

December 2009  
Issue 9

## MCC News

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

### In this issue:

**District Committee Offers Model for Integration**

**Rapid Results Initiative Exceeds Expectations**

**Male Circumcision in the News**

### Resources



Incoming District Medical Officer of Health Felicitas Makokha (center) consults with some of the members of the Rongo District steering committee on male circumcision.

*Photo courtesy FHI*

### District committee offers model for integration

During the Rapid Results Initiative, a 30-day, province-wide effort to expand access to voluntary medical male circumcision services (VMMC) in Nyanza (see article below), the Rongo District's steering committee on male circumcision met weekly to review progress.

At these weekly meetings, chaired by District Medical Officer of Health Simon Gitau, health officials and partners implementing VMMC discussed the challenges they had faced during the week and how to address them in subsequent weeks. Solutions to any problems that arose were identified through consensus, and then reviewed and refined weekly.

Throughout the rest of the year, the committee meets monthly. George Odingo of EngenderHealth, a research officer for the Male Circumcision Consortium (MCC), says he attends these meetings, but strictly as a technical advisor. EngenderHealth works closely with the steering committee to ensure that the quality of service delivery is maintained and offers additional technical guidance, while the steering committee runs the VMMC programme.

“The implementation of male circumcision-specific activities and programmes is done through the Ministry of Public Health and Sanitation structures in Rongo District,” Odingo explains. “I am happy that they fully own the programme.”

This sense of ownership was evident as early as May 2009, when Rongo became the first district to implement a directive from the director of public health and sanitation in Nyanza to form a male circumcision steering committee.

Dr. Gitau, who has led the steering committee and was instrumental in its formation, said he and his colleagues quickly realised the need for an entity to coordinate the VMMC efforts of the diverse partners implementing HIV/AIDS activities in the district.

The committee consists of the five members of the District Health Management Team (DHMT)—the district medical officer of health, the district AIDS/STD control programme officer, the district health records and information officer, the district reproductive health coordinator, and the district public health officer—and representatives of the development partners implementing VMMC in Rongo.

The committee’s role is to achieve sector-wide approaches (SWAp) in planning, implementation, resource mobilisation, demand creation, monitoring and evaluation, and quality assurance.

In addition, the steering committee has established two static and four outreach service sites, through the support of APHIA II Nyanza and Family AIDS Care and Education Services (FACES), and has held meetings with stakeholders to advocate for VMMC at the district and community levels.

Some of the challenges the committee faces are trying to reach men through health services that have traditionally served primarily women and children and encouraging older men to consider male circumcision. Most clients are ages 18 to 30 years, leaving out a large population of sexually active male adults.

“The committee aims to address most of these challenges through the MC steering committee,” Dr. Gitau said. “We are advocating for integration of services and

sharing resources, including human resources, space, and opportunities for mobilisation and demand creation.”

Dr. Gitau, the outgoing DMOH, is leaving behind a strong foundation to continue integration of VMMC for HIV prevention into the district’s health services, partners say. Charles Kirui of FACES, who coordinates VMMC activities in Rongo and Migori districts, is hopeful that the integrated approach fostered by the steering committee will ensure the sustainability of VMMC services.

## **Rapid Results Initiative exceeds expectations**

Preliminary results show that more than 35, 000 men in 11 districts of Nyanza Province received voluntary medical male circumcision (VMMC) during the Rapid Results Initiative (RRI) from 9 November to 20 December.

The initiative was an ambitious effort to accelerate the provision of VMMC services and meet the rising demand for the procedure by mobilising all qualified health providers to offer services at government health facilities, mission hospitals and selected outreach sites.

The RRI exceeded expectations. Planners had originally estimated that they could provide VMMC services to 30,000 men during the RRI.

“We are pleased that so many men sought VMMC services during the RRI, and that our health workers were able to mobilise to meet that demand in such a short period of time,” said Provincial Commissioner Francis Mutie. “This is really an extraordinary accomplishment, to provide not only safe, medical male circumcision, but also counselling and other HIV prevention services, to so many clients in just six weeks.”

“The number of men who received VMMC services during the RRI is even more impressive when you consider that about 40,000 men had been circumcised in Nyanza in the previous 11 months,” noted Dr. Mores Loolpapit of Family Health International, senior manager of the Male Circumcision Consortium.

These preliminary RRI results bring the total number of men circumcised in Nyanza Province since the launch of the VMMC programme to about 75,000.

The number of clients who received VMMC services varied by district. Most districts were on an upward trend during the initiative, with each VMMC team performing at least ten male circumcisions per day.

The RRI was coordinated by the Nyanza Provincial Task Force on Male Circumcision, which is made up of representatives of the provincial health ministries and all of the development organisations working with the government to expand access to VMMC for HIV prevention in Nyanza.

The task force designated the 30 working days between 9 November and 20 December for the RRI to meet the increased demand for VMMC services that has been observed during school holidays, when youth return home from colleges and secondary schools. This surge in demand was seen again in many areas.

“We got an overwhelming number of clients when schools closed,” said Dr. Felicitas Makokha, the incoming district medical officer of health for Rongo District.

During the RRI and throughout the year, VMMC services are offered free of charge under the safest conditions. Clients who choose to become circumcised receive the full package of HIV prevention services, which includes counselling about the procedure and other HIV prevention measures, condom supplies, testing for sexually transmitted infections (STIs), STI treatment, if necessary, and the opportunity to receive HIV counselling and testing.

Counselors emphasise that male circumcision is not 100 percent effective against HIV and instruct clients to continue practicing the ABCs of safer sex: abstinence, being faithful to one partner, and correct and consistent condom use.

The RRI has made an important contribution towards achieving the goal of the national VMMC programme, which is to provide male circumcision to 80 percent of uncircumcised men in Kenya (about 1.1 million) by 2013. About half of those men are expected to be from Nyanza, which has the lowest rate of male circumcision in the country.

If Nyanza meets that goal, an estimated 900,000 HIV infections could be prevented, among men and women, over 20 years.

Data from all the partners helping the government implement VMMC is being consolidated, and the total number of men who received VMMC services during the RRI will be reported in the next issue of the *MCC News*.

## **Male circumcision in the news**

### **The decade that changed medicine**

*The Independent* (UK), 30 November 2009

## **Circumcision gains ground as an anti-AIDS measure**

Sphere.com, 14 December 2009

### **Resources**

#### **Progress in Male Circumcision Scale-up: Country Implementation Update**

This update from the World Health Organization and the Joint United Nations Programme on HIV/AIDS is the latest progress report on male circumcision programmes in countries identified as priorities because they have high HIV prevalence and low rates of male circumcision. All 13 priority countries for male circumcision scale-up have begun expanding access to the procedure

#### **Mass media materials from southern Africa**

Many of the male circumcision materials developed for programmes in Botswana, Swaziland, Zambia and Zimbabwe—including advertisements, billboards, and posters—use football analogies to explain the partial protection the procedure provides against HIV infection and to motivate men to consider becoming circumcised.

**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. Family Health International (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](mailto:mccinfo@fhi.org); also, please indicate whether you want to continue receiving this e-newsletter regularly.**