



# Scaling up voluntary medical male circumcision for HIV prevention in Kenya's Nakuru County

## SUMMARY OF ACHIEVEMENTS

More than **10,000 men and boys circumcised** from May 2013 to December 2014

More than **40 providers trained** to offer high-quality VMMC services

**Complications of surgery limited to under 2%** of cases, with no severe complications

**Infrastructure for VMMC established** in targeted health facilities

**Support supervision and quality assurance/improvement** under way

Data capture and reporting processes established to **monitor safety and document progress**

Voluntary medical male circumcision (VMMC) is a simple, one-time intervention with immediate benefits for individuals and a high impact on the HIV epidemic. Kenya's Ministry of Health (MOH) made VMMC part of its national HIV prevention strategy after conclusive studies in Kenya, South Africa and Uganda showed that the procedure reduces men's risk of acquiring HIV infection through vaginal sex by about 60%.

Kenya's VMMC program began in Nyanza, the region with the highest rates of HIV infection and the lowest prevalence of male circumcision, and was later expanded to several other regions. APHIAplus Nuru ya Bonde first supported the MOH to provide VMMC services in the Rift Valley's Nakuru County — one of the 10 Kenyan counties with the highest HIV burden — through a pilot project carried out from December 2011 to April 2012.

The project was able to resume support for VMMC services in May 2013 with funding from the US President's Emergency Plan for AIDS Relief (PEPFAR). By December 2014, 41 healthcare providers had been trained and more than 10,000 men and boys had been circumcised.

The relatively rapid increase in access to VMMC in sites supported by APHIAplus Nuru ya Bonde can be attributed to a combination of factors, including close collaboration among the stakeholders and coordination by the MOH. The project uses flexible service delivery models, rigorous quality assurance measures and innovative demand creation strategies to promote and provide high-quality VMMC services for HIV prevention.

## DELIVERING SERVICES

APHIAplus Nuru ya Bonde faced many challenges to expanding access to VMMC in Nakuru County, including a lack of adequate infrastructure. The project responded by using three different types of service delivery: static, in-reach, and mobile. In the static model, VMMC is available five days a week at three public health clinics the project renovated and equipped to provide the services. "In-reach" VMMC services are offered by teams of trained providers who visit selected private and public health facilities twice weekly. Mobile teams set up clinics in schools, churches and other community institutions, taking VMMC services to more remote communities.

Public health facilities in Nakuru did not have sufficient numbers of personnel to carry out VMMC as a routine service, so APHIAplus Nuru ya Bonde hired teams of health-care providers and placed them in the facilities to provide VMMC services. Composed of clinical officers, nurses, counselors and hygiene assistants (also called infection prevention officers), these VMMC-dedicated teams offer a comprehensive package of services that includes male circumcision, HIV risk-reduction counseling, HIV counseling and testing, and screening and treatment for sexually transmitted infections.

## ASSURING QUALITY

APHIAplus Nuru ya Bonde ensured the quality of VMMC services through training, supportive supervision and internal and external quality assessments. Members of the VMMC teams were trained and certified by the National AIDS/



STI Control Programme. In addition to receiving training in their specific jobs, all team members were trained in infection control.

To ensure that the trained providers consistently adhere to quality standards, project staff provide continuous mentoring and on-the-job training. National trainers are invited to provide refresher training, focusing on specific procedures or addressing emerging needs.

The project also established rigorous processes that limited complications of the surgery and enabled providers to effectively manage the few that occurred. As a result, less than 2% of clients experienced complications in 2013 and 2014.

## CREATING DEMAND

APHIAplus Nuru ya Bonde developed a communication and community mobilization strategy, incorporating key messages from the national VMMC demand creation toolkit, and hired a community mobilizer. Some of the innovative ways the project used to encourage more than 10,000 men to choose VMMC include the following:

- Advocacy among political leaders, which led to unprecedented support, particularly from members of the county assembly, who mobilized their communities to access VMMC services.
- Working with religious leaders to provide VMMC services through the rite-of-passage programs at some churches that have begun to replace traditional cultural practices in communities.
- Partnering with schools and children's homes to organize mobile VMMC services.
- Using community radio to promote VMMC and answer questions about the services during interactive radio shows.
- Engaging leaders of community welfare associations to mobilize their members, many of whom are immigrant workers in flower and sisal estates.

## RESULTS

APHIAplus Nuru ya Bonde set a goal of supporting 4,000 male circumcisions per year in Nakuru County. In its first full year of support for VMMC services, the project far exceeded that goal. From May 2013 to May 2014, 7,834 men and boys were circumcised. By December 2014, the total number of clients served was 10,768.

VMMC programs aim to reach men ages 15 to 49, but older men have been slow to embrace the procedure. Most of the VMMC clients in Nakuru were 10 to 19 years old. In both 2013 and 2014, just 17 % of VMMC clients were ages 20 to 49.

Clinics accounted for most (68%) of the circumcisions performed in 2013-14, followed by "in-reach" (21%) and mobile services (7%). As expected, there were peaks in demand in April, August and November-December; more than 70% of all male circumcisions were performed during the Rapid Results Initiative or other campaigns to increase uptake of VMMC.

The project's efforts to limit complications through proper training of providers, adherence to protocols, educating clients on wound care and follow-up of clients were successful. No severe complications were reported. Moderate complications during procedures (mainly bleeding) were reported in 1% of cases. Another 0.4% of the clients experienced moderate post-operative complications.

VMMC clients are encouraged to return to the clinics for a follow-up appointment seven days after circumcision. In the APHIAplus Nuru ya Bonde program, 80% of clients returned in time for that first post-operative appointment. Follow-up of those who did not return after seven days showed that none of them had complications that required medical attention.

The project was also successful in encouraging men to learn their HIV status. Ninety five percent of clients were counseled and tested for HIV before circumcision; only 5% opted out of the test.

The AIDS, Population and Health Integrated Assistance (APHIAplus) program is supported by the President's Emergency Fund for AIDS Relief and the US Agency for International Development (USAID). It aims to empower people to lead healthier lives by increasing access to high quality HIV and AIDS, reproductive health, family planning, and maternal and child health services.

The APHIAplus Rift Valley Project, also known as APHIAplus Nuru ya Bonde, is implemented by FHI 360 together with partners that include the African Medical and Research Foundation (AMREF), Liverpool VCT, Care and Treatment (LVCT), Catholic Relief Services (CRS), the National Organization for Peer Educators (NOPE) and Gold Star Kenya. The project runs until December 2015.

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