

Training of Counsellors for Male Circumcision

FACILITATOR MANUAL

July 2009



Acknowledgements

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Society for Family Health/Zambia, *MC Counsellor Training Curriculum*, Lusaka, Zambia: SFH/Zambia, 2008.

Society for Family Health/South Africa, *MC Counsellor Training Curriculum*, Johannesburg, South Africa: SFH/South Africa, 2008.

National Cancer Institute, *Trainer's Guide for Cancer Education*, Bethesda, MD: National Cancer Institute; 2002. (http://www.cancernet.gov/PDF/3b10af4f-4231-496f-bf62-8c47bab38ce6/Trainers_Book_m.pdf)

DUMC Partners in Caring, Durham County Health Department, *Training of Trainers*, Durham, NC: Durham County Health Department; 2006.

Family Health International, *HIV Voluntary Counseling and Testing: Skills Training Curriculum*, Arlington, VA: Family Health International, 2005. (<http://www.fhi.org/en/HIVAIDS/pub/guide/vcttrain.htm>)

US Peace Corps, *Life Skills Manual*, Washington, DC: US Peace Corps; 2001. (http://www.peacecorps.gov/multimedia/pdf/library/M0063_lifeskillscomplete.pdf)

WHO/UNAIDS/Jhpiego, *Manual for Male Circumcision under Local Anaesthesia*, Geneva: WHO/UNAIDS/Jhpiego; 2008.

American Medical Association, *Patient Confidentiality*. American Medical Association web site. <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/patient-physician-relationship-topics/patient-confidentiality.shtml>. 2009. Accessed February 11, 2009.

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Introduction

The sessions contained in this training manual are intended to develop the knowledge and skills of male circumcision (MC) counsellors to guide and support men, women and parents thinking about male circumcision. This program is designed to be 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-centred HIV counselling and testing and referrals; or, (2) supplement to existing curricula for HIV counsellors who will also serve as MC Counsellors.

This manual is 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 designed to be participatory and build upon the collective experiences of each training group. To learn more about adult learning principles, refer to <http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm>.

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

Three simple facilitation tips to enhance your delivery

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.”

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.

Use **energizers** (see Appendix) 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.

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DAY ONE

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 manual corresponding pages: None

Directions

- 1) State the purpose of the exercise and ask each person to partner with someone they do not know (or do not know very well).
- 2) 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.
- 3) Ask each participant to introduce his/her partner to the rest of the group.

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 manual corresponding pages: 5

Directions

- 1) Present the goal and objectives of the workshop on a flipchart paper (also on page 5 of participant manual).
- 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 othersCheck 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.

Overview of the MC Program

Type of activity

Lecture

Purpose

To provide participants with a basic overview of the MC programme, its goals and how it came into being.

Objectives

By the end of the session, participants will be able to:

- Explain the goals of the MC programme
- Discuss the impetus for the development of this programme

Time

30 minutes

Materials needed

Computer, overhead projector

Participant manual corresponding pages: 6-8

Directions

- 1) Tell participants that their work as MC counsellors contributes to the larger goals of the MC program in your country. Tell them that you will now give them a brief overview of the MC program, so that they can get a sense of why we are supporting MC in their country and how they will contribute to this effort.
- 2) Briefly present slides outlining the scope, goals, and structure of the MC programme.
- 3) Include in these slides, a very brief overview of the research findings that demonstrated the protective effects of MC and provided the impetus for developing and implementing this program.
- 4) Respond to any questions or gaps in understanding amongst participants.
- 5) Explain to participants their role in the broader MC programme.

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” (listed below); pieces of paper each with one of the following statements:

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

Risks

- Pain
- Bleeding
- Infection
- Reaction to the anaesthesia
- Blood clots or redness at the site of the wound

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

Participant manual corresponding pages: 9

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.

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

Figure 1 enlarged on flipchart (or projected onto wall), strips of paper with anatomy labels (for Figure 1), markers, tape

Participant manual corresponding pages: 10-11

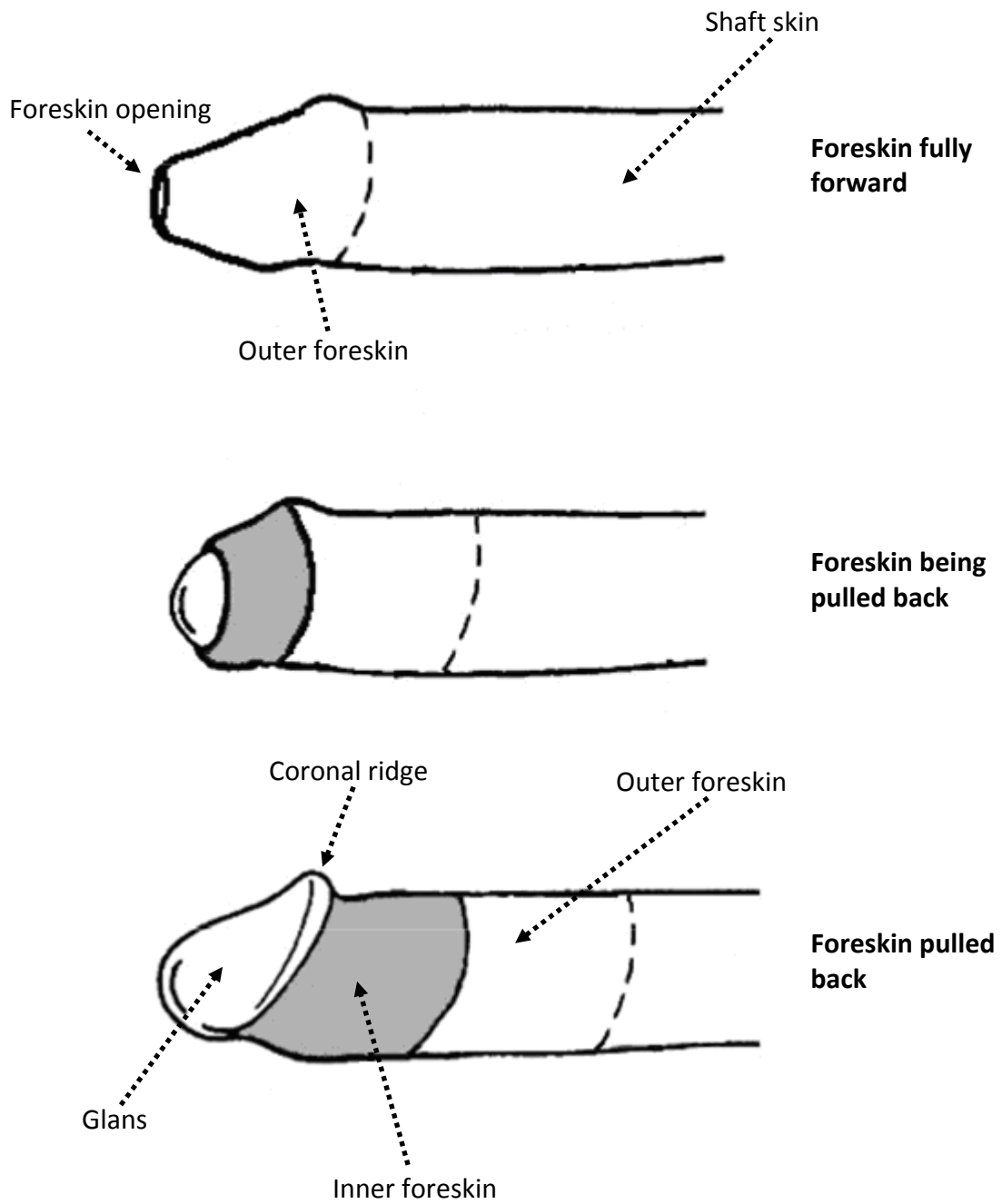
Directions

- 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 Figure 1 on page 10 of their participant manual. Instruct them to use the list of terms above Figure 1 to complete the labels (using a pencil) in the diagram.
- 3) Using an enlarged Figure 1 drawn on a piece of flipchart paper, ask volunteers to label the diagram label-by-label, according to what they have noted in their participant manuals. Other participants to correct as needed.
- 4) Using the completed Figure 1 with labels, review the anatomy of the penis. Be sure to explain the difference between the outer and inner foreskin; indicating that the inner foreskin is the piece of skin removed during the MC procedure, thus men who are circumcised no longer have this section of skin (the inner 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.
- 7) Put participants into pairs. Ask each participant to describe to his or her partner, in turn, the anatomy of the penis, highlighting the difference between the outer and inner foreskin, and to explain why the foreskin increases risk of HIV acquisition.

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.

Figure 1: Anatomy of the penis



Graphic adapted from www.info2sex.com

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 manual corresponding pages: 12

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.

<p>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.</p>
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Post-op Care for MC Clients

Type of activity

Sentence completion, lecture, large group discussion

Purpose

To provide participants with a basic understanding of post-operation procedures and recommendations for MC clients.

Objectives

By the end of the session, participants will be able to:

- Cite the essential post-op care instructions clients should receive

Time

45 minutes

Materials needed

Sentence completion, strips of paper with anatomy labels (for Figure 1), markers, tape

Participant manual corresponding pages: 13-14

Directions

- 1) Ask participants to imagine that they or someone they love is about to undergo an MC procedure. Ask them to take three minutes to write down the questions they might have about post-op care after MC.
- 2) Ask participants to share some of the questions they have and highlight how these are likely to be the same questions that clients will have and they will need to answer.
- 3) Next, instruct participants to complete Exercise 1 in their participant manual (a complete list of instructions is also included in the participant manual).
- 4) Ask participants to share their responses and correct as needed.
- 5) Present the full, complete list of post-op care instructions, as listed in "Reference 1: Post-op Care Instructions for MC Clients."
- 6) Ask participants which of the healing process post-op care instructions stand-out as odd, misunderstood or difficult to explain.
- 7) Explain to participants that they have an important role in helping clients understand the post-op period. Specifically:
 - a. Explaining to clients necessary precautions
 - b. Reinforcing the message that abstinence is vital during the healing period
 - c. Responding to questions and providing clarification
 - d. Helping clients think through strategies that can help them overcome any barriers they perceive to following the post-op instructions
- 8) Next, refer participants back to some of the more difficult questions that other participants shared in step 2. Ask participants to brainstorm possible responses to these difficult questions.

Exercise 1: Post-op care match-up

Match the items on the left with the items on the right to complete the list of post-op care instructions for the healing process.

The Healing Process

- | | | |
|---|-------|---|
| 1) Bathe as normal the day after your procedure... | _____ | this will help you heal more quickly. |
| 2) Rest at home for one to two days; ... | _____ | but take care not to get your bandages wet. |
| 3) Do not have sexual intercourse or masturbate for at least six weeks... | _____ | your wound as it is healing. |
| 4) Take any medications... | _____ | this can damage the wound. Any pain from erections will go away after a few days. |
| 5) Do not pull or scratch... | _____ | |
| 6) Erections may cause some pain. Urinating can usually help but do not masturbate since... | _____ | and be sure to always use a condom once you resume having sex. |
| | _____ | as directed by your MC provider. |

Reference 1: Post-op Care Instructions for MC Clients

The Healing Process

- 1) Rest at home for one to two days; this will help you heal more quickly.
- 2) Bathe as normal the day after your procedure but take 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. Urinating can usually help 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

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

Computer, projector, flipchart paper, markers, tape, *Policy and Client Consent* presentation, copy of national MC policy (if available), *Client Consent Form* (one per participant)

Participant manual corresponding pages: 15

Directions

- 1) In lecture format, present participants with an overview of national policies related to MC services, being sure to include *age of consent* and who can provide consent for adolescents.
- 2) Ask participants to reflect on why it is important to consider individual rights 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.
- 3) 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.
- 4) Ask for one volunteer to act as a client. Provide participants with a rapid demonstration of model steps for obtaining consent.

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-op discharge
- Explain their role in the process

Time

50 minutes

Materials needed

None

Participant manual corresponding pages: 16

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 8-10 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.

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 manual 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.

DAY TWO

Review Game: MC Basics, Procedure and Post-Op 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-op care

Time

20 minutes

Materials needed

Cards with questions, tape

Participant manual corresponding pages: None

Directions

1. Write the questions below on note cards. Leave the opposite side blank.
2. Tape the cards to the wall, blank side facing out.
3. Invite participants to approach the wall, one-by-one, and select a card. Participants should read the question aloud and respond.
4. Ask other participants to correct answers, as appropriate, and provide clarification, as needed.

Questions for review game

1. True or False: Male circumcision provides 100% protection against HIV infection.
2. For how many weeks after their MC procedure must men abstain from sex and masturbation?
3. True or False: Men must know their HIV status prior to having a circumcision.
4. Cite three benefits of male circumcision.
5. Cite three risks of male circumcision.
6. Multiple choice: Male circumcision involves the removal of the: (a) outer foreskin; (b) head of the penis; (c) inner foreskin; or, (d) entire foreskin.
7. What behaviours should men adopt to protect themselves from HIV after MC?
8. True or False: If a 15-year-old boy refuses male circumcision, it is appropriate to perform the surgery ONLY if his parents provide their consent?
9. After their procedure, men should return to the clinic for examination after how many days?
10. True or false: Male circumcision increases the risk of cervical cancer for the female sex partners of circumcised men.
11. True or false: Only HIV-negative men are eligible for male circumcision.

12. Explain how circumcision can reduce (but not eliminate) the risk of acquiring HIV.
13. Men are advised not have sex or masturbate for how long after their MC procedure?
14. 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.
15. How many days after the MC procedure does the second review take place?
16. Explain why it is important for a client to know his HIV status before having MC.
17. True or False: A dressing is secured to the skin so that the penis is pointed DOWNWARD to reduce the risk of swelling.
18. True or False: A man should not shower or bathe for one week after the procedure.
19. What should a client do if he experiences excessive pain one day after his procedure?
20. What is the legal age of consent for MC in our country?

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

None

Participant manual 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?

Introduction to the Counselling Protocol

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

20 minutes

Materials needed

None

Participant manual corresponding pages: 19-20

Directions

- 1) Refer participants to the counselling protocol outlined on pages 19-20 of their participant manual.
- 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.).

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
Introduction	<i>Hello, my name is _____ and I am a counsellor here at _____. I understand that you would like to learn more about male circumcision, is that correct? Well, I am here to explain the MC process and answer your questions.</i>
Confidentiality	<i>To start, you should know that the conversation we will have today is confidential. What questions do you have about confidentiality?</i>
Gather demographic information	Collect demographic information for client in-take form
Assess interest and concerns	<i>Tell me what you know about MC. What are some of the reasons you are interested in MC? What are some of your concerns about MC?</i>
Explain MC process	Opening: <i>Now I would like to explain the process we follow for male circumcision. This process is designed to increase your comfort and help you get the most out of your MC procedure.</i> Closing: <i>What question do you have about this process?</i>
Explore benefits	Opening: <i>What are some of the benefits you hope to gain from circumcision? What other benefits have you heard about circumcision?</i> Closing: <i>Which of the benefits we have discussed interests you the most?</i>
Explore HIV-MC link	Opening: <i>Tell me what you have heard about circumcision in relation to HIV infection.</i> Closing: <i>Can you tell me what you understand about how MC makes it more difficult for HIV to enter the body?</i>
Assess interest in HIV test	Opening: <i>When were you last tested for HIV? What was the result? Why do you think it is important for you to get an HIV test before your circumcision?</i> Closing: <i>How do you feel about getting an HIV test today?</i>
Offer HIV test	Opening: <i>Would you like to get an HIV test today?</i> If client accepts, refer to HIV testing protocol. <ul style="list-style-type: none"> • If result is negative, continue with MC counselling. • If result is positive, refer to counselling protocol for HIV-positive clients. If client refuses, respect his decision and inform him that he can get an HIV test at any New Start centre.

Explore risks	<p>Opening: <i>We have already talked about the benefits of circumcision but there are also some risks. What have you heard about the risks of circumcision?</i></p> <p>Closing: <i>Which risks worry you most?</i></p>
Explain procedure	<p>Opening: <i>Now I would like to explain what happens when you enter the procedure/surgical area.</i></p> <p>Closing: <i>What questions do you have about the surgery?</i></p>
Explain recovery period	<p>Opening: <i>What have you heard about the recovery period following circumcision?</i> <i>Let me tell you more about the recovery period.</i></p> <p>Closing: <i>What things worry you about the six-week recovery period? What might you do to address these concerns?</i></p> <p>Help the client to develop an action plan to address his concerns about the recovery period.</p>
Explain follow-up visits	<p>Opening: <i>After your procedure, you will need to visit the centre at least two more times—after two days and again after seven days. It is very important that you complete these visits. Let me explain why these visits are important.</i></p> <p>Closing: <i>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?</i></p>
Discuss life after MC	<p>Opening: <i>How do you think your life will change after your MC procedure? It is important to know that some things will not change, like the need to protect yourself from HIV.</i> <i>What are some of the things you have done in the past to protect yourself from HIV?</i></p> <p>Closing: <i>How might you build on or continue these things to protect yourself from HIV?</i></p> <p>Help the client to construct a risk-reduction plan for HIV.</p>
Consent	<p><i>What other questions do you have for me?</i> <i>If you have no more questions for me, would you still like to have MC?</i> (If yes) Explain contents of consent form and ask client to sign.</p>
Wrap-up	<p><i>Thank you again for choosing our centre for your MC. If you think of any more questions, you can find me or you can ask your clinician during your clinical assessment.</i></p>

Challenges in MC Counselling

Type of activity

Role-play, large group discussion, terminology exercise, reflection

Purpose

To provide participants with an opportunity to explore and address some of the unique challenges they might face as MC Counsellors.

Objectives

By the end of the session, participants will be able to:

- Describe alternative terms and phrases that can be used with clients to explain complex ideas related to MC
- Address the complex concerns of MC clients during counselling sessions to ensure that informed consent is truly *informed*

Time

60 minutes

Materials needed

Piece of flipchart paper, flipchart paper with “Counsellor Behaviours to Strive For in MC Counselling” (see step 7), markers, tape

Participant manual corresponding pages: 21-24

Directions

- 1) Explain to participants that MC counselling presents many challenges, in addition to the “regular” challenges of HIV counselling.
- 2) Introduce the “MC Challenges” role play (found on page 21 of the participant manual), asking participants to note moments where the counsellor and/or client seemed to have problems communicating. This role play should present a brief counselling session.
- 3) At the completion of the role play, lead participants through a facilitated discussion, using the following questions:
 - a. What did we see in this counselling session?
 - b. How do you think the counsellor felt about this situation? How do you think the client felt about this situation?
 - c. How does this scenario relate to our work as MC Counsellors?
 - d. How would you change this scenario to improve the comprehension of the client?

Note changes proposed by the group. Ensure that the following are noted:

- Avoid using medical or technical jargon
- Validate and address client’s primary fears
- Provide client with the appropriate amount of information
- Do not let clients leave thinking that MC provides 100% protection against HIV acquisition

Using simple terms

- 4) Ask participants to pull from their knowledge and the day's presentations to brainstorm a list of terms and jargon that might be confusing for clients. Invite them to write these terms in the left column found on page 22 of their participant manual (Exercise 3: Confusing Terms).
- 5) 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 Exercise 3 in their participant manual.

Responding to concerns/fears

- 6) Ask participants to think back to the risks of MC. Next, ask participants what fears or concerns they might have about MC, as parents or as a male client. Note responses on a piece of flipchart paper.
- 7) Ask participants to review the list of concerns/fears and develop responses they might use during MC counselling sessions. Note responses on a piece of flipchart paper.
- 8) Present and explain the following:

Counsellor Behaviours to Strive for in MC Counselling

- Provides precise, tailored responses:
 - Simple, non-technical words
 - Brief
 - Says "I don't know" when necessary
- Validates and responds to the concerns/fears of the client
- Quickly clarifies client misconceptions about the benefits and risks of MC
- Checks client's understanding and feelings before obtaining consent

- 9) Explain to participants that they should reflect on these behaviours and imagine how they would use them in their counselling sessions; during practice sessions they will be expected to demonstrate these behaviours.

Role Play 1: MC Challenges

The purpose of this role-play is to demonstrate to participants that MC counselling presents a unique set of challenges. Specifically, how to explain complex medical terms and ensure that clients leave the session with a true understanding of the benefits, risks and limits of MC. This role-play should be presented in 10 minutes or less; just long enough to get the point across to the participants.

Characters:

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. Jerome finished Standard 5 but does not really understand medical terms and has only been to the hospital twice, once when he was young and broke his arm and a few years ago when he had to get treatment for an ingrown toenail.

Our **MC Counsellor** is an experienced counsellor. S/he has counselled more than 100 people on HIV testing but only a few on MC. S/he has a good understanding of MC and likes to show how much s/he knows. S/he also believes that MC is not that painful so people should just focus on the benefits of the procedure, like partial protection against HIV and STIs.

Scenario:

Throughout the session, our Counsellor exhibits excellent active listening and non-verbal communication skills. However, when the Counsellor asks Jerome what concerns him most about MC, Jerome's response of "pain" is quickly dismissed (counsellor says, "Oh, it isn't that bad! Don't be such a baby!"). Our Counsellor then goes on to explain, in very technical terms, the benefits of MC, using terms like: 60% protective effect, clinical trials, local anaesthesia, HIV target cells, informed consent, etc. Jerome is obviously overwhelmed by these terms (and shows it through his body language and the confusion on his face) but quickly signs the informed consent at the end of the session. As Jerome and our Counsellor are leaving the counselling room, Jerome tells the Counsellor that he is looking forward to never having to wear condoms again.

Exercise 1: Using Simple Language

In the left column, list words that might be confusing to clients.

Confusing term	Simplified term
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Review of Key Client-Centred Counselling Skills

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; four sheets of flipchart paper each labelled with one of the following (The Basics of MC, Fears and Concerns, HIV Testing, and Post-Op Behaviour) and placed at opposite corners of the room

Participant manual corresponding pages: 25-26

Directions

- 1) Ask participants to define “client centred counselling.” Write key words from responses on flipchart.
- 2) 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-op care and behaviour change so clients need to internalize the message and develop their own plans for change, etc.).
- 3) Ask participants to think of the skills that are the mark of a good client-centred counsellor. Note responses, ensuring that the following (or some variation thereof) are noted:
 - a. Attending
 - b. Open-ended questions
 - c. Using simple language
 - d. Using the third person
 - e. Offering options
- 4) Ask participants to define and give examples of each of the skills noted. Refer participants to the list of “Key Skills” outlined in their participant manual.

Key Skills of Client-Centred Counselling

- 1) Attending—using open body language to communicate to our clients. Examples:
 - Smiling
 - Making eye contact
 - Leaning toward my client (slightly)
 - Keeping my arms open (not folding arms across my chest)
 - Maintaining a calm voice
 - Keeping my toes pointing in the direction of my client
 - Not allowing furniture or paperwork to come between me and my client
- 2) Open-ended questions—questions that allow for explanation and elaboration; cannot be answered with “yes” or “no.”
 - Ask questions that begin with who, what, where, when, and how
 - Use polite imperatives (ex. “Tell me about a time when you were able to use a condom.”)
 - Allow silence
- 3) Using simple language—avoiding technical jargon; using language that my client can easily understand
- 4) Using the third person—making statements that acknowledge and normalize concerns or feelings expressed by my client by referring to others in similar situations. Examples:
 - Many men also worry about pain...
 - A lot of my clients say...
 - Several people I’ve spoken with have worried about the six-week waiting period...
 - I’ve heard other women talk about the same worries for their boyfriends...
- 5) Offering options—discussing options with my client and allowing him/her to decide what is best for him/herself

- 5) Divide participants into four groups and ask each group to go to opposite corners of the room where they will find one of the four flipcharts labelled by the facilitator. Ask each group to take five minutes to develop a list of questions or skills they might use to assess a client’s knowledge or attitude.
- 6) After five minutes, ask groups to rotate in one direction so that they arrive at a flipchart already addressed by the group “ahead” in the rotation. Ask them to review the contributions of the previous group(s) and add any additional questions or skills.
- 7) After three minutes, have each group rotate again and repeat until each group has reviewed and contributed to each of the four flipcharts.
- 8) Present each of the four lists to the larger group, clarifying any misunderstandings and questions, and reinforce the message that MC counselling, like HIV counselling, must be client-centred to be most effective.
- 9) Remind participants that client-centred counselling takes place in the context of risk reduction counselling. Ask participants to outline the key steps to risk reduction counselling, ensuring that the following steps are elicited:

Key steps in risk reduction counselling

1. Personalized risk assessment (what are they doing now?)
2. Personalized disease education
3. Goal setting (specific goal/s that the client wants to adopt that will directly prevent or greatly reduce HIV transmission after MC)
4. Risk reduction planning (specific steps that need to be taken to achieve their goal)

Introduction to Counsellor Aid and Observation Tool

Type of activity

Lecture, large group discussion

Purpose

To orient participants to the effective use of counsellor aids for MC counselling.

Objectives

By the end of the session, participants will be able to:

- Demonstrate how to correctly use the counselling aids for MC counselling
- Explain the elements of evaluation for MC counselling sessions

Time

45 minutes

Materials needed

Flipchart paper; markers; tape; one MC Counselling Aid (flipchart) per participant (if used); one Counselling Observation Tool per participant

Participant manual corresponding pages: None

Directions

- 1) Ask participants to brainstorm the benefits of using a counselling aid during a counselling session. Note responses on a flipchart and ensure that the following are included:
 - a. Improves client understanding of key concepts/messages—seeing an image aids retention
 - b. Ensures counselling session covers required material
 - c. Provides counsellor with suggested questions and key messages to trigger discussion
- 2) Ask participants to brainstorm some of the challenges of using a counselling aid. Note responses on a flipchart paper.
- 3) Remembering these lists, present the counselling aid developed for MC counselling. Walk participants through the contents of the counselling aid, page-by-page but without too much detail.
- 4) Model for participants the correct usage of the tool:
 - a. Holding the tool so that images face the client
 - b. Using images as a trigger for client reflection and discussion
 - c. Using questions correctly to provoke client reflection
 - d. Preventing the tool from becoming a barrier between the client and counsellor
 - e. Avoiding counsellor tendencies to read verbatim from the tool
- 5) Ask other participants what other strategies they have tried to address the challenges listed by the group.
- 6) Present the Counselling Observation Tool and review the skills that are measured by the tool. Clarify participant questions and understanding.

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 Aid (one per group); flipchart paper; markers; tape

Participant manual corresponding pages: 27

Directions

- 1) Inform participants that they will conduct counselling session role-plays and review the instructions for the role-play process (found on page 27 of their participant manual):
 - 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 this 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 perspective 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 they felt as clients? How did they feel talking about such personal information?

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

Character profiles

Client 1

Name:	Mandla
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.
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:	Jerome
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.
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:	Myke
Sex:	Male
Age:	18
Family status:	Single but has two girlfriends
Where you live:	Small town
Education:	Completed grade school
Work:	Mechanics apprentice
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.

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 manual 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.



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 manual corresponding pages: None

Directions

- 1) 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.
- 2) Give them about five minutes to complete the exercise, then collect the cards, shuffle them, and randomly deal three cards back to each participant.
- 3) 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.
- 4) Ask participants if the skills they were dealt resemble those they wrote for themselves.
- 5) 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.

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 manual corresponding pages: 30

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
- 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
- 7) Remind participants that in their role as counsellors, they need to listen to the concerns of their clients and provide the appropriate information.

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 to counsel on MC
- Use correctly the MC counselling guide and aid

Time

90 minutes

Materials needed

Counselling Observation Tool (one per participant); Counsellor Aid (one per group); flipchart paper; markers; tape

Participant manual corresponding pages: 31

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 manual):
 - 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 this 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 perspective 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 be circulating among the groups to respond to questions, provide clarification, and note problems or concerns.

Client 1

Name:	Victoria
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:	Charity
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:	Ivy
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.

Group Counselling

Type of activity

Large group discussion, small group discussion/brain-storming

Purpose

To provide participants with an opportunity to explore how they might conduct group counselling and how this would impact individual counselling sessions.

Objectives

By the end of the session, participants will be able to:

- Describe the essential content for group counselling sessions

Time

30 minutes

Materials needed

Flipchart, markers, tape

Participant manual corresponding pages: 32

Directions

- 1) Explain to participants that as demand for services increases, they will find that more and more individuals require counselling. Because of this, a schedule for group counselling might be required for their work site.
- 2) Explain to participants the primary benefit of group counselling, which is the possibility to process a greater number of men in a given time period.
- 3) Ask participants what weaknesses exist with group counselling.
- 4) Divide participants into groups of five to six. Ask each group to refer to the Counselling Protocol (pages 19-20) to answer the following questions:
 - a. What topics might be appropriately covered during group sessions?
 - b. Which topics should be reserved for or reinforced during individual sessions?
- 5) Ask each group to present its findings to the larger group.
- 6) Note responses on a flipchart to develop a group counselling protocol.

Counselling to prevent risk compensation

Type of activity

Large group discussion, small group discussion/brain-storming

Purpose

To provide participants with an understanding of their role in preventing risk compensation amongst circumcised men.

Objectives

By the end of the session, participants will be able to:

- Cite the most common fears in terms of risk compensation amongst circumcised men
- Describe counselling strategies that can be used to reduce risk compensation amongst circumcised men

Time

45 minutes

Materials needed

None

Participant manual corresponding pages: 33

Directions

- 1) Read to participants the following news clipping:

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?
 - d. How might beliefs like these complicate our work as MC Counsellors? How might this complicate the work of programmes attempting to increase the number of men who are circumcised?
- 3) Ask participants what things they have heard from friends, family or leaders about how MC would impact men's behaviour.
- 4) Ask participants if these 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 behaviours.
- 5) Divide participants into groups of five. Explain to participants that MC Counsellors play an important role in ensuring that risk compensation does not occur amongst circumcised men.
- 6) Ask groups to develop a list of messages or strategies that counsellors might use with their clients to communicate the need for clients to continue to think about and work to reduce their risk of HIV infection (through ABC approaches).
- 7) After 10 minutes, ask each group to present its list of items and provide clarification, as needed.

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
- Correctly use the MC counselling protocol and aid

Time

90 minutes

Materials needed

Counselling Observation Tool (one per participant); Counsellor Aid (one per group); flipchart paper; markers; tape

Participant manual corresponding pages: 34

Directions

- 1) Inform participants that they will conduct counselling session role-plays and review the instructions for the role-play process (found on page 34 of their participant manual):
 - 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 this 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 perspective 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. 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 be circulating among the groups to respond to questions, provide clarification, and note problems or concerns.

Character profiles

Client 1

Name:	Sicalo
Sex:	Male
Age:	26 years old
Family status:	Married with two children
Where you live:	Rural area
Education:	Completed primary school
Work:	Shopkeeper
Sexual history and behaviours:	You sometimes have sex with other women when you travel to Mbabane to visit your brother and buy supplies for your shop. You rarely use condoms with these women and never use condoms with your wife.
Why you are interested in MC:	You learned about MC from your brother and he told you that it can help protect against HIV. You hate condoms so want to avoid using them in the future.

Client 2

Name:	Lusuku
Sex:	Male
Age:	21
Family status:	Single, no girlfriend
Where you live:	City
Education:	At university
Work:	Student
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 use condoms every time you have sex.
Why you are interested in MC:	You have heard that MC provides 100% protection against HIV so you are really interested in the procedure. However, you are afraid of the pain and possible risks.

Client 3

Name:	Justice
Sex:	Male
Age:	16
Family status:	Single
Where you live:	Rural area
Education:	In school
Work:	Student
Sexual history and behaviours:	You have only had sex once in your life, a few months ago with a girl from your school. You used a condom with her because she asked you to use one.
Why you are interested in MC:	You heard about MC from a peer education team that came to your school last month. You are interested in MC since you heard that it protects against HIV and other STIs. You are ashamed to buy condoms so you think this might help you stay HIV-negative. You haven't spoken with your parents about your interest in MC.

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 manual corresponding pages: 35

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...

APPENDICES

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 participants 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 Screammers
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.