Training of Counsellors for Adult Male Circumcision

FACILITATOR MANUAL

August 2010

DRAFT

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Introduction

In March 2007, WHO and UNAIDS recommended adult male circumcision (MC) as an effective HIV risk reduction measure. Randomized control trails conducted in South Africa, Kenya and Uganda demonstrated that MC reduced a man's risk of HIV acquisition by up to 60%.[1,2,3] In addition to reducing the risk of HIV infection, MC reduces a man's risk of syphilis and chancroid infections as well as human papillomavirus (HPV). MC has been shown to be a cost-effective risk reduction strategy that has the potential to significantly reduce the number of new HIV infections in Southern and Eastern Africa.[4,5,6]

Since mid-2007, the Government of Zambia has supported the implementation of adult MC services in the public, non-governmental and private sectors. As defined by the National Male Circumcision Strategy and Implementation Plan 2010-2020, the minimum package of MC services in Zambia shall include: informed, voluntary consent; pre-procedure counselling on HIV and STI transmission and risk reduction; pre-procedure MC counselling; routine counselling and testing for HIV; routine treatment of STIs and distribution of condoms; point of entry for other men's health services; safe medical services; and, post-operative counselling.

This training package will develop the knowledge and skills of MC counsellors to guide and support men, women and parents considering MC. It was developed and piloted in August 2010 and finalized based on feedback from representatives from the MOH, SFH, FHI/ZPCT II, Marie Stopes International, CIDRZ, CHAMP, and Corridors of Hope/ZHECT. This package includes three complementary tools:

1. *Facilitator Manual*—Designed for a trained facilitator, this guide provides step-by-step instructions for each session. This guide also includes printed materials to support session implementation (see *Appendix A: Session Support Materials*).
2. *Participant Workbook*—Designed to support participants during the training programme and provide space for written activities and note-taking. Each participant should receive one Participant Workbook at the start of the training programme.
3. *Site Resource Manual*—Designed for use at the MC site by trained personnel. This manual should not be distributed to participants until the conclusion of the training programme.

The theoretical portion of the program is delivered over a three-day period and can be used as a: (1) stand-alone workshop for individuals who have already been trained in client-

[1] Auvert, B., Taljaard, D., Lagarde, et al. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 Trial. *PLoS Medicine*. 2005;2(11):1112-1122.
[2] Bailey, R., Moses, S., Parker, C.B., et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *The Lancet.* 2007;369:643-56.
[3] Gray, R.H., Kigozi, G., Serwadda, D., et al. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*. 2007;369:657-66.
[4] Kahn, J.G., Marseille, E., Auvert, B. Cost-Effectiveness of Male Circumcision for HIV Prevention in a South African Setting. *PLoS Medicine*. 2006;3(12)(e517):2349-58.
[5] Auvert, B., Marseille, E., Korenromp, E.L., et al. Estimating the Resources Needed and Savings Anticipated from Roll-Out of Adult Male Circumcision in Sub-Saharan Africa. *PLoS One*. 2008;3(8)(e2679).
[6] Williams, B.G., Lloyd-Smith, J.O., Gouws, E., et al. The Potential Impact of Male Circumcision on HIV in Sub-Saharan Africa. *PLoS Medicine*. 2006;3(7)(e262):1032-40.

centred HIV counselling and testing and referrals; or, (2) supplement to existing curricula for HIV counsellors who will also serve as MC counsellors.

Sessions are based on adult learning principles that recognize the important contributions of participants (who come to the training room with life experiences) to shape their own learning and development, as well as that of others. Sessions are participatory and build upon the collective experiences of each training group. To learn more about adult learning principles, refer to *Appendix C: References.*

Each of the sessions can be delivered by a prepared facilitator. It is suggested that prior to delivery, the facilitator takes some time to acquaint him/herself with the content of each session and prepare materials, as needed.

Three tips to enhance your delivery of this training package

1. At the end of each session, it is strongly recommended that the facilitator "bridge" the information or skills just learned with the content of the following session. ***Bridging*** helps participants understand how each session is related to the next. *Bridging* very briefly summarizes the main learning points of the previous session and explains how they link to the following session. An example of *bridging* from the session on MC facts to the session on the anatomy of the penis might be, "Now that we have learned about the benefits and risks of MC, it is important to understand how MC works. For this, we will need to first understand the penis and how MC changes the way the penis looks."

2. An additional training technique that is very useful, especially when talking about new and/or sensitive topics, is the ***11 second rule*** or pregnant pause. The *11 second rule* is very easy to use—after posing a question to the group, allow 11 seconds of silence to lapse before reformulating your question. With some questions, participants may need extra time to reflect or build up the courage to respond. Eleven seconds is usually enough time, after that it may be necessary to reformulate the question.

3. Use ***energizers*** (see *Appendix B: Other Materials*) to keep energy levels up. The training activities in this manual are designed to keep participants engaged but energy levels will always fall (especially after lunch). And as the energy level falls your participants will actively contribute less and less. As a facilitator, you should check-in with participants regularly and use energizers when you feel energy levels dropping.

Table of contents and suggested delivery schedule

DAY ONE

1.1 Icebreaker: What's in a name?....8
1.2 Expectations and Workshop Overview 9
1.3 Why MC and why MC counsellors?....10
1.4 Just the Facts: Exploring the Basics about MC, its Benefits and Risks 14
1.5 The Anatomy of the Penis 16
1.6 The MC Procedure: Video....19
1.7 Post-procedure Care for MC Clients....20
1.8 Policy and Client Consent 22
1.9 The MC Client Experience: Following your Client through the Process....24
1.10 Closing: Pluses and Wishes....26

DAY TWO

2.1 Review Game: MC Basics, Procedure and Post-procedure Care....28
2.2 Icebreaker: Lion, Elephant, Giraffe, Crocodile 29
2.3 Introduction to the Counselling Protocol and Cue Cards....30
2.4 Group Education vs. Individual Counselling 35
2.5 Review of the Client-Centred Counselling Approach 36
2.6 Convincing the Reluctant Man to Accept HIV Testing....39
2.7 Introduction to Counselling Observation Tool 41
2.8 Practicing MC Counselling Sessions: Act 1 42
2.10 Closing: Feedback cards....46

DAY THREE

3.1 Icebreaker: Skill and concept cards 48
3.2 Review of Risk Reduction Counselling....49
3.3 Practicing MC Counselling Sessions: Act 2 52
3.4 Counselling Special Populations: Women and Parents....55
3.5 Providing Referrals to other Services 57
3.6 Practicing MC Counselling Sessions: Act 3 58
3.10 Closing: Wrap-up and Planning for Practical Sessions 62

DAY FOUR

4.1 Practical Sessions and De-brief....64
4.2 Closing: Closing Statements 65

APPENDIX A: SESSION SUPPORT MATERIALS

Session 1.4: Statements for Benefits, Risk and Myths about MC 68
Session 1.5: Labels for Anatomy of the Penis....72
Session 1.7: Sentence halves for post-procedure care 74
Session 2.1: Questions for Review Game 77
Session 2.2: Pictures for Lion, Elephant, Giraffe, and Crocodile Icebreaker....79
Session 2.7: Counselling Observation Tool....83

APPENDIX B: OTHER MATERIALS

Sample Training Evaluation Form 86
Sample Energizers 88

APPENDIX C: REFERENCES

Adult Learning Theory 92
Instructions for Use of a Male Condom 95
Instructions for Use of a Female Condom 97
References 98

DAY ONE

1.1 Icebreaker: What's in a name?

Purpose
To provide participants with an opportunity to learn about their fellow participants and to encourage everyone to speak out.

Time
30 minutes (about 1 minute per person)

Materials needed
None

Participant workbook corresponding pages: None

Directions

1) Welcome participants to the training and provide a brief introduction of yourself and any visiting dignitaries.
2) Tell participants that we will now do a short activity to get to know their fellow participants. Ask each person to partner with someone they do not know (or do not know very well).
3) Ask each participant to "interview" his/her partner for the following information: his/her name, how long s/he has been a counsellor, and the meaning or something interesting about his/her name (surname, middle or family name).
4) Ask each participant to introduce his/her partner to the rest of the group.

1.2 Expectations and Workshop Overview

Type of activity
Lecture, large group discussion

Purpose
To provide participants with an overview of the workshop programme and the opportunity to share with the group their expectations with the group.

Objectives
By the end of the session, participants will be able to:
- Describe the goals and content of the training workshop
- Explain their expectations for the training workshop
- Describe the group norms

Time
30 minutes

Materials needed
Computer, overhead projector, large Post-it notes or stripes of paper and tape

Participant workbook corresponding pages: 6

Directions
1) Present the goal and objectives of the workshop on a flipchart paper (also on page 6 of participant workbook).
2) State the purpose of the exercise. Give each participant two Post-it notes or strips of paper. Based on the workshop goals, ask them to write at least two things they expect to learn or what the new skills they expect to acquire during the workshop.
3) Invite participants to read aloud their expectations and post on the wall. Group similar responses as necessary.
4) Next, project the workshop programme onto a screen and walk participants through the activities and sessions.
5) Be sure to highlight where participants expectations are likely to be addressed during the workshop.
6) Present to group a list of pre-determined group norms:
    - Arrive on time
    - Silence cell phones
    - Respect the views of others
    - Don't interrupt others

    Check participants' comprehension of each norm and add other norms, if necessary.
7) Introduce the "Parking Lot" as a place where important questions and discussion, not related to the immediate subject, are posted for later reference.

1.3 Why MC and why MC counsellors?

Type of activity
Lecture

Purpose
To provide participants with a basic understanding of why MC is an important intervention and the role of counsellors in the delivery of a complete MC services package.

Objectives
By the end of the session, participants will be able to:
- Discuss the importance of MC as an HIV prevention intervention
- Explain the role of counsellors in delivering an MC services package

Time
30 minutes

Materials needed
Prepared presentation (supplement tool 1.3), computer, overhead projector

Participant workbook corresponding pages: 7-9

Directions
1) Tell participants that to understand their role in MC programmes, they need to understand why MC services are being offered to men. Give them a brief lecture, supported by a projected presentation, to summarize key research findings around MC, explain WHO/UNAIDS and country-specific recommendations, and explain the complete MC services package.
2) Emphasize for participants the integrated nature of HIV testing within the MC services package and explain their role as client guide and risk reduction and HIV counsellor.
3) Respond to any questions or gaps in understanding amongst participants.

Presentation slides for session 1.3

Why Male Circumcision and MC Counsellors?

Purpose of MC interventions

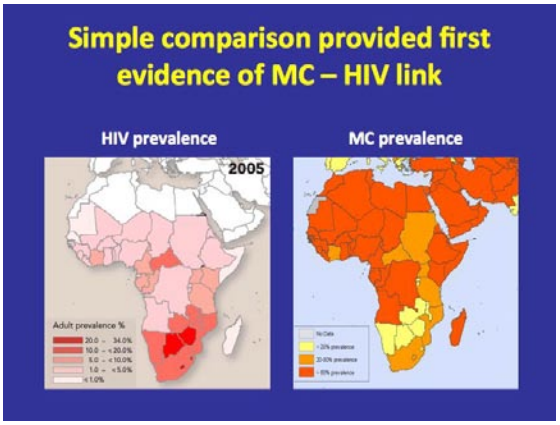
Decrease the number of new HIV infections by increasing the prevalence of circumcision, as part of a comprehensive HIV prevention strategy.

Male circumcision interventions are expected to play a key role in turning the tide of HIV/AIDS in many countries in Eastern and Southern Africa, including Zambia.

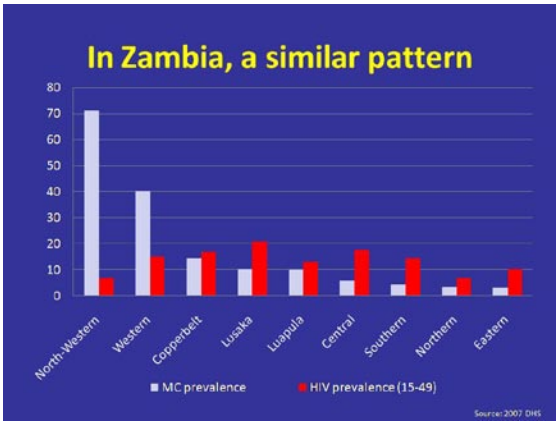
How can we do this?

- Increase *access* to safe MC services;
- Increase *informed demand* for safe MC services;
- Ensure *safer sexual behaviours* among MC clients and partners of clients; and,
- Improve the *cost effectiveness, quality and efficiency* of MC services.

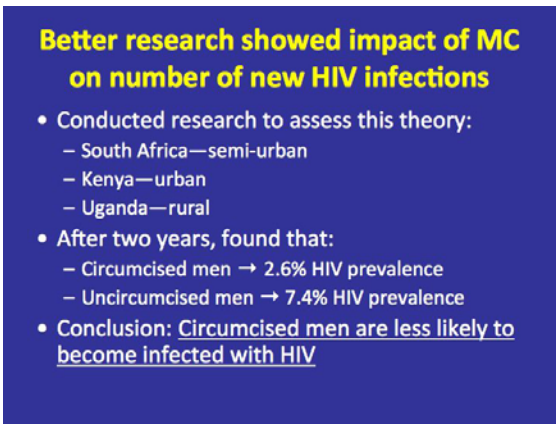
Why male circumcision?



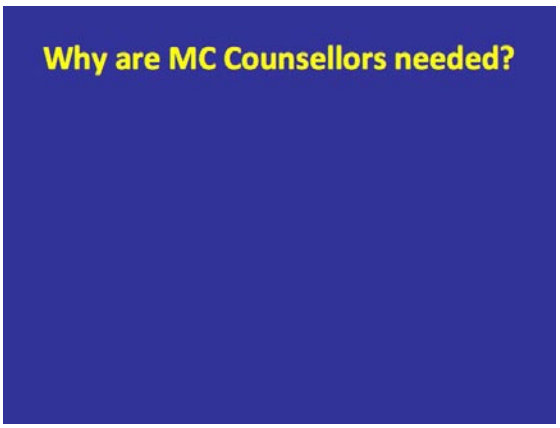
When researchers compared HIV prevalence to MC prevalence, they found that the two appeared to be inversely related. Countries with a higher MC prevalence seemed to have lower HIV prevalence. Notice how Swaziland and Zimbabwe have high HIV prevalence (red), but have low MC prevalence (yellow).

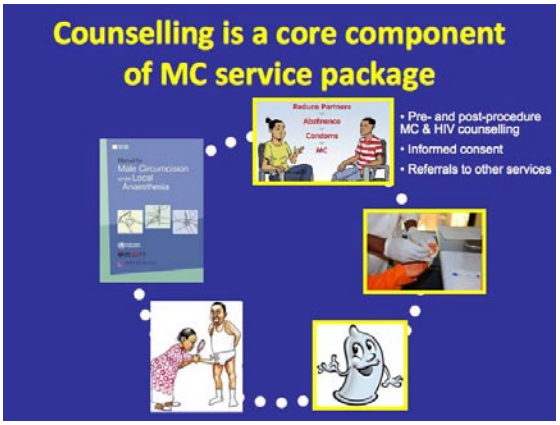


In Zambia, we find a similar pattern. Here you can see that across provinces, as MC prevalence decreases, HIV prevalence increases.

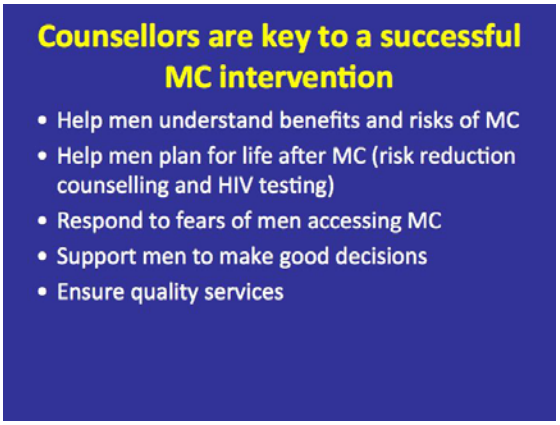


Scientists then designed studies to investigate further MC vs. HIV prevalence. They launched three studies where they recruited two groups of uncircumcised men. One group was later circumcised and both groups were followed over time. Scientists found that circumcised men were less like to become HIV infected. The studies also found other benefits, which we will discuss later today.





The minimum package of MC services includes: MC counselling, HIV testing and counselling, condom distribution, STI diagnosis and treatment and the procedure following national guidelines. As you can see, counsellors play a key role in most of the components that make up this package.



Research shows that men are interested in MC. Counsellors help them understand MC so that they can make informed decisions. Counsellors also help men think about and plan for the impact of MC on their lives. Counsellors make sure that men understand that MC is not 100% protection so they need to take measures to protect themselves after the procedure.

1.4 Just the Facts: Exploring the Basics about MC, its Benefits and Risks

Type of activity
Reflection, large group discussion, affective learning

Purpose
To provide participants with a basic understanding of the benefits, including HIV risk reduction, and risks of MC.

Objectives
By the end of the session, participants will be able to:
- Cite at least four benefits of MC
- Describe the link between MC and HIV acquisition
- Cite at least three possible risks of MC
- Express a belief in the importance of recommending MC for male clients

Time
50 minutes

Materials needed
Tape; three signs each with the word "Benefits," "Risks," or "Myths" (see *Appendix A*); pieces of paper each with one of the following statements (see *Appendix A*):

Benefits
- Easier to clean the penis
- Reduced risk of some STIs
- Reduced risk of HIV
- Reduced risk of penile cancer
- Reduced risk of cervical cancer
- Reduced risk of urinary tract infections in children
- Prevents phimosis and paraphimosis
- Prevents balanoposthitis (inflammation of the foreskin)

Risks
- Pain
- Bleeding
- Infection
- Reaction to the anaesthesia
- Swelling or bruises

Myths
- Makes the penis larger
- Makes the penis smaller
- Causes infertility
- Makes the man a better lover
- Delays ejaculation
- Makes the head of the penis prone to injury
- Makes the man promiscuous

- Makes sex more pleasurable for the woman
- Prevents erections

Participant workbook corresponding pages: 10

Directions

1) Before the start of the session, post the three signs labelled "Benefits," "Risks," and "Myths" at the front of the room, creating unique columns for each category.
2) Ask participants to define "male circumcision." Take responses from all participants and negotiate the development of a clear and concise definition. Ensure that the definition reflects the following: "male circumcision is the surgical removal of the foreskin."
3) Evenly distribute the pieces of paper containing the benefits, risks and myths about MC.
4) Ask participants to read the statements and one-by-one tape their statement under either "Benefits," "Risks," or "Myths." Then read aloud each statement and decide if the group agrees with its placement.
5) After the statements are placed, review each of the benefits and risks to ensure participant comprehension.
6) Focus the group's attention on "reduced risk of HIV" and ask them what this means. Gauge participant comprehension, ensuring that the group understands that MC does not provide 100% protection. Instead, it is an HIV "risk reduction" method.
7) At the end of the session, ask participants how they feel about recommending MC to a male client, a female client who is a sexual partner, and parents.
    a. For participants who express reluctance to recommend MC, ask them to explain their reservations. Use these responses to guide the group through a discussion on possible reservations in the counselling community.
    b. For participants who express a desire to recommend MC, ask them to explain why they think MC is best for their clients. Use these responses to guide the group through a discussion on the primary reasons for MC that they feel are important for their clients to know.

1.5 The Anatomy of the Penis

Type of activity
Label matching, large group discussion, lecture

Purpose
To provide participants with a basic understanding of the anatomy of the penis and why removal of the foreskin reduces the risk of HIV acquisition.

Objectives
By the end of the session, participants will be able to:
- Describe the anatomy of the penis and male reproductive system
- Explain how the anatomy of a circumcised penis differs from that of an uncircumcised penis
- Explain how the removal of the foreskin reduces the risk of HIV acquisition

Time
45 minutes

Materials needed
Penis images enlarged on flipchart or project onto wall (supplement tool 1.5); strips of paper with anatomy labels (see *Appendix A*); penile models (circumcised and uncircumcised); markers; tape

Participant workbook corresponding pages: 11-12

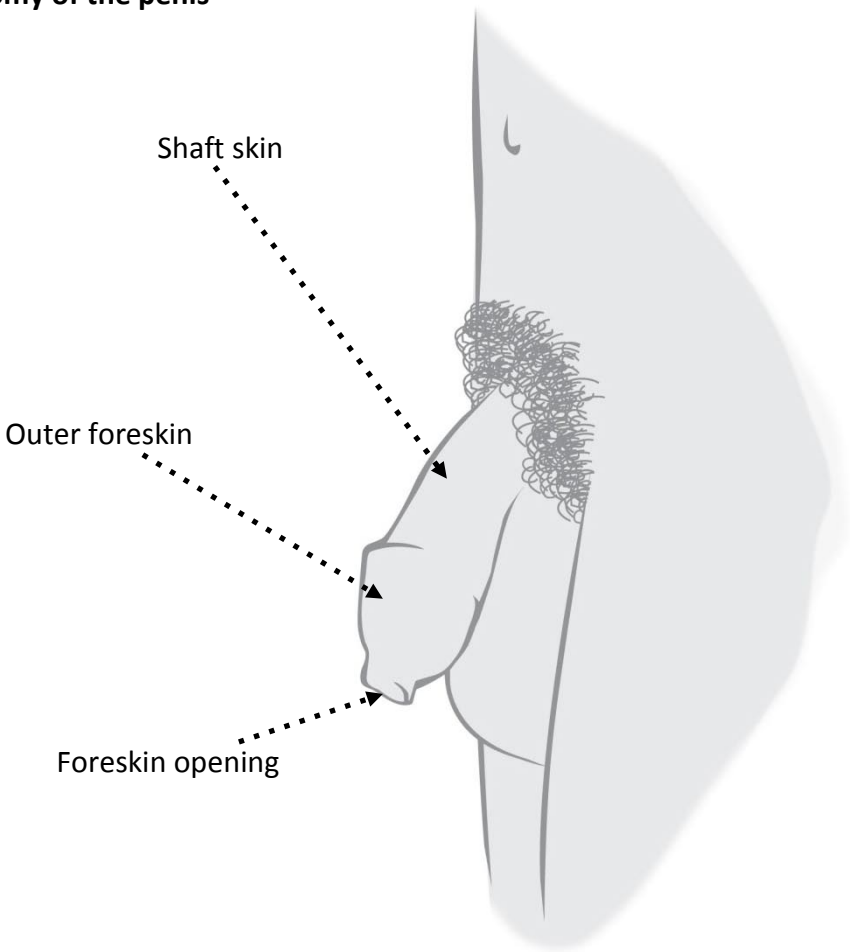
Directions
1) Introduce this session by making participants aware that they are going to be talking about (what is traditionally) a very taboo subject…the penis!
2) Ask participants to refer to the exercise on page 11 of their participant workbook. Instruct them to use the list of terms above the diagrams to complete the labels (using a pencil) in the diagram.
3) Project the penis image in supplement tool 1.5 onto a wall (alternatively, draw an enlarged penis figure on a piece of flipchart paper) and ask volunteers to label the diagram (using the strips of paper with anatomy labels), according to what they have noted in their participant workbooks. Other participants to correct as needed.
4) Referring to the completed penis image with labels, review the anatomy of the penis. Be sure to explain the difference between the outer and inner foreskin; indicating that the foreskin is the piece of skin removed during the MC procedure, thus men who are circumcised no longer have this section of skin (the foreskin).
5) Ask participants to share things they have heard or know about why the inner foreskin increases the risk of HIV acquisition, being sure to include the following points:
    a. The target cells which help HIV enter the body are found in high concentration in the inner foreskin, and are close to the surface of the skin.
    b. The mucosal surface of the inner foreskin can tear easily and bleed during sexual intercourse. These tears allow HIV to more easily enter the body.

   c. Because it is moist, covered and soft, the foreskin is a conducive environment for the incubation of organisms that cause most ulcerative STIs. Ulcerations in the foreskin allow HIV to more easily enter the body.

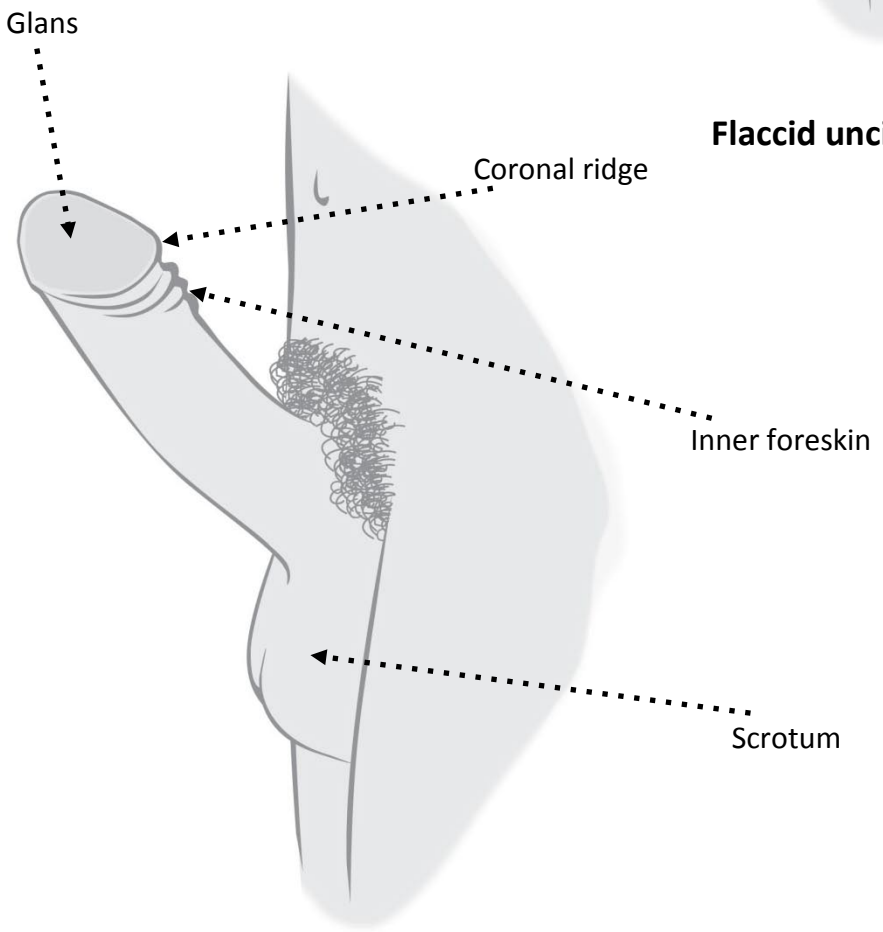
6) Ask participants to describe how removing the foreskin can help reduce a man's risk of HIV acquisition. Write responses on a flipchart and encourage participants to note responses in their participant workbook.
7) Remind participants that discussing the penis will be difficult for certain men and it can sometimes help to use local terms. Ask participants to share local words or terms that are used to describe the penis and foreskin. Note responses on a flipchart.
8) Encourage participants to use these local terms during their counselling sessions to improve comprehension among clients.
9) Put participants into pairs and give each pair a penile model. Ask each participant to describe to his or her partner, in turn: 1) describe the anatomy of the penis; and, 2) how MC reduces the risk of HIV infection.

Facilitator's note: While step 7 of this session may seem unnecessary, it is important for participants to become comfortable talking about the penis. Practicing in a safe space is the first step in helping participants to develop a level of comfort when discussing MC and the anatomy of the penis.

Completed figure: Anatomy of the penis



Flaccid uncircumcised penis



Erect uncircumcised penis

1.6 The MC Procedure: Video

Type of activity
Multimedia presentation, large group discussion, specialist testimony

Purpose
To provide participants with an understanding of the MC procedure.

Objectives
By the end of the session, participants will be able to:
- Explain the basic approach to MC procedures, including the steps involved in patient assessment and preparation

Time
45 minutes

Materials needed
MC procedure video, TV/VCR, power cord

Participant workbook corresponding pages: 13

Directions
1) Prepare participants by explaining that the video you will show is explicit and will display images that may disturb some participants.
2) Project the video.
3) After the conclusion of the video, guide participants through a discussion:
    a. What did you see in the video?
    b. What new information did you learn?
    c. How might you best prepare clients for this experience?
    d. Respond to any outstanding questions or concerns.

Facilitator's note: If a video of the procedure is not available, invite a physician experienced in MC to make a presentation to participants. This presentation should include key images from the procedure.

1.7 Post-procedure Care for MC Clients

Type of activity
Sentence completion, lecture, large group discussion

Purpose
To provide participants with a basic understanding of post-procedure recommendations for MC clients.

Objectives
By the end of the session, participants will be able to:
- Cite the essential post-procedure care instructions clients should receive

Time
45 minutes

Materials needed
Strips of paper each with one sentence half for post-procedure care (see *Appendix A*)

Participant workbook corresponding pages: 14-15

Directions
1) Tell participants that post-procedure care is very important and they play a role in ensuring that clients understand how to care for their penis after the procedure.
2) Tell them that we will now discuss the information on post-procedure care that they will share with all clients.
3) Distribute to participants the strips of paper with sentence halves. Give one strip to each participant. Participants that do not receive a sentence half will be instructed to serve as judges.
4) Give participants five minutes to circulate around the room and find their other half. Instruct participants to do this quickly and WITHOUT talking.
5) Once participants have found their other half, they should go to the front of the room.
6) Ask each pair to read their sentence and have the judges determine if they have correctly found their half.
7) Refer participants to page 15 of their participant workbook, "Complete Post-procedure Care Instructions for MC Clients," and review the information.
8) Respond to questions and provide clarification as needed.
9) Ask participants which of the healing process post-procedure care instructions stand-out as odd, misunderstood or difficult to explain (i.e. no sex for six weeks).
10) Ask participants to explain strategies they might share with clients to overcome those instructions they feel would be difficult for clients to follow.
11) Explain to participants that when they're explain post-procedure care, they must help the client to understand:
    a. Necessary precautions and care recommendations
    b. That abstinence is vital during the healing period
    c. What strategies that can use to help them overcome any barriers they perceive to following the post-procedure instructions

Completed Post-procedure Care Instructions for MC Clients
(page 15 of participant workbook)

1) Rest at home for one to two days; this will help you heal more quickly.
2) Take dry baths during the two days following your procedure, taking care not to get your bandages wet.
3) Do not pull or scratch your wound as it is healing.
4) Erections may cause some pain. Drinking lots of water and urinating can usually help reduce the pain. But do not masturbate since this can damage the wound. Any pain from erections will go away after a few days.
5) Do not have sexual intercourse or masturbate for at least 6 weeks and be sure to always use a condom once you resume having sex.
6) Take any medications as directed by your MC provider.

Reviews

- Return to the clinic for your 2- and 7-day reviews. Your MC provider will remove your bandages and examine your wound to make sure it is healing properly.
- You may experience a little pain and swelling around the wound. This is normal but check occasionally to make sure it does not get worse.
- Return to the clinic or call your MC provider if you have any of the following problems:
  - Bleeding that does not stop or gets worse
  - Severe pain
  - Inability to urinate
  - Pus coming out of wound
  - Increased swelling
  - A fever within one week of your procedure
  - Severe lower abdominal pain

1.8 Policy and Client Consent

Type of activity
Lecture, large group discussion, role-play

Purpose
To provide participants with an understanding of the policy implications and client consent requirements involved with MC counselling.

Objectives
By the end of the session, participants will be able to:
- Explain national policies related to MC services
- Demonstrate an ability to correctly advise clients on the implications of consent

Time
30 minutes

Materials needed
Prepared presentation (supplement tool 1.8); computer; projector; flipchart paper; markers; tape; copy of national MC policy (if available); *Client Consent Form* (one per participant)

Participant workbook corresponding pages: 16

Directions
1) In lecture format, present participants with an overview of national policies related to MC services. After slide #2 ("WHO/UNAIDS 2007 Statement on MC") tell participants that we will now look more at these three key terms: informed consent, confidentiality and absence of coercion.
2) Ask participants to pair up with one of other their neighbours. Assign one term per pair, ensuring that each term has been assigned to at least two groups, and ask each group to develop a definition for their assigned term. After five minutes, ask groups to report back their definitions and ask other groups to confirm or add to each definition.
3) Ask participants to reflect on why it is important to remember these principles when counselling on MC. Note responses on a flipchart paper. Ensure that the following are noted:
    a. MC is irreversible;
    b. MC includes a process that may involve emotional or physical pain; and/or,
    c. In rare cases, MC may result in permanent damage including functional deficit.
4) Continue with the presentation being sure to explain *age of consent* and who can provide consent for adolescents (supplement tool 1.8).
5) Refer participants to page 15 of their workbook for a summary of the information contained in the presentation.
6) Provide each participant with a copy of the client consent form they will use during counselling sessions. Read through this form and check-in with participants to ensure comprehension.
7) Ask for one volunteer to act as a client. Provide participants with a rapid demonstration of model steps for obtaining consent.

Presentation slides for session 1.8

Male Circumcision Service Delivery

International and National Guidelines

National consent policy

- Parental/guardian consent--children birth to 6 years
- Parental/guardian consent and assent from client--children 7 to 17 years
- Client consent--18 years and above
- Clients under 18 without parent or guardian--referred to appropriate resources at the Ministry of Community Development and Social Welfare

WHO/UNAIDS Statement on MC

- Countries should ensure that male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent, confidentiality, and absence of coercion.

What do these terms mean?

UNAIDS/WHO guidelines

- Accurate information is accessible for everyone—partial protective effect, and the risks and benefits;
- Services are accessible to *all of the male population*;
- Access to services is non-discriminatory;
- Integrated *within comprehensive HIV prevention* programming;
- Services are safe; and,
- Legal, regulatory and policy framework is in place.

Zambia's MC Services Guidelines

- Informed, voluntary consent
- Pre-procedure counselling on HIV and STI transmission and risk reduction
- Pre-procedure MC counselling
- Routine counselling and testing for HIV
- Routine treatment of STIs and distribution of condoms
- Point of entry for other men's health services
- Safe medical services
- Post-operative counselling

1.9 The MC Client Experience: Following your Client through the Process

Type of activity
Site visit, large group discussion, specialist testimony

Purpose
To provide participants with an understanding of the process a client follows when visiting the MC clinic for a procedure.

Objectives
By the end of the session, participants will be able to:
- Explain the various steps and stations that clients experience, from check-in to post-procedure discharge
- Explain their role in the process

Time
50 minutes

Materials needed
None

Participant workbook corresponding pages: 17

Directions
1) Before the start of the session, prepare the MC clinical site by having relevant staff stationed at each point of the MC client experience. These points and staff to include:
    a. Client in-take/waiting area (receptionist)
    b. Counselling room (HIV/MC counsellor)
    c. Examination room (medical officer)
    d. Surgical theatre (medical officer/nurse)
    e. Recovery room (nurse)
2) Divide participants into groups of 5-6 individuals.
3) Ask one participant from each group to serve as the "client" for their group (no counselling or procedure will be conducted; this is only so the group has an individual to "follow"). At timed intervals, invite each group to enter the client flow and experience the MC process from the client perspective.
4) Without providing actual counselling or conducting actual examinations and procedures, staff at each station will explain the procedures they follow and tools they use when interacting with a client. Participants should be encouraged to ask questions. Each group should spend only 10 minutes at each station.
5) After each group have been "discharged," regroup participants to process their experience.
6) Ask participants to describe the processes involved at each station of the MC client experience.
7) Ask participants to explain why knowing the MC client experience will help them to address the fears and concerns of their clients.

Facilitator's Notes: If the training workshop is taking place off-site (i.e. not on the grounds of the MC Service site), have key staff from the MC clinic come to the training workshop. This will save in transit time and costs. Have each staff person set-up a mock station, as best as possible, that simulates the client experience in the MC clinic. Most importantly, have the staff bring any tools they would use when interacting with clients. This exercise is an opportunity for counsellors to better understand the client's experience so as to more accurately explain to clients what to expect.

1.10 Closing: Pluses and Wishes

Objectives
By the end of the session, facilitators will have:
- Summarized the session activities
- Gathered feedback from the group

Time
20 minutes

Materials needed
Flipchart paper, markers, workshop agenda

Participant workbook corresponding pages: None

Directions
1. Refer to the workshop objectives and agenda and review what was covered in the training.
2. Draw a line down the middle of a flipchart paper, creating two columns, and write "Pluses" and "Wishes" at the top of each column.
3. Explain the process for "Pluses and Wishes."
   We covered a lot of material today. We now want to talk briefly about what worked and what did not work. Pluses are things that you liked about the day. Wishes are things that you would like to be done differently at future sessions.
4. Ask participants to call out "pluses" and "wishes" and write them on the flipchart. **[Note: The facilitator should not respond to wishes; just write them down.]**
5. Thank the participants for their input and acknowledge that the facilitator will try to address their wishes as best as they can.

Facilitator's Note: *It is very important that you do not respond to feedback while it is being given during this session. Doing so might cause participants to refrain from sharing feedback, since they might fear your reaction. Instead, build in time the following morning to address this feedback and tell participants any changes you will make to address their wishes.*

DAY TWO

2.1 Review Game: MC Basics, Procedure and Post-procedure Care

Type of activity
Review game, large group discussion

Purpose
To provide participants with an opportunity to review the basic information about MC presented in day one of the workshop.

Objectives
By the end of the session, participants will be able to:
- Recall the basic information on MC, the procedure and post-procedure care

Time
45 minutes

Materials needed
Strips of paper, each with one review question (see *Appendix A*), folded and placed in a hat or bucket

Participant workbook corresponding pages: None

Directions
1. Before beginning the day's activities, review quickly the feedback received during the closing feedback session ("Pluses and Wishes") from the previous day. Explain to participants what changes will be made to address their "wishes."
2. Continue with the review activity.
3. Circulate around the room, asking participants to take one folded piece of paper from the hat or bucket.
4. Ask participants to read the question on their strip of paper and formulate a response.
5. Ask participants to volunteer to read their question and provide a response.
6. Ask other participants to correct answers, as appropriate, and provide clarification, as needed.
7. Continue until all strips of paper have been read and answered.

2.2 Icebreaker: Lion, Elephant, Giraffe, Crocodile

Type of Activity
Icebreaker

Purpose
To allow participants to explore their notions about counselling and prepare them for later discussions.

Time
30 minutes (about 1 minute per person)

Materials needed
Signs each with one animal (lion, elephant, giraffe, crocodile) (see *Appendix A*), tape

Participant workbook corresponding pages: None

Directions
1) Before participants arrive, post a sign for each animal in each corner of the room.
2) Explain to participants that people will often view the role of the counsellor differently based on their past experiences.
3) Ask participants to think about their experiences with counselling—how was it done? How did the session help them (or the client) change?
4) Indicate the signs in the corners of the room and ask participants to go to the corner of the room that represents how they view the role of the counsellor in an MC counselling program—as a Lion, Elephant, Giraffe, or Crocodile.
5) Once participants have migrated to their corners, ask volunteers to explain some of their reasons for choosing that corner to represent their notions of counselling.
6) Process the activity with the following questions:
    a. What does this activity tell us about our notions of the role of counsellors?
    b. How do the answers provided by others give us a window into how others might perceive counselling?
7) Aside from these four animals, what are some other animals that might better represent our notions of a counsellor? What are some of the reasons you feel these other animals better represent your notions?

2.3 Introduction to the Counselling Protocol and Cue Cards

Type of activity
Lecture, large group discussion

Purpose
To present to participants the counselling protocol that will be used during MC counselling sessions.

Objectives
By the end of the session, participants will be able to:
- Describe the content of the counselling protocol

Time
30 minutes

Materials needed
Counselling cue cards (one set per participant)

Participant workbook corresponding pages: 20

Directions
1) Refer participants to the counselling protocol outlined on page 20 of their participant workbook.
2) Ask participants why we use counselling protocols.
3) Tell participants that today they will begin to focus on the skills necessary to counsel clients on male circumcision. Throughout today and tomorrow, they will refer to this tool as we develop the knowledge and skills necessary to conduct quality counselling sessions.
4) Briefly review the topics outlined in the protocol, indicating the topics that have already been covered in day one (i.e. MC process, benefits of MC, risks of MC, etc.).
5) Introduce to participants the counselling cue cards that should be used to help guide their discussions with MC clients. Tell participants that these cards are intended to support their work and will be demonstrated in a later session.

Counselling Protocol

Below is a counselling protocol that outlines the important topics to cover with each client. The sample questions and cues are presented as simple ways to introduce the topic and keep the conversation focused on your client.

Topic	Sample questions and cues	Key Messages
Introductions	*Good morning/Good afternoon, please take a seat.* *You are welcome... my name is _____ and I am a counsellor here at _____. Tell me something about yourself?* (Building rapport)	
Confidentiality	*I am happy you are here today and I would like to assure you that our discussion we will have today is confidential. What questions do you have about confidentiality?* (Open-ended questions)	
Gathering demographic information (Part 1-Client Information)	*Is it alright with you If I can ask you a few personal questions? This information is kept confidential and is used to know a little more about people coming through our services.* Collect demographic information for MC client in-take form.	
Assessing interest and address concerns	*What can I do for you today? What are some of the reasons you are interested in MC? What are some of your concerns about MC? (Open ended)* Immediately address concerns expressed by the client.	
Explaining the MC package	***Opening:*** *It is good that you have come for MC. MC is offered as a package so that you get the maximum benefits MC offers (Explain the MC package)* 'MC package includes .....) **Closing**: *What questions do you have about this process?*	MC package includes: • MC counselling • HIV testing • Safe sex and condom counselling • STI counselling and treatment
Benefits of MC	**Opening**: *What are some of the benefits you Know about male circumcision? What other benefits have you heard about male circumcision?* **Closing**: *Which of the benefits we have discussed is related to HIV?*	• Easier to keep penis clean • Reduced risk of some STIs, especially ulcerative diseases (chancroid and syphilis) • Reduced risk of HIV infection

	Confirm that client understands the limitation of MC, with regards partial protection against HIV Infection after MC.	• Reduced risk of penile cancer • Reduced risk of cervical cancer for female sex partners
Risk assessment	**Opening:** *What things are you doing now that might put you at risk of HIV infection? How often do you use condoms?*	
Personalized disease education	**Opening:** *Let me try to summarize what you have said… (*Summarize risks identified by client*)…does that sound about right?* Address each risk and explain in relation to client's risks to HIV infection.	
Routine HIV test (Provider-initiated HIV testing)	**Opening:** *As part of MC we carry out an HIV test. It's important to know your HIV status before undergoing MC. What are your thoughts about an HIV test? When was your last HIV test? What was the result?* If no prior HIV test in past 3 months, Obtain consent and conduct HIV test and continue with MC counselling until results develop. **Closing***: What concerns do you have about HIV testing?* Address concerns and offer key messages about testing.	• Partial protection from HIV is beneficial for persons who are not infected with HIV, it is therefore to have a test and know your HIV status. • HIV testing helps you plan for your future and make the best decisions. • For HIV + persons, HIV can complicate recovery after MC.
MC procedure	**Opening:** *While we wait for your HIV test results, we will continue to discuss more on male circumcision. What happens when you enter the procedure/surgical area for MC?* **Closing:** *What questions do you have about the procedure?*	• Injections is given at the base of penis for pain prevention—injections may be uncomfortable • Cut of foreskin and closing wound • Applies dressing to protect wound • Rest for about 15 minutes and receive counseling on recovery steps • Entire procedure takes less than 30 minutes
Risks and limitations of MC	**Opening**: *We have already talked about the benefits of circumcision but there are also some risks. What have you heard about the risks of circumcision? What do you know about the relationship between MC and HIV infection?* **Closing:** *Which risks worry you most?*	• Pain during the recovery period • Bleeding • Blood clots under the skin • Infection

	Address client's concerns.	• Reaction to the anesthesia • MC is not 100% protection from HIV—still need to practice safer sex
Recovery period	**Opening:** *What have you heard about the recovery period following circumcision?* **Closing:** *What things worry you about the six-week recovery period? What might you do to address these concerns?* Help the client to develop an action plan to address his concerns about the recovery period.	First 7 days— • Rest and keep the penis clean and dry • Wear clean underwear • Return to centre for scheduled reviews • Call or return to center or go to the nearest health center if you experience problems Recovery period— • Healing takes at least 6 weeks • No sex or masturbation for 6 weeks • Having sex too early can damage the wound and extend healing period • Sex too early is also risky for you and your partner • If you do have sex, be sure to always use a condom
Follow-up visits	**Opening:** *After your procedure, you will need to visit the centre at least two or more times. When do you think you should return to the clinic?* **Closing:** *How do you feel about these visits? What might prevent you from returning to the clinic? What can you do to make sure you come back to the clinic?*	• Bandages will be removed at the 2-day review • Health Provider will examine the wound to make sure you are healing properly • If you experience any problems, before or after your reviews, return to the center or visit the nearest health center • *Again after 7 days you need to return to the clinic and at 6 weeks*
HIV test results	Once HIV test results are developed, deliver results. • If result is negative, continue with MC counselling.	

	• If result is positive, refer to counselling protocol for HIV-positive clients.	
Life after MC	**Opening:** *How do you think your life will change after your MC procedure?* **Closing:** *It is important to know that some things will not change, like the need to protect yourself from HIV.*	• MC provides partial protection against HIV, you need to continue with safer sex
Goal setting	**Opening:** *What are some of the things you have done in the past to protect yourself from HIV? What else could you do?*	
Action planning	**Opening:** *What can you do to make this happen?* Support the client to develop a post-MC risk reduction plan.	
Wrap-up	*Thank you again for choosing our centre for your MC. If you think of any more questions, you are free to come back to the centre to see me or any other counsellor or during your clinical assessment and procedure.*	

2.4 Group Education vs. Individual Counselling

Type of activity
Large group discussion, reflection

Purpose
To provide participants with an opportunity to discuss the content of group education sessions versus individual counselling and how this impacts their work as counsellors.

Objectives
By the end of the session, participants will be able to:
- List topic areas in the MC counselling protocol that can be covered in group education versus individual counselling sessions
- Describe how the MC counselling protocol would be adjusted for individual counselling in settings where group education is used

Time
30 minutes

Materials needed
Two sheets of paper labelled "Group education" and "Individual counselling"; sheets of paper each with one topic area from MC counselling protocol (see *Appendix A*); tape; markers

Participant workbook corresponding pages: 21

Directions
1) Before the start of the session, post the sheets of paper with MC counselling topic areas (in order) at the front of the room. Nearby, post two sheets of paper labelled "Group education" and "Individual counselling", creating unique columns for each category.
2) Go through each of the topic areas, one-by-one, and ask participants to decide which topics can be covered during group education and which should be reserved for individual counselling.
3) Move the sheets of paper with topic areas to the appropriate column and ask participants to note their categorization on page 21 of their participant workbook.
4) Remind participants that group education is an opportunity to cover general information on MC and HIV while the individual session should focus on meeting the particular needs of all clients.

2.5 Review of the Client-Centred Counselling Approach

Type of activity
Large group discussion

Purpose
To review with participants key client-centred counselling skills that should be used during MC counselling sessions.

Objectives
By the end of the session, participants will be able to:
- Explain the key client-centred counselling skills and how they apply to MC counselling

Time
60 minutes

Materials needed
Flipchart paper; markers; tape

Participant workbook corresponding pages: 22-26

Directions
1) Refer participants back to the MC counselling protocol, reminding them that the success of certain topic areas will often be determined by their ability to understand and address the particular needs of each client.
2) Refer participants to page 22 of their workbook and ask them to define "client-centred counselling." Write key words from responses on flipchart. Ensure that the following elements are included:
    a. Helps clients explore, express, understand and accept their own risk-taking behaviours
    b. Is centred on a client's behaviours, circumstances and special needs
    c. Includes a personalised risk assessment
    d. Results in a personalized plan to reduce risk of HIV infection/transmission
    e. Is supportive of the individual
3) Ask participants to explain the primary objectives of a traditional health education approach and how it differs from client-centred approaches. Ensure the following elements are included:
    a. Educates the client on a specific disease
    b. Provide general information on how to avoid the disease
4) Ask participants why a client-centred approach might be appropriate for MC counselling (i.e. clients are interested in MC for varying reasons, each client has unique concerns that must be addressed, MC is a very personal decision so counsellors need to personalize messages, MC requires post-procedure care and behaviour change so clients need to internalize the message and develop their own plans for change, etc.).
5) Refer participants to the list of techniques that support client-centred counselling:
    a. Attending
    b. Open-ended questions

c. Using simple language
d. Using the third person
e. Offering options

6) Tell participants that we will now review each of these skills.

Attending

7) Ask participants to refer to page 23 of their participant workbook. Read together the definition of attending and ask participants to cite ways in which they might demonstrate attending. Ensure the following are noted:
   a. Smiling
   b. Making eye contact
   c. Leaning toward my client (slightly)
   d. Keeping my arms open (not folding arms across my chest)
   e. Maintaining a calm voice
   f. Keeping my toes pointing in the direction of my client
   g. Not allowing furniture or paperwork to come between the counsellor and client

Open-ended questions

8) Ask participants to refer to page 24 of their participant workbook. Read together the definition of open-ended questioning and ask participants to explain the purpose of these questions.
9) Ask participants to explain the "5Ws and an H" questions and note responses in their participant workbook. Responses: Who, What, When, Where, Why and How.
10) Go around the training room and ask various participants to transform closed-end questions into open-ended questions. For example, "Do you know about MC?" could be changed to "What can you tell me about MC?"
11) Review the three tips that support open-ended questioning, asking participants to explain each and note responses in their participant workbook.

Tips to support open-ended questioning

- ***Use polite imperatives***
  "Tell me about a time when you were able to use a condom."
- ***Allow silence***
  Give clients time to think; the eleven-second rule
- ***Use the Nth degree***
  "What's the most difficult thing for you to accept?" "What's the scariest thing about MC?" "What's the most important thing we can take care of today?"

12) Ask participants to explain how typical "closed-end" questions begin. Allow them to note their responses in the appropriate box of their participant workbook. Responses might include: Can, Do, Will, Have, Did, and Are.

Using simple language

13) Tell participants that using simple language is especially important with MC because it is a very technical intervention.

14) Ask participant's to pull from their knowledge and yesterday's discussions about MC to brainstorm a list of terms and jargon that might be confusing for clients. Write responses on a flipchart and invite participants to note these terms in the left column found on page 25 of their participant workbook.
15) One-by-one, ask participants to suggest alternative terms that could be more easily understood by clients. Ask participants to note these in the right column of the table in their participant workbook.

Using the third person

16) Ask participants to refer to page 26 of their participant workbook. Read together the definition of using the third personing.
17) Ask participants to generate a list of examples of using the third person and note these in their participant workbook. This list might include:
    a. Many men also worry about pain…
    b. A lot of my clients say…
    c. Several people I've spoken with have worried about the six-week waiting period…
    d. I've heard other women talk about the same worries for their boyfriends…

18) Tell participants that the fifth technique, offering options, will be covered later in the session on risk reduction counselling.

2.6 Convincing the Reluctant Man to Accept HIV Testing

Type of activity
Large group discussion, small group discussion/brain-storming

Purpose
To provide participants with an opportunity to explore how they might encourage reluctant men to accept HIV testing as an essential component of the MC services package.

Objectives
By the end of the session, participants will be able to:
- Explain the importance of HIV testing to MC clients
- Use specific messages they might use to encourage men to undergo HIV testing

Time
45 minutes

Materials needed
Flipchart; markers; tape

Participant workbook corresponding pages: 27

Directions
1) Ask participants to explain the importance of HIV testing in the MC service package. Ensure the following responses:
    a. To benefit fully from MC, you need to know your HIV status
    b. HIV infection can complicate recovery after MC, knowing helps you plan your recovery
    c. HIV testing helps you to plan for your future and make the best decisions
2) Ask participants to explain the opt-out approach and why it is the preferred approach for the MC service package.
3) Explain to participants that counsellors play an important role in helping men to understand the importance of HIV testing and convincing reluctant men not to opt-out of the test.
4) Remind participants that we have many techniques that can help us speak to men about this issue, including:
    a. Third personning (i.e. "Other men who were at first reluctant to undergo a test told me later that it wasn't so bad."**)**
    b. Nth Degree (i.e. "What's your greatest fear when you think about HIV testing?")
5) Invite one participant to come to the front of the room to play the part of the "reluctant man" who wants to opt out of an HIV test.
6) Next, invite one participant to join the "reluctant man" at the front of the room to play the part of the "determined counsellor."
7) Tell the "determined counsellor" that s/he has five minutes to convince the "reluctant man" not to opt-out of HIV testing. Set the scene by telling participants that the

counselling session has been going very well but once they arrive at the point of HIV testing that the "reluctant man" has stated that he would like to opt-out of HIV testing.

8) Ask the "reluctant man" and "determined counsellor" to play out the scene, reminding the counsellor to respect the client-centred principles we discussed earlier. Ask the other participants to watch the scene and note what the counsellor does well and what they would change.
9) After five minutes, thank the "determined counsellor" and "reluctant man" for their efforts and lead participants through a discussion using the following questions:
    a. What happened during the scene, how did the counsellor try to convince the man not to opt-out of HIV testing?
    b. What did the counsellor do well?
    c. How successful do you think his/her counselling would have been in the real world?
    d. What would you have done differently?
10) Ask two other participants to come to the front of the room to repeat the scene, instructing the "determined counsellor" to use a different line of reasoning with the "reluctant man."
11) After five minutes, thank the "determined counsellor" and "reluctant man" and lead participants through another discussion using the questions from step 8.
12) Remind participants that counsellors play an important role in encouraging reluctant men to accept HIV testing. While the opt-out approach should be the norm for all MC programs, counsellors should be prepared for men who will opt-out of testing and should do everything to encourage them to undergo the test.

2.7 Introduction to Counselling Observation Tool

Type of activity
Lecture, large group discussion

Purpose
To orient participants to the effective use of counsellor observation tools for MC counselling.

Objectives
By the end of the session, participants will be able to:
- Explain the elements of evaluation for MC counselling sessions

Time
30 minutes

Materials needed
One Counselling Observation Tool per participant (see *Appendix A*); small ball (or small object that can be throw around in a circle)

Participant workbook corresponding pages: None

Directions
1) Ask the group to stand in a circle. Present a small ball (or other small object) and tell participants that we will throw the ball around the circle to quickly review our client-centred counselling techniques.
2) Start the ball toss by stating one client-centred counselling technique that was covered early. After sharing your thought, throw the ball to another participant who must then state another client-centred technique. Once this participant has stated a technique, s/he should throw the ball to another participant.
3) Continue until all participants have received the ball and stated a technique.
4) Tell participants that knowing about these techniques is only half the work of a counsellor. We must put them to use and to keep our skills strong, we need to undergo evaluations and get feedback to improve our work.
5) Ask participants why evaluation is an important function. Note responses.
6) Present the Counselling Observation Tool and review the skills and measures used in the tool to evaluate counsellor performance.
7) Explain to participants that this tool will be used to evaluate their performance as MC counsellors during role-plays and when they return to their facilities. As a result, it is important for them to understand the contents.
8) Reinforce the message that these tools are not meant to be punitive but rather help counsellors and the supervisors to identify and address weaknesses.
9) Respond to questions.

2.8 Practicing MC Counselling Sessions: Act 1

Type of activity
Self guided role-plays

Purpose
To provide participants with the opportunity to practice MC counselling using the counselling guide and aid.

Objectives
By the end of the session, participants will be able to:
- Demonstrate correct use of skills to counsel on MC
- Use correctly the MC counselling guide and aid

Time
90 minutes

Materials needed
Counselling Observation Tool (one per participant); counsellor cue cards (one per group); penile models (one per group); flipchart paper; markers; tape

Participant workbook corresponding pages: 28

Directions
1) Tell participants that now that we have build the information and skills base to counsel on male circumcision, it is time to put those skills to work.

MODELLING
2) Invite one participant to come to the front of the room to act as a client for MC. Acting as the counsellor, model a MC counselling session with the participant to demonstrate to the other participants how to conduct an MC counselling session and use the MC counselling cue cards (or protocol).
3) Ask the volunteer participant to use the following client character for this role-play but should also feel free to develop the character.

> *Client:* ***Jerome*** *is a 22-year-old male who has recently become interested in MC. He has a friend who underwent the procedure several months ago and has spoken with him a few times about the procedure. He is interested in MC since he heard that it protects against HIV. His main concern is the pain or the possibility of losing his ability to have sex, should something go wrong.*

ROLE-PLAYS
4) Inform participants that they will conduct counselling session role-plays and review the instructions for the role-play process (found on page 28 of their participant workbook):
    a. Each group will be made up of three participants, each playing, in turn, a specific role: a client, a counsellor, and an observer. Each participant will play each of the roles at least once throughout this session.

        i. Client: You will choose a character profile from the envelope and "play" the role as designated.
        ii. Counsellor: Use your MC Counselling Guide and Counselling Aid to counsel your client on the benefits, risks, and process for MC.
        iii. Observer: Use the Counselling Observation Tool to guide and record your feedback.
    b. After each counselling session, the observer will provide feedback to the counsellor. Be sure to observe the rules of good feedback:
        i. Be specific by indicating the exact behaviour you observed
        ii. Focus on something the person can change
        iii. Focus on the behaviour, not the person
        iv. Note good behaviours/skills as well as those that need improvement

5) Give each participant one *Counselling Observation* Tool handout to be used when they play the role of observer.
6) Ask participants to decide within their groups who will play each role for the first round of counselling.
7) Ask participants to take the role of client seriously; using the information provided in the character profile to respond to the counsellor's questions just as a client would.
8) Ask participants to remember to use their client-centred counselling skills and counsellor cue cards when playing the role of counsellor, to draw out the story of the client and make sure that they have the necessary information to respond to the needs of the client.
9) Inform participants that they have 20 minutes for each role-play but should plan on ending the counselling sessions when they have five minutes left. In these last five minutes, the observer will provide their feedback based on their notes from the Counselling Observation Tool. Invite "clients" to also share their feedback (from the prospective of the client) during these five minutes.
10) When all groups have finished, lead participants through a brief discussion, using the following questions:
    a. As counsellors, what did you feel was difficult?
    b. Easy?
    c. What could you do in the future to make these sessions easier?
11) Invite participants to switch roles and continue with the second and third role-plays.
12) After all groups have completed their third role-play, invite them to return to the larger group. Ask participants to process their thoughts on MC counselling, using the following questions:
    a. What aspects of MC counselling were difficult?
    b. How would you build and improve your skills?
    c. Ask participants how they felt as clients? How did they feel talking about such personal information?

Facilitator's Notes: During the role-plays, the facilitator should circulate among the groups to respond to questions, provide clarification, and note problems or concerns.

Character profiles

Client 1

Name:	Chivuli
Sex:	Male
Age:	24 years old
Family status:	Single but you have a girlfriend
Where you live:	City
Education:	Completed secondary school
Work:	Police service
Sexual history and behaviours:	You see commercial sex workers on occasion. Your girlfriend doesn't know about this. You don't like using condoms so only use them on occasion. You have never had an HIV test and you are afraid of the results of such a test.
Why you are interested in MC:	Your girlfriend told you that MC improves hygiene. You have also heard that it protects you from HIV so you don't need to wear condoms.

Client 2

Name:	Dani
Sex:	Male
Age:	19
Family status:	Single, no girlfriend
Where you live:	City
Education:	At university
Work:	Student
Sexual history and behaviours:	You haven't started having sex yet. You are planning to wait to have sex until you find a girlfriend that you would like to marry. You had an HIV test last year and the result was negative.
Why you are interested in MC:	You have heard that MC can protect you against HIV and improve your sexual performance. You are not sure you want to have the procedure though, since you are very worried about the pain.

Client 3

Name:	Emmanuel
Sex:	Male
Age:	29
Family status:	Single but has two girlfriends
Where you live:	Small town
Education:	Completed grade school
Work:	Mechanic
Sexual history and behaviours:	You have two girlfriends, one in town and another back in your hometown about 20 kilometres from where you stay now. You always use condoms with your girlfriend in town but never with your girlfriend back home because she is clean. You do not want an HIV test because you don't think you have HIV.
Why you are interested in MC:	You heard about it on the radio and wanted to find out more. You heard that it protects against HIV but don't know much more than that.

2.10 Closing: Feedback cards

Objectives
By the end of the activity, facilitators will have:
- Summarized the session activities
- Gathered feedback from the group

Time
15 minutes

Materials needed
Two colours of 3x5 cards, enough for each participant to receive one of each colour

Participant workbook corresponding pages: None

Directions
1) Pass around two stacks of 3x5 cards, each stack a different colour.
2) Ask participants to take one card of each colour.
3) Ask each participant to write down *one thing they really appreciated about the day's sessions on _____ colour card*.
4) Ask participants to write down *one thing they wished had been different about the day's sessions on the other card.*
5) When all participants have completed their cards, ask that they pass them to you. Thank them for their input and assure them that the facilitators will carefully consider their feedback.

DAY THREE

3.1 Icebreaker: Skill and concept cards

Type of activity
Icebreaker

Purpose
To reinforce key client-centred counselling concepts and help participants realize that many of their struggles are not unique.

Time
20 minutes

Materials needed
Blank index cards, three per participant

Participant workbook corresponding pages: None

Directions
1) Before beginning the day's activities, review quickly the feedback received during the closing feedback session ("Feedback cards") from the previous day. Explain to participants what changes will be made to address the things they "wished had been different."
2) Continue with activity.
3) Give each participant three blank index cards and instruct them to write one client-centred counselling concept or skill per card that they continue to struggle with or would like to improve.
4) Give them about five minutes to complete the exercise, then collect the cards, shuffle them, and randomly deal three cards back to each participant.
5) Ask everyone to read the cards they just received (to themselves), and then to arrange them in order of personal preference from those skills they feel they need most to improve to those they feel more comfortable with.
6) Ask participants if the skills they were dealt resemble those they wrote for themselves.
7) Remind participants that they are all still learning and that their struggles are not unique. However, throughout this final day they should keep these skills in mind and be sure to work on them in their role-plays.

3.2 Review of Risk Reduction Counselling

Type of activity
Large group discussion, role-play, small group discussion/brain-storming

Purpose
To reinforce participants' skills to counsel men on risk reduction after MC.

Objectives
By the end of the session, participants will be able to:
- Explain the most common misperceptions regarding risk compensation amongst circumcised men
- Describe counselling strategies to support men to develop risk reduction plans after MC

Time
60 minutes

Materials needed
Four cards, each with one step of risk reduction counselling (see step #6 for list); tape

Participant workbook corresponding pages: 31-37

Directions
1) Read with participants the following news clipping (page 31 of the participant workbook):

Cyprian Musoke, New Vision (Kampala)
December 21, 2006

PRESIDENT Yoweri Museveni has warned about statements that circumcision reduces the risk of HIV/AIDS.

"These days, there are many confusing messages. One of them is that if you are circumcised, you are less likely to catch AIDS even if you behave recklessly. Now what sort of message is that?" the President asked.

"Sixty percent less at risk? Then what about the forty percent? If you have got one hundred circumcised people and they live recklessly, and sixty percent don't get AIDS but forty do, what are you looking for?" he mused.

Addressing the international medical students' convention on child health at Makerere University on Wednesday, Museveni said such messages were sending wrong signals to the population, and caused apathy in the fight against HIV/AIDS. He said Uganda's success was because of the clear message that there is no cure at all for AIDS.

"The way we controlled AIDS was because of an unequivocal message that there is a sickness which is not curable, you get it through sex, and when you get it you die. Therefore, avoid all risky sexual behaviours," he said…

2) Ask participants the following questions:
    a. What words stand-out from President Museveni's statements?
    b. Who would like to summarize the fears expressed by President Museveni about male circumcision?
    c. How do these fears relate to what some people in our country say about MC?
3) Ask participants what things they have heard from friends, family or leaders about how MC might change the way men behave.
4) Ask participants if the things they have heard are true. Present information to ensure that the conclusion from this discussion is that MC does not lead to increased risk-taking behaviours but that counsellors play a role in helping men to plan for a safer sexual life post-MC.
5) Tell participants that we will quickly review the steps involved with risk reduction counselling. Present each risk reduction counselling steps using the prepared cards, posting each step, in order, at the front of the room.
6) As you post each step, ask participants to explain what the step involves.
7) Ask participants to offer questions that a counsellor might use at each step to illicit the information they are expecting. For example, for "risk assessment" one question a counsellor might use could be: "How to you think you put yourself and risk of HIV infection?"
8) Refer participants to page 32 of their participant workbook and together review again the steps involved in risk reduction counselling.
    - Risk Assessment and Identification of Risk Triggers
    - Personalised disease education
    - Goal Setting
    - Action Planning
9) Divide participants into buzz groups of two or three persons each. Ask each group to refer to page 33 of their workbook. Ask each group to take five minutes to read the instructions and complete the activity.
10) After five minutes, ask one buzz group to share their response for situation #1. Ask other buzz groups if they identified other risks or risk triggers.
    - Situation #1: A young man who has sex without a condom with new sexual partners he meets in bars.
    - Situation #2: A married man who has two girlfriends and always uses condoms with only one of his girlfriends and never his wife.
    - Situation #3: An unmarried man who often pays girls for sex and only uses condoms when he isn't drunk.
11) Repeat until responses have been shared for all situations.

12) Refer participants to page 34 of their workbook and review the description of personalised disease education.

Personalised Disease Education
Personalised disease education helps the client to understand how his current behaviours may put him at risk of HIV infection.

Steps for personalised disease education:

1) **Summarise what the client has said during the risk assessment**. Example: "Joseph, let me summarise what you've already shared with me. You currently have two girlfriends and you never use condoms. You don't know the HIV status of either girlfriend and you're not sure if they are faithful to you. Did I get that right?"
2) **Address each risk behaviour and link it to the possibility of HIV infection**. Example: "I need to tell you that having multiple sexual partners at once increases your risk of becoming HIV positive. Since you don't know the status of your partners and you're not sure if they are faithful to you, you are at high risk of HIV infection. Since you don't use condoms, you can easily be infected by either one of your partners if she is HIV positive and you can pass the infection on to your other partner."
3) **Answer any questions your client has about HIV infection and their risk**.

13) Refer participants to page 35 of their workbook. Give each buzz group five minutes to complete goal setting for each of the situations they already used to identify risks.
14) After five minutes, ask one buzz group to share their response for situation #1. Ask other buzz groups if they identified other goals for the situation.
15) Repeat until responses have been shared for all situations.
16) Repeat steps 11-13 for action planning (page 36 of participant workbook) and offering options (page 37).
17) Remind participants that risk reduction counselling plays an important role in MC counselling. In the next session, they will have an opportunity to practice these steps.

Situations for risk reduction counselling activities:

- Situation #1: A young man who has sex without a condom with new sexual partners he meets in bars.
- Situation #2: A married man who has two girlfriends and always uses condoms with only one of his girlfriends and never his wife.
- Situation #3: An unmarried man who often pays girls for sex and only uses condoms when he isn't drunk.

3.3 Practicing MC Counselling Sessions: Act 2

Type of activity
Self guided role-plays

Purpose
To provide participants with the opportunity to practice MC counselling using the counselling guide and aid.

Objectives
By the end of the session, participants will be able to:
- Demonstrate correct use of skills for risk reduction counselling of MC clients

Time
60 minutes

Materials needed
Counselling Observation Tool (one per participant); counsellor cue cards (one per group); penile models (one per group); flipchart paper; markers; tape

Participant workbook corresponding pages: 38

Directions

1) Inform participants that they will conduct abbreviated counselling session role-plays to reinforce their risk reduction counselling skills. Review the instructions for the role-play process (found on page 38 of their participant workbook):
    a. The focus of these role-plays will be on risk reduction counselling, so please assume that you've arrived at the point in the counselling session where you're helping your client plan their post-MC behaviour.
    b. Each group will be made up of three participants each playing, in turn, a specific role: a client, a counsellor, and an observer. Each participant will play each of the roles at least once throughout this session.
        i. Client: You will choose a character profile from the envelope and "play" the role as designated.
        ii. Counsellor: Use your MC Counselling Guide and Counselling Aid to counsel your client on the benefits, risks, and process for MC.
        iii. Observer: Use the Counselling Observation Tool to guide and record your feedback.
    c. After each counselling session, the observer will provide feedback to the counsellor. Be sure to observe the rules of good feedback:
        i. Be specific by indicating the exact behaviour you observed
        ii. Focus on something the person can change
        iii. Focus on the behaviour, not the person
        iv. Note good behaviours/skills as well as those that need improvement
2) Give each participant one Counselling Observation Tool handout to be used when they play the role of observer.

3) Ask participants to decide within their groups who will play each role for the first round of counselling.
4) Ask participants to take the role of client seriously; using the information provided in the character profile to respond to the counsellor's questions just as a client would.
5) Ask participants to remember to use their client-centred counselling skills, when playing the role of counsellor, to draw out the story of the client and make sure that they have the necessary information to respond to the needs of the client.
6) Inform participants that they have 15 minutes for each role-play but should plan on ending the counselling sessions when they have five minutes left. In these last five minutes, the observer will provide their feedback based on their notes from the Counselling Observation Tool. Invite "clients" to also share their feedback (from the prospective of the client) during these five minutes.
7) When all groups have finished, lead participants through a brief discussion, using the following questions:
    a. As counsellors, what did you feel was difficult?
    b. Easy?
    c. What could you do in the future to make these sessions easier?
8) Invite participants to switch roles and continue with the second and third role-plays.
9) After all groups have completed their third role-play, invite them to return to the larger group. Ask participants to process their thoughts on risk reduction counselling, using the following questions:
    a. What aspects of risk reduction counselling were difficult?
    b. What changes did you make to your counselling skills based on your experience from previous practice exercises?
    c. Ask participants how they felt as clients? How did they feel talking about such personal information?
    d. Ask participants to share any strategies they discovered to address the challenges noted in previous sessions?

Facilitator's Notes: During the role-plays, the facilitator should circulate among the groups to respond to questions, provide clarification, and note problems or concerns.

Character profiles

Client 1

Name:	Aleck
Sex:	Male
Age:	26 years old
Family status:	Married with two children
Where you live:	Rural area
Education:	Completed primary school
Sexual history and behaviours:	You sometimes have sex with other women when you travel to Lusaka to visit your brother and buy supplies for your shop. You rarely use condoms with these women and never use condoms with your wife. You feel that men need to have several partners to stay healthy and you don't worry much about HIV since you can tell when a woman is infected.

Client 2

Name:	Joseph
Sex:	Male
Age:	21
Family status:	Single, no steady girlfriend
Where you live:	City
Education:	At university
Sexual history and behaviours:	You often have sex with women that you meet in nightclubs on the weekend. Sometimes you pay them for sex but other times you just give them gifts or buy them drinks. You sometimes use condoms but usually only when the woman insists. You don't like condoms because they reduce your pleasure and make you feel dirty.

Client 3

Name:	Lukas
Sex:	Male
Age:	30
Family status:	Married with two children
Where you live:	Urban area
Education:	University
Sexual history and behaviours:	You have one girlfriend, in addition to your wife. You're certain that your wife and girlfriend are not cheating on you so you feel safe not using condoms with them. You sometimes travel for work and have paid women that you meet at bars for sex. With those women you always use a condom since they are sex workers and you don't know them well.

3.4 Counselling Special Populations: Women and Parents

Type of activity
Large group discussion, role-play, reflection

Purpose
To provide participants with an opportunity to explore how counselling sessions might differ for special populations.

Objectives
By the end of the session, participants will be able to:
- Describe how MC counselling sessions would differ for special populations
- Describe counselling techniques and questions that are appropriate for sessions with special populations

Time
60 minutes

Materials needed
Piece of flipchart paper, markers, tape

Participant workbook corresponding pages: 39

Directions
1) Ask participants to imagine the following:
   You are the parent of a 13-year-old son. Your son comes home from school one day and tells you that he wants to have a circumcision. Under your country's law, he needs your consent to have the procedure.
   What questions would you want answered before allowing him to undergo MC? Note responses on a flipchart.
2) Discuss with participants (brainstorm) possible responses to these questions. Note responses on a flipchart.
3) Present to participants the following messages (in addition to other messages outlined in the MC counselling protocol) that they should keep in mind when counselling parents on MC:
   - Discussing with children the benefits and possible risks associated with MC
   - Supporting children who want MC
   - Understanding their role in signed consent
   - Monitoring the healing process of the wound
   - Understanding the long-term benefits of MC (especially for parents worried that MC might encourage their children to have sex)
4) Next, ask participants to imagine the following:
   You are the sexual partner of someone who is considering MC.
   What questions would you want answered? Note responses on a flipchart.
5) Discuss with participants (brainstorm) possible responses to these questions. Note responses on a flipchart.

6) Present to participants the following messages (in addition to other messages outlined in the MC counselling protocol) that they should keep in mind when counselling women (as sexual partners) on MC:
    - Going for HIV couples counselling and testing to benefit fully from MC
    - Talking about MC with your partner
    - Going with your partner to MC counselling
    - Supporting your partner during healing period
    - Continuing to use condoms and limiting number of sexual partners
    - Accompanying partner to the clinic for the procedure
    - Women have a reduced risk of cervical cancer if their sexual partner is circumcised
7) Remind participants that in their role as counsellors, they need to listen to the concerns of their clients and provide the appropriate information.

3.5 Providing Referrals to other Services

Type of activity
Large group discussion, lecture

Purpose
To help participants understand the opportunities for referrals to other services that exist from MC services.

Objectives
By the end of the session, participants will be able to:
- Cite the services that can serve as referral points for MC clients
- Explain the important role that MC services and counselling can serve as an entry point for other health services for men

Time
45 minutes

Materials needed
Flipchart paper, markers, tape

Participant workbook corresponding pages: 40

Directions
1) Tell participants that MC services and counselling represent an opportunity to meet the other health needs of men, who do not seek out health services as frequently as women.
2) Refer participants to page 40 of their participant workbook. Give them three minutes to free-list all the services that are available at their health facility and health facilities near them that often serve as referral points for their facility.
3) After three minutes, ask various participants to share one or two items from their list. Invite other participants to offer items until it is clear that MC counselling is not the only service that this group can offer to their clients.
4) Ask participants to refer back to the list of services they free-listed and to think about which of those services might benefit men.
5) Ask participants to share which services they indicated for men and note responses on a flipchart.
6) Ask all participants to refer to the list on the flipchart and for each service ask them to think about situations or type of men that might benefit most from each service. (For example, ask: What men might be most interested in family planning services? Possible responses: married men, men who do not want children but are sexually active, etc.)
7) Refer participants to the list of things a counsellor should do to make a referral effective on page 41 of their participant workbook. For each item, ask participants to provide suggestions on how they might do each thing (example: ask clients which need is most pressing, using only those services I have visited, helping the client to set up an appointment, etc.).
8) Remind participants that by listening to their clients they can identify opportunities for them to benefit from other services and should propose a referral, as appropriate.

3.6 Practicing MC Counselling Sessions: Act 3

Type of activity
Self guided role-plays

Purpose
To provide participants with the opportunity to practice MC counselling using the counselling guide and aid.

Objectives
By the end of the session, participants will be able to:
- Demonstrate correct use of skills to counsel on MC
- Use correctly the MC counselling guide and aid

Time
90 minutes

Materials needed
Counselling Observation Tool (one per participant); counsellor cue cards (one per group); penile models (one per group); flipchart paper; markers; tape

Participant workbook corresponding pages: 42

Directions

1) Inform participants that they will conduct counselling session role-plays and review the instructions for the role-play process (found on page 31 of their participant workbook):
    a. Each group will be made up of three participants, each playing, in turn, a specific role: a client, a counsellor, and an observer. Each participant will play each of the roles at least once throughout this session.
        i. Client: You will choose a character profile from the envelope and "play" the role as designated.
        ii. Counsellor: Use your MC Counselling Guide and Counselling Aid to counsel your client on the benefits, risks, and process for MC.
        iii. Observer: Use the Counselling Observation Tool to guide and record your feedback.
    b. After each counselling session, the observer will provide feedback to the counsellor. Be sure to observe the rules of good feedback:
        i. Be specific by indicating the exact behaviour you observed
        ii. Focus on something the person can change
        iii. Focus on the behaviour, not the person
        iv. Note good behaviours/skills as well as those that need improvement
2) Give each participant one Counselling Observation Tool handout to be used when they play the role of observer.
3) Ask participants to decide within their groups who will play each role for the first round of counselling.

4) Ask participants to take the role of client seriously; using the information provided in the character profile to respond to the counsellor's questions just as a client would.
5) Ask participants to remember to use their client-centred counselling skills, when playing the role of counsellor, to draw out the story of the client and make sure that they have the necessary information to respond to the needs of the client.
6) Inform participants that they have 20 minutes for each role-play but should plan on ending the counselling sessions when they have five minutes left. In these last five minutes, the observer will provide their feedback based on their notes from the Counselling Observation Tool. Invite "clients" to also share their feedback (from the prospective of the client) during these five minutes.
7) When all groups have finished, lead participants through a brief discussion, using the following questions:
    a. As counsellors, what did you feel was difficult?
    b. Easy?
    c. What could you do in the future to make these sessions easier?
8) Invite participants to switch roles and continue with the second and third role-plays.
9) After all groups have completed their third role-play, invite them to return to the larger group. Ask participants to process their thoughts on MC counselling, using the following questions:
    a. What aspects of MC counselling were difficult?
    b. How would you build and improve your skills?
    c. Ask participants how these sessions differed from those with men interested in MC for themselves? What strategies did they use to address the issues we discussed earlier?

Facilitator's Notes: During the role-plays, the facilitator should circulate among the groups to respond to questions, provide clarification, and note problems or concerns.

Client 1

Name:	Julie
Sex:	Female
Age:	22
Family status:	Single but you have a boyfriend
Where you live:	City
Education:	Completed secretary school
Work:	Secretary
Sexual history and behaviours:	You and your boyfriend plan to get married next year but for now, you like the way that he pampers you and makes you feel special. You do not like condoms so you and your boyfriend don't use them together.
Why you are interested in MC:	You want your boyfriend to get MC since you have heard that it protects him from HIV. You are not sure if he is faithful so you sometimes wonder if you will get infected with HIV from him. You have also heard that MC will make his penis cleaner.

Client 2

Name:	Brenda
Sex:	Female
Age:	26 years old
Family status:	Single but you have a boyfriend
Where you live:	City
Education:	At university
Work:	Student
Sexual history and behaviours:	You have a boyfriend with whom you don't use condoms. He is your only sexual partner.
Why you are interested in MC:	Your boyfriend has already come to the clinic for counselling but has not yet gone through with the procedure. You have heard from other people that men who are circumcised have more secret lovers since they think they are protected from HIV. You don't know much about the benefits and risks of MC.

Client 3

Name:	Sarah
Sex:	Female
Age:	45
Family status:	Married with four children
Where you live:	City
Education:	Completed primary school
Work:	Housecleaner
Sexual history and behaviours:	You and your husband have been married for 20 years.
Why you are interested in MC:	You are concerned that your 17-year-old son is going to catch HIV so you want to find out about MC to protect him from HIV. You know he has already started having sex but can't talk with him about it. You plan to leave brochures about MC around the house so that he gets the idea.

3.10 Closing: Wrap-up and Planning for Practical Sessions

Type of activity
Lecture

Purpose
To provide participants with a brief review of the skills they have practiced during the day and orient them to the practical sessions.

Time
15 minutes

Materials needed
None

Participant workbook corresponding pages: None

Directions
1) Refer participants back to the workshops expectations that they developed on the first day of the training.
2) Go through each expectation and explain to participants if/how each expectation was met. In cases where expectations were not met, explain why and how they might be met during either the practical sessions or at another opportunity.
3) Thank participants for their energy and contributions throughout the training.
4) Remind participants that practice will help to improve their skills and alleviate any outstanding uncertainties. Tell participants that we will spend the next day working in an actual MC facility, observing counselling sessions led by experienced counsellors and serving actual MC clients.
5) Remind them that the counselling protocol is designed to help them in the first few sessions they lead but overtime they will become more confident.
6) Explain to participants the logistics for the practical sessions that have been organized. Remind them to arrive on time and take the opportunity to learn from more experienced counsellors.

DAY FOUR

4.1 Practical Sessions and De-brief

Type of activity
In-clinic practice

Purpose
To provide participants with the opportunity to practice MC counselling skills with actual clients.

Objectives
By the end of the session, participants will be able to:
- Demonstrate correct use of skills to counsel on MC
- Correctly use the MC counselling protocol and aid

Time
Half- to full-day, depending on availability of clients

Materials needed
Flipchart paper, markers

Participant workbook corresponding pages: 45-46

Directions
1) Explain to participants that they will now have an opportunity to practice their MC counselling skills with actual clients. Counsellors will be assigned to a clinic-based MC counselling team and will serve clients as they come into the clinic.
2) Review with participants the reminder points outlined in their participant workbook.
3) During the day, the facilitator(s) should circulate through counselling sessions (after gaining client permission) to observe counselling sessions and provide individualized feedback to participants. Also, be sure to note general feedback and counselling reminders that can be shared with the larger group during the de-briefing session.
4) At the end of the day, re-assemble the participants and lead them through a process of reflection:
    a. What went well today in your counselling sessions with actual clients?
    b. What were some of the challenges you encountered?
    c. How did you address these challenges?
    d. What tips or suggestions did you gain from the experienced counsellors at the clinic?
    e. What other observations did you make today?

    Write responses on flipchart paper and post at the front of the room.
5) Next, provide general feedback and tips based on your observations during counselling sessions.

4.2 Closing: Closing Statements

Time
15 minutes

Objectives
By the end of the session, participants will have:
- Developed take home messages for the training workshop

Materials
None

Participant workbook corresponding pages: 47

Directions
1) Explain the activity.
   In a moment I'll be handing out a worksheet with some sentences. Please complete any or all of the statements on the handout to summarize your experience in this training. You will be asked to share one with the group when everyone has finished.
2) Give participants five minutes to complete their worksheets.
3) After everyone has finished, go around the room and let each participant share one item.
4) Thank participants for their feedback.

Worksheet: Closing Statements

Please complete any or all of the statements to summarize your experience of this training workshop. You will be asked to share one with the group.

I learned…

I feel…

I was surprised…

I'm wondering…

I've re-discovered…

I figured out…

I appreciated…

I felt challenged…

I understand better…

APPENDIX A: SESSION SUPPORT MATERIALS

Session 1.4: Statements for Benefits, Risk and Myths about MC

Easier to clean the penis

Reduced risk of some STIs

Reduced risk of HIV

Reduced risk of penile cancer

Reduced risk of cervical cancer

Pain

Bleeding

Infection

Reaction to the anaesthesia

Blood clots or redness at the site of the wound

Makes the penis larger

Makes the penis smaller

Causes infertility

Makes the man a better lover

Delays ejaculation

Makes the head of the penis prone to injury

Makes the man promiscuous

Makes sex more pleasurable for the woman

Session 1.5: Labels for Anatomy of the Penis

Coronal ridge
Glans
Scrotum
Shaft skin
Outer foreskin
Inner foreskin
Foreskin opening

Bladder
Prostate

Session 1.7: Sentence halves for post-procedure care

Take dry baths during the two days following your procedure…

…and be sure to always use a condom once you resume having sex.

…as directed by your MC provider.

…this can damage the wound. Any pain from erections will go away after a few days.

…your wound as it is healing.

…this will help you heal more quickly.

But do not masturbate since…

Erections may cause some pain. Drinking lots of water and urinating can usually help reduce the pain.

Rest at home for one to two days; …

Take any medications…

Do not pull or scratch…

…taking care not to get your bandages wet.

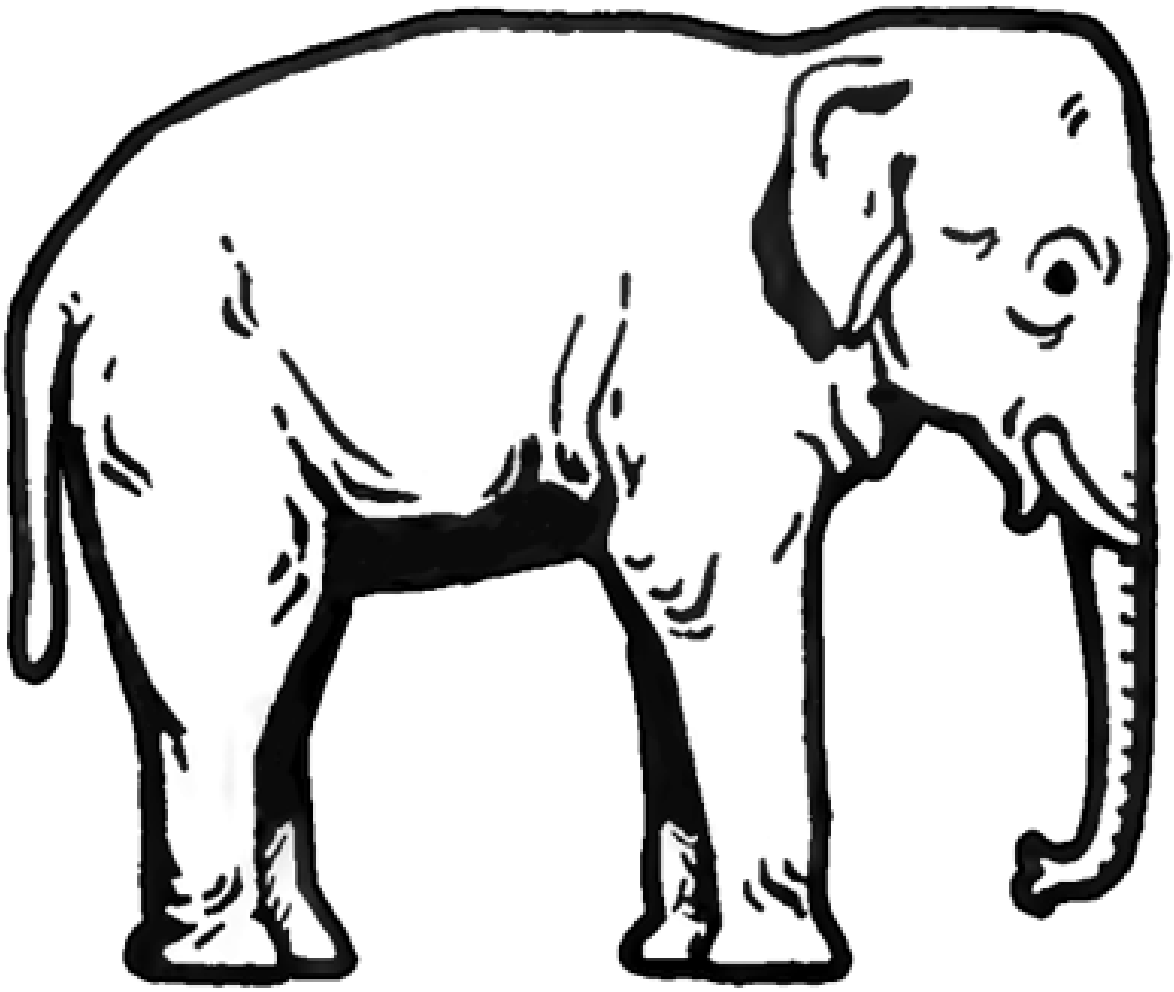
Do not have sexual intercourse or masturbate for at least six weeks…

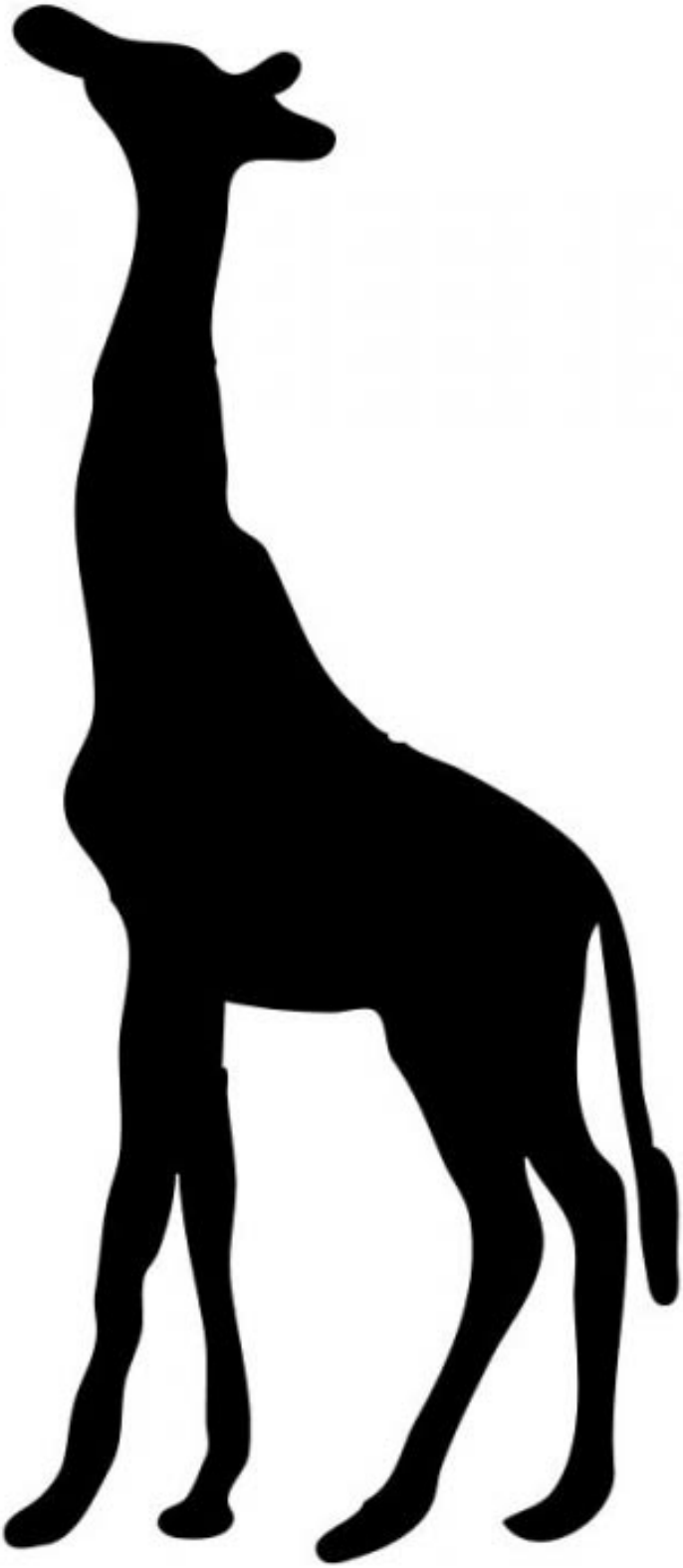
Session 2.1: Questions for Review Game

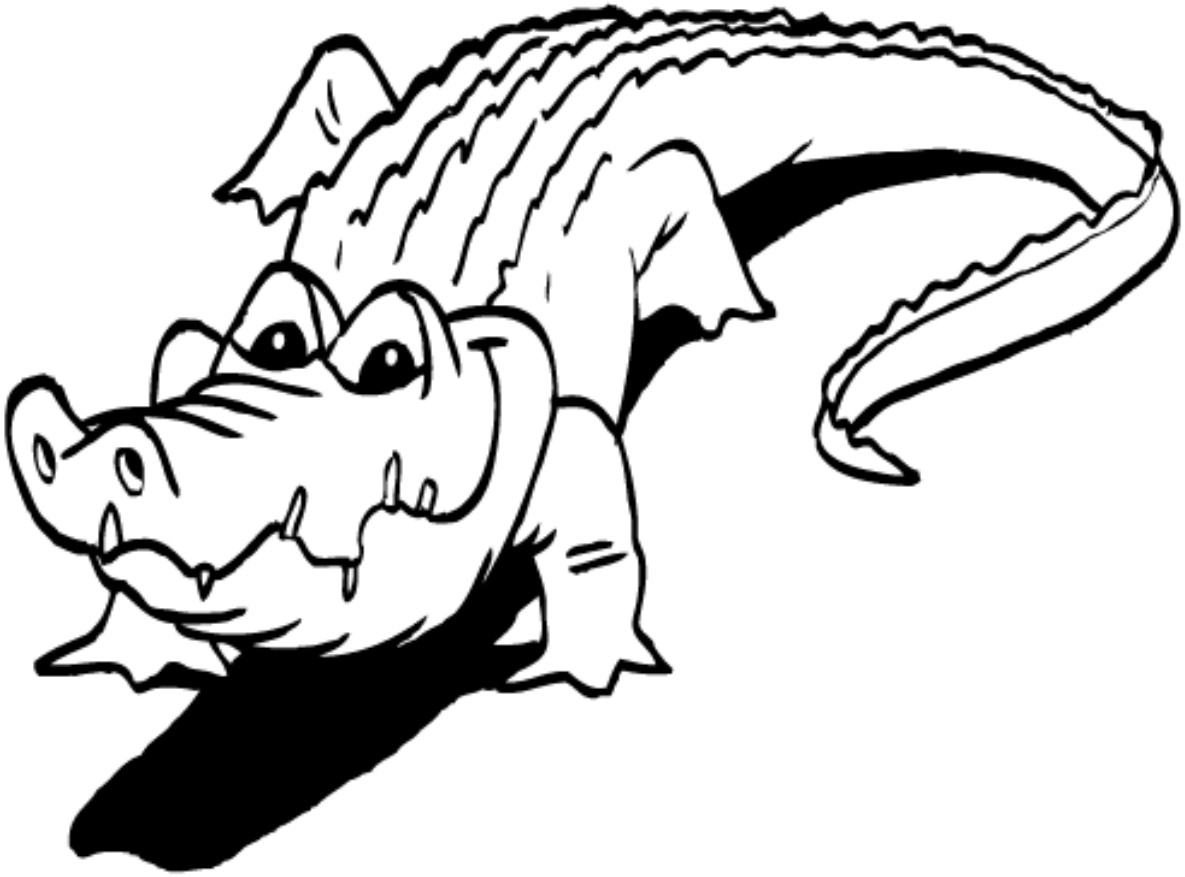
For how many weeks after their MC procedure must men abstain from sex and masturbation?	True or False: To maximize the benefits of MC, men should know their HIV status prior to having a circumcision.
What is the legal age of consent for MC in our country?	Men are advised not have sex or masturbate for how long after their MC procedure?
What should a client do if he experiences excessive pain one day after his procedure?	Explain how circumcision can reduce (but not eliminate) the risk of acquiring HIV.
True or False: A man should not shower or bathe for one week after the procedure.	True or false: Only HIV-negative men are eligible for male circumcision.
Multiple choice: Male circumcision involves the removal of the: (a) the foreskin; (b) head of the penis; (c) the scrotum; or, (d) entire penis.	True or false: Male circumcision increases the risk of cervical cancer for the female sex partners of circumcised men.

Explain why it is important for a client to know his HIV status before having MC.	True or False: Male circumcision provides 100% protection against HIV infection.
True or False: A dressing is secured to the skin so that the penis is pointed DOWNWARD to reduce the risk of swelling.	After their procedure, men are advised to return to the clinic for examination after how many days?
After MC, a man should continue to protect himself from HIV by practicing what: (a) not having sex; (b) reducing his number of sexual partners; (c) using condoms; or, (d) all three.	True or False: If a 15-year-old boy refuses male circumcision, it is appropriate to perform the surgery if his parents still provide their consent?
What behaviours should men adopt to protect themselves from HIV after MC?	How many days after the MC procedure does the second review take place?
Cite three risks of male circumcision.	Cite three benefits of male circumcision.

Session 2.2: Pictures for Lion, Elephant, Giraffe, and Crocodile Icebreaker







Session 2.7: Counselling Observation Tool

Facility: _____ **Counsellor:** _____ **Assessor:**_____ **Date:**_____ **Session Type**: Individual Counselling Session **Start Time**: _____**Stop Time**:_____ **Duration**:_____ **Counsellor Code**:_____	Not done/Unacceptable	Needs more practice	Satisfactory	Score guide 0. Not done 1. Needs more practice 2. Satisfactory N/A. Not applicable
Introductions and confidentiality	0	1	2	Comments
1. Welcomes clients to session, introduction of counsellor by name (confirms language to be used in session)				
2. Assures confidentiality				
Gathering demographic Information	0	1	2	Comments
3. Introduces the MC Client Intake form; explains reasons for demographic Information				
4. Collects data using MC Client Intake form				
Assessing Interest in MC and addressing client's concerns	0	1	2	Comments
5. Asks open-ended question and allows client to express his concerns				
6. Identifies client's concerns and immediately addresses the concerns				
Explaining MC package	0	1	2	Comments
7. Explains MC package				
8. Asks client about any concerns with regard to the MC package				
Benefits of MC	0	1	2	Comments
9. Explores client's understanding on benefits of MC				
10. Confirms client's understanding on the limitations of MC, with regards to partial protection against HIV and STIs				
Risk Assessment	0	1	2	Comments
11. Explores client's risks on HIV Infection				
12. Identifies risk pattern (who, where, how)				
13. Identifies circumstances, vulnerabilities, risk triggers				
Personalized disease education	0	1	2	Comment
14. Summarizes risks identified by the client				
15. Breaks down each risk and explains the relation to HIV infection				
Provider Initiated HIV testing	0	1	2	Comment
16. Explains that HIV testing is an important component of MC				
17. Explores client's concerns about testing and offers relevant information				
MC Procedure	0	1	2	Comment
18. Explores clients understanding of MC procedure				
19. *Offers relevant information on MC procedure				
Risks and Limitations of MC	0	1	2	Comment
20. Explores client's understanding of partial protection of MC				
21. *Offers Information on risks of MC and addresses client's concerns				
Recovery Period	0	1	2	Comment
22. Explores client's understanding of recovery period and 6-week abstinence				
23. *Offers information on recovery after MC and addresses client's concerns				
Follow up visits	0	1	2	Comment
24. Explores clients understanding on follow up visits				
25. *Offers information on follow up visits and emphasizes their importance				
HIV test results	0	1	2	Comment
26. Explores client's understanding of results, response to results and				

implications of results				
27. Explains window period correctly for HIV negative results and continues with MC counselling				
28. *If result is positive, offers Information on positive living, seeking support and treatment				
Life after MC	0	1	2	Comment
29. Explores clients understanding of life after MC				
30. Clarifies client's concerns and offers information on safe sex				
Goal setting	0	1	2	Comment
31. *Assists client to set goals to stay HIV-negative after MC				
Action Planning	0	1	2	Comment
32. *Assists client to come up with personal, doable steps to accomplish goal				
Wrap up and summarizing	0	1	2	Comment
33. Summarizes session and thanks client				
Counselling Skills	0	1	2	Comment
34. Listens effectively and uses client-centred counselling approach				
35. Uses open ended questions and uses non-verbal communication appropriately				
36. Offers relevant and correct factual information based on client's needs				
37. Communicates at the level of the client's understanding				
38. Uses reinforcement/affirmation				
39. Picks up client's feelings and addresses them (empathy) and uses other counselling skills appropriately, e.g. challenging, paraphrasing, focusing, clarifying & summarizing)				
Overall average score = Score/80*100				
Overall comments				

**Refer to additional tools for details such as the MC or CT counselling protocols.*

APPENDIX B: OTHER MATERIALS

Sample Training Evaluation Form

Your opinions about the training content, presenters, and format are very important to us. The responses that you give will be extremely useful in planning future trainings and in the development of training materials.

I. Content

1. Please circle the appropriate response for your overall rating of the training content.
    a. Very useful information
    b. Useful information
    c. Information not of much use

2. What is the most useful piece of information you will take away from this training?

_____

_____

3. What were the least useful parts of this training?

_____

_____

4. What information was missing from this training?

_____

_____

5. What will you do differently as a result of having attended this training?

_____

_____

II. Trainer

Please check the box to rate the following aspects related to the trainer and add any comments you may have.

1. Training style ☐ Excellent ☐ Good ☐ Poor

_____

_____

2. Trainer's knowledge of the subject ☐ Excellent ☐ Good ☐ Poor

_____

_____

3. Trainer's responsiveness to participants ☐ Excellent ☐ Good ☐ Poor

_____

_____

III. Logistics

Please check the box to rate the following aspects related to the logistics of the training and add any comments you may have.

1. Meeting room ☐ Excellent ☐ Good ☐ Poor

_____

_____

2. Accommodations ☐ Excellent ☐ Good ☐ Poor

_____

_____

3. Hand-outs ☐ Excellent ☐ Good ☐ Poor

_____

_____

4. Audiovisuals ☐ Excellent ☐ Good ☐ Poor

_____

_____

5. Food ☐ Excellent ☐ Good ☐ Poor

_____

_____

IV. Additional comments/suggestions for future training workshops:

_____

_____

_____

_____

_____

Sample Energizers

Energizers are quick activities (five to 10 minutes) that can be used when the energy of your group is low. They are intended to get participants up and moving and are especially useful in the afternoon when your participants may be getting tired. Since some energizers are silly, it is important for you, the facilitator, to actively participate in energizers so that your participants have "permission" to also act silly.

The energizers listed below are a good start but you should feel free to explore other energizers that might work well with your group. For more energizer activities, see the International HIV/AIDS Alliance's excellent resource *100 ways to energise groups: Games to use in workshops, meetings and the community* (http://www.aidsalliance.org/graphics/secretariat/publications/ene0502_Energiser_guide_eng.pdf).

Energizer	Lions, Elephants, or Mice
Time	10 minutes
Materials Needed	None

Directions

1) Divide the group into two teams and explain the directions and show the actions.
2) Each team will huddle and pick an animal for the round, choosing from lions, elephants, or mice. The team must agree on an animal and everyone on the team must act out the same animal for that round. (This game is similar to the "rock-paper-scissors" game.)
3) Each animal has an action (demonstrate each action and practice with the group before you begin the game):
    a. Lions put their hands up over their heads (to make them look big and scary) and make a growling sound.
    b. Elephants put their hands up to their ears (to give them big, floppy ears) and make a roaring sound.
    c. Mice push their ears out (with their hands) and make a mouse sound like eeeee.
4) And each animal beats one other animal:
    a. Lions can eat the Mice
    b. Mice can scare the Elephants
    c. Elephants can step on the Lions
    d. If both teams pick the same animal, it is a draw.
5) Once each team has decided which animal they will be for that round, the teams form two lines and stand face-to-face. On the count of three, everyone does the action of their team's animal.
6) The team whose animal wins gets one point.
7) You then repeat the process, giving the teams a minute to decide what animal they want to be, and then call them back to the middle to begin again.
8) The game ends when one team has three points.

Energizer	Pig Personality Test
Time	10 minutes
Materials Needed	Blank sheets of paper, one per participant

Directions

1) Ask participates to draw a pig on the piece of blank paper you provided. Provide no instruction beyond this and give them a minute to complete their picture.
2) Tell participants that the pig serves as a useful test of the personality traits of the artist. You will now help them to interpret their personality using their pig picture.
3) Ask participants to look over their picture as you read the following.

- If you drew your pig:
    - Toward the **top** of the paper, you are positive and optimistic.
    - In the **middle**, you are a realist.
    - Toward the **bottom**, you are pessimistic, and have a tendency to behave negatively.
- If your pig is facing:
    - **Left**, you believe in tradition, are friendly, and remember dates (birthdays, etc.)
    - **Right**, you are innovative and active, but don't have a strong sense of family, nor do you remember dates.
    - **Front** (looking at you), you are direct, enjoy playing devil's advocate and neither fear nor avoid discussions.
- If you drew:
    - Many details, you are analytical, cautious, and distrustful.
    - Few details, you are emotional and naive, you care little about details and are a risk taker.
- If you drew:
    - Less than four legs showing, you are insecure or are living through a period of major change.
    - All four legs showing, you are secure, stubborn, and stick to your ideals.
- The size of the ears indicates how good a listener you are. The bigger the better.
- The length of the tail indicates the quality of your sex life! Again, bigger is better...and what about those curls?

Energizer	Air writing
Time	Five minutes
Materials Needed	None

Directions

1) Ask participants to stand.
2) Tell participants to use their right arm to “write” their first name in the air with their imaginary pencil. Continue with the following:
    a. Family name with left arm
    b. Mother’s first name with right leg
    c. Father’s first name with left leg
    d. Favorite actor or singer’s name with nose
    e. Name of their country with their belly button

Energizer	Screamers
Time	10 minutes
Materials Needed	None

Directions

1) Ask participants to stand and form a circle, being sure that everyone is able to see the eyes of everyone else.
2) Explain that you will be giving two sets of instructions—“heads down" and "heads up."
3) When you say "heads down," everyone looks down. When you say "heads up," everyone should look up, **straight into the eyes** of someone else in the circle.
4) If they are looking at someone who is looking at someone else, nothing happens. If they are looking at someone who is looking right back at them, they both scream and leave the circle.
5) Once the "screamers" have left the circle, the circle closes in and you repeat step two, followed by step three, until you are down to two people. These two people are the “winners.”

Energizer	Mime a lie
Time	10 minutes
Materials Needed	None

Directions

1) Ask participants to stand in a circle.
2) The facilitator starts to mime an action. The person on their right then asks, “What are you doing?” and the facilitator replies that s/he is doing something completely different. For example, the facilitator mimes swimming but says “I am washing my hair.”
3) The person to the facilitator’s right then has to mime what the facilitator said that they were doing (washing their hair). The person to their right then asks what they are doing and they say they are doing something completely different.
4) Go around the circle in this way until everyone has had a turn.

APPENDIX C: REFERENCES

Adult Learning Theory[7]

All trainers should understand the principles of adult learning. Participants in training sessions may come with a number of emotions, unresolved feelings, fears, and concerns that will influence their receptivity to the training content. They also may bring experiences, perspectives, and insights that will enrich the training. Thus, training is not just a matter of presenting new information to a passive, receptive audience. The trainer must carefully consider the emotional context in which this education takes place.

Malcolm Knowles, often referred to as the "father of adult education," found that adult learning occurs best when it follows certain principles. If trainers follow these guidelines, they will greatly enhance the learning experience for participants (Knowles, 1990). Arnold et al. (1991), among other adult educators, state that people retain:

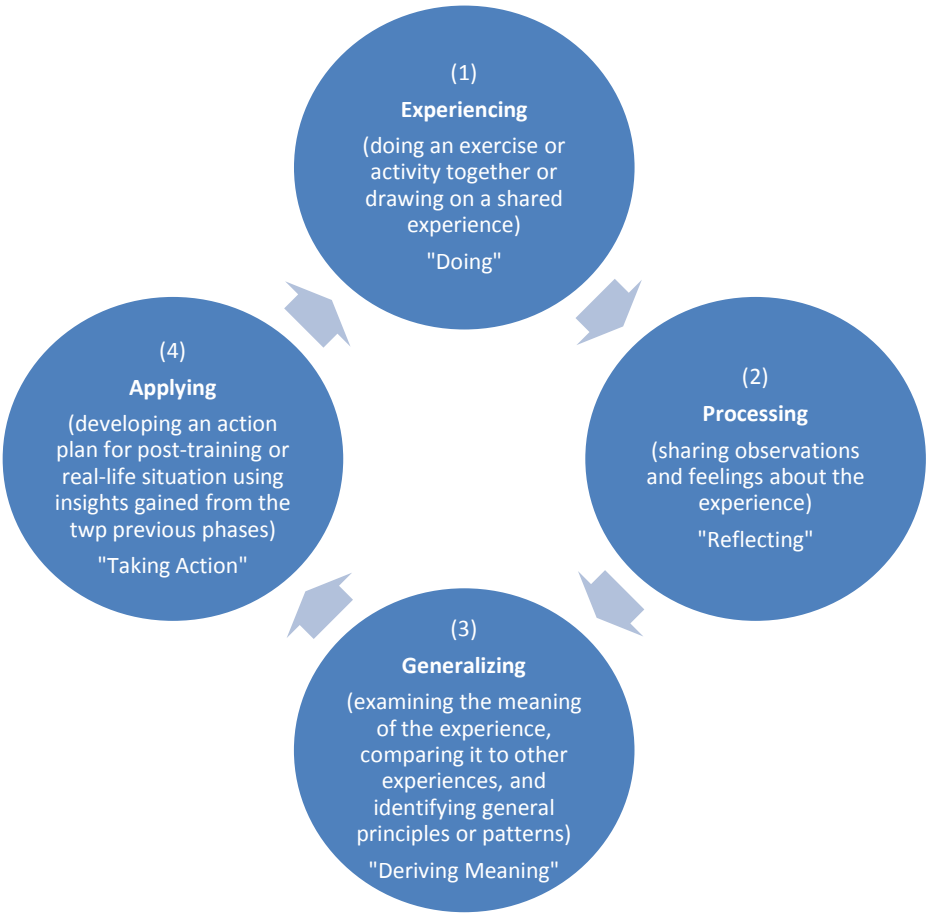
- 20 percent of what they **hear**
- 30 percent of what they **see**
- 50 percent of what they **see** and **hear**
- 70 percent of what they **see, hear,** and **say** (e.g. discuss, explain to others)
- 90 percent of what they **see, hear, say**, and **do**

Therefore, for participants to retain what they learn in training workshops, they need a chance not only to **hear** a lecture or discussion, **see** a demonstration or visual aids, and discuss the material, but they must also have an opportunity to **do** something with the new information and skills. This can take the form of applying their new insights to a case study or role play exercise, or it can take the form of developing an action plan of ways to use their training insights in real life.

It is also important to remember the adult learning cycle. Participatory training is the hallmark of adult learning. It moves participants through the four phases of the adult learning cycle.

[7] Adapted from: National Cancer Institute, Trainer's Guide for Cancer Education, Bethesda, MD: National Cancer Institute; 2002 (pages 3-9).

The Adult Learning Cycle



It is important to move participants through this cycle at least once per module or 4-hour session. If your training will be more than 4 hours in length, it will be necessary to complete proportionately more full cycles.

Applying the Adult Learning Cycle to MC Counsellor Training: An Example

The MC counsellor training package was developed with the adult learning cycle in mind. Sessions are designed to be participatory and engage learners in a process of experiencing, processing, generalizing and applying new skills and knowledge. Here we provide a very brief overview of how the adult learning cycle has been applied in this training package.

Phase 1: Experiencing

The trainer might present a role-play wherein s/he conducts an MC counselling session. During this session, the trainer would model the correct use of key skills (i.e. open-ended questions, attending, risk reduction counselling, etc.) and tools (i.e. counselling cues cards).

Through this modelling activity, the trainer is providing participants with a common "experience."

Phase 2: Processing

Next, the trainer would lead participants through a discussion of what they saw during the role-play. They would discuss what the trainer did and what problems they may have seen with the session. By processing the modelling activity, the trainer is helping the participants to understand the "mechanics" of MC counselling.

Phase 3: Generalizing

The trainer would continue the discussion but ask participants to compare how MC counselling compares to other types of counselling they have conducted. What lessons can be draw from those experiences and used to strengthen MC counselling.

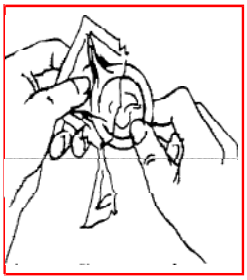
Phase 4: Applying

Next, the trainer would give participants to practice MC counselling in small groups, drawing on the knowledge and skills they have developed and the role-play modelled by the facilitator. By applying the skills themselves, participants have an opportunity to practice and model the skills they have learned leading up to the role-plays.

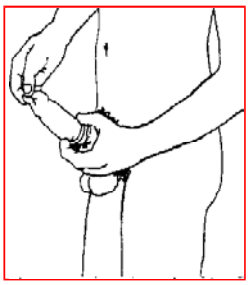
Repeating the cycle

The trainer would then move to the next activity and the adult learning cycle would be repeated using the same structure of experiencing, processing, generalizing, and applying.

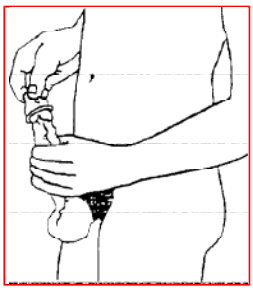
Instructions for Use of a Male Condom



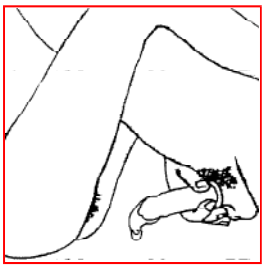
A: Take the condom out of the packet



B: To put the condom on an erect penis before genital contact, expel air by pressing the teat of the condom with thumb and finger before putting on the condom on the tip of the penis.



C: With the other hand, unroll the condom to the base of the penis. The condom should unroll easily and need not be stretched. (If you are not circumcised, pull the fore skin back before you put the condom on the penis. With the other hand roll condom to the base of penis).



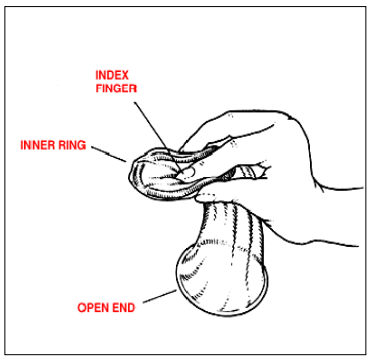
D: Take the penis out of the vagina soon after ejaculation. Do this while holding the condom against the penis to avoid it from slipping. Dispose of the condom appropriately.

Other instructions for use of a male condom:

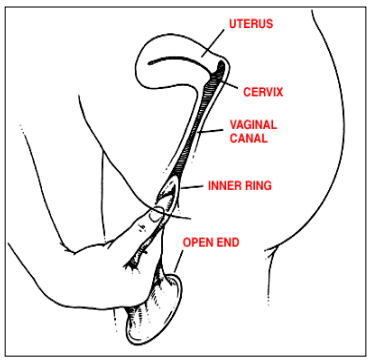
- Be sure you have a condom every time you have sexual intercourse.
- Check for the expiry date.
- Check the condom packet for holes.
- Do not use petroleum-based products on the condom for lubrication. These products can cause rubber to tear. Use saliva, KY-jelly or other water-based lubricants.
- Do not reuse the condom. Store condoms away from heat.
- To help prevent the spread of infection, carefully dispose of the used condoms and their contents in one of the following ways:
    - burning them; or,
    - disposing them in a pit latrine or burying them in a deep pit.

Instructions for Use of a Female Condom

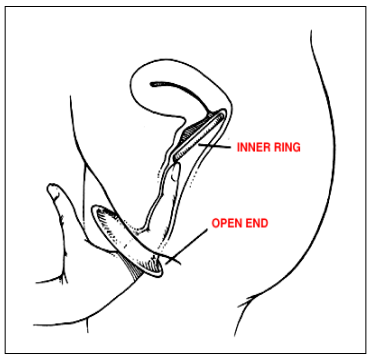
A: Squeeze the inner ring between thumb and finger



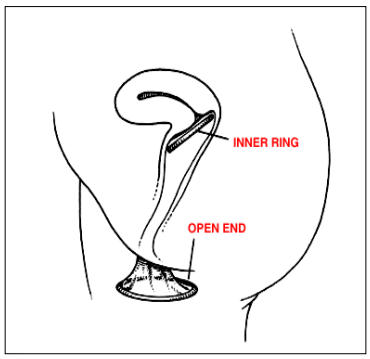
B: Find a comfortable position, and then insert the inner ring of the condom into the vagina



C: Place a finger inside the condom and push the inner ring up inside the vagina until it covers the cervix (neck of the womb)



D: Remove the finger after insertion. At intercourse, guide the penis through the outer ring into the condom placed in the vagina. Make sure the outer ring remains in place



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This training package (Facilitator Manual, Participant Workbook and Site Reference Manual) includes activities and sessions adapted from the following resources:

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