

SCALING UP SAFE MALE CIRCUMCISION IN BOTSWANA

**COUNTRY UPDATE MEETING TO SHARE LESSONS, EXPLORE
OPPORTUNITIES AND OVERCOME CHALLENGES TO SCALE UP:
8-10 JUNE 2010**

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Botswana Team

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I. Background information- Botswana*

- Population:- 1.8million
- Target for SMC:- 0 – 49 years old males
~500,000
- HIV Prevalence:- 17.6% (General
Population)
- MC rate:- 11.2%*
- MC Acceptability**:- 50-92%
- Source:

*Preliminary Botswana HIV/AIDS Impact Survey III. May 2009

**Surveys (Keebabetswe, Plank R)

2. Leadership & Advocacy

- Multi-stakeholder involvement
 - ▣ MOH, NACA, Development Partners- Partners
 - ▣ Reference group, TWG
 - Infant and Research
 - ▣ DHMTs, District Coordinators
 - ▣ Focal point at Facility level
 - ▣ Private sector- provision of services
 - ▣ Civil Society- Community mobilization, HCT,
- Involvement of Private Medical Practitioners
 - Sensitization meetings conducted 2009 -Feb 2010, with Executive Committee and Medical Aid Schemes- discussing the pricing of MC in private sector
 - Two Medical Aid Schemes (BOMaid and BPOMAS) funding private practitioners for the prescribed MC package.

Leadership & Advocacy...cont

- Private MDs
 - 2 sensitization workshops conducted with Private practitioners- 50 attended countrywide.
 - Some PMDs will be assessed to start offering SMC package
Expectations -
 - Private Doctors and nurses will be trained on SMC, Mandatory reporting to the Department on the SMC progress using adapted tools, Support supervision
- Consulted MOE – roll out Youth in Schools
- Society for the deaf – for sign language
- Traditional Health Practitioners sensitization
- Men Sector Response

3. Policy/Strategy Development

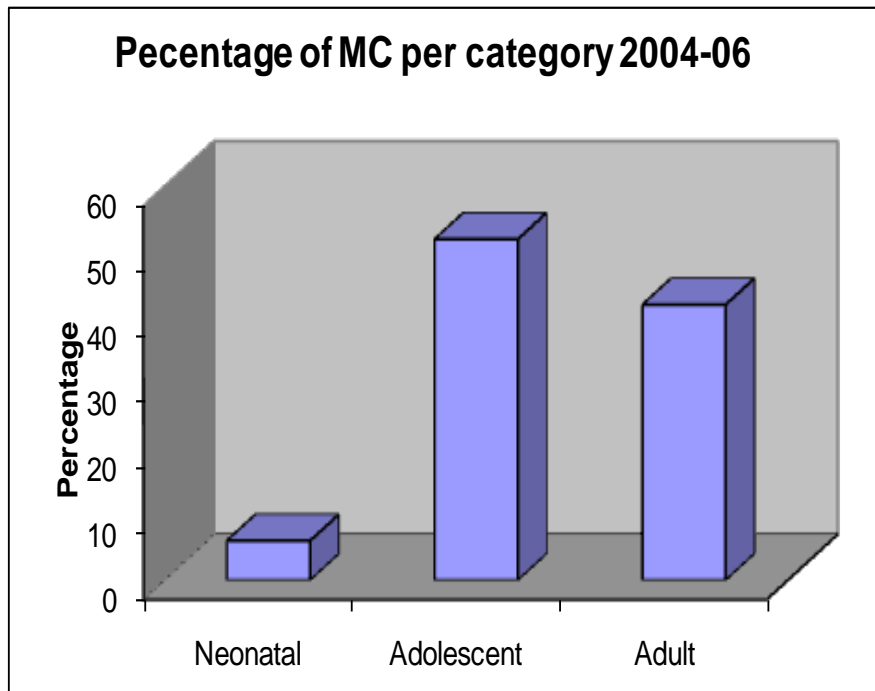
Oct- Nov 2007:- Buy in

Dec 07 – May 09:- Rapid
Situation Analysis of
Health Facilities

Developed the National Safe
Male Circumcision Strategy

Overall objective:- To
contribute to the reduction of
HIV infection rates by scaling
up SMC to reach MC
prevalence rate of 80%
among 0-49 years old HIV
negative males by 2016.

SMC included in the Health
Policy, revision ongoing



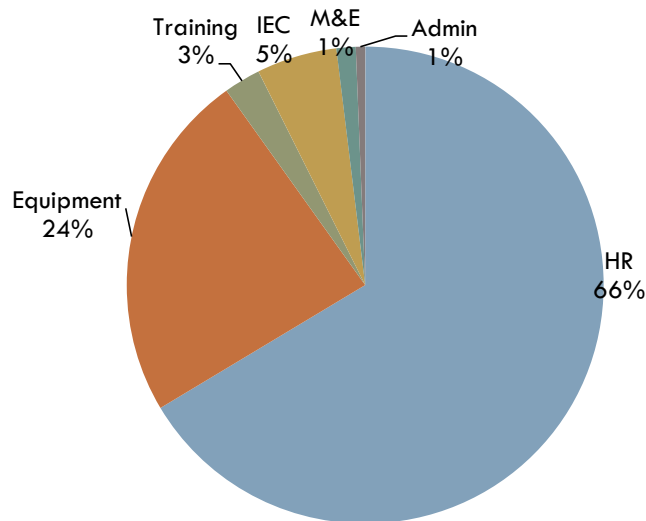
Policy/Strategy ... cont

Revision of SMC Costing done to include infant SMC

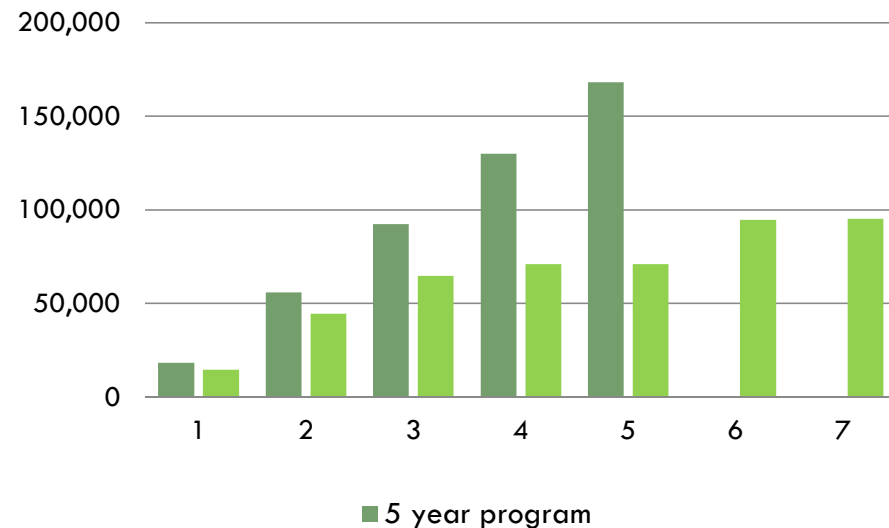
Cost per adult SMC - P 429, Pb- 67, Mogen 103

- 2008/09 In depth Need Assessment of Health Care system done – 5 year Operational Plan developed

Breakdown of MC program costs



Annual surgeries under a 5 year program and 7 year program



4. Training on Safe MC:

- Safe MC SOPs, SMC Training Manual and Video developed.
- Master Trainer Programme started with I-TECH and Jhpiego
- Six facilities selected as COEs for decentralization
- Total 90 HCWs; 50% MOs

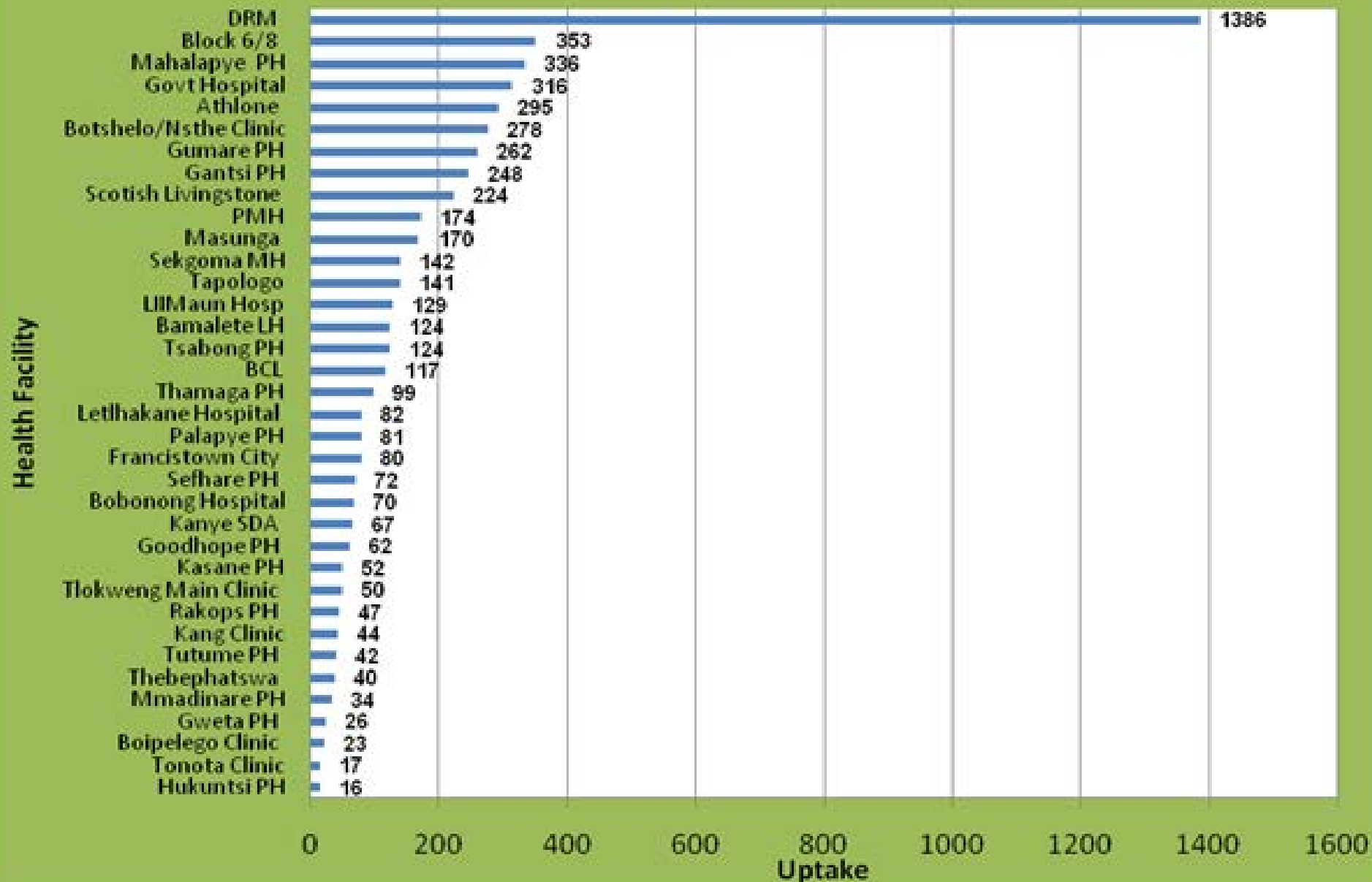


5. Service delivery & Quality

Assurance

- Implementation commenced April 2009; In phases 35 facilities countrywide
 - ▣ Ten MC Quality std adopted, min package of SMC All facilities compliant
- Adopted the Quality Assessment toolkit from WHO Internal and External Quality assessment conducted after training focal persons from five Centres of Excellence (COEs), with support from WHO
 - ▣ SMC M&E Framework developed including MC QA
 - ▣ Data Collection tools printed and distributed
- Appointment of QI focal point at the Department (within the overall MoH QI mandate)

Safe Male Circumcision Uptake by Facility as at 31 March 2010 N=6180



6. Communication

SMC Branding – Football
analogue

Multimedia campaigns

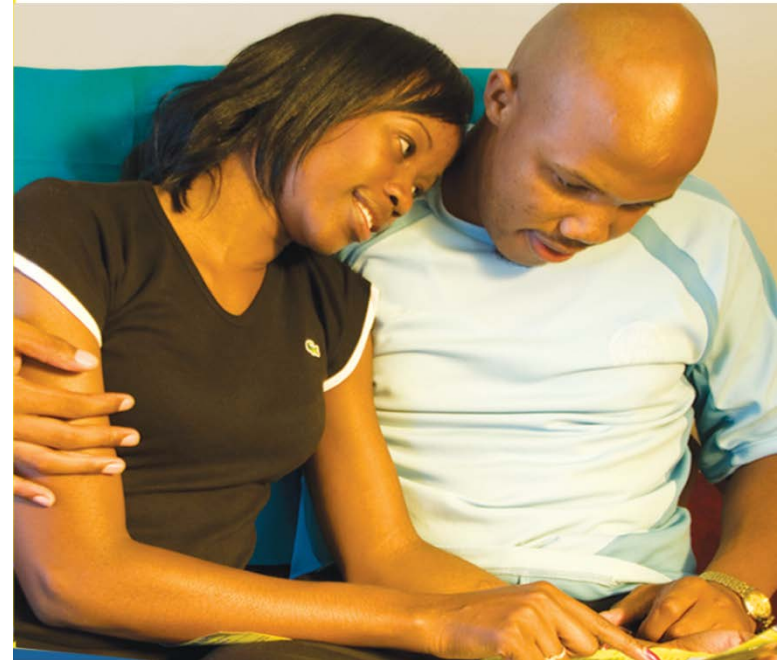
IEC materials development and
distribution

Materials for women

SMC counselling scripts



□ **KNOW**
□ **YOUR FACTS!**



7. Mass Medical Male Circumcision of Initiates in Mochudi, Kgatleng District -22nd – 31st July 2009

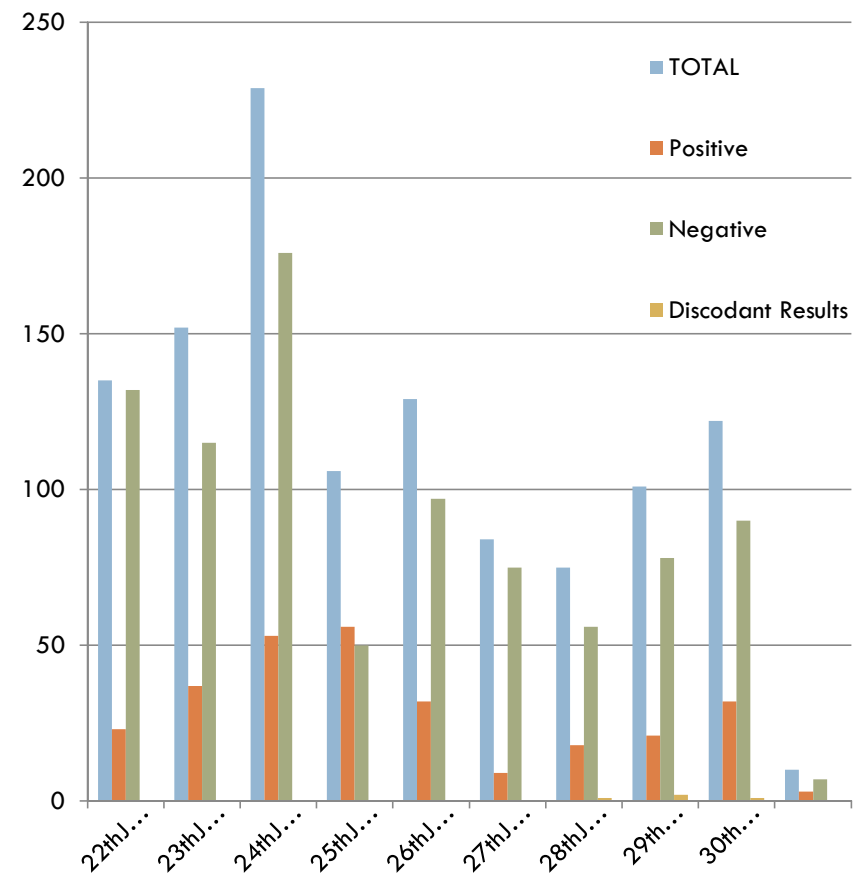


Achievements

Received SMC services

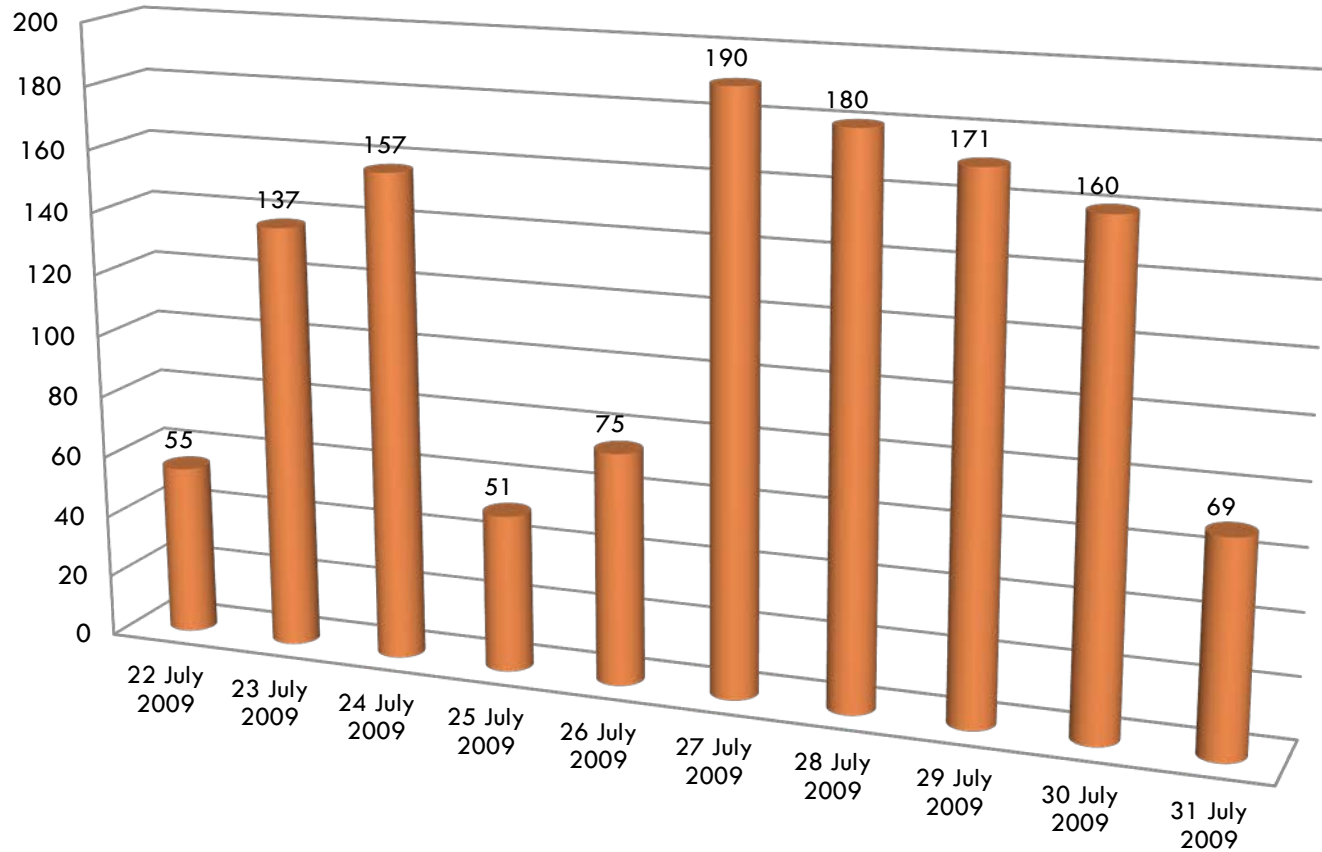
- ❑ Total of 1321 initiates were counselled
- ❑ 88.5% were tested
- ❑ 96.2% initiates circumcised,
- ❑ 3.8% initiates were excluded for circumcision
- ❑ AEs – 2%

Number Tested Mochudi



Daily MCs performed in Kgatleng July 2009

**Daily progress of MC performed, Mass SMC of Initiates in
Mochudi, July 2009**



Opportunities and Challenges

Opportunities

- Strong political will and support by GOB. Willingness of partners to support SMC services recruitment
- Existence of good infrastructure and health systems that could enable scaling up of MC services
- New initiatives, MOVE and volunteer
- Availability of strong programs at facility and community levels
- High acceptance of MC in the population

Challenges

- Inadequate resources: Ensuring availability of adequate, qualified, skilled and motivated personnel
- Balancing the demand/supply, and ensuring implementation of approaches that will ensure attainment of high volumes reaching set targets within the stipulated timeframe
- Ensuring the population gets the right messages about MC

Key Lessons Learnt & Next Steps

Key Lesson Learnt

- Mass safe male circumcision of initiates from Bakgatla tribe - opportunity to strengthen the relationship between traditional structures and health on SMC programme.
- In up scaling SMC programme partnership is important and experience has shown that if well coordinated, it works for the benefit of programme

Next Steps

- Advocacy for more resources
- Conduct KAP study to inform the long term Communication Strategy on SMC
- Conduct PHE for MC
- Implement Second phase communication strategy
- Building systems for QA/QI and strengthen M&E (Continue with QA assessment for the two COEs)



Thank you