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MCC News

An e-newsletter about male circumcision for HIV prevention in Kenya

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Alex Okwaro, a nurse at Homa Bay District Hospital, performs a male circumcision procedure.

Photo by Silas Achar/FHI 360

VMMC programme nears 600,000 mark

More than 583,000 men and boys have received voluntary medical male circumcision (VMMC) and related HIV prevention services in Kenya since October 2008, reports Dr. Athanasius Ochieng', VMMC programme manager for the country's National AIDS/STI Control Programme (NASCOPI).

Most of the male circumcision procedures were performed in Nyanza Province, which was the first of Kenya's provinces to introduce VMMC services.

"The response to the programme has been remarkable, considering that it is concentrated in communities that traditionally do not circumcise their men," Dr. Ochieng' says.

The goal of the national programme is to provide VMMC services to 860,000 male clients ages 15 to 49 in the first five years. Dr. Ochieng' notes that although the first phase of the programme may need to be extended beyond 2013 to reach that goal, Kenya is well on its way.

Kenya's programme continues to be a leader among the other countries in eastern and southern Africa identified as priorities for VMMC scale-up. A progress report recently released by the World Health Organization shows that in 2011, only South Africa had recorded more male circumcisions than Kenya had.

The NASCOP programme manager attributes this success to committed leadership and effective coordination of the programme since its inception. "Through task forces at the national and provincial levels, we have worked cordially with development partners that support various aspects of the programme," he says. "Involving many stakeholders in the community, the media, politicians and other gatekeepers has also enhanced ownership of the programme."

Nevertheless, the programme faces many challenges. Dr. Ochieng' cites staff shortages and limited integration of VMMC services into the health care system as challenges central to the continued success of the programme.

"Kenya, like other developing countries, has been affected by shortages of health personnel," he says. "After they receive training, health workers have other competing priorities to attend to; thus, they are unable to dedicate adequate time for VMMC."

In response, the government is working with its partners to train large numbers of health workers in VMMC service provision and encourage mentoring programmes that enable health workers to train and support each other to provide high-quality services.

Another challenge, Dr. Ochieng' adds, is that "some health workers still feel that the programme is not fully part of the health care services."

He believes that perception will change now that the permanent secretary of the Ministry of Public Health and Sanitation (MOPHS) has included VMMC in the targets used to assess his performance. The government is also encouraging partner organisations to involve the MOH staff in all their programmes.

This year the MOPHS will begin a pilot program to integrate VMMC teams employed by its partners into the MOH system. These teams will work at various hospitals, where they will mentor MOH staff in the provision of VMMC services.

Some partners are also training and supporting VMMC teams made up of MOH staff.

Other challenges the VMMC programme will face in the future include improving the safety of the procedure in communities that practice traditional male circumcision and linking it with HIV prevention counselling, expanding access to infant male circumcision, and introducing new devices if they are approved for performing adult male circumcision in Kenya.

Rapid results campaign reports preliminary results

More than 30,280 men were circumcised in Nyanza during the Rapid Results Initiative (RRI) for voluntary medical male circumcision conducted from November 2012 to January 2013.

These preliminary results bring the total number of clients reached by the national programme to more than 583,000 since the programme began in Nyanza in October 2008.

The 2012 RRI was the fourth annual campaign conducted by the government and its partners to expand access to VMMC services and promote their use. Each of the partner organisations offered expanded services for 30 days over the December school holidays, when demand for VMMC services usually peaks.

RRI campaigns for VMMC were also carried out in other parts of Kenya, including Nairobi, Teso, North Pokot and Eldoret. The results of those campaigns are not yet available.

Male circumcision in the news

Circumcision device a big hit in Homabay

NTV Kenya, 6 January

NTV Kenya reports on studies of the Shang Ring device for adult male circumcision, conducted in Kenya and Zambia by FHI 360, Weill Cornell Medical School and EngenderHealth with a grant from the Bill & Melinda Gates Foundation to FHI 360.

Resources

Progress in Scaling Up Voluntary Medical Male Circumcision for HIV Prevention in East and Southern Africa, January–December 2011

This report from the World Health Organization and the Joint United Nations

Programme on HIV/AIDS provides an update on the progress in scaling up voluntary medical male circumcision programmes in 14 priority countries in eastern and southern Africa through December 2011.

The **Male Circumcision Consortium** works with the Government of Kenya and other partners—including the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery—to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society, are partners in the Consortium, which is funded by a grant to FHI from the Bill & Melinda Gates Foundation.

Please send questions or comments to Silas Achar at: mccinfo@fhi360.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.