Progress in male circumcision scale-up: country implementation update

December 2009
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACHAP</td>
<td>Africa Comprehensive HIV/AIDS Programme</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>BLM</td>
<td>Banja La Mtsogolo</td>
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<td>BOTUSA</td>
<td>Botswana-USA partnership</td>
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<td>CDC</td>
<td>Centres for Disease Control</td>
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<td>CHAM</td>
<td>Christian Health Association of Malawi</td>
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<td>CIDRZ</td>
<td>Centre for Infectious Diseases Research Zambia</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DMPPT</td>
<td>Decision Makers Programme Planning Tool</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>FLAS</td>
<td>Family Life Association of Swaziland</td>
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<td>GFATM</td>
<td>Global Fund for AIDS, TB and Malaria</td>
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<td>HCP</td>
<td>Health Communication Partnership</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>IMC</td>
<td>International Medical Corps</td>
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<td>Jhpiego</td>
<td>John Hopkins Program for International Education in Gynaecology and Obstetrics</td>
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<td>KAP</td>
<td>Knowledge, Attitudes and Practice</td>
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<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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<td>MC</td>
<td>Male Circumcision</td>
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<td>MCC</td>
<td>Male Circumcision Consortium</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOH&amp;CW</td>
<td>Ministry of Health and Child Welfare</td>
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<td>MOH&amp;SW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MOVE</td>
<td>Models for Optimising the Volume and Efficiency of MC services</td>
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<td>MSI</td>
<td>Marie Stopes International</td>
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<td>NAC</td>
<td>National AIDS Council/Commission</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>OR</td>
<td>Operations Research</td>
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<td>PEPFAR</td>
<td>The US President's Emergency Plan for AIDS Relief</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>RCT</td>
<td>Randomized Control Trial</td>
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<td>RHRU</td>
<td>Reproductive Health and HIV Research Unit</td>
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<td>SANAC</td>
<td>Southern African National AIDS Council</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>TRAC Plus</td>
<td>Treatment Research AIDS, TB and Malaria and other epidemics</td>
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<td>UNAIDS</td>
<td>Joint United Programme on HIV/AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>United States Government</td>
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<td>UTH</td>
<td>University Teaching Hospital</td>
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<td>WHO</td>
<td>World Health Organization</td>
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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

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

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 Subcommittee. 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.
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.

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.
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).

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 Kuduha 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
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

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.


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.


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.
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.
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

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.