

Engaging Local Media in VMMC Scale-Up

A Case Study from Kenya

Lessons Learned

- **Strong partnerships among the MOH, donor, and implementing partners** are essential to effectively address misunderstandings and controversy around VMMC.
- When **all elements of the “communications ecology” are connected** and each plays its distinct part, their impact is magnified.
- Frequent, accurate coverage of VMMC requires **ongoing engagement with a cadre of journalists who already know the basic science of HIV** and can be nurtured as specialist health reporters.
- **Engaging journalists at the beginning of a program** sets a positive tone for ongoing collaboration between project staff and journalists during the life of the project.
- **Consistent attention to interpersonal relations between journalists and government officials** helps prevent the escalation of issues—allowing for rapid outreach to allies who can provide correct information when necessary.
- **Monitoring media coverage** is critical to identify and correct inaccuracies quickly.



Journalists film a circumcision procedure during a site tour organized by the Male Circumcision Consortium at the Universities of Nairobi, Illinois, and Manitoba (UNIM) Research and Training Center in Kisumu. Photo: Silas Achar/ FHI 360.

BACKGROUND—WHY MEDIA?

As countries in eastern and southern Africa strive to accelerate the scale-up of their voluntary medical male circumcision (VMMC) programs, the local media play a critical role. The media have the ability to put VMMC on the agenda for public discussion and to keep it there. Accurate, informed reporting of HIV- and VMMC-related issues can improve policies and outcomes, stimulate action, and bring about change. Meanwhile, sensationalist, inaccurate, or negative coverage can fuel fear and misconceptions, inhibit the adoption of male circumcision as an HIV prevention method, and derail even the best of health programs.

Correcting inaccurate information and finding new angles to an “old story” that will interest journalists are just some of the challenges

CASE STUDY

VMMC programs face when engaging the media. With limited resources and tight deadlines, and often lacking a basic science background, journalists have their own set of challenges.

A media content analysis conducted in 2012 by the U.S. Agency for International Development (USAID) and AVAC (a global advocacy group for HIV prevention) in seven African countries where VMMC services are being scaled up revealed that Kenya—often lauded as the success story in scaling up VMMC—stood out for its high marks on media coverage of VMMC.¹ During the nine-month period analyzed, 20 articles about VMMC appeared in Kenya’s print media without any instances of inaccurate or negative coverage. Ongoing well-informed media coverage of VMMC has likely contributed to the Kenyan public’s understanding of this HIV prevention method.

Strengthening the capacity of media to report effectively on VMMC is only one component of the much broader communication strategy needed to support VMMC scale-up. According to the socio-ecological model, the most effective approach leading to healthy behaviors is a combination of efforts at multiple levels: individual, interpersonal, organizational, community, and policy. The media are well positioned to help influence social norms and foster a supportive environment in which all of the social and behavior change communication (SBCC) interventions can have greater success.

“Balanced, accurate media coverage of the VMMC program has helped create a supportive environment for scale-up,” according to Silas Achar of Kenya’s Male Circumcision Consortium (MCC). “It has also likely helped create demand for VMMC.”

How did these successes come about? How did partners in Kenya coordinate their efforts? What lessons could other country programs learn from the

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~ Silas Achar,
Male Circumcision Consortium (MCC)

Kenya experience? This case study documents this experience from 2008 to 2012, highlighting the lessons learned, to assist other countries in their VMMC scale-up efforts. The National AIDS and STI Control Programme (NASCO) of the Ministry of Health (MOH); implementing partners from the National VMMC Task Force (formerly the National MC Task Force), including the international NGOs Internews, FHI 360/MCC, and PSI; and MCHIP, the USAID Bureau for Global Health’s flagship maternal, neonatal, and child

health program, have all contributed to the development of this publication, with support from USAID and the Centers for Disease Control and Prevention (CDC) as well.

THE MALE CIRCUMCISION SITUATION IN KENYA AT A GLANCE

In Kenya, most communities practice male circumcision as part of a cultural rite of passage. The Luo, Turkana, and Teso, however, are three main tribes of Kenya that do not traditionally circumcise. When the evidence from three clinical trials in Kenya, Uganda, and South Africa confirmed that male circumcision reduces the risk of heterosexually acquired HIV infection for men by about 60 percent, Kenya rapidly rolled out the medical procedure. VMMC efforts began in 2008 with the Luo in Nyanza Province, the community with the highest HIV and lowest male circumcision prevalence in the country.

Circumcision has been a sensitive topic in the Luo community. In Kenya’s highly ethnicized politics, the Luo have sometimes been mocked for not practicing male circumcision. The period of 2007–2008 was a politically charged time in Kenya, witnessing the country’s highly disputed elections, which resulted in violence. In this context, the notion of the Luo being the first recipients of this new intervention could have easily resulted in a sense that the community had been targeted, which could have negatively affected the Luo people’s willingness to embrace VMMC. Fortunately, this did not happen.

¹ AVAC/USAID. *Media Coverage of VMMC in Priority African Countries: Findings from a Media Content Analysis and Assessment in Seven Countries* (report in preparation).

Early in its VMMC initiative, the Government of Kenya engaged the Luo Council of Elders in Nyanza Province, the custodians of the Luo culture, whose support was key—as well as religious groups, women’s groups, and youth groups. A long process of dialogue with the Luo Council proceeded. Some Council members initially condemned the male circumcision program as an affront to their traditional culture, while others were moderate in their stance and recognized the scientific evidence in support of the procedure. Engaging in a dialogue about the scientific evidence behind this HIV prevention method, as well as responding to the elders’ concerns before launching VMMC services, paid off in the long run.

With support from donors, more than 583,000 men and boys received VMMC and related HIV prevention services in Kenya from October 2008 to February 2013—a remarkable feat given that, for the most part, these communities do not traditionally circumcise. Early and ongoing engagement of all relevant stakeholders has been critical to the successful rollout of Kenya’s VMMC program.

COORDINATION AMONG PARTNERS

When the VMMC program was launched, the Government of Kenya formed national and provincial task forces composed of government and development partners to coordinate VMMC rollout in the country. Task forces at both levels have subcommittees that coordinate service delivery, monitoring and evaluation (M&E), and communication. Within the communications subcommittees, each partner supports a certain aspect of the group’s efforts. For example, in the National VMMC Task Force, which is headed up by NASCOP, the MCC partnered with Internews to support media outreach activities such as conducting roundtables, briefings, and media tours, as well as providing experts and training spokespersons in strategic communications. At the provincial level, the MCC served as the secretariat for the Nyanza Provincial VMMC Task Force and helped coordinate various communication activities, such as PSI-sponsored radio programs. The communications subcommittee within this Task Force helped to develop scripts and case studies and to identify experts to participate in these programs.

In the National VMMC Task Force, Internews’ Voices in Health program worked very closely with the other members to identify story ideas for the journalists. Such collaboration helped ensure that the stories were based on real field experience and expert analysis of communication gaps in the community. For example, if a member of the Task Force identified a need for discussion about women’s involvement in VMMC, then that would become a theme for an upcoming journalist workshop or roundtable discussion, allowing the topic to be addressed in depth. The trusted relationship among Task Force members benefited everyone. Internews gained a credible ear on the ground, while other Task Force members gained the ability to get communication needs addressed through stories produced by trained journalists, with a quick turnaround—stories that complemented public service announcement (PSA) campaigns and other communication efforts.

The members of the National VMMC Task Force have discussed ways to collaborate even more effectively in the future. For example, PSI will share its calendar for rolling out public PSAs during campaign seasons, and Internews will pitch news features on the same issues over the same time period. In this way, the two communication strategies will complement and reinforce each other.



Pastor Omanga and Eric Okioma photograph a man being circumcised at Simenya Health Center in Siaya District during a community members’ photography training and citizen journalism workshop held in Kisumu. Photo: Erick Otieno.

CASE STUDY

Since rolling out the VMMC program in Kenya, partners have brought their unique strengths to the table and together have achieved a wide range of positive developments and outcomes, highlighted below.

ENGAGING JOURNALISTS FOR THE LONG TERM

Understanding the current status of media coverage on a given issue is an important first step in developing an effective media strategy. Funded by a grant to FHI 360 from the Bill & Melinda Gates Foundation in 2007, the MCC supports the Government of Kenya in implementing its VMMC strategy, and one of the MCC's key objectives is "to proactively address any controversy or misunderstandings about male circumcision." As part of the MCC's media-monitoring efforts, an analysis of media coverage of VMMC in Kenya in 2008 and 2009 was conducted through a Nairobi-based public relations and research firm, Strategic Public Relations.

Results revealed concerns about the potential for increased HIV-risk behavior after male circumcision, questions about the effectiveness of male circumcision for HIV prevention, misconceptions about the meaning of a 60-percent protective effect, and the patently false assertion that female genital mutilation also reduces the risk of HIV infection. The conclusion was that the media

tended to focus on controversy and opposition to VMMC, while stories revealed uncertainties and misconceptions about the scientific evidence behind the intervention. These negative themes have also appeared in media coverage in other priority countries, according to a media content analysis conducted by AVAC and USAID in 2012.¹ Based on such findings, it was evident that journalists should be engaged and educated about the VMMC program and its expected benefits to the community. This knowledge was critical in enabling the media to communicate accurate, objective information to the public.

While various stakeholders from the National VMMC Task Force met with the cultural and political leaders to foster buy-in, the communications subcommittee—through Internews and MCC—worked with Kenya's media to ensure that journalists covering the story (most of whom had already been trained on other HIV issues) understood the science behind VMMC. Subcommittee members also helped the journalists consider different angles of the story, steer clear of political connotations associated with male circumcision, and connect with target audiences. These ends were achieved through conducting a variety of workshops and media events, as well bringing accurate, relevant coverage to traditionally non-circumcising communities *before* the government rollout of services reached them.

EFFECTIVE HANDLING OF NEGATIVE MEDIA REPORTS

Monitoring media coverage was a critical part of the Kenya team's media engagement strategy. The MCC engaged a firm that monitored local and international print and electronic media coverage of the VMMC program. Through this monitoring, the team was able to identify inaccuracies in the stories quickly and work with the media to correct the information. These efforts included helping draft letters to the editor and, for online stories, contacting the journalists/editors to effect necessary changes—as well as organizing media roundtables and briefings to discuss the issues. When an article erroneously attacking the efficacy of male circumcision was released in Australia's *Journal of Law and Medicine* in 2011, it did not cause concern in Kenya as it did in many of the other priority countries in the region—partners were able to work together and quickly head off any negative repercussions.

"When we heard about the Boyle and Hill article, we acted pre-emptively, to ensure the media understood why the article was inaccurate and misleading, Task Force members spoke at the roundtable event we hosted and answered the journalists' questions. Most of the editors who attended the roundtable concluded that the Boyle and Hill article was not credible and decided not to cover it. One news article repeated some of Boyle and Hill's claims, but also quoted the experts who had spoken at the roundtable."



Photo: © Isaiah Esipisu/Internews in Kenya.

VMMC-THEMED WORKSHOPS FOR JOURNALISTS

Since the VMMC program began in 2008, the communications subcommittee through Internews has conducted seven VMMC-themed workshops with different groups of journalists in different regions of Kenya. Workshops generally began with technical presentations by PEPFAR (U.S. President’s Emergency Plan for AIDS Relief), MOH, and MCC experts, followed by discussion, and continued with opportunities for practical experience in reporting from the field (Box, right).

The workshops were followed by mentoring to ensure that the journalists could provide ongoing accurate coverage. The Internews training model worldwide features three- to ten-day intensive workshops, which are followed by story production and ongoing mentoring from media resource centers where expert trainers are on standby to guide storytelling.

The MCC conducted the first VMMC-themed workshop for Kenyan journalists in Kisumu (Nyanza Province) in September 2008, working in collaboration with the Kisumu-based Health and Environmental Media Network (HEMNET). Fifteen local journalists participated in the workshop, which included briefings from representatives of the National and Provincial VMMC Task Forces, a visit to a site that offered circumcision to men, and skills-building in developing story ideas and conveying complex scientific information to lay audiences.

Another early journalist workshop on VMMC was held in November 2008 in Lodwar, the largest town in northwestern Kenya, where the Turkana people live. Six television journalists traveled to Lodwar for TV production training on VMMC-themed stories. After the workshop, journalists were required to produce two stories each on the theme; they produced stories on such topics as the challenge of sexual abstinence after circumcision (during the healing process), the introduction of VMMC in Turkana (a traditionally non-circumcising community), and mobile moonlight circumcision campaigns in Nairobi.

In September 2010 in Kisumu, communications subcommittee members FHI 360, Internews, and the National VMMC Task Force together held a workshop focused on mentoring 30 journalists who had been previously trained on the science of HIV. The Task Force provided VMMC expertise, while Internews and MCC provided expertise in compelling story production.

Increasing access of journalists to the frontlines contributed to the success of these workshops—and the quality of many VMMC stories that were aired and published as a result of them. This meant allowing journalists opportunities, with clients’ consent as appropriate, to:

- **Visit VMMC sites** and interact with men who had come for VMMC services
- **Attend group counseling sessions**, where counselors prepared prospective circumcision patients and guided them in self-care after the surgery
- **Watch as a circumcision was performed**
- **Interview men who had been circumcised**

Such opportunities enable journalists to write compelling stories about the topic and its effect on people and their communities.

CASE STUDY

ASK-THE-EXPERT RADIO FORUMS

At the start of the VMMC program, communications campaigns focused on creating awareness of VMMC and increasing knowledge about its role in reducing the risk of HIV. Using regional vernacular radio stations, the communications subcommittee through PSI was able to address “frequently asked questions,” allowing the target audience to pose their questions to a guest expert on the radio. The expert was usually someone from NASCOP or a member of the National or Provincial VMMC Task Forces. The radio forums required the sensitizing of journalists on key issues around VMMC so that they had some basic knowledge and could help dispel common myths.

ROUNDTABLE DISCUSSIONS

The communications subcommittee through Internews hosted half-day roundtable discussions that brought together journalists, experts, and people experienced in the issues being discussed. These moderated discussions are designed to explore “newsy” elements of HIV themes, such as VMMC. The key to successful roundtables is to choose a newsworthy topic and include people who can discuss it from various perspectives. Roundtables with these qualities attract committed journalists and stimulate storytelling possibilities—helping them find new angles on an “old story.” Ideally, journalists are galvanized to write their stories directly from the roundtable. These discussions are also an efficient vehicle for debate and can serve to correct misunderstandings or inaccurate information circulating among the public.

The Kenya VMMC team organized three roundtables focusing on different themes: “erasing doubts,” in response to the Boyle and Hill article, which erroneously attacked the efficacy of male circumcision for reducing HIV risk in men; and, at special media relations workshops conducted for members of the National VMMC Task Force, “women’s leadership role

in VMMC” and “the drive for circumcising older men” (Box, page 7).

STORYFEST AWARDS—VMMC CATEGORY

Storyfest is an award ceremony started in 2011 to celebrate outstanding health reporting in Kenya. The first Storyfest awards had general media categories that cut across all themes of HIV, maternal and child health, and family planning. In 2012, at the request of the National VMMC Task Force, a category was added to recognize excellence in reporting on VMMC. Three TV journalists were the

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~ Ernest Waititu, Afrikanews.org

finalists. Continued support for this award will encourage more journalists to tell more and better VMMC stories.

PUBLICATIONS

The MCC published a monthly newsletter, *MCC News*, from December 2008 to October 2012. (Since then, the newsletter has moved to a quarterly schedule.) This electronic newsletter features articles and news briefs about the VMMC program in Kenya, as well as summaries of news coverage of VMMC and links to resources for program implementers; it is distributed to about 120 journalists and 290 other stakeholders, primarily in Kenya. Journalists regularly use the MCC e-newsletter for story ideas or background information. The MCC also published a



newsletter on behalf of the Nyanza Provincial Task Force on Male Circumcision, the *Nyanza Update*.

Photography as a medium of communication can be a powerful tool in addressing complex health issues. *The Kindest Cut*² is the result of a photojournalism workshop on VMMC, held in May 2009 in Kisumu. The book captures stories of the Luo community, who embraced VMMC even though the practice had not been part of their culture.

“This training was for me an ‘aha’ moment,” said journalist Ernest Waititu, founder/editor of *Afrikanews.org* and former freelance contributor for *The Nation*, who participated in the photojournalism workshop on VMMC. “When I started the training ... something was let loose from within me,” he continued. “We were here on the islands of Lake Victoria to document the story of a community that was taking baby steps into voluntary male circumcision.”

TRAINING MEMBERS OF THE VMMC NATIONAL AND PROVINCIAL VMMC TASK FORCES ON MEDIA RELATIONS

Sometimes a disconnect or mistrust exists between journalists and the health experts and program implementers who are the sources for the stories journalists produce. The VMMC team in Kenya, through its various activities with the media, was able to bring these groups together and build a relationship of trust over time.

At the request of the National VMMC Task Force, several media relations workshops were held at the district, provincial, and national levels. The MCC facilitated two one-day media training sessions in September 2009 and September 2011 for a total of 30 members of the Nyanza Provincial VMMC Task Force. It also facilitated a one-day session in September 2010 for 20 representatives of the district health management teams from the Nyanza districts that implement VMMC services. The training included practice in developing and conveying key messages and conducting effective interviews.

Women urge men to circumcise

This roundtable, held in April 2012, was the culminating event of a communications training workshop for members of the National VMMC Task Force. Their assignment was to interest journalists in the subject of “women’s involvement in VMMC.” The roundtable featured women who work as mobilizers, women married to men from non-circumcising communities, and also MC experts.

An exceptionally high number of journalists (60) attended the event and went on to produce many high-visibility stories in the Kenyan media. As a result of the roundtable discussion, there were 13 radio, six television, and six print stories focused on women and VMMC—calling on uncircumcised men in the country to circumcise.

Benefits of male circumcision for men over age 35

Reaching older men with VMMC services has been a challenge in Kenya. In August 2012, on the last day of a week-long media relations training for 10 members of the National VMMC Task Force, participants held a successful roundtable discussion on the theme: *The benefits of medical male circumcision for men aged 35 and older*.

More than 40 journalists from different media outlets participated, and over the next three weeks, 21 TV, radio, and print stories were aired and published as a result of the event.

² Available at: http://www.internews.org/sites/default/files/resources/The_Kindest_Cut_20121130_Web.pdf



Dr. Athanasius Ochieng', VMMC Programme Manager at NASCOP, responds to questions from journalists during a roundtable discussion held at the end of a one-week training workshop on media relations. Photo: Silas Achar/FHI 360.

Some trainees went on to write media releases or host media events on behalf of their organizations.

Through the MCC's partnership with Internews, 20 members of the National VMMC Task Force received training in strategic communication in week-long workshops conducted in April and August 2012. In these workshops, trainees learned to engage effectively with the media; each workshop culminated in an actual media event, which put their new skills to the test (Box, page 7).

"I was impressed by the passion the journalists have for their work and how conversant they were with the latest studies on HIV and AIDS," said Dr. Athanasius Ochieng', the VMMC Programme Manager at NASCOP, after participating in a media relations workshop.

CONCLUSION AND LESSONS LEARNED

As VMMC is a technical issue involving complex science that must be represented accurately, along with social and cultural issues that must be navigated with sensitivity, it is important that the media receive appropriate training—ideally from a trusted source with an ongoing presence in the country. Early and ongoing engagement with journalists in Kenya has paid off with frequent, accurate media coverage of VMMC, which has helped to create a supportive environment for scale-up. Strong partnerships and collaboration among the National and Provincial VMMC Task Force members and implementing partners have been critical to the program's success. Building relationships of trust between the VMMC technical experts and the journalists is another important part of the recipe.

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~ Dr. Athanasius Ochieng',
VMMC Programme Manager at NASCOP

As part of this effort, nurturing a small cadre of more experienced health journalists has proven to be an effective strategy; offering a series of roundtable discussions for journalists has given them more in-depth information and ideas for fresh angles on an old story. Along with working to strengthen reporting, monitoring media coverage of VMMC has allowed for rapid responses to inaccurate information. Finally, media engagement in Kenya is just one component of the much broader communication strategy needed to address multiple levels of influence in the country's VMMC scale-up efforts.

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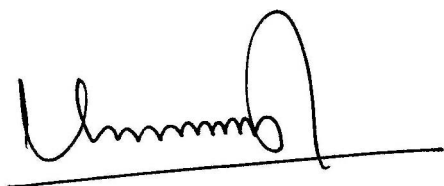
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Contributing writers included: Ida Jooste, Kenya Country Director, Internews; Silas Achar, Senior Technical Officer, FHI360/Male Circumcision Consortium; Nicholas Mbugua, Senior Manager, HIV, PSI and Elizabeth Gold, Communications Consultant, MCHIP/USAID.

Contributing editors included the following individuals:

- Dr. Athanasius Ochieng', VMMC Programme Manager, NASCO
- Dr. Zebedee Mwandji, Public Health Specialist, CDC Kenya
- Emma Mwamburi, Project Management Specialist, HIV/AIDS Prevention, USAID Kenya
- Dr. James Odek, Project Management Specialist, HIV/AIDS Prevention, USAID Kenya
- Dr. Emmanuel Njeuhmeli, Senior Biomedical Prevention Advisor, Office of HIV/AIDS, USAID
- Kim Seifert-Ahanda, Senior Behavior Change Advisor, Office of HIV/AIDS, USAID
- Dan Rutz, Communication Specialist, CDC
- Stephanie Davis, Medical Epidemiologist, CDC
- Jonathan Grund, Health Scientist, CDC

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Dr. William Maina, Director, NASCO



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