Swaziland Male Circumcision Volunteer Orientation Materials

July 2010

Acknowledgments

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Jhpiego is an international, non-profit health organization affiliated with The Johns Hopkins University. For more than 35 years, Jhpiego has empowered front-line health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.
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Acronyms

CDC	Centers for Disease Control and Prevention
DPT	Diphtheria/pertussis/tetanus
IG	Immune globulin
INM	Imbokodvo National Movement
MC	Male circumcision
MMR	Measles/mumps/rubella
NNLC	Ngwane National Liberatory Congress
PEP	Post-exposure prophylaxis
ToR	Terms of reference
WHO	World Health Organization

Welcome Letter from the Ministry of Health

Mbabane, July 2010

Dear Health Care Professional,

The Ministry of Health and the Swaziland Circumcision Task Force are grateful to you for helping us in our battle against AIDS.

Internationally, prevention is getting more and more emphasis and it is indeed prevention that our Task Force is concentrating on. Male circumcision has now been recognized by the international scientific community and by the World Health Organization (WHO) as an effective tool in the prevention of female-to-male transmission of HIV. WHO has recommended incorporating circumcision into the existing national packages of HIV-prevention measures, particularly in those countries with a high HIV-prevalence rate and a low circumcision rate. Swaziland is such a country.

Swaziland is a small kingdom situated in the southeast of Africa, with a population of one million. Like so many sub-Saharan African countries, Swaziland has been ravaged by an HIV/AIDS epidemic of huge proportions: 41.2% of antenatal women were HIV-positive in 2006, 39.6% in 2007, the highest prevalence rate in the world. The number of orphaned children in the country is over 100,000 (more than 10% of the entire population) and it is rising. Life expectancy at birth has dropped to 31.6 years, the lowest in the world. A country-wide disaster, threatening the very existence of the nation, is unfolding.

Treatment with antiretroviral medication has been introduced, but is still not readily available in all areas of the country. Prevention programs emphasizing ABC measures (abstain, be faithful, condom use) and behavior change are in full swing, but are unable really to turn around the epidemic.

We have calculated that approximately 120,000 HIV-negative Swazi men are in danger of becoming HIV-positive. The Task Force has set out to circumcise as many of these men as possible in the next three to five years. Insufficient local manpower has created the need for help from abroad. Donor organizations (PEPFAR, Gates) are making this program financially possible.

Your participation in the program is considered humanitarian assistance in disaster relief, not “medical tourism.” It will not be a few circumcisions in the morning and a game of golf in the afternoon. You are expected to work hard to make your short period of time here as productive as possible.

With so many external participants, the importance of standardization cannot be over-emphasized. All aspects of the circumcision procedure in Swaziland have been carefully standardized on the basis of extensive trials. Anesthesia and the surgical method of

circumcision are the most important aspects of this standardization. Local anesthesia by means of a dorsal penile nerve block, combined with a penile ring block with 1% plain lidocaine, is the standard for adult male circumcision. Although the sleeve method of circumcision, as described in "Campbell's Urology" and in the "Surgeon's Guide" in this information package, is the recommended operating technique in Swaziland, the other methods in the WHO Manual (clamp assisted and dorsal slit) will be acceptable if performed expertly, safely and within a comparable time. Instruction is available in Swaziland should you need it.

Your stay will be made as comfortable as possible. Since Swaziland is a developing country and funds are limited, your accommodation will be clean and hygienic, but not luxurious.

Once again, we are grateful for your help and support. It is hoped that with this international effort, we will be successful in bringing the AIDS epidemic in Swaziland under control.

For the Swaziland Circumcision Task Force and the Ministry of Health,

Dr. V. Magagula
Deputy Director of Health in the MOH
Chairman of the Swaziland Circumcision Task Force

Dr. Adam E. Groeneveld, Urologist
Clinical Circumcision Coordinator for Swaziland
adam.staghorn@gmail.com

Description of "MOVE" and Surgical Overview for Volunteers in Swaziland

Jhpiego and our partners in Swaziland are excited that you are coming as a volunteer to assist in providing male circumcision (MC) services. Since you may be working at a site where surgical efficiency techniques have been implemented, the following document provides the background and overview of some of the differences between this model of surgical delivery and the manner in which you are likely accustomed to practicing in your home country.

History of "MOVE": Orange Farm in South Africa was the site of one of three randomized controlled clinical trials demonstrating that circumcision decreased female-to-male transmission of HIV. They also pioneered several methods to increase efficiency and the number of procedures per surgeon. This was accomplished through a combination of strategies, including choosing a rapid MC technique (forceps-guided), efficient patient flow through the facility, use of alcohol-based hand rubs between most procedures (rather than a traditional surgical scrub), use of task-sharing (using trained nurses to perform some steps in the procedure), use of pre-packaged kits to streamline the process of procurement of equipment and disposables, and use of cautery/diathermy for hemostasis.

This model has been dubbed "MOVE," which stands for "Models for Optimizing Volume and Efficiency." Logistically, it requires a high degree of teamwork, communication and coordination. Not all sites have implemented every aspect of this model, but each individual facet of MOVE can have a positive impact on the number of circumcisions per unit time that a team can accomplish. Depending on where you are assigned to work, you might note one or more of these efficiencies at work. It goes without saying that in order for the MOVE model to be effective, there must be high demand for services and an adequate number of counselors available to provide pre-operative services.

Your role in MC services under MOVE: There are only a few aspects of MOVE that you, as a volunteer surgeon, need to understand in order to effectively function as a team member. You will perform a normal surgical scrub at the beginning of the morning and after eating lunch. In between every additional patient, there will be an alcohol-based hand scrub in the hallway for cleansing your hands. The Litsemba Letfu clinic is arranged as a long hall with six surgical bays (three on each side) separated from the hall by curtains to allow for efficient communication. One nurse stays with a particular patient for the entire procedure, taking care of the prep, functioning as an assistant and applying a dressing after the procedure. Other nurses are "floating" and providing local anesthesia and suturing. There is a "runner" (we would normally call this a circulator in the U.S.), who is getting any additional supplies (gauze, suture) as needed. Note that most of the supplies come in pre-packaged kits so there is little choice of the type of sutures. Try to conserve the sutures as much as possible (instrument-tie rather than hand-tie) and realize that if you use more gauze than what comes in the kit, then you will need to request more from the runner.

After your hands are clean, proceed to a bay where a patient will be waiting, already prepped and anesthetized. You are to excise the foreskin, get hemostatic control, place mattress sutures in four quadrants and then call for a nurse to come suture. While you are performing the circumcision, you will likely hear a nurse from an adjoining bay asking if she/he can inject the local for your next case. If you think that you will be able to complete your task with the current patient within five minutes, then tell them to proceed. Otherwise, delay as indicated. When you have completed the skin excision and four quadrant sutures, call for a nurse to come complete the suturing. The bandaging and post-operative instructions will be completed for you. Fill out the necessary paperwork and proceed back to the hall, cleanse your hands and proceed to the next bay. If there is a drop in surgical volume, the team will revert to a more traditional model of service provision where you will

do both the circumcision and the suturing (the nurse will still prep, inject and dress the wound) in order to save gloves. You must pay careful attention in order for logistics to run smoothly.

Other surgical differences you might encounter: You might be used to using a sterile surgical gown during circumcisions, but in the Manual for Male Circumcision under Local Anesthesia, you will note that the World Health Organization has determined that the procedure can be done safely with a plastic apron and sterile gloves. If you are not used to this at your home institution, please pay particular attention to protecting the sterile field. In addition, the operating tables are on blocks and can't be moved for each provider, so you might find this an additional challenge if you have any back or neck problems. Finally, the use of diathermy/cautery has increased the speed at which providers can do circumcisions (versus the alternative of suture-ligating each bleeder). At many of the high volume MC sites in Swaziland, the cautery pencil is held by the assistant and the surgeon just picks up bleeders to be controlled (the assistant touches the cautery tip to the instrument). This might be an adjustment for those of you who are accustomed to holding the cautery pencil and using it for dissection and hemostasis yourself.

Teamwork and communication are much more important in this model of surgical delivery compared to what you are accustomed to at home. Please make an extra effort to listen and clearly communicate. Thank you for your willingness to serve and play a role in combating the HIV/AIDS epidemic in Swaziland.

Kingdom of Swaziland: Country Overview

Map of Swaziland

Source: http://www.state.gov/r/pa/ei/bgn/2841.htm

STATISTICS

(From: http://www.who.int/countries/swz/en/ and Swaziland DHS, 2006–2007)

- Total population: 1,134,000
- Gross national income per capita (PPP international $): 4,700
- Life expectancy at birth m/f (years): 41/43
- Healthy life expectancy at birth m/f (years, 2003): 33/35
- Probability of dying under five (per 1,000 live births): 164
- Probability of dying between 15 and 60 years m/f (per 1,000 population): 690/643
- Total expenditure on health per capita (Intl $, 2006): 353
- Total expenditure on health as percentage of GDP (2006): 5.9
- Percentage of adults aged 15–49 living with HIV: 26%
- Percentage of pregnant women living with HIV: 38%

POLITICAL BACKGROUND

(From http://www.state.gov/r/pa/ei/bgn/2841.htm)
According to tradition, the people of the present Swazi nation migrated south before the 16th century from what is now Mozambique. Following a series of conflicts with people living in the area of modern Maputo, the Swazis settled in northern Zululand in about 1750. Unable to match the growing Zulu strength, the Swazis moved gradually northward in the 1800s and established themselves in the area of modern, or present, Swaziland.

They consolidated their hold under several able leaders. Frequently recognized as the most significant ruler was Mswati II, from whom the Swazis derive their name. Under his leadership in the 1840s, the Swazis expanded their territory to the northwest and stabilized the southern frontier with the Zulus.

Contact with the British came early in Mswati's reign, when he asked British authorities in South Africa for assistance against Zulu raids into Swaziland. It also was during Mswati's reign that the first whites settled in the country. Following Mswati's death, the Swazis reached agreements with British and South African authorities over a range of issues, including independence, claims on resources by Europeans, administrative authority and security. South Africans administered the Swazi interests from 1894 to 1902. In 1902, the British assumed control.

In 1921, after more than 20 years of rule by Queen Regent Lobatsibeni, Sobhuza II became Ngwenyama (lion) or head of the Swazi nation. The same year, Swaziland established its first legislative body—an advisory council of elected European representatives mandated to advise the British high commissioner on non-Swazi affairs. In 1944, the high commissioner conceded that the council had no official status and recognized the paramount chief, or king, as the native authority for the territory to issue legally enforceable orders to the Swazis.

In the early years of colonial rule, the British had expected that Swaziland would eventually be incorporated into South Africa. After World War II, however, South Africa's intensification of racial discrimination induced the United Kingdom to prepare Swaziland for independence. Political activity intensified in the early 1960s. Several political parties were formed and jostled for independence and economic development. The largely urban parties had few ties to the rural areas, where the majority of Swazis lived. The traditional Swazi leaders, including King Sobhuza II and his Inner Council, formed the Imbokodvo National Movement (INM), a political group that capitalized on its close identification with the Swazi way of life. Responding to pressure for political change, the colonial government scheduled an election in mid-1964 for the first legislative council in which the Swazis would participate. In the election, the INM and four other parties, most having more radical platforms, competed in the election. The INM won all 24 elective seats.

Having solidified its political base, INM incorporated many demands of the more radical parties, especially that of immediate independence. In 1966, the U.K. Government agreed to discuss a new constitution. A constitutional committee agreed on a constitutional monarchy for Swaziland, with self-government to follow parliamentary elections in 1967. Swaziland became independent on September 6, 1968. Swaziland's post-independence elections were held in May 1972. The INM received close to 75% of the vote. The Ngwane National Liberatory Congress (NNLC) received slightly more than 20% of the vote, which gained the party three seats in parliament.

In response to the NNLC's showing, King Sobhuza repealed the 1968 constitution on April 12, 1973 and dissolved parliament. He assumed all powers of government and prohibited all political activities and trade unions from operating. He justified his actions as having removed alien and divisive political practices incompatible with the Swazi way of life. In January 1979, a new parliament was convened, chosen partly through indirect elections and partly through direct appointment by the King.

King Sobhuza II died in August 1982, and Queen Regent Dzeliwe assumed the duties of the Head of State. In 1984, an internal dispute led to the replacement of the Prime Minister and eventual replacement of Dzeliwe by a new Queen Regent Ntombi. Ntombi's only child, Prince Makhosetive, was named heir to the Swazi throne. Real power at this time was concentrated in the Liqoqo, a supreme traditional advisory body that claimed to give binding advice to the Queen Regent. In October 1985, Queen Regent Ntombi demonstrated her power by dismissing the leading figures of the Liqoqo. Prince Makhosetive returned from school in England to ascend to the throne and help end the continuing internal disputes. He was enthroned as Mswati III on April 25, 1986. Shortly afterwards he abolished the Liqoqo. In November 1987, a new parliament was elected and a new cabinet appointed.

In 1988 and 1989, an underground political party, the People's United Democratic Movement criticized the King and his government, calling for democratic reforms. In

response to this political threat and to growing popular calls for greater accountability within government, the King and the Prime Minister initiated an ongoing national debate on the constitutional and political future of Swaziland. This debate produced a handful of political reforms, approved by the King, including direct and indirect voting, in the 1993 national elections.

Although domestic groups and international observers criticized the government in late 2002 for interfering with the independence of the judiciary, parliament and freedom of the press, significant improvements have been made concerning rule of law over the past few years. Swaziland's Court of Appeals resumed hearing cases in late 2004 after a two-year absence in protest of the government's refusal to abide by the court's decisions in two important rulings. In addition, the new constitution went into effect in early 2006, and the 1973 proclamation, which, among other measures, banned political parties, lapsed at that time.

On July 26, 2005 King Mswati III ratified Swaziland's constitution. It went into effect February 8, 2006. This is Swaziland's first constitution in over 30 years.

According to Swazi law and custom, the monarch holds supreme executive, legislative and judicial powers. In general practice, however, the monarch's power is delegated through a dualistic system: modern, statutory bodies, like the cabinet; and less formal traditional government structures. The king must approve legislation passed by parliament before it becomes law. The prime minister, who is head of government, and the cabinet, which is recommended by the prime minister and approved by the king, exercises executive authority. At present, parliament consists of a 65-seat House of Assembly (55 members are elected through popular vote; 10 are appointed by the king) and 30-seat Senate (10 members are appointed by the House of Assembly, and 20 are appointed by the king). House of Assembly elections were last held on September 19, 2008. King Mswati III appointed a new cabinet on October 24, 2008.

For local administration, Swaziland is divided into four regions, each with an administrator appointed by the king. Parallel to the government structure is the traditional system consisting of the king and his advisers, traditional courts, 55 tinkhundla (sub regional districts in which traditional chiefs are grouped) and approximately 360 chiefdoms.

PEOPLE AND CULTURE

(From: http://www.state.gov/r/pa/ei/bgn/2841.htm#people)

The majority of the population is ethnic Swazi, mixed with a small number of Zulus, and non-Africans equating to three percent of Swaziland's population. Traditionally, Swazis have been subsistence farmers and herders, but some now work in the growing urban formal economy and in government. Some Swazis work in the mines in South Africa. Christianity in Swaziland is sometimes mixed with traditional beliefs and practices. Most Swazis ascribe a special spiritual role to the monarch.

The official languages in Swaziland are SiSwati and English. Government and commercial business is primarly conducted in English.

LANGUAGE

SiSwati is one of the two official languages in Swaziland (the other is English).

English	Notes	siSwati
Greetings		
Hello	*Singular: To one person only*	Sawubona
Hello	*Plural: To more than one person*	Sanibonani
How are you?		Unjani?
How is it?		Kunjani?
We're very well		Natsi sikohna
Goodbye	*Singular: When leaving* *Plural: When leaving*	Usalekahle Nisalehahle
Goodbye	*Singular: When staying* *Plural: When staying*	Uhambekahle Nihambekahle
Questions and Responses		
What's your name?	*Common siSwati* *Deep siSwati*	Ngubani ligama lakho? Ngubani libito lakho?
My name is _____	*Common siSwati* *Deep siSwati*	Libitolami ngingu _____ Ligamalami ngingu _____
I'm from		Ngibuya e _____
Do you have_____?		Unayo yini i _____?
How much?		Malini?
Yes		Yebo
No		Cha (pronounced as a click)
Manners and Etiquette		
Please		Ngicela
Thank you	*Singular: I thank you*	Ngiyabonga
Thank you	*Plural: We thank you*	Siyabonga
Sorry		Ncesi
I'm sorry		Ngiyacolisa
Days/Times of Day		
Morning		Ekuseni
Afternoon	*Early* *Late*	Emini Entsambaba
Evening		Kusihlwa
Night		Ebusuku
Today		Lamuhla
Tomorrow		Kusasa
Yesterday		Itolo

MC Volunteer Program Overview

The main purpose of the volunteer program is to support the Kingdom of Swaziland's Ministry of Health and Male Circumcision Task Force with the expansion of access to safe, comprehensive male circumcision (MC) services for HIV prevention. The overall goal is to contribute to the strengthening of service delivery systems for HIV prevention.
The primary objectives of the program include:

- Service delivery—to supply skilled health care providers for MC surgical services in areas with inadequate supplies of key health care personnel.
- Site capacity strengthening—to support the strengthening of existing sites to meet the established national quality standards. This may include the introduction of efficiency measures to improve surgical services as well as patient flow and care.
- Training—to provide skilled experts to build the capacity of local health care providers in the provision of MC services for HIV prevention.

Mission-specific MC Volunteer Terms of Reference (ToR) will be provided in advance of volunteers' departures from their home countries. The ToR will outline the expected terms of the MC volunteer program including daily working schedules and the target numbers of MCs each volunteer is expected to perform during his or her stay. Volunteers will be asked to sign this Terms of Reference prior to the start of their volunteering.

VOLUNTEER PREPARATION AND ASSESSMENT

To ensure the competency of volunteers involved in the Accelerated Saturation Initiative program, all volunteers are required by the Government of Swaziland to complete an assessment process in order to register in Swaziland as a medical professional and provide medical services in Swaziland.

Therefore, prior to deployment, volunteers will need to provide all documents required for registration in Swaziland as a medical professional (doctor or nurse). In addition, the Swaziland Circumcision Task Force and the Ministry of Health require all volunteers to complete an email-based knowledge assessment of critical competencies and to observe a simulated demonstration of skills called SpacedEd. While proficiency is expected of volunteers, this very basic assessment is required for permission to practice in Swaziland. SpacedEd courses are a series of questions and answers which are delivered on a regular schedule. All cadres will complete the same SpacedEd course. Items will be linked back to key resources – manual, checklists, MOVE brief, etc – to provide volunteers with more detail. Volunteers can access SpacedEd by visiting our website at www.mcvolunteersinafrica.wordpress.com.

In addition, upon arriving in Swaziland, volunteers will be required to undergo an observational skills assessment referred to as Observed Skills Certification Evaluation (OSCE). While there, volunteers will have to visit two or three stations in which they are evaluated in pre-operation, the surgical procedure, and the dressing and post-operation (for nurses only). Volunteers will also have the opportunity to observe male circumcision and the MOVE model, in order to ensure their familiarity with the flow of services and expected standards in a given facility.

Volunteers who need remediation will be provided with coaching and supervised clinical practice until competent. If this is not achieved, they can assist with lower level functions. Those volunteers will function as assistants to experienced providers until their skills are up to par.

LIVING CONDITIONS

Communications

Telephone

Swaziland's country code is +268. For calls within Swaziland, the country code is unnecessary. To call Swaziland from the USA, place a 011 prior to the country code (268). To make calls from Swaziland to the US, please dial 001 followed by US area code and the number.

When available, Jhpiego will supply volunteers with a local mobile phone to ease your communications. You will need to purchase minutes from a grocery or gas station or from an MTN representative/street vendor (designated by yellow MTN vests).

Give your loved ones the following phone numbers as emergency 24-hour contacts for the program. These will also serve as key contacts for you in Swaziland; please keep them on your person at all times.

Jhpiego contacts:

Laura Fitzgerald, Jhpiego Volunteer Coordinator,
Swaziland: +268.7686.5697 (when calling from the U.S., dial 011.268.7686.5697).

Kelly Curran, HIV/AIDS and Infectious Diseases Director,
Jhpiego Baltimore: 301.648.4027

WHO contacts:

Dr. Benjamin Gama, HIV/AIDS National Professional Officer, WHO
Swaziland: +268 404 2928/404 9635

Dr. Owen Kaluwa, WR
Swaziland: +268 404 2928/404 4698

Embassy information

For American volunteers: United States Embassy in Swaziland
(http://swaziland.usembassy.gov/)

Americans living or traveling in Swaziland are encouraged to register with the U.S. Embassy through the State Department's travel registration web site at www.travel.state.gov. By registering, American citizens make it easier for the Embassy to contact them in case of emergency, and they will receive updated information on travel and security within Swaziland.

Additionally, for American volunteers, the number for the U.S. Embassy in Mbabane is +268.404.6441. Carry this number on your person when arriving in Manzini. Should you face any issues at the airport customs office, please call this number.

For citizens of other countries: please find out whether your country has an embassy office in Swaziland. If not, locate your embassy office in Pretoria, South Africa. It is a good idea to carry contact information for your embassy with you when traveling.

Internet

Several hotels and restaurants offer Internet access for a minimal fee. Do not expect to have wireless Internet access in your hotel rooms, as this is not the norm in Swaziland. Further, Internet does not function at the speed you may be used to, and can be unreliable at times. Internet modems, which can be plugged into laptop USB ports, can be purchased at MTN.

These modems operate on local SIM cards and require the purchase of MTN airtime for usage.

It is not advisable to transfer any documents from memory sticks (flash drives) without scanning the stick for viruses first.

Accommodation

Safe and comfortable accommodation will be secured for the duration of your stay. You can expect accommodation that includes:

- Adequate security
- Clean towels and bed linens on a regular basis
- Functioning toilet, sink and shower facilities
- Mosquito nets and/or window screens where applicable
- Guidance on Internet and mobile phone access
- Access to safe drinking water and reliable and convenient food sources
- Laundry services: frequently hotels can provide laundry services for a fee, however, this will be an expense of the volunteer and NOT of Jhpiego

Electricity

The electrical current is 220 volts, 50 cycles. If you bring any non-southern African electrical items with you (such as hair dryers or shavers), you will need a small power converter with plug adaptors and a transformer. Some devices are dual voltage and their labels say 'input 110-240 volts AC', these do not need transformers. **For US volunteers -** this can easily be purchased at stores such as Best Buy for approximately $20.

In Swaziland, plug adaptors are the same as those used in South Africa. They have three round prongs, one large one on the top and two at the bottom. These plug adaptors can be purchased from travel shops and airport shops, as well as at local supermarkets in Swaziland. The volunteer program has purchased several spare adaptor plugs should you forget to pack yours.

Transportation

Jhpiego will arrange your airport transfers as well as your transportation to and from your volunteer placement site. Additionally, transportation can be arranged with local hotels, or though the following rental car companies:

- Avis, Matsapha Airport, Manzini: +268.518.6226, http://www.avis.co.za/main.aspx?ID=513
- Europcar, Matsapha Airport, Manzini: +268.518.4396, http://www.europcar.com/airport-SWAZILAND-car-rental.html

Air Travel

Your air ticket will be purchased for you by the program and will comply with USAID rules and regulations. The USAID Policy on Business Class Air Travel states:

Generally, [volunteers] who use commercial carriers for official business must use coach class airline accommodations. While there are limited exceptions to this rule, approving officials must be judicious when making a determination that business class accommodations are necessary. The use of business class accommodation may not be authorized strictly on the basis of position or rank. Per the specific guidance below, business class accommodations should be authorized only when the agency mission is justified in importance to the extent that significantly increased costs beyond the normal coach fare are necessary.

Requests for business class accommodations are reviewed on a case-by-case basis. Please bear in mind that donor agencies and implementing partners are ever-conscious of the manner in which limited program funding is spent. Efforts will be made to maximize the percentage of funding directed toward MC service delivery. **Volunteers may use personal resources to pay for an upgrade to business class accommodation, however, please inform Jhpiego staff if business class is desired.**

Geography and Climate

(Adapted from: Peace Corps Swaziland Welcome Packet; permission to use pending)
Swaziland can be divided into four distinct geographical areas, each with its own climate and characteristics: Highveld, Middleveld, Lowveld and the Lumbombo Plateau.

To the west is the Highveld at altitudes of 4,000 feet. This area is known for its rivers, waterfalls and gorges. The climate is temperate with wet, warm summers and cold, dry winters. The capital, Mbabane, is located in this area. Moving toward the east, at a lower altitude, is the Middleveld, which gets slightly less rain, has a warm climate and fertile valleys. This region is the main area for agriculture and industry and has the densest population. Adjacent to the middleveld is the lowveld, which is hotter and drier than the areas to the west. Major export crops such as sugarcane and citrus fruits are cultivated here. This is the least populous area. Eastern Swaziland consists of the Lubombo Plateau and borders Mozambique. This mountainous area has a subtropical climate much like that of the middleveld.

The moderate climate ranges from subtropical to temperate depending on the altitude. June through September is cool and dry, but often cold at night, while October through May is warm and wet. Higher elevations are generally cloudy, mist-covered, and about 10 degrees cooler than the rest of the country. The temperature in Mbabane ranges from 59 to 77 degrees in January and 42 to 67 degrees in February.

Health

Travel Clinics

Prior to their departure, specific volunteers will be told if they will be placed in a high-risk malaria zone. However, if volunteers feel they wish to take preventative malaria medication (such as propholaxis), they can do so at their own discretion.

(From: http://wwwnc.cdc.gov/travel/destinations/swaziland.aspx#vaccines)
Before visiting Swaziland, you may need to get the following vaccinations and medications for vaccine-preventable diseases and other diseases you might be at risk for at your destination. (Note: Your doctor or health care provider will determine what you will need, depending on factors such as your health and immunization history, areas of the country you will be visiting and planned activities.)

To have the most benefit, see a health care provider at least four to six weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it. Even if you have less than four weeks before you leave, you should still see a health care provider for needed vaccines, anti-malaria drugs and other medications and information about how to protect yourself from illness and injury while traveling.

The Centers for Disease Control and Prevention (CDC) recommends that you see a health care provider who specializes in travel medicine. Find a travel medicine clinic near you. If you have a medical condition, you should also share your travel plans with any doctors you are currently seeing for other medical reasons.

Although yellow fever is not a disease risk in Swaziland, the government requires travelers arriving from countries where yellow fever is present to present proof of yellow fever vaccination. If you will be traveling to one of these countries where yellow fever is present before arriving in Swaziland, this requirement must be taken into consideration.

Be sure your routine vaccinations are up-to-date. Check the links below to see which vaccinations adults and children should get. Routine vaccines are recommended even if you do not travel. Although childhood diseases, such as measles, rarely occur in the United States, they are still common in many parts of the world. A traveler who is not vaccinated would be at risk for infection.

Vaccine recommendations are based on the best available risk information. Please note that the level of risk for vaccine-preventable diseases can change at any time.

Malaria

Areas of Swaziland with Malaria: Present in the northern and eastern areas bordering Mozambique and South Africa, including all of Lubombo district.

If you will be visiting an area of Swaziland with malaria, you will need to discuss with your doctor the best ways for you to avoid getting malaria. Ways to prevent malaria include the following:

- Taking a prescription anti-malarial drug
- Using insect repellent and wearing long pants and sleeves to prevent mosquito bites
- Sleeping in air-conditioned or well-screened rooms or using bed nets

All of the following anti-malarial drugs are equal options for preventing malaria in Swaziland: Atovaquone/proguanil, doxycycline or mefloquine.

Note: Chloroquine is NOT an effective anti-malarial drug in Swaziland and should not be taken to prevent malaria in this region.

While in Swaziland

We hope that you will not get ill during your visit to Swaziland, but if this should happen, there are several private health facilities available. In the case of a medical emergency, please inform Laura Fitzgerald (+268.7686.5697), volunteer coordinator, as soon as possible for assistance.

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
Routine	Recommended if you are not up-to-date with routine shots such as, measles/mumps/rubella(MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.
Hepatitis A or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations and food consumption behaviors.
Hepatitis B	Recommended for all unvaccinated people traveling to or working in countries with intermediate to high levels of endemic HBV transmission, especially those who might be exposed to blood or body fluids, have sexual contact with the local population or be exposed through medical treatment (e.g., for an accident).
Typhoid	Recommended for all unvaccinated people traveling to or working in Southern Africa, especially if visiting smaller cities, villages or rural areas and staying with friends or relatives where exposure might occur through food or water.
Rabies	Recommended for travelers spending a lot of time outdoors, especially in rural areas, involved in activities such as bicycling, camping or hiking. Also recommended for travelers with significant occupational risks (such as veterinarians), for long-term travelers and expatriates living in areas with a significant risk of exposure, and for travelers involved in any activities that might bring them into direct contact with bats, carnivores and other mammals. Children are considered at higher risk because they tend to play with animals, may receive more severe bites or may not report bites.

Medical facilities in Swaziland:

Clinic	Location	Telephone	Services Provided	Service Time
Mbabane Clinic	Mbabane	+268.404.2423/ +268.404.2424	General medical service, dentist, radiology, pharmacy (open 24 hours), surgery, ambulance service (Banele is the manager, NedCare +288.606.0911)	24 hours
Medisun Clinic	Ezulweni Private Hospital, Mantenga Estate	+268.416.1353/ +288.416.2381/ +288.416.2800/ +288.416.2884/	General medical service, lab (closes at 5PM), radiology (closes at 5PM), pharmacy (24 hours), surgery, ambulance service	24 hours
Manzini Clinic	Manzini	+288.505.7430/8	General medical service, lab, radiology, pharmacy (24 hours), surgery, ambulance service (NedCare – affiliated with Mbabane Clinic +288.606.0911)	24 hours

MEDEX travel medical insurance

Jhpiego will issue your MEDEX travel medical insurance. In order to process the insurance, you will be contacted for some personal information to complete the insurance application. Once your MEDEX is procured, Jhpiego Baltimore will send you an electronic copy via e-mail. Please print out a copy of this document and include it in your travel paperwork. Explanation for usage of the insurance, including contact information and procedures, are detailed on the form.

Safety and Money

Before you depart from your home country, make two copies of your photograph in your passport. Additionally, if you bring credit cards and/or ATM cards with you to Swaziland, Jhpiego recommends that you make two copies of each card (front and back). In order to put a hold on most credit cards or ATM cards (in cases when fraudulent charges are feared), most credit cards' customer service numbers are 1-800 or 1-866 numbers, a telephone number that can only be called from within the United States, and most credit cards do not provide an international number to call if you card is stolen. Therefore, it is advised that you provide a trust worthy person in your home country with a photocopy of your credit card and/or ATM card in case you need to report that your card has been lost or stolen.

In addition, if you bring an ATM card with you, Jhpiego recommends that you speak to your financial institution prior to your departure from your home country, informing them that you are traveling to Swaziland and may withdraw money from there. Without prior notice, many banks will assume that your ATM card has been stolen and you will be unable to draw money from your card. Sometimes, you may inform the bank of your upcoming travels, but for security reasons, your bank might still end up putting a hold on your ATM card. Therefore, it is adviseable that you leave a copy of both sides of your ATM card with a trusted person staying in your home country. Furthermore, inquire from your bank your daily deposit amount to ensure that is the amount that you wish to have is available. If at all possible, some banks allow you to receive two ATM cards connected to the same bank account but that hold different ATM numbers. This can be extremely helpful if you lose or have an ATM card stolen because you can put a hold on one card while still being able to use the second card. Many banks do not offer this unless the customer specifies such a request. And still again, many banks simply do not allow this. But there is no harm in asking. Furthermore, ask your bank what your daily deposit amount/limit is to ensure that it is the amount that you wish to have available. Luckily, Swaziland does not have a high rate of crime, so most of these issues are not important, however, in order to prevent an unfortunate situation, these suggestions are adviseable.

Jhpiego will coordinate the payment of your accommodation—you will not be responsible for this payment. Upon your arrival in Swaziland, you will be given your volunteer stipend in Swazi Emalangeni (Swaziland's local currency). The amount you will receive will be equivalent to USD $100 per day times the number of days of your volunteer term. This money is to be used for all meals and incidental travel expenses incurred during your stay. The amount of money you wish to bring (for gifts, recreational activities, etc.) is entirely up to you. However, traveling with large amounts of cash is not recommended. Credit card services are not widely used in Swaziland, but are available at select upscale shops and restaurants. U.S. dollars can be exchanged at local banks. ATM machines are easily accessible throughout Manzini, Mbabane and other urban areas and will issue Emalangeni. Standard Bank, Nedbank, and First National Bank are some of the names of the banks located in Swaziland. Of note: Emalengeni can be used interchangeably with South African Rand, as the Langeni is pegged to the Rand. For currency exchange rates, visit www.oanda.com.

(From: http://travel.state.gov/travel/cis_pa_tw/cis/cis_1031.html#safety)
Your safety is important. Travelers are encouraged to be vigilant and avoid any large gathering, particularly protests and demonstrations. Public protests, demonstrations and strikes occur from time to time in Swaziland and are mostly in response to ongoing labor relations/difficulties. When a strike is pending, armed soldiers may be called to augment the police force, and they have used force to disrupt such events. During the course of such events, police may not distinguish between "innocent bystanders" and protesters. Americans should avoid crowds, political rallies and street demonstrations.

For the latest security information, U.S. citizens traveling abroad should regularly monitor the Department of State's Bureau of Consular Affairs' Web site, which contains current travel warnings and travel alerts, as well as the worldwide caution. The Department of

State urges American citizens to take responsibility for their own personal security while traveling overseas. For general information about appropriate measures travelers can take to protect themselves in an overseas environment, see the Department of State's extensive tips and advice on traveling safely abroad.

Violent crime is a concern and is the most significant threat to American citizens visiting or working in Swaziland. Incidents of petty crime and occasionally violent crime are most prevalent in Mbabane, the capital city, and Manzini, Swaziland's urban industrial center, but also affect most other urban and rural areas. Criminals will resort to force if necessary, including deadly force, in order to accomplish their goal. Gangs are not deterred by confrontations with their intended victims. Carjacking occurs and, as with other crimes, can be potentially violent if victims do not immediately cooperate.

Congested dark urban areas are particularly dangerous at night and daytime attacks are not uncommon. The presence of others on the street should not be misinterpreted as an indication of security. Many victims report being robbed in the presence of large numbers of witnesses. Pedestrians are cautioned not to wear jewelry or carry expensive or unnecessary valuables in public. American citizens are also advised against displaying cell phones and large sums of cash, as they are targets for thieves. Money should only be converted at authorized currency exchanges and never with street vendors. Exercise caution with using local taxis. Ensure the taxi you use is from a reputable company. Never enter a taxi that is occupied by anyone else besides the driver. It is good practice to call a friend to let them know the plate number of the taxi you are using.

Crime tends to increase during the holiday season from December to January. Crime victims should immediately report the incident to the nearest police station. If there is an emergency, the police can be contacted by dialing 999.

Cultural Issues, Dress and Behavior

Swazis value professional dress in the workplace, and dress is more conservative in rural areas than in cities. In Swaziland, dressing well is viewed as a sign of respect for others, and how you are viewed by your local colleagues will depend, in part, by the way you present yourself. Swazis do not appreciate clothes that are dirty, have holes in them, or are too revealing. While jeans, shorts, and/or a T-shirt are acceptable during off-hours, it is more common to see men in shirts with collars and casual slacks and women in casual dresses or skirts or slacks with blouses or shirts.

Remember, your dress, behavior and attitude will all contribute to how effectively you are able to work with your Swazi colleagues. You are also an ambassador of the volunteer program; the way in which future volunteers will be received at your site will be affected by your experience.

Volunteers will interact with a variety of people including:

- Government officials
- Senior Medical Officers
- Nurses
- Other physicians
- Clinical support staff

Suggestions for establishing successful working relationships during your volunteer trip:

- Recognize that you may experience gender and age norms that are different from what you are used to.
- Recognize that the people you work with may have different attitudes around time, efficiency, working hours.
- Practice patience and flexibility.

- Speak slowly and simply—English may be fluently spoken by your colleagues, but our accent and idioms may be challenging.
- Be mindful of the example that you set. Strive to be a student as often as you are a teacher.
- Avoid the temptation to give unsolicited advice.

Suggested Packing List

Again, it will get hot during the day, but at night especially during the winter (June – August), therefore, layered clothing tends to work well. Laundry services may be available for a fee at volunteers' lodging accommodations.

(Adapted from: Peace Corps Swaziland Suggested Packing List; permission to use pending)

- Passport and travel itinerary – 2 copies of your passport (leaving one at home)
  Note: Volunteers traveling through South Africa should note that South Africa immigration law requires that you have at least two blank pages in your passport to enter the country! And it is strongly recommended that your passport does not expire within six months of your trip to Swaziland.
- Driver's license (only if you are planning to rent a car)
- Personal medical kit – (especially bandaids, headache medication (optional), and any personal medications)
- Toiletries (items such as toothpaste, shampoo and razors can be easily purchased at Swazi pharmacies)
- Camera
- Glasses or contact lenses (extra pairs of contact lenses and contact solution – contact solution can be expensive in Swaziland)
- Flashlight
- Water bottle
- Travel umbrella
- Clothing
  - Warm coat or jacket (if traveling between June to September)
  - Waterproof rain jacket
  - Jeans for weekends and travel
  - Lightweight sweater
  - T-shirts
  - Bathing suit
  - Athletic shoes or hiking boots if you plan to hike or visit the game parks
  - Comfortable dress shoes
  - Sandals
  - **For men:**
    - Dress slacks or khakis
    - Dress shirts
    - One tie for any official events
    - 1 pair of shorts during days off (shorts are rarely ever worn for work in Swaziland)
  - **For women:**
    - Dresses or skirts (knee length or longer, consider packing a slip if material is thin)
    - Dressy slacks or trousers
    - Blouses and other short- and long-sleeved tops

Frequently Asked Questions

1. What is the electric current in Swaziland?
2. The electrical current is 220 volts, 50 cycles. If you bring any non-southern African electrical items with you (such as hair dryers or shavers), you will need a small power converter with plug adaptors and a transformer. Some devices are dual voltage and their labels say 'input 110-240 volts AC', these do not need transformers. **For US volunteers** - this can easily be purchased at stores such as Best Buy for approximately $20.

   In Swaziland, plug adaptors are the same as those used in South Africa. They have three round prongs, one large one on the top and two at the bottom. These plug adaptors can be purchased from travel shops and airport shops, as well as at local supermarkets in Swaziland. The volunteer program has purchased several spare adaptor plugs should you forget to pack yours.

3. As a volunteer, am I allowed to fly business class?
   Your air ticket will be purchased for you by the program and will comply with USAID rules and regulations. The USAID Policy on Business Class Air Travel states:

   Generally, [volunteers] who use commercial carriers for official business must use coach class airline accommodations. While there are limited exceptions to this rule, approving officials must be judicious when making a determination that business class accommodations are necessary. The use of business class accommodation may not be authorized strictly on the basis of position or rank. Per the specific guidance below, business class accommodations should be authorized only when the agency mission is justified in importance to the extent that significantly increased costs beyond the normal coach fare are necessary.

   Requests for business class accommodations are reviewed on a case-by-case basis. Please bear in mind that donor agencies and implementing partners are ever-conscious of the manner in which limited program funding is spent. Efforts will be made to maximize the percentage of funding directed toward MC service delivery. Volunteers may use personal resources to pay for an upgrade to business class accommodation.

4. How much money should I bring?
   Jhpiego will coordinate the payment of your accommodation—you will not be responsible for this payment. Upon your arrival in Swaziland, you will be given your volunteer stipend in Swazi Emalangeni (Swaziland's local currency). The amount you will receive will be equivalent to USD $100 per day times the number of days of your volunteer term. This money is to be used for all meals and incidental travel expenses incurred during your stay. The amount of money you wish to bring (for gifts, recreational activities, etc.) is entirely up to you. However, traveling with large amounts of cash is not recommended. Credit card services are not widely used in Swaziland, but are available at select upscale shops and restaurants. U.S. dollars can be exchanged at local banks. ATM machines are easily accessible throughout Manzini, Mbabane and other urban areas and will issue Emalangeni. Standard Bank, Nedbank, and First National Bank are some of the names of the banks located in Swaziland. Of note: Emalengeni can be used interchangeably with South African Rand, as the Langeni is pegged to the Rand. For currency exchange rates, visit www.oanda.com.

5. What about malpractice insurance?
   You will have malpractice insurance coverage during your short-term service in Swaziland. This policy has been obtained through the Royal Swaziland Insurance Company and is used by multiple private and NGO health facilities in Swaziland.

6. Do I need to pack any clothing or medical supplies/equipment for work?

No, you do not need to pack anything for work—scrubs, shoe covers, protective equipment, medications, instruments and consumables will all be provided on site.

7. If I experience a needle stick, or other possible occupational exposure to HIV while serving as an MC volunteer, will I have access to post-exposure prophylaxis (PEP)? A prerequisite for volunteer placement is that the placement site must have a printed PEP policy as well as the medications in stock and readily available. A printed copy of Swaziland's clinical guidelines for PEP will be available to each volunteer upon arrival.

8. What can I do on my days off? Are Safari trips available?

   The main reason for your visit to Swaziland is to volunteer, however, on most Sundays, volunteers will have the day off to spend as they wish (some volunteers may have to undergo a clinical assessment on their first Sunday in Swaziland). Depending on your placement site, it may be possible to arrange one day safai trips, and volunteers can use local transport to access these. There are also craft markets and souveneir shops available throughout Swaziland. Because volunteers will be placed at various sites, it is difficult to suggest exactly where volunteers should go on their days off. However, when available, Jhpiego will try and inform volunteers of their placement sites prior to their departure from their home countries. But it is strongly adviseable that volunteers purchase Swaziland tourist guidebooks such as The Lonely Planet: Southern Africa, The Lonely Planet: South Africa, Lesotho and Swaziland, Rough Guides: Swaziland, or other travel guides. Also, look at the internet to explore potential activities to do on your days off.

Resources for Further Information

If you have any questions, please do not hesitate to email Meghan Swor at mc-volunteers@jhpiego.net. In addition, please visit the Swaziland Male Circumcision website at mcvolunteersinafrica@wordpress.com. On the website, you will find registration instructions for registering as a doctor and nurse in Swaziland, HIV/AIDS and MC information, and further details about the program.

For further information, please see the following (all of these links are available at the above-mentioned MC Swaziland website):

General information about MC for HIV prevention and HIV/AIDS:

- MC Clearinghouse: www.malecircumcision.org (for information/advocacy documents, guidance documents, tools and reports).
- The National Emergency Response Council on HIV/AIDS (NERCHA): www.nercha.org.sz
- Swaziland National AIDS Programme Web site: http://www.gov.sz/home.asp?pid=129
- UNAIDS Web site: www.unaids.org

Web sites with general information about Swaziland:

- www.welcometoswaziland.com
- www.countrywatch.com
- www.lonelyplanet.com/destinations
- www.state.gov
- www.geography.about.com/library/maps/blindex.htm (maps and geographical information)
- www.times.co.sz (website of Swaziland's only daily newspaper)
- www.gov.sz
- www.afro.who.int/home/countries/fact_sheets/