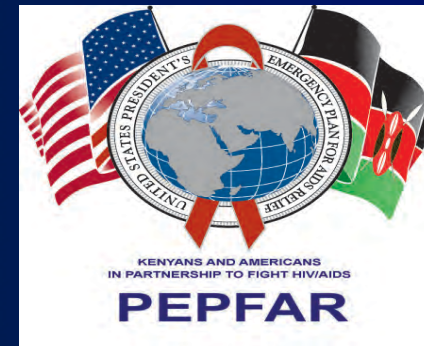


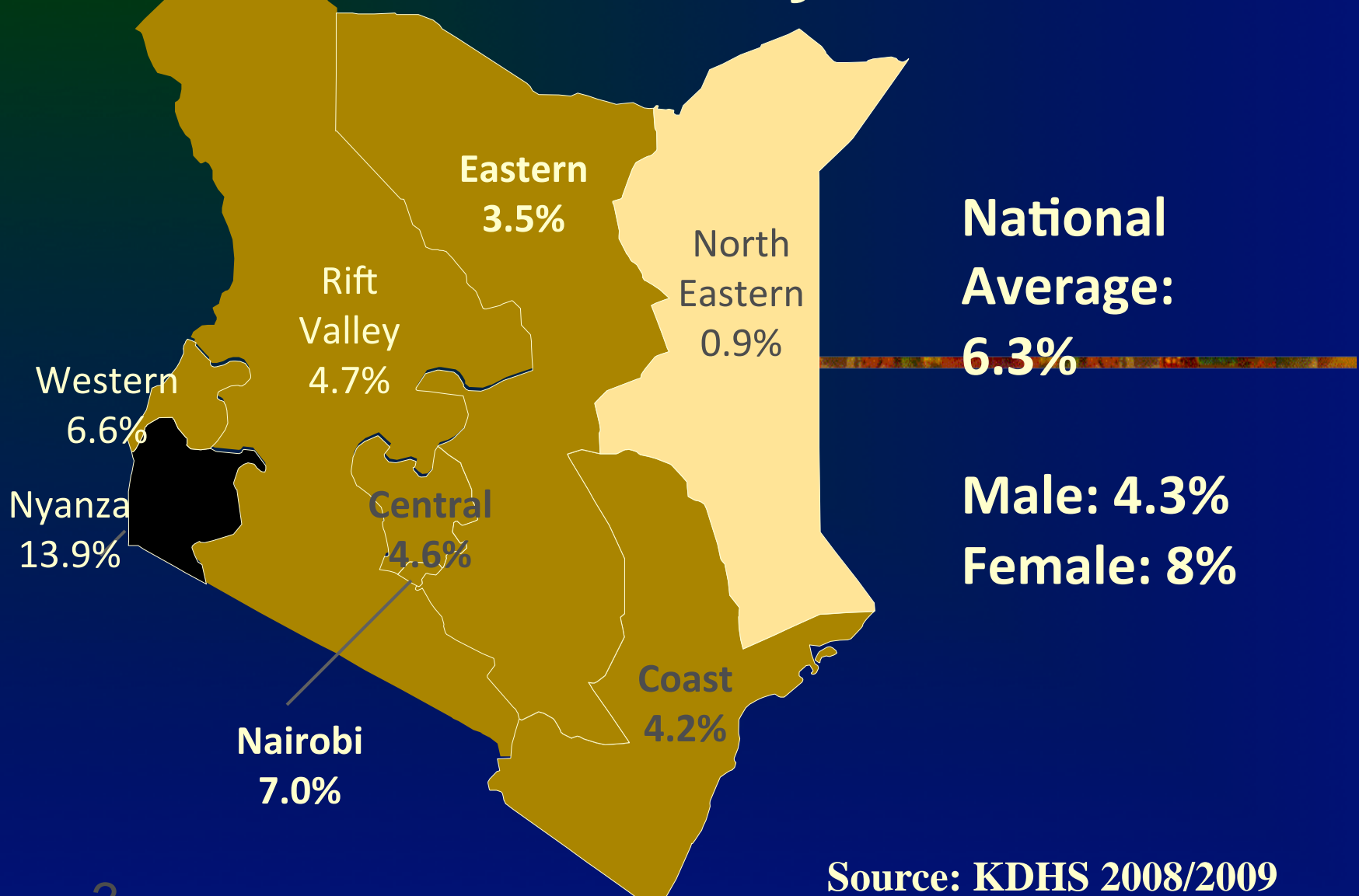
INNOVATIONS IN VMMC SERVICE DELIVERY IN KENYA



PEPFAR /WHO/UNAIDS MEETING ON STRENGTHENING VMMC
PROGRAMS FOR HIV PREVENTION, JOHANNESBURG, 25-29
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Dr. Charles Okal
Provincial AIDS and STDs Coordinating Officer,
Nyanza
Ministry of Public Health and Sanitation Kenya
(Kioko.J.K, Mwandi. Z, Kawango.A, Kasanga.B)

HIV Prevalence by Province



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)

	2009-10	2010-11	2011-12	2012-13	4 Year Total
Nyanza	76,500	100,000	125,000	125,000	426,500
Rift Valley	28,500	40,000	60,000	60,000	188,500
Nairobi	19,500	30,000	40,000	40,000	129,500
Western	12,000	15,000	15,000	15,000	57,000
Others	13,500	15,000	15,000	15,000	58,500
	150,000	200,000	255,000	255,000	860,000

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 Health 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.

VMMC

KENYA IS ON THE MOVE

AWAY WITH HIV