INNOVATIONS IN VMMC SERVICE DELIVERY IN KENYA

PEPFAR /WHO/UNAIDS MEETING ON STRENGTHENING VMMC PROGRAMS FOR HIV PREVENTION, JOHANNESBURG, 25-29 SEPTEMBER, 2012

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HIV Prevalence by Province

- Eastern: 3.5%
- Rift Valley: 4.7%
- Central: 4.6%
- Coast: 4.2%
- North Eastern: 0.9%
- Western: 6.6%
- Nyanza: 13.9%
- Nairobi: 7.0%
- National Average: 6.3%

Male: 4.3%
Female: 8%

Source: KDHS 2008/2009
Circumcision targets for eligible men 15-49 years from 2009-2013 based on projected demand and capacity in selected provinces (Source-Kenya National strategy for VMMC  Oct 2009)

<table>
<thead>
<tr>
<th>Region</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
<th>4 Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nyanza</td>
<td>76,500</td>
<td>100,000</td>
<td>125,000</td>
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<td>426,500</td>
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<tr>
<td>Rift Valley</td>
<td>28,500</td>
<td>40,000</td>
<td>60,000</td>
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<td>188,500</td>
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<tr>
<td>Nairobi</td>
<td>19,500</td>
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<td>40,000</td>
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<tr>
<td>Western</td>
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<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
<td>57,000</td>
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<td>Others</td>
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<td>200,000</td>
<td>255,000</td>
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<td>860,000</td>
</tr>
</tbody>
</table>

Target: increase national circumcision coverage from 84% to 94% (1.1M) by 2013
VMMC PROGRESS (2008-2011)

- Total of 307,769 VMMC
  - By clinical officers- 171,793 (55.8%)
  - Nurses- 129,653 (42.1%)
  - Medical officers- 6,323 (2.1%)

- Proportions by mode of service delivery
  - Outreaches- 50.2%
  - Static- 40.75%
  - Mobile- 9.05%

- Operations research – informs roll out and policy modification (15 on going)
  - Study on aesthetic outcome of circumcision by attendant cadre
  - Safety of infant male circumcision
  - Study on wound healing time period
INNOVATIVE APPROACHES TO VMMC

- Working with Community Heath Workers and community champions
- Requesting circumcised clients to refer friends, colleagues, family
- Engaging locals as mobilizers for visit of youth groups, schools, churches and other social spaces to “sell” VMMC
- Engaging women to mobilize their partners and other men
- Working with local leadership, e.g., Chiefs and their Assistants
- Utilizing the media, especially vernacular stations to popularize VMMC and direct clients to service sites
INNOVATIVE APPROACHES CONT….

- Conducting road shows, especially during accelerated seasons (Rapid Results Initiatives)
- Provision of services at special times: moonlight, early morning for those that have fear of being seen in the day as an element of stigma
- Task shifting/Task sharing
- Mobile camps for hard to reach areas including migratory fisher folk
INNOVATIVE APPROACHES CONT....

- New technique in community entry shown by Impact RDO in Pokot North.
- Using champions - and Elders in journalists training where men share experience of having gone for MC.
- Women involvement /high school girl leavers as mobilizers
- Rapid Results Initiatives/ Accelerated activities
- MOVE strategy( Model of Optimizing Volume and Efficiency)
- Spouses of VMMC clients accessing HIV counseling thus increasing knowledge of sero-status which is key in HIV management and control
FACILITATING FACTORS

- Government support: policies and processes
- Political support by area leaders e.g. prime minister
- Community acceptance and ownership- Luo council of elders in parts of West Kenya
- Donor/stakeholder support through funding and direct participation (PEPFAR, NRHS,MCC, NASCOP e.t.c)
- Media participation in creating awareness on the benefits of MC, health education and mobilization
CHALLENGES

- Postoperative return rates low for clients
- Not all clients opt for HIV testing
- Mainstreaming MC in the current health systems
- Resource constraints
  - Human resource
  - Infrastructure and equipment
  - Financial
LESSONS LEARNT

- Prompt acceptance of trial results by the Government and subsequent unequivocal support instrumental in rapid scale up

- Kenya did not wait until everything was perfect; it put in place minimum requirements, rolled out the services, and is learning from the process and making improvements along the way

- After preparing relevant guidelines and popularizing the intervention in Nyanza, expanding to other regions made easy

- Moving from VCT to PITC increased testing rate from under 40% to over 80%, with some reporting over 90%

- Changing the policy to allow nurses to perform MC increased access

- On-going Operations Research (over 15 studies) informs rollout and policy modification
WHAT NEXT?

- Linkages be sought between community groups and professional associations to facilitate service delivery especially in outreach and mobile approaches
- Strengthen involvement of female spouses to support the males and also benefit from MC
- Embrace infant male circumcision in the sustainability face
- Roll out VMMC to circumcising and other non-circumcising communities
- Inclusion of MC in pre-service training in both colleges and medical schools and be mainstreamed into the health system
- Traditional circumcision be evolved to encompass safer practices with emphasis on HIV prevention.
KENYA IS ON THE MOVE
AWAY WITH HIV