From 2009 to 2011, Communication for Change (C-Change), USAID’s global project for improving the effectiveness and sustainability of communication programs, supported the rollout of the Government of Kenya’s Voluntary Medical Male Circumcision (VMMC) program in Nyanza Province and other provinces as part of a comprehensive HIV-prevention strategy. The project worked under the leadership of National Male Circumcision (MC) Taskforce and the Ministry of Public Health and Sanitation (MoPHS).

C-Change provided technical assistance in social and behavior change communication (SBCC) and worked closely and collaboratively with the MoPHS, the National MC Task Force, the Nyanza Provincial MC Task Force, and a range of partners to operationalize and implement Kenya’s National MC Communication Strategy. The project also worked with the MC Technical Working Group of the US President’s Emergency Plan for AIDS Relief (PEPFAR) and task force leaders to establish VMMC communication sub-committees of national and regional technical working groups, coordinate VMMC communication activities, and develop effective, evidence-based VMMC communication materials.

**Background**

After findings from randomized control trials in Kenya, Uganda, and South Africa indicated that VMMC provides up to 60 percent protection for men against heterosexually acquired HIV infections,1 the Government of Kenya took the lead in rolling out VMMC services, based on technical guidance from UNAIDS and the World Health Organization. The National MC Task Force was set up under the MoPHS in July 2007.

The participants of a national meeting convened that year to develop a rollout strategy identified Nyanza Province as the priority region and the Luo as the priority ethnic group for VMMC services. These decisions acknowledged Nyanza’s high HIV prevalence at the time—15.1 percent among adults ages 15–49—and its low rate of male circumcision: 46.4 percent. Among the Luo, a traditionally non-circumcising group and the majority ethnic group in Nyanza, the rate of male circumcision was estimated to be 17 percent, while among Kenyan men overall, the reported circumcision rate was 85 percent.2 Longstanding tensions around this issue have resulted in Luo men being subjected to ridicule by other Kenyan ethnic groups, who practice male circumcision as a rite of passage into adulthood, as a traditional cultural practice, and/or as a religious practice.

VMMC and the rollout of services became highly political issues during the run up to national elections in late 2007, when the Honorable Raila Odinga, a Luo from Nyanza, ran for president. The Luo Council of Elders perceived the simultaneous rollout of the VMMC program to be a political strategy aimed at undermining his candidacy and an attack on Luo cultural values. During the post-election period of heightened political and ethnic tension, the press carried stories of forced circumcisions of Luo men in Nairobi.

The Government of Kenya responded by making concerted efforts at national and local levels to engage the Luo Council of Elders and communities in advocacy and support for VMMC. In 2009, the National MC Task Force began a strategic partnership with a foundation named after Prime
Minister Raila Odinga’s father. It also appealed to Prime Minister Odinga to support VMMC publicly as a medical intervention and help convince the Luo Council of Elders to embrace it. As a result of these and other efforts by the national government, several Luo Members of Parliament and over 200 stakeholders expressed support for the rollout. Tensions decreased, but strategic demand creation for VMMC was still lacking.

**The National MC Communication Strategy**

The overall goal of the National MC Communication Strategy is to raise awareness of VMMC as a medically approved method that reduces the risk of heterosexual acquisition of HIV infection for men and to create and maintain demand for VMMC services. The strategy identifies barriers to uptake of VMMC services, including fear of pain and cultural resistance among traditionally non-circumcising communities. The strategy also seeks to counter the growing perception that circumcised men and their sexual partners are fully protected from HIV and the risk behaviors that may flow from this mistaken belief.

The National MC Communication Strategy thus aims to:

- increase the level of awareness of VMMC as a safe and voluntary HIV-prevention strategy;
- promote VMMC as part of a comprehensive HIV-prevention strategy that includes condom use;
- create and maintain demand for comprehensive VMMC services in safe and appropriate settings; and
- improve attitudes and communication skills of health workers and others in the sector to improve uptake and the delivery of quality VMMC services.

The strategy focuses on the health benefits of MC for traditionally circumcising and non-circumcising communities. It also recognizes that partners and allies from across the country needed to come together, in settings where traditionally circumcising communities and non-circumcising communities have different views about the procedure.

These communities were segmented into primary and secondary audiences:

**Primary:** Males ages 18–49; males ages 12–17; young boys; parents of young boys; males in discordant sexual relationships with women.

**Secondary:** Opinion leaders and community elders; faith-based leaders; local politicians; teachers; community mobilizers; health workers; women who are sexual partners of circumcised and uncircumcised men; and the media.

While the strategy provided a frame of reference for VMMC communication in Kenya, the challenge of implementation remained.

**C-Change Activities**

A work plan approved by the National MC Task Force outlined the support C-Change would provide for VMMC communication in Kenya. Activities included formative audience research; media monitoring on VMMC; the development of the VMMC Communication Guide for Nyanza Province, including an implementation plan and budget; and the development of a set of VMMC communication materials.
The PEPFAR MC Technical Working Group recommended that C-Change contribute to the development of a VMMC Communication Toolkit, in close collaboration with implementing partners. The plan was for these partners to be trained on harmonized messages and the use of the toolkit, and to take the lead in printing and using all the materials in it.

**Capacity building and coordination assistance**

C-Change’s rapid support to increase demand for VMMC included developing guidance on SBCC strategies, implementation, and materials development; and helping partners to integrate VMMC communication activities into their work plans. The project also assisted in the establishment of communication sub-committees at national and regional levels and worked closely with the PEPFAR MC Technical Working Group as it developed a model process for coordinating task force activities, both those of the National MC Task Force and the Nyanza Provincial MC Task Force, which was set up in July 2008.

After conducting capacity assessments, C-Change provided training and programmatic guidance, technical assistance, and capacity strengthening in SBCC for members of the National MC Task Force, the Nyanza Provincial MC Task Force, and MC task forces in Coast, Nairobi, Rift Valley, and Western provinces. C-Change also built and strengthened the SBCC capacity of district health officers and other staff who led and coordinated demand creation and VMMC communication activities at district levels.

Over a one-year period, 88 members of task force and MoPHS staff were trained in SBCC for VMMC programming, along with 12 district health promotion officers. SBCC capacity strengthening for task force members, MoPHS staff, and implementing partner staff went hand-in-hand with materials development.

**Operationalizing the VMMC Communication Strategy in Nyanza**

C-Change was tasked with operationalizing the National MC Communication Strategy in Nyanza by developing the VMMC Communication Guide for Nyanza Province. This guidance and the step-by-step process outlined were grounded in an SBCC framework, which recognizes various societal levels and factors that influence behaviors, social norms, and the ability to act. Advocacy, social mobilization, and behavior change communication strategies form part of this framework, along with capacity building, formative research, and evaluation.

One of the first steps was to build consensus around VMMC communication programming and ensure SBCC activities would be coordinated. To that end, C-Change worked with the communication sub-committees of the National MC Task Force and the Nyanza Provincial MC Task Force to hold consultations and planning meetings with stakeholders, including the communication managers and directors of four VMMC implementing partners: Catholic Medical Missions Board, Family AIDS Care and Education Services, Impact Research and Development Organization, and Nyanza Health Reproductive Health Society. After building consensus, C-Change developed an integrated action plan which served as a framework for the coordinated implementation of the communication strategy. The action plan was incorporated into the guide. It delineated partners’ roles and responsibilities and included clear performance indicators, timelines, and costing information.

C-Change also reviewed current VMMC communication materials. This review and consultations with implementing partners revealed that existing communication materials...
and activities tended to focus on demand creation, rather than the benefits of VMMC and its role in a comprehensive HIV-prevention strategy.

Several rounds of pretesting were conducted with stakeholders before the guide was finalized.

**Formative Research for Materials Development**

To inform the development of materials in the VMMC Communication Toolkit, C-Change conducted focus group discussions and in-depth interviews with members of primary and secondary audiences: circumcised and uncircumcised men, their female partners, business owners, Luo elders, health providers, community mobilizers, and faith-based leaders. These interviews and discussions sought to determine the following for these audiences: their perceptions of the benefits of VMMC services, their views on other VMMC issues, and barriers to uptake.

Most respondents stated that VMMC promotes health in communities. Those opting for circumcision said they considered the procedure to be integral to their notion of a healthy lifestyle. Respondents also said the involvement of women in VMMC was critical for the success of the promotional campaign, echoing statements made during stakeholder consultations.

Both sets of consultations identified the following issues:

- VMMC communication efforts lacked coordination, clear targeting, and capacity for scale-up.
- A number of respondents did not know that VMMC was only partially protective for men. Many people also thought it protected women with HIV-positive partners.
- Many circumcised men and their sexual partners showed low risk perception for HIV infection. Business owners, Luo elders, and health providers believed that circumcised men engaged in risky sexual behaviors.
- Barriers to VMMC uptake included fear of pain, fear of being subjected to a mandatory HIV test, concern about the recommended six-week period of sexual abstinence, loss of income during the time needed to heal, and potential loss of libido.
- Faith, community, and business leaders said they were motivated to educate and mobilize followers about VMMC but had limited information about it.

Focus groups also identified their preferred communication channels. The channel mix selected included community dialogue tools, provider job aids (flipcharts), radio spots, videos, indoor and outdoor posters, billboards, and fact sheets for specific audiences. This selection was verified by partner consultations and other research.

**Concept testing**

Before completing drafts of the communication materials for the toolkit, C-Change conducted a series of workshops
with primary and secondary audience members. Initial questions probed the audience about what motivated them to take action in HIV prevention, what an individual could do to prevent HIV, and what benefits they saw in VMMC. Questions relating to comprehension, cultural acceptance, and relevance followed, with participants providing feedback on images and text separately and answering the question: “Is this material for people like you or for other people?”

Two themes, which emerged from the workshops, were used in the audio, video, and print materials: a medical authority theme to communicate the benefits of VMMC, and a football (or soccer) theme in an entertainment education format to attract and maintain interest. The prototypes were developed with clear communication objectives, framing VMMC as a safe and voluntary medical intervention that formed part of a comprehensive HIV-prevention strategy. Messages addressed fear of pain and other barriers to uptake, which had been identified, as well as the need for circumcised men and their partners to maintain HIV-preventive behaviors. The materials also emphasized important roles for women in VMMC programming—as partners, advocates, and providers of psycho-social support during the six-week abstinence period.

Leaflets developed for community, faith, and business leaders encouraged them to mobilize a critical mass of community decision-makers as supporters of VMMC, emphasizing their important roles and responsibilities in the successful rollout.

**Pretesting**

VMMC communication prototypes were pretested with individuals who had not participated in the concept tests but were from the same audience segments. C-Change used the pretests to learn whether messages and materials met communication objectives and were appropriate in terms of format, style, cultural considerations, and literacy levels. Participants provided feedback about the materials—were they understandable, informative, culturally appropriate and acceptable, believable, realistic, visually appealing, motivational, and capable of influencing positive social and behavior change. Pretesting also established whether the presenters of the messages—medical authorities, football celebrities, and audience representatives—were credible sources of information on VMMC for all audiences.

Pretest participants recommended that the materials be translated into vernacular languages to reach more audiences, especially those in the rural areas. They commented on medical protocol language used in health-provider flip-charts; recommended question-and-answer leaflet formats for businesses, community, and faith leaders; suggested the inclusion of biblical references to male circumcision and healthy behaviors in the leaflet for Christian faith leaders; and called attention to potential sensitivities to language in the draft leaflet for business leaders of employees from non-circumcising communities.
A stakeholder review and more pretesting

After the pretests, stakeholder reviews were conducted with members of VMMC communication sub-committees of the National MC Task Force and the Nyanza Provincial MC Task Force. The results emphasized the need to provide information on the importance of HIV testing for men seeking VMMC services.

The stakeholders also requested the integration of ABC messages—abstinence, being faithful, and condom use—because these appeared in national policy documents. ABC messages were incorporated where appropriate. Messages on condom use had been strongly opposed by faith leaders and other stakeholders during pretests, thus were not included in the leaflet for faith leaders.

The stakeholder review also strongly endorsed the recommendation that VMMC materials be translated into local languages: Luo, Kiswahili, Teso, and Turkana. The translated materials were pretested again with local communities.

The VMMC Communication Toolkit

The C-Change materials in the VMMC Communication Toolkit reflect the contents of the Nyanza VMMC Communication Guide as well as feedback from extensive concept-testing and pretesting with members of selected audiences. All materials were developed in English in close collaboration with both task forces. The set includes an adaptation guide, a video discussion guide, and guidance for VMMC programs on working with the media. The materials can be downloaded at http://www.c-hubonline.org/resources/voluntary-medical-male-circumcision-communication-toolkit-english.

At the request of the National MC Task Force, some of these VMMC materials were adapted for Turkana. Pretests recommended only changes in the artwork, including the addition of visuals of a community discussion forum in Turkana with village chiefs, faith leaders, community nurses, or other opinion leaders.
**Results**

C-Change supported the development of a model strategic planning process and an overarching operational plan to coordinate VMMC communication that led to the incorporation of SBBC into the communication activities of the National MC Task Force, four provincial MC task forces, and four implementing partners.

Materials in the VMMC Communication Toolkit are being used by the four implementing partners, who leveraged USAID’s investment in C-Change by using their own funds to print the materials. The materials have been widely disseminated in all four priority provinces: Nyanza, Nairobi, Western, and Rift Valley. Partners are monitoring the use of the materials, and all are deemed useful. The VMMC Communication Toolkit development process is seen as a model; and guidance for its adaptation has been requested by other countries. The *VMMC Communication Materials Adaptation Guide* was developed to support this process.

C-Change worked closely with the National MC Task Force and the four provincial task forces to gain political support for the SBCC approach and increase media coverage around VMMC. Under the leadership of the National MC Task Force, C-Change played a key role in the rollout of VMMC services in Kenya, providing capacity strengthening in SBCC and implementation guidance, facilitating the coordination of SBCC activities, and developing evidence-based communication materials that contribute to demand creation and high uptake of VMMC services.

**Lessons Learned and Challenges**

**Ownership of the rollout by the MoPHS and communities was key.**

The rollout process and its outcome was owned by the MoPHS and partners, with support from gatekeepers and influential persons. Communities were involved in the planning and implementation of the process and were mobilized for VMMC services. Because the National MC Task Force owned the VMMC program and materials and requested that partners not use their branding, the use of materials by all partners increased.

**VMMC task forces played a critical leadership role.**

At national and provincial levels, the task forces served as champions for VMMC, with well-coordinated leadership and strong government support. The synergy contributed to effective VMMC programming. Communication and other task force subcommittees made important contributions to rolling out and scaling up VMMC services. For example, communication subcommittees of the national and provincial task forces coordinated technical inputs on demand creation and communication planning from C-Change, PSI, UNICEF, and other partners.

**High-level advocacy and partnerships overcame resistance and opposition to VMMC.**

The MoPHS and the National MC Task Force partnered with the media and political leaders to neutralize opposition to VMMC. Buy-in from the Luo community was obtained with the Prime Minister’s support and high-level policy, media, and community advocacy.

**Detailed implementation guidance was needed for the communication strategy.**

The detailed implementation guide for Nyanza compensated for a lack of detail in the VMMC Communication Strategy. The guide’s systematic approach, based on a socio-ecological model, guided the rollout of culturally appropriate and effective communication approaches and materials. The guide helped to build consensus and streamline demand creation.

**The development of high-quality materials required the commitment of time and resources.**

Focused and comprehensive stakeholder and audience consultations take time and cost money, but lead to targeted and effective communication guidance and materials. C-Change consultations were systematic and coordinated, encompassing national, provincial, district, and local levels.
Rich results were obtained from several rounds of audience consultations on the VMMC Communication Toolkit, including the realization that women were a neglected audience.

**Stakeholder opinions sometimes conflicted with findings from audience consultations.**

Audience and stakeholder feedback needed to be integrated into the final materials. Stakeholders wanted the communication materials to be consistent with existing strategies and policies, but audience feedback did not always reflect these preferences. To encourage stakeholders to pay more attention to audience preferences and opinions, C-Change shared results of audience consultations and helped stakeholders to recognize the importance of concept testing and pretesting.

**More evaluation needed to be built in.**

There was a need for a rapid “use” assessment relating to the distribution and use of the materials. C-Change was not tasked with direct implementation or long-term monitoring and evaluation. Overall SBCC evaluation is needed to determine the effectiveness of the VMMC communication program over two or more years.

**The VMMC Communication Toolkit is not yet comprehensive.**

Communication strategies and materials relating to neonatal male circumcision should be included in a more comprehensive toolkit, along with strategies and materials for special male populations, such as men who have sex with men and men with lower literacy skills. More materials for health care workers are also required.

**Additional research is needed to inform new communication materials.**

More research on women is needed: their roles in decisions on VMMC uptake and their perceptions of their risk and vulnerability. Additional research is also needed to evaluate counseling for circumcision candidates on the healing time and post-surgical abstinence, along with research on the extent to which circumcised men embark on more risky sexual behavior because of perceptions that circumcision protects against HIV infection.

**References**


4. Participants recommended the inclusion of images of popular Kenyan footballer Denis Oliech in the materials, but his manager did not approve. Football images were used in radio and video spots.