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Issue 5

## MCC News

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

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Joseph Miruka, who decided to become circumcised during the past year, and his wife Leya say couples should make this decision together.

### Circumcision not just for the young

Like many men in Nyanza, Joseph Miruka decided to go for the “cut.” But at age 64, he is not a typical male circumcision client.

His seemingly advanced age did not deter him from taking a route not frequented by most of his age mates. “This is a good thing; it prevents diseases,” he said in an interview at his homestead in Awasi, 42 kilometres southeast of Kisumu.

After hearing about the services from friends who had just been circumcised, Miruka decided to go to the health centre. But first he informed his wife Leya about what he had heard.

“When he told me, I let him go,” Leya Miruka said. “There were many people, especially young men going, and so I just let him go without any objection.”

He rushed to the centre, only to find that the team from the Nyanza Reproductive Health Society (NRHS) had left for the day. But he returned the following day and told the team that he wanted to be circumcised.

Initially Miruka's main reason for seeking circumcision was that he had rashes on his foreskin and felt that circumcision would resolve the condition. After engaging with the team, however, he discovered that circumcision had additional benefits. Then he was convinced that he had made the right decision.

Miruka explains that the team took him through three sessions before the actual surgery. At the first session, he was counselled and informed about the benefits and risks of circumcision. He learnt that circumcision could not only lower his chances of getting some sexually transmitted infections (STIs), but could also greatly reduce his chances of getting HIV.

During the second session, he was told about testing for HIV and agreed to be tested. At the third session, he was examined to ascertain whether he was fit for the surgery. He was told that if he had an STI, he would be treated first before being circumcised. Once he understood all that the procedure entailed, he signed a consent form before going for the operation.

Miruka barely noticed when the surgery started and ended. "They injected me and after that, I did not notice when they were doing the surgery," he said. "It was not painful."

He was told to return to health centre for check-ups after three days and seven days and to abstain from any sexual activity for about six weeks until the wound from the circumcision had healed. Miruka was amazed that after the surgery, he was still able to go back to the market to help his wife with her small business of selling *mandazi*.

Miruka says that he healed without any complications, and his wife concurs. However, she advises that it is critical for any married man to inform his spouse when he intends to go for circumcision. "In this era, it is important for couples to make the decision together," she said.

Miruka is aware that most of the individuals seeking circumcision are younger than him, but that does not matter to him. He says that he went for the benefits, and so far he has not been disappointed.

But even as he encourages his friends to go for circumcision, he cautions that being circumcised does not mean that one is completely safe from HIV. "If you go after a disease, you will get it, so one has to still take care," he said.

Miruka encourages anyone willing to go to take the step, as does his wife. “If this is going to benefit the people in the community,” she said, “then many people should be encouraged to go for it.”

## **NACC calls for proposals for district-level VMMC**

The National Aids Control Council (NACC) has invited interested organizations to bid for a total of Kshs. 16.1 million to support efforts to increase uptake and community acceptance of voluntary medical male circumcision (VMMC) services at the district level.

Twenty-three slots are available, and the successful organizations will receive a maximum of Kshs. 0.7 million to work in the implementing districts for one year. These grants are part of Kshs. 861.7 million set aside by the Total War against Aids (TOWA) project for the implementation of 10 identified priority areas in HIV/AIDS prevention and mitigation. The allocation will cover the constituency, district, and national levels.

This is the second round of proposals under the TOWA project. The TOWA funds are a credit to the Government of Kenya from the International Development Agency (IDA). They support the implementation of the Kenya National HIV and AIDS Strategic Plan 2005/6 – 2009/10 (KNASP) through the NACC.

The KNASP provides a clear vision, goal and targets for the national multisectoral response to HIV/AIDS over five years. It brings together the government, private sector, development partners and other critical stakeholders working toward the common goal of combating HIV/AIDS in Kenya. The priority areas identified in the KNASP are 1) prevention of new infections; 2) improving the quality of life of people infected and affected by HIV/AIDS; 3) and mitigation of socioeconomic impact.

VMMC is part of a comprehensive strategy toward the realisation of the top priority of preventing new HIV infections in Kenya.

The deadline for submission of proposals is 29 June 2009. Instructions can be obtained from NACC’s regional field offices, district technical committees (DTC), constituency AIDS committees (CACCs), and the NACC headquarters. The forms can also be downloaded from the [NACC Web site](#).

## **Male circumcision in the news**

### **20,000 Nyanza men brave the knife**

Capital FM (Kenya), 2 June 2009

### **Zimbabwe opens male circumcision clinics**

The ZimDiaspora, 11 June 2009

### **Botswana circumcision drive will prevent 70.000 HIV infections: report**

The Telegraph (UK), 29 May 2009

## **Resources**

### **Decision-makers Programme Planning Tool for male Circumcision Scale-up**

Developed by the Futures Institute in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation, this Excel-based model estimates the impact and cost of different policy options for scaling up male circumcision services, with variables including target populations and the pace of scale-up.

Impact is measured in new HIV infections averted or reductions in HIV incidence or prevalence. Total costs can be based on detailed information about the cost of service provision in local facilities or on assumptions about the average cost of providing the service to each client.

This tool can help decision-makers plan MC scale-up for the greatest impact on the epidemic and advocate for the resources to achieve that goal.

### **[www.malecircumcision.org](http://www.malecircumcision.org)**

The Clearinghouse on Male Circumcision for HIV Prevention is an online global resource on male circumcision research, programme implementation, documentation, and information.

**The Male Circumcision Consortium (MCC)** works with the Government of Kenya and other partners to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. Family Health International (FHI), the University of Illinois at Chicago, and EngenderHealth are partners in the Consortium, which is funded by a grant to FHI from the Bill & Melinda Gates Foundation.

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**Please send questions or comments to Silas Achar at: [mccinfo@fhi.org](mailto:mccinfo@fhi.org); also, please indicate whether you want to continue receiving this e-newsletter regularly.**