

MCHIP Swaziland End-of-Project Report

June 1, 2010 – June 30, 2014



Submitted on:

June 30, 2014

Submitted to:

United States Agency for International Development
under Cooperative Agreement # GHS-A-00-08-00002-000

Submitted by:

MCHIP Swaziland

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

MCHIP brings together a partnership of organizations with demonstrated success in reducing maternal, newborn and child mortality rates and malnutrition. Each partner will take the lead in developing programs around specific technical areas:

Jhpiego, as the Prime, will lead maternal health, family planning/reproductive health, and prevention of mother-to-child transmission of HIV (PMTCT);

JSI—child health, immunization, and pediatric AIDS;

Save the Children—newborn health, community interventions for MNCH, and community mobilization;

PATH—nutrition and health technology;

JHU/IIP—research and evaluation;

Broad Branch—health financing;

PSI—social marketing; and

ICF International—continues support for the Child Survival and Health Grants Program (CSHGP) and the Malaria Communities Program (MCP).

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-00. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Swaziland Country Summary



Selected Health and Demographic Data for Swaziland	
GDP per capita (USD) (billion)** (2012)	\$3,744
Total Population**	1,231,000
HIV prevalence (adults aged 15 – 49)*	26%
Number living with HIV***	210,000
ART Coverage****	87,534
Maternal Mortality Ratio* (deaths/100,000 live births)	589
Antenatal care, 4+ visits*	79.3
Delivery with skilled birth attendant*	69
Neonatal mortality rate (deaths/1,000 live births)*	22
Source: World Bank** (2012); DHS 2006-2007*, SHIMS (2010)***; MOH 2012 Annual Report	

Major Activities by Program

Early Infant Male Circumcision

- **In-service Clinical Training:** Increased access to and uptake of safe neonatal circumcision at Mankayane Government Hospital and two community clinics affiliated with Mankayane
- **Quality Assurance Tool Development:** Improved the quality and number of safe, neonatal MC services
- **National EIMC Operational Plan development:** Supported the MOH's development of an EIMC component to the operational plan
- **Reporting on MOH EIMC efforts to date:** Supporting the MOH with documentation efforts, experiences, and successes in EIMC to raise awareness regionally and beyond

Program Dates	June 1 2010 – June 30 2014					
Total Mission Funding to Date by Area	\$125,000: Early Infant Male Circumcision					
Total Core Funding to Date by Area	\$1.5 million: Voluntary Medical Male Circumcision					
Geographic Coverage	No. (%) of provinces	N/A (no provinces in Swaziland)	No. of districts	4 of 4 regions	No. of facilities	3
Country and HQ Contacts	Laura Fitzgerald, MCHIP Maternal Health Advisor; Pat Taylor, Country Support Manager; Tracey Shissler, Senior Program Officer; Tigistu Adamu, HIV/AIDS Team Leader					

Table of Contents

Acronyms and Abbreviations.....	5
Acknowledgments.....	6
Executive Summary	7
Introduction	11
Major Accomplishments.....	12
Recommendations and Way Forward	15
Annex 1: Indicator Matrix	18
Annex 2: Success Stories.....	20
Annex 3: List of Materials and Tools Developed or Adapted	21

Acronyms and Abbreviations

BMGF	Bill and Melinda Gates Foundation
CNO	Chief Nursing Officer
CPP	Combined Prevention Program
EIMC	Early infant Male Circumcision
GKOS	Government of the Kingdom of Swaziland
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
KAP	Knowledge, Attitudes, and Practices
MC	Male Circumcision
MCH	Maternal and Child Health
MCHIP	Maternal & Child Health Integrated Program
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
PEPFAR	President's Emergency Plan for AIDS Relief
PSI	Population Services International
RFM	Raleigh Fitkin Memorial
SWADNU	Swaziland Democratic Nurses
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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MCHIP's partners in Swaziland – Jhpiego and Population Services International (PSI) – would like to thank the US Government, the President's Emergency Plan for AIDS Relief (PEPFAR) as well as the American people for providing the technical and financial assistance needed to implement this program.

MCHIP's deepest gratitude goes to the Ministry of Health of Swaziland for allowing us to provide technical assistance in Swaziland, for the partnership and guidance in the successful implementation of this program.

MCHIP would also like to acknowledge the close collaboration with the MOH, PEPFAR, Management Sciences for Health (MSH), UNICEF, UNFPA, the World Health Organization (WHO), the Swaziland Nursing Council, and other development partners on the development of the overall national voluntary medical male circumcision (VMMC) strategic plan and operational plan. MCHIP also acknowledges the will and commitment of supported health facilities and their staff in working with us to provide the opportunity for early infant male circumcision to Swaziland's families and contributing to the protection of their sons and future partners from HIV.

Executive Summary

Three randomized clinical trials determined unequivocally that male circumcision (MC) reduces female to male HIV transmission by approximately 60 percent^{1,2,3}. Modeling studies demonstrate that MC could prevent up to 5.7 million new HIV infections among men, women, and children over the next 20 years. With an HIV prevalence rate of 31 percent⁴ among adults and 41.1 percent⁵ among pregnant women, the Kingdom of Swaziland faces the highest HIV and AIDS burden in the world.

To address an HIV/AIDS epidemic of this magnitude, the Government of the Kingdom of Swaziland (GKOS), Swaziland's Ministry of Health (MOH) and MC Task Force, in collaboration with the World Health Organization and PEPFAR, finalized a National Strategic Plan for MC in 2010. This set a goal of circumcising 80 percent of Swaziland's HIV-negative, uncircumcised males aged 15-24 over the next five years.

The MOH's plans for MC expanded into adolescent and early infant male circumcision (EIMC) to ensure a protective benefit of MC in the future. In October 2009, the MOH began laying the foundation for EIMC programming by hosting an international expert consultation on EIMC. Subsequently, EIMC surgical guidelines were incorporated in the National MC Surgical protocol. In preparation for establishing an EIMC pilot, in 2010 Population Services Inc. (PSI) conducted a *Knowledge, Attitudes, and Practices (KAP) Survey on Neonatal Male Circumcision Among Mothers and Fathers Expecting or Already Having a Male Newborn Baby*. This KAP study found that almost a quarter of respondents were aware of EIMC but many were unsure about the appropriate timing for the intervention. The MOH later opened a first pilot site in 2010 at Raleigh Fitkin Memorial (RFM) Hospital in Manzini, the largest city in Swaziland.

With over 4,000 EIMCs conducted by early 2014, Swaziland now leads the East and Southern African regions in the scale up of EIMC. Swaziland is also providing regional technical assistance in EIMC, hosting a MoH-supported study tour and clinical training for a delegation from Botswana. Swaziland is also the first PEPFAR MC priority country to draft a costed operational plan inclusive of EIMC. Preparation for the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention involved a highly participatory consultative process with both voluntary medical male circumcision (VMMC) and EIMC stakeholders.

The goal of MCHIP's work in support of the MOH in Swaziland was to provide technical assistance in the rollout of safe EIMC in Swaziland in accordance with Swaziland's National Policy on Male Circumcision for HIV Prevention, and to ensure long-term sustainability of neonatal circumcision services by supporting the MOH in the development of the EIMC operational plan. MCHIP supported the MOH and the MC Task Force in laying the technical groundwork for an additional safe, evidence-based neonatal circumcision pilot in 2010 at Mankayane Government Hospital and its two associated health centers with high delivery rates.

MCHIP's efforts in 2010 and 2011 concentrated primarily on training, quality assurance, and ongoing provider support at the three health facilities concentrating in the Manzini region. In

1. Auvert, B et al (2005). Randomized controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial. *PLoS Med*.

2 Bailey, R et al (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial. *The Lancet*.

3 Gray, R et al (2007). Male circumcision for HIV prevention in men in Rakai Uganda: a randomized trial. *The Lancet*.

⁴ Government of Swaziland, Ministry of Health (2012), *Swaziland HIV Incidence Measurement Survey (SHIMS)*

⁵ Swaziland Ministry of Health. 12th Round of National HIV Serosurveillance in Women Attending Antenatal Care Services at Health Facilities in Swaziland. Mbabane, Swaziland; 2010.

2012, via a subgrant from PSI under the USAID funded Combined Prevention Program, Jhpiego later provided additional training nationally to all 4 regions of the country followed by supportive supervision inclusive of the MCHIP EIMC pilot sites.

In the last year of the MCHIP award, MCHIP was requested by the MOH and PEPFAR to ensure long-term sustainability of EIMC services by supporting the MOH in the development of the EIMC component of the national 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention. MCHIP also supported documentation of the MOH’s efforts, experience and successes in EIMC to raise awareness regionally and beyond through success stories with the MOH and development of a manuscript for potential publication on successes and lessons learned.

Objectives

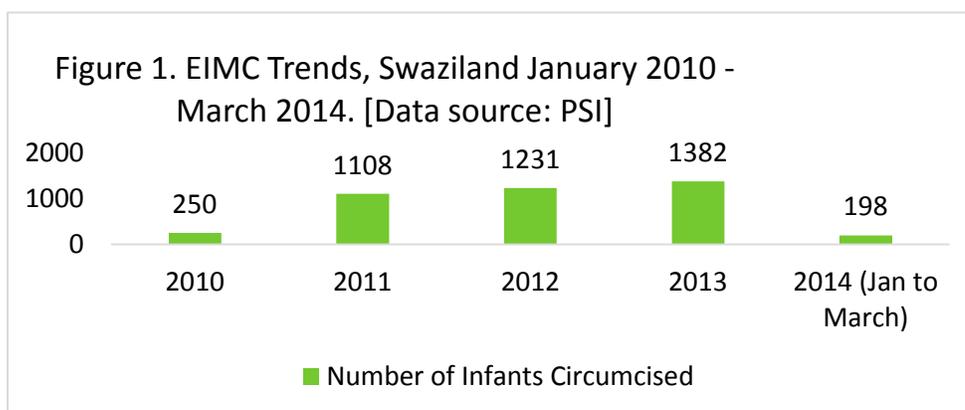
In order to achieve these goals, MCHIP concentrated on the following objectives and activities:

Objective 1: Fostering sustainability of EIMC services to ensure long term increases in MC prevalence

- MCHIP contributed to increasing access to EIMC by developing and providing the first EIMC training in the country to 14 health care workers (5 doctors and 9 nurses) from the three public health facilities - Mankayane Government Hospital and two affiliated high deliver health centers. As a result of MCHIP, providers from that first training were able to begin to advise families about how to access EIMC services.
- Since this training by MCHIP, as of April 2014, 123 - 45 doctors and 78 nurses - health care workers had undergone clinical training on EIMC via 10 additional trainings conducted under other programs. Figure 1 illustrates the trends in EIMC in Swaziland over the project period, January 2010 to March 2014. While 4,169 EIMCs have been conducted, there has not yet been a single reported adverse event for the EIMC program in Swaziland.



2011 EIMC Clinical training



Objective 2: Improving the quality of EIMC services

- Ensuring that EIMC is introduced safely, comprehensively, and uniformly requires close follow up. To that end with support from MCHIP, a package of quality assurance tools “Performance Standards for Early Infant Male Circumcision” was developed. Providers and facility staff from the three EIMC pilot sites were oriented to the QA approach as well as the standards in order to assume local ownership of the process and ensure program sustainability. These tools were taken up by the MOH and implementing partners for use nationally in EIMC implementation roll out.

Objective 3: Provide support to the MOH’s development of an EIMC component to the operational plan

- Since the first rollout of EIMC training, Swaziland has made significant progress in EIMC with 15 sites now providing services; all health facilities with doctors are now providing EIMC services. Leading this effort, and to guide this process, in late 2013 the MOH requested technical assistance from PEPFAR and MCHIP in the development of an EIMC operational component to the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention. MCHIP has supported the MOH, MSH, and other involved partners to assemble the most up to date and comprehensive information in order to provide background and the current status of EIMC services.

Objective 4: Support the MOH’s documentation of the efforts, experiences, and successes in EIMC to raise awareness regionally and beyond.

- MCHIP is developing external documents including success stories and manuscript on behalf of and with leadership from the MOH that summarizes the status and successes found in Swaziland with the intent to share best practices regional and globally.
- These external documents will be important to record the Government of Swaziland’s collective efforts to date in EIMC development and service delivery and serve as useful references to other Ministries of Health and HIV prevention donors and partners which are moving through the establishment of EIMC services.

Recommendations

The facility level assistance under MCHIP and throughout the country under partner projects, in addition to MCHIP’s support to MOH to develop the national EIMC operational plan and document the MOH’s efforts to date in EIMC, have provided MCHIP with a perspective to make recommendations as per below, in line with recommendations made by MCHIP in the development of the strategic plan:

- *The provision of EIMC services should not be an isolated and vertical intervention.*

EIMC program must be integrated into the maternal newborn and child health (MNCH) platform which the MOH recognizes. This integration starts during the pre-pregnancy period and continues through to the postnatal period. EIMC messages accompany messages of birth preparedness, proper prenatal and antenatal care, and comprehensive ‘Day of Birth’ care for the mother and the newborn. Contrary to some beliefs, adding HIV prevention, care and treatment services within the maternal and child health (MCH) setting do not compromise quality of MCH services but rather increase the use of reproductive health services and infant outcomes improved⁶. The focus of healthcare providers should continue to be: to provide comprehensive information and education for parents and guardians to make informed choice about EIMC, to provide high quality and safe EIMC services and to provide families the opportunity to access other health care needs when they are in contact with the health system. Implementation of EIMC in Swaziland follows the reproductive cycle and therefore should enhance the use of services during pre-pregnancy, pregnancy, birth and post-natal period.

⁶ T Van den Akker et. al: HIV care need not hamper maternity care: a descriptive analysis of integration of services in rural Malawi, Jan 2012

- *Expand EIMC services into the private sector.*

Per the 2006/2007 Swaziland DHS, 31 percent of deliveries take place in the private sector. Building demand among privately insured and self-paying clients, as well as introducing EIMC services to all private facilities with ANC, delivery, and postpartum services will have a significant impact on reaching EIMC targets.

- *Strengthen linkages between community and facility and referrals.*

A well structured MOH system for community referrals to public sector facilities, as well as facility-to-facility referrals, is newly in place. EIMC will be one of the services to which clients can be linked and referred through this mechanism. Further, PSI's HTC referral and linkages program, which traces clients with mobile phones and confirms referrals with facilities, has a 65% linkage success rate. Such linkage and referral innovations should be tested for EIMC.

- *Address policy and structural concerns related to human resources for EIMC*

EIMC is currently offered in all MOH facilities where doctors are available for EIMC back-up and supervision - that is, it is available in all public sector hospitals and health centers. While EIMC is intended as a midwife-led intervention, regulations are not yet in place to fully legally protect the nursing cadre in independently performing the procedure. This leads to a concern that should a severe adverse event take place, the midwife who performed the procedure will be at legal risk, even if nurses and midwives are viewed as the backbone of service delivery.

- *Facilities will need to actively prepare to include EIMC surgical instruments and consumables in their routine logistics and procurement processes.*

As EIMC is integrated within the MNCH platform, procurement for EIMC equipment and consumables will be routinized through the existing systems, with the national budget accommodating the needs of the EIMC services. Transitioning the procurement for EIMC services to government mechanisms means that these services will be vulnerable to existing supply chain challenges in the public sector. This will require advocacy and careful supply chain forecasting from facilities.

Introduction

Three randomized clinical trials determined unequivocally that male circumcision (MC) reduces female to male HIV transmission by approximately 60percent^{7,8,9}. Modeling studies demonstrate that MC could prevent up to 5.7 million new HIV infections among men, women, and children over the next 20 years. With an HIV prevalence rate of 31percent¹⁰ among adults and 41.1percent¹¹ among pregnant women, the Kingdom of Swaziland faces the highest HIV and AIDS burden in the world.

According to the World Health Organization's (WHO's) Mortality Country Fact Sheet for Swaziland, HIV/AIDS is the leading cause of death in Swaziland regardless of age. To address an HIV/AIDS epidemic of this magnitude, Swaziland's Ministry of Health (MOH) and MC Task Force, in collaboration with the World Health Organization and PEPFAR, finalized a National Strategic Plan for MC in 2010. This set a goal of circumcising 80percent of Swaziland's HIV-negative, uncircumcised males aged 15-24 over the next five years.

The MOH's plans for MC expanded into adolescent and early infant male circumcision (EIMC) to ensure a protective benefit of MC in the future. In October 2009, the MOH began laying the foundation for EIMC programming by hosting an international expert consultation on EIMC. Subsequently, EIMC surgical guidelines were incorporated in the National MC Surgical protocol. In preparation for establishing an EIMC pilot, in 2010 Population Services Inc. (PSI) conducted a *Knowledge, Attitudes, and Practices (KAP) Survey on Neonatal Male Circumcision Among Mothers and Fathers Expecting or Already Having a Male Newborn Baby*. This KAP study found that almost a quarter of respondents were aware of EIMC but many were unsure about the appropriate timing for the intervention. The MOH later opened a first pilot site in 2010 at Raleigh Fitkin Memorial (RFM) Hospital in Manzini, the largest city in Swaziland.

The goal of MCHIP's work was to provide safe EIMC here in accordance with Swaziland's National Policy on Male Circumcision for HIV Prevention, and to ensure long-term sustainability of neonatal circumcision services by supporting the MOH in the development of the EIMC operational plan. MCHIP supported the MOH and the MC Task Force in laying the technical groundwork for an additional safe, evidence-based neonatal circumcision pilot in 2010 at Mankayane Government Hospital and its two associated health centers with high delivery rates. MCHIP's efforts first concentrated primarily on training, quality assurance, and ongoing provider support at the three health facilities. Jhpiego provided additional training nationally followed by supportive supervision inclusive of the MCHIP sites via a subgrant through the USAID funded and PSI implemented the Combined Prevention Program through 2012.

With over 4,000 EIMCs conducted by early 2014, Swaziland now leads the East and Southern African regions in the scale up of EIMC. Swaziland is also providing regional technical assistance in EIMC, hosting an MOH-supported study tour and clinical training for a delegation from Botswana. Swaziland is also the first PEPFAR MC priority country to draft a costed operational plan inclusive of EIMC. Preparation for the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention involved a highly participatory consultative process with both VMMC and EIMC stakeholders.

7. Auvert, B et al (2005). Randomized controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial. *PLoS Med*.

8 Bailey, R et al (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial. *The Lancet*.

9 Gray, R et al (2007). Male circumcision for HIV prevention in men in Rakai Uganda: a randomized trial. *The Lancet*.

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11 Swaziland Ministry of Health. 12th Round of National HIV Serosurveillance in Women Attending Antenatal Care Services at Health Facilities in Swaziland. Mbabane, Swaziland; 2010.

In the last year of the MCHIP award, MCHIP was requested by PEPFAR and the MOH to provide technical support to the MOH on this development of the EIMC component of the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan. This process offered a useful opportunity to consolidate EIMC program successes and challenges to date. As such, MCHIP was also requested to support documentation of the MOH’s efforts, experience and successes in EIMC to raise awareness regionally and beyond.

Objectives

In order to achieve MCHIP’s goals, MCHIP concentrated on the following objectives:

1. Fostering sustainability of EIMC services to ensure long term increases in EIMC prevalence;
2. Improving the quality of EIMC services;
3. Provide support to the MOH’s development of an EIMC component to the operational plan; and
4. Support the MOH’s documentation of the efforts, experiences, and successes in EIMC to raise awareness regionally and beyond.

These objectives and the activities therein are highlighted in the section to follow.

Major Accomplishments

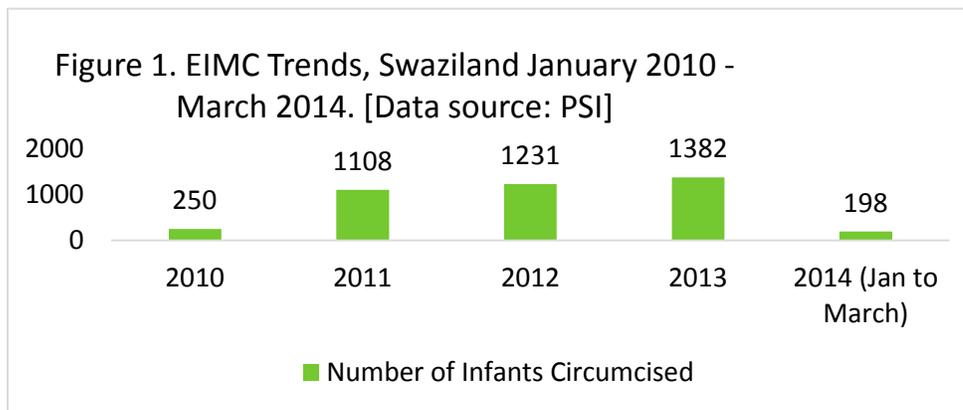
Objective 1: Fostering sustainability of EIMC services to ensure long term increases in EIMC prevalence;

MCHIP contributed to increasing access to EIMC by developing and providing the first EIMC training in the country to 14 health care workers (5 doctors and 9 nurses) from the three public health facilities - Mankayane Government Hospital and two affiliated high deliver health centers. In addition to clinical training, staff were trained in counseling services and stock management, including the purchasing of the necessary supplies and commodities and equipment required for the services. MCHIP worked closely with the three hospital and clinic facilities to ensure smooth integration of services into existing activities and a natural client flow.



2011 EIMC Clinical training

Since this training by MCHIP, as of April 2014, 123 - 45 doctors and 78 nurses - health care workers had undergone clinical training on EIMC via 10 additional trainings conducted under other programs. There has also been one Training of Trainers activity which capacitated Swaziland’s five lead EIMC trainers. Figure 1 illustrates the trends in EIMC in Swaziland over the project period, January 2010 to March 2014. While 4,169 EIMCs have been conducted, there has not yet been a single reported adverse event for the EIMC program in Swaziland.



This first training conducted by MCHIP also supported the successful piloting of the WHO/Jhpiego Learning Resource Package for Early Infant Male Circumcision. Findings from this training informed the future roll out of EIMC in Swaziland and other countries in the region.

One critical lesson learned from this first training, was that due to client case load limitations as a result of low demand for a completely new service, trainees were not able to achieve competency during the training. To address this, a mentoring component was introduced to provide on the job opportunities for trainees for skills improvement and to become certified as competent providers. The EIMC training model refined via this training process supported the roll out that followed of integrated EIMC services in facilities throughout Swaziland.

Objective 2: Improving the quality of EIMC services

Ensuring that EIMC is introduced safely, comprehensively, and uniformly requires close follow up. To that end with support from MCHIP, a package of quality assurance tools “Performance Standards for Early Infant Male Circumcision” was developed. Providers and facility staff from the three EIMC pilot sites were oriented to the QA approach as well as the standards in order to assume local ownership of the process and ensure program sustainability. These tools were taken up by the MOH and implementing partners for use nationally in EIMC implementation roll out.

Objective 3: Provide support to the MOH’s development of an EIMC component to the operational plan

Since the first rollout of EIMC training, Swaziland has made significant progress in EIMC with 15 sites now providing services; all health facilities with doctors are now providing EIMC services. Leading this effort, and to guide this process, in late 2013 the MOH requested technical assistance from PEPFAR and MCHIP in the development of an EIMC operational component to the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention. While the EIMC component is being led by MCHIP, this effort is part of the larger development overall VMMC strategy and operational plan led by Management Sciences for Health (MSH) with support from the Bill and Melinda Gates Foundation (BMGF), which launched its engagement on the broader strategy and operational plan in late November 2013. The EIMC component is focused most on the eventual roll out. MCHIP has supported the MOH, MSH, and other involved partners to assemble the most up to date and comprehensive information in order to provide background and the current status of EIMC services. MCHIP and the MOH identified sites for provider interviews and focus group

discussions and determined the composition and participant numbers. Inputs from these groups helped to inform the writing of the operational plan.

Objective 4: Support the MOH's documentation of the efforts, experiences, and successes in EIMC to raise awareness regionally and beyond.

The MOH requested technical support to assist their efforts to document efforts in EIMC to better appreciate their own successes, and share regionally and beyond. MCHIP efforts to develop the EIMC components of the 2014 – 2018 Swaziland Male Circumcision Strategic and Costed Operational Plan for HIV Prevention offered a useful opportunity to consolidate EIMC program successes and challenges to date. As a start to this, MCHIP conducted an informal desk review in January and February 2014 to assemble available information on public perception of EIMC in order to demonstrate public awareness of the available EIMC services as well as the understanding of EIMC.

By project end, MCHIP will have developed a document as a key program deliverable that summarizes the status and successes found with the intent to share best practices regional and globally. The paper to be reviewed by the MOH, includes information captured during that consultative process, documents Swaziland's EIMC experience and critically reflects on the establishment of EIMC within a national VMMC and HIV Prevention Program, as well as on the integration of EIMC into Reproductive, Maternal, Neonatal, and Child Health service delivery platforms

Additionally, between June and August 2014 MCHIP will also assist the MOH to embark on manuscript development for potential publication. These external documents will be important to record the Government of Swaziland's collective efforts to date in EIMC development and service delivery and serve as useful references to other Ministries of Health and HIV prevention donors and partners which are moving through the establishment of EIMC services.

Recommendations and Way Forward

Through MCHIP, the completion of what was the first EIMC training in Swaziland at that time, 14 doctors and nurses working in the public sector experience were provided with the experience to begin to answer parents' questions about the risks and benefits of the procedure, and can speak knowledgeably to concerns around infant pain and wound care. As a result of MCHIP, providers from that first training were able to begin to advise families about how to access EIMC services.

The facility level assistance under MCHIP and throughout the country under partner projects, in addition to MCHIP's support to MOH to development the national EIMC operational plan and document the MOH's efforts to date in EIMC, have provided MCHIP with a perspective to make recommendations as per below, in line with recommendations made by MCHIP in the development of the strategic plan:

- **The provision of EIMC services should not be an isolated and vertical intervention.**

EIMC program must be integrated into the MNCH platform which the MOH recognizes. This integration starts during the pre-pregnancy period and continues through to the postnatal period. EIMC messages accompany messages of birth preparedness, proper prenatal and antenatal care, and comprehensive 'Day of Birth' care for the mother and the newborn. Contrary to some beliefs, adding HIV prevention, care and treatment services within the MCH setting do not compromise quality of MCH services but rather increase the use of reproductive health services and infant outcomes improved¹². The focus of healthcare providers should continue to be: to provide comprehensive information and education for parents and guardians to make informed choice about EIMC, to provide high quality and safe EIMC services and to provide families the opportunity to access other health care needs when they are in contact with the health system. Implementation of EIMC in Swaziland follows the reproductive cycle and therefore should enhance the use of services during pre-pregnancy, pregnancy, birth and post-natal period.

- **Expand EIMC services into the private sector.**

Per the 2006/2007 Swaziland DHS, 31 percent of deliveries take place in the private sector. Building demand among privately insured and self-paying clients, as well as introducing EIMC services to all private facilities with ANC, delivery, and postpartum services will have a significant impact on reaching EIMC targets.

- **Strengthen linkages between community and facility and referrals.**

A well structured MOH system for community referrals to public sector facilities, as well as facility-to-facility referrals, is newly in place. EIMC will be one of the services to which clients can be linked and referred through this mechanism. Further, PSI's HTC referral and linkages program, which traces clients with mobile phones and confirms referrals with facilities, has a 65 percent linkage success rate. Such linkage and referral innovations should be tested for EIMC.

- **Address policy and structural concerns related to human resources for EIMC**

¹² T Van den Akker et. al: HIV care need not hamper maternity care: a descriptive analysis of integration of services in rural Malawi, Jan 2012

EIMC is currently offered in all MOH facilities where doctors are available for EIMC back-up and supervision - that is, it is available in all public sector hospitals and health centers. While EIMC is intended as a midwife-led intervention, regulations are not yet in place to fully legally protect the nursing cadre in independently performing the procedure. This leads to a concern that should a severe adverse event take place, the midwife who performed the procedure will be at legal risk, even if nurses and midwives are viewed as the backbone of service delivery.

Swaziland has already built a strong policy framework necessary for task-shifting. The Task Shifting Framework, based on principles outlined in the WHO task shifting guidelines, has been endorsed. However, the subsequent 2008 Nurses Bill – which would authorize nurses to perform surgical procedures - has not yet been passed by Parliament. Once the Bill is passed, the Swaziland Nursing Council can move forward with the development of regulations for qualified nurses and midwives to independently perform EIMC. Many nurses, as voiced by the Swaziland Democratic Nurses Union (SWADNU), feel that should task-shifting be supported by EIMC regulations authorizing nurses to perform EIMC, issues of workload and fair compensation must be addressed.

The following actions will help address policy and structural concerns related to human resources for EIMC:

- Consensus should be developed within the nursing leadership, the Nursing Council, and SWADNU in order to advocate strongly to the Minister of Health and the portfolio committee for the reintroduction the Nurses Bill to the new Parliament

After the passage of the Nurses Bill:

- Support the Swaziland Nursing Council in drafting and endorsing the regulations that will elucidate task-shifting for EIMC
- Support the Ministry of Health to advocate with Public Service for a reassessment of the required number of sanctioned nursing positions, as well as healthcare worker compensation, within MNCH platforms
- Consider alternate means of compensating high performing facilities – with recognition such as awards/certificates, training opportunities, and small material upgrades
- Orient nurse managers, nursing institution faculty, and clinical preceptors on EIMC. Utilize existing forums such as Chief Nursing Officer (CNO) -led monthly nurse manager meetings, and “quad meetings” (regular meetings between the Nursing Council, SWADNU, the CNO, and the principals of all nursing institutions) to catalyze this process. Ensure that all service providers have adequate information on the goals and objectives of incorporating EIMC within the comprehensive MNCH services package, including the ways in which EIMC integration strengthens the provision of MNCH services overall.
- Scale up EIMC in-service training for regional mentors and supervisors as well as strategically selected nurses and midwives in a phased, continuous manner in facilities where EIMC is – or will be - offered. Consider prioritizing experienced nurses and midwives who serve as seasoned leaders and role models within facilities.

- Advocate for the inclusion of EIMC as a national midwifery core competency, and ensure that nursing/midwifery faculty and clinical preceptors are trained in EIMC.
- Procure and organize resources in order to prepare midwives for EIMC, including strengthening nursing institutions' skills labs with EIMC clinical supplies and anatomic models.
- Review midwifery curriculum to consider where EIMC can be integrated
- Continue to roll out the EIMC counseling module as on-the-job training to additional nursing and support staff at all healthcare facilities where pregnant women are seen.
- **Facilities will need to actively prepare to include EIMC surgical instruments and consumables in their routine logistics and procurement processes.**

As is the case with VMMC supplies, EIMC surgical kits are currently procured by SCMS, with PSI providing additional consumables to public, private, and NGO facilities. This material support is expected to scale down towards the end of 2014 as services transition fully to government systems. In preparation of this transition, public sector sites have been supplied with a substantial buffer stock of EIMC surgical kits. While facilities expect that this stock could last one or more years at current EIMC service delivery levels, the Ministry of Health and individual facilities will need to actively prepare to include EIMC surgical instruments and consumables in their routine logistics and procurement processes. Fortunately, Mogen Clamps are the only component that is specific to the EIMC procedure – all other instruments, supplies, and consumables are found within the existing supply chain for other routine and surgical services.

As EIMC is integrated within the MNCH platform, procurement for EIMC equipment and consumables will be routinized through the existing systems, with the national budget accommodating the needs of the EIMC services. Transitioning the procurement for EIMC services to government mechanisms means that these services will be vulnerable to existing supply chain challenges in the public sector. This will require advocacy and careful supply chain forecasting from facilities.

Annex 1: Indicator Matrix

INDICATOR	DEFINITION/ CLARIFICATION	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS
OBJECTIVE 1: Foster sustainability of EIMC services to ensure long term increases in EIMC prevalence					
Number of providers trained with demonstrated competency in provision of MC services	Percent of providers with demonstrated competency in provision of MC services	Monitoring competency of trained providers and through supportive supervision - Support Supervision reports Trainee follow-up records	Yearly	MCHIP	14
OBJECTIVE 2: Improve the quality EIMC services					
Number of tools developed in support of quality assurance	This indicator collects the number of quality assurance tools developed under the program in support or provider quality of services	Program/technical records	Yearly	MCHIP	2
OBJECTIVE 3: To provide support to MOH in the development of an EIMC component to the operational plan					
EIMC operational plan component developed	This indicator addresses whether the EIMC operational plan was developed in PY6 in support of the MOH's larger operational plan.	Program documents Plan developed	End of project	MOH, MCHIP	EIMC operational plan component drafted by MCHIP and submitted to

INDICATOR	DEFINITION/ CLARIFICATION	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	ACHIEVEMENTS
					MOH and PEPFAR
OBJECTIVE 4 : To document the Ministry of Health of Swaziland's efforts in EIMC to share regionally and beyond					
Number of documents developed	This indicator addresses whether the key document for this objective, the EIMC progress documentation, has been completed in PY6.	Program documents	End of project	MCHIP	Swaziland/MOH EIMC Progress documentation drafted by MCHIP and submitted to MOH and PEPFAR

Annex 2: Success Stories

A success story on Swaziland's efforts in EIMC is a deliverable to USAID and PEPFAR under this workplan by June 30th. This was not complete at the time of this report's writing but will be added later.

Annex 3: List of Materials and Tools Developed or Adapted by the Program

- Performance Standards for Early Infant Male Circumcision Tool
- EIMC Services Supportive Supervision Tool