Republic of Kenya

Ministry of Public Health & Sanitation

Voluntary Medical Male Circumcision (VMMC) Communication Guide for Nyanza Province

USAID FROM THE AMERICAN PEOPLE

VOLUNTARY MEDICAL MALE CIRCUMCISION vmmc Kutahiriwa ni Kujifali

C-CHANGE COMMUNICATION FOR CHANGE

Voluntary Medical Male Circumcision (VMMC) Communication Guide for Nyanza Province

C-Change in partnership with the Nyanza Male Circumcision Taskforce

A Guide Operationalizing the Kenya National Male Circumcision Communication Strategy for Nyanza

Table of Contents

Foreword

The Ministry of Public Health and Sanitation (MoPHS) acknowledges the development of the Voluntary Medical Male Circumcision (VMMC) Communication Guide for Nyanza Province. The guide is an important tool for operationalizing and implementing the current national effort on VMMC communication in Nyanza. I am happy that, while the guide focuses on Nyanza, the principles, objectives, and outcomes are derived from the broad framework of the Communication Strategy for Voluntary Medical Male Circumcision in Kenya.

Strong coordination and collaboration of communication activities are essential to support mobilization and demand creation efforts for VMMC in the province. I urge all partners in Nyanza to implement this guide to ensure the efficiency of the VMMC programme.

Dr. Nicholas Muraguri,
Director, NASCOP & Chair of the National Task Force on VMMC
Ministry of Public Health & Sanitation
September 2010

Acknowledgements

The Voluntary Medical Male Circumcision (VMMC) Communication Guide for Nyanza Province is the result of concerted efforts of a number of organizations and individuals that developed, edited, reviewed, and provided support for the production of this document.

We would like to acknowledge the technical support provided by the AED/Communication for Change (C-Change) program in Kenya in the development of the guide. Special thanks to the Kenya National Task Force on VMMC for providing strategic guidance to this document. We also thank the members of the National Communication Sub-Committee on VMMC; NASCOP, CDC, PSI, UNICEF, the Department of Health Promotion, and FHI for technical guidance and conceptual input. Special thanks to the Nyanza Province partners; Nyanza Reproductive Health Society (NRHS), Impact Research and Development Organization (IRDO), Faces Catholic Medical Mission Board (CMMB) and APHIA II Nyanza for their contribution in the development and review process of this document.

The Ministry of Public Health and Sanitation (MoPHS) acknowledges the contribution of all organizations and individuals whose contributions made the development and publication of this guide a reality. To all of you, we say 'thank you.'

Ministry of Public Health & Sanitation

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
C-Change	Communication for Change
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CHWs	Community Health Workers
CSO	Civil Society Organization
FBO	Faith Based Organization
FHI	Family Health International
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPC	Interpersonal Communication
KAP	Knowledge, Attitude and Practices
LCE	Luo Council of Elders
MCC	Male Circumcision Consortium
MC	Male Circumcision
M&E	Monitoring & Evaluation
MOH	Ministry of Health
NASCOP	National AIDS/STD Control Program
NGO	Non-Governmental Organization
NRHS	Nyanza Reproductive Health Society
PSI	Population Services International
RHD	Reproductive Health Division
SBCC	Social and Behavior Change Communication
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
RCT	Randomized Control Trial
UNAIDS	Joint United Nations Program on HIV and AIDS
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

Introduction

This Communication Guide has been developed by C-Change working in close consultation with local, national, and international partners. The document shows how the current Kenya National Male Circumcision (MC) Communication Strategy can be operationalized and implemented in Nyanza. While the focus is specific to Nyanza, the principles, objectives, and outcomes are derived from the broad framework of the National MC Communication Strategy.

Nyanza provides a unique context for MC: an extremely rapid scale-up of MC is coupled with a previously low investment in communication programming. The region's social and epidemiological characteristics, including high HIV prevalence combined with a non-circumcising cultural tradition, requires the National Communication Strategy to be tailored to fit the particular needs of the situation and to guide implementation.

Drawing on observations from consultations, site visits, and discussions with experts and practitioners from the field, successful implementation of this Guide will require the continued collaboration, support, and investment of the partners involved as the programming effort outlined here is broader than any one agency can undertake.

While many partners have already developed a set of urgently needed materials and activities in a first phase in 2009, more is needed. In a second phase, building on these past achievements, a number of partners are developing the communication materials and activities necessary and outlined in this Guide. All those involved in this work appreciate that the communication materials alone will count for little if they are not distributed and used by other partners on the ground.

The structure of this document

The communication guide follows the structure and sequence of C-Planning, a communication process used by the Communication for Change (C-Change) Project implemented by AED. C Planning is one of the three elements of the C-Change Social and Behavior Change Communication (SBCC) framework that has been used in other settings with success. It provides a logical and thorough step-by-step process for analyzing, designing, implementing, and evaluating communication programs. Each section of this Communication Guide is organized according to C-Planning, with a small graphic highlighting which part of the process is currently being described.

Steps:

- Understanding the Situation
- Focusing & Designing the Communication Strategy
- Creating Interventions & Materials for Change
- Implementing & Monitoring Change Processes
- Evaluating & Replanning for Outcome and Sustainability

[1] *The other two elements are an ecological model for analysis and a set of key strategies which we will look at later in this document. (For more information on the C-Change approach, visit http://www.c-changeprogram.org/our-approach/capacity-strengthening/sbcc-modules.)*

Section One: Understanding the Situation

Understanding the Situation

Understanding the situation should be the first step in any communication effort. This requires looking at the effects and the direct and indirect causes of the problem, defining people affected and influencing, examining their context, and assessing existing research about the issue.

1.1 Situation Analysis

Kenya underwent an MC situational analysis, much of which has informed this Communication Guide. Ongoing studies continue to inform the understanding of the situation. From October 2009 to March 2010, C-Change supplemented the existing research with interviews and facilitated group discussions to enable a new wave of communication programming development to commence. Results of these efforts are summarized here.

Existing efforts

All service delivery operates within the framework of the approved National Guidance for Voluntary Medical Male Circumcision (VMMC) in Kenya .The rollout of male circumcision services first began in selected districts in Nyanza Province, a region with the highest percentage of both HIV infections and noncircumcised males. Nyanza is largely inhabited by the Luo, a traditionally noncircumcising community. Only 40 percent of males are circumcised in the province.

To coordinate the expansion of service provision, a national task force was set up in 2007, followed by the setting up of a provincial task force. Several meetings have been held in Nyanza Province with stakeholders, including the local council of elders and political leaders, to forge consensus and support for the initiative in the province. The prime minister's and other political leaders' public expression of support at public meetings in 2008 and 2009 greatly bolstered the effort.

Since 2007, the Family Health International-(FHI) led Male Circumcision

Consortium (MCC) has been working with the media to improve reporting on MC. This effort has resulted in increased and more accurate reporting of MC by the local news media as well as the regular appearance of staff working on MC in the province as resource persons in interactive media forums. Under the leadership of the MCC and the provincial Ministry of Health (MOH), a communication subcommittee of the Nyanza Provincial Task Force has been set up. This subcommittee coordinates the communication activities in the province and holds consultations with stakeholders.

Other partners are implementing activities to raise awareness of male circumcision in a culturally sensitive manner by distributing educational information and condoms. APHIA II Nyanza has included MC messages in its behavior change communication (BCC) outreach interventions, which use educational materials, community theater, and sporting events. Nyanza Reproductive Health Society and Impact Research and Development Organization have also been conducting outreach communication programs to create awareness and support their clinical services in selected districts in the province. The Catholic Medical Mission Board uses public events to create awareness of its adolescents' circumcision program. At the national level with funding from the CDC, Internews has been training and helping journalists to cover male circumcision for both print and broadcast media. Internews has held these training sessions under its Local Voices program and sponsored journalists on field trips to Nyanza to collect information.

Population Services International (PSI), under the APHIA II HCM Project, has also developed communication materials on MC for distribution in Nyanza, which will be used by different partners in their programs. These include client and community awareness and education materials such as posters and fact sheets.

[2] *National Guidance for Voluntary Medical Male Circumcision in Kenya. 2008. MOH Kenya National AIDS Control Program (NASCOP).*

Technical scope of existing communication efforts

Materials and mobilization efforts, including peer education and community-based volunteers, have initially tended to emphasize demand creation over a deeper understanding of the benefits of MC within the context of broader HIV prevention.

Although print materials (including leaflets and posters) do mention the partial protection issue of MC for women, and this is supported by the work of community mobilization teams, the extent to which this is emphasized is limited. Materials and activities specifically addressing the vulnerability of women (for example in the context of risk compensation) are needed.

Activities that bring experts and clinicians into contact with potential clients and their communities, a key aspect of the successful behavioral outcomes associated with the Randomized Control Trial (RCT), are currently limited to clinical settings. Active follow-up, for example with post-operative clients, is rare. Activities and materials to address behavioral outcomes in the weeks and months after circumcision (healing, maintaining prevention behaviors, and promoting MC to peers) are also needed.

Reach of existing communication efforts

MC communication activities in Nyanza have considerable reach, with most districts benefitting from some level of coverage. However, the coverage of activities and materials should be scaled up and more evenly distributed throughout the region.

Community mobilization has been active in all districts, with urban centers and areas surrounding MC clinical sites receiving priority. Community mobilizers, however, would be more effective if provided with additional communication materials, particularly in more remote areas.

Radio, by its nature, has achieved widespread reach across the region. Formats used so far include 30-second radio spots and 15-minute interactive radio shows, including live call-ins.

These have been broadcast mostly on three channels for the Luo audience—Radio Ramogi FM, Radio Lake Victoria FM, and Radio Nam Lolwe FM. Not only does radio programming need to be intensified, improvements could be made in the interaction and synergy between radio and other activities.

MC service delivery and uptake

By December 2009 voluntary male circumcision services had been scaled

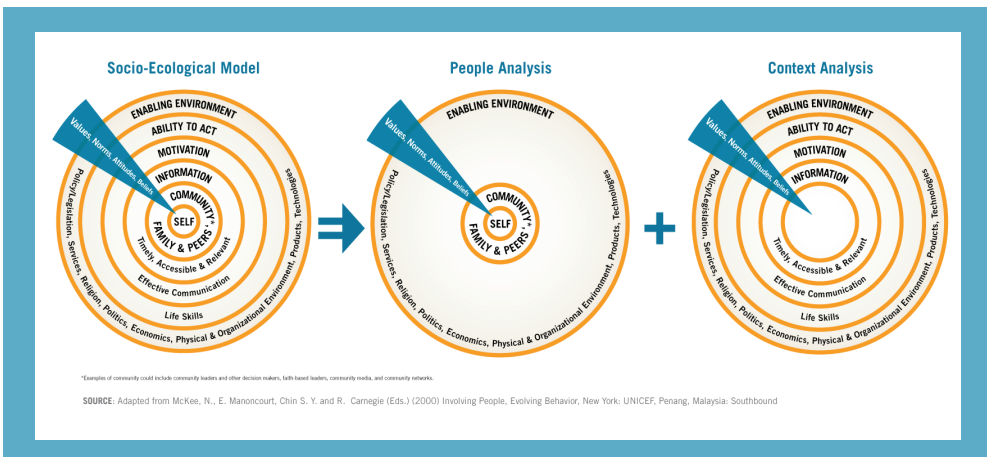
up to 11 districts in the province, through 124 facilities (static and mobile); 650 providers had also been trained in providing the service . By March 2009 more than 90,000 circumcisions had been carried out. Reports from a special six-week Rapid Results Initiative launched in November 2009 to improve the uptake of male circumcision in 11 districts indicate that in that short period around 35,000 men underwent the procedure. It is anticipated that by 2013 the number of circumcisions in the province will have increased to 80 percent or more.

1.2 Audience Analysis

To further understand the context of population groups most affected by MC we are applying a socio-ecological model (see graphic).

This model is the second element of the SBCC Framework at use in this Communication Guide: it allows analysis of how an individual is influenced by their peers, family, and community, and also by the overall enabling environment. Their health behaviors are also influenced by the information they receive, their motivation, and their ability to act.

The socio-ecological model helps to define audiences most affected and their direct and indirect influencers (also known as primary, secondary, and tertiary audiences); it helps analyze their context, as well as choose appropriate strategies to ignite change at different levels, shown later in this document.



[3] *WHO and UNAIDS. 2009. Progress in male circumcision scale-up: Country implementation update.*

Self: People most affected

At the heart of the socio-ecological model outlined here are the individuals most affected by MC for HIV prevention: 1) potential clients of MC, 2) men who have been circumcised, and 3) sexual partners of circumcised men.

To date the main group being reached has been uncircumcised men, mostly between 14 to 20 years old, to raise their demand for circumcision.

For the next phase, this document suggests including men who have been circumcised to encourage them to be ambassadors of the procedure and to maintain HIV preventive behaviors. The third group, sexual partners of men, also needs to be addressed to ensure that they continue to insist on safer sexual practices, as they will otherwise be more vulnerable to HIV infection.

Community, family, and peers: People directly influencing self

At the next level, there are family and community members and/or peers who may directly influence the groups most affected. For MC in Nyanza, key influencers are peer educators, prevention officers, community mobilizers, MC service providers (such as clinical officers, counselors, and nurses), and family and friends of potential MC clients.

To date community mobilization teams are still the predominant and most effective form of demand creation. The emphasis has been on passing out information and promoting MC.

In the next phase discussions at the community level will be broadened and deepened, allowing those involved to express and negotiate what MC can and should mean for themselves or their loved ones.

Enabling environment: People indirectly influencing self

The enabling environment for MC relates to cultural traditions surrounding male rites of passage, accessibility and affordability of MC services, and relevant issues in provincial level legislation and clinical capacity.

With the introduction of MC into Nyanza, a number of well-planned and successful efforts managed to increase support for the procedure among the Luo council of elders. Strategic communication with the media also contributed greatly to raising levels of acceptability and support for MC within the Nyanza Province.

In the next phase there should be an expansion of efforts at this level. Work with the media should be scaled up. Faith, community, and business leaders should be targeted to increase understanding and support of MC. These leaders in turn can mobilize church congregations, community networks, and workers. Further, role models should be used to speak out about MC, for example, in outdoor advertising images. Work will continue with traditional leaders and should include traditional healers to ensure no reversal of gains already made.

Self: People most affected

At the heart of the socio-ecological model outlined here are the individuals most affected by MC for HIV prevention: 1) potential clients of MC, 2) men who have been circumcised, and 3) sexual partners of circumcised men.

To date the main group being reached has been uncircumcised men, mostly between 14 to 20 years old, to raise their demand for circumcision.

For the next phase, this document suggests including men who have been circumcised to encourage them to be ambassadors of the procedure and to maintain HIV preventive behaviors. The third group, sexual partners of men, also needs to be addressed to ensure that they continue to insist on safer sexual practices, as they will otherwise be more vulnerable to HIV infection.

Community, family, and peers: People directly influencing self

At the next level, there are family and community members and/or peers who may directly influence the groups most affected. For MC in Nyanza, key influencers are peer educators, prevention officers, community mobilizers, MC service providers (such as clinical officers, counselors, and nurses), and family and friends of potential MC clients.

To date community mobilization teams are still the predominant and most effective form of demand creation. The emphasis has been on passing out information and promoting MC.

In the next phase discussions at the community level will be broadened and deepened, allowing those involved to express and negotiate what MC can and should mean for themselves or their loved ones.

Enabling environment: People indirectly influencing self

The enabling environment for MC relates to cultural traditions surrounding

male rites of passage, accessibility and affordability of MC services, and relevant issues in provincial level legislation and clinical capacity.

With the introduction of MC into Nyanza, a number of well-planned and successful efforts managed to increase support for the procedure among the Luo council of elders. Strategic communication with the media also contributed greatly to raising levels of acceptability and support for MC within the Nyanza Province.

In the next phase there should be an expansion of efforts at this level. Work with the media should be scaled up. Faith, community, and business leaders should be targeted to increase understanding and support of MC.

These leaders in turn can mobilize church congregations, community networks, and workers. Further, role models should be used to speak out about MC, for example, in outdoor advertising images. Work will continue with traditional leaders and should include traditional healers to ensure no reversal of gains already made.

In Summary: To date there has been a heavy (and necessary) focus on information dissemination. With such information, some individuals, groups, or communities may be empowered to act. For most people, however, information is not enough. VMMC may make rational sense, but there are many reasons why a person may not be keen to undertake the process, including fear of pain, stigma, or clinical complications.

Recommendations: In the next phase of work, there should be emphasis on ensuring that, insofar as is possible, this information will be tailored to more specific audiences, including women, faith leaders, business leaders, and village elders. In addition, emphasis will be placed on developing materials to suit different information needs at different stages of the behavior change process.

[4] *UN Regional Working Group on Male Circumcision. 2006. Meeting report of the regional consultation on safe male circumcision and HIV prevention, Nairobi, Kenya, 20-21 November.*
Voluntary Medical Male Circumcision – Information Needs Assessment. 2009. Unpublished report.
Voluntary Medical Male Circumcision.–Information Needs Assessment. 2009. Nyanza Provincial Male Circumcision Taskforce: Communication Subcommittee.

Acceptability and motivation

The C-Change audience consultation and research process pointed to high levels of MC acceptance. Most groups were in favor of male circumcision, but for men over the age of 20, it was considered less appealing. Such men were thought to be too busy with work, in stable relationships with more responsibilities, and less available to take time off. The Luo tradition not to circumcise was stronger with older men and for this group the general daily routine was more fixed, meaning it was harder for them to make time to go to the clinic. Older men also seemed more reluctant to go to clinics, which they associated with women and considered unmasculine.

Among younger men and most groups of women, male circumcision was associated with considerable benefits—improved hygiene and sexual pleasure and protection against HIV, other sexually transmitted infections (STIs), and cervical cancer, among others. Among some men, MC was seen as fashionable—suggesting that MC promotion had passed some kind of "tipping point" and was now self-perpetuating for some groups.

According to Westercamp and Bailey, in a study of acceptability, 65 percent of men were willing to circumcise and 69 percent of women favored circumcision for their partners. Barriers to acceptability included tradition, the fear of pain, concerns about complications and the potential for risk-compensation, loss of income, the extended healing time, and concerns around sexuality.

The Infotrack study shows how the broad uptake of MC would be relatively rapid and would be due to health considerations rather than issues relating to culture. The results from Kawango in their hospital-based study showed that no demographic differences existed between those who chose circumcision and those who did not. Further research is ongoing and has been included in Annex D.

Sexual pleasure

The C-Change audience consultation and research efforts highlighted a range of concerns and beliefs about how circumcision status affects sexual function and sexual pleasure. Some noted that with decreased sensitivity after circumcision, there would be decreased pleasure, though this view was in the minority. On the whole, MC was positively correlated with sexual pleasure. Not only were circumcised penises considered more attractive (by both men and women) but it was noted that using a condom was easier once circumcised. Women, particularly, noted sex was more pleasurable

with a circumcised man because such a man was considered more hygienic. Men noted that sex would last longer once circumcised and that they would be more likely to satisfy their sexual partners.

In other research, data on changes in the sexual performance or sexual satisfaction of adolescents or men following circumcision are not conclusive. The general consensus is that sexual pleasure is so subjective that little can be said concretely.[7], In the trial conducted among 2,684 men in Kisumu, Kenya [8], there were no reported differences in sexual function between circumcised and uncircumcised men. Sixty-four percent of the circumcised men who were available for follow-up at 24 months reported greater penile sensitivity after circumcision, and 54 percent reported enhanced ease in reaching orgasm.

Risk compensation

During C-Change's audience research and consultation process, risk compensation emerged as a concern among many different groups. Men noted that once circumcised they needed "a test drive" and that being circumcised may increase risky behavior. This was validated by female focus group participants in both rural and urban areas, who thought sexual risk taking would be a natural consequence of male circumcision among their partners. Only anecdotal or speculative remarks about risk compensation were made, however, and the C-Change audience research and consultation methods were unable to gauge changes in actual behavior.

Three randomized controlled trials [9], on male circumcision provide useful insights for communication programming. For example, a study concluded that risk compensation is not a major factor and does not give cause for alarm within broader MC scale-up efforts. Research conducted in the Siaya and Bondo districts of Kenya, comparing the sexual behavior among recently circumcised and uncircumcised men supports these findings: circumcised men in their study were no more likely to report inconsistent condom use, nor did they report having more non-spousal partners than the uncircumcised men, even though 47 percent of the men who became circumcised cited

[7] N. Westercamp and RC Bailey, "Acceptability of Male Circumcision for Prevention of HIV/AIDS in Sub-Saharan Africa: A Review," AIDS Behav 11 (2007):341–55.

[8] Infotrak Research & Consulting. In support of the development of a male circumcision communication strategy in Kenya: A KAP approach. 2008. Formative research report.

[9] EA Kawango et al, "Male Circumcision in Siaya and Bondo Districts, Kenya Prospective Cohort Study to Assess Behavioral Disinhibition Following Circumcision," J Acquir Immune Defic Syndr 44 (2007): 66–70.

protection from HIV and other sexually transmitted infections as their reason for doing so. However, men in all of these studies benefited from extremely intensive counseling and communication on HIV issues.

Another study, which outlines how a risk propensity scale was used to assess risk compensation in relation to VMMC, tracking 18 behaviors, echoes these findings: both the control group and the circumcised groups showed a decline in risk behaviors.

In Summary: In Phase 1 of VMMC promotion, the emphasis was on motivating people to seek services. This emphasis remains although the strategies used should be more diverse, coordinated, and comprehensive.

Recommendations: With more groups reached through demand creation, there is more of a need to ensure that no extra level of sexual risk is stimulated and messages are integrated with other HIV prevention communication. Interpersonal communication and counseling should have an intensity matching that in the above cited controlled research trials to sustain best results. In addition, motivational tools and methods should include use of role models, the association with sports, and aspirational mass media advertising.

[10] *T. Senkul, C. Iseri, B. Sen B, et al, "Circumcision in adults: effect on sexual function," Urology 63 (2004):155-8.*

[11] *DS Kim & MG Pang, "The effect of male circumcision on sexuality," BJU International 99 (2007): 619-22. G. Kigozi, S. Watya, CB Poli, et al, "The effect of male circumcision on sexual satisfaction and function, results from a randomized trial of male circumcision for human immunodeficiency virus prevention, Rakai, Uganda." BJU International 101 (2008):65-70.*

[11] *Robert C. Bailey, Stephen Moses, Corette B. Parker, Kawango Agot, Ian Maclean, John N. Krieger, Carolyn F M Williams, Richard T. Campbell, Jeckoniah O. Ndinya-Achola, " Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial," Lancet 369: 643-56.*

[12] *Risk compensation in relation to MC refers to the possibility that after circumcision a man may increase his sexual risk behaviors because he feels safer from HIV infection.*

[13] *B. Auvert, D. Taljaard, E. Lagarde, et al, "Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial," PLoS Medicine 2 (2005):e298.*

[13] *RH Gray, G. Kigozi, D. Serwadda, et al, "Male circumcision for HIV prevention in men in Rakai, Uganda: a randomized trial," The Lancet 369 (2007):657-66.*

[14] *RC Bailey, et al, "Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial," The Lancet 369 (2007): 643-56.*

[15] *RC Bailey et al, "Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomized controlled trial," The Lancet 369 (2007): 643-56.*

[16] *KE Agot, JN Kiarie, HQ Nguyen, et al, "Male circumcision in Siaya and Bondo Districts, Kenya: prospective cohort study to assess behavioral disinhibition following circumcision," J Acquir Immune Defic Syndr 441 (2007):66-70.*

Ability to act

Information and motivation to act often need to be complemented by an ability to act using certain skills. Safe healing and HIV prevention behaviors require skills e.g., to remove a dressing or to bathe with the dressing still on. Women need the ability and skills to negotiate safer sex with their circumcised partners. They need to have the ability to speak about issues of sexuality and circumcision with their partners.

During the audience research women laughed at the idea that a woman could insist that her husband use a condom. Also in that research, some older men in the fishing communities did not feel that they could take time off work to heal. Others doubted their ability to wait six weeks before resuming sex after MC. Often this issue of ability is subjective, a product of social norms, attitudes, and self efficacy based on learned skills. Sometimes it may have more structural foundations, such as the access to services or the presence of enabling legislation or policies. The next section will look at the factors of an enabling environment.

In Summary: So far, the focus has been on increasing utilization of clinic sites by bringing them into reach of different communities and making the service free of charge. Among men and women some of the outcomes require more support in terms of their ability to act. Women need the skill to negotiate safe sex, while men need to learn to heal safely and to continue to prevent HIV with their partners.

Recommendations: In the next phase, issues relating to the ability to act should be addressed. Community theater and dialogue techniques can enable modeling of behaviors or improvement of negotiation skills. Emphasis should also be given to the communication abilities of peer educators and health service providers to better transfer healing and safer sex skills and advice.

Enabling environment

For MC, the enabling environment relates to accessibility and affordability of MC services and the relevant issues in provincial level legislation and clinical capacity.

Although Kenya has a national policy on MC and supporting technical documentation, a number of barriers still exist at the level of the enabling environment. Not all of those in positions of political influence support MC

scale up. Accessibility and affordability of MC services is good, though the procedure needs to be incorporated further into the public health services.

During the audience research, C-Change learned that there are a number of additional requirements to creating an enabling environment, including incorporating MC into the national school curriculum, ensuring distribution of teaching and training materials relating to MC, and passing information through the various ministries on the importance of MC for HIV prevention.

Due to past efforts with the Luo council of elders, significant progress has been made to remove obstacles to clinical scale up that were previously associated with tradition and the Luo custom to remain uncircumcised. Further work should reach beyond the council of elders to the many village elders living in the districts of Nyanza and mobilize the community structures and decision making forums that are in place around the region.

A sound political commitment to combine HIV prevention efforts is required because research points to the fact that MC cannot be promoted in isolation.

One study demonstrates how the combined effect of MC with other behavioral changes will have the most impact and that MC alone cannot be considered a "silver-bullet" of prevention. These results clearly emphasize the need for strong collaboration among prevention partners, comprehensive service availability, and promotion of MC together with other prevention measures.

This observation is enforced by another study : while Kenya is seeing a decline in higher risk sex, condom use is still much too low. Condom use during last higher-risk sex remains below 50 percent. The distribution of risk behaviors is becoming evident, with the greatest proportion of Kenyan men who engage in higher-risk sex living in rural areas.

[20] *CL Mattson et al, "Risk compensation is not associated with male circumcision in Kisumu, Kenya: A multi-faceted assessment of men enrolled in a randomized controlled trial," PLoS ONE 3 (2008):e2443.*

In Summary: In the first phase the emphasis was on ensuring the appropriate policies and guidelines were put in place and building support amongst the key political leaders.

Recommendations: In the second phase this work should be extended to reach out to different line ministries, such as labor, education, sport fisheries, and agriculture, to mainstream needed support. Kenya has a comprehensive communication structure between districts and communities, which could be increasingly mobilized for MC communication.

Values, norms, attitudes, and beliefs

Finally, values—as expressed in social, cultural and gender norms, attitudes, and beliefs—crosscut the entire socio-ecological approach and anchor individual and social behavior. For MC, these relate to notions of masculinity, sexuality, attitudes to risk, culturally rooted meanings around circumcision and the male body, and issues relating to gender.

The Luo tradition of non-circumcision has received a lot of attention as a potential barrier to MC scale up: an information needs assessment by the Communication Subcommittee of the Provincial MC Taskforce still shows strong cultural associations about MC and Luo tradition.

C-Change audience research and consultation methods showed that Luo tradition was one of the most frequently mentioned obstacles to circumcision, particularly among the older age groups. Most Luo men, however, seemed open to MC when it was couched in clinical or hygiene discourse. Women were even more supportive reappraising Luo male customs, noting that these "have held us back long enough." During C-Change stakeholder consultations some caution was expressed about making open reference to tradition. This is due to various cultural and political sensitivities.

[21] *TB Hallett et al, "Understanding the impact of male circumcision interventions on the spread of HIV in Southern Africa," PLoS ONE 3 (2008): e2212.*
[22] *T. Adair, "Men's condom use in higher risk sex: Trends and determinants in five sub-Saharan countries," DHS WORKING PAPERS 34 (2008).*
[23] *Voluntary Medical Male Circumcision. Information Needs Assessment. 2009. Nyanza Provincial Male Circumcision Taskforce: Communication Subcommittee*

Other research suggests that many men in communities that do not traditionally practice circumcision would be willing to undergo the procedure. In these studies, almost 70 percent of the women said that they would prefer that their partners be circumcised. About three out of four parents in these studies even consider circumcising their sons if the procedure was safe, affordable, and protective against HIV.

Traditional male circumcision, on the other hand, has higher rates of adverse health effects than clinical circumcision. If MC becomes widely promoted for health reasons, new opportunities for traditional and unqualified practitioners will emerge. This has clear implications for targeting traditional circumcisers with strategic communication. The study also shows that a number of positive elements are associated with traditional MC, including the building of communities, rites of passage, gifts and exchanges of wealth, and traditional education around manhood. None of these positive elements of VMMC should be overlooked in efforts to improve the safety of traditional circumcision practices.

Lastly, the issue of stigma and discrimination is relevant to MC communication as well. According to a survey , acceptance of people living with HIV is associated with being male, older, and with levels of education and information. Factors conducive to social acceptance of people living with HIV include knowledge and the experience of HIV and AIDS within the community. Accordingly, communication efforts could use men as role models and leaders in issues around acceptance of people living with HIV.

In Summary: To date there have been useful efforts to engage with traditional values and customs. Mobilization efforts with traditional leaders and village elders should continue and expand, and open discussion about MC, tradition, and health should be welcomed. Other value-related MC work has centered on raising levels of acceptability and support for the procedure, by associating it with HIV prevention and hygiene.

Recommendations: In the next phase, this work should be stepped up. Further communication interacting with current value systems is envisaged with more elaborate messaging, including gender. Imagery and broadcast formats for men should include references to health, strength, intelligence, fashion, progress, and power. For other audiences, corresponding value systems relating to femininity, responsibility, good leadership, economic gain, and faith should be considered as well.

1.4 Problem Statement

Insufficient numbers of men are getting circumcised to achieve overarching prevention goals, and of those that do, few are getting HIV tested. Once circumcised, there are issues related to safe healing and sustaining longer-term safer sexual behaviors.

The problem most affects Luo men and women in Nyanza, Kenya, which is slowing down the rate at which MC could help to contribute to HIV prevention in the province.

A range of local traditions, attitudes, social and gender norms towards MC and sexuality have not been sufficiently addressed. A lack of coordinated investment contributes to the fact that communication on MC has not been of sufficient scope or intensity.

This may be caused by various stakeholders underestimating the role and importance of communication to scale-up MC efforts in Nyanza.

This situation calls for the following communication changes:
At individual level: Continue provider support and client education, with a focus on promoting MC within the context of broader HIV prevention.

Specific outcomes for this level of programming include:

- Circumcised men practice HIV prevention.
- Uncircumcised men go for MC, get tested, heal safely, champion MC, and then practice HIV prevention.
- Women encourage their partners to go for MC and are not exposed to added risk by newly circumcised males.

At family, peer, and community level: Mobilize the community to demand MC and incorporate MC within broader healthy social norms and attitudes relating to HIV prevention and gender.

Specific outcomes for this level of programming include:

- Families and friends of potential MC clients are informed and supportive of MC.
- Service providers communicate effectively about MC.
- Peer educators mobilize effectively around MC.

At environmental level: Enhance political support for MC, engage key institutions (education, business) and constituency-based networks to support MC mobilization efforts, and improve MC media coverage.

Specific outcomes for this level of programming include:

- Role models support MC.
- Media reports accurately about MC.
- Luo elders are supportive of MC.
- MC is promoted by Kenyan churches.
- MC is supported at Kenyan workplaces.

[24] *N. Westercamp & RC Bailey , "Acceptability of Male Circumcision for Prevention of HIV/AIDS in Sub-Saharan Africa: A Review," AIDS Behav 11 (2007): 341–55.*

[25] *RC Bailey & O. Egesah. 2006. Assessment of clinical and traditional male circumcision services in Bungoma District, Kenya: Complications rates and operational needs. Special Report.*

[26] *Chi Chiao et al, "Individual- and Community-level Determinants of Social Acceptance of People Living with HIV in Kenya: Results from a National Population-based Survey," DHS WORKING PAPERS 50 (2008).*

Section Two: Focusing & Designing

Focusing & Designing

In the next step, appropriate communication objectives are created, directly addressing key social and behavioral obstacles to make sure the efforts are relevant to selected audiences. The strategic approach and positioning for acomprehensive campaign is decided as well as an appropriate and mutually reinforcing channel mix.

As mentioned, various prevention partners rapidly developed MC print materials as needs arose, reacting to requests of the clinical teams as they scaled up their operations. We consider this as Phase 1 within this Communication Guide. The MC Taskforce, supported by C-Change, now has the opportunity to develop a more systematic round of mutually reinforcing materials and activities, and this section outlines the key aspects. We consider this to be Phase 2 of the Guide, building on the results achieved in Phase 1.

2.1 Final Audience Segmentation

The listing below details priority audience segments for immediate communication programming:

Final Audience Segmentation				
People most affected	Potential MC clients (PMCC): Luo men aged 20 to 30	Circumcised clients: Luo men aged 20 to 30		Sexual partners of Luo men
People directly influencing them	Peer educators, prevention officers, community mobilizers	MC service providers (clinical officers, counselors, nurses)		Family and friends of potential MC clients
People indirectly influencing them	Faith leaders in Luo- speaking Nyanza (pastors, vicars, priests)	Traditional leaders, Luo council of elders, traditional healers	Business leaders	Media

2.2 Strategic Approach and Positioning

The above analysis enables us to choose an appropriate strategy mix to address the barriers identified in Step 1.

SBCC's ecological framework uses three key strategies within a planning continuum that are related to services and product availability.

These key strategies are:
advocacy to raise resources and political and social leadership commitment for development goals;
social mobilization for wider participation and ownership, including community mobilization; and behavior change communication for changes in knowledge, attitudes, and practices of specific participants/audiences in programs. This next section gives an outline of the strategic choices and combinations of these three strategies.

A phased approach

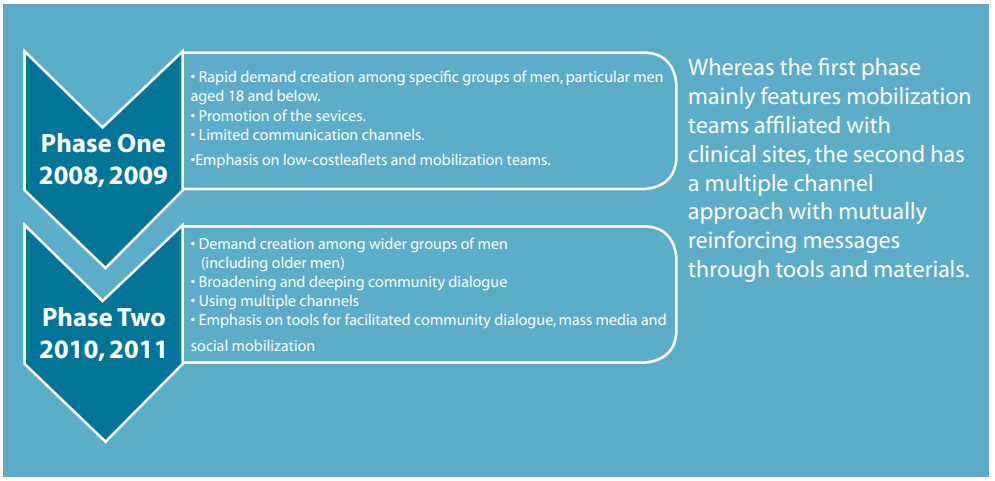
This Communication Guide has two phases. Phase 1, which took place in 2009, focused on rapid demand creation with the emphasis on promoting MC to the public, specifically 14 to 18 year olds. In this first phase, raising awareness and circulating information was the priority in an attempt to match client demand with service availability.

Phase 2 will now reach a slightly older cohort of sexually active men and their sexual partners, aged 20 to 35 with a focus around the 25 to 30 year old mark. The approach will emphasize a deepening and broadening of dialogue and understanding of MC that includes addressing misconceptions. With many of the basic facts already known, the focus now is to encourage audiences to internalize how MC can make sense in the context of their lives. Dialogue and community animation provide a chance for complex issues around gender, risk, and vulnerability to be aired and negotiated.

Women, particularly, will be brought into the MC discourse to encourage their partners to be circumcised and to be empowered with the necessary skills and knowledge to ensure risk compensation does not increase their

vulnerability to HIV.

Demand creation will be stepped up dramatically, encompassing slightly older groups that are harder to reach. This will be accomplished through programming that mobilizes the social environments that older men inhabit: including the workplace, the family, faith groups, and bars.



Positioning and long-term identity

A wide variety of partners will be implementing activities with this Communication Guide, and there will be some diversity in the positioning and content of materials. However, the recommendation is that a number of common elements be agreed on:

1) Addressing men's interest in football as well as linking MC to health and masculinity, activities should be woven around relevant sports openings and opportunities in the coming year (e.g., the FIFA 2010 World Cup). A number of interventions in this area are already emerging among the prevention partners.

2) Branding and positioning will be decided by the National MC Taskforce. This taskforce, working through PSI, has developed a logo for MC clinical sites that will also be used on materials. Where this branding is used it should be supplemented by branding guidelines on the use of the logo, its size and position on the material, font types and sizes, as well as use of color on all materials. C-Change will assist in the finalization of these branding guidelines, if appropriate and if requested. Inclusion of the relevant institutional logos and identities will be decided in conjunction with the partners involved.

This logo and slogan was developed by PSI working in partnership with the National MC Taskforce. The slogan: Kutahiriwa Ni Kujijali, means in Kiswahili:

"Being circumcised is looking after yourself."

3) Using audience research, develop men's communication products that resonate with popular and healthy masculine ideals for this age range: being fit, healthy, a protector, successful, smart, strong, etc.

2.3 Channel Mix

C-Change collected information on the preferred channels for the target audience through interviews and focus groups with specific samples of the audience. The information was validated through formative research conducted by other stakeholders in Nyanza.

Based on this research and in consultation with partners, the selected additional elements of the channel mix for Phase 2 of the operation includes:

Community dialogue tools

- **Information cards:** These laminated A4 cards will be printed in sets of eight, each showing different pictures. They will be used to facilitate participatory group discussions. Discussions with peer educators and communication program managers suggested an innovative tool was needed, and focus groups with sample audiences suggested that this format may work well.

- **Theater tools:** These tools will be presented in a small leaflet format and will be used by community mobilizers to provoke discussion with their audiences as they perform small skits. Theater tools are already used by some of the Nyanza communication partners, and community mobilizers stress this is a good way to engage their audiences. The samples of audiences spoken to suggest that certain issues need to be "worked through" and internalized through the use of drama.

- **Low-cost leaflet:** These basic, black and white, newsprint materials are needed to supplement the more attractive materials produced by other

partners. Designed to be given out in bulk, with low durability, they are designed to be left behind with community members after group discussions.

- **Mobilizer's handbook:** Community mobilizers often work on a voluntary or partly voluntary basis. They state that their training is rapid and they would value more support. A handbook for these community mobilizers will assist them to use different methodologies in their work, help them to feel valued, and support the training they receive.

Interpersonal communication materials

- **Flip chart:** A flip chart has been used by PSI and other partners in other countries as a job aid for providers. This format was suggested for Nyanza and was well received by clinicians and counselors. Service providers in Nyanza have requested a portable low-literacy tool to ensure all issues are covered for their audiences. It should be something that could be put on a clinician's desk and moved with ease.

Mass media

- **Radio spots:** Three radio spots will be presented as a series, using humor to help drive the messages home. Radio has the best reach of all the communication channels, and most participants spoken to stress that they accessed radio although not all owned one. The radio spots will complement the longer format radio pieces being produced by PSI and others.

- **Video:** A short video is being developed for the FIFA World Cup. This will be played in video halls around Nyanza prior to the football matches. It will also be used in other sites, such as clinical waiting rooms. This idea has emerged from within the MC Taskforce and is widely supported by all communication partners. Clinicians and peer educators that have been interviewed suggest that a video could strongly complement existing materials.

Posters

- **Urinals poster:** This poster will be exhibited above urinals in the men's toilet in various locations. Given the context, the penis becomes topical and with the help of humor the message can be driven across. Men noted that they were best reached in places where they spent a good amount of time, and where sexual risk was more likely. Communication program

managers agree that this will be useful.

Outdoor advertising

- **Exterior surfaces poster:** A general information poster has already been developed, but the stakeholders in Nyanza request an additional poster, with complementary messaging, and with a blank space where the next MC clinic offering services can be written in by the mobilization team. During concept testing, C-Change is going to ascertain whether the poster should be on paper, board, or a paint transfer template for exterior surfaces (walls, rocks, etc).

- **Billboards:** Program managers and those working with MC scale up expressed a need to increase the overall visibility of MC. Billboards on MC have been effectively used in other countries. These billboards will help increase the profile of MC, and to make sure that this issue is out in the public domain. Having little of their own content, they will serve to reinforce existing messaging.

Constituency fact sheets

- Reaching new groups of men, beyond the scope of community mobilization, requires drawing on broader existing social networks. A number of groups are relevant, including faith groups , labor unions, businesses, and other community networks. To start reaching out to these groups, fact sheets will be developed for faith leaders, business leaders, and community elders. Samples of each of these groups suggest that this could be a useful starting point for engagement.

2.4 Audiences, Communication Objectives, and Message Brief

This section details the Communication Objectives as well as motivating factors and message raw materials to guide materials development by selected audience segment. Suggested channel mixes for each are at the end of each audience segment.

Note: C-Change will not be developing prototypes for communication with the media as this is already being undertaken by communication partners within Nyanza.

Primary Audiences:

Most affected	*Potential MC Clients (PMCC): Luo men aged 20 – 30*
Desired behaviors	■ Go for VMCC ■ Accept an HIV test during MC process ■ Heal safely, postponing sex ■ Maintain other HIV prevention behaviors throughout, including protection of sexual partner; champion MC afterwards
Key obstacles	Lack of knowledge of MC issues; loss of income due to the healing period; the fear of stigma; the fear of pain or complications; embarrassment; concerns about interruption to sex life; Luo cultural tradition to not circumcise.
Communication objective	By the end of the project, there will be an increase in the proportion of men who trust that the benefits of circumcision make it worth overcoming fear and some pain, and that understand it is still important to follow other HIV prevention methods.
Promise	If you get circumcised, then you will be a cleaner, more manly, fitter, and more attractive man.
Support statement	Because a man makes good decisions and is not afraid.
Communication channels	■ General information leaflets* ■ Information cards ■ Theater tools ■ Low cost leaflet ■ Radio spots ■ Video spot ■ Urinals poster ■ Indoor poster* ■ Outdoor poster ■ Billboard ■ Mobilization activities ■ Interaction with clinicians* ■ Client leaflet* ■ Flipchart for clinical settings

A number of faiths are represented in Nyanza. Because the great majority are Christian and because some other faiths circumcise already, the orientation in this strategy is on the Christian church.

Most affected	***Circumcised Clients: Luo men aged 20 to 30***
Desired behaviors	▪ Heal completely and know where to go if complications arise ▪ Understand MC's role in HIV prevention ▪ Continue (or increase) HIV prevention behaviors to complement their MC status (including protecting their partners) ▪ Champion MC to others ▪ Get HIV tested
Key obstacles	Lack of relevant and trusted information; fear of getting tested; stigma; misconceptions about MC; social pressure relating to culture and masculinity.
Communication objective	By the end of the project, there will be an increase in the proportion of circumcised Luo men who understand the risk for themselves and others if they do not complement their MC status with a full range of HIV prevention skills and behaviors.
Promise	Complementing MC with other healthy behaviors forms the foundation of a lifestyle with reduced risk of HIV and other STIs.
Support statement	Because losing your foreskin gives you a new start.
Communication channels	▪ General information leaflets* ▪ Information cards ▪ Theater tools ▪ Low cost leaflet ▪ Radio spots ▪ Video spot ▪ Urinals poster ▪ Indoor poster* ▪ Outdoor poster ▪ Billboard ▪ Mobilization activities ▪ Interaction with clinicians* ▪ Client leaflet* ▪ Flipchart for clinical settings

Denotes materials or activities that are not being led by C-Change. These are (or will be) undertaken by other partners.

Most affected	***Female sexual partners of circumcised, or potentially circumcising, Luo men***
Desired behaviors	▪ Follow HIV preventative behaviors regardless of their partners' MC status ▪ Encourage their partners and other men to undertake MC ▪ Feel confident and empowered to negotiate safe sex and to openly discuss MC-related issue
Key obstacles	Gender inequity in relation to wealth, domestic space, and sexual relations; lack of knowledge and empowerment in sexual relations.
Communication objective	By the end of the project, there will be an increase in the proportion of women: ▪ Who support their partner in getting circumcised ▪ Who understand that they are not protected from HIV when having unprotected sex even if the partner is circumcised
Promise	If you know your facts about MC, you can make more informed decisions to better protect yourself from HIV.
Support statement	To keep up with changing times requires new knowledge and behavior.
Communication channels	▪ General information leaflets* ▪ Information cards ▪ Theater tools ▪ Low cost leaflet ▪ Radio spots ▪ Video spot ▪ TV spot ▪ Indoor poster* ▪ Outdoor poster ▪ Billboard ▪ Mobilization activities*

Secondary Audiences

Directly influencing	***Peer educators, prevention officers, community mobilizers (i.e., those facilitating community mobilization)***
Desired behaviors	Effectively promote MC and raise dialogue within communities on issues relating to MC and HIV prevention
Obstacles	Lack of information, tools, motivation, and the need for recognition for their work
Communication objective	By the end of the project, there will be an increase in the proportion of peer educators, prevention officers, and community mobilizers who are well motivated, know where to get the right tools, and how to use them.
Promise	Tools and methods will help you do a better job and make it more fun.
Support statement	A new generation of skilled mobilizers is going to be fun to be part of.
Communication channels	▪ Mobilization handbook ▪ Mobilization training* ▪ Information cards ▪ Theater tools ▪ Low cost leaflet

Directly influencing	***MC service provision teams***
Desired behaviors	Effective counseling and education of MC clients
Obstacles	Overstretched, lack of time, poor communication tools
Communication objective	By the end of the project, there will be an increase in the proportion of providers who engage MC clients with new communication tools to be more effective and save time.
Promise	Using communication tools can make your interactions with clients quicker and more effective.
Support statement	Because your time is too precious to waste.
Communication channels	▪ Flipchart for clinical settings ▪ Client leaflet ▪ Communication outreach from Nyanza partners*

Directly influencing	***Families and friends of MC clients***
Desired behaviors	▪ Understand the role of MC in HIV prevention ▪ Support MC clients in electing MC, and then practicing safer sex afterwards ▪ Combat issues of vulnerability to HIV among the sexual partners of MC clients
Obstacles	Lack of information, traditions relating to non-circumcision, related social norms
Communication objective	By the end of the project there will be an increase in the proportion of community family members and friends that understand the role of MC in HIV prevention.
Promise	MC is good for our loved ones.
Support statement	Because MC is progress.
Communication channels	▪ General information leaflets* ▪ Information cards ▪ Theater tools ▪ Low cost leaflet ▪ Radio spots ▪ Video spot ▪ Indoor poster* ▪ Outdoor poster ▪ Billboard ▪ Mobilization activities*

Tertiary Audiences

Indirectly influencing	***Traditional leaders, Luo council of elders, traditional healers (see note above or the next audiences)***
Desired behaviors	▪ Support MC scale up ▪ See MC as an essential clinical imperative separate from Luo tradition ▪ Understand the key issues on MC for HIV prevention
Obstacles	The link between MC and cultural tradition, conservatism, lack of understanding on MC issues
Communication objective	By the end of the project, there will be an increase in the proportion of Luo elders who think MC is appropriate for Luo men and understand its role in HIV prevention.
Promise	If you support MC, you will be protecting your community.
Support statement	Because a good leader is open to progress.
Communication channels	▪ Luo elder factsheets ▪ Outreach during cultural events* ▪ Mobilization through Nyanza communication partners*

Indirectly influencing	***Faith leaders in Luo-speaking Nyanza (pastors, vicars, priests)***
Desired behaviors	Understand and support MC as part of a broader HIV prevention response and serve as an MC advocate to their congregations
Obstacles	Lack of understanding about MC and HIV prevention; unwillingness to openly talk about sexuality
Communication objective	By the end of the project, there will be an increase in the proportion of Luo faith leaders who understand the role of MC for HIV prevention.
Promise	MC can help protect your congregation.
Support statement	Because talking about MC is an expression of your faith.
Communication channels	▪ Factsheets for faith leaders ▪ Facilitators' guides for activities with faith leaders* ▪ Outreach to faith leaders*

Indirectly influencing	***Business leaders: management in fishing and sugar cane industries***
Desired behaviors	▪ Encourage and support employees to get circumcised ▪ Understand role of MC in HIV prevention ▪ Provide flexibility in working hours during early healing
Obstacles	Lack of knowledge, not understanding financial benefits of healthy workforce, loss of short term profits
Communication objective	By the end of the project there will be an increase in the proportion of employers who actively encourage and support employees in electing MC.
Promise	MC can save you money and improve the economy you operate within.
Support statement	MC is good for business.
Communication channels	▪ Factsheet for business leaders ▪ Mobilization activities*

Indirectly influencing	***Media***
Desired behaviors	▪ Report in a balanced way on MC for HIV prevention ▪ Encourage dialogue and debate on MC, framed within a broadly pro-MC public health discourse
Obstacles	Overstretched, lack of time, difficult to find new story angles on MC
Communication objective	By the end of the project, there will be an increase in the proportion of editors who consider MC an important topic and journalists correctly reporting on MC and finding angles relevant and interesting beyond health stories.
Promise	MC represents a newsworthy, interesting, and important story for your audiences.
Support statement	Because MC is a hundred stories in one.
Communication channels	▪ Media training events* ▪ Media fact sheets* ▪ Media liaison* ▪ Hotline for media, including nominated contacts in different regions* ▪ B-roll, and audio samples* ▪ Media awards*

On this step, the emphasis is on developing communication materials and shaping the required activities. Creative briefs are drawn up, taking into account the information gathered in the previous steps, including messages that address identified obstacles.
Also at this stage, audience research and concept testing will be undertaken to ensure that the materials in development are appropriate and relevant to their intended audiences and evoke the required responses.

A new set of brochures has been recently developed, replacing some of the initial print material designs that were used by the communication partners. In the current round of materials development guided by C-Planning, C-Change is carefully testing and adapting proposed messages and formats. Facilitated group discussions with all main audiences have been undertaken, and concept testing will soon be under way. On the basis of this testing and research, all the materials will be further adapted and reviewed by relevant stakeholders before the final pretest.
At the pretest phase, a more finalized version of the materials will be shown to their intended audiences and any necessary changes made. The materials will then be ready for production.

3.1 Key Content

Some key messages are common to all audiences:

- Male circumcision is the removal of the foreskin at the head of the penis.

- Circumcision is safe. There is a small chance of some complications after male circumcision. It is very unlikely that these complications will occur, and if they do they can all be easily treated. The problems that may occur are: pain, bleeding, swelling, reaction to the medicine, and infection.

- In Kenya male circumcision is done by some cultural groups but not others. MC can be performed from just after birth to adulthood.

- MC is done with a local anesthetic, a pain prevention injection, which reduces pain significantly. MC can also be done with general anesthetic, where the client is put to sleep.

- It is always important to know your HIV status, but it is particularly important if you are planning to be circumcised.

- Male circumcision works: Scientific evidence clearly shows that male circumcision reduces the risk of HIV infection—providing partial protection against HIV for men. Studies show that male circumcision reduces the risk of HIV acquisition in men by about 60 percent.

- Male circumcision does not replace other HIV prevention methods: Whether circumcised or not, men are at risk of contracting HIV during sexual intercourse. It is important that they limit their number of sexual partners, use condoms consistently and correctly, and seek prompt treatment for sexually transmitted infections to further reduce their risk of infection.

- Circumcised men can be infected with HIV and can infect others: Not all men who are circumcised are HIV-negative. Some circumcised men are HIV-positive. Circumcised men who are HIV-positive may still transmit HIV to their sexual partners. Using a condom reduces this risk.

- The healing period is important: Newly circumcised males should abstain from sex for six weeks to ensure the penis is fully healed as there could be an increased risk of infection during this time.

- Safety is paramount: Circumcision should be done in health facilities with appropriately trained providers, proper equipment, and under aseptic conditions. However, whether the procedure takes place in a clinical or traditional setting safety is of paramount importance.

- MC is a matter of informed choice: Comprehensive information on male circumcision should be made available so that males and their parents can make an informed decision about whether or not to go

ahead with the procedure.

Content for uncircumcised men:

- (All the key facts outlined above)
- Get circumcised: Go to your nearest health center/facility for MC. If they cannot perform the operation there, they can tell you where you can get circumcised.
- Everyone who is circumcised gets offered an HIV test. Accept that offer. Whether you are positive or negative, it helps to know your status.
- Before each male circumcision procedure, a clinical assessment is undertaken. This gives the MC provider the opportunity to check the genital area and the penis to rule out any genital disease. If any genital diseases are present, these must be treated before male circumcision can be undertaken.
- Once you have been circumcised, tell your friends to do the same.

Content for circumcised men:

- (All the key facts outlined above)
- If you did not get tested when you were circumcised, now is the time to do it.
- Continue with other HIV prevention behaviors.
- MC does not offer total protection from HIV. It is important to follow other HIV prevention behaviors such as abstinence, being faithful to one uninfected partner, and using condoms correctly and consistently.
- After MC, clients should keep the body clean without getting the dressing wet. Painkillers can help deal with any pain or discomfort that may be felt. Some clients have frequent erections for a day or two and may feel some pain. Passing urine can help relieve the pain.
- After the circumcision procedure, rest for one or two days at home. This will help the wound to heal quickly.
- Take the medication provided by the clinic. Be sure to follow all the

instructions given to you by your health care provider.

- You may bathe on the day after the surgery but do not get the dressing wet.
- Do not touch the wound while it is healing. If it starts itching do not scratch it.
- You may have a little pain or swelling around the wound. This is nor mal. If it gets worse after a few days go and see your health care provider to check the healing is going ok.
- Return to the clinic if you experience any of the following:
- Bleeding that does not stop, or that gets worse.
- Severe pain
- Inability to pass urine
- Pus discharging from wound
- Increased swelling
- A fever within one week of surgery
- Severe lower abdominal pain
- Since you have been circumcised, tell your friends to do the same.

Content for sexual partners of men:

- (All the key facts outlined above)
- As a woman, you need to know the facts about male circumcision and how it affects you.
- Male circumcision is only for males. By helping to keep men free from HIV and other STIs, it benefits the sexual partners of men. There is also evidence that male circumcision decreases the risk of cervical cancer among men's sexual partners.

- Encourage your partner to get circumcised.
- Suggest that if he would like support, you can go with him for the operation, help him understand male circumcision, encourage him to get tested and help him as he heals afterward.
- For a few days there will be some discomfort after the operation, he may need help with heavy manual work during this time.
- After circumcision, you must avoid sex for six weeks.
- Also avoid sexual behaviors that can give him an erection.
- MC does not offer total protection from HIV. It is important to follow other HIV prevention behaviors such as abstinence, being faithful to one partner, and using condoms correctly and consistently.

Content for community mobilizers:

- (All the key facts outlined above)
- Community mobilization around MC is a valuable act of service for your community and can offer you important skills in furthering your career.
- As you mobilize in the community use the tools and techniques recommended in your handbook.
- Know how to reach your community audience, how to stimulate dialogue, and how to make sure people understand what you are saying.
- Make sure that people are going for MC for the right reasons. People should know it is not complete protection from HIV and that they will still have to follow HIV prevention behaviors.
- Do not encourage any rumors about the relation between sexual performance and MC. The simple fact is that safe sex is good sex.
- Learn the key facts about MC.

Content for friends and family of circumcised men:

- (All the key facts outlined above)
- Male circumcision brings benefits to the whole community.
- Be informed about HIV prevention, and this new prevention method, male circumcision.
- By helping to keep men free from HIV and STIs, we are helping ensure their families' health and prosperity.
- Encourage the men in your family or your friends to get circumcised, and support them in their healing period.
- It is good to openly discuss HIV and MC among friends.
- Support the women among your family and friends when they insist on safer sex, regardless of circumcision status.

Content for MC service providers:

- (All the key facts outlined above)
- In the last few years, male circumcision has been scientifically proven as a potential means to limit the spread of HIV.
- The evidence shows that male circumcision can significantly reduce men's chances of contracting HIV, and UNAIDS and WHO have recommended that male circumcision should be included within national HIV programs.
- Those recommendations particularly apply where there are high rates of HIV infection and low rates of male circumcision, for example in Nyanza.
- The likely biological explanation for the higher levels of sexually transmitted infections, including HIV infection, seen in men who are not circumcised include:
- The inner mucosal surface of the foreskin is fragile and is susceptible to minor trauma and abrasions (during sexual activity), which facilitate entry of pathogens including HIV. Removal of the foreskin causes keratinization or toughening, which reduces this risk.

- There are several types of immunological cells under the foreskin, including Langherhans cells, which are targets for HIV.
- The area under the foreskin is a warm, moist environment that may enable pathogens to replicate, especially when penile hygiene is poor. This can make uncircumcised men more vulnerable to STIs, which in turn make them more vulnerable to HIV.
- Research shows that removing the foreskin is associated with a variety of health benefits:
- Circumcised men have a lower prevalence of some sexually transmitted infections, especially ulcerative diseases like chancroid and syphilis.
- Studies have found lower rates of urinary tract infections in male in fants who are circumcised.
- Circumcision prevents inflammation of the glans (balanitis) and the foreskin (posthitis).
- Men who are circumcised do not suffer health problems associated with the foreskin such as phimosis (an inability to retract the fore skin) or paraphimosis (swelling of the retracted foreskin that makes it unable to return to its normal position).
- Circumcised men find it easier to maintain penile hygiene.
- Studies show that female partners of circumcised men have a lower risk of cervical cancer.
- Circumcision is associated with a lower risk of penile cancer.

Content for faith leaders:

- (All the key facts outlined above)
- MC is good for the men and women in your congregation.
- MC can be something that benefits families. Together men and women can support each other in making decisions relating to MC.
- Getting circumcised is an act of social and personal responsibility.

- Good Christians may be circumcised or uncircumcised.
- There are many ways to talk about MC to both the men and women in your congregation.
- Speaking about MC and HIV more generally is important in your work.
- It is not good to judge those who have HIV.
- Speaking to women about MC and HIV prevention can help your congregation.

Content for traditional leaders:

- (All the key facts outlined above)
- Circumcision is good for your communities.
- As a leader you have a responsibility to promote MC and HIV prevention.
- It may not be the Luo tradition to circumcise, but this is a matter of health, not tradition.
- There are many different ways to talk about circumcision in your community.
- The way in which you talk to your community about other issues and the way your community traditionally makes decisions can be used to discuss and plan for MC and HIV prevention.
- Women in your community need to be empowered in their sexual and family relations. They need to be able to insist on safer sex, as male circumcision alone will not protect them from HIV.
- Older people in the community may be well placed to talk to the younger generation, including grandchildren, about HIV prevention and MC.

Content for business leaders:

- (All the key facts outlined above)

- MC is good for business, it keeps your workforce healthy, and HIV prevention helps economic growth.
- Although there are HIV treatments that can help your employees deal with AIDS, these may be time-consuming and difficult to access. Also, they can cause side effects, such as low energy levels among employees. HIV prevention is the first priority.
- Workplace practices and policies can assist your workforce in electing MC.
- For two or three days after the MC operation, employees may need to avoid any heavy manual labor. They also need to keep their dressing dry (avoiding heavy rain or swimming).
- As an employer you have a responsibility to facilitate safe healing, giving employees leave or flexible hours as necessary.
- Promoting MC to your workforce is part of a good workplace HIV policy.

Content for media:

- (All the key facts outlined above)
- It is important to cover HIV and MC in the media.
- MC is a subject that can be reported in a number of different ways to prevent media fatigue.
- MC has many story aspects that have not been considered, for example its impact on business, families, relationships, and popular culture. These make good stories and can help with HIV prevention.
- There are many rumors circulating about MC. Get trusted information from the Kenya Government, WHO, or other official sources.
- There are many questions about MC, but the fundamental facts are that MC is a proven life-saving intervention. The scientific debates continue on some details, but the fact that MC reduces the risk of HIV is now scientifically established.

- As a journalist your role is to report all sides of the story. Do not be afraid to ask difficult questions about MC, but do so in a way that is balanced and responsible.

- Find ways to support open public dialogue and debate on MC through your media.

3.2 Tone

Overall, MC communication should be delivered as an energizing, innovative approach, strengthening existing HIV prevention messaging. During audience research, it was clear that real fatigue in relation to AIDS prevention messaging has set in. A revitalized approach was required. Similarly, there was an interest in new, modern ways. While tradition is still very powerful among the Luo of Nyanza, modernity and current technology seem to have positive associations in the minds of many. Any messaging must reinforce existing HIV prevention messaging, for example the ABC approach. This will help dispel any harmful notions that MC replaces HIV prevention.

Note: Tonal testing of MC products is recommended by the United Nations Male Circumcision Interagency Task Team (UN MC Interagency Task Team) and is being undertaken by C-Change within its concept testing.

This step entails moving to implementation and addressing issues relating to planning, budgets, capacity, and quality control.

Communication on MC has been undertaken in Nyanza for some time, but as with the other aspects of the first phase of the strategy, it has been guided by the need for rapid demand creation and has had little centralized control, monitoring, or coordination. Following the current phase of strategic development, there is a new opportunity for better coordination and collaborative implementation with a tailored implementation plan. A draft of this detailed implementation plan is attached in Appendix A, although it still needs to be vetted by partners.

4.1 Coordination

While certain organizations may have advanced communication capacity on program communication, it could be counterproductive to put any one organization in charge of coordination, unless that organization was a government or UN agency. It is therefore suggested that a government agency leads on coordination, perhaps hiring a consultant, or mandating an organization to oversee coordination, while ensuring that leadership and control remains with the entire taskforce, and ultimately with NASCOP.

Coordination of the monitoring and evaluation (M&E) will be particularly important, and an agency should be appointed for this purpose. This agency should have the skills and capacity to oversee the work and will need to be supported by the development partners to ensure that all information

across the agencies involved is shared in good time.

Task teams (or at least a delegated lead agency) are required for certain activities. These would include:

- Working with the media
- Working with faith leaders
- Working with Luo elders
- Working with business leaders, leaders in the fishing communities, and management of major Nyanza industries

4.2 Budget and Funding Sources

It is estimated that around $1.3 million is required for communication products, materials, and for communication mobilization activity over the course of a year and for running radio advertisements and outside banners for a six month duration. This is a rough estimation, based on budgets sent in by a number of media production companies and drawing on commercial media agencies' estimations of the necessary intensity of programming, combined with estimates from Nyanza health communication senior staff. As a large amount of the pretesting and product development has already been undertaken, this figure can be revised to $1.1 million. However, this would not include staff time, for example the communication personnel working with the organizations responsible for rolling out the products. It is estimated that all these costs, taken together, would put the figure more in the region of $1.4 million, precluding the design, pretesting, and development costs that have already been covered.

Cutting back on certain items would considerably reduce the budget, particularly eliminating the use of TV and payment of mobilizers' incentives. TV is not considered essential, given the media audience characteristics, and the other media activities of partners (not included in this budget). However, to avoid paying incentives to mobilizers, it may be necessary to find other ways to maintain their motivation and engagement for these efforts, such as providing ongoing training and offering certificates that can enhance career prospects. Without these two expenses, the budget for MC Communication (excluding staff costs) in Nyanza comes to around $500, 000. The budget has been included in Annex C.

4.3 Openings

There are a number of openings through the year, including World Health Day, World AIDS Day, school and college holidays and the public holidays that have been traditionally associated with spikes in MC demand.

One very significant opening during the year is the 2010 FIFA World Cup Tournament to be held in Africa for the first time starting June 11, 2010. Kenya is a football-loving nation. Men, particularly, are often passionate about football. The game of football: the notion of defenders and goalkeepers blocking the virus from entering the goal has been a pervasive analogy for explaining the notion of partial defense with MC in many countries in Africa—which makes the World Cup opening even more attractive.

At the time of this publication, the World Cup is at the top of the news agenda and is a very common topic of conversation. Most Kenyan men will be intently interested in the progress of the World Cup. Many will find a television screen to watch the game on, even in rural areas. The radio also will be a key medium for keeping up with matches, and the press will be providing ongoing commentary and analysis.

Evaluating & Replanning for Outcome and Sustainability

In the final stage it is important to learn from the experiences of the program and to ensure that they guide the next round of work. However, research and evaluation is not something that happens only at the end of the process. It is relevant throughout C-Planning, for example in gathering baseline information, setting measurable communication objectives, and in the monitoring of implementation *plans*.

5.1 Existing MC Indicators

This document provides a logical framework for monitoring and evaluation that combines the outcome indicators listed in the National MC Communication Strategy with those recommended by the UN Interagency Task Team. The guidance of the latter document has shaped the national policy and guidance documents on MC. These outcome indicators are categorized according to each relevant audience. They are then matched with appropriate communication objectives.

The difference between the outcome indicators and the communication objectives is that the first relate to general programmatic outcomes based on existing strategic and technical MC documentation while the second specifically relate to what can be obtained through communication in Nyanza. Communication objectives are formulated to provide programs with realistic, achievable, and measurable targets for progress in relation to specific audiences and the situations they face.

A detailed implementation plan is laid out below:

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
MC Communication coordination						
Communication Guide development	C-Change technical lead, input from other agencies	C-Change funds	Consultations, research and sharing draft	Presentation of final Guide	Ongoing monitoring of the Guide	Ongoing monitoring of the Guide
Coordination team and task teams	NASCOP oversees	Each organization contributes	Development of coordination teams and task plans	A coordination team set up, with a lead agency and task teams on media, workforce, and other constituencies	Ongoing monitoring of coordination plans	Progress review meeting: task teams report back
Monitoring & evaluation plan	C-Change technical lead, input from other agencies	C-Change funds	Draft M & E plan shared	Final indicators agreed, and roles on M & E defined.	Implementation of the M&E plan.	Progress review meeting. Any early data shared, and progress on setting up M & E systems shared

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Increase in the proportion of men who trust that the benefits of circumcision make it worth overcoming fear and some pain, and that understand it is still important to follow other HIV prevention methods.						
MC Client leaflets	PSI with MC Taskforce	PSI provides initial funds	Materials developed. Distribution plan in place.	Materials widely distributed	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
Posters	PSI and C-Change - 2 formats	PSI and C-Change funds	PSI posters distributed. C-Change materials developed. Distribution plan in place.	Materials widely distributed	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
30 second radio spots	C-Change funds development. Nyanza Reproductive Health Society (NRHS) to be asked to pay for airtime.	C-Change and NRHS	Radio spots developed. Airtime paid for.	Radio spots aired according to schedule to be determined in selected radio stations.	Emphasis on radio spots for World Cup. Ongoing monitoring of radio spots	Ongoing monitoring of radio spots

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Longer format radio programs	PSI, NRHS, Tungane	PSI, NRHS, IRDO	Radio programs developed. Airtime paid for..	Radio programs aired in selected radio stations	Ongoing monitoring of radio programs	Ongoing monitoring of radio programs
Increase in the proportion of circumcised Luo men who understand the risk for themselves and others if they do not complement their MC status with a full range of HIV prevention skills and behaviors						
Urinals poster	C-Change	C-Change	Materials developed. Distribution plan in place.	Materials widely distributed (funds permitting)	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
Client leaflet	C-Change	C-Change	Materials developed. Distribution plan in place	Materials widely distributed	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
Increase in the proportion of women who support their partner in getting circumcised but understand that they are not protected from HIV when having unprotected sex even if the partner is circumcised.						
Women's leaflets	C-Change	C-Change	Materials developed. Distribution plan in place.	Materials widely distributed (funds permitting)	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
Community outreach	C-Change, NRHS, and Impact	C-Change, NRHS, and Impact	Community outreach plans developed by task teams (above)	Initiation of community outreach with faith, business, elders	Ongoing community outreach	Consultation meetings for business, media, faith, and elders stakeholders

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Women's radio spots	C-Change funds development. USG identified communication partner to be asked to pay for airtime	C-Change and NRHS	Radio spots developed. Airtime paid for.	Radio spots aired in selected radio stations	Ongoing monitoring of radio spots	Ongoing monitoring of radio spots
Scaling up mobilization efforts	C-Change, NRHS and Impact	C-Change, NRHS, and Impact	Community mobilization plan developed and shared. Meanwhile community mobilization is ongoing.	Community mobilizers engaged and supervised for World Cup Activities	Ongoing monitoring of community outreach activities. Community mobilizers engaged in World Cup Activities	Ongoing monitoring of community outreach activities
Increase in the proportion of peer educators, prevention officers, and community mobilizers who are well motivated, know where to get the right tools, and how to use them.						
Mobilizers' handbook	C-Change	C-Change	Materials developed. Training plan for mobilization developed	Handbook distributed with ongoing training efforts	Handbook distributed with ongoing training efforts	Ongoing monitoring of material distribution
Developing new mobilization tools	C-Change	C-Change	Materials developed. Training plan for mobilization developed	Tools widely distributed	Ongoing monitoring of usage of mobilization tools	Consultation on mobilization efforts in Nyanza, with new tools suggested

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Training peer educators	C-Change	C-Change	Training manual and plan developed	Trainings conducted	Ongoing training and monitoring of peer education activities	Ongoing training and monitoring of peer education activities
Running mobilization events	C-Change, PSI, NRHS, and Impact	C-Change, PSI, NRHS, and Impact	Develop work plans for mobilization events	Conduct community mobilization events	Conduct community mobilization events	Ongoing monitoring of community mobilization events
Increase in the proportion of Luo elders who support MC and understand its role in HIV prevention.						
Holding consultation with Luo council of elders (LCE)	C-Change, NRHS, and Impact	C-Change, NRHS, and Impact	Develop and share consultation programs	Hold meetings with LCE	Ongoing monitoring of consultations with LCE	Ongoing monitoring of consultations with LCE
Developing Luo elders fact sheet.	C-Change	C-Change	Materials developed. Distribution plan in place	Materials widely distributed	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution
Increase in the proportion of Luo faith leaders who understand the role of MC for HIV prevention.						
Developing faith leaders fact sheet	C-Change	C-Change	Materials developed. Distribution plan in place	Materials widely distributed	Ongoing monitoring of material distribution	Ongoing monitoring of material distribution

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Mobilizing with faith leaders	C-Change, PSI, NRHS, and Impact	C-Change, PSI, NRHS, and Impact	Develop work plans for faith leaders' mobilization	Faith leaders' mobilization plan implemented	Ongoing monitoring of mobilization plan	Ongoing monitoring of mobilization plan
Increase in the proportion of community family members and friends that understand the role of MC in HIV prevention.						
Developing community theater tools	C-Change	C-Change	Community theater tools developed. Distribution plan in place	Tools widely distributed	Ongoing monitoring of usage of community theater tools	Ongoing monitoring of usage of community theater tools
Developing community discussion cards	C-Change	C-Change	Communication discussion cards developed. Distribution plan in place	Communication discussion cards widely distributed	Ongoing monitoring of community discussion cards	Ongoing monitoring of community discussion cards
Scaling up community outreach efforts	C-Change, NRHS, and Impact	C-Change, NRHS, and Impact	Community outreach mapping plan developed and shared	Mapping of districts and regions without community mobilizers	Recruitment and engagement of community mobilizers in underserved districts	Ongoing monitoring of community outreach activities
Increase in the proportion of employers who actively encourage and support employees in electing MC.						

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Developing employers' fact sheet	C-Change	C-Change	Employer fact sheets developed. Distribution plan in place	Employers' fact sheets widely distributed.	Ongoing monitoring of employer fact sheets' distribution	Ongoing monitoring of employer fact sheets' distribution
Developing workplace communication plan	C-Change/local companies/ industries	C-Change/Local companies/ industries	Developing communication plan	Consultations and sharing of draft communication plan	Presentation of final communication plan	Implementation of the final communication plan/ monitoring of the plan
Mobilizing in the workplace	C-Change, PSI, NRHS, and Impact	C-Change, PSI, NRHS, and Impact	Develop work plans for workplace mobilization	Work plan mobilization plan implemented	Ongoing monitoring of mobilization plan	Ongoing monitoring of mobilization plan
Increase in the proportion of editors who consider MC an important topic and journalists correctly reporting on MC and finding angles relevant and interesting beyond health stories						
Developing media relations plan	C-Change, PSI, and local media houses	FHI, partners, and local media houses	Developing media relations plan, including misreporting risk management plan	Consultations and sharing of draft media relations plan	Presentation of final media relations plan	Implementation of the final media relations plan/ monitoring of the plan
Issuing media briefings	NASCOP/MOH C-Change, PSI, and local media houses	FHI, partners, and local media houses	Develop media briefs	Consult and share draft media briefs	Conduct media briefs	Ongoing monitoring of media briefs

Objective	*Implementers, Lead Staff, Consultants, Volunteers, and/or Partners*	*Resources / Budget*	*Q1 Starting April 1, 2010*	*Q2*	*Q3*	*Q4*
Media training	C-Change, PSI, and local media houses	FHI, partners, and local media houses	Media training needs assessed. Media training manual developed.	Media trainings conducted	Ongoing monitoring of media communication activities	Ongoing monitoring of media communication activities

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Uncircumcised men								
Funding of activities; capacity strengthening to mobilize; planning and monitoring systems	Donor agreements; documentation of staff, systems and necessary mobilization resources; details of monitoring systems	Materials; activities (as above) incorporating key prevention messages; opinion-leader buy-in.	# of materials incorporating key prevention messages; # of activities incorporating key prevention messages; # of opinion-leaders buying into the process; samples of materials showing key prevention messages; correspondence from opinion leaders	Uncircumcised men go for MC, get tested, heal safely, champion MC, and then practice HIV prevention	# of men electing MC; testing #; reporting their promotion of MC; and practicing safe behaviors (aggregate Nat and UN indicators measured through clinical records; special surveys; DHS)	By the end of the project there will be an increase in the proportion of men who trust that the benefits of circumcision make it worth overcoming fear and some pain, and understand that it is still important to follow other HIV prevention methods.	% of men who trust that MC is worth undertaking methods.	Large scale telephonic survey, and numbers of men responding positively to this question in group mobilization work

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Circumcised men								
Coordination of activities; funding; technical capacity strengthening; shared strategy for attaining media coverage	Evidence of shared monitoring frameworks; documentation showing a combined SBCC approach	Appropriate materials and communication activities; meetings between partners; monitoring progress; clear planning systems for balancing research and implementation	# of materials developed; # of activities carried out; # of partner meetings; # of partners attending meetings; Samples of materials; minutes of meetings; monitoring data; correspondence showing shared planning systems	Circumcised men practice HIV prevention	Men report safe behaviors after circumcision (existing UN and national indicator measured by DHS, coordinated by taskforce)	By the end of the project there will be an increase in the proportion of circumcised Luo men who understand the risk for themselves and others if they do not complement their MC status with a full range of HIV prevention skills and behaviors	% of Luo men who understand the level of risk for themselves and others if they do not complement their MC status with a full range of HIV prevention skills and behaviors	Numbers of men correctly answering risk perception (relating to MC) questions in special survey

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Sexual partners of Luo men								
Funding; coordination of partners; leadership; and designated staff working on this area	Donor agreements; emails showing leadership from MC Taskforce; staff scopes of work	Mobilization activities for women; information and materials for women; shared plans for reaching women amongst all implementing partners	# of mobilization activities for women held; # of materials for women distributed; # of partners sharing their plans for reaching women; Lists of activities and their locations; samples of materials; examples of shared plans	Women support their partners to go for MC and are not exposed to added risk by newly circumcised males	Women report no added vulnerability to infection and support for MC (existing UN and national indicator measured through MC Taskforce data collection)	By the end of the project there will be an increase in the proportion of women who support their partner getting circumcised but understand that they are not protected from HIV when having unprotected sex even if the partner is circumcised.	% of women who support their partner getting circumcised and who feel able to insist on condom use with their circumcised partner	Large scale telephonic survey and numbers of women responding positively to this question in group mobilization work.

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Peer educators								
Coordination of mobilization teams; funding for training mobilizers; an incentive scheme for mobilization teams	Notes documenting coordination efforts; donor agreements; written indications of incentive schemes	Trained mobilization teams; tailored materials for mobilization	# of trainings held to mobilize teams; # of people trained in mobilization; # of materials tailored for mobilization; Lists of mobilization teams; Samples of materials; documentation showing collaboration between partners	Required numbers of men are mobilized to undergo MC	# of men mobilized to undergo MC (existing universal indicator measured by clinical records and collated by taskforce)	By the end of the project there will be an increase in the proportion of peer educators, prevention officers, and community mobilizers who are motivated about MC, know where to get MC tools (approved by the MC Taskforce) to promote MC and how to use them	The proportion of peer educators and mobilizers that report feeling motivated about MC; % of peer educators who know where to get MC tools (approved by the MC Taskforce); % of peer educators who know how to use the tools	Numbers of peer educators and mobilizers who respond positively to these questions at baseline, then after training sessions

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Family and friends of Luo men								
Community outreach; planning meetings; appropriate tools; funding	Training notes for use of materials; notes on coordination	Correct use of materials, coordination among partners	# of outreach events held by locations; # of planning meetings held; # and type of tools developed; Maps of outreach activities; notes of planning meetings; samples of tools	Families and friends of potential MC clients are supportive of MC	Levels of acceptability among friends and family (existing indicator measure by ongoing surveys in Nyanza)	By the end of the project there will be an increase in the proportion of community members who understand the role of MC in HIV prevention.	# of community members responding accurately to key MC questions	Questions to be asked and results recorded by community mobilization teams.

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Service providers								
Meetings between Communication Subcommittee of the National MC Taskforce to discuss provider materials; funding; designated institutional capacity	Documentation of coordination between different parts of taskforce; staff scopes of work	Materials for service providers; training on use of materials; orientation activities for providers	# of materials developed for service providers; # of materials distributed to service providers; # of trainings held on use of materials; # of service providers participating in trainings; # of activities held; # of service providers attending activities; Samples of materials; notes on orientation activities for providers	Service providers communicate effectively on MC	# of visitors to clinical settings who report receiving quality communication on MC (existing indicator measured by UN/PEPFAR clinical quality assessments of sites)	By the end of the project there will be an increase in % of providers who engage MC clients with new communication tools to be more effective and save time	# of service providers using MC communication materials	Requests for clinical interpersonal communication (IPC) materials from distribution points, backed with program managers' observations on whether they are getting used

Process evaluation				Summative evaluation				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Media								
Capacity strengthening focused on media and MC; coordination within MC Taskforce	Staff scopes of work; meeting minutes from MC Taskforce	Media workshops; briefings; press releases	# of media workshops; # of media briefings; # of press releases; (Reports from media workshops with a focus on MC as a topic; collected briefings; press releases)	Media reports accurately about MC	#/% of newspaper articles with only accurate information on MC (findings of media monitoring program)	By the end of the project there will be an increase in the proportion of editors who consider MC an important topic; an increase in journalists correctly reporting on MC; and increased media coverage that goes beyond health stories	# of editors and journalists who report MC is an important topic Amount of accurate news coverage on MC	Telephonic survey with journalists and editors

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Luo elders								
Meetings with elders; materials for elders; tailored communication activities where elders preside	Written or recorded evidence of Luo elder support; notes from training of mobilizers	High level support from Luo council of elders; senior negotiators; trained mobilizers	# of meetings held with elders; # of elders attending meetings; # of materials distributed to elders; # of tailored communication activities held where elders preside; Notes from meetings; samples of materials	Luo elders are supportive of MC	# of Luo elders who promote and encourage Luo men to get circumcised by the end of the project	By the end of the project there will be an increase in the proportion of Luo elders who think MC is appropriate for Luo men and understand its role in HIV prevention	Numbers of Luo elders that answer correctly on five out of seven key MC questions	A verbal survey at the end of the Luo elders' MC information sessions

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Faith leaders								
Funding for MC communication work; leadership from MC Taskforce; high-level support from faith leaders	Donor agreements; meeting minutes from taskforce; emails from faith leaders	Literature tailored for faith leaders; dialogue with faith leaders; meetings organized for faith leaders	# of pieces of literature tailored for faith leaders; # of tailored literature distributed to faith leaders; Amount of correspondence with faith leaders; # of meetings organized for faith leaders; # of faith leaders attending meetings (Examples of literature; samples of correspondence; notes from meetings	MC is promoted by Kenyan churches	#/% of church leaders that actively promote and support MC	By the end of the project there will be an increase in the proportion of Luo faith leaders who understand the role of MC for HIV prevention.	% of faith leaders who respond positively to five out of seven key MC questions	Written questionnaire undertaken by Luo faith leaders during mobilization meetings

Process evaluation				*Summative evaluation*				
Input	***Input indicator***	***Output***	***Output indicator***	***Outcome***	***Outcome indicator***	***Communication Objective***	***Indicator***	***Data collection***
Employers								
Support from employers; trainings with mobilizers with capacity and understanding of health in the workplace; funds and coordination from MC Taskforce	Evidence of workplace policies; notes on training sessions; donor agreements; MC Taskforce meeting minutes	Materials and activities in place for reaching employers; agreements reached with employers on modes of operation	# of materials distributed to employers # of activities held for employers # of employers participating in activities # of agreements reached with employers; Sample of materials; written agreements with employers	MC is supported in Kenyan workplaces	# of workplaces with HIV-friendly policies; # of workplaces with MC-friendly policies	By the end of the project there will be an increase in the proportion of employers who actively encourage and support employees in electing MC.	% of employers who actively encourage and support employees in electing MC	# of employers supporting workplace programs (information gathered at workplace)

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
Community Dialogue and Mobilization							
	1st Print Prototype for Community Dialogue and Mobilization	Community theater script and facilitator's guide.	1500	2.1	3150	3000	6150
	2nd Print Prototype for Community Dialogue and Mobilization	Information cards to be handed out in small groups to spark informed discussion.	1500	4.2	6300	4000	10300
	3rd Print Prototype for Community Dialogue and Mobilization	A low cost leaflet on newspaper print.	300000	0.17	51000	2200	53200
	Facilitator's guide for community mobilization around MC	A 10-page A5 pamphlet.	1500	2.5	3750	2500	6250
Subtotals					***64200***	***11700***	***75900***

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
Broadcast products for MC							
	1st Radio Spot	30 second radio spot—same style and format to become a 3-piece series.	500	70	35000	6000	41000
	2rd Radio Spot	30 second radio spot—same style and format to become a 3-piece series.	500	70	35000	3000	38000
	3rd Radio Spot	30 second radio spot—same style and format to become a 3-piece series.	500	70	35000	3000	38000
	TV Spot	30 second TV advertisement.	300	1000	300000	12000	312000
	Radio Show Format 1	30 mins variable format (phone-in/chat/ask-the-expert)	20	500	10000	3000	13000
	Radio Show Format 2	30 mins variable format (phone-in/chat/ask-the-expert)	20	500	10000	3000	13000
Subtotals					***425000***	***30000***	***455000***

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
Constituency Based Materials							
	Faith-group MC communication material	Illustrated and attractive glossy A4 fact sheet.	2000	0.6	1200	2000	3200
	Luo elder communication material	Illustrated and attractive glossy A4 fact sheet.	2000	0.6	1200	2000	3200
	Business sector communication material	Illustrated and attractive glossy A4 fact sheet.	2000	0.6	1200	2000	3200
Subtotals					***3600***	***6000***	***9600***

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
IPC within health care setting							
	Material for IPC within health care setting	A double sided flip chart, with clinical info on one side, and more accessible information on the other.	2000	4.3	8600	4000	12600
	Video MC presentation for potential MC clients	A five-minute video containing key facts about MC suitable for mixed audiences from 14-30.	500	0.8	400	12000	12400
Subtotals					***9000***	***16000***	***25000***

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
Outdoor Advertising							
	1st Outdoor Advertising	Urinals poster	5000	30	150000	3000	153000
	2nd Outdoor Advertising	Outside billboard (6 months in 3 sites costing 950 per site)	3	950	2850	3000	5850
	Poster for general information	Durable poster to last 1 year on exterior surfaces.	5000	1.1	5500	3000	8500
Subtotals					***158350***	***9000***	***167350***

Luo Nyanza MC Communication Program	*Product*	*Medium*	*Quantities required for Nyanza*	*Cost per item*	*Costs for printing or broadcast*	*Cost for design, pretesting, etc.*	*Cost for outputs*
Community mobilization							
Community mobilizers	***Community mobilization team***	Volunteer on minimal incentive scheme (1500 volunteers @ 3 dollars per day for 100 days)	1500	300	450000	0	450000
Community mobilization events	***Community mobilization event***	Mixed format event (e.g., road show, extravaganza, public meeting)	20	4000	80000	3000	83000
Subtotals					***530000***	***3000***	***533000***
Grand totals					***1190150***	***75700***	***1265850***

Study Name	Study Purpose	Study Design	Data Collection Start/ End Dates	Study Outcomes
A Monitoring & Evaluation Study to Assess the Implementation of Male Circumcision as an HIV Prevention Strategy in Kisumu and Nyando Districts in Kenya	Implement an M&E system to passively and actively assess the incidence of adverse events and factors associated with the uptake and acceptability of MC.	Prospective study in which we will follow consented MC clients through one follow-up visit using the passive system (n 4,000) and a sub-sample of clients through 30-40 days post-surgery using the active system (n 2,000).	November 2008 - March 2010	1) Evaluate M&E system 2) Adverse event rates (by severity, type, clinician cadre, etc.) 3) Identify factors that facilitate and act as barriers to the uptake of MC 4) Evaluate time to onset of sexual activity 5) Assess satisfaction (appearance, sexual, health facility, etc.)
A Prospective Study of Behavioral Risk Compensation Related to Male Circumcision as an HIV Prevention Method	Assess changes in risk behavior in circumcised men before and after circumcision and compare their behaviors to those of uncircumcised men longitudinally.	Observational prospective study to evaluate sexual risk behavior in 1600 circumcised and 1600 uncircumcised men at baseline, 6, 12, 18, and 24 months after circumcision/ enrollment.	November 2008 - November 2011	1) Compare circumcised and uncircumcised men over time in terms of : a) Changes in sexual risk behavior b) Sexual function and satisfaction c) Perception of HIV risk 2) Evaluate perceptions of circumcision in long-term female partners of circumcised participants

ANNEX D: Current Research: Courtesy of FHI

Study Name	Study Purpose	Study Design	Data Collection Start/ End Dates	Study Outcomes
Impact of Male Circumcision on Sexual Risk Behaviors in Kisumu, Kenya	- Assess current knowledge and beliefs about MC and HIV risk and how these are associated with sexual risk behaviors and HIV prevalence. - Assess changes in knowledge and beliefs about MC and HIV risk from baseline, and assess changes in MC and HIV prevalence following promotion of MC in the general population.	Series of three cross-sectional random-household studies conducted every two years (years 1,3,5), with 1,000 male and 1,000 female participants in each study cycle (total n=6,000)	November 2008 - March 2009; January 2011 - May 2011; January 2013 - May 2013	1) HIV and MC prevalence following introduction of MC services in general population over time 2) Changes in perceptions, knowledge, and beliefs about MC and HIV over time
Private Sector Health Providers Assessment	- To assess the providers' training needs to meet the WHO minimum package - To estimate the costs of bringing private health facilities up to meet the minimum standards for safe, quality MC. - To measure the unit costs of providing the MC service package, including overhead, clinician time, supplies, and equipment.	Cross-sectional study entailing quantitative survey data from private sector health facility in-charges and observations of operations at the facilities.	January - March 2009	1) Description and clear understanding of costs associated with bringing facilities and employees to minimum standards for MC provision 2) Actual costs associated with providing MC services according to WHO minimum package 3) Recommendations for strategies to integrate private MC service provision with MOH services

Study Name	Study Purpose	Study Design	Data Collection Start/ End Dates	Study Outcomes
Assessment of Non-Physician Clinicians Performing Male Circumcision (MC) in Nyanza, Kenya	To assess the safety, efficacy, and cost of providing MC by trained non-physician clinicians in a manner that will increase access for men who seek MC services.	Prospective study of 2530 MC procedures performed by trained non-physician clinicians working at their regular health facilities.	November 2008 - April 2010	1) MC surgical and post-operative procedures performed by non-physician clinicians 2) MC surgical outcomes at 7-days and 60-days post MC surgery 3) Patient satisfaction with MC services provided by non-physician clinicians at 7-days and 60-days post MC surgery 4) Costs associated with providing MC by non-clinician physicians
Assessment of Male Circumcision Services at Outreach Health Care Facilities in Nyanza, Kenya	To assess the safety, efficacy, and cost of providing MC by trained medical officers in outreach sites in a manner that will increase access for men who are seeking MC services.	Prospective study of 800 MC procedures performed by trained medical officers working at outreach health facilities.	November 2008 - December 2009	1) MC surgical and post-operative procedures at outreach service sites 2) MC surgical outcomes at 7-days and 60-days post MC surgery 3) Patient satisfaction with MC services received at outreach sites at 7-days and 60-days post MC surgery 4) Costs associated with providing MC through outreach services

Responding to the Human Resource Capacity Development and Training Needs	To gather information about the human resource capacity and training needs of the public and private sector in Kenya, determine gaps in human resource and training capacities related to male circumcision; and identify human resource and training barriers/facilitating factors to introducing MC services.	Desk review of existing human resource and training policies, guidelines, resources, and tools. In-depth interview with key informants and focus groups with SRH and HIV program managers and health workers	May - December 2008	1) Identification of gaps in human capacity development 2) Identification of gaps and recommendations for training policies and guidelines 3) Recommendations related to MC service provision by nurses 4) Recommendations for resources and job aids needed to support health workers performing male circumcisions

Study Name	Study Purpose	Study Design	Data Collection Start/ End Dates	Study Outcomes
Evaluation of Safe Voluntary Infant Medical Male Circumcision in Selected Facilities in Nyanza Province, Kenya (The Mtoto Msafi Project	Evaluate acceptability and feasibility of infant medical male circumcision in Nyanza Province, Kenya, and estimate adverse event rates associated with the procedure	Case control study recruiting 300 parents accepting infant MC and 300 parents declining infant MC	April 2010 (projected) - October 2010	1) Compare beliefs and attitudes about circumcision between parents choosing infant MC and those declining the procedure 2) Identify facilitators and barriers to uptake of infant MC 3) Measure adverse event rates associated with infant MC
Communicating Partial Protection of Male Circumcision	1) To examine men's and women's understanding of "partial protection" 2) To develop, test, and recommend messages that are effective in increasing understanding of partial protection of VMMC	Phase 1: formative qualitative in-depth interviews Phase 2: qualitative interviews/focus groups to test and refine initial messages about partial protection Phase 3: quantitative message testing using post-test only randomized design	April - Oct 2010 (projected)	1) Insight into men's and women's understanding of partial protection of VMMC 2) Messages that effectively communicate partial protectiveness of VMMC that can be incorporated into male circumcision communication strategies in Nyanza Province, Kenya