



News

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MCC News

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

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Samwel Kolela Oluoch, a 35-year-old *boda boda* operator, appreciated the moonlight services offered during the 2010 Rapid Results Initiative.

Photo by Beatrice Oyugi

Rapid Results Initiative reaches key age group

Samwel Kolela Oluoch, a 35-year-old *boda boda* operator in Rarieda District, begins his day at 5 am and works until 9 pm. He had heard about the health and hygiene benefits of male circumcision and wanted to get circumcised, but he didn't think he could afford to take time off work to go for the procedure.

Then, one evening as he dropped off a client at the Madiany District Hospital, Kolela noticed that the facility was offering voluntary medical male circumcision (VMMC) services until 3:30 am, and he jumped at the opportunity.

Getting circumcised at night saved Kolela a day's income. And, to his relief, he was able to resume work just three days after the procedure.

Offering “moonlight” services to make male circumcision more accessible to men who work during the day is one of the measures the VMMC programme adopted to reach a greater proportion of older clients during the 2010 Rapid Results Initiative (RRI) in Nyanza Province. During the first RRI in 2009—an intensive effort to meet the high demand for male circumcision during the holidays in November and December—47 percent of the clients were younger than 15.

Circumcision will have the most immediate benefits for men ages 15 to 49, because they tend to be the most sexually active and are therefore at greatest risk of acquiring and transmitting HIV. Circumcising men in this age group will also have the most rapid impact on reducing the level of HIV in the community.

In addition to offering moonlight services in some districts to reach men in this critical age group, the VMMC programme enlisted satisfied clients ages 15 to 49 to talk to their peers about their experiences and encourage them to consider getting circumcised. Satisfied peers were also featured on radio call-in shows. Radio spots and programs to promote VMMC services were scheduled on local radio shows that are popular with men.

Before the RRI began, community health workers and others involved in mobilisation received training that emphasised the importance of reaching men ages 15 to 49. Mobilisers who successfully referred men in this age group were given Ksh. 50-100 to reimburse them for their time and for the travel costs they incurred while accompanying a client to a health facility.

These efforts appear to have succeeded. At least 42,000 (84 percent) of the 50,000 men who sought and received VMMC and related HIV prevention services during the 2010 RRI were older than 15.

The government and its partners will assess the contributions of various measures to reach older clients as part of a careful analysis that is being done to identify lessons learnt from the 2010 RRI. A report summarising their findings and the final results of the initiative is expected in April.

Kolela’s experience suggests that offering moonlight services enabled the programme to reach men who otherwise might not have sought male circumcision. In Bondo and Rarieda districts, 10 VMMC teams provided these services at more than 22 different sites, each team serving an average of seven clients per night.

The *boda boda* driver’s experience also suggests another reason, besides convenience, for the appeal of moonlight services among older clients. Kolela says that he appreciated the privacy of the nighttime hours and the fact that most of the

men he saw in the waiting room were his age.

Bertha Atieno Ouma, who coordinates VMMC communications and mobilisation in Bondo and Rarieda districts for the Nyanza Reproductive Health Society (NRHS), concurs. She said that men coming for VMMC services during the day would find themselves waiting with boys who were the same ages as their own sons, which made them uncomfortable.

“We noticed that the older men disliked being in the queues with younger men and boys during the day,” Ouma explained. “This made us think of availing the VMMC services at night to serve them.”

Ouma also cited the contribution of satisfied clients from the beach management units, who encouraged fishermen and other men who work along the beach to access VMMC services. Likewise, satisfied clients among the *boda boda* and matatu operators played an important role in promoting VMMC among their coworkers.

In addition to the NRHS, the organisations that collaborated with the ministries of health to implement the 2010 RRI are Impact Research and Development Organisation, Family AIDS Care and Education Services, the Catholic Medical Mission Board, the AIDS Population and Health Integrated Assistance (APHIA) II Nyanza Project led by EngenderHealth, the Male Circumcision Consortium (which consists of FHI, EngenderHealth, and the University of Illinois at Chicago, working with NRHS), PSI, the C-Change Project, and the United Nations Children’s Fund (UNICEF).

Toward reduced HIV prevalence in Nyanza Province

The voluntary medical male circumcision (VMMC) programme in Nyanza Province is part of a larger national effort to reduce HIV transmission and save lives. Mathematical modelers have estimated that if 80 percent of the uncircumcised men ages 15-49 in Nyanza became circumcised in five years, 900,000 HIV infections could be prevented among men and women over a period of 20 years.

The models indicate that achieving 80 percent male circumcision coverage in the province would reduce HIV prevalence (the proportion of adults infected with HIV) by reducing new infections. Over 10 years, HIV prevalence would drop from 22 percent to 10 percent among women (due to reduced exposure to HIV from male partners) and from 17 percent to 7 percent among men.

What is the current HIV prevalence in Nyanza? The Kenya AIDS Indicator Survey

(KAIS) of 2007 found that it stood at 14.9 percent.

HIV prevalence might have dropped since then. But the only way to accurately assess HIV prevalence is through a rigorous population-based survey such as the KAIS, which looks at HIV infections in a scientifically selected sample that is representative of the entire population.

Until the next KAIS or another population-based survey is conducted, we will not know whether the HIV rate has been reduced since 2007. Data on HIV prevalence in Kisumu City is being collected through population-based surveys that will be conducted every two years with support from the Male Circumcision Consortium. These surveys will assess changes in circumcision prevalence, sexual risk behaviours, and HIV prevalence. The first survey took place in 2008-09; another survey will begin in February, and a third is planned for 2013.

Some have suggested that the comparatively lower prevalence of HIV among VMMC clients who were tested for HIV during the 2010 Rapid Results Initiative—less than 5 percent—is a sign that HIV is declining in Nyanza. But it is important to remember that this figure applies *only* to the VMMC clients who accepted the programme’s offer of HIV counselling and testing. These men are not representative of the general population of Nyanza, for a number of reasons.

First, these men are only those who came forward to seek VMMC services. A high percentage of VMMC clients are 10 to 18 years old, and HIV rates in this age group are much lower than those among men older than 18. (The KAIS 2007 found that HIV prevalence was 11.6 percent among 30- to 34-year old men, compared to 2.7 percent among men 15 to 19 years of age.) The high percentage of teenagers and boys becoming circumcised therefore brings down the overall rate of HIV infections among VMMC clients.

Second, not all VMMC clients take advantage of the offer of counselling and testing. Therefore, the HIV infection rate reported applies only to the VMMC clients who choose to be tested for HIV. These men may differ from other VMMC clients—and from men in the general population—in important ways.

And finally, the HIV prevalence rate applies to men and women, and in Nyanza—as in most of Kenya—HIV prevalence is higher among women than it is among men.

“We are hopeful that with our intensified HIV prevention efforts, the rate of HIV in Nyanza will be reduced dramatically,” said Dr. Jackson Kioko, provincial director of public health and sanitation. “But this will take time. That is why perseverance is needed in our efforts to reach men and women with

comprehensive HIV prevention services, which include voluntary medical circumcision for men.”

Male circumcision in the news

Report shows more men willing to undergo “cut”

The Standard, 17 January

Over 1000 undergo male “cut” in U.S.-funded drive

Citizen (Tanzania), 19 January

Resources

Male Circumcision Presentations from the XVIIIth International AIDS Conference

Presentations and posters on male circumcision from the XVIIIth International AIDS Conference in Vienna, Austria, are available on the **Clearinghouse on Male Circumcision for HIV Prevention**. More than 55 presentations at the conference highlighted male circumcision for HIV prevention.

The Male Circumcision Consortium (MCC) works with the Government of Kenya and other partners to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI, EngenderHealth, 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@fhi.org; also, please indicate whether you want to continue receiving this e-newsletter regularly.