



Reaching Impact, Saturation, and Epidemic Control (RISE)

The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services

RISE is a 5-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). RISE works with countries to achieve a shared vision of attaining and maintaining epidemic control, with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2024. RISE's contributions to this work will lead to fewer new HIV infections, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV.

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Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
DHS	Demographic and Health Surveys
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
HTS	HIV testing services
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
SBCC	social and behavior change communication
SMS	short message service
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VMMC	voluntary medical male circumcision
WHO	World Health Organization

I. Introduction

Purpose of the Guide

This guide is intended to strengthen the counseling provided to adolescents ages 15–19 at voluntary medical male circumcision (VMMC) services and to improve linkages between VMMC and other services for adolescents. Although this guide focuses on clients aged 15 years and older who are eligible for circumcision per the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) 2020 Country Operational Plan Guidance, 10–14 year-olds presenting who are ineligible for services should receive appropriate prevention services and be advised to return at age 15. Detailed information on counseling adults at VMMC services is available in the *Voluntary Medical Male Circumcision In-Service Communication: Best Practices Guide*.¹ In accordance with World Health Organization (WHO) Guidance,² this counseling guide sees VMMC services for adolescents not only as a proven intervention for reducing HIV transmission but also as an entry point for increasing adolescents’ knowledge about HIV and promoting their adoption of positive, short- and long-term norms and health care-seeking behaviors.

Note: In settings where large group trainings are not possible due to safety or logistics concerns, programs may consider convening multiple smaller trainings with fewer learners per group. Programs may also consider using this guide and then adapting the course materials and exercises for on-site delivery to VMMC teams at individual sites. Please refer to Annex 3 in *Strengthening Counseling for Adolescents at Voluntary Medical Male Circumcision Services: Training Manual* for additional information on using these materials for on-site mentorship and support.

Content of the Guide

Providing high-quality and effective VMMC services to adolescents is as much about the “what”—the technical content of VMMC counseling (Section IV)—as it is about the “how”—approaches and techniques for effectively communicating with and supporting adolescents (Section V). In addition, the content and its presentation must be supported by an enabling context, a carefully planned and prepared service that is designed to be male adolescent friendly (Section III). This guide includes:

- A brief summary of the context and recent findings from the literature, assessing strengths and gaps in VMMC and adolescent-friendly services (AFS)
- Recommendations for making VMMC services more adolescent friendly
- A sample counseling cue card (the full set of cue cards is available for download separately)
- A sample counseling flip chart (the full set of flip charts is available for download separately)
- Reference to professional communication techniques to strengthen counseling for adolescents. These techniques are elaborated in the *Strengthening Counseling for Adolescents at VMMC Services: Training Manual*³ (see a sample training agenda in Annex 4)
- References to other tools to strengthen referrals to and from VMMC services and for use by providers to improve counseling practice in VMMC services

How to Use This Guide

This guide may be used as a reference document for VMMC counselors and mentors. It may also be used with the accompanying training manual in a course for VMMC counselors (group, individual counseling and testing, postoperative, and follow-up) who have received basic VMMC counseling training. **These tools assume basic knowledge on VMMC counseling.**

This guide includes an introduction to the **VMMC counselor cue cards**. The cue cards (available as separate job aids) can be printed and laminated and given to VMMC counselors. Additionally, this guide includes an introduction to **counseling flip charts**. The flip charts (available as separate job aids) include context-specific and age-appropriate illustrations. A **VMMC counseling mentorship cue card** is also provided (Annex 5). On-site mentors should work with counselors, observing counseling sessions with adolescents and providing feedback and on-site support. Ideally, on-site mentors should support counselors every 15 days during the first three months of implementation and every month after that for at least a year. In addition to the **mentoring cue card**, Annex 5 includes the **Rapid Assessment In-Service Communication Guide**,⁴ a tool for monitoring and evaluating the quality and content of counseling provided to adolescent clients by VMMC service counselors. The tool was developed for and piloted in the Tanzanian context but is intended to be adapted for use in other countries.

The Strengthening Counseling for Adolescents at VMMC Services: Training Manual, supported by slide presentations and handouts, covers:

- Counseling principles and strategies to strengthen work with adolescents
- Practical techniques and exercises (active communication, strengths-based counseling, motivational interviewing, and so on)
- Tools for supporting and measuring progress at training sessions

II. Context and Experience of VMMC Provision to Adolescents

This guide was developed in response to recent evidence gathered from a multicountry study analyzing VMMC services for adolescents in Tanzania, South Africa, and Zimbabwe,^{5–10} and gaps in VMMC service provision to adolescents identified through external quality assessments conducted in various VMMC priority countries in sub-Saharan Africa.

Tanzania, Zimbabwe, and South Africa have achieved relatively high coverage of VMMC among adolescents. For example, as of September 2016, 1.8 million VMMCs had been performed in Tanzania.¹¹ The percentage of adolescent boys ages 15–19 years in Tanzania who were circumcised increased from 64.3% in 2010 to 80.8% in 2015.¹² In South Africa, 57.4% of adolescent boys ages 15–19 reported that they had been circumcised.¹² Although progress has been slower in Zimbabwe, the percentage of adolescents ages 15–19 who were circumcised increased from 5.3% in 2010 to 22.6% in 2015.¹² Adolescents in these three countries reported perceiving VMMC services to be of high quality and said they were satisfied with services overall.^{5–10} Adolescents ages 15–19 also comprise the majority of males accessing VMMC services in other VMMC priority countries.

However, despite successes to date, researchers have identified several areas for improvement:

- Adolescent clients may not always receive the benefits of the full WHO Minimum VMMC Service Package and the full range of VMMC interventions, such as both group and individual counseling.
- Age groups at group sessions may be mixed (for example, adolescents ages 15–19 years mixed with younger adolescents, or adolescents mixed with adults), thus inhibiting adolescents from speaking up.
- In practice, VMMC and other linked services may not be adolescent friendly. Providers may not always ensure privacy, respect, and confidentiality, and may not treat adolescent male clients in a nonjudgmental and nonstigmatizing manner.
- Providers may not be adequately skilled to counsel adolescents. Important, age-appropriate information and topics may not be provided, leading to a lack of sufficient HIV-related knowledge and skills among some adolescent clients.
- Providers may assume adolescents' sexual experience or lack thereof based on their age, and thus miss the opportunity to tailor counseling to adolescents' needs and develop trusting relationships with adolescent clients.
- Providers often fail to provide condom demonstrations to adolescents, particularly those they assume are not sexually active.
- Providers do not adequately explain VMMC risks and possible complications to adolescent clients, including what to do if they experience a complication and the importance of avoiding sexual intercourse and masturbation to prevent complications.

These gaps represent missed opportunities to address not only the entire VMMC experience and process but a full range of adolescent health issues.

III. Male Adolescent-Friendly VMMC Services

Following WHO guidance,¹³ this guide recommends several measures to make VMMC services “male adolescent friendly.” These measures can be categorized as follows:

- Equitable:
 - Ensure that rights-based policies (including rights of the minor), standards, and guidelines address provision of services to male adolescents specifically.
 - Provide the required package of VMMC services to all male adolescents without discrimination (group sessions, individual counseling, clinical screening, and so on).
- Appropriate:
 - Ensure that counseling addresses issues of concern to male adolescents ages 15–19 in a way that is **respectful of the cultural context** and takes into account the **individual’s stage of development**.
- Acceptable:
 - Ensure male adolescents **feel safe and trust** providers at VMMC and other services by making sure they know that counseling is **confidential**.
 - Provide counseling that is **respectful, nonjudgmental, and nonstigmatizing**.
 - Ensure **privacy** at services, both aurally (out of earshot) and visually (out of view).
 - Make the setting **comfortable** and **inviting** for male adolescent clients.
 - **Engage** male adolescents in designing, assessing, providing, and promoting the service.
- Accessible:
 - Ensure the location is convenient, or that transportation to and from the site is available and affordable.
 - Ensure that hours of operation are convenient for adolescent males.
 - Ensure that services are free or affordable.
- Effective:
 - Make sure that all providers and staff are trained to work specifically with male adolescents.
 - Ensure that all required supplies (condoms, pain medication, tetanus vaccination, VMMC devices, and so on) are available and provided to male adolescents who need them.
 - Be sure to have sufficient supplies of male adolescent-tailored communication materials (brochures, posters, and so on) to give to adolescent clients and/or display at VMMC services.

Additional male adolescent-specific factors that should be given special attention include:

- Treat **adolescent males with respect**. Males are vigilant about whether or not they are being respected and will:
 - Watch how providers treat other adolescent males and other providers.
 - Observe how providers ask questions. Do they do this with respect?
 - Listen to whether providers speak in an open, nonthreatening, and nonjudgmental manner. Do they speak **WITH** them, not **AT** them?

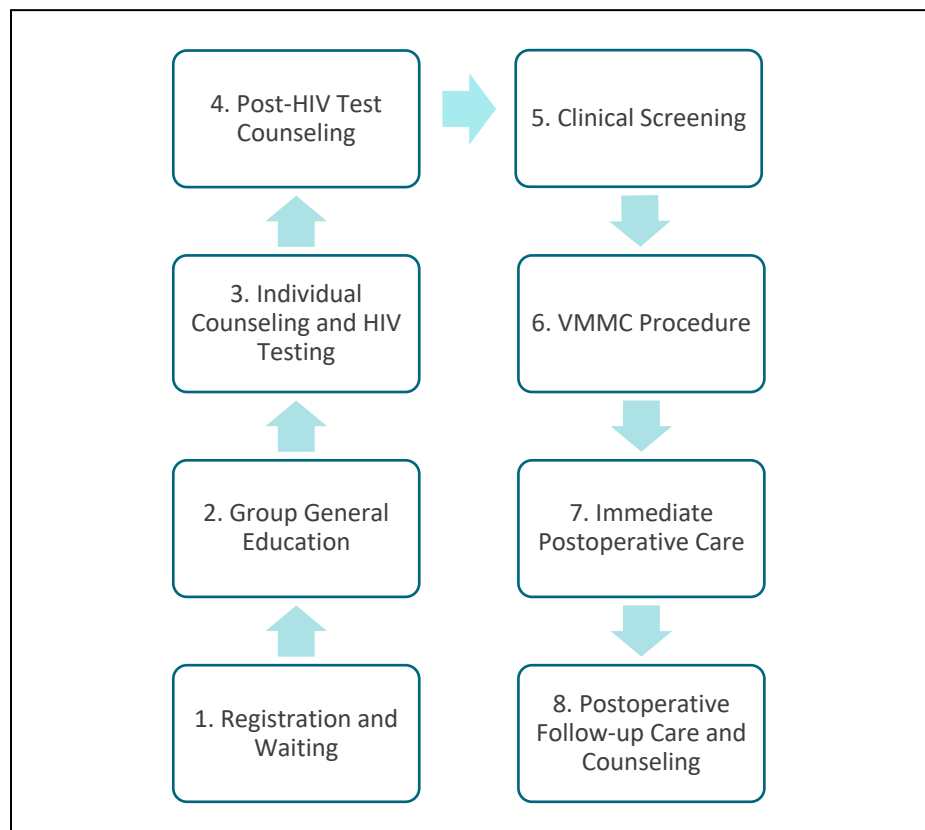
- **Determine the male adolescent client's preference for a male or female provider.** Ask: Do you care if a male or female provider conducts genital examinations?
- **Let male adolescent clients remain clothed as much as possible.** During genital exams, let them keep clothing and/or underwear on as much as possible, especially when they are not being examined.

IV. Strengthening Counseling Along the VMMC Service Continuum

Each stage of the VMMC service continuum¹ (see Figure 1) offers opportunities for supportive communication and/or counseling by each of the professionals providing the service. Receptionists, group counselors, individual HIV testing counselors, and nurses and doctors before, during, and after the VMMC procedure should communicate with the adolescent client to establish trust, allay fears, and offer the best possible service, tailored to the individual's needs.

VMMC may be one of the first encounters male adolescents have with clinical services. Offering a receptive, caring, and responsive service is key to promoting access to health services and positive health care-seeking behaviors that will benefit male clients for life.

Figure 1. The VMMC service continuum



1. Registration and Waiting

The registration and waiting periods are opportunities for facility staff to make the adolescent client feel welcome and to provide information and support as needed or requested. Adolescent clients may feel nervous or apprehensive about undergoing VMMC, so the overall goal should be to help them understand that the clinic is a safe and welcoming place.

Who:

- Receptionists and other clinic staff responsible for welcoming and conducting intake in reception area of clinic

Objectives by Role

Receptionists and staff responsible for intake:

- Welcome adolescents, parents/guardians, and/or partners.
- Make sure that clients and others are comfortable.
- Collect informed consent forms (per country policy requirements).
- Direct adolescents and others to print and other information materials.

Facility administration:

- Ensure the service is easily identifiable and easy to access by appointment or walk-in.
- Ensure that information about services available at the site is provided or clearly posted.
- Ensure that receptionists, guards, and all other staff at registration are trained to provide friendly, welcoming service.
- Make sure staff are sensitized to clients' right to privacy and understand that they are not to announce or discuss clients' personal information in front of or within hearing of other clients and staff.
- Optimize waiting time by making available positive, adolescent-tailored informational materials to read (brochures), view (posters), or watch (videos).
- Ensure that informational materials for parents and partners are also available.

Adolescent male clients:

- Adolescent clients and their parents/guardians and/or partners (if present) feel welcomed and comfortable.
- Adolescents and parents/guardians have access to information and print materials related to VMMC and adolescent health.
- Adolescents understand through initial discussions with staff and through informational materials in the clinic (posters, brochures, magazines) that the clinic's focus is providing VMMC to adolescent males and addressing their health needs.
- Adolescents who have not brought their informed consent form receive a copy of the form and are advised that they are welcome to return for VMMC once the form is signed.

Key Parameters for Registration and Waiting

Where:

- Reception or intake area

How (methodology):

- Adolescent clients are greeted and served by a welcoming, friendly, and supportive staff member or receptionist.
- The registration and waiting areas are clean and inviting.
- Art, furniture, and print materials, including posters and decorative features, convey a welcoming atmosphere for adolescent clients.

Key Messages

- “Welcome to our clinic! We are here to answer any questions.”
- “I need to check your age and [if under age of majority] whether you have brought the informed consent form, signed by your parent or guardian.”
 - If yes, “Glad to see that!”
 - If no, “I must advise you that you may not go through with medical male circumcision without your informed consent form signed. You will need to return with the form signed. However, you are welcome to attend the group session that is held at [XX time].”
- “We have print materials here in the waiting area; please help yourself to any of these.”
- “We also have materials here for parents or guardians.”

2. Group General Education

Group education sessions with adolescent clients are important opportunities to introduce adolescents (and attending parents/guardians) to accurate information related to key elements of the VMMC minimum package.

Who:

- Facilitators: Staff with training in VMMC counseling, particularly for adolescents (see the training manual³ and sample VMMC adolescent counseling training agenda [Annex 4]).
- Primary audience at sessions: Adolescent male VMMC clients, ages 15–19 years.
- Secondary audience at sessions: Parents and guardians/caregivers and partners of VMMC clients, who may accompany adolescent clients to VMMC services.

See the counseling cue cards and flip charts for content and key messages for group education sessions.

Objectives by Role

Facilitators/providers:

- At a minimum, cover the topics in the cue cards related to benefits and risks of VMMC, steps of the VMMC service process, and wound care.

Adolescent male clients:

- Have increased knowledge about
 - HIV/AIDS transmission and risk reduction
 - HIV testing services (HTS)
 - What to expect at VMMC services, including the minimum package of services
 - Choice of surgical or device options (if available)
 - Correct, consistent condom use
 - Wound care, healing, and possible side effects of VMMC (risks and adverse events)
 - Tetanus mitigation (according to national tetanus strategy)
 - Referrals to specific sites for concerns raised
- Are motivated and ready for more detailed discussion of questions or fears that may arise during the next stage of VMMC services (individual counseling and HIV testing).

In areas where traditional circumcision is practiced, discussions may focus on the difference between traditional circumcision and VMMC.

Key Parameters for Group Education Sessions

Where:

- A quiet, private area where clients can easily hear facilitators and the session will be undisturbed by onlookers, interruptions, and so on. Note: Reception areas are NOT suitable.

How (methodology):

- Facilitate interactive discussion session.
- Use active communication techniques.
- Convey the information in an open and positive tone and welcome questions for a useful discussion.

Guidelines for Effective Group Sessions

- Separate adult and adolescent males.
- Tailor information/discussions to age (less technical information for younger adolescents).
- Keep discussions interactive and use easy-to-understand language.
- Encourage participation by asking questions.
- Use visual aids (flip charts, penis models, and so on) to improve comprehension.
- Once the session begins, close it to further entrants. Stay with the same group until the discussion is completed. Do not allow late-comers, as this disrupts the discussion and results in partial comprehension, especially among those arriving late.
- If there are too few clients for a group discussion, do not keep clients waiting for extended periods until more clients arrive. Either provide a group session or refer clients to individual counseling, where the same material can be covered.
- Reference tetanus requirements according to national tetanus strategy/guidelines.
- If questions arise about specific issues not directly related to VMMC, tell the adolescent client that he may raise them during individual counseling, where you can also provide written referrals to other services.

Key Messages

See the counseling cue cards and flip charts for content and key messages for group education sessions, which should include:

- VMMC basic facts, the procedure and steps in the process, risks and benefits, wound healing, and follow-up care
- Sexual activity, including sexual intercourse and masturbation and possible consequences of sex
- Condom use, skills, and provision
- Risk assessment of behaviors, promotion of safer sexual practices (tailored by age/experience)
- Sexually transmitted infection (STI) screening, diagnosis, and referrals for treatment (as appropriate)
- Wound care and healing tips
- Basic information on HIV/AIDS (definition and transmission prevention methods)
- HIV testing and counseling

Wrap Up

At the end of the session, facilitators/providers should:

- Make sure participants have no outstanding questions for group discussion.
- Remind participants that issues related to wound care and healing will be further discussed during individual counseling sessions as well as before and after the procedure.
- Repeat to participants: “Any concerns or questions that you would rather discuss in private can be raised during individual counseling.”
- Make sure clients know that VMMC and HTS are voluntary—they are free to opt-out at any time.
- Explain that once they agree to VMMC and/or HTS during individual counseling, written, informed consent must be provided (from parents or guardians if the client is under the age of majority).

3. Individual Counseling and HIV Testing

Individual counseling and HIV testing are important opportunities to support and empower adolescent clients to exercise their rights to make healthy, appropriate, and personally relevant choices.¹⁴ Individual counseling is a private, one-on-one session where some clients may feel more comfortable posing questions of a sensitive nature that they were reluctant to discuss during group counseling. A key objective of individual counseling is to obtain written informed consent and assent (from adolescents and/or parents/guardians) for VMMC and HTS.

Who:

- Counselor: staff (physician and/or nurse, preferably male; ask the adolescent if he has a preference) with documented training in VMMC and HTS and training in counseling adolescents at VMMC services (see the training manual³)
- Primary audience: adolescent male VMMC clients
- Secondary audience: partners of VMMC clients (if attending)

Objectives by Role

Providers/counselors:

- To tailor counseling, ask if the adolescent is sexually active.
- Guide the adolescent to choose HIV testing and counseling (HTC), if appropriate.
- Reinforce HIV risk-reduction messages (as relevant).
- Assess the adolescent’s ability to follow wound care guidance based on written instructions.
- If the adolescent is not sexually active, assess his ability to comply with abstinence from masturbation.
- If the adolescent is sexually active, assess his ability to comply with abstinence from masturbation and/or intercourse.
- For sexually active clients, assess status of relationship(s), ease of communication with partner(s), and condom use.
- Respond to the adolescent client’s individual questions/concerns.
- Obtain written, informed consent/assent. (Countries adapting this guide are encouraged to reference the nationally approved informed consent form in Annex 2.)
- Refer the adolescent to other services as needed.
- Provide tetanus toxoid-containing vaccination (per national guidelines).

Adolescent clients:

- Have increased knowledge about:
 - Their level of risk for HIV/STIs and steps to protect themselves (risk reduction)
 - HIV testing and its relevance and/or benefits for them
 - The postoperative healing process and wound care
 - Their need to provide written, informed assent for VMMC and/or HTS (all clients)
 - Their need to obtain written, informed consent from their parents/guardians for VMMC and/or HTS (if under the age of majority)
 - Other services they may want to attend and the need for written referrals. These services may include post-HTS services, including antiretroviral therapy (ART) if they test positive for HIV, treatment for STIs; HIV self-testing; family planning; immunization, including tetanus; services addressing gender-based violence, masculinity, alcohol or substance abuse, legal issues, entrepreneurship, prevention of school drop-out, and disability rehabilitation, as well as services found in the local adolescent services directory.
- Are ready for VMMC and HTS if that is their choice
- Have provided informed consent/assent

Key Parameters for Individual Counseling Sessions

Where:

- A private, secluded place that ensures confidentiality for open, sensitive discussions without fear of interruption.
 - Privacy refers to both aural privacy (others cannot hear) and visual privacy (others cannot see).

How (methodology):

- Individual counseling is supportive and empowering and ensures confidentiality.
- Counseling is tailored to each adolescent's needs.
- For adolescents under the age of majority, where parents/guardians may be present or may be required by law to be present for HIV testing, it is important to have time to counsel the adolescent without the parent. Ideally, this should occur **before** the HIV test is administered.
- Ask for written, informed consent and assent (from adolescents and/or parents/guardians of adolescents under the age of majority) for VMMC and HTS during individual counseling.

Guidelines for Effective Individual Counseling Sessions

- Be respectful, empathetic, and nonjudgmental.
- Use a strengths-based approach—that is, be supportive of adolescents' correct understanding, positive accomplishments, and so on (see the training manual³).
- Practice the tips for effective communication (section V of this guide and in the training manual³).
- Make sure that the client is making an informed decision without coercion or pressure.
- Respect the client's decision to not test for HIV if that is his choice.
- If the client tests positive for HIV, facilitate linkages to care and treatment, including through phone or SMS follow-up and/or escort.

- If a client is diagnosed with an STI, be sure to counsel him in a nonjudgmental and neutral way, so as not to convey stigma and/or discrimination. Emphasize that he is at high risk for HIV, should seek immediate treatment, and should practice safer sex, including using condoms. Encourage him to invite his partner(s) to relevant services for STI diagnosis and treatment.
- Facilitate linkages/referrals for all adolescent clients, as relevant, to other adolescent-friendly services for issues such as family planning, STIs, gender-based violence, and drug/alcohol abuse.

Key Messages

See the appropriate counseling cue cards and flip charts for suggested content for individual pre-operative/pre-test HIV counseling sessions. Facilitators may also reference the appropriate counseling cue cards and flip charts for guidance and key messages related to family planning, gender-based violence, masculinity, and alcohol/drug use/abuse.

Wrap Up

At the end of the session, facilitators/providers should:

- Ask if the adolescent has any remaining questions/concerns.
- Obtain written consent and assent.
- Advise the adolescent that next steps will include a clinical screening prior to VMMC to confirm his eligibility.

4. Post-HIV Test Counseling

Post-HIV test counseling is an important opportunity to discuss an adolescent's HIV knowledge, risk behaviors, and other potential health-related needs. Having received an HIV-negative result, the adolescent client is likely to be relieved and may be open to discussing other health-related issues, including steps toward protecting himself and his partner(s), improving partner communication, and so on. If the adolescent client receives an HIV-positive result, this is an important opportunity to provide compassionate support and to discuss and refer him to available care, support, and treatment services.

Who:

- Clinic staff (doctor, nurse or other clinical staff) trained in HTS post-test counseling
- Primary audience: Adolescent male VMMC client, ages 15–19
- Secondary audience: None

Objectives by Role

Providers:

- Convey HIV test results to adolescent client.
- Discuss HIV/STI risk reduction and prevention.
- Provide support as needed.
- Refer client to services as needed.
- If the client's HIV test result is positive:
 - Answer any questions raised by the client (see common questions/answers on the post-HIV test counseling cue card).
 - Address common misconceptions about an HIV-positive test result, benefits and risks of disclosure, implications of an HIV-positive test result on the VMMC procedure, and prevention of HIV/STIs for sexually active, HIV-positive clients.

- Ensure that the adolescent client is actively linked to HIV treatment and care.
- Offer testing for the client's sexual partners (for those who are sexually active) or parents/guardians (for those who are not sexually active).
- Follow local policies regarding parents needing to be informed about the adolescent's test results.
- Provide general information about the benefits of HIV treatment, including messages on undetectable=untransmittable (U=U).

Adolescent clients:

- Understand their HIV test results and their implications.
- If the HIV test result is negative:
 - Understand future steps that will help ensure that they and their partner(s) remain negative.
 - Know the location of prevention and other relevant services.
- If the HIV test result is positive:
 - Receive answers to any questions they may have about their HIV-positive test result, including clarification of common misconceptions.
 - Understand the benefits and risks of disclosure, implications of an HIV-positive test result on the VMMC procedure, and prevention of HIV/STIs.
 - Understand the importance of being linked to HIV treatment and care.
 - Understand the importance of HTS for their sexual partners (if sexually active) or parents/guardians (if not sexually active).
 - Understand the benefits of HIV treatment, including messages on undetectable=untransmittable (U=U)

Key Parameters for Post-HIV Test Counseling Sessions

Where:

- A private, secluded place that ensures confidentiality for open, sensitive discussions without fear of interruption.
 - Privacy refers to both aural privacy (others cannot hear) and visual privacy (others cannot see).

How (methodology):

- Supportive one-on-one counseling with confidentiality ensured

Guidelines for Effective Post-HIV Test Counseling

- Conduct counseling according to national guidelines.
- Provide social and behavior change communications (SBCC) print materials to reinforce HIV prevention, care, support, and treatment and positive living messages.
- Provide SBCC brochures/pamphlets about other services to ensure adolescents understand what is available and/or recommended for them.
- Ensure linkages with other adolescent-friendly health services and STI treatment.
- Use referral cards to refer clients to other services as needed.

Key Messages

Refer to the appropriate counseling cue cards and flip charts for key messages for post-HIV test counseling.

Wrap Up

At the end of the session, providers/counselors should be sure adolescents have referral cards and print materials as needed.

WHO's Five "C's" for HIV Testing Services

Consent/assent

For HIV testing and counseling (HTC), verbal consent/assent is sufficient for adolescents 18 years of age and older (or over the age of majority). Adolescents under the age of majority require written consent from their parents/guardians. Adolescents should be informed of the full process for HTC and of their right to decline to test at any time.

Confidentiality

All information is confidential and cannot be disclosed without the adolescent's expressed consent/assent. Help the adolescent to identify someone with whom he can share his test result and determine how he would like the communication done. Tell him that sharing his result with a trusted person can be beneficial to his mental health since it can result in social support and will help to identify others who also need to test for HIV.

Counseling

HIV pre-test discussions may take place in a group setting, but adolescents should have the opportunity for private, one-on-one counseling if they ask for it. All HIV testing must include appropriate post-test counseling based on the test result. Quality assurance mechanisms and supportive supervision and mentoring systems should be in place to ensure high-quality counseling.

Correct test results

High-quality testing should ensure accurate diagnoses through internal and external quality assurance mechanisms supported by the national reference laboratory. All clients who receive positive diagnoses must be re-tested to confirm their diagnoses prior to initiation of antiretroviral therapy.

Connection

Clients should be linked to prevention, care, and treatment services for appropriate follow-up and long-term prevention and treatment. However, providing HIV testing in an area where there is no or poor access to care and treatment has limited benefits for those living with HIV!

Source: World Health Organization, HIV/AIDS, HIV Testing Services,
<https://www.who.int/hiv/topics/vct/about/en/>

Ensuring Informed Consent and Assent

Obtaining informed consent is a process, not just a signed document! When obtaining informed consent, be sure to:

- Explain to adolescents and their parents/guardians that all adolescent clients, regardless of age, must provide informed, written consent and assent before male circumcision or an HIV test is performed.
- Explain that for adolescents under the age of majority, a parent or legal guardian must provide written consent, either prior to the procedure (if they are not present) or in person at the voluntary medical male circumcision (VMMC) site.
- Clarify that only males at or above the age of majority can give informed consent for themselves!
- Explain that adolescent males under the age of majority must also provide their written assent, in addition to their parents'/guardians' written consent to undergo VMMC and/or HTC.
- Explain that you will discuss and provide written information that the adolescent and parent/guardian must understand before granting informed consent and/or assent including:
 - The purpose of the VMMC procedure as well as facts, risks, benefits, and timing
 - The purpose of HIV testing and that it is recommended but not required
 - That not having an HIV test will not disqualify anyone from VMMC
 - That male circumcision is permanent
 - That VMMC is voluntary

At the appropriate time during the VMMC process:

- Contact parents/guardians of adolescents who have brought their parents'/guardians' written consent to the site to re-confirm consent by phone.
- Show the informed consent form (see the sample in Annex 2) to the client for signature. Make sure the text and requested information is clear to the adolescent and/or parent/guardian.
- Collect the signed form(s) and thank the adolescent and parents/guardians.

Certain policies, strategies, and laws can create an enabling environment or establish barriers to access of VMMC services for adolescents in any country. Countries have varying policies on the age at which an adolescent is required to obtain parental consent to access health services. This should be taken into consideration when promoting and delivering VMMC services to adolescents.

5. Clinical Screening

Counseling during clinical screening should help the client understand the purpose of screening: determining his eligibility for VMMC and the most suitable method (as applicable). Counseling during screening, although brief, should contribute to building trust with the adolescent.

Who:

- Counselor: Staff (physician and/or nurse, preferably male) with documented training in VMMC
- Primary audience: Adolescent male VMMC client alone (parents/guardians do not attend the clinical screening)
- Secondary audience: None

Objectives by Role

Providers:

- Assess whether the client is physically/clinically eligible for VMMC.
- Explain to the client that a small number of males have conditions that make it necessary to refer them to specialists for advice on circumcision. (These conditions include bleeding disorders, hemophilia, pathologic phimosis, and other conditions.¹⁵)
- Help the client choose a method (surgery or devices) if applicable.
- Assess the client's history of tetanus vaccination in accordance with national policy.
- Provide a dose of tetanus toxoid-containing vaccine if necessary and/or available.
- Address any questions the client has about topics covered during individual counseling related to healing, wound care, abstinence, and the importance of follow-up visits.

Adolescent clients:

- Have increased knowledge about:
 - Whether they qualify for VMMC
 - What to expect during the procedure
 - Risks before, during, and after VMMC
 - Any questions or concerns not discussed sufficiently during individual counseling
- Have had any fears or apprehensions addressed to their satisfaction.
- Understand whether they qualify clinically for VMMC.

Key Parameters for Clinical Screening Sessions

Where:

- A private, secluded place that ensures confidentiality without fear of interruption

How (methodology):

- Clinical screening as qualification for the VMMC procedure
- Brief, supportive counseling with confidentiality ensured

Guidelines for Effective Clinical Screening

- Build trust with the adolescent by treating him with respect, asking him if he has any questions or concerns, assuring him of confidentiality, and telling him he will have more opportunities to talk with a provider after the procedure.
- Explain in simple terms any contraindications that may require a referral.
- Provide referrals to other services as needed/indicated.

Key Messages

- “I am going to check you now to confirm that you are eligible for circumcision.”
- “A small number of males have conditions that may result in a delay in the procedure and they have to be referred to other specialists for advice or treatment prior to circumcision.”
- “Have you had a tetanus vaccination, either as a child or more recently?” (in accordance with national policy).
- “Do you have any questions at this point, especially related to healing, wound care, abstinence, and the importance of follow-up visits?”

Wrap Up

To close the session, providers should:

- Ask if the adolescent has any remaining questions or concerns.
- Tell the adolescent that he is now ready for the circumcision procedure.

6. VMMC Procedure

The VMMC procedure is the removal of the foreskin of the penis to reduce the client’s risk of acquiring HIV infection through sexual intercourse.

Who:

- Physician or other clinical staff licensed/certified to conduct the VMMC procedure
- Primary audience: Adolescent male VMMC client, ages 15–19 years
- Secondary audience: None

Objectives by Role

Providers:

- Ensure that the adolescent has no further questions, fears, or concerns. Discuss any questions raised.
- Confirm provision of informed consent/assent.
- Perform the VMMC procedure.
- Ensure that the client is comfortable and calm during the procedure.
- Consider encouraging the use of stress balls (or other small balls) for adolescents to play with or hold during the procedure (and even during counseling). Some research suggests patients report less pain after procedures with use of stress balls.¹⁶

Adolescent clients:

- Are knowledgeable, comfortable, and ready for the VMMC procedure

Key Parameters for Counseling Before and During the VMMC Procedure

Where:

- Clinical surgery theater

How (methodology):

- VMMC surgery includes minimal client-provider counseling/communication.
- There may be opportunities to address questions, concerns, or fears raised by the adolescent. Providers(s) can use these opportunities to put the adolescent at ease and build trust.

Guidelines for Effective Communication During the VMMC Procedure

- Provide the service in a friendly and respectful manner.
- Remain open to answering any questions the adolescent may ask during the procedure.

Key Messages

- Check to confirm informed consent and assent.
- Ask if client has any questions about the VMMC procedure.
- Explain that you will now do the procedure and will advise him when finished.

Wrap Up

At the end of the session, providers should:

- Assure the adolescent: “I am happy to tell you that the procedure is now over.”
- Say: “I want to thank you for your cooperation.”

7. Immediate Postoperative Care

Immediate postoperative care is an opportunity to ensure that the adolescent client (and his parents/guardians if present) understands the post-procedure written instructions and follow-up appointment schedule.

Who:

- Physician, nurse, or other clinical staff trained in counseling adolescents (see the training manual³)
- Primary audience: Adolescent male VMMC clients, ages 15–19
- Secondary audience: Partners and/or parents/guardians (if present)

Objectives by Role

Providers:

- Ensure that the adolescent client has no further questions about wound care.
- Provide the adolescent with written wound care instructions.
- Ensure that adolescents who are not sexually active understand the need for abstinence from masturbation during the six-week healing period.
- Ensure that sexually active adolescents understand the need for abstinence from masturbation and/or sexual intercourse during the six-week healing period and the need for ongoing condom use and other risk-reduction measures.
- Clarify the warning signs of complications/adverse events requiring return visits.

- Ensure that the adolescent understands the follow-up care schedule and intends to return on the second and seventh days following the procedure.
- Provide information about how to contact the clinic/specific providers in the event of an adverse event.
- Reinforce the partial protective benefit of VMMC.

Adolescent clients:

- Understand key priorities related to healing, wound care, and adverse events.
- Know how to contact the clinic/specific providers in the event of an adverse event.

Key Parameters for Immediate VMMC Postoperative Care of Adolescents

Where:

- A counseling room where privacy and confidentiality can be ensured.

How (methodology):

- Individual counseling (or counseling with parents/guardians present for younger adolescents) during the immediate postoperative care period.

Guidelines for Effective Communication During Immediate Postoperative Care

- Tailor discussions to the adolescent's level of sexual experience.
 - If the client is not sexually active, focus on wound care, the importance of not using home remedies, warning signs of adverse events, and the need for return visits on days two and seven
 - If the client is sexually active, discuss the previous points and the need for abstinence and condom use (if unable to comply with abstinence) during and after the six-week healing period.
- Provide active referrals to other services as indicated/requested, using a local services directory (see the example in Annex 6¹⁷).

Key Messages

- See appropriate cue cards and flip charts for counseling/communication during postoperative care.

Wrap Up

At the end of the session, providers should:

- Ask the adolescent client if he is comfortable.
- Review healing and wound care procedures discussed during previous sessions.
- Ensure that the adolescent intends to return for follow-up checks on days two and seven after the procedure.
- Ask the client if he has any questions or concerns.
- Thank the client for his cooperation.

8. Postoperative Follow-up Care and Counseling

Postoperative follow-up care and counseling take place on days two and seven after the procedure (and at other times if the adolescent returns to the clinic). These visits are opportunities to remove the bandages, assess healing, and remind the adolescent of the importance of continuing to follow wound care advice. Counseling during this period may also be a good opportunity to assess the adolescent and refer him to other services if needed.

Who:

- Clinical staff trained in postoperative care and VMMC counseling of adolescents (see the training manual³)
- Primary audience: Adolescent male VMMC clients, ages 15–19
- Secondary audience: Partner and/or parent/guardian if the client desires

Objectives by Role

Providers:

- Assess the wound's healing and how the adolescent is coping.
- Remove the bandage if healing is adequate.
- Remind adolescents not to apply any home remedies (such as dung or ash) to the wound, even if recommended by parents, guardians, or others.
- Remind the client of the warning signs of adverse events.
- Remind adolescents of the importance of abstaining from masturbation for the full six-week healing period.
- Remind sexually active adolescents of the importance of abstaining from sexual intercourse during the full six-week healing period.
- Assess and discuss how to overcome any barriers to returning on day seven following the procedure.
- Use each follow-up visit as an opportunity to discuss other important topics, including family planning, gender-based violence, masculinity, and alcohol/drug abuse.
- Assess the need for and make active referrals to other services.

Adolescent clients:

- Understand key priorities related to healing, wound care, and adverse events.
- Understand the importance of the additional follow-up visit on day seven after the procedure (confirm at the day two visit).
- Understand how to contact the clinic in case of questions/concerns and/or adverse events.
- Understand where they may go for other services, as needed.

Key Parameters for Postoperative Care and Counseling of Adolescents

Where:

- A space that allows private, confidential counseling

How (methodology):

- Individual counseling and an assessment of the wound's healing progress. Parents/guardians (of younger adolescents) and/or partners (of older adolescents) may be present.

Guidelines for Effective Communication During Postoperative Counseling

- Content of counseling is similar to that provided during the immediate postoperative counseling session.
- Reinforce the importance of:
 - Not applying home remedies to the wound
 - Not masturbating for six weeks
 - If sexually active, not engaging in sexual intercourse for six weeks
 - Using condoms if not able to comply with abstinence recommendation
 - Importance of ongoing condom use after the six-week healing period to prevent HIV/STIs or unintended pregnancy
- Address other issues as indicated on the appropriate cue cards, including family planning, gender-based violence, masculinity, and alcohol/drug abuse, tailored to the 15–19-year-old age group.
- Address any other issues of concern raised by the adolescent.

Key Messages

See the key messages on the appropriate cue cards.

Wrap Up

To wrap up the session, providers should:

- Ask the adolescent client if he has any concerns or questions.
- Remind the client of the importance of following healing/wound care procedures previously discussed and abstinence for the next six weeks.
- Remind the client that with the bandage now removed, he must not apply any home remedies, even if suggested by parents/guardians, to the wound (including dung or ash).
- Make active referrals to other services as indicated/requested.

V. Communication Techniques to Strengthen Counseling of Adolescents

The communication techniques presented here aim to strengthen providers' skills in counseling adolescent clients and engaging them in a shared decision-making process at VMMC services. Helping adolescent males to open up and communicate their experience and concerns can help providers more accurately understand their needs and build more productive, trusting, and long-term relationships. See the training manual³ for details about these techniques as well as other strategies for effective counseling of adolescents at VMMC services.

Setting the Stage

Maintain Privacy and Confidentiality

The setting where VMMC and HTS counseling take place should be private and ensure confidentiality. Aural privacy ensures that others do not hear the counseling session. In noisy situations or spaces where aural privacy is compromised, consider using white noise machines if available. Visual privacy means that no one sees the session taking place. Find a place that is free from distractions. Counselors should assure adolescent clients that the discussion will remain confidential, that is, no personal information will be shared with anyone.

Check the Furniture and Other “Power Props”

Remember that counseling is an opportunity to empower adolescents to be the “authorities” in their own lives and to make their own choices. Make sure that the furniture arrangement in the VMMC counseling room or office (seating in particular) does not imply that the counselor is “the authority” (“power props”). Counselors should arrange the seating so they are not behind their desk or computer. Avoid using the phone, computer, and/or other devices during the counseling session.

Active Listening

Active listening is the process of listening attentively while someone speaks, paraphrasing and reflecting back or summarizing what is said, and withholding judgment and advice. The objective of active listening is to elicit information and emotions from the adolescent client and to build understanding and respect. Active listening can be seen as part of a strategy for encouraging adolescents to be more open and seek support more often, thus contributing to the approach of leveraging VMMC as an entry point for better health for boys and men more broadly.

Active listening consists of several integrated components, including body language, remaining attentive, providing feedback, reflecting back, and summarizing what the adolescent is saying.

Body Language

Nonverbal messages sent by counselors through their bodies can help or hinder effective communication. When counselors are attentive, their body language communicates interest and respect for the adolescent client, which may encourage him to open up. On the other hand, when providers appear disinterested and preoccupied with other tasks, their body language may cause an adolescent to close down and hold back important information.

The training manual accompanying this guide explores various types of body language and the effects they may have on the adolescent client.

Verbal Communication

Reflecting back or paraphrasing is asking questions to check whether counselors understand what a client is saying. **Summarizing** key points signals to the adolescent that the counselor is listening and interested. Even repeating verbatim what the adolescent has just said shows that a counselor is paying attention, and this will likely encourage the adolescent to say more. Summarizing also helps the counselor clarify next steps the adolescent should take.

Key points for more effective verbal communication include:

- **Ask open-ended questions.** Ask questions that require more than a yes or no answer. Closed questions tend to stifle conversation. Open questions include:
 - Can you tell me more about what your friends are saying about VMMC?
 - What do you mean when you say that VMMC is the latest fad?
 - How do you feel about using condoms?
- **Respond appropriately.** Remain neutral and withhold judgment. Do not express shock or dismay. Expressions of alarm through body language or verbally can cause an adolescent client to shut down. Staying calm and neutral can encourage him to say more. Listen and plan to offer guidance later. Or, if the time is right, use neutral language to gather more information. Neutral language might include questions like, “What do you think?” or “What seems right to you?”
- **Do not interrupt;** stay on point. Interrupting wastes valuable time, frustrates the adolescent, and limits the provider’s capacity to fully understand what the client is saying. Do not interrupt with counterarguments. Allow the adolescent to finish each point before asking questions. Avoid abruptly changing the subject.

Start from Strengths

Praise, affirm, and encourage. Resilience theory holds that adolescents live up or down to expectations of them.¹⁸ Instead of treating the adolescent as “a problem,” think of him as someone worthy of encouragement. Listen to him and consider what can be said to praise or admire him. Help adolescents recognize and make the most of their strengths. A strengths-based approach at VMMC services can include affirming an adolescent client’s decision to undergo VMMC in the first place, and reminding him that he is demonstrating responsibility for his health and that of his loved ones. Counselors can assure clients that this positive step will contribute to a lifetime of benefits. Conveying low expectations for adolescent clients will likely contribute to negative behaviors. Praise adolescents for their effort even if results are not always optimal.

Prioritize Topics for Discussion

Start with less sensitive topics, such as what motivated the adolescent client to come to VMMC services or how they are doing in school. Congratulate the adolescent for coming for VMMC. Ask about sensitive topics indirectly and leave them for later in the discussion.

Show Empathy

Counselors should treat adolescent clients as they want to be treated. The ability to relate to one’s clients is essential to providing support to them. Acknowledge their feelings and show concern. Check with them by paraphrasing or summarizing to indicate understanding of what they are feeling. Be candid, open, and honest. Respond appropriately to challenging topics or questions and assert opinions respectfully. Do not push the adolescent to discuss topics he is not comfortable discussing. Showing empathy is an important way of showing respect!

Ask the Adolescent if He Wants Advice

If an adolescent client says he wants advice, he will be more likely to listen. Counselors should remember that their role is to help clients make their own decisions, not to make decisions for them.

Gain Self-Awareness

Counselors should understand their own personal style of communicating. The exercises in the training manual are designed to help providers increase their own self-awareness. By understanding possible biases or long-held beliefs, providers can better manage their responses to challenging issues. In so doing, they become better able to make a positive impression on adolescent clients.

Remember, the long-term goal is for adolescents to feel that they can turn to VMMC providers for information and support not just during a single visit, but during future visits, and not just about circumcision, but about other health issues as well.

VI. Conducting Referrals

Stakeholders, published guidance, and tools can all support strengthening referral networks.

Counselors/providers who can strengthen referrals may include:

- Site managers and other staff at VMMC clinics
- Community-based outreach workers and peer educators
- Staff and providers at other local adolescent-friendly services

Guidance and tools to support referrals include:

- **Referral directories** should be informed by community mapping with participation of adolescents from targeted geographic areas. A sample services directory is included in Annex 6. Inclusion of a summary page in the service directory makes comprehensive information on available services easily accessible.
- **Referral card(s)** can be used to help direct and remind adolescent clients where to go, when, and so on. Cards might include tips on what to look for in a health care provider. A sample referral card is included in Annex 3.
- **Web-based platforms** can include service information and are often accessed by adolescents, especially by mobile phone.
- **Mobile phone-based SMS/text-messaging platforms** such as U-Report may help to link and remind adolescents of referral appointments.

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Annex 1: Voluntary Medical Male Circumcision Counseling Cue Cards

Counseling is an essential part of VMMC services. Health and social service providers who work with adolescents—in particular, those who counsel adolescent males ages 15 to 19 years old—are trained to provide quality services. A set of VMMC counseling cue cards has been developed as job aids to help service providers learn the required knowledge and skills during training and support their performance on the job after training.

These cue cards will help counselors to meet the needs of their clients. They will help counselors to remember key information, perform steps in order, and avoid making mistakes. Over time and after counseling a number of clients, the provider may find it is no longer necessary to use the cue cards.

The six counseling cue cards included in this package cover the range of counseling that should be provided to adolescent males when they access VMMC services:

- Group Counseling Session (included on the following pages as an example)
- Individual Counseling Session
- Post-HIV Test Counseling
- Immediate Postoperative Counseling
- Follow-Up Visit Day Two
- Follow-Up Visit Day Seven

These cue cards (available to download separately) were designed to be used as part of basic and advanced training of counselors of adolescents accessing VMMC services. They may also be used as part of site-based training courses or simply as job aids given to service providers. Here are some suggestions for using these cue cards:

- Facilitators can review and discuss cue card content during a course.
- Counselors in a course can use the cue cards to guide their performance during role-plays.
- Counselors at the site level can use the cue cards to support their performance when working with adolescent males.
- The cue cards can be printed and laminated and given to VMMC counselors for use at the health care site.

A mentoring cue card is provided in Annex 5. Suggested uses for this cue card include:

- Facilitators can use the mentoring cue card to provide feedback during a course.
- Supervisors can use the mentoring cue card to observe provider performance and offer feedback during site visits.

Sample Cue Card

Strengthening Counseling for Adolescents at VMMC Services: Immediate Postoperative Counseling Cue Card

Counseling/Communication Objectives

As a result of this counseling session, adolescent clients will understand:

- How to care for the wound
- That applying home remedies (ash, dung, etc.) or remedies NOT prescribed by voluntary medical male circumcision (VMMC) providers can cause infections
- Symptoms of adverse events
- The importance of contacting and knowing how to contact VMMC staff in case of emergency
- Their ability to comply with the prescribed follow-up schedule (i.e., transport to the VMMC clinic or other clinic near their residence and that next steps align with their school and work schedules as well as family commitments)
- The importance of abstaining from masturbation
- If sexually active, the importance of abstaining from sexual intercourse during the healing period and ways to improve compliance with abstinence recommendations to reduce the risk of HIV transmission and facilitate proper healing

Content to Be Delivered During the Session

Wound Care

Explain:

- Keep the wound clean, using clean water and mild soap to wash the penis at least two times each day.
- Keep the penis bandaged and pointing upward for 24–48 hours.
- Do NOT pull or scratch the wound during healing.
- Return to school after two days and may resume sports and/or other school-related activities after five days.
- Avoid hard, physical work for the first five days after surgery (e.g., lifting heavy objects, riding/pushing a bicycle, digging, or working at a construction site).
- Heavy, physical work can disrupt healing and lead to bleeding.
- Do NOT apply home remedies (herbs, ash, dung) not prescribed by a doctor. These can cause tetanus, which may be life threatening.
- Clients may have spontaneous erections. These may be uncomfortable but should not be cause for concern. Urinating at the first urge may reduce frequency of erections.
- Take pain medications as prescribed!
- Come back for follow-up visits two and seven days following the procedure (in accordance with national standards/guidelines).
- The provider will remove the dressing at the clinic on day two.

Adverse Events

Explain:

- Complications from VMMC are rare, but they can be serious if ignored or improperly treated.
- If the client experiences any warning signs, he should contact clinic staff immediately at (emergency # _____).
- Warning signs of adverse events include:
 - Continued bleeding that does not stop or gets worse
 - Swelling or tenderness around the wound (worse than you have now)
 - Increased pain that does not improve with medication
 - Fever (Do you have a thermometer or can your parent/guardian determine if you have a fever?)
 - Swelling or tenderness in the groin
 - Pus coming from the wound
 - Difficulty passing urine/peeing
 - Hardness or stiffness in the lower abdomen (*show them where this is*)
 - Stiffness of the jaw, chest, and/or back, fits and/or convulsions

Abstinence/Risk Reduction During the Healing Period

Consider whether any of the following (e.g., masturbation) should be discussed with sexually inactive adolescent males.

- All adolescents should abstain from masturbation and sexual intercourse for six weeks after VMMC.
 - For adolescents who are HIV-negative, penetrative sex (vaginal, anal, oral) during the six-week healing period greatly increases their risk of acquiring HIV.
 - For adolescents who are HIV-positive, penetrative sex (vaginal, anal, oral) during the six-week healing period greatly increases their risk of transmitting HIV to their sexual partner(s).
- For adolescents who indicate they will not be able to abstain, explain:
 - Masturbation poses less risk than sexual intercourse, although it may result in wounds taking longer to heal.
 - There are other ways to express physical intimacy that do not involve intercourse.
 - If you do go against the recommendation and have sexual intercourse during the six-week healing period, you must use a condom. This is very important because in the six weeks after VMMC you will have a wound on your penis, making it easier to acquire HIV or transmit HIV to your partner(s) during sex.
- The client should talk to their partner(s) before or after VMMC about the six-week abstinence period and clarify:
 - How his partner(s) can help him abstain while he heals for the next six weeks
 - How the client and partner(s) can agree on alternatives to sexual intercourse for the next six weeks

Make sure that the adolescent understands what sexual intercourse is.

- Although some boys/men heal faster or slower than six weeks, the safest option is to abstain from masturbation and sexual intercourse for the full six-week healing period.
- If the client believes that he has healed completely before the six-week healing period, he should return to be assessed for healing status and to discuss a possible return to masturbation or sexual intercourse.

Postoperative Follow-Up

During Discharge

- Thank the client for accessing VMMC services and congratulate him on taking care of his health.
- Provide the client with:
 - An appointment card that includes an emergency number and follow-up visit information
 - Written wound care instructions to take home
 - Condoms for safer sex and prevention of unintended pregnancy (if requested)
 - Referrals from the local referral directory or a referral sheet identifying other local adolescent-friendly services
- Remind the client to come for follow-up in two and seven days.
- Encourage him to bring his friends for VMMC.
- Ask the client if he has any questions or concerns and again, encourage him to call the emergency number if any questions or concerns arise.

Adjust to match whatever communication materials are available.

Follow-Up Visits

- Explain to the client that he should return to this site (or another one recommended) for follow-up checks on days two and seven after VMMC (according to national protocol).
 - Follow-up visits allow providers to help with wound care, check progress, and address any lingering questions.
 - These visits are typically much shorter than the first visit.
- Ask the client if he thinks he can comply with these two recommended visits. Specifically:
 - Does he have affordable/accessible transport to return to the clinic twice?
 - Can he arrange school commitments to allow him to return for the two follow-up visits?
 - If he works, will his work schedule allow him to take the time off to return?
 - Will family commitments allow him to return for both follow-up visits?
- If complications prevent him from returning, help him devise a plan to overcome such challenges.

Annex 2: Sample Informed Consent Form

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN



MALE CIRCUMCISION SERVICES
MALE CIRCUMCISION INDIVIDUAL CLIENT RECORD

VMMC consent (embedded in client record)

I _____ have consented to allow myself/my child to be circumcised by surgical method. I have been informed and understood that this surgical procedure is for my own/my child's health and there might be risks. After being given detailed information and an opportunity to ask questions, I am satisfied with the answers I have received.

I am client parent guardian. By appending my signature below to indicate my consent, given freely without being coerced, I am approving of the surgical procedure to be performed on me/my child.

Client's signature parent guardian

Provider's/counsellor's name and signature _____

Date _____




Annex 3: Sample Referral Card

Referral Card

Cover

 <p>Tohara ya Mwanaume</p> <p><i>Maisha ni Sasa! Wahi Tohara! Kuwa Msafi. Pata Kinga.</i></p> <p>HONGERA KWA KUAMUA KUFANYIWA TOHARA</p>	Mkoa: _____
	Jina la kituo cha huduma: _____
	Tarehe: _____ / _____ / 20 <small>Siku Mwezi Mwaka</small>
	Namba ya kitabu inayoanza: 000001
	Namba ya kitabu inayoisha: 000100
	

Front of every referral card

 <p>HONGERA KWA KUAMUA KUFANYIWA TOHARA</p>	
Jina la kituo cha huduma: _____	Jina la mteja: _____
Jina la sehemu unayotoka: _____	Jina la kituo cha huduma: _____
Simu ya mteja: _____	Jina la sehemu unayotoka: _____
Tarehe uliyoshauriwa: _____ / _____ / 20 <small>Siku Mwezi Mwaka</small>	Simu ya mtoa huduma: _____
000001	Tarehe uliyoshauriwa: _____ / _____ / 20 <small>Siku Mwezi Mwaka</small>
	

Back of every referral card

 <p>Tohara ya Mwanaume</p> <p><i>Maisha ni Sasa! Wahi Tohara! Kuwa Msafi. Pata Kinga.</i></p>	
<p>ni huduma BILA MALIPO</p>	
<p>Tohara inapunguza hatari ya maambukizi ya VVU kutoka kwa mwanamke kwenda kwa mwanaume kwa hadi asilimia 60, lakini haikupi ulinzi wa asilimia 100.</p> <p>Baada ya tohara ni muhimu kutumia njia nyingine kujikinga na maambukizi ya VVU kama vile, kutofanya ngono kabisa, kuwa na mpenzi mmoja mwaminifu aliyepima afya yake na kutumia kondomu kwa kila tendo la ngono.</p>	
<p>Ili kujua zaidi kuhusu Tohara na faida zake tuma neno TOHARA kwenda 15014 Ili kujua vituo vitoavyo huduma tuma neno TABORA au IRINGA kwenda 15014</p>	
	
<p>Tohara inapunguza hatari ya maambukizi ya VVU kutoka kwa mwanamke kwenda kwa mwanaume kwa hadi asilimia 60, lakini haikupi ulinzi wa asilimia 100.</p> <p>Baada ya tohara ni muhimu kutumia njia nyingine kujikinga na maambukizi ya VVU kama vile, kutofanya ngono kabisa, kuwa na mpenzi mmoja mwaminifu aliyepima afya yake na kutumia kondomu kwa kila tendo la ngono.</p>	

Annex 4: Sample Schedule: VMMC Counseling and Communication Course

3.5 DAYS

Time	Session	Person/Format/Time
DAY ONE		
9:00–9:15	Welcome by a local official or representative	Plenary (15 minutes)
9:15–9:30	Pretraining evaluation (instructions included in the evaluation)	15 minutes
9:30–10:30	Session 1: Introductions and Learning about Learners’ Experience Counseling Adolescents	All learners/facilitator Pairs and plenary (60 minutes)
10:30–10:45	Health/coffee break	15 minutes
10:45–11:15	Session 2: Recent Evidence on Counseling at VMMC Services (adolescents welcome!)	Presentation (facilitator), plenary discussion (30 minutes)
11:15–12:15	Session 3: Understanding Values Related to VMMC Provision (adolescents welcome!)	Presentation (facilitator), plenary discussion (60 minutes)
12:15–13:15	Lunch	60 minutes
13:15–15:15	Session 4: Addressing Values-Based Conflicts in Counseling Adolescents about Sensitive Topics	Presentation (facilitator), small-group/plenary discussion (120 minutes)
15:15–15:30	Health/coffee break	15 minutes
15:30–17:00	Session 5: Overcoming Taboo-Based Barriers to Effective Counseling about Sensitive Topics	Small-group/roving idea storms/plenary discussion (90 minutes)
17:00–17:15	Summary of day one	Plenary (15 minutes)
DAY TWO		
9:00–9:15	Overview of day two	Plenary discussion (15 minutes)
9:15–9:55	Session 6: The Adolescent Brain	Presentation (facilitator), plenary discussion (40 minutes)
9:55–10:55	Session 7: Creating Male Adolescent-Friendly Services (adolescents welcome!)	Keywords exercise (all learners), plenary discussion (60 minutes)
10:55–11:10	Health/coffee break	15 minutes
11:10–12:40	Session 8: Comprehensive Sexuality Education and Serving Adolescents at VMMC Services	Ambassadors exercise, plenary discussion, and presentation (90 minutes)
12:40–13:40	Lunch	60 minutes
13:40–15:10	Session 9: Counseling Cue Cards and Adolescent Counseling Flip Charts	Small-group “scavenger hunt,” presentations, plenary discussion (90 minutes)
15:10–15:25	Health/coffee break	15 minutes
15:25–16:15	Session 10: Setting the Stage: Nonverbal Communication with Adolescent Clients	Small-group discussion; presentations, plenary discussion (50 minutes)
16:15–17:25	Session 11: Body Language: Nonverbal Communication with Adolescent Clients	Small-group discussion, role-plays, plenary discussion (70 minutes)
17:25–17:40	Summary of day two	15 minutes
DAY THREE		
9:00–9:15	Overview of day three	Plenary discussion (15 minutes)
9:15–10:45	Session 12: Opening up the Conversation	Presentation, group discussion/role-plays, plenary discussion (90 minutes)

Time	Session	Person/Format/Time
10:45–11:00	Health/coffee break	15 minutes
11:00–12:30	Session 13: Introduction to Effective Counseling Techniques	Small-group work/role-plays, plenary discussion (90 minutes)
12:30–13:30	Lunch	60 minutes
13:30–14:30	Session 14: Additional Counseling Techniques	Small-group discussion/role-plays, plenary discussion (60 minutes)
14:30–15:45	Session 15: Counseling with Age-Appropriate Language (adolescents welcome!)	Small-group/role-plays, plenary discussion (75 minutes)
15:45–16:00	Health/coffee break	15 minutes
16:00–17:30	Session 16: Motivational Interviewing	Plenary, small-group discussion/role-plays (90 minutes)
17:30–17:45	Summary of day three	15 minutes
DAY FOUR (Half Day)		
9:00–9:15	Overview of day four	15 minutes
9:15–11:15	Session 17: Referrals (adolescents welcome!)	Small-group discussion, presentations, plenary discussion (120 minutes)
During Session 17	Health/coffee break	
11:15–13:30	Session 18: Conclusion Concluding points, next steps, and post-training evaluation	Small-group/plenary discussions (75 minutes)
13:30–2:00	Lunch	
DAY FIVE		
Full day	Session 19: Full-Day Counseling Practicum	8+ hours

Annex 5: Rapid Assessment Questionnaire and Mentoring Cue Card

The **Rapid Assessment In-Service Communication Guide**⁴ is a tool for monitoring and evaluating the quality and content of counseling provided to adolescent clients by VMMC service counselors. The tool was developed for and piloted in the Tanzanian context but is intended to be adapted for use in other countries.

The **mentoring cue card** can be used to complement the rapid assessment questionnaire. On-the-ground field mentorship and coaching for counselors to help them practice new skills and use the tools described in this guide are critical components of improved counseling of adolescents at VMMC services. The mentoring cue card is designed to support mentors as they observe counselors' communication and counseling skills and check whether important content from the cue cards and flip charts is covered in counseling during each stage of the VMMC service provision process. The mentoring cue card may be downloaded separately.

Rapid Assessment of In-Service Communication Guide for Adolescent VMMC Services

COUNSELING OBSERVATION — Checklist

Geographic and Site Information	
Region name _____	_____
District name _____	_____
Facility name _____	_____
Facility governance: Public1 Private2 NGO3 Other (specify).....4	Type of facility: Fixed clinic.....1 Mobile clinic.....2 Other (specify).....3
Age of patient: _____	Gender of counselor: Male.....1 Female.....2
Observer name: _____	

SECTION 1. PROVIDER BEHAVIORS

Check the actions observed and information provided in the video recording during the provider-adolescent interaction. Provide additional comments where necessary.

NO.	ACTIONS	CODING CATEGORIES			COMMENTS
		YES	NO	NOT APPLICABLE	
	Introduction Check if the provider does each of the following:				
101	Greets the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102	Tells the adolescent his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103	Asks for the adolescent's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104	Explains the general purpose of the individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105	Explains the general purpose of the group counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106	Tells the adolescent he/she is going to ask some personal questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107	Reassures the adolescent that all information provided will be kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108	Ensures privacy in the counseling area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109	Uses open-ended questions to learn about the adolescent and his knowledge of VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Information from provider Check if the provider explains each of the following:		YES	NO	NOT APPLICABLE	
Group Sessions for Adolescents 15–19 Years Of Age					
110	Definition of VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
111	Steps in the VMMC process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
112	VMMC benefits and risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
113	Wound care, including NOT to have sexual intercourse or masturbate for 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
114	Basic information about HIV/AIDS (transmission, risks, prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115	Importance of HIV testing and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116	A condom demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Counseling					
117	Written, informed consent for VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118	Written, informed consent for HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119	Oral assent for VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
120	Oral assent for HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121	That VMMC and HTC are voluntary and confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122	Asked if client is sexually experienced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123	Asked if client had any questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
124	Post-VMMC care (including not to masturbate/have sexual intercourse for 6 weeks and strategies to comply with this)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125	Consequences of not abstaining during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126	Risk-reduction strategies if client indicated abstinence is not possible during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127	Referral(s) to other services as requested/needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
128	Encouraged client to return to the clinic, IF he declined VMMC and/or HTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129	A condom demonstration, IF requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-HIV Test Counseling					
130	Provider discussed HIV test results and offered emotional support, allowing client to reflect on his test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131	Provider discussed the window period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
132	Provider discussed prevention, including PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
133	Provider discussed importance of condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

134	If client <18 years of age, provider asked client to return with parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
135	Provider discussed benefits/risks of disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
136	Provider offered ACTIVE referral and linkage to care, support, and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immediate Postoperative Counseling					
137	How to take care of the wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
138	Advice NOT to use home remedies (ash, dung, etc.) or remedies NOT prescribed by VMMC providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
139	Symptoms of adverse events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
140	Importance of contacting VMMC staff in case of emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
141	If client is sexually active: importance of abstinence from masturbation and/or sexual intercourse during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
142	Ways to improve compliance with abstinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
143	Recommendations to reduce the risk of HIV transmission and facilitate proper healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
144	Possible barriers to clinical follow-up, including: Access to transport to VMMC clinic or other clinic near residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
145	School schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
146	Family commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Postoperative Day 2 Follow-Up Counseling					
147	Wound care and pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
148	Abstinence or risk-reduction strategies during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
149	Ways to improve compliance with abstinence or improve risk mitigation during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
150	That VMMC provides only partial protection from HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
151	Need for continued practice of other prevention methods, especially condom use, after healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
152	Importance of and possible barriers to day 7 follow-up visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
153	Additional topics, including family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
154	Gender/gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
155	Masculinity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
156	Referrals to additional services to address the above additional topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Postoperative Day 7 Follow-Up Counseling					
157	Continued wound care and pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
158	Warning signs/how to contact clinic in case of adverse events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
159	Abstinence or risk-reduction strategies during the healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
160	Ways to improve compliance with abstinence or improve risk mitigation during healing period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
161	That VMMC provides only partial protection from HIV transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
162	Need to practice other prevention methods, especially condom use, after healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
163	Importance of and possible barriers to return visit in case of adverse events or other complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
164	Additional topics, including masculinity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
165	Gender/gender-based violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
166	Alcohol and/or drug abuse/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
167	Referrals to additional services to address the above additional topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referrals to Other Services					
168	Refers the adolescent to another place for other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
169	Explains why the adolescent was being referred to another place for another service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
170	Indicates to the adolescent where and when to go for the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provider's communication skills Check if the provider does each of the following:		YES	NO	NOT APPLICABLE	
How Information Is Communicated					
171	Communicates to the adolescent what check-ups/tests he/she is doing before doing them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
172	Communicates to the adolescent the results of the check-ups/tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
173	Uses printed materials or models to clarify or explain the circumcision procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
174	Motivates the adolescent to continue with healthy behavior choices (sexual abstinence, condom use, no more than one sex partner at a time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
175	Asks questions to make sure the adolescent understands the information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

176	Asks the adolescent to “teach back” what he just learned to the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
177	Provides clear information throughout the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, specify which topics/answers were confusing
178	Provides accurate information throughout the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, specify which topics/answers were inaccurate or misleading
179	Provides enough information to sufficiently answer the adolescent’s questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, specify which topics/answers were not sufficiently answered
Response to Adolescent’s Feedback					
180	Asks the adolescent if he has (any other) questions or needs clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
181	Allows the adolescent enough time to ask anything he wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
182	Answers the adolescent’s questions in a relaxed manner without seeming rushed or hurried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age-Appropriate Speech					
183	Speaks in a manner the adolescent is able to follow (not too fast, slow, or abruptly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
184	Avoids the use of medical jargon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
185	Uses simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
186	Asks if the adolescent is sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
187	Tailors messages to the adolescent’s sexual experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
188	Tailors messages to the adolescent’s age and maturity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providing Comfort					
189	Observes/reacts to adolescent’s expressions (facial/body) or concerns/fear/doubts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
190	Reassures the adolescent by clarifying his concerns/doubts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
191	Helps the adolescent reflect on his concerns about medical circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
192	Shows empathy for fears/doubts expressed by the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
193	Paraphrases/repeats adolescent’s ideas to express understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
194	Treats the adolescent in a supportive and considerate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
195	Tries to make the adolescent feel comfortable during the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention and Respect					
196	Shows interest in what the adolescent has to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

197	Shows respect for the opinions and decisions of the adolescent even if they are different from hers/his	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
198	Does NOT reprimand or criticize the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN WHAT HAPPENED
199	Does NOT interrupt the adolescent when he is talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1100	Uses body language (tone of voice and facial expressions) that communicate paying full attention to the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1101	Treats the adolescent with respect during the entire counseling session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1102	Congratulates the adolescent for seeking VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Who is accompanying the adolescent during the counseling session? _____

- | | | | |
|------------------|-----------------------|---------------------------|----|
| No one..... | 0 (Complete Section 2 | Brother..... | 8 |
| Only) | | Sister..... | 9 |
| Mother..... | 1 | Teacher | 10 |
| Father..... | 2 | Other Adult Relative..... | 11 |
| Guardian..... | 3 | Girlfriend..... | 12 |
| Grandmother..... | 4 | Male Peer/Friend..... | 13 |
| Grandfather..... | 5 | Community Mobilizer..... | 14 |
| Aunt..... | 6 | Other (Specify) | 15 |
| Uncle..... | 7 | | |

SECTION 2. ADOLESCENT BEHAVIORS

NO.	ACTIONS	CODING CATEGORIES			COMMENTS
		YES	NO	NOT APPLICABLE	
	Check if the adolescent does each of the following:				
201	Asks questions without being prompted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
202	Volunteers information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
203	Seems relaxed and comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
204	Is able to express his concerns/ideas/doubts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3. COMPANION BEHAVIORS (If applicable)

NO.	ACTIONS	CODING CATEGORIES			COMMENTS
<i>Check if the adolescent's companion does each of the following:</i>		YES	NO	NOT APPLICABLE	
301	Asks questions for the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
302	Lets the adolescent respond without interrupting him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303	Disagrees with or corrects information provided by the adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
304	Dominates the conversation during counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
305	Reprimands or criticizes the adolescent during counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
306	Reprimands or criticizes the counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER IMPORTANT OBSERVATIONS:

VMMC Mentoring Cue Card

Strengthening Counseling for Adolescents at VMMC Services: VMMC Mentoring Cue Card

Background

For use by mentors observing health care providers counseling adolescents about voluntary medical male circumcision (VMMC) services using the VMMC cue cards. Providers should be assessed on both counseling skills and content from the cue cards or flip charts.

Evaluation of Provider Counseling Skills

Check the box to indicate condition met or skill demonstrated by the counselor.

Provider Counseling Skills	
<input type="checkbox"/>	The counseling space was private and ensured confidentiality.
<input type="checkbox"/>	There were no barriers (chairs, tables, computers, etc.) between the provider and client during counseling.
<input type="checkbox"/>	The provider demonstrated open and attentive body language.
<input type="checkbox"/>	The provider praised, affirmed, or otherwise encouraged the client.
To demonstrate active listening, the provider:	
<input type="checkbox"/>	Paraphrased or reflected back what the client said.
<input type="checkbox"/>	Summarized what the client said.
<input type="checkbox"/>	Asked open-ended questions.
<input type="checkbox"/>	Did not interrupt the client.
<input type="checkbox"/>	Remained neutral and did not make judgmental statements about the client.
<input type="checkbox"/>	Prioritized topics in a logical and meaningful way.
<input type="checkbox"/>	Showed empathy and compassion for the client.
<input type="checkbox"/>	Asked if the client wanted advice before offering it.

Evaluation of Content Provided

Check the box to indicate content covered by the counselor.

Group Counseling Session Cue Card	
The provider explained:	
<input type="checkbox"/>	Definition of VMMC
<input type="checkbox"/>	Steps in the VMMC process
<input type="checkbox"/>	VMMC benefits and risks
<input type="checkbox"/>	Wound care, including recommending that clients avoid sexual intercourse and masturbating for six weeks following the procedure
<input type="checkbox"/>	Basic information about HIV/AIDS (transmission, risks, and prevention)
<input type="checkbox"/>	Importance of HIV testing and counseling (HTC)
<input type="checkbox"/>	How to use a condom (including offering to provide a demonstration)

Individual Counseling Session Cue Card

At some point in the session, the provider asked for:

- Written, informed consent for VMMC
- Written, informed consent for HIV testing
- Oral assent for VMMC
- Oral assent for HIV testing

During the session, the provider explained:

- That VMMC and HTC are voluntary and confidential
- Post-VMMC care (including to avoid masturbating and sexual intercourse for six weeks following the procedure and strategies to comply with this recommendation)
- Consequences of not abstaining during the healing period
- Risk-reduction strategies if the client indicated abstinence is not possible during the healing period

In addition, the provider:

- Asked the client if he is sexually experienced
- Asked the client if he has any questions
- Encouraged the client to return to the clinic or another location to seek services at a future date if he declines HTS
- Provided a condom demonstration if requested
- Offered referral(s) to other services as requested/needed

Post-HIV Test Counseling Cue Card

For Clients Who Test NEGATIVE for HIV

The provider discussed:

- The client's negative HIV test results and offered emotional support, allowing the client to reflect on his results
- The window period
- Prevention of HIV, including pre-exposure prophylaxis (PrEP)
- Importance of condom use

For Clients Who Test POSITIVE for HIV

The provider discussed:

- The client's positive HIV test results and offered emotional support, allowing the client to reflect on his results
- Benefits/risks of disclosure

In addition, the provider:

- Asked the client, if under age 18, to return to the clinic with a parent or guardian
- Offered active referral and linkage to care, support, and treatment

Immediate Postoperative Counseling Cue Card

The provider covered:

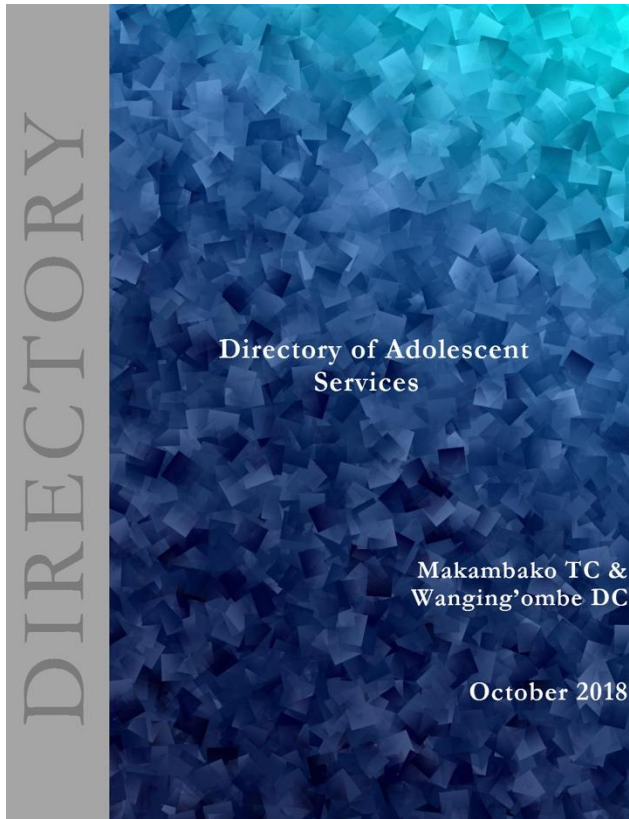
- Wound care instructions
- Advice to not use home remedies (ash, dung, etc.) or remedies not prescribed by VMMC providers
- Symptoms of adverse events
- Importance of contacting VMMC staff in case of emergency
- Importance of abstaining from masturbation and/or sexual intercourse during the healing period
- Strategies to improve compliance with abstinence
- Recommendations to reduce the risk of HIV transmission and facilitate proper healing
- Possible barriers to clinical follow-up, including:
 - Access to transport to VMMC clinic or other clinic near residence
 - School schedule
 - Work schedule
 - Family commitments

Day Two Follow-Up Visit Cue Card

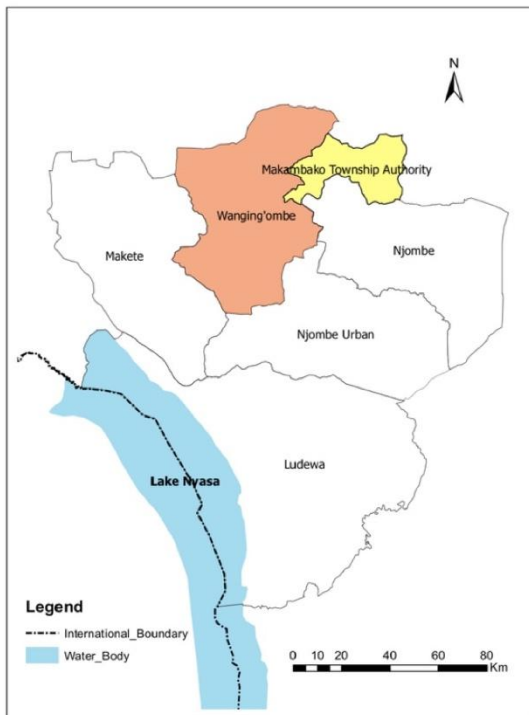
The provider covered:

- Wound care and pain management
- Warning signs/how to contact clinic in case of adverse events
- Abstinence or risk-reduction strategies during the healing period
- Strategies to improve compliance with abstinence or improve risk mitigation during the healing period
- That VMMC provides only partial protection from HIV transmission
- Need for continued practice of other prevention methods, especially condom use, after healing
- Importance of and possible barriers to day seven follow-up visit
- Additional topics, including:
 - Family planning
 - Gender/gender-based violence
 - Masculinity
- Referrals to services to address these additional topics

Annex 6: Sample Adolescent Services Directory



Map of Makambako TC and Wanging'ombe DC



Adolescent Friendly Service Attributes

1 Organization having specific programs or services for adolescent males (10-19)	2 Staff at the service have been trained to provide "adolescent friendly" services.	3 Adolescent Males (10-19) engaged in the Organization, besides being clients	4 Organization currently have SBCC material that are specifically designed for adolescent males (10-19)
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Color Legend: Adolescent friendly services are highlighted in Light Blue Color.

At – A – Glance Directory

ADOLESCENT-FRIENDLY SERVICES: NJOMBE REGION - TANZANIA		
<p>Jielimishe Epuka Ukimwi Makambako (JEUMA) Behind Midtown Hotel Ph: 0754-504048 Mr. Charles Mpogolo Health & Social Services HIV Prevention/VMMC Referrals Serving Juvenile Offenders Sports Events/ In-School Engagements (Page 4)</p>	<p>FEMA Club- Makambako Secondary School Ph: 0755-198018 Ms. Charity Nyang'uye, FEMA Teacher Health & Social Services Health Information / Gender Education/ Entrepreneurship Education Club Members (Page 4)</p>	<p>Volunteer Community Advocate (VCAs) - Makambako Makambako TC Ph: 0758-600521 Mr. Francis C. Hangaya Health Services VMMC Education & Referrals Community Volunteers (Page 5)</p>
<p>Tulilumwi Makambako Organization (TUMO) Makambako Town Area Ph: 0763-882464 / 0766-652748 Mr. George Salingo tumongopadi@gmail.com Social Services Legal Services / GBV Prevention Paralegals (Page 4)</p>	<p>Youth Support Organization (YOSO) Makambako TC Makambako Town Area Ph: 0752-472226 Mr. Alphonse Justa Kayuni Health/Social Services HIV AIDS Awareness / HIV Testing Sports Events / Community Volunteer (Page 4)</p>	<p>Orphan Education Center (ORECE) Behind Midtown Hotel Ph: 0756-895735 Mr. Magena Domela Health & Social Services HIV AIDS Awareness / HIV Testing / Entrepreneurship Community Volunteer (Page 5)</p>
<p>Teen Ten Cell Leaders (Adolescent Clubs - Makambako Hospital) Makambako Hospital Makambako TC Ph: 0762-600521 Mr. Kastory Andrea - Teen Coordinator Health Services HIV AIDS Treatment Adherence Community Volunteer (Page 6)</p>	<p>Community Home Based Services (CHBS) Makambako Hospital Makambako TC Ph: 0764-028510 Sr. Felicitas Mgaya - CBHS Cord. Health Services HIV Treatment Adherence / Referral Community Volunteers (Kivavi, Kitisi and Lyamkema Wards) (Page 5)</p>	<p>Tanzania Police Force – The Gender Desk - Makambako DC Ph: 0764149498 WP. Eliyeka Mtiye – Incharge Gender Desk Makambako GBV- Prevention / Investigation / Prosecution Police Posts – Ward (Page 5)</p>
<p>FEMA Club Wangingombe Secondary School Wangingombe DC Ph: 0754-567647 Ms. Lones Mdirinwa FEMA Teacher Health & Social Services Health Information/ Gender Education/ Entrepreneurship Education Club Members (Page 6)</p>	<p>ADP Mboazi Wangingombe DC - Ilembula Close to Council Revenue Gate Ph: 0757-886087 Mr. Innocent Lipondo Health & Social Services Prevention of School Drop-Out Gender Health Education & Counseling (Page 6)</p>	<p>COCODA Wangingombe DC, Ilembula Ward, At the Corner of Ilembula Hospital Road Ph: 0765-714433 Mr. Asante Mgheni Health & Social Services Health Education Counseling SRH Community Volunteers (Page 6)</p>
<p>CONGA Kata - Wanging'ombe Wanging'ombe Ward Office, close to Wanging'ombe Health Center Ph: 0755-877220 Mrs. Hiday Mpanye Health Services HIV Testing and Treatment adherence Community Outreach (Page 7)</p>	<p>INUKA Rehabilitation Center Wanging'ombe Village, close to Wanging'ombe Health Center Ph: 0753-833941 Fr. Kanisius Mlgo Health & Social Services Disability Rehab Center/ Primary Health-Dispensary Community Outreach (Page 7)</p>	<p>Community Home Based Services (CHBS) Wanging'ombe DC Wanging'ombe Health Center Ph: 0756-879689 Mr. Shabani Kigungage - CHBS - Chairman. Health Services HIV Treatment Adherence / Referral Community Volunteers (Page 7)</p>
<p>Volunteer Community Advocate (VCAs) Wangingombe DC Wangingombe Ward Ph: 0764-028510 Mr. Okoa Kamela Health Services VMMC Education & Referrals Community Volunteers (Page 7)</p>	<p>Tanzania Police Force – The Gender Desk – Ilembula / Wanging'ombe Ph: 0755272140 WP. Upendo Mwaibanda – Incharge Gender Desk Ilembula Ward GBV- Prevention / Investigation / Prosecution Police Posts – Ward (Page 7)</p>	

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

3

Non-Government Organizations

Makambako TC

Jielimishe Epuka Ukimwi - Makambako (JEUMA)

Contact Person: Mr. Charles Mpogolo
0754-504048 (Cell)
Email: jeumamakambako@gmail.com

Physical Address: Makambako Town Area – Behind Midtown Hotel

Programs: HIV Prevention / Male Condom/ VMMC referral
Modality to Reach Adolescent: Sports Events / In-School Engagements

AF Service Attributes: 1, 2, 4

FEMA Club - Makambako Secondary School

Contact Person: Fema Teacher – Ms. Charity Nyang'uye
0755-198018 (Cell)

Physical Address: Makambako Secondary School

Programs: Health / Gender and Entrepreneurship Education
Modality to Reach Adolescent: Adolescent Club member meetings

AF Service Attributes: 1, 2, 3, 4

Tulilumwi Makambako Organization (TUMO)

Contact Person: Mr. George Salingo
0763-882464 / 0766-652748 (Cell)
Email: - tumongopadi@gmail.com

Physical Address: Makambako Town Area

Programs: Legal Services / GBV Prevention
Modality to Reach Adolescent: Paralegals

AF Service Attributes: None

Adolescent Support Organization (YOSO)

Contact Person: Mr. Alphonse Justa Kayuni
0752-472226 (Cell)

Physical Address: Makambako Town Area

Programs: HIV AIDS Awareness / HIV Testing
Modality to Reach Adolescent: Sports Events / Community Volunteers

AF Service Attributes: 1, 3

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC



Figure 1 Direction Map to JEUMA , Makambako Hospital, Gender Desk at Makambako Police Station and TULILUMWI

4

Orphan Education Center (ORECE)

Contact Person: Mr. Magena Domela
0756-895735 (Cell)

Physical Address: Makambako Town Area

Programs: HIV AIDS Awareness / HIV Testing / Entrepreneurship
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: None

Tanzania Police Force – The Gender Desk – Makambako TC

Contact Person: WP: Eliyeka Mbise – Incharge Gender Desk Makambako 0764149498 (Cell)

Physical Address: Makambako Police Station,

Programs: GBV- Prevention / Investigation / Prosecution

AF Service Attributes: 2.

Community Based Care Services Makambako TC

Volunteer Community Advocate (VCAs)

Contact Person: Mr. Francis C. Hangaya - VCA leader
0758-468492 (Cell)

Physical Address: Kitesi, Lyamkena, Kivavi, Mlowa, Magovani and Makambako Wards

Programs: VMMC Education and Referral
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: 1, 2, 3, 4

Community Home Based Services (CHBS)

Contact Person: Mrs. Fellister Mgaya - CBHS Cord.
0756-149853 (Cell)

Physical Address: Kitesi, Lyamkena, Kivavi, and Makambako Wards

Programs: Health Education / HIV treatment adherence / Referral
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: None

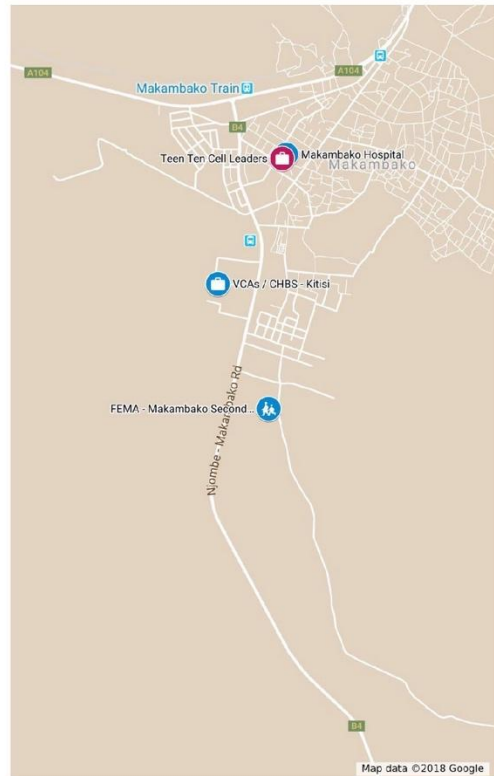


Figure 2 Direction Map to Teen Ten Cell Leader, Kitesi Ward Office and FEMA - Makambako Secondary School

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

5

Orphan Education Center (ORECE)

Contact Person: Mr. Magena Domela
0756-895735 (Cell)

Physical Address: Makambako Town Area

Programs: HIV AIDS Awareness / HIV Testing / Entrepreneurship
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: None

Tanzania Police Force – The Gender Desk – Makambako TC

Contact Person: WP: Eliyeka Mbise – Incharge Gender Desk Makambako 0764149498 (Cell)

Physical Address: Makambako Police Station,

Programs: GBV- Prevention / Investigation / Prosecution

AF Service Attributes: 2.

Community Based Care Services Makambako TC

Volunteer Community Advocate (VCAs)

Contact Person: Mr. Francis C. Hangaya - VCA leader
0758-468492 (Cell)

Physical Address: Kitesi, Lyamkena, Kivavi, Mlowa, Magovani and Makambako Wards

Programs: VMMC Education and Referral
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: 1, 2, 3, 4

Community Home Based Services (CHBS)

Contact Person: Mrs. Fellister Mgaya - CBHS Cord.
0756-149853 (Cell)

Physical Address: Kitesi, Lyamkena, Kivavi, and Makambako Wards

Programs: Health Education / HIV treatment adherence / Referral
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: None

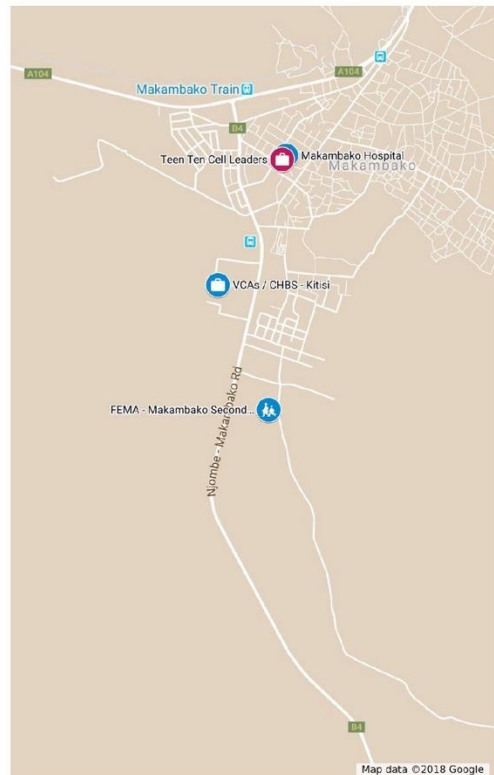


Figure 2 Direction Map to Teen Ten Cell Leader, Kitesi Ward Office and FEMA - Makambako Secondary School

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

5

Teen Ten Cell Leaders (Adolescent Clubs - Makambako Hospital)

Contact Person: Mr. Kastory Andrea - Teen Coordinator
0762-600521 (Cell)

Physical Address: Makambako Hospital

Programs: HIV AIDS Treatment Adherence
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: 1, 3

Non-Government Organizations Wanging'ombe DC

COCODA

Contact Person: Mr. Asante Mgheni
0765-714433 (Cell)
Physical Address: Ilembula - At the corner - Ilembula Hospital road

Programs: Health Education / SRH Counseling
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: 1, 2, 3

ADP - Mbozi

Contact Person: Mr. Innocent Lupondo
0757-886087 (Cell)
Email: 2400lupo@gmail.com

Physical Address: Ilembula - Close to Council Revenue Gate

Programs: Prevention of School Drop-Out / Health Counseling
Modality to Reach Adolescent: Peers Educators, Community Volunteers, Village Leaders

AF Service Attributes: 1, 2, 3

FEMA Club - Wanging'ombe Secondary School

Contact Person: Ms. Lones Mdimbwa Fema Teacher
0754-567647 (Cell)

Physical Address: Wanging'ombe Secondary School

Programs: Health / Gender and Entrepreneurship Education
Modality to Reach Adolescent: Adolescent Club member meetings

AF Service Attributes: 1, 2, 3, 4

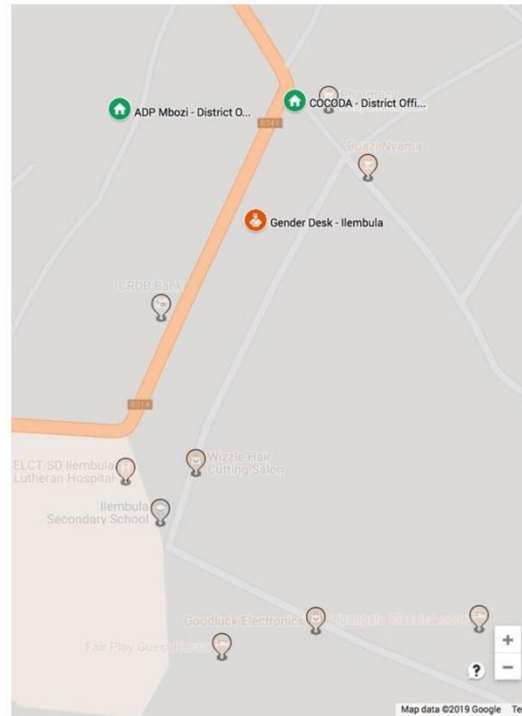


Figure 3 Direction Map to ADP Mbozi, Gender Desk – Ilembula Police Station and COCODA District Offices

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

6

INUKA Rehabilitation Center

Contact Person: Pd. Kanisius Mligo
0753-833941 (Cell)

Physical Address: Wanging'ombe Village, close to Wanging'ombe Health Center

Programs: Disability Rehab Center/ Dispensary
Modality to Reach Adolescent: Community Outreach

AF Service Attributes: None

Tanzania Police Force – The Gender Desk – Ilembula / Wanging'ombe

Contact Person: WP. Upendo Mwaibanda – Incharge Gender Desk Ilembula Ward 0755272140 (Cell)

Physical Address: Ilembula Police Station, close to CRDB Bank Ilembula Branch

Programs: GBV- Prevention / Investigation / Prosecution

AF Service Attributes: 2

CONGA Kata - Wanging'ombe

Contact Person: Mrs. Hidaya Mpanye
0755-877220 (Cell)

Physical Address: Wanging'ombe Ward Office, close to Wanging'ombe Health Center

Programs: HIV Testing and Treatment adherence
Modality to Reach Adolescent: Community Volunteers

AF Service Attributes: None

Community Based Care Services

Wanging'ombe DC

Volunteer Community Advocate (VCAs)

Contact Person: Mr. Okoa Kimela - VCA leader
0764-028510 (Cell)

Modality to Reach Adolescent: Community Volunteers

Physical Address: Community Volunteers in Wanging'ombe, Utiga, Kitandula, Mayale, Ufwala, Mng'elenge, Litundu, Katenge and Mbembe Villages

Programs: VMMC Education and Referral

AF Service Attributes: 1, 2, 4

Community Home Based Services (CHBS)

Contact Person: Mr. Shabani Kigungunge CHBS - Chairman.
0756-879689 (Cell)

Modality to Reach Adolescent: Community Volunteers

Physical Address: Community Volunteers in Wanging'ombe, Utiga, Kitandula, Mayale, Ufwala, Mng'elenge, Litundu, Katenge and Mbembe Villages

Programs: Health Education / HIV treatment adherence / Referral

AF Service Attributes: None

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

7

HealthCare Services

Makambako TC

Makambako Town Council Hospital

Contact Person: Johns Kajange
0753-700395 (Cell)

Physical Address: Makambako TC area

Programs: FP / SRH / HIV Treatment / AF-VMMC

Modality to Reach Adolescent: Community Outreach / CHBS / Teen Ten Cell Leaders

AF Service Attributes: 1, 2, 3 and 4

HealthCare Services

Wanging'ombe DC

Wanging'ombe Health Center

Contact Person: Mr. Joseph Mbena
0718-740704 (Cell)

Physical Address: Makambako Ward, near the Ward Court House

Programs: FP / SRH / HIV Treatment / AF-VMMC

Modality to Reach Adolescents: Community Outreach / CHBS

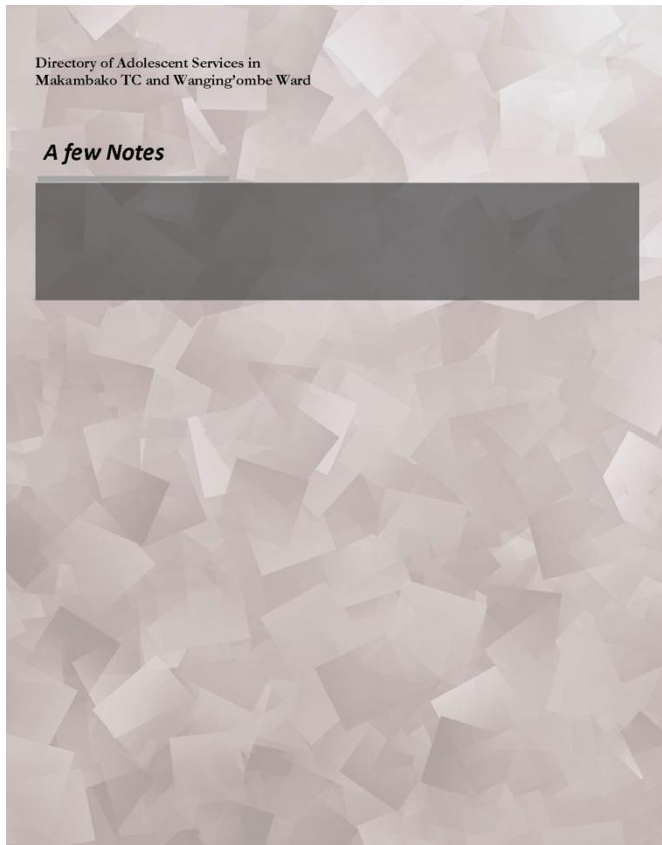
AF Service Attributes: 1, 2, 3 and 4



Figure 4 Map to Inuka Rehabilitation Center, Wanging'ombe Health Center and Fema Club – Wanging'ombe Secondary School

Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

8



Directory of Adolescent Services in Makambako TC and Wanging'ombe DC

9

Annex 7: Voluntary Medical Male Circumcision Adolescent Counseling Flip Charts

The voluntary medical male circumcision (VMMC) adolescent counseling flip charts are based on the counseling cue cards (see Annex 1). Like the cue cards, the flip charts are job aids that help counselors meet the needs of their clients. Job aids help providers remember key information, perform steps in order, and avoid making mistakes.

The following adolescent counseling flip charts are included in this package (and may be downloaded as a set or separately):

- Group counseling session flip chart
- Individual counseling session flip chart
- Immediate postoperative counseling flip chart
- Follow-up counseling flip chart

These flip charts were designed to be used as part of basic and advanced training of counselors of adolescents accessing VMMC services. They may also be used as part of site-based training courses or simply as job aids given to service providers.

The flip charts are meant to be printed two-sided (or the pages attached) so when the client is viewing the images on one side of the page, the counselor can refer to the text on the content side of the page. In addition to the images, counselors may use a penis model and other models/objects (such as condoms), where appropriate. Counselors should adapt their counseling to suit the participants' age, level of maturity, degree of sexual experience, and whether parents/guardians are present.

Additional suggestions for using the flip charts include:

- During training, facilitators review and discuss flip chart content.
- Counselors in a course use the flip charts to guide their performance during role-plays.
- Counselors at the site level can use the flip charts to support their performance when working with adolescent males.

Sample Flip Chart



Reaching Impact, Saturation, and Epidemic Control (RISE)

Immediate Postoperative Counseling Session Flip Chart

For adolescents ages 15–19 years attending voluntary medical male circumcision (VMMC) services (and their parents/guardians)

The final publication of *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services* and accompanying job aids was made possible with support from the U.S. President's Emergency Plan for AIDS Relief, through the United States Agency for International Development (USAID)-funded RISE program, under the terms of the cooperative agreement 7200AA19CA00003. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

General Instructions for Counselors

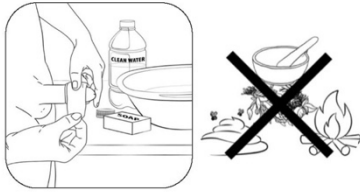
- Content for this flip chart is based on the **Immediate Postoperative Counseling Session Cue Card** included in *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services* package (USAID, 2019).
- It is recommended that counselors use the cue cards in this package to prepare for the counseling sessions, and use the flip charts during the VMMC counseling sessions with adolescents.
- Counselors should show the **image** pages to adolescent male clients at VMMC services while referring to the **content for counselors** pages. In addition to these images, counselors may use a penis model and other models/objects (such as condoms), where appropriate.

Objectives of the Immediate Postoperative Counseling Session

As a result of the immediate postoperative counseling session, adolescent clients will understand:

- How to care for the wound
- That applying home remedies (ash, dung, and so on) or remedies NOT prescribed by VMMC providers can cause infection
- The symptoms of adverse events
- The importance of contacting and knowing how to contact VMMC staff in case of emergency
- Their ability to comply with the prescribed follow-up schedule (that is, they can arrange transport to the VMMC clinic or other clinic near their residence and that next steps align with their school and work schedule as well as family commitments)
- The importance of abstinence from masturbation
- If sexually active, the importance of abstinence from masturbation/sexual intercourse during the healing period and ways to improve compliance with abstinence recommendations to reduce the risk of HIV transmission and facilitate healing

Wound Care Information for Adolescent Clients



Wash with clean water and mild soap.
DO NOT apply home remedies (herbs, ash, or dung)
not prescribed by a doctor.



Take pain medication as prescribed.



Keep the penis bandaged and pointing
upward for 24 to 48 hours.



Bandages will be removed
on the day two follow-up visit.

3

VMMC Immediate Postoperative Counseling Session Flip Chart

Wound Care Information for Adolescent Clients

Content for Counselors

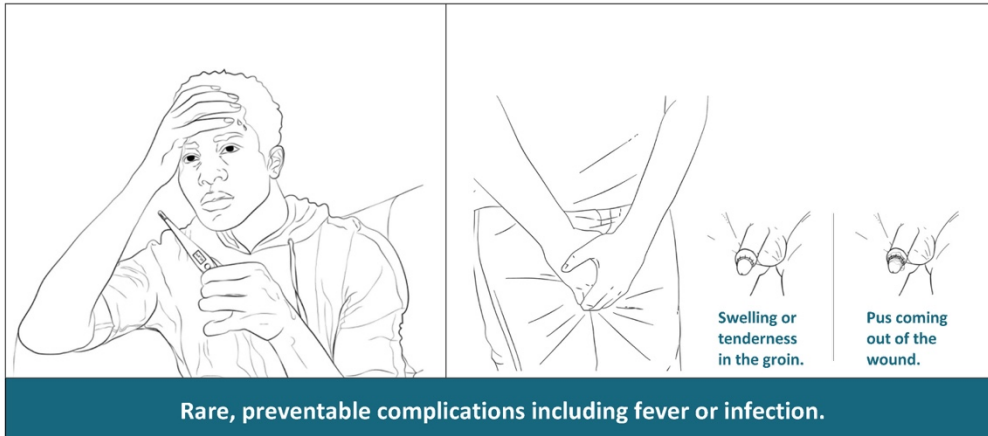
- To keep the wound clean, wash the penis with clean water and mild soap at least two times each day.
- Keep the penis bandaged and pointing upward for 24 to 48 hours.
- Do not pull or scratch the wound.
- You may return to school after two days and resume sports and other school-related activities after five days.
- Avoid hard physical work for the first five days after surgery (for example, avoid lifting heavy objects, riding or pushing a bicycle, digging, and working at a construction site). Heavy physical work can disrupt healing and lead to bleeding.
- Do not apply home remedies (herbs, ash, or dung) not prescribed by a doctor. They can cause tetanus, which may be life threatening.
- You may have spontaneous erections. These may be uncomfortable, but should not be cause for concern.
- Urinating at the first urge may reduce the frequency of erections.
- Take pain medications as prescribed.
- Come back for follow-up visits on days two and seven (*in accordance with national standards/guidelines*).
- We will remove the bandages at your first follow-up visit on day two.

4

VMMC Immediate Postoperative Counseling Session Flip Chart

Adverse Events

EMERGENCY CLINIC NUMBER: _____



5

VMMC Immediate Postoperative Counseling Session Flip Chart

Adverse Events

Content for Counselors

- Complications from VMMC are rare, but they can be serious if ignored or improperly treated
- If you experience any of the following warning signs, contact clinic staff immediately at (EMERGENCY PHONE # _____)
 - Continued bleeding that does not stop or gets worse
 - Swelling or tenderness around the wound (worse than you have now)
 - Increased pain that does not improve with medication
 - Fever: Do you have a thermometer or can your parent/guardian determine if you have a fever?
 - Swelling or tenderness in the groin
 - Pus coming out of the wound
 - Difficulty passing urine/peeing
 - Hardness or stiffness in the lower abdomen (show them where this is)
 - Stiffness of the jaw, chest, or back
 - Fits and/or convulsions

6

VMMC Immediate Postoperative Counseling Session Flip Chart

Abstinence and Risk Reduction During the Healing Period



7

VMMC Immediate Postoperative Counseling Session Flip Chart

Abstinence and Risk Reduction During the Healing Period

Content for Counselors

- It is important that you abstain from masturbation for six weeks after VMMC.

Note: Check that the adolescent understands what masturbation is. Gently ask if the adolescent is or has been sexually active.

If the adolescent indicates that he is or has been sexually active:

- It is important that you also abstain from sexual intercourse for six weeks after VMMC.

Note: Make sure that the adolescent understands what sexual intercourse is.

- Penetrative sex (vaginal, anal, or oral) during the six-week healing period greatly increases your risk of acquiring HIV. It also greatly increases the risk of transmitting HIV to your sexual partner(s) if you are HIV-positive.

If the adolescent indicates he will not be able to abstain:

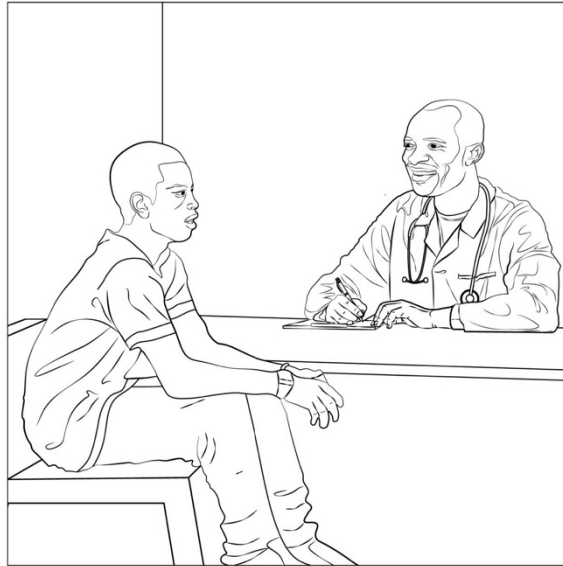
- Masturbation poses less risk than sexual intercourse, but it increases the healing time.
- There are other ways to express physical intimacy that do not involve intercourse.
- If you do go against the recommendation and have sexual intercourse in the six-week healing period, you must use a condom. This is **very important** because during the six weeks after VMMC, the wound you have on your penis will increase your risk of getting HIV or transmitting HIV to your partner(s) if you are HIV-positive.
- Talk to your partner(s) about how they can help you abstain while you heal for the next six weeks.
- With your partner(s), agree on alternatives to sexual intercourse for the next six weeks.
- Some adolescents heal faster or slower than six weeks, so the safest option is to abstain from masturbation and sexual intercourse for the full six-week healing period!
- If you believe that you have healed completely before the end of the six weeks, come to the clinic to have the wound assessed and to discuss a possible return to masturbation or sexual intercourse.

8

VMMC Immediate Postoperative Counseling Session Flip Chart

Postoperative Follow-Up Final Discharge

EMERGENCY CLINIC NUMBER: _____



9

VMMC Immediate Postoperative Counseling Session Flip Chart

Postoperative Follow-Up Final Discharge

Content for Counselors

- Thank you for accessing VMMC services and congratulations to you on taking care of your health!

Note: Provide client with (adjust to match whatever communication materials are available):

- An appointment card that includes an emergency number and follow-up visit information
 - Written wound care instructions to take home
 - Condoms for safer sex and prevention of unintended pregnancy (*if requested*)
 - Referrals from the local referral directory or a referral sheet identifying other local, adolescent-friendly services
- It is important that you return for your follow-up visits listed on your appointment card (*according to national protocol*)
 - The follow-up visits allow providers to help with wound care, check progress of your healing, and address any lingering questions.
 - These visits are typically much shorter than the first visit.
 - I also encourage you to bring your friends for VMMC.
 - Do you think you can comply with these two recommended visits? Specifically:
 - Do you have affordable and accessible transport to return here twice?
 - Can you arrange your school commitments to allow you to return for the two follow-up visits?
 - If you work, will your work schedule allow you to take the time off to return?
 - Do family commitments allow you to return for both follow-up visits?
 - If complications prevent you from returning, I can help you devise a plan to overcome such challenges!
 - Do you have any questions or concerns? Again, I encourage you to call the emergency number if you have any questions or concerns after you leave here today.

10

VMMC Immediate Postoperative Counseling Session Flip Chart

