

Male circumcision clients surged in August



Moses Kidi explains to a potential client the benefits of voluntary medical male circumcision. Sensitisation workshops like this one with boda boda operators in Kisumu encourage men to seek VMMC services.

Photo by Beatrice Oyugi

An effort to encourage more men to take advantage of the male circumcision services offered free of charge in Nyanza Province reached 19,342 men and boys in the month of August—more than four times the monthly average.

Before August, an average of 4,125 clients per month were circumcised and received related HIV prevention services this year through the government's voluntary medical male circumcision (VMMC) program in Nyanza.

The government and its partners were able to more than quadruple the number of clients for the month by employing strategies and lessons learned from the Rapid Results Initiative (RRI) of November–December 2009, when more than 37,000 men and boys were circumcised over 30 days.

Like the 2009 RRI, this effort to accelerate uptake of VMMC services was conducted during the school holidays, when the programme has seen an increase in the number of clients seeking VMMC services.

As they did during last year's RRI, government officials adopted several measures to make VMMC services more accessible. The ministries of health enlisted staff members who were on leave to help provide VMMC services and deployed more outreach and mobile teams to bring the services closer to communities. Some health facilities that do not routinely provide VMMC formed their own teams of trained providers to offer the services.

At the same time, the programme promoted VMMC services. Mobilisers worked with voluntary counselling and testing services to reach young men, and sensitisation meetings were held with head teachers from primary and secondary schools to encourage them to inform their students about the benefits of male circumcision.

VMMC services have proved most popular among younger men and boys. During the 2009 RRI, for example, about 45 percent of clients were younger than 16.

But these young teens are not the programme's main audience, because most of them are not yet sexually active. The primary goal is to reach sexually active, HIV-negative men ages 15 to 49, because circumcising them is likely to have the greatest impact on Kenya's HIV/AIDS epidemic.

To promote VMMC services among those who are hardest to reach—men older than 25—the programme used satisfied clients as ambassadors to explain to their peers the benefits of the services. It also offered evening and weekend hours, to make it easier for working men to access VMMC services. Data on the results of these efforts are not yet available, because they are still being collected from the sites.

Since the inception of the VMMC programme in November 2008, the government and its development partners have reached about 175,000 men and boys with circumcision services across 170 health centres in Nyanza Province. However, more still needs to be done. The programme aims to circumcise about 860,000 men nationwide by the end of 2013, including at least 426,500 men in Nyanza Province.

Strategies like the ones used to accelerate uptake of VMMC services in Nyanza in August will help the programme achieve its goal of reaching about 80 percent of uncircumcised men ages 15 to 49. Doing so would prevent an estimated 900,000 HIV infections among men and women over 20 years.

The partners who collaborated with the MOH during the August initiative were the Nyanza Reproductive Health Society, IMPACT Research and Development Organization, Family AIDS Care and Education Services, the Catholic Medical Mission Board, and the AIDS Population and Health Integrated Assistance (APHIA) II Nyanza Project. ■

Reaching more men to prevent HIV infection

Welcome you to this issue of our newsletter.

As we commence the second quarter of this year, I am convinced that we are on the right path in our HIV prevention efforts in Nyanza Province.

Voluntary medical male circumcision (VMMC) has been proven to be an effective intervention against HIV. But it is not offered alone. It is part of a comprehensive package that includes important health education, HIV counselling and testing, the provision of condoms, and screening and treatment for sexually transmitted infections.

The speed at which VMMC has taken off in Nyanza is encouraging. This momentum can be attributed to good coordination amongst the government, partners, and many other stakeholders of goodwill.



Dr. Jackson Kioko

We continue to deliver high-quality services to many men across the 12 districts where the programme is being implemented. However, we have noted that a large number of men are still unreached.

One reason why we have been unable to reach even more men is the distance between the service delivery centres and

the communities. We are thus making every effort to take the services as close to the people as possible, through greater emphasis on outreach and mobile services. We are also encouraging more involvement of health workers at every level, through task shifting and task sharing with our partners (see page 3).

We have also noted that many VMMC clients are younger than 15 years old. Circumcising the young men in this age group, before most of them are sexually active, will help prevent HIV in this generation in the long term.

But it is the men who are already sexually active—the 15 to 49 year-olds—who are most at risk of acquiring and then transmitting HIV infection. That is why we are redoubling our efforts to reach the men in this age group through their peers and by offering services at more convenient times and locations.

From 2009 to 2013, the government's strategy is to provide VMMC services to as many 15- to 49-year-old men as possible, in order to reduce new HIV infections and achieve a significant impact on the epidemic. In Nyanza alone, we have already circumcised more than 175,000 men. By 2013, we aim to reach 426,500 men.

I am hopeful that we can achieve this goal through such initiatives as the successful efforts to encourage accelerated uptake of VMMC service in August (see page 1) and last year's Rapid Results Initiative (RRI). This month we will begin another RRI that will build on the lessons of the first initiative.

Let me reiterate that the overall goal of this programme is to safeguard our community by preventing as many HIV infections as possible. As we strive to take the services closer to the people and to reach those most at risk, I urge the men of Nyanza to take advantage of this opportunity. ■



Clients wait for services at a mobile site where tents have been erected to serve as counselling, waiting, and recovery rooms.

Photo by Michael Stalker/FHI

Dr. Jackson Kioko, Provincial Director of Public Health and Sanitation

VMMC in Nyanza: Programme Highlights

- 1 More than 175,000 men have been circumcised in Nyanza Province since November 2008.
- 2 Voluntary medical male circumcision (VMMC) can be accessed in more than 170 health centres and at selected outreach sites in 11 districts in Nyanza.
- 3 Nyanza's experience was used as the model for expansion of VMMC services to Nairobi and Teso districts.
- 4 More than 1,124 health care providers have been trained to offer safe male circumcision services.
- 5 VMMC is offered as a comprehensive package with other HIV prevention services: counselling about HIV prevention, diagnosis and treatment of sexually transmitted infections, and HIV counselling and testing.
- 6 A provincial task force coordinates the implementation of the VMMC programme in Nyanza, while male circumcision steering committees coordinate the programme at the district level.

Sharing tasks helps programme meet demand for VMMC

Innovation is an important ingredient in the successful implementation of the Kenyan voluntary medical male circumcision (VMMC) programme. A key innovation has been the training of nurses to perform the routine surgical procedure.

Government officials decided to allow nurses to receive such training to address the critical shortage of medical officers and clinical officers available to perform male circumcision. Since the government announced this strategic decision in June 2009, 389 nurses have been trained in Nyanza, Teso, and Nairobi provinces.

The nurses account for 35 percent of the 1,124 trained health care providers who are helping the VMMC programme meet the growing demand for male circumcision. Since the programme's inception in Nyanza in November 2008, more than 175,000 men have been circumcised and have received the comprehensive package of HIV prevention services offered along with VMMC.

Allowing nurses to perform male circumcision is an example of task shifting. The World Health Organization defines task shifting as the rational redistribution of tasks among a team of health care workers.

Task shifting and task sharing—the sharing of tasks among different cadres of health workers—are being encouraged the world over as efficient and cost-effective ways of providing health care services. In Kenya, the ministries of health and their development partners are using these strategies in the implementation of the VMMC programme.

Emma Llewellyn, project director of the male circumcision programme of the Nyanza Reproductive Health Society (NRHS), describes how task sharing and task shifting work in the field when an NRHS team arrives at a health facility or at a school or dispensary that will serve as a temporary site for mobile VMMC services

“When a team reaches a site and there are no clients, all of the team members do mobilisation to help in the boosting of numbers,” she explained.

The teams consist of a surgeon (usually a clinical officer or medical officer, but sometimes a nurse), a surgical assistant who is a nurse, a counsellor, a hygiene officer (who ensures that the equipment, supplies, and theatre are clean and safe for use), and a driver. To maintain the quality of services, NRHS trains each member of its teams to perform a variety of tasks, such as mobilising clients and preparing packs of VMMC instruments and supplies.



A surgeon and an assistant prepare to perform a male circumcision procedure at Homa Bay District Hospital.

Photo by Beatrice Oyugi

“Drivers are able to help in the preparation of packs, cleaning, and mobilisation,” said Llewellyn. “The counsellors assist with preparation of packs after counselling duties are completed, and nurses are able to provide surgeries.”

Llewellyn adds that task shifting and task sharing have proved cost-effective. That's because these strategies make it possible to reach more clients with VMMC services, explains George Odingo, a research officer for EngenderHealth/Male Circumcision Consortium. He notes that most dispensaries in Kenya are headed by nurses.

Despite these advantages, task shifting and task sharing pose challenges. Some team members are reluctant to take on more tasks, while others feel uncomfortable relinquishing some tasks. NRHS staff members are in frequent communication with the members of these teams, to boost morale and foster a shared sense of responsibility for meeting project goals.

Task shifting and task sharing featured prominently in discussions during the International AIDS Conference in Vienna, Austria, in July, where Bill Gates encouraged conference participants to use more cost-effective methods of service delivery.

“Even as we advocate for more funding, we can do more to get the most benefit from each dollar of funding and every ounce of effort,” Gates said in a keynote speech on 19 July. “If we push for a new focus on efficiency in both treatment and prevention—and we continue to innovate to create new tools—we can drive down the number of infections dramatically and start writing the story of the end of AIDS.” ■

VMMC PARTNERS

The following members of the Nyanza Provincial Task Force (PTF) on Male Circumcision are partners in the national voluntary medical male circumcision (VMMC) programme, which is funded by the Government of Kenya, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID), and the Bill & Melinda Gates Foundation. Additional partners who collaborate with the Nyanza task force as part of their support to the national programme include the Communication for Change (C-Change) Project, which is implemented by the Academy for Educational Development, the United Nations Children's Fund, and PSI.

APHIA II Nyanza

The AIDS Population and Health Integrated Assistance (APHIA) II Project in Nyanza introduced mobile male circumcision clinics in April 2010 to improve the provision of voluntary medical male circumcision and take the services to the people. The project works with members of the district male circumcision steering committees to plan, organise, and coordinate mobile services.

The venues for mobile clinics vary, from dispensaries to schools and churches. APHIA II Nyanza takes a week to mobilise men in each community and then follows up with four days of service delivery. Due to shortages of health care staff, the project pools trained providers from different health facilities to avoid disruption of routine health service delivery at those facilities.

APHIA II also supports VMMC service provision at public health facilities in Nyando, Rongo, Homa Bay, and Rachuonyo districts.

Catholic Medical Mission Board

The Catholic Medical Mission Board (CMMB) supports the provision of VMMC services in faith-based hospitals in Karungu, Migori, Tabaka, Asumbi, Kendu Bay, Nyabondo, Kisumu, Chiga, Maseno, Lwak (Asembo), and Nyangoma.

In addition to supporting these facilities through the provision of surgical equipment, training of health care providers, and general technical assistance, CMMB has a unique, family-centred approach that involves parents and adolescents. Adolescent girls are offered voluntary HIV counselling and testing (VCT), reproductive health education, and information about HIV/AIDS, while their male peers are offered mentorship on reproductive health and life skills, information about HIV/AIDS, and the comprehensive VMMC package, which includes VCT. The parents of these adolescents are also offered VCT and information about HIV/AIDS.

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Partners in VMMC for HIV prevention

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FACES

Family AIDS Care and Education Services (FACES) supports the provision of male circumcision for HIV prevention, along with provider-initiated HIV counselling and testing, at public health facilities and through mobile outreach services. Its focus for the next five years, as of 1 July 2010, is on providing comprehensive HIV services at the 12 district and subdistrict hospitals in Migori, Nyatike, Suba, Kisumu East, and Rongo.

Each facility will have a team of four staff (a clinical officer, nurse, counselor, and hygiene officer) trained to provide VMMC services. Ministries of health staff will also be trained in VMMC service provision, so that they can rotate with the VMMC staff in providing male circumcision.

A nongovernmental organisation, FACES is a collaboration between the Kenya Medical Research Institute and the University of California at San Francisco.

Impact Research and Development Organization

Impact Research and Development Organization (IRDO), with funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), is currently providing VMMC services in six districts: Nyando, Kisumu East, Suba, Migori, Rongo, and Lang'ata (Nairobi). It also offers VMMC services at four Tuungane youth centres, which are located in Suba, Nyando, Kisumu East, and Bondo districts.

The strategies that IRDO is using to reach more clients in these regions include static delivery, where clients go to the service provision centre closest to them for VMMC services, and mobile delivery, where teams of health care providers visit and provide the services at different sites in the communities.

In addition, IRDO provides training to build the capacity of staff from the ministries of health, helping the government enlarge its pool of skilled personnel ready to provide VMMC as the demand for this essential service continues to grow.

Male Circumcision Consortium (MCC)

The Male Circumcision Consortium (MCC) aims to reduce the number of new HIV infections in Kenya and save lives by improving and expanding the provision of safe, voluntary male circumcision services.

The MCC is composed of FHI, EngenderHealth, and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society to support the Government of Kenya and other local partners to implement the national male circumcision strategy. It has supported expansion of the male circumcision research and training centre in Kisumu to train more providers in VMMC.

The MCC also supports the coordination of the National Task Force on Male Circumcision. In Nyanza, it supports the offices of the provincial directors of public health and sanitation and of medical services, who coordinate the Nyanza provincial task force. And at the district level, it supports steering committees on male circumcisions in six core districts: Kisumu East, Kisumu West, Nyando, Homa Bay, Rachuonyo, and Rongo.

MCC research is under way to assess the impact of VMMC on HIV transmission and risk behaviours, to monitor clinical outcomes, and to identify the best ways to deliver VMMC services in different settings.

Nyanza Reproductive Health Society

The Nyanza Reproductive Health Society (NRHS) has been instrumental in the expansion of male circumcision services in Kenya by building on its experience with the randomised controlled trials of male circumcision in Kisumu, its close relationships with the provincial and national ministries of health, and the capacity of the Universities of Nairobi, Illinois, and Manitoba (UNIM) clinic.

The NRHS's role in the VMMC programme in Nyanza is to build the capacity of service providers and to deliver safe VMMC services for HIV prevention. NRHS has teams of trainers who train health care workers in VMMC service provision at its UNIM clinic and other health facilities. NRHS has trained more than 1,100 service providers in Nyanza, Teso, and Nairobi, and in the armed forces.

In addition to its training activities, the NRHS has 19 mobile VMMC teams that directly provide comprehensive male circumcision services in smaller health facilities and within communities. By the end of August 2010, these mobile teams, in collaboration with the ministries of health staff trained and supported by NRHS, had performed more than 80,000 circumcisions.

news briefs

Harvard team visits the VMMC Programme

A team from the Global Health Delivery Project (GHDP), an affiliate of Harvard University, was in Kenya in October to learn about its voluntary medical male circumcision (VMMC) programme. Kenya's programme is among six health projects in the world that the GHDP is preparing case studies about, to highlight the lessons learned in designing, coordinating, and implementing biomedical interventions.



The Lang'ata district commissioner visits a mobile VMMC theatre.

Photo courtesy of IRDO

VMMC expansion to Nairobi builds on Nyanza lessons

VMMC services are now available free of charge in Nairobi's Lang'ata District. The ministries of health are collaborating with Impact Research and Development Organization to offer the services, which are currently available at Lang'ata Health Center, Ushirika Medical Clinic, and the AMREF health facility in Laini Saba. Nairobi is the second province after Nyanza to offer free VMMC as part of a comprehensive package of HIV prevention services.

Workshops aim to enhance media capacity

The Nyanza Provincial Task Force on Male Circumcision, in conjunction with FHI/Male Circumcision Consortium, held training workshops for journalists, radio presenters, and representatives of the district health management teams (DHMTs) in September to promote accurate coverage of the VMMC programme. The workshop for DHMT representatives, held on 15 September, provided training on conveying information about the VMMC programme to the media.

Video appeals to football fans

A three-part video series about VMMC developed during the World Cup season is now being shown at various video show halls around Nyanza. Created by the Communication for Change (C-Change) Project, the series uses soccer as an analogy to educate men about VMMC services. It is one of the products developed by C-Change and PSI in collaboration with the provincial and national task forces on male circumcision. Other products include posters, leaflets, dialogue cards, and flip charts, as well as materials for specific constituencies, such as faith leaders, employers, and community leaders.