



MS Kenya

Male Circumcision

A Pilot project in Kenya

Marie Stopes International

- MSI is an international reproductive health NGO working in 40 countries around the world including Africa, Asia and Latin America.
- MSI works through partner national organisations as a service provider of sexual health services including long & short term family planning methods, STI screening, VCT , safe abortion, MCH and male circumcision.
- In 2007 MSI provided 4.8 million sexual health services



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MSI model

- Each country has a large clinic network with mobile outreach teams going into the rural surrounds to provide sexual health services surgical including vasectomy, Tubal ligation, IUCD's & implants at low level MOH health centres .
- In 2007 MSI provided 430,000 surgical long term family planning methods.
- Following the announcements by DSMB in Dec 2006 of the efficacy of the 3 trials MSI set up a pilot with Marie Stopes Kenya to adapt the present out reach model to the delivery of male circumcision.



Pilot in Western Kenya

- In Nyanza a 4 man team started to deliver services in May 2007 via 126 health centres.
- To circumcising (MC) and (NMC) non circumcising communities living side by side, using guided forceps method.



Results

- From May to Dec 2007 2,534 cases were performed.

MC	NMC
1,248	1,315
49%	51%

Results (of Sept to Dec clients)

Age group	MC	NMC	Total
0 - 7yrs	6.9%	9.1%	16.0%
8 – 14yrs	17.9%	15.2%	33.1%
> 14yrs	8.7%	41.9%	50.5%
Missing	0.1%	0.3%	0.4%
Numbers	371	735	1106



About the clients

- 68% quoted social reasons for MC.
- 23% quoted personal hygiene.
- 6% quoted partial protection against HIV.
- 55% were sexually active.
- 99% quoted being in a stable relationship
- 2.2% currently on HIV treatment
- <3% had a penile abnormality



Service provision

- Clients receive group counselling on MC
- One on one counselling and info, advised to HIV test on site if available or post MC.
- One on one consultation for MC and consent.
- Procedure
- Rest, advice re wound care and abstinence for 6 wks plus condoms.



Challenges

- Site of provision health staff need to be properly trained in wound care and complication treatment.
- Some centres are not 24 hr so alternative sites need to be found for complications.
- Providing all aspects of the procedure plus HIV counselling and testing is a big challenge in time, staff and resources on a mobile approach.



Lessons learnt

- Good relationships with MOH & all stakeholders is important as well as an active task force.
- Interrupted sutures is safer, with less complications, as despite one broken suture the wound will not rupture.
- Service sites need to be trained in the treatment of the wound and for any complication reporting and treatment.
- Steady advocacy work is required with all communities on MC, non discrimination on service provision is important.