicators being developed. Ongoing OR through University Teaching Hospital.



ZAMBIA

ZIMBABWE

Zimbabwe

Statistics:

- Population: 12m
- HIV Prevalence: 15.6%
- MC Prevalence: 10%

Leadership, partnerships & advocacy

1. **Leadership:** MC Task Force with subcommittees formed. Steering Committee and three Technical Working Groups are in place. Focal person for MC and condom programming identified in the MOH&CW. Focal person for MC and condom programming now in place.
2. **Partnerships:** Supporting partners: ZNFPC, WHO, UNFPA, PSI, church organizations.
3. **Advocacy:** Working with student movements and women's activist groups for advocacy. Ongoing sensitization and involvement of traditional circumcisers, medical practitioners, provincial health teams and community stakeholders.

Situation analysis

MC situation analysis conducted and results disseminated to stakeholders.

Policy & regulatory framework

MC Policy finalized in October 2009. Launched in November 2009.

Strategy and operational plan

National MC strategic plan being developed.

Exploring task sharing with other cadres.

Planning for use of the DMPPT to assess cost of impact of MC to inform strategy development.

Training

Established central level training site at ZNFPC Harare. Two more training sites have been set up. National TOT was conducted: 18 national trainers consisting of surgeons, nurses and counselors. One hundred and four nurses and doctors trained. Training materials have been adapted from WHO training guidelines.

Quality assurance

Planning to have QA/QI teams. A team of QA facilitators were trained at a WHO sub regional workshop at the end of September 2009.

Service delivery

Phase 1 (Pilot) commenced in April 2009 at 4 service delivery sites.

In the pilot phase 1818 MCs have been done. Six delivery sites opened. One outreach for traditional circumcisers conducted where 72 circumcisions were done.

Communication

Communication and Advocacy strategy developed and being implemented.

Monitoring & evaluation and research

M&E system and tools developed and integrated into national HMIS.

OR plans yet to be developed.