



News

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MCC News

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

In this issue:

Positive Partnerships Drive Kenya's Male Circumcision Programme

VMMC Services Begin in Western and Rift Valley Provinces

Male Circumcision in the News

Resources



Charles Ndinya of the Nyanza Reproductive Health Society listens to a client as he prepares to perform the male circumcision procedure at Kombewa District Hospital.

Photo by Silas Achar/FHI

Positive partnerships drive male circumcision programme

Each day in April, 10 to 12 men and boys arrived at Kombewa District Hospital asking to be circumcised. One day, an unprecedented 42 clients came for the “cut.”

Just three years ago, providing voluntary medical male circumcision (VMMC) services at Kombewa District Hospital to so many clients—or even one client—would not have been possible.

But in April 2011 the hospital staff, working with a team from the Nyanza Reproductive Health Society (NRHS), was prepared to serve the large influx of clients seeking medical male circumcision as a result of a mini-campaign of

intensified promotion combined with efforts to increase access to the services in Nyanza Province.

They could do so as a result of well-coordinated efforts by the government and its partners, beginning in 2008, to build the capacity of Nyanza health facilities to provide high-quality, comprehensive VMMC services for HIV prevention.

These comprehensive services include not only the male circumcision procedure, but also related HIV prevention services. Each VMMC client is screened for sexually transmitted infections (STIs) and treated if necessary, given free condoms and instructed on their use, and offered HIV counseling and testing.

During the counselling sessions before and after the surgery, the men learn that male circumcision will not provide them complete protection against HIV infection and that circumcised men must continue to abstain from sex, be faithful to one uninfected partner, or use condoms correctly and consistently.

Facilities assessment

The clients who received comprehensive VMMC services at Kombewa District Hospital are among more than 250,000 men and boys in Nyanza who have been circumcised since November 2008. Earlier in 2008, an assessment of 81 health facilities in Nyanza's Kisumu and Nyando districts, which included Kombewa, had found that none of the facilities had the capacity to provide VMMC services.

The assessment was conducted by the NRHS and the University of Illinois at Chicago through the National AIDS and STI Control Programme (NAS COP) and the Male Circumcision Consortium (MCC). It focused on the seven minimum criteria for service provision outlined in the *Guidelines for Safe Voluntary Medical Male Circumcision in Kenya*.

These criteria include the availability of a room for surgery, a recovery room, and trained staff with time to provide VMMC services. Other criteria are the ability to comply with requirements for sterilisation and infection control and to provide HIV voluntary counseling and testing and risk reduction counselling, STI syndromic diagnosis and treatment, and male and female condoms with instructions on their use.

The findings varied among the facilities, but none met all the requirements. A lack of trained staff or sufficient equipment and supplies were the most common limitations. Availability of a room where the surgeries could be performed was also a major issue.

An analysis published in the 4 April issue of the journal *PLoS ONE* explains how

the VMMC programme addressed the limitations identified in the two districts as well as other challenges facing the VMMC programme throughout Nyanza Province. It also describes the lessons learned during the programme's first year, which may be helpful to other countries as they scale up male circumcision services.

Partnerships to reach communities

Before the government launched the programme in November 2008, it collaborated with many partners to prepare facilities and staff to provide comprehensive VMMC services in Nyanza Province.

Strategically located health facilities that met most of the criteria for service provision were first identified and then renovated. Since then, about 250 facilities across Nyanza have benefitted from renovations, with support from the MCC and the US President's Fund for AIDS Relief (PEPFAR). Staff at Kombewa and other facilities report that these renovations have benefits beyond the VMMC programme, because improvements such as new equipment for surgery and infection prevention are also used for other procedures.

A major challenge throughout Nyanza was the small number of health care providers trained to offer medical male circumcision and chronic shortages of clinical officers and medical officers. The assessment in Kisumu and Nyando, for example, found that there were only eight medical officers in the two districts, and that eight out of 10 facilities did not have enough clinical officers to offer VMMC services without compromising the quality of other health services.

These and other findings helped the National Task Force on Male Circumcision advocate for a change in the policy that only medical officers and clinical officers could perform male circumcisions. In June 2009, the Government of Kenya (GOK) authorized the training of nurses to perform the procedure.

Partners also hired and trained teams of health personnel to supplement the limited number of staff in government health facilities. Currently more than 1,350 government- and partner-supported health workers in Nyanza Province—including medical officers, clinical officers, nurses, counselors, and infection prevention officers—have been trained in VMMC service provision.

Most of the procedures, however, are performed by partner teams. Integration into the public health system remains a challenge, but the *PLoS* article notes that a strategic plan is being developed to continue to build the capacity of government health workers to provide VMMC services.

A key lesson highlighted in the *PLoS* article was the importance of well-

coordinated partnerships among many government and partner organisations. Amy Herman-Roloff and her co-authors write that this coordination was “facilitated by the formation of dynamic national, provincial, and district MC [male circumcision] task forces that met monthly and were well-attended by GoK representatives and all partner organizations.”

Dr. Jackson Kioko, the Nyanza provincial director of public health and sanitation who chairs the Nyanza Provincial Task Force on Male Circumcision, attributes Kenya’s progress in VMMC to partnership and coordination. “Without strong collaboration and effective partnerships among government, partners, and other health actors in VMMC, it is possible that a large number of men could not have received access to this very important health intervention,” he said.

VMMC services begin in Western and Rift Valley provinces

Free voluntary medical male circumcision (VMMC) services are now available in Rift Valley’s Turkana District and in Teso North and South districts in Western Province.

In April the ministries of health, in collaboration with the Nyanza Reproductive Health Society (NRHS), began offering a comprehensive package of VMMC and related HIV prevention services at eight facilities in four districts in Teso and at Lodwar District Hospital in Turkana. Service delivery is supported by the US President’s Plan for AIDS Relief (PEPFAR).

The APHIAplus Project will also help provide these services in Teso and Turkana. Mapping is underway to determine where to expand access to VMMC to reach as many potential clients as possible. NRHS—one of the government partners instrumental in expanding access to VMMC in Nyanza Province—is training its own staff as well as government and APHIAplus providers to perform safe medical male circumcision.

Turkana has established a task force to coordinate the programme, and a similar group is being assembled in Teso. Nationally, the VMMC programme is coordinated by a task force that works closely with the Nyanza Provincial Task on Male Circumcision.

Nyanza was the first province in Kenya to offer VMMC services, and the programme there has reached more than 250,000 men in two-and-a-half years. In March representatives of district health management teams from three districts in Turkana County visited Nyanza Province to learn about the implementation of the VMMC for HIV prevention programme.

The government is rolling out VMMC services in phases. During the first phase, from 2009 to 2013, the strategy is to prevent as many HIV infections as possible by focusing on areas of the country where the prevalence of male circumcision is low and the prevalence of HIV infection is high. These areas are in Nyanza, Nairobi, Western, and Rift Valley provinces.

Male circumcision in the news

Circumcision can be the kindest cut

Mail & Guardian (South Africa), 29 April

Resources

Framework for Clinical Evaluation of Devices for Adult Male Circumcision

This document provides a framework for evaluating the clinical safety, efficacy, acceptability, and cost-effectiveness of devices for adult male circumcision in programmes to expand male circumcision for HIV prevention.

The Clearinghouse on Male Circumcision for HIV Prevention

Developed by the World Health Organization, AVAC, and FHI, this Web site is a comprehensive source of information and resources about male circumcision for HIV prevention.

The Male Circumcision Consortium (MCC) 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, 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.