



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

VOLUNTARY MEDICAL MALE CIRCUMCISION IN-SERVICE COMMUNICATION

BEST PRACTICES GUIDE



ACKNOWLEDGEMENTS

This reference guide is the result of collaboration among the members of the Communication Sub Group (CSG) of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Voluntary Medical Male Circumcision (VMMC) Technical Working Group (TWG), which includes Kim Seifert-Ahanda, Jonathan Davitte, Elizabeth Gold, Dan Rutz and Catey Laube, and the Health Communication Capacity Collaborative (HC3).

Special thanks go to Karin Hatzold of PSI Zimbabwe, Jason Reed of Jhpiego/AIDSFree and John Byabagambi of URC/ASSIST for their contributions, as well as our colleagues from UNICEF, WHO, USAID, CDC, OGAC, and Jhpiego/AIDSFree who reviewed the guide and provided valuable input. Special recognition goes to Katie Kuehn and Anna Ellis of HC3 for their copyedit and design work.

FOREWORD

The U.S. President's Emergency Plan for AIDS Relief's (PEPFAR's) Voluntary Medical Male Circumcision (VMMC) Technical Working Group (TWG) identified the need for a counseling reference guide during external quality assurance assessments conducted in several priority countries in 2013-2014. These assessments revealed inconsistencies in core content and key messages communicated to clients. The Communication Sub-Group (CSG) later confirmed the need for this guide by conducting a review of in-service communication (ISC) materials.

In May 2014, the CSG collected and reviewed a convenience sample of PEPFAR communication materials related to VMMC in-service communication and counseling (ISC/C), the majority coming from implementing partners, Population Services International and Jhpiego. The aim of the review was to assess key topics covered in interpersonal communication related to VMMC services to create a foundation for standardized content. A total of 37 communication materials used in nine countries, including training guides and job aides for group education and individual counseling, were reviewed as a purposive sample to gauge key topics covered in ISC/C activities across the VMMC service continuum.

In reviewing the sample of materials, reviewers noted that:

- Topics were not consistently covered at any specific stage in the VMMC process through group education and ISC/C. For example, group education, pre-operation VMMC, HIV testing services (HTS), and ISC/C.
- Materials failed to address some key needs of important subgroups of VMMC clients, including the lack of specific information or guidance for the counselor about important subgroups of VMMC clients, such as adolescents, HIV-positive men or men who opt out of testing.
- VMMC benefits, such as hygiene and cleanliness, known to be a key motivator for service uptake, were often missing from materials.
- Limited information was covered during the follow-up visit.

The assessment had recognized limitations:

- Materials reviewed likely represented only a subset of all VMMC counseling materials used in countries, such as materials from other non-U.S. government partners, some Ministry of Health materials and more.
- Some materials might have only been available in local language and not in English.
- It is unclear how many of the materials reviewed are used in conjunction with other tools at VMMC sites; therefore, messages that are not being covered by the VMMC materials may be covered by other counseling materials.
- There were multiple reviewers for the exercise. Despite efforts to maintain consistency in the review process, interpretation of the messages in the counseling materials may have differed by reviewer.

Importantly, this exercise revealed substantial variability in the topics covered by VMMC counseling materials.

The review did not look at messaging for specific subgroups of clients, such as adolescents, uniformed personnel or others. Given the inconsistency in the messages provided by VMMC counseling materials for VMMC clients, in general, there is most likely a gap in consistent messaging for specific subgroups, as well. These results confirmed the need for a reference guide to standardize ISC/C across VMMC country programs, which is the purpose of this document.

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ACRONYMS

AE	Adverse Event
CDC	Centers for Disease Control and Prevention
CSG	Communication Sub-Group
FP	Family Planning
GBV	Gender-Based Violence
HC3	Health Communication Capacity Collaborative
HTS	HIV Testing Services
IEC	Information, Education and Communication
ISC	In-Service Communication
ISC/C	In-Service Communication and Counseling
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PSI	Population Services International
SBCC	Social and Behavior Change Communication
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
URC/ASSIST	University Research Company USAID Applying Science to Strengthen and Improve Systems Project
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

INTRODUCTION

Voluntary medical male circumcision (VMMC) services offer a unique opportunity to engage adolescent and adult males in high-quality HIV prevention communication and services, and to share key messages with males who otherwise might not interact with the health system. Consistent communication and counseling throughout these VMMC services is critical for capitalizing on this opportunity. This guide helps to ensure that in-service communication and counseling (ISC/C) content is comprehensive and standardized across PEPFAR's VMMC country programs.

The specific objectives of the guide are to:

1. Outline minimum essential ISC/C content across the VMMC service continuum in a user-friendly format.
2. Update content based on new evidence and changes in VMMC programming and policies.
3. Complement existing PEPFAR and host country government materials.
4. Further strengthen existing materials through cross-checking content.
5. Ensure that future ISC/C materials and resources (job aides and training resources) address the comprehensive VMMC and HIV prevention information needs of the programs' intended audiences.

This counseling guide serves as a reference to standardize ISC/C content. It does not:

1. Replace other counseling materials—the guide can, however, help programs enhance their existing counseling materials to address all minimum standard information necessary for effective VMMC ISC/C.
2. Provide full counseling scripts—site teams should include the minimum standard information as part of ISC/C and elaborate where needed, based on experience and local best practices.
3. Serve as a comprehensive training manual for counselors, who should still undergo existing training and receive supportive supervision to ensure quality of counseling service.
4. Serve as a clinical resource—select clinical information is included in this guide, but it is not exhaustive. Healthcare providers should continue to ensure they meet the established clinical standard of care for the full package of VMMC services.

Intended users of this guide include VMMC program managers, site managers, nurses, counselors and those charged with developing communication materials.

The guide is organized in the following sections:

VMMC Service Continuum—follows the client through each stage of the VMMC process, outlining key objectives, recommendations and core content.

Communication Techniques—focuses on effective techniques.

Tailoring Communication for Adolescents—highlights considerations for doing so.

Device Methods—intended for those sites where a WHO-prequalified device (PrePex) is offered as a circumcision method, featuring recommendations, information and core content that is specific to the device.

Mitigating Risk of Tetanus—highlights the key counseling content around tetanus at each phase of the VMMC service continuum.

Improving the Quality of ISC/C—looks at improving the quality of ISC/C.

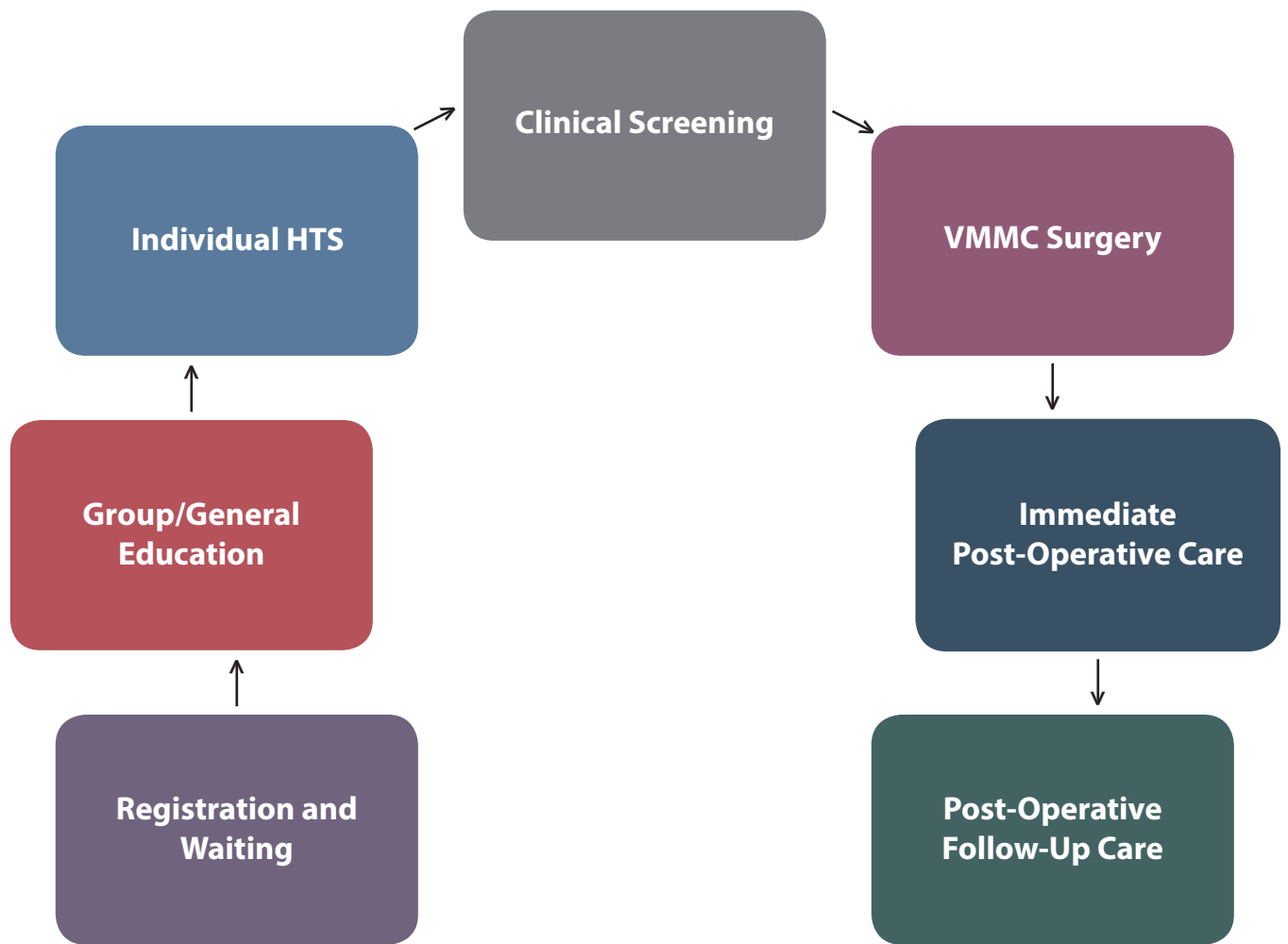
Summary—highlights the main topic areas featured in each phase of the counseling process.

Appendix—features examples of best practice materials related to ISC/C, developed by PEPFAR implementing partners.

VMMC SERVICE CONTINUUM: THE CLIENT'S EXPERIENCE

Counseling and Client Flow

VMMC sites prioritize an efficient, unidirectional client flow and ISC/C should be planned to ensure that key VMMC and HIV prevention content is reinforced clearly and comprehensively at appropriate stages of the visit (as they may be delivered by different educators, including both counselors and providers). The figure below illustrates the flow of the client through the various stages of the VMMC process, emphasizing communication with the client at each stage, described in this section. Note that group counseling may or may not happen at any given site or on any given day if volume is low, in which case all elements are incorporated into individual counseling.



Each stage, from group or general education and individual pre-operative counseling and HTS, to immediate post-operative counseling and follow-up visit counseling, is detailed below, outlining the key objectives for each phase, general recommendations, core content and key messages.

Starting with **registration and waiting**—when the client enters the VMMC site, the first person he meets is the receptionist. A friendly, warm welcome can help to make the client's experience a good one. The waiting area should have plenty of attractively displayed brochures and other materials on VMMC available to the client, as well as materials geared toward partners and parents/guardians who might accompany him.

Group/General Education

Note: In sites not conducting group education, these elements should be included in the individual session.

Objectives

- Provide prospective VMMC clients with information on:
 - HIV/AIDS and risk reduction
 - HIV testing services (HTS)
 - VMMC service package and its associated benefits
 - What to expect during the VMMC procedure, including risks
 - Options of surgical and non-surgical methods, and benefits/risks of each method for groups of eligible clients, and only in those sites offering devices as an option (see section on Devices for more information)
 - Tetanus mitigation (according to a country's tetanus strategy)
- Demonstrate correct and consistent condom use.¹
- Address common concerns/fears about the procedure.
- Briefly introduce post-operative wound care, healing and possible side effects.
- Prepare clients for more detailed discussion on VMMC and HIV/AIDS during individual pre-operative counseling and HTS.
- Facilitate an interactive question and answer session.

Key Facilitator

Staff with documented training in HIV counseling, according to national guidelines, including clinical staff, such as nurses or nurse-aids, or other non-clinical staff, such as counselors who have received the required training.

Primary Audiences

- VMMC clients
- Parents/guardians of clients under the age of majority

Secondary Audiences

- Partners of VMMC clients
- Other family members of VMMC clients

Suggested Location

A quiet, private area where the counselor can be easily heard and seen by all in attendance without any disturbances or onlookers (for example, a reception area is not suitable).

¹ This will depend on the age of the boys in the group and local policies.

General Recommendations for Group Education Sessions

- Wherever possible, group sessions should separately enroll adults and adolescents. Boys below the age of sexual maturation (usually under age 15) should be grouped separately from sexually mature adolescents and men.
- Information and materials should be appropriately tailored to the age groups (see page 23 on Tailoring Communication for Adolescents).
- Group sessions should be interactive; the facilitator should encourage questions and group discussion, while respecting the time and referring any unanswered questions to individual counseling sessions.
- Facilitators should use easy-to-understand language and check for understanding throughout the session.
- Visual aids, such as flip charts, penis models and others, should be used to improve comprehension.
- If there are insufficient numbers of clients to conduct a group education session, clients should instead be taken directly into individual counseling sessions (and cover the same material that would have been covered in the group), rather than waiting for an extended period of time.
- Sites should strive to facilitate attendance for the full duration of a group education session rather than ushering clients into the session when it is already underway. Introducing new clients to an already active session can be disruptive and results in new entrants receiving only partial information.

Core Content and Key Messages

General Description of HIV and AIDS	
Provide the client with general information on HIV and AIDS and risk reduction. Key messages include:	<ul style="list-style-type: none"> • HIV causes AIDS. • Even when people living with HIV feel and look healthy, they can pass the infection to other people. • Persons diagnosed with HIV can live a long and healthy life by taking antiretroviral treatment, in addition to other care and support services.
Modes of Transmission	
Identify the most common methods of HIV transmission and the hierarchy of risk associated. Key messages include:	<ul style="list-style-type: none"> • HIV is transmitted or passed into the body in four body fluids: <ul style="list-style-type: none"> • Semen (exchanged through sexual intercourse via vaginal, anal or oral penetration) • Vaginal fluids (exchanged through penile or oral intercourse) • Blood (exchanged through sharing contaminated injection equipment, open sores or wounds, or infected blood transfusions) • Breast milk (exchanged through lactation to feeding infants) • The most common way to get HIV is by having sexual contact without a condom with an HIV-positive person.
Known Risk Factors for HIV	
Identify behaviors, physical characteristics and other factors that put persons at an elevated risk of contracting HIV. Key messages include:	<ul style="list-style-type: none"> • Behaviors that increase the chance of contracting HIV: <ul style="list-style-type: none"> • Not using condoms during sexual intercourse • Having more than one sexual partner • Use of unclean needles • Physiological factors that increase the chance of contracting HIV: <ul style="list-style-type: none"> • The presence of other sexually transmitted infections (STIs) or sores on or around the genitals • Not being circumcised • Someone may have HIV and not know it if he/she: <ul style="list-style-type: none"> • Has not been tested recently for HIV • Does not know his/her partner(s)'s HIV status or if his/her partner(s) have ever been tested

Risk Reduction Methods	
<p>Recommend specific actions that clients and secondary audiences can take to reduce the risk of HIV transmission. Key messages include:</p>	<ul style="list-style-type: none"> • Always use condoms when having sex, including anal and vaginal intercourse. <ul style="list-style-type: none"> • Condoms are available at the VMMC site, as well as at (these other places within the community). • If you have more than one sexual partner, consider reducing your number of sexual partners. • Men who do not have HIV should consider getting circumcised. • Know your HIV status and know your partner’s (or partners’) HIV status. <ul style="list-style-type: none"> • Testing regularly for HIV can help ensure timely access to HIV treatment should you become infected and reduces the risk of transmitting HIV to your sexual partner(s). • Consider testing for HIV again with your partner(s) to make it easier to share your HIV results with each other (both negative and positive). • After you both test, agree with your partner(s) not to have sex with others, to avoid STIs, including HIV. • Confidential HIV testing and STI screening are part of VMMC services. HIV testing is optional and, while recommended, is not a requirement to receive VMMC services. If you have an STI, you will receive treatment and be asked to come back another day for the surgery. If you choose not to test now, you can test after the procedure or on the day of your follow up visit. • If you are HIV-positive, being linked with ongoing care and accessing antiretroviral treatment will better enable you to live a healthy life and reduce the risk of transmitting HIV to your sexual partner(s).
VMMC Basic Facts	
<p>Benefits, link to HIV prevention, partial protection and more. Key messages include:</p>	<ul style="list-style-type: none"> • VMMC is the removal of the foreskin to reduce males’ risk of acquiring HIV infection through heterosexual intercourse. • VMMC can be performed by surgical procedure or by use of a device (see section on Devices). • There are cells in the inner layer of the foreskin that are near to the surface through which HIV can enter the body more easily. During circumcision, this part of the foreskin is removed. After circumcision, the remaining part is less likely to tear and more difficult for HIV to penetrate. • In addition to reducing the risk of acquiring HIV, circumcised men are at lower risk of contracting other STIs like syphilis and gonorrhea. • Circumcised men are at lower risk of infections of the urinary tract system and cancer of the penis. • Circumcised men might find it easier to maintain cleanliness of the penis and improved hygiene. • VMMC offers only partial protection against acquiring HIV. • Circumcised men still need to practice safer sexual practices after VMMC. Correct and consistent condom use is critical, and particularly, if for any reason you have sex before you are fully healed. • VMMC does not directly protect your partner(s) from HIV, but it decreases your risk of getting HIV and giving it to them, and it reduces the risk of cervical cancer for female partners.

Key messages continued:	<ul style="list-style-type: none"> • HIV-positive men can be circumcised, but VMMC will not reduce the risk of transmitting HIV to their partners. There is a window of a few weeks after circumcision before the healing is complete when the risk that an HIV-infected man could transmit the virus to a sexual partner actually increases. It's important to take steps to reduce this risk.² • In sites where both standard VMMC surgery and devices are available, group education sessions should include information about the different options for male circumcision, including the benefits and risks of each method. Please see section on Devices for more information.
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Post-Operative Care and the Healing Period

Note: this topic is first introduced here during group/general education discussion and will be reinforced with more detail during the immediate post-operative counseling.

Provide clients and their partners with detailed information on the importance of abstinence from sexual activity, including sexual intercourse and masturbation, during the six-week healing period after VMMC. Offer recommendations to improve compliance with abstinence and for those who raise concerns about complying, suggest that they discuss other strategies to reduce HIV transmission risk with the counselor during the individual session. Emphasize the importance of compliance to post-operative follow-up visits and following the provider's instructions on wound care and hygiene. Key messages include:

- The doctor will send you home after VMMC with tablets to be taken for pain relief after surgery/device male circumcision.
- You will be sent home with instructions on caring for your wound and when to come back for follow-up appointments. It is very important that you follow all of these instructions.
- Abstinence from all sexual intercourse and masturbation for six weeks after surgery or male circumcision device removal is strongly required.
 - For HIV-negative men, sexual intercourse during the six-week healing period increases the risk of acquiring HIV.
 - For HIV-positive men, sexual intercourse during the six-week healing period increases the risk of transmitting HIV to sexual partner(s).
- If you are absolutely unable to abstain for the entire healing period, masturbation poses less risk than sexual intercourse (though, it may result in a longer time for the wound to heal).
- Condoms are available at the VMMC site and will be offered at client's discharge.
- Discuss the six-week abstinence period with your partner(s) before and after the VMMC procedure.
- Do not put any herbs, cow dung or any other substances on the wound. It should be kept dry.

Demonstrate Proper Condom Use³

Conduct condom demonstration (if possible, for male and female condoms) according to national guidelines. Include the use of props, such as penis models, in the demonstration. If appropriate in the group setting, ask clients to demonstrate proper condom use on the penis model.

Suggested Social and Behavior Change Communication (SBCC) Tools

A flip chart or other visual job aid is a useful tool during the group education session (see examples of flip charts in the Appendix). For groups of younger boys, age-appropriate materials are recommended.

² Tobian, A. A., Kigozi, G., Manucci, J., Grabowski, M. K., Serwadda, D., Musoke, R., ... & Laeyendecker, O. (2015). HIV shedding from male circumcision wounds in HIV-infected men: a prospective cohort study. *PLoS Med*, 12(4), e1001820.

³ This will depend on the age of the boys in the group and local policies.

Effective Use of Idle Time

While VMMC sites should always strive to move clients through the multi-step process as quickly as possible and avoid bottlenecks, inevitably, there will be some idle time when clients are waiting for the next step in the process, particularly on busy high-volume days. Whenever patients have to wait, that experience influences their perception of quality of care. Not surprisingly, research has shown that as wait time goes up, patient satisfaction goes down.⁴ A client's time is valuable and, while waiting is often inevitable, there are strategies to use the time effectively. Quality improvement practices can be applied to waiting times to use this time in the most efficient and beneficial ways for clients.

- VMMC and other health education materials, such as print and video, should be used while clients are waiting, making the face-to-face time with a provider even more efficient and keeping clients occupied during potentially long waiting periods.
- While patient preferences for various types of information may vary, as will literacy levels, it is useful to share information about the VMMC procedure and address commonly asked questions in a variety of different formats.
- As VMMC clients are often accompanied by parents/guardians or partners, the selection of materials should include those geared to these additional audiences.

INFORMED CONSENT AND ASSENT

Obtaining informed consent is a process, not just a signed document. It is important that the elements below are covered in the informed consent process.

Informed consent must be provided for both HIV testing and the VMMC procedure.

Obtaining consent for VMMC:

- Describe the purpose of the VMMC procedure.
- Describe the procedure and time it takes.
- Explain that male circumcision is permanent.
- Explain potential risks and benefits.
- Explain that it is a voluntary procedure.
- Confirm that the client understands the key information.
- Allow time for questions and answers.

All clients (or parents/guardians in the case of a minor) must give informed consent and/or assent before a male circumcision is performed.

Age Considerations

- Only males at the legal age of majority are able to give informed **consent** for themselves.
- Know the country laws for age of **consent**.
- Those under the age of legal **consent** should be asked to **assent** and are required to get the **consent** of their parents or guardians for the procedure and HIV testing.
- In cases where parents cannot accompany children to the site, written **consent** must be sought from parents before the child accesses VMMC and then confirmed at the site by the provider contacting the parent by telephone or according to country guidelines.

⁴ Ajayi, I. O. (2002). Patients' waiting time at an outpatient clinic in Nigeria—can it be put to better use?. *Patient Education and Counseling*, 47(2), 121-126.

Individual Pre-Operative Counseling and HTS

Objectives

- Obtain informed consent for the VMMC procedure (unless obtained earlier), HTS and tetanus vaccination (as applicable per country protocol).
- Reinforce key HIV risk reduction messages tailored to the VMMC client's individual needs.
- Respond to individual questions and concerns about the VMMC procedure.
- For the sexually active client, identify factors that can support or hamper his ability to comply with the prescribed abstinence period, including relationship status, communication with sexual partner(s) and prior condom use. Discuss risk reduction strategies to use if abstinence is not possible.
- Provide HTC. Conduct appropriate post-test HIV counseling based on HIV status and individual risk factors, and make referrals for other HIV and related services (as required).

Key Facilitator

Staff with documented training in HTS according to national guidelines. Individual HTS staff may include clinical staff, such as nurses, or other non-clinical staff who have received the required training. Staff should be trained on confidentiality.

Primary Audience

VMMC clients

Secondary Audiences

- Partner(s) of VMMC clients
- Parents/guardians for clients under the age of majority

Suggested Location

Individual pre-operative counseling and HTS should be conducted in a private, secluded space that ensures all discussions between the clients and the counselors (and guardians for those under 18 years) are confidential. This space should allow for an open discussion on sensitive topics without fear of interruption.

Confidentiality

Assure client that all discussions in this session are confidential.

Key Information on VMMC

- VMMC is different from traditional male circumcision. (This may not be relevant in all settings and culture should be taken into consideration).
- VMMC involves the removal of the foreskin, primarily to reduce males' risk of acquiring HIV infection.
- VMMC is performed by surgery and by device, depending on which service(s) is/are available (see section on Devices).
- VMMC reduces the risk of acquiring HIV through heterosexual intercourse (by approximately 60 percent), providing only partial protection; therefore, condoms must be used consistently and correctly after VMMC.
- However, for an HIV-positive man, VMMC at this time is not known to reduce his risk of transmitting HIV to his sexual partner(s).
- Follow-up visits are critical to ensure proper wound care and healing.
- Six weeks of abstinence from sexual intercourse and masturbation is required after surgery to ensure the wound can fully heal (about one week longer with devices).

- Post-operative care during the VMMC recovery period requires hygienic wound care, including use of clean water.
- It is important not to use any remedies on the wound that have not been prescribed by the doctor, including home remedies and traditional medicines, such as herbal remedies, ash or animal dung, because these can increase the risk of an infection of the wound, such as tetanus.
- Circumcised men still need to practice risk reduction strategies after VMMC with particular emphasis on condom use.
 - For HIV-negative men, any sexual contact during the six-week healing period greatly increases the risk of acquiring HIV.
 - For HIV-positive men, any sexual contact during the six-week healing period greatly increases the risk of transmitting HIV to sexual partner(s).
- The VMMC procedure is voluntary.
- For clients who decline VMMC, the counselor should respect the client's decision, explore reason(s) for client's refusal, reinforce its benefits and invite the client to return for VMMC services at a later date.

HIV and STI Risk Reduction

Note: for men who opt to be tested, this information may be incorporated in the pretest counseling.

Counselors should reinforce client knowledge regarding HIV transmission risks and preventive measures covered in the Group Education session (see Key Messages on page 7), tailoring the information to the client's needs.

Counselors should emphasize achievable strategies for minimizing risk, including making other plans if goals cannot be met, even if these plans do not meet the ideals of HIV risk reduction counseling, such as if the client may resume sexual activity during the healing period, outline the spectrum of possible activities and the HIV exposure risk associated with each.

- Modes of HIV transmission and individual risk factors.
- Risk reduction strategies (including, but not limited to, VMMC and condom use).
- Strategies for minimizing HIV acquisition/transmission risk during the VMMC healing period.

Pretest HIV Counseling

HIV testing is optional and is not mandatory prior to VMMC.

Candidates for VMMC are encouraged to undergo HIV testing prior to VMMC. There are many benefits to knowing one's HIV status. Although strongly encouraged, participation in HIV testing is not required to receive the VMMC procedure. If men choose not to test before the procedure, they can also choose to test after or during a follow-up visit.

Counselors should conduct pretest HIV counseling according to national guidelines. Where available, counselors should encourage and/or offer partner testing.

Important considerations and messages:

- HIV test results are confidential, it is up to the client to share the results.
- Explain how the test will be done (finger prick, mouth swab, etc.).
- Partner testing is important and sexual partners should be referred by the client, including for possible future couples counseling and testing.

When clients refuse to test:

- Respect the decision.
- Discuss and reinforce the benefits to knowing your status.
- Ensure that they proceed through the VMMC process without delays.
- Encourage them to seek testing in the future.
- Let them know of other locations where they can access testing.
- Invite them to return another time for testing.
- Make sure the client understands that if he is HIV-positive, resuming sex before complete healing is known to have a much higher risk for infecting his partner. It is crucial to follow the abstinence recommendations to prevent this.

Post-Test HIV Counseling

Counselors should conduct post-test HIV counseling according to national guidelines. The purpose of the post-test is to convey the results, as well as provide support as needed. It is also important to work with clients to identify steps moving forward to protect themselves from infection if negative, or if positive, to link with care and treatment services.

The following information (at a minimum) should be provided to clients in VMMC settings during post-test HIV counseling.

For clients testing HIV-negative:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Explain the implications of a negative result (including “window period”). <input checked="" type="checkbox"/> Remind client that VMMC is only partially protective against HIV and must be combined with condom use and other HIV prevention practices. <input checked="" type="checkbox"/> Screen clients for previous or ongoing risks. <input checked="" type="checkbox"/> Determine if clients at high risk for HIV infection (such as high risk profession, behaviors, TB or discordant relationship) and encourage future HIV testing for those in need even after the completion of the VMMC procedure.
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For clients testing HIV-positive:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Deliver positive results directly and clearly. <input checked="" type="checkbox"/> Offer client appropriate emotional support. <input checked="" type="checkbox"/> Address client’s understanding and any misperceptions regarding their HIV-positive status. <input checked="" type="checkbox"/> Encourage disclosure to partner(s), unless client feels that this will put him at risk of physical danger, and offer assistance for disclosing their status. <input checked="" type="checkbox"/> Encourage partner and family HIV testing. <input checked="" type="checkbox"/> Affirm that the client may still undergo VMMC, but that the procedure is not known to reduce the risk of HIV transmission to partners, and proper wound care is important. <input checked="" type="checkbox"/> Explain that HIV-positive men are at higher risk of transmitting HIV during the healing period after circumcision, so it’s critical to abstain for the full six-week period, or if abstinence is not possible, it’s critical to use condoms correctly and consistently. <input checked="" type="checkbox"/> Re-explore the understanding of HIV and VMMC, and correct any misconceptions. <input checked="" type="checkbox"/> Emphasize importance of consistent, proper condom use. <input checked="" type="checkbox"/> Re-assure client that care and treatment services are available to better enable him to live a healthy life. Initiate referral (linkage) to HIV care and treatment: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discuss with him the importance of prompt referral to care and treatment and getting an initial full assessment (including CD4 or viral load) so that treatment can be started as soon as possible. <input checked="" type="checkbox"/> Let him know about antiretroviral therapy, what is available to him in the country and other support that may be available. <input checked="" type="checkbox"/> Link him to other care services that exist.
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Considerations for Minors

If parents are not present and a minor tests positive, follow national guidelines with respect to disclosure. Some may require waiting for the parent or guardian to be present before delivering the results. Follow national HTS guidelines for children/minors.

For clients with an STI	HIV negative men with an STI are a high risk group who could greatly benefit from the protection VMMC provides. As they are not eligible to receive the procedure on this day it is critical these men are counseled on the importance of VMMC and are actively tracked to make sure they return for the VMMC procedure. Extra effort should be made to ensure these men receive a follow up appointment and are contacted if they do not return for the service. If peer referrals are a part of the VMMC program, these men should be encouraged to also invite their friends when they return.
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Core Content and Key Messages

Integrating Other Health Topics and Linkages to Other Services

- Facilitate linkages to care and treatment for men with positive HIV results, such as through phone follow-up and escort, when possible.
- Facilitate linkages to other existing resources and services based on individual's needs identified through discussion and personal risk assessment, such as family planning (FP), gender-based violence (GBV), drug and/or alcohol abuse, STI treatment (in cases where treatment is not available at the VMMC site) and more.
- For clients diagnosed with an STI, emphasize the importance of that client's return as he is a high-risk male.

Suggested SBCC Tools

- HTS job aids (as available in the HTS program).
- Referral cards to provide active linkages to off-site clinics for repeat testing, as well as linkages to care and treatment, where appropriate.
- Living positively brochures/leaflets for those who test HIV-positive.
- Brochures/leaflets with key information about other resources/services based on individual's needs, such as family planning, gender based violence, TB, STI, drug or alcohol abuse, and more.

Immediate Post-Operative Counseling

See *Devices* section for more information.

Objectives

- Confirm the client understands wound care instructions and that he has access to clean water, clean clothing and a means to contact clinical staff if he has questions.
- Ensure that the client understands that applying any substance to the wound, such as a home remedy not prescribed by a VMMC health care provider, can result in infection, including tetanus.
- Describe signs and symptoms of adverse events (AEs) and recommendations for contacting clinic staff when the client suspects any AE.
- Determine feasibility of complying with prescribed follow-up schedule, including transport to VMMC clinic or clinic near residence, work schedule and family commitments.
- Provide clients (and their partners) with detailed information on the importance of abstinence from both sexual intercourse and masturbation during the healing period. Offer recommendations to improve compliance with abstinence and/or mitigate elevated risk of HIV transmission.

Key Facilitator

Clinical staff who are monitoring clients after the completion of the VMMC procedure should conduct the immediate post-operative counseling. Where obstacles to HIV risk reduction and/or abstinence are identified, other counseling staff may be identified to assist in these discussions, as appropriate.

Primary Audiences

- VMMC clients
- Parents/guardians for clients under the age of majority

Secondary Audience

Partner(s) of VMMC clients

Suggested Location

The immediate post-operative counseling space should be conducive to open communication between the client and the provider, for example, the space should not be so noisy that clients and counselors cannot easily engage in conversation. Where providers identify a need for additional discussion around sensitive topics once clinical monitoring is complete, they may need to move clients to a private space, such as the space used in pre-operative VMMC counseling and HTS.

General Recommendations for Immediate Post-Operative Counseling

- ☑ For those clients who are sexually active, reinforce the information from general education and pre-operative sessions on six-week abstinence after surgery and explain why this is important.
- ☑ Identify and address any concerns the client has about adhering to the recommended abstinence period. (See box on Abstinence and Risk Reduction during the Healing Period , page 17.)
- ☑ Verify that the client understands and is able to comply with all post-operative wound care requirements, and that he leaves with written instructions, condoms, a plan to return for follow-up visit and emergency contact information.

Core Content and Key Messages

Wound Care	
<p>Provide the client with clear written instructions, such as a brochure or leaflet, on wound care that can be sent home with the client. Identify any barriers to proper wound care, such as access to clean water, and work with the client on a plan to address these barriers. Additionally, the counselor needs to know what kind of work the client may be engaged in as strenuous work may cause disruption of the wound. Key messages should include:</p>	<ul style="list-style-type: none"> • Keep wound clean by using clean water and mild soap to clean the penis. • Keep your penis bandaged, dry and pointing upward for 24 to 48 hours. • Do not pull or scratch the wound while it is healing. • Avoid hard physical work for the first five days after surgery, for example, any work that requires considerable effort, such as lifting heavy sacks for casual workers, riding/pushing a bicycle, digging, assisting at a construction site and more. Work that requires physical strain may cause disruption of the wound, leading to bleeding. • Do not apply any remedies on the wound that have not been prescribed by the doctor, including home remedies and traditional medicines, such as herbal remedies, ash and animal dung. <ul style="list-style-type: none"> • Message should stress that such applications increase the risk of life-threatening infections, including tetanus. • Spontaneous erections may feel uncomfortable in the days following VMMC, but ordinarily are not a cause for concern. Urinating at the first urge may reduce their frequency. • Take the medications provided by the provider for pain and be sure to follow all of the instructions. • Come back for follow up on days two and seven. • The dressing will be removed on day two at the clinic.
AEs	
<p>Explain common AEs related to the VMMC procedure. Describe warning signs of AEs and any recommendations for managing them. Pictures of normal healing and AEs may be helpful. Provide the client with written instructions and contact details for contacting clinical staff in the case of suspected AEs or other clinical emergencies. Key messages include:</p>	<ul style="list-style-type: none"> • Complications as a result of the VMMC procedure are rare, but can be serious if ignored or improperly treated. • If you experience any warning signs of AEs, follow the instructions you received to contact the clinic staff immediately. • Return to the clinic or contact the clinic immediately if you have any of the following symptoms: <ul style="list-style-type: none"> • Continued bleeding from the wound that does not stop or gets worse • Swelling and tenderness on or around the wound • Increased pain that does not improve with pain medication • Fever • Swelling or tenderness in the groin • Pus from the wound • Difficulty passing urine • Hardness/stiffness of the lower abdomen • Stiffness of the jaw, chest and back, and/or fits, convulsions
Abstinence and Risk Reduction during the Healing Period	
<p>Provide those clients who are sexually active and their partners with detailed information on the importance of abstinence during the healing period and offer recommendations to</p>	<ul style="list-style-type: none"> • Abstinence from all sexual intercourse and masturbation is strongly recommended for six weeks after male circumcision surgery or removal of male circumcision device (See section on Devices for more information). <ul style="list-style-type: none"> • For HIV-negative men, any sexual contact (anal, vaginal and oral) during the six-week male circumcision healing period greatly increases the risk of acquiring HIV. • For HIV-positive men, any sexual contact (anal, vaginal and oral) during the six-week healing male circumcision period greatly increases the risk of transmitting HIV to sexual partner(s).

Abstinence and Risk Reduction during the Healing Period (continued)

improve compliance with abstinence and/or mitigate elevated risk of HIV transmission. If partners aren't present, you can send the client home with materials for partners. Key messages include:

- If abstinence is unlikely during the entire healing period, then inform the client that:
 - Masturbation poses less risk than sexual intercourse, though it may result in longer time for the wound to heal.
 - If for any reason you do have sex in the next six weeks, you must use a condom.
 - Provide condoms to the client before discharge.
- If you are HIV-positive, condomless sex in the next six weeks has been proven to increase the risk of HIV transmission to your sex partner.
- Talk to your partner(s) before and after the male circumcision procedure about the six-week abstinence period.
 - Identify how your partner(s) can enable you to be abstinent from sexual contact while healing.
 - Work with your partner to find suitable alternatives to sexual intimacy during the six-week recovery period.
- While individuals may heal slower or faster than the prescribed six weeks, the safest option is to abstain from all sexual intercourse and masturbation for the full six weeks.
- If you believe healing is complete before the end of the more common six-week healing period, return to your male circumcision provider to be assessed for healing status and possible return to sexual activity.

Abstinence and Risk Reduction during the Healing Period

To date, counseling messages provided to VMMC clients have stressed the importance of complete abstinence from sexual activity, including masturbation, during the wound healing period. This level of abstinence continues to be important to protect the health of clients and their partners. However, evidence from research studies indicates that despite this counseling, a high percentage of VMMC clients resume sexual intercourse within six weeks of circumcision, particularly older clients and clients who are married or are in a relationship with a steady partner. In light of this evidence, a risk reduction strategy is proposed for sexual abstinence counseling and provided to clients before and after VMMC. Not everyone will be willing or able to adhere to the abstinence recommendation, even with superior counseling, and for these clients, information about levels of risk should be made available so that those choosing to resume sex early can do so in a way that poses the least risk to them and their partners.

The following language is provided as an example for HIV-negative clients:

“The safest approach to protect your own health and the health of others is to completely abstain from sexual activity for six weeks. If you are absolutely unable to abstain, masturbation poses less risk than sexual intercourse, though it may result in a longer time for your wound to heal (longer than six weeks). If for any reason you have sex with another person in the next six weeks—which is strongly discouraged for safety reasons for you and your partner—you must use a condom. Having sex without a condom is never a good idea, since circumcision is only partially protective for you. However, having sex without a condom in the next six weeks poses major risks to you of infection with HIV and other STIs. This is because the wound will not be healed, making you more prone to infections.”

Post-Operative Follow-Up Visits (at Day 2 and Day 7, Depending on Local Protocol)

Clients should be instructed to return for two follow-up visits after the surgery (depending on local protocol in your country's VMMC program). Providers should work with clients to determine the feasibility of complying with the prescribed follow-up schedule, including transport to the VMMC clinic, work schedule and family commitments. Where possible, providers should help identify plans for addressing any barriers to the client returning for their follow-up visits. Key messages include:

- You should return to this site (or another location described by the provider) for follow up on day two and day seven post-procedure (depending on local protocol in your country).
- Follow-up visits will allow providers to assist with your wound care, check on your progress and address any outstanding issues you may have experienced since the procedure.
- Follow-up visits are typically much shorter than your first visit.

Suggested SBCC Tools

- Appointment card with emergency number and follow-up visit information.
- Wound care instructions/brochure to take home reinforcing the key messages above.
- A brochure for client to take home for his partner to explain how to support him during recovery.
- Note: see Appendix on page 31 for links to the sample wound care brochure and appointment card.

Post-Operative Follow-Up Counseling

Objectives

- Reinforce effective wound care and pain management instructions.
- Reinforce warning signs of AEs and recommendations for contacting clinic staff when the client suspects any AE.
- Reinforce the necessity of abstinence or risk reduction strategies during the healing period and offer recommendations to improve compliance with abstinence and/or mitigate elevated risk of HIV transmission.
- Emphasize that VMMC only provides partial protection and the need for continued practice of other proven prevention methods, including condom use, once the healing period is over.
- Review follow-up visit schedule and determine feasibility of returning to VMMC site. In some cases, the counselor may identify an alternative, a more convenient referral location for follow-up visits if it will improve retention.

Key Facilitator

Clinical staff who are trained to complete the medical requirements for follow-up visits should conduct the post-operative counseling. Where obstacles to HIV risk reduction and/or abstinence are identified, other counseling staff may be identified to assist in these discussions as appropriate.

Primary Audiences

- VMMC clients
- Parents/guardians for clients under the age of majority

Secondary Audiences

Partner(s) of VMMC clients

Suggested Location

Post-operative follow-up counseling should be conducted in the clinical space identified for monitoring clients post-procedure. The space should be conducive to open communication between the client and the provider, for example, the space should not be so noisy that the client cannot speak freely and discuss any concerns they may have. Where providers identify additional discussion around sensitive topics is needed, providers may need to move clients to a private space, such as the space used in pre-operative VMMC counseling and HTS, once clinical monitoring is complete.

General Recommendations for Post-Operative Follow-Up Counseling

- During the follow-up visit, the client likely will be more relaxed than on the day of surgery and better able to hear and retain information. This is a good opportunity to not only reinforce messages around proper wound care, hygiene, recognition of any AEs and six weeks of abstinence, but also to emphasize that VMMC affords only partial protection and the need to continue to use other prevention methods, such as condom use, once the healing period is over.
- If possible, the facilitator should take some time during this visit and allow for any questions and concerns the client may have. Condoms should be offered again to the client while reinforcing condoms as protective against HIV, as well as STIs, and may be used for family planning.
- If other services are available for men's sexual health, also provide such information at this time. HIV testing should be offered for men who declined testing at the time of their VMMC procedure.

Core Content and Key Messages

Wound Care <ul style="list-style-type: none"> • Reinforce wound care instructions provided during the immediate post-operative counseling session (see Key Messages in Immediate Post-Operative Counseling section on page 16). • Provide additional wound care and/or pain management instructions as required. • Restate that the client should not apply any home or folk remedies, such as animal dung or ash to the wound, as these substances increase risk of infections. 	
Warning Signs of AEs and Recommendations for Contacting Clinical Staff <ul style="list-style-type: none"> • Review common AEs related to the VMMC procedure, their warning signs and any recommendations for management. • Instruct the client on how to contact clinic staff in the event of any suspected AE. • If written/visual instructions are available, ensure that the client still possesses these instructions for contacting clinical staff in the case of suspected AEs or other clinical emergencies. • Reinforce the Key Messages in Immediate Post-Operative Counseling section on page 16. 	
Abstinence and Risk Reduction during the Healing Period <ul style="list-style-type: none"> • Review information on the importance of abstinence during the healing period and offer recommendations to improve compliance with abstinence and/or mitigate elevated risk of HIV transmission (see box on Abstinence and Risk Reduction during Healing on page 17). • Identify whether the client has had any difficulties adhering to the recommended abstinence period and work with the client on plans to address these difficulties. 	
Resuming Sex and the Importance of Continuing to Practice Other Prevention Methods	
<ul style="list-style-type: none"> • Emphasize that circumcision does not offer total protection against HIV and instead reduces the risk of acquiring HIV (by approximately 60 percent for men). • Stress continued use of other prevention methods, including condoms, after the six-week healing period is over and the client is ready to resume sex. • Assess past condom use and enhance condom use skills. • Offer to provide another condom demonstration as needed, to reduce risk of HIV, STIs and unintended pregnancy. 	Key messages include: <ul style="list-style-type: none"> • Use condoms correctly and consistently. • Reduce number of sexual partners. • Know your HIV status. If you have not taken an HIV test, you should consider doing so with your partner.

Integrating Other Health Topics and Linkages to Other Services

As noted previously, during the follow-up visit, the client will likely be more relaxed than the day of the procedure and better able to hear and retain information. This is a good opportunity to address and discuss his holistic health needs, including gender based violence, family planning, and drug and/or alcohol abuse.

During this visit, the facilitator should prompt discussion and take time to allow for any questions and concerns regarding the client's broader health.

Suggested SBCC Tools

- VMMC materials and/or referral cards for client's peers
- Brochures/leaflets with key information about other resources/services based on individual's needs, such as FP, GBV and drug or alcohol abuse.

COMMUNICATION TECHNIQUES

Various communication techniques may be used strategically to ensure a supportive environment that meets the needs of the individual and results in a positive client experience. Using different types of communication, including nonverbal communication or the use of body language, eye contact and active listening, is equally important as verbal communication.

Establishing rapport up front is important to help a client feel welcome and at ease. This can be done by:

- Greeting clients by name
- Provider introducing her/himself by name
- Making eye contact with the client (if culturally appropriate)
- Shaking hands if appropriate
- Being friendly and welcoming

Other basic communication skills to use when talking with clients include active listening, acknowledging feelings, asking questions and summarizing.

- 1. Active listening** involves paying attention to a client in a way that shows respect, interest and empathy (more on this below). Active listening is paying attention to the content of the client's messages and the feelings and worries that may be shown through a client's tone of voice, facial expressions and posture.
- 2. Acknowledging feelings** is a communication skill that has to do with the emotional content of a conversation. The purpose of acknowledging feelings is to let a client know the provider recognizes and understands his feelings about the topic being discussed. It involves identifying the emotion a client seems to be feeling, based on his words, facial expression, body language and more. Most of us are good at giving information and are often tempted to solve emotional situations by giving information because that is easier than staying with a client's feelings. However, most people need to have their feelings acknowledged and discussed before they are able to truly hear and receive information. Ignoring or making light of a client's feelings can cause a client to stop communicating and stop hearing what is being said.

The following kinds of phrases acknowledge a client's feelings:

- It seems to me you are feeling...
- It sounds like you...
- What I hear you saying is...

It's important to use language that one is truly comfortable with so that the conversation does not sound awkward or not genuine.

- 3. Asking questions.** The way questions are asked influences the responses given. Open-ended questions cannot be answered with a simple yes or no answer. They usually begin with words, "how," "what" or "why," such as "Will you say a little more about why you think that?" or "How did you feel when that happened?" Open-ended questions help people to open up and express their feelings, encourage more detailed conversations and give clients more control over what they are able to share. Asking skillful open questions will help providers learn about clients without clients feeling like they are being interrogating. Closed-ended questions, on the other hand, often require a "yes" or "no" answer and usually prompt a short answer.
- 4. Summarizing** pulls together conversational threads so that the client can see the whole picture and helps ensure the client and provider understand each other correctly. It helps the provider summarize the next steps the patient should take.

- 5. Encourage.** Counselors are uniquely positioned to affirm a client's decision to undergo VMMC. Remind them throughout their stay that in choosing to be circumcised, they demonstrate responsibility for their health, that of their loved ones and society, in general. Remind them that VMMC is safe and effective, and they can help assure their own smooth course by complying with the simple care and recovery guidelines provided. Remind them, too, that the temporary inconvenience involved will lead to a lifetime of benefits.
- 6. Confidentiality.** Respect for confidentiality is always important in clinical settings. Every provider is bound to keep confidential all personal information about clients under their care. When clients trust that what they disclose about themselves will remain confidential, they are less likely to withhold important information and more likely to get support for what concerns them most.
- 7. Empathy** is the act of seeing the world through another person's eyes and understanding how that person feels from her/his point of view. It is a quality of relationships and of the ability to relate, which is essential to supporting clients. It is possible to feel empathy for someone even if there is disagreement with the decision s/he/they may be making. The ability to empathize with clients goes hand in hand with having respect for them. Respect for the client and his/her situation is a requirement for all effective communication.

Providers should, therefore:

- Protect confidentiality
- Remain non-judgmental
- Enable clients to explore their feelings
- Provide information clients need to make an informed decision
- Assist clients in making decisions, but not making decisions for them
- Facilitate referrals as needed

A good communicator is:

- Kind, understanding and supportive
- Able to exercise confidentiality
- Responsible, a good listener and easy to talk to
- Open and non-judgmental
- Aware of when to speak and when to listen
- Helpful and caring
- Trustworthy
- Respectful of clients
- Knowledgeable of the subject

TAILORING COMMUNICATION FOR ADOLESCENTS

Current VMMC programs have been designed for sexually active adults and the HIV interventions, such as condom promotion and safer sex counseling, which are part of the VMMC package, were designed for sexually active individuals. With adolescents comprising a large proportion of VMMC clients, it's important to offer age-appropriate education and counseling that meets the unique needs of younger clients. VMMC offers an excellent opportunity to reach adolescents before they initiate their sexual life, improving sexual and reproductive health (SRH) knowledge, gender norms, risk perceptions, behavior and access to services. Adolescents are particularly vulnerable and at risk, yet due to their age and other factors, they face barriers in accessing HIV prevention interventions.

It's important to consider age, sexual development and local age of legal majority (16 years in some countries, 18 years in others) when forming groups for group education sessions to best adapt the messages and materials to the needs of each group.

While research is currently underway to determine how VMMC programs can most effectively meet the needs of adolescents, (the findings from that research should be available in 2016), **a few recommendations for improving the quality of the VMMC experience for younger clients include:**

- All providers treating adolescent clients need to undergo specific training on educating and counseling adolescents, according to their specific stage of development.
- Providers' attitudes can discourage adolescents from seeking information and care, so it's important to treat younger clients as respectfully as adults, avoid judging behavior and try to put them at ease so they may comfortably communicate their needs and concerns.
- Younger clients may have fears or concerns about VMMC so it's particularly important to take adequate time to walk them through the process, including individual counseling, HIV testing, screening and the procedure.
- Take more time with younger clients to explain the surgical procedure in simple language, demonstrate with a penis model and address concerns about pain.
- Adolescents are often shy about discussing SRH issues and need to be encouraged to speak. Check frequently for understanding and any questions.
- As adolescents may not always understand fully the partial protection message, it's important to reiterate that while VMMC reduces the risk of acquiring HIV, it is only partial protection.
- Depending on the local context, adolescents may be learning about sexual health and HIV in school, in which case the facilitator can ask the group about what they remember from their school discussions.
- Risk reduction messages should include discussion around delaying sexual debut for the pre-sexually active.
- Provide a condom demonstration (depending on local protocol and policies).
- Discuss benefits of condom use.
- Discussion of the healing period should focus more on the importance of proper hygiene and wound care, and trying to abstain from masturbation, rather than messages around sexual abstinence.
- Discuss when they can resume activities, such as school, soccer and other sports.
- Offer information on other services that are available, as needed in the future, such as SRH and FP.

INFORMING ABOUT DEVICE METHODS

In May 2013, the WHO provided prequalification for the PrePex™ device and in June 2015, for the Shang Ring, for use in men aged 18 or older. WHO recommended that providers should be trained to recognize when an adolescent is not eligible for device circumcision and that pre-procedure counseling and consent information relevant to younger adolescent clients should be developed.

PrePex is an elastic collar compression device. It works through slow compression of the foreskin between an outer elastic ring and inner hard surface between glans and foreskin, which occludes the circulation and produces tissue devitalization and necrosis. The device is left in place for seven days, during which the compressed foreskin becomes necrotic and is removed by cutting with scissors; the device can be applied, and the foreskin and the device can be removed with the use of topical anesthetic cream.

The Shang Ring is a collar clamp device consisting of two concentric plastic rings that sandwich the foreskin of the penis. The mechanism of action consists of rapid, tight compression of the foreskin between the hard surfaces to achieve hemostasis. The foreskin is removed at the time of device application and the procedure requires anesthetic injection. The device is removed after seven days by releasing the clamped outer ring, separating the inner ring from the healing wound and then cutting the ring in two places to remove it from the shaft penis.

When offered at a VMMC service delivery point, device-based VMMC warrants tailored ISC/C to ensure clients are aware of the unique attributes and requirements of the device-based procedure, as well as device placement, wearing of the device, device removal, and recovering from device-based circumcision and secondary wound healing. Of particular importance is the WHO recommended immunization for adequate tetanus protection when using the PrePex device; clients must be fully immunized against tetanus, according to national policy developed in response to WHO guidance.

In addition to the general messages conveyed to all VMMC clients during group education, individual counseling and post-operative counseling, are considerations specific to device-based VMMC that should be added to ISC/C at sites offering the PrePex or Shang Ring device methods to both adults and adolescent males (13-17 years).

Key Messages

General

- The PrePex device placement is bloodless and in the majority of cases, does not require the injection of local anesthesia, sutures or a sterile setting, which all are used with surgery.
- The Shang Ring device does require the injection of local anesthesia for device placement and removal of the foreskin, which is done at the same time as the placement of the device.
- The PrePex device is placed and worn for a full week, after which the client returns to the clinic so that the foreskin can be taken off with blunt scissors and the device is removed. Once the device is removed, there is a minimum six-week healing period.
- The Shang Ring device is placed and worn for a week. The device, which is kept in place for seven days, is designed to avoid the need for stitches to stop bleeding during cutting/removal of the foreskin tissue after placement of the device and allows the skin edges to fuse as part of the healing process.
- For PrePex, clients must be fully immunized against tetanus when using the PrePex device per the WHO guidance, or according to national policy developed in response to WHO guidance.
- For both the PrePex and the Shang Ring, clients must return to the clinic after seven days to have the device removed by a trained health care provider.
- For both the PrePex and the Shang Ring, device-based VMMC requires an additional week of abstinence from sexual activity than surgery because of the additional time spent wearing the device.

General (continued)

- Abstinence from sexual activity (intercourse and masturbation) is even more crucial while wearing the device because these activities can cause the device to become displaced and result in serious complications requiring immediate surgery.
 - If for any reason clients are not confident they can abstain while wearing the device, they should be advised to consider surgical VMMC or defer VMMC altogether until a time when abstinence will be feasible.

Care while Wearing the Device

PrePex

- Daily bathing using water and soap is recommended. While bathing, try to make sure the tip of your foreskin is open so that soapy water can get between your foreskin and the head of the penis. Take care to make sure the area is fully rinsed free of all soap residue before drying. It is very important not to handle or move the device when washing. Make sure that you gently, but thoroughly, dry the penis after bathing.
- Wear clean undergarments.
- Your foreskin will gradually change as it loses circulation. These are normal changes that occur during the week while the device is being worn:
 - The foreskin color may change and become very dark or black.
 - The foreskin will become dry, leathery or brittle in texture.
 - The foreskin will become numb. However, if you become numb or have tingling or pain on the rest of your penis (anywhere except the foreskin), please contact the site.
- You may experience erections at night or in the morning. A small amount of discomfort or a “stretching” sensation is normal.
- You may notice an odor after two or three days of wearing the device. This is normal and unlikely to be noticed by others around you. If recommended hygiene measures do not control the odor sufficiently, contact the site for help.
- You may observe foreskin coming off of the rest of your penis toward the end of week while wearing the device. If it becomes very painful or you notice a fluid discharge, contact the site/team.
- You may notice changes in your urine stream, including spraying or difficulty aiming in a straight line. This is normal. To correct, gently stretch open the tip of the foreskin to allow urine to flow freely. If you strain to urinate or experience pain while urinating, contact the site immediately.
- Do not apply any home or folk remedies or any other agents, such as animal dung or ashes, on the wound. This is extremely important to protect against infection or other complications.
 - Message should stress that such applications increase the risk of life-threatening infection, including tetanus.
- Please contact the site immediately if you believe the device may have shifted from its original position or comes off completely for any reason.

Shang Ring

- Daily bathing using water and soap is recommended. It is very important not to handle or move the device when washing. Make sure that you gently, but thoroughly, dry the penis after bathing.
- You may experience erections at night or in the morning. Some discomfort or a “stretching” sensation is normal.
- You may experience partial detachment of the device from the side where it was placed. This might cause pain and you should return to the clinic where the device was placed to have it removed, even before seven days.
- There is the possibility of minor injury to the penis from the device itself and discomfort can be felt from catching and snagging the device while wearing.
- Do not apply any home or folk remedies or any other agents, such as animal dung or ashes, on the wound. This is extremely important to protect against infection or other complications.
 - Message should stress that such applications increase the risk of life-threatening infection, including tetanus.
- Please contact the site immediately if you believe the device may have shifted from its original position or comes off completely for any reason.

Care after Device Removal for both PrePex and Shang Ring

- You will leave the clinic with a bandage around the penis. Please leave this bandage in place for two days. Then, replace it with the new clean bandage provided by the clinic and wear the new bandage for an additional two days, then remove it. While the bandage is on, it is important to keep the area dry.
- You may notice a thick yellowish coating develop at the circumcised area of the penis. This is a normal part of the healing process and it will fall off on its own as healing is completed. You should not try to remove this tissue.
- You might notice light red fluid on the bandage after removal. This is normal in small amounts and after a day or two, you should stop finding it when changing bandages. If this fluid persists after two days, contact the site.
- For the PrePex device: There is usually a scab (thin coating of hardened dead skin) left behind when the device is removed. This skin acts like a natural bandage to protect the penis as it heals. Do not try to remove the scab. It will detach from your penis on its own, usually in two or three weeks.
- Do not apply any home or folk remedies or any other agents, such as animal dung or ash, to the wound.
 - Message should stress that such applications increase the risk of life-threatening infection, including tetanus.

Additional Information for Younger Clients (Adolescents <18 years) about Devices

- Adolescents should be counseled with their parents and guardians about:
 - Eligibility for PrePex. A larger number of adolescents, especially under age 15, are not eligible for the device based on physiological reasons (phimosis and preputial adhesions). In case of ineligibility, the surgical procedure should be offered as an alternative.
 - They may experience pain while wearing the device during erections and at night. Careful, age-appropriate supportive counseling techniques should be used when communicating this information. Ensure they understand how to use pain medication, the dosage and time interval to be respected.
 - Appropriate hygiene while wearing the device and the techniques to ensure a small opening of the foreskin remains to allow for irrigation underneath the foreskin to prevent odor are important.
 - Ensure adequate hygiene and wound care after the device is removed. Note that wound healing observed in adolescents post-device circumcision is usually shorter (approximately one week) than with adults.
- Adolescents receiving either the PrePex or the Shang Ring device should be advised not to masturbate while wearing the device and to report immediately to the clinic in case of any displacement or partial detachment of the device.
- Age-appropriate information and materials for devices should be developed and provided to the client to take home.
- All providers treating adolescent clients need to undergo specific training on educating and counseling adolescents according to their specific stage of development.
- Providers need to be trained to recognize when an adolescent is not eligible for the PrePex device due to inability to retract the foreskin or discomfort while attempting to do so, or when there are adhesions or phimosis.

MITIGATING RISK OF TETANUS

As part of the ongoing safety monitoring of VMMC programs, WHO and PEPFAR have become aware of tetanus cases following both surgical and device-based VMMC, some of which resulted in death ([see WHO Informal Consultation on Tetanus and VMMC, 2015, for details](#)). While reported cases are rare, these life-threatening events warrant careful attention to mitigate tetanus risk in all VMMC clients. **For VMMC with the PrePex device**, application should be undertaken if the client is adequately protected against tetanus by immunization (*following national policy developed in response to WHO guidance). **For surgical VMMC**, individual countries and sub-national regions will employ varying tetanus risk mitigation strategies based on local tetanus morbidity and mortality and the tetanus vaccination policies. As in many countries, males may not have received a booster dose after infancy and they are at risk of tetanus from any wound. Some countries may, therefore, advise the addition of vaccination with VMMC. Counselors should be made aware of their local tetanus mitigation strategy so that they can reflect the strategy throughout ISC/C, as applicable.

Regardless of local strategy, all VMMC programs are advised to convey the **following minimum core messages related to tetanus risk** as part of ISC/C along multiple points in the VMMC continuum:

- If opting for PrePex, adequate tetanus protection is required by immunization (*or following national policy developed as a result of WHO guidance).
- Prior to VMMC, please advise the clinic staff if you have any open sores, cuts, insect bites or other wounds.
- During VMMC healing, do not apply any home or folk remedies, such as animal dung, herbs or ash, to the wound.
 - Message should stress that such applications increase the risk of life-threatening infection, including tetanus.
- If you have any of the following symptoms, immediately seek treatment:
 - Hardening/stiffness of the lower abdomen
 - Stiffness of the jaw, shoulders or back, or difficulty swallowing
 - Involuntary fits (like seizures) or convulsions

Specifically, during group/general education:

- Discussion of the risks of VMMC should include mention of tetanus risk.
- Informed consent must include tetanus risk information (both verbally and included in consent form).
- Presentation and discussion of VMMC using the PrePex option should include the tetanus immunization requirement per WHO guidance (or following national policy developed as a result of WHO guidance).

During immediate post-operative counseling (and reinforced at two-day follow up):

- Wound care instructions should include tetanus prevention messages.
- How to recognize the symptoms of tetanus (along with other AEs).
- Where to seek urgent medical care in the event of any symptoms of tetanus.

In case of younger clients:

- Need to ensure that key tetanus information reaches parents/guardians through the pre-procedure information parents receive and post-operative wound care instructions.

IMPROVING THE QUALITY OF ISC/C

In order to improve the quality of ISC/C within the VMMC service, it is important that sites conduct regular assessments, both external and internal, and make changes to address the gaps identified using the Continuous Quality Improvement approach. This approach engages teams of facility-level staff in analyzing their processes of care to identify gaps between the care that is being provided and the care that should be provided to every patient, every time. These improvement teams then identify changes they can introduce at small scale to see if the changes result in better care.

Program experience to date shows that it is important to conduct regular site assessments, at least monthly, coupled with external assessments conducted by an external team (not entirely composed of site staff), at least quarterly. Following these assessments, site staff should conduct onsite problem-solving sessions, involving all relevant stakeholders in an ongoing manner.

Some of the common gaps specific to ISC/C identified during assessments at VMMC sites have included:

- Failure to register clients who attend the group session in order to track individuals who have received information
- Failure to reference checklists or standardized materials during education and counseling sessions
- Lack of age segmentation of clients for group education sessions
- Lack of privacy and comfort during counseling sessions

Quality improvement methods have been demonstrated to significantly improve the quality and safety of VMMC services that clients receive.

SUMMARY OF MAIN TOPIC AREAS COVERED

During the client’s visit to the VMMC site, a number of topics are covered, with some topics covered repeatedly during different phases of the continuum, and in more or less detail depending on the phase. The table below groups the information into 12 general topic headings and illustrates the phase/s during which each topic should be covered to ensure that key topics are covered with the appropriate frequency.

	Group Education	Individual Pre-Operative Counseling	Immediate Post-Operative Counseling	Follow Up
General HIV	x	x		
HIV testing	x	x		
Risk reduction methods		x	x	x
VMMC benefits/risks/links to HIV prevention	x	x		
What to expect during procedure	x	x		
Tetanus risk mitigation	x	x	x	x
MC only partial protection	x	x	x	x
Effective wound care	x		x	x
Abstinence during healing period	x		x	x
Recognizing warning signs AEs			x	x
Follow-up schedule			x	x
Resuming sex and continued prevention				x

APPENDIX

List of Resources

Flip Chart (Malawi)

https://www.dropbox.com/s/4kawmg7es7gkwi6/VMMC%20Flipchart%20-%20Malawi_English.pdf?dl=0

Flip Chart (South Africa)

<https://www.dropbox.com/s/vt3qgwrjmcjbd3l/VMMC%20Flipchart%20-%20South%20Africa.pdf?dl=0>

Facilitator's Notes

<https://www.dropbox.com/s/ob0nf6q8tuc67h2/VMMC%20Flipchart%20-%20Facilitator%20Notes.pdf?dl=0>

Leaflet for the Female Partner (South Africa)

<https://www.dropbox.com/s/sz2z9tmerrvmp5w/VMMC%20Female%20Partners%20Leaflet.pdf?dl=0>

Leaflet for Post-Circumcision (Uganda)

<https://www.dropbox.com/s/u5ccfwu3l5svlde/Post-VMMC%20Leaflet.pdf?dl=0>

Appointment Card (Mozambique)

<https://www.dropbox.com/s/0edgk2nvayyr6of/Appointment%20Card.pdf?dl=0>

Adolescent Brochure (Zimbabwe)

<https://www.dropbox.com/s/5m5ybwe348hgt0c/Adolescents%20VMMC%20Brochure%20-%20Zimbabwe.pdf?dl=0>

Leaflet for Wound Care after Ring Placement (Zimbabwe)

<https://www.dropbox.com/s/3pwbvtqqmdplioi/VMMC%20The%20Ring%20Wound%20Care%20Leaflet%20-%20Zimbabwe.pdf?dl=0>

Friend Referral Card (Botswana)

<https://www.dropbox.com/s/cbj8n4qt84ata51/Friend%20Referral%20Card%20-%20Botswana.pdf?dl=0>

