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Strengthening High Impact Interventions
for an AIDS-free Generation



CREATING DEMAND FOR VOLUNTARY MEDICAL MALE CIRCUMCISION: A TRAINING FOR COMMUNITY MOBILIZERS



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Cover Photo: Community mobilizer Thoko Blandy talks to men in his community of Chikwawa District, Malawi, about VMMC. **Photo Credit:** Lucas Phiri, AIDSFree Malawi.

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ACRONYMS

AE	adverse event
ART	antiretroviral therapy
ARV	antiretroviral
FAQ	frequently asked questions
HTS	HIV testing services
IPC	interpersonal communication
ISC/C	in-service communication and counseling
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
RCT	randomized controlled trial
SBCC	social and behavior change communication
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
VMMC	voluntary medical male circumcision
WHO	World Health Organization

COURSE OVERVIEW

Community mobilization and interpersonal communication are critical for engaging communities to create awareness and understanding about VMMC and generate demand for VMMC services. While there are other demand creation activities and approaches, such as use of mass media and social media, this guide focuses on community mobilization for VMMC services.

Community mobilizers need basic information about VMMC and HIV to understand what they are doing and why they are doing it. They also need to know how to perform their assigned tasks. With effective communication skills, community mobilizers can build rapport and confidently engage communities, specific groups, and individuals in meaningful and effective dialogue.

This training manual is a three-day course that:

- » Is designed for training mobilizers on demand creation for VMMC.
- » Covers all the necessary information on VMMC and demand creation to enable mobilizers to carry out their job effectively and with a client-centered approach.

The trainer will use this manual to train community mobilizers for two days in the classroom that include practical role-play exercises, with a third day for field visits to a VMMC clinic and observation of a mobilization activity. Participants will be expected to use the skills and knowledge gained to implement community mobilization for VMMC.

OBJECTIVES

At the end of this course, participants will be able to:

- » Understand how VMMC can be used to reduce HIV infection risks in men.
- » Use IPC tools and disseminate correct information on VMMC and promote its acceptance.
- » Respond confidently to potential clients' questions and concerns about VMMC, and dispel common myths and address barriers.
- » Plan and execute a community mobilization activity that will reach the priority age group.
- » Engage adolescents and young men in discussion on VMMC and follow up effectively with potential clients.

STRUCTURE

The first two classroom days are divided into five sessions covering the following topic areas:

DAY ONE

1. Introduction: Objectives, Course Overview, and Pretest (1 hour)

2. Male Circumcision: The Facts (3 hours)

- What is VMMC?
- How VMMC reduces HIV risk.
- Introduction to your country's national VMMC program.

3. Getting Circumcised: The Process (3 hours)

- Before the circumcision procedure.
- The circumcision procedure.
- After the procedure (follow-up, healing, abstinence).

DAY TWO

Brief Recap of Day One Highlights

4. VMMC Demand Creation Strategies (3.5 hours)

- Broader strategy and role of mobilizers in demand creation.
- Common myths and the facts.
- Effective communication techniques.

- Reaching priority age group of men: rationale, challenges, opportunities, strategies.
- Engaging satisfied clients: recruiting them, how best to use them.
- Advocacy and engagement of community leaders.

5. Planning and Executing Mobilization Activities (2.5 hours)

- Preparation, delivery, follow-up.
- How to use social and behavior change communication (SBCC) materials you need for the job.
- Role-play practice session.
- System for data collection, referrals, and booking clients.

DAY THREE

- Site visits and closing of training.
- Site visit to a nearby VMMC clinic.
- Observation of a community mobilization activity.
- Lunch break.
- Final quiz and wrap-up.

TRAINING PREPARATION, MATERIALS, AND METHODS

This training is best conducted by two experienced facilitators and with a maximum of 20 participants. Ideally, one facilitator is the communications/demand creation director, and the other is a VMMC technical/clinical lead.

The training requires some preparation. Facilitators will need to have some equipment and materials ready; and it is best to include additional experts—a VMMC provider (Day 1), a VMMC counselor (Day 2), and a satisfied VMMC client (to share experiences). See the details below.

VENUE

Book a venue that can comfortably accommodate 20 participants and provide enough space for work in three separate small groups. Catering also will be needed.

EQUIPMENT AND MATERIALS

To optimally deliver the training, facilitators will need the following equipment and materials.

- » Laptop computer with PowerPoint® (PPT) presentation files.
- » Projector.
- » Extension cords and adapters as needed.
- » Flipchart stand and paper or white/blackboard with markers/chalk.
- » SBCC materials—flipcharts, brochures, FAQs, post-op instructions, etc.

EXPERTS TO HAVE ON HAND

Invite local VMMC service providers (a nurse, doctor) to co-facilitate session 3 and to be on hand for questions from participants. It's most important that they be there for Day One. On Day Two, it would be helpful to have an experienced mobilizer or mobilizing team leader to co-facilitate session 5 on planning and executing mobilization activities.

Finally, try to find a satisfied VMMC client in the 19- to-29-year age group who is willing to participate in the training and share his experience and respond to questions from trainees.

TRAINING METHODS

This training is meant to be highly interactive and to use many approaches. Lectures will cover the technical aspects of VMMC, but the sessions also will include:

- » Interactions with a satisfied VMMC client.
- » Group discussions.
- » Role-plays/practice.
- » Pre- and post-training quizzes.
- » Field visits to clinic and a mobilization activity.

DAY ONE: VMMC AND THE CIRCUMCISION PROCESS

SESSION 1. INTRODUCTION



Session Objectives:

- » Facilitators and participants introduced to each other.
- » Participants receive clear information about what to expect from training.
- » All housekeeping/logistical questions are answered.
- » Participants take a brief pre-test to establish baseline knowledge of VMMC.



Time Required: 1 hour



Techniques: Presentation, group work



Materials and Preparation:

- » Handouts.
- » Flipchart/board.
- » Slides 1–3, *VMMC Demand Creation Training slide deck* (VMMC PPT).



Facilitator's Notes:

Project **Slide 1** as you welcome the participants and introduce yourself.

Ask the participants to divide into pairs. They should introduce themselves to each other by the name they would like to use, the type of work that they do/expect to do around VMMC and their expectations of this training.

Let participant pairs introduce each other. Write the expectations on a flipchart and group those that are similar.

Using **Slide 2**, present the main objectives of the training, which are to:

- » Increase participants' knowledge of VMMC for HIV prevention.
- » Familiarize participants with VMMC communication strategies, tools, and effective interpersonal communication.
- » Build skills and confidence in promoting VMMC in communities, and effectively mobilize boys and men to seek services.

Hand out copies of the training agenda to inform the participants about how the training is organized. Use this opportunity to address all "housekeeping" issues, i.e. those relating to transport, accommodation, venue or meals.

Hand out copies of the pretest, and also use **Slide 3** with the pretest questions. Explain that this is just for the facilitators to get a sense of participants' current knowledge of VMMC. Allow 15-20 minutes for them to take the pretest and then collect papers.

PRE-TEST QUESTIONS

1. What is the difference between traditional circumcision and medical male circumcision?
2. Name two benefits for the man of VMMC.
3. What are some other HIV prevention methods apart from VMMC?
4. How is pain managed during the circumcision procedure?
5. Is it true that men should only get circumcised in the winter season? Why or why not?
6. Where are some good places to go if you are trying to mobilize men ages 15-19 years for services?

SESSION 2. MALE CIRCUMCISION: THE FACTS

This section of the training gives background information about male circumcision in three sub-chapters on (2.1) the definition of VMMC, (2.2) its health benefits and limitations, and (2.2) its role in combination HIV prevention, and (2.3) a brief session describing the country's national program. The complete duration of these sessions totals about 3 hours.

The instructions for each sub-session details the approach, approximate time, and materials required.

2.1. WHAT IS MALE CIRCUMCISION?



Session Objectives:

- » Determine existing VMMC knowledge levels and possible misperceptions among participants.
- » Ensure that all participants clearly understand what VMMC is (and what it is not).
- » Discuss how traditional male circumcision differs from VMMC.



Time Required: 45–60 minutes



Techniques: Presentation, group work



Materials and Preparation:

- » Flipchart.
- » Slides 4–6, VMMC PPT.
- » OPTIONAL: Wooden penis model with foreskin.



Facilitator's Notes:

- » Begin this session by posing the question to the group of participants: What is male circumcision?
- » Allow discussion: several participants to come up with answers before you project **Slide 4** with the answer: Male circumcision = surgical removal of the foreskin, the thin layer of skin covering the penis.

- » Use presentation **Slide 4** to show a circumcised, partially circumcised, and uncircumcised penis. [A wooden penis model is also helpful here to illustrate if you have one.]
- » Next, ask the group: What are the various reasons for undergoing circumcision?
- » Allow participants to suggest a few answers, and then explain that circumcision is common across many societies in the world. Men get circumcised for cultural and religious reasons, as well as for health and hygiene reasons.
- » If appropriate in your country context, ask the group if they know of groups that still practice traditional circumcision.



Group Work:

Divide the participants into three small break-out groups. Allow them to discuss the following question. Each group should choose their rapporteur who will report back results to larger group.

Question for small group discussion: *What is the difference between traditional circumcision and medical male circumcision?*

After 10 minutes, ask one of the rapporteurs to present results of his/her group's discussion. When he or she is finished, invite other groups to add on or comment.

Finally, use PPT **Slide 5** to clearly explain differences between traditional and medical male circumcision.

Use **Slide 6** to stress the *voluntary* nature of VMMC, quoting directly from the Joint Strategic Action Framework developed by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

2.2. HOW MALE CIRCUMCISION REDUCES HIV RISK



Session Objectives:

- » Give an overview of the evidence about VMMC as a HIV risk reduction strategy.
- » Explain how VMMC reduces the risk of HIV infection.
- » Clearly define the benefits and limitations of VMMC.
- » Explain VMMC as part of combination prevention.



Time Required: 45 minutes



Techniques: Presentation



Materials and Preparation:

» Slides 7–15, VMMC PPT



Facilitator's Notes:

Introduce the session by saying:

“Now, we will look at how exactly medical male circumcision reduces the risk of HIV infection.” This part of the session covers five main topics: (1) evidence that VMMC protects against HIV, (2) how VMMC reduces the risk of HIV infection, (3) additional benefits for men and women, (4) VMMC as part of combination HIV prevention, and (5) linkages with other programs and services.

First, present the evidence using **Slides 7–9** to help you explain.

Slide 7 describes early studies.

- » Observational studies have shown that in many regions with high VMMC rates, HIV rates tend to be lower.
- » After the HIV epidemic was well underway, researchers noticed patterns in HIV infection rates that could not be explained by patterns in behavior. Infection rates were higher in countries and regions where men were not circumcised.

Slide 8 covers the studies that offered strong evidence.

- » Years of data had suggested a strong link between circumcision status and HIV status in men. But it wasn't until the randomized controlled trials (RCTs) in 2005–2007 found a 60 percent protective effect that we had the evidence. *Additional research has conclusively shown reduction of risk of 60 percent.* Three studies were conducted in South Africa, Uganda and Kenya. All three showed that men who were circumcised in the beginning of the study were about 60 percent less likely to get HIV than those who were not circumcised. The evidence was so strong that all three trials were stopped to offer VMMC to those men in the study who were not circumcised. It also led to WHO and UNAIDS recommending VMMC as a complementary HIV prevention strategy...and the evidence just keeps getting stronger.

Slide 9 shows the evidence extends beyond the RCTs.

- » Follow-up studies from these RCTs have shown that this partial protection against HIV continues, and that HIV prevalence has dropped in communities that have increased rates of male circumcision.

Next, show how VMMC reduces HIV infection risk.

Use **Slide 10** to help you explain how MMC reduces HIV risk, emphasizing these points:

- » Cells inside the foreskin attract HIV. There are many Langerhans cells in the foreskin. Langerhans cells play a role in the body's immune system and HIV binds to them easily.
- » The soft skin inside the foreskin is very thin and easily injured/torn during sex, especially the part under the head of the penis. This makes it easier for HIV to enter the body.
- » The area inside the foreskin is warm and moist and facilitates germs to flourish. When the foreskin has retracted after sex, viruses, and bacteria can survive for longer in this environment. This may expose the penis for a longer time to HIV and other viruses/bacteria after sex and further increase infection risk.
- » With regard to HIV, the foreskin is the most vulnerable part of the penis. Removing it REDUCES the risk, but does not ELIMINATE it.

Third, present additional **benefits of VMMC for men**, using **Slide 11**:

- » Many circumcised man report greater ease in maintaining personal hygiene of the penis.
- » VMMC in children reduces the chance of urinary tract infections.
- » VMMC prevents bacterial infection on the head of the penis and the skin of the foreskin.
- » It solves foreskin problems, e.g., swelling behind the head of the penis, or foreskin that cannot pull back (phimosis).
- » It reduces the risk of other sexually transmitted infections, like syphilis and herpes.
- » It reduces the likelihood of developing cancer of the penis.

Next, use **Slide 12** to describe **benefits of VMMC for women**: We now have consistent evidence that the benefits of VMMC extend beyond immediate benefits men. VMMC also results in positive health outcomes for women. Say:

"When women learn of the benefits, they can help to influence their male partners!"

Next, use **Slide 13** to discuss the **limitations of VMMC**:

VMMC *does not*:

- » Completely eliminate risk of female-to-male HIV transmission. Safer sex practices remain essential, including condoms.
- » Directly protect female partners against HIV transmission.
- » Reduce transmission from HIV-positive men.

Findings are inconclusive regarding whether procedure reduces HIV transmission among men who have sex with men.

Next, describe **VMMC as part of combination prevention**, using **Slide 14** to make these major points:

- » *No single HIV prevention intervention offers a magic bullet.* Therefore, effective HIV prevention programs require a combination of interventions.
- » The goal of *combination prevention* is to reduce the transmission of HIV by implementing a combination of behavioral, biological, and structural interventions that are carefully selected to meet the needs of a population.
- » VMMC is a core **component of** combination prevention. Other elements of combination prevention include: HIV testing and counseling, access to PrEP for HIV-negative people, immediate start of treatment for people living with HIV to ensure low viral load, male and female condoms, and PMTCT.

Ask the group the following question: “How can VMMC link with other HIV programs?”

After several responses show **Slide 15** to illustrate linkages.



Discussion:

Allow participants time to ask questions or get clarity on the issues presented.

2.3 INTRODUCTION TO YOUR COUNTRY’S NATIONAL VMMC PROGRAM



Facilitator’s Notes:

While it is not necessary for session participants to have extensive knowledge of the national VMMC program, it is important for them to understand their country’s goals, targets, coverage, priority sub-populations, regions, rationale, and service delivery modalities. You want them to feel part of a greater effort and understand *why* the national program is prioritizing certain geographic areas and age bands.



Session Objectives:

At the end of this session, participants should:

- » Know the objectives and strategies of their country’s VMMC program.
- » Be familiar with national targets, priority regions, and service delivery mix, and understand the rationale for population prioritization.
- » Begin to feel part of a larger national effort.



Time Required: 45 minutes



Techniques: Presentation



Materials and Preparation:

- » Slides 16–20, VMMC PPT.
- » Invite the national or regional VMMC Coordinator to present the VMMC program.
- » Subsequently, give the complete slides with information about your country's program. [**Note:** the slides given for this session are samples; you may need to revise them to fit the national program.]



Facilitator's Notes:

Introduce the session and the speaker who will present (such as the MOH VMMC coordinator). Say to participants:

"The Ministry of Health is scaling up VMMC services. We're going to present its VMMC program to you now."

First, present the national VMMC program using **Slides 16–33** to present your country's progress to date, goals, targets, and so on.

For **Slide 20** on service modalities, take a few minutes to define the terms below:

- » *Fixed sites* are permanent structures—often located near or within existing health care facilities—that offer VMMC on a continuous basis.
- » *Mobile sites* are sites where the commodities and staff are moved from one site to another (moving to follow demand and/or supplement existing services). Mobile sites are usually temporary structures, often tents and prefabricated structures or trucks.
- » *Outreach sites* are generally small sites that provide VMMC services for a temporary time period, such as in areas with limited infrastructure and in "hard-to-reach" areas. They may be used during periods of high demand for VMMC, such as short-term campaigns.

Allow the participants to ask the speaker questions.

Finally, the speaker or facilitator should thank the participants for joining this important national effort and for the critical contributions they will be making toward an AIDS-free generation.

[**Note:** This might be a good point to take lunch break before the afternoon session.]

SESSION 3. GETTING CIRCUMCISED: THE PROCESS

During this part of the training, participants will learn what happens on the day of the surgery via three sub-sessions showing what happens (3.1) pre-procedure (including informed consent), (3.2) during the procedure, and (3.3) post-procedure.

This session should be co-facilitated by a trained VMMC provider, ideally from a local health facility offering the service.

Please ask the invited health workers to limit use of technical/medical terms and where it is used, provide clear explanations in everyday language. Also, if you've invited a satisfied client, he can be helpful during this session in responding to questions and sharing personal experience.

3.1. BEFORE THE SURGERY



Session Objectives:

Participants should:

- » Understand the steps taken to prepare clients for VMMC.
- » Understand importance of obtaining informed consent.
- » Understand what happens during individual counseling and screening process before the surgical procedure.



Facilitator's Notes:

Introduce your guest facilitator, then introduce the session. Say:

"In this session, we will learn more about how VMMC is actually conducted and what will happen the day of the procedure. First, however, we will talk about who can get circumcised."



Discussion: Eligibility

Ask: *"Are there any boys or men who cannot get circumcised?"* Allow a few participants to share their thoughts on this.

Summarize after 5 minutes using **Slide 22:**

- » WHO and UNAIDS recommend early infant male circumcision (EIMC) for infants aged 0–60 days and VMMC above age 10.
- » Between 61 days and under 10 years of age, boys are unlikely to cooperate with just local anesthesia.

- » However, they have to be fit for surgery. Men with acute STIs or any medical condition that makes VMMC risky for them will not be circumcised. Men with STIs will be treated for the STI and return later for the VMMC.
- » Males with foreskin problems (e.g. phimosis) will not be served by the VMMC program but referred to the relevant specialists (e.g. Urologists).

Use **Slide 23** to explain the relation between immature penile anatomy and correct surgical method.

Use **Slide 24** to explain that some countries are moving to a national policy to require that dorsal slit be used for all ages and phasing out other method.



Presentation: Before the surgery

Project Slide 25 with key steps before the surgery. Invite your guest speaker from a local VMMC team to explain the process. S/he should cover the following points:

- » **Booking:** The mobilizer can book the appointment, or some men will come on their own. [**Note:** *fill in whatever the local practice is for booking.*]
- » **Speak to your partner/bring your partner.** If clients have a steady partner or spouse, they should discuss VMMC together. They can bring their partner to the clinic. The partner's support will be important during the healing period.
- » **Before the appointment.** Advise men to bathe/shower and eat breakfast before coming.

Next, introduce the concept of **informed consent** by first posing the questions to the participants:

"What is meant by informed consent?"

Also ask: *"Why do you think it's so important to obtain an individual's informed consent before the VMMC procedure?"*

After a few minutes of discussion, present **Slides 26–28**.

Use **Slide 29** to explain that there will be cases where you, as the mobilizer, will bring boys to the VMMC site without a parent or guardian when parents are not able to come that day. Emphasize that in this case *written consent* must be sought from parents **before** the boy accesses VMMC.

Use **Slide 30** to walk through the client's experience at the site, up to the actual procedure (we are just focusing on the time *before circumcision now*). [**Note:** this slide may need to be customized to your local context, since some countries may not include the group education or the individual session.]

Use **Slide 31** to describe the aims of the group education session.

Use **Slide 32** as you explain the purpose of the individual pre-procedure counseling session.

Use **Slide 33** as you explain the recommended HIV testing and counseling before the procedure.

Use **Slide 34** as you explain the purpose of screening the client before the procedure, and the steps involved.

At the end of the sessions, allow participants to ask questions or **get** clarity on the issues presented.

3.2. THE CIRCUMCISION PROCEDURE



Session Objectives:

Participants should:

- » Understand how pain is managed during the circumcision.
- » Learn about some of the quality control measures.
- » Hear directly from a satisfied client about his experience.



Facilitator's Notes:

Introduce the session by saying:

"Now we will talk about what happens during the actual circumcision procedure. As a community mobilizer, men may ask you questions about the procedure. They may be fearful of it, so it's important that you are able to describe it for them and help them understand how pain will be managed."



Presentation: The circumcision procedure and pain management

Using **Slide 35**, the presenter talks about the surgery and pain management, making these points:

- » Injections of local anesthesia are given at the base of the penis. The penis will become numb. The surgery will only start when the client has no feeling in the penis.
- » During the surgery, the foreskin is removed using a scalpel, then wound is quickly closed. Finally the penis is bandaged. The actual surgery only takes about 20 minutes. However, the entire process including preparation takes longer.
- » After the procedure, the client will rest for 30 minutes to be sure that there is no more bleeding.
- » The client receives instructions on wound care, and when to return for follow-up appointments.
- » Circumcised men will be given pain killers to take home and use when the effect of the injection wears off.

[**Note:** This is a good opportunity to have your satisfied client share his experience of pain and pain management with the participants.]

Slide 36: Invite the satisfied client to come forward and describe to the participants his experience with the actual surgical procedure. Allow participants a few minutes to ask him questions before moving on to the next chapter.

- » What did the anesthesia injection feel like?
- » Did he have pain during procedure?

3.3. AFTER THE CIRCUMCISION SURGERY



Session Objectives:

Participants should:

- » Learn about the importance of proper wound care and the healing period.
- » Reflect on strategies to ensure clients adhere to the healing period.
- » Understand the role that they, as mobilizers, can play in ensuring proper healing.



Time Required: 60 minutes



Techniques: Presentation, small group discussion (reporting back)



Materials and Preparation:

- » Flipchart, paper, markers.
- » Slides 37–41, VMMC PPT.
- » Facilitator's Notes.

Introduce the session by saying:

"Finally, let's hear what will happen after the circumcision—both immediately after and in the days and weeks following. Keep in mind that men who are considering going for VMMC have questions and concerns about what happens after the surgery, so you should be prepared to respond to their questions. In tomorrow's session, we will go into more detail on the counseling that happens after the procedure."



Presentation: Follow-up and healing

Using **Slide 37**, the presenter will speak about:

- » **Immediate post-op counseling:** Confirms that client understands wound care instructions and the dangers of applying any substances to the wound. The provider or counselor also will describe symptoms of adverse events or improper healing and how to contact staff for help if needed. Provide sexually active clients (and their partners) with detailed information on the importance of abstinence from both sexual intercourse and masturbation during the healing period. *The client should leave with written instructions for wound care and follow-up appointments.*
- » **Follow-up visits are scheduled** at 2 and 7 days after surgery. This is to ensure that the wound is healing properly and to reinforce information on wound care. The dressing is removed after two days.

Using **Slide 38**, the presenter will speak about key wound care messages:

Wound care includes keeping the bandages dry during the first two days and avoiding activities that can reopen the wound (e.g., riding a bicycle), not applying any remedies, etc.

Using **Slide 39**, presenter will speak about when men can return to work or school after the circumcision surgery:

- » **After 2 days of rest** clients should be able to return to work.

Using **Slide 40**, the presenter will explain warning signs of adverse events (AEs) in which case client should return to clinic or contact clinic immediately.

- » **In the rare event of renewed bleeding, swelling, pain** or any problem after the surgery, the client should report immediately to his nearest health facility.

Using **Slide 41**, the presenter will discuss abstinence and risk reduction during healing.

- » **No sex for 6 weeks.** The complete healing of the wound takes 6 weeks. During that time, men should not have sex or masturbate. Otherwise, healing can be delayed. Also, men with HIV are MORE likely to transmit HIV if they have sex during the healing period.

Allow for any questions before starting the group discussion exercise.



Small Group Discussion:

Divide participants into two groups. *Group A* will discuss abstinence during the healing period. *Group B* will discuss more specifically the mobilizer's role in ensuring clients' safety and proper healing post-circumcision.

Each group will need a flipchart, and should select their rapporteur to record key points on the flipchart and report the findings from their group back to the larger group.

Allow **10 minutes** for the discussion. Then take a few minutes for the rapporteur from each group to report back to the larger group.

"We've just been discussing the importance of six weeks abstinence during the healing period after circumcision. But many men find this difficult and may resume having sex too early. What are some suggestions that can help men to stick to the period of sexual abstinence?"

[**Note:** For Group A, you are looking for suggestions from the group like:

- » Involving partners and getting their support for healing period
- » Avoiding situations/media that arouse sexual feelings
- » Compare it to the period of abstinence after a woman gives birth and must heal].

For Group B, pose the following discussion questions:

"Why is it important for you as mobilizers to learn about wound care and the healing period? What kinds of things can you do, particularly when escorting younger clients to and from the VMMC clinic, to help make sure they heal properly?"



Facilitator's Notes:

For Group B, you want participants to understand that men in the community either considering VMMC or who have been for the surgery will look to them the mobilizer as a trusted resource, so it's important that they can respond correctly to questions and concerns. For younger clients, they can help by making sure they bring home the written wound care instructions to their parents, and make sure they know when they should come back to the clinic next for their follow-up appointment. If the mobilizer is returning a younger client to his home, he can speak to the parents and go over the wound care instructions with them. For older clients, the mobilizer can share tips on sticking to the abstinence period, for example.

In some countries, mobilizers are responsible for making sure clients return to clinic for their follow-up appointments. This is a good point in the training to explain what the participants will be expected to do in this regard.

END OF DAY ONE

DAY TWO: CREATING DEMAND FOR VMMC

On day two of the training, participants will learn more about strategies for creating demand for VMMC, gain an understanding of the key barriers and motivators that can either hinder or facilitate men's uptake of VMMC, and have a chance to role play a mobilizer/potential client interaction. The day is divided into two sessions: one on strategies for creating demand; the second on planning and executing mobilization activities.

SESSION 4. VMMC DEMAND CREATION STRATEGIES

[Slide 42 outlines the day's topics]

This session looks at six aspects of demand creation: (4.1) the overall strategy, (4.2) addressing community knowledge and misconceptions, (4.3) effective communication techniques, (4.4) reaching priority age groups, (4.5) bringing in satisfied clients, and (4.6) engaging local leaders.



Facilitator's Notes:

It's best to open the morning with a quick recap of the day before. You can turn this into a game by throwing out two or three questions from something they learned the previous day and see which group/table can answer correctly first. You can even have a prize for the winning team: for example, *"Name three benefits of VMMC."* Or, *"How is pain managed during and after circumcision?"*

4.1 THE BROADER DEMAND CREATION STRATEGY, AND ROLE OF MOBILIZATION IN DEMAND CREATION



Session Objectives:

Participants will:

- » Gain an understanding of the multiple approaches being used to create demand.
- » Recognize critical role of mobilization in the broader strategy.



Time Required: 45 minutes



Techniques: Discussion, presentation



Materials and Preparation:

- » Flipchart, board, markers.
- » Slides 43–48, VMMC PPT.



Facilitator's Notes:

Introduce the session:

"Now we're going to discuss creating demand for VMMC services and the many approaches that are part of a demand creation strategy. Community mobilization is one of these approaches, but let's look at some of the other ways we generate demand for VMMC, the role of each approach, and how they work together."

Start with **Slide 43** to define what is meant by “demand generation.”

Then project **Slide 44** as you explain the various strategic approaches that can be used to create demand (mass media, social media, IPC, etc.).

Highlight the importance of high-quality services for bringing in new clients, since happy customers will tell their friends and family to come for services!

As you project **Slide 45**, explain. “Well-designed demand generation programs include activities across a range of different intervention areas and communication channels. This helps to reinforce messages and reach the audience when they are most receptive to the message.”

As you show slide 45, ask participants the following questions, allowing a few minutes for their responses:

- » Which of these approaches illustrated here is probably best for creating awareness of VMMC and service locations?
- » Which of these approaches shown here might work best for helping a man overcome fears and make a decision to go for VMMC?
- » Which of the approaches shown here is best for getting audience feedback and more interactive discussion?

After they’ve had a few minutes to throw out their ideas, then project **Slide 46** as you explain that a combination of channels will have greatest effect, as each plays a different, but important role.

Then use **Slide 47** to explain that going for VMMC is a complex decision-making process that may happen for some over a period of time, with different communication channels reaching the man at different stages.

Project **Slide 48**, which offers an example from Mozambique service-level data collected during January–March 2017, just as an example. Clients were asked during intake where they heard about VMMC. Point out to participants that:

- » All sources/channels were clearly important.
- » Community mobilizers were the most cited source of information/referral by far, followed by friends, then SBC materials and radio.
- » Point out the age segments and critical role of mobilizers in reaching priority age group of men aged 15–29 years (this is discussed more later in the day).

If there are no questions, you can move on to next session.

4.2. WHAT DO COMMUNITIES KNOW ABOUT VMMC? COMMON MYTHS AND FACTS



Session Objectives:

Participants will be able to:

- » Discuss levels of knowledge about VMMC in their communities.
- » Identify common myths and misperceptions about VMMC prevalent in the region.
- » Dispel common myths with the correct facts.



Time Required: 60 minutes



Techniques: Discussion, small group work, presentation



Materials and Preparation:

- » Flipchart, board, markers
- » Slides 49–51, VMMC PPT



Facilitator's Notes:

Introduce the session:

"We've just looked at the various approaches for creating demand for VMMC. As we start talking about VMMC communication, let's look at what people in the community already may know or think about male circumcision."

Group work: community knowledge. Divide participants into three groups and ask them to discuss the following questions (you can project the questions on **Slide 50**):

- » *What do people in your community know about male circumcision?*
- » *Are there any myths or common beliefs that could affect men's decision?*

After 10 minutes, ask one participant from each group to present outcomes of the discussion. Take notes on the flipchart.

Summarize, using notes from the discussion.

- » Most communities have some information about MC. Some of it may be correct, some not.
- » Myths often come from anxiety about the surgery and about the imagined effects on sexual relations. They may not always make sense but can be a powerful force influencing VMMC communication work.

- » Use plain language and examples to correct the myths and provide correct information. If you have invited a satisfied client to help, he can share his personal experience or testimony to calm these concerns.

Exercise: Facts and Myths. Read out the six statements that follow, or use slide 51. After each statement, participants should lift their hands if they think the statement is TRUE or FALSE.

After each vote, let one participant explain their choice, before reading out the correct answer (provided after each question).

The statements and answers go with **Slide 51**.

1. Circumcision reduces sexual pleasure and performance.

False. There is no evidence that circumcision affects a man's sexual performance. Some women, in fact, indicate a preference for a penis that is circumcised because of its appearance and cleanliness. Many studies—including the trials of male circumcision for HIV prevention—have found that male circumcision has no negative effects on sexual function or pleasure. In fact, studies in Kenya suggest that it may increase sexual pleasure.

2. Men can only be circumcised in the colder winter season.

False. Circumcision can be done any time of the year. The important thing is to follow the wound care instructions given at the clinic, and healing should be fine, no matter the season.

3. Foreskins are disposed of after circumcision by incineration at health facilities just as with any other medical waste.

True. There are many myths about foreskins being sold or used for fishing nets, witchcraft, or other purposes. These are just myths. After surgery, the foreskins are disposed of by way of incineration at the health facility, just as is the case with other medical waste.

4. Medical male circumcision protects against HIV infection by 100 percent.

False. Circumcision offers men lifelong, *partial* protection against HIV, reducing their risk of becoming HIV-infected by **60 percent**. Circumcised men still need to practice safer sexual practices after VMMC.

5. After being circumcised, men can't return to work for several weeks.

False. Usually providers recommend resting for two days after circumcision and then returning to work. However, hard physical labor should be avoided for first five days after surgery. Some men confuse the six weeks of abstinence during healing period with the period for returning to work.

6. The HIV test will be offered at the VMMC site, but is not required.

True. Candidates for VMMC are encouraged to undergo HIV testing prior to VMMC. There are many benefits to knowing one's HIV status. Although participation in HIV testing is strongly encouraged, it is not required to receive the VMMC procedure.

4.3. EFFECTIVE COMMUNICATION TECHNIQUES



Session Objectives:

Participants should:

- » Learn effective interpersonal communication skills to be used when talking with potential clients
- » Have opportunity to practice a skill through role playing

Gain understanding of the importance of tailoring their communication to meet individual needs.



Time Required: 60 minutes



Techniques: Discussion, role play exercise, presentation



Materials and Preparation:

- » Flipchart, board, markers
- » Slides 52–61



Facilitator's Notes:

Introduce the session by saying:

"During this session, you will learn several communication techniques that help to create a supportive environment, meet the individual client's needs, and result in a more positive client experience. You'll learn about best practices for communicating with adolescents; and about social and behavior change communication (SBCC) materials and job aids that should be used at the VMMC site."

Show **Slide 52** to explain the nine key characteristics of a good communicator. You can point out that while some people are naturally stronger communicators, one can also learn to be a good communicator with training and practice.

Use **Slide 53** to introduce the seven communication skills that participants can practice to become more effective communicators. Emphasize—the more you practice using these skills, the easier they become; and mention that they'll do an exercise to practice.

Then introduce each of these skills:

Use **Slide 54** to start with Skill #1: **Active Listening**.

- » Active listening involves listening with all senses.
- » As well as giving full attention to the speaker, it is important that the active listener also be *seen* to be listening—otherwise the speaker may conclude that that listener isn't interested in what he is talking about. You can convey interest to the speaker by using both verbal and nonverbal messages such as maintaining eye contact (if culturally appropriate), nodding your head and smiling, agreeing by saying "Yes" or simply "Mmm hmm" to encourage him to continue.
- » To confirm that the other person is being heard and understood, use these cues:
 - Verbal: Repeat words, ask questions, use the same language, and use sounds that encourage dialogue. Closely repeat what the speaker has said or paraphrase to show comprehension.
 - Nonverbal: Observe body language, look at the other person, make eye contact, nod your head, and listen to the tone of the voice.

Use **Slide 55** to present skill #2: **Acknowledging Feelings**

A second communication skill you can practice and use is **Acknowledging Feelings**.

This skill has to do with the emotional content of a conversation.

- » The purpose is to let a person know that you recognize and understand his feelings about the topic being discussed.
- » This skill entails identifying the emotion a client seems to be feeling, based on his words, facial expression, body language and more. Most of us are good at giving information because that is easier than addressing a client's feelings. However, most people need to have their feelings acknowledged and discussed *before* they are able to truly hear and receive information.
- » The following kinds of phrases acknowledge a client's feelings:
 - *It seems to me you are feeling...*
 - *It sounds like you...*
 - *What I hear you saying is...*

Use **Slide 56** to discuss the third skill: **Asking Open-Ended Questions**

- » The way you ask questions influences the responses you will receive. Open-ended questions cannot be answered with a simple yes or no answer. They usually begin with words "*how,*" "*what*" or "*why,*" such as "*Will you say a little more about why you think that?*" or "*How did you feel when your father told you not to get circumcised?*"

- » Open-ended questions help people to open up and express their feelings. They encourage more detailed conversations and give clients more control over what they are able to share.
- » When you use open-ended questions, you will learn more about the client, and he won't feel as if he's being interrogated.

Use **Slides 57 and 58** to explain the fourth communication skill: **Summarizing**

Summarizing pulls together threads of the conversation so that the client can see the whole picture and helps ensure that the client and mobilizer understand each other correctly. This helps the mobilizer outline the next steps the man should take.

Use **Slide 59** to present the fifth skill: **Praising and encouraging**

The purpose of praising and encouraging is to:

- » Make people feel better about themselves.
- » Build a person's self-esteem and confidence, empowering him to meet his goals.

An example might be:

- » *"I appreciate that you are sharing your feelings with me. A lot of people are just as scared as you are. It's important to talk about that. I will always be glad to help."*
- » *"Good question. I am glad that you asked."*
- » *"It is great that you came here to get more information."*

Use **Slide 60** to discuss the sixth communication skill: **Showing empathy**

Learning to see things from another's perspective is a key element in expressing empathy. Choose certain phrases, such as *"I can see ..."* or *"It sounds like you feel..."* to communicate your concern.

Use **Slide 61** to present the seventh and last skill: **Providing confidentiality**

When clients trust that what they disclose will remain confidential, they are:

- » Less likely to withhold important information
- » More likely to get support for what concerns them most

Next: Introduce the role play exercise by saying *"We are going to practice one of the communication techniques we just discussed—active listening."*



Role Play Exercise: The Skill of Active Listening

Divide participants into pairs; name them either A or B.

Ask that each A to be the potential client and to tell B (the listener/mobilizer) about a challenge he is facing in making the decision to go for medical male circumcision (e.g.,

a friend who was circumcised told him how painful it was, or he fears his girlfriend won't support him in this, or he cannot afford to miss too much time from work, etc).

- » Have "A" tell the story for three to five minutes. Have "B" listen, during the three minutes, using the verbal and nonverbal active listening techniques that were discussed. After three to five minutes, have the persons switch roles and do the same thing again, this time with the listener/mobilizer (B) becoming the potential client and the client (A) becoming the listener/mobilizer. Have each pair discuss the experience with each other and describe moments when they felt the other was listening or not listening during the exercise. Ask volunteers to share their experience.



Facilitator's Notes:

List examples of "*moments they felt listened to*" on the flipchart and what the listener did to make the speaker feel listened to, such as:

- » Following the speaker's words
- » Indicating interest and understanding by making sounds
- » Indicating understanding with body language (e.g., looked at my eyes, nodded, smiled, did not interrupt, was friendly and respectful)

Finally, ask the participants whether they noticed the listener using any of the other communication skills we have discussed, such as showing empathy or acknowledging feelings, and let them describe examples.

4.4. REACHING PRIORITY AGE GROUPS: BARRIERS, FACILITATORS, AND STRATEGIES FOR ADDRESSING THEM



Session Objectives:

Participants will:

- » Understand why their demand creation efforts should focus on certain priority age groups.
- » Be able to identify potential barriers that can hinder men from choosing VMMC, and facilitators that can help motivate men to choose VMMC.
- » Discuss strategies to address barriers and utilize opportunities.



Time Required: 90 minutes



Techniques: Group work, presentation



Materials and Preparation:

- » Flipchart, board, markers.
- » PPT slides 62–72.
- » **Invite a satisfied VMMC customer.**



Facilitator's Notes:

Introduce the session:

"Now, we will discuss reaching the priority age group of men, and try to identify reasons that can either keep men from using VMMC services, or motivate them to go. We will discuss ways of addressing men's barriers."

The priority age group may vary by country—for example ages 15–29 years for one country and 15–34 years for another. It will be important to specify your country's priority age group. **Slide 62** IS A PLACEHOLDER SLIDE WHERE YOU WILL NEED TO FILL IN THE CORRECT AGE PRIORITIZATION FOR YOUR COUNTRY.

Project **Slide 62** while explaining: *"Demand creation should focus on reaching your country's specific priority age group (such as ages 15 to 29 years), since this group is most at risk. The reason for this is to have the most immediate impact on the HIV epidemic. However, this does not mean that we turn away the 10- to 14-year-olds from VMMC services."*



Group Work: Barriers and Facilitators. Divide participants into three groups.

Ask them to discuss the following two questions in their small groups. They can base their answers on personal reasons or those that they have heard from friends and community members before. For both questions, instruct them to think particularly of men in the priority age group.

- » *"What would convince men to get circumcised?"*
- » *"What would keep men from getting circumcised?"*

After 10 minutes, ask one participant from each group to present outcomes of their group's discussion. Take notes on the flipchart.

[Note: If you have invited a satisfied client to participate in the training, ask that client to speak about his experience in terms of what concerns he had, and what actually motivated him to go for VMMC.]

Present barriers and facilitators from the research and literature using **Slides 63 and 64**. Review whether they are similar to those that participants identified.

Common barriers and how to address them

Provide the information under each bullet only after discussing first how participants think they can address barriers.

Fear of pain (**Slide 65**)

Hearing from someone who has successfully been for VMMC and can address fears about pain (a satisfied client) can help to allay those fears.

- » Try to understand if their fear is about pain of surgery, pain of injection, or post-op pain so you can best respond to the fear.
- » Perception of pain varies for each individual. Local anesthesia controls pain during the surgical procedure, though the anesthesia is injected with a needle, which itself causes some very brief pain.
- » Explain that in the first days following their circumcision, most men report minor discomfort that is sufficiently managed with over the counter pain relievers. Clients leaving the clinic after the VMMC procedure will receive pain relievers to take home.
- » If the fear is more related to the pain of erections after surgery, then explain that drinking plenty of water can help to urinate frequently which will reduce erections during healing.

Fear of HIV test (**Slide 66**)

- » Explain that the HIV test is offered the day of circumcision procedure. HIV testing is strongly recommended, but it is not mandatory to take the test before circumcision. One can choose to have or not to have it.
- » It is important to take the HIV test, because knowing one's HIV status helps to take the steps needed afterward, depending on the result. If the test is positive, the person will be linked to care and treatment and support they need.
- » Again, hearing from someone who has been through the experience can be helpful.

Reluctance to abstain from sex during healing (**Slide 67**)

- » Explain that it's important to talk with your wife or sexual partner about your decision to go for VMMC and how she can best support you. Explain to her the health benefits for both of you. You can say that just as women need to abstain from sex in the six weeks following giving birth of a new baby, so does the man need to abstain for six weeks after VMMC in order to heal properly.
- » Avoiding situations where one could easily get tempted to have sex (partying) can help.
- » Also, the inconvenience of VMMC is for a limited time. The benefits, however, are for life.

Concern that MC is for other cultural or religious groups, not in our culture (**Slide 68**)

- » VMMC is not linked to any culture or faith. It is done for health reasons.
- » Men and their partners should understand that HIV does not care about their ethnic background or religious affiliation.
- » Here's where community and traditional leaders can help.

Commonly cited facilitators or motivators for VMMC

Provide the information under each bullet only after discussing how participants think they can capitalize on these facilitators to motivate men for VMMC.

Reduced risk of HIV and other STIs (**Slide 69**)

- » This remains the most important reason for men to choose VMMC. While men may be tired of hearing about HIV and may not perceive themselves to be at risk, STIs are something most are familiar with and preventing them can be a strong motivator.

Peer Support (**Slide 70**)

- » Adolescents and men are more likely to consider VMMC when others in their peer group also do so. This is where group mobilization sessions and working with men who have accessed VMMC services can help.

Enhanced sex appeal/preferred by women (**Slide 71**)

- » Some women prefer circumcised men, believing that circumcision shows that they care about themselves and are hygienic.
- » We can encourage women who prefer circumcised men to share this with partners.
- » Satisfied clients can share their experience of women's preferences for circumcised men.

Summarize discussion by emphasizing that demand creation will be most effective when it addresses specific barriers and motivators.

Finish up this session by presenting **Slide 72**, a client testimonial from Mozambique. Ask one of the participants to read this testimonial aloud for the group.

Then point out:

- » The decision to accept VMMC was a complex one that involved multiple contacts.
- » He had misconceptions at first about infertility, and these were stopping him from accepting.
- » The mobilizer had to address his fears about pain (just talking about the benefits was not enough).

- » His wife's support played a key role too.
- » The mobilizer spoke to this one man several times.

Explain that in the next session we will learn about how client testimonials can be used to help generate demand among the priority age group.

SESSION 4.5. ENGAGING SATISFIED CLIENTS IN DEMAND CREATION FOR VMMC



Session Objectives:

Participants will:

- » Understand the key role that satisfied clients can play in demand creation for VMMC
- » Know how to go about recruiting satisfied clients
- » Learn, through examples from other countries, how best to use satisfied clients for demand creation



Time Required: 30 minutes



Techniques: Presentation, Malawi video



Materials and Preparation:

- » Flipchart, board, markers
- » PPT slides 73–76
- » Invite a mobilizer who was a satisfied VMMC client



Facilitator's Notes:

Introduce the session:

"Yesterday we talked about how happy customers will tell their friends about VMMC and help to generate more demand. Now we're going to look more closely at the role of satisfied clients."

Show **Slide 73** as you explain what we mean by the term "*satisfied client*"

Show **Slide 74** as you explain key role they can play

Show **Slide 75** as you describe ways of recruiting satisfied clients

Slide 76 gives example from Mozambique where satisfied client testimonials are used via multiple channels to reach the 15 to 29 year age group (point out the various channels).

Next, invite your satisfied client facilitator to come up and tell the participants how and when he was recruited and the role he played. Allow participants to ask him questions.

Finally, show the 3-minute video from AIDSFree/ Malawi about Thoko, who started as a satisfied client and has gone on to recruit hundreds of men for VMMC.

<https://aidsfree.usaid.gov/resources/reaching-older-adolescents-and-young-men-vmmc-services-three-districts-malawi>

SESSION 4.6. ADVOCACY AND ENGAGEMENT OF COMMUNITY AND TRADITIONAL LEADERS



Session Objectives:

Participants will:

- » Understand key role leaders can play in demand creation for VMMC
- » Identify the leaders in their communities
- » Learn various ways of engaging leaders in VMMC



Time Required: 40 minutes



Techniques: Small group discussion



Materials and Preparation:

- » Flipchart, board, markers
- » PPT slides 77–80



Facilitator's Notes:

Introduce the session:

"In this session, we're going to look at an important group to work with if we want to encourage men to go for VMMC services."



Small Group Discussion: Community Leaders

Divide participants into 3 small groups for discussion. Give each group a flipchart. Groups will have 10 minutes to discuss the following and record key points on flipcharts (**Slide 77**):

- » Who are the important leaders in your community? (Think about both those with formal authority and those who are influential, trusted, or listened to by others.)

- » Which leaders do you think would support VMMC, are opposed to it, or are you not sure about or are indifferent?
- » What ideas do you have for engaging them in VMMC?

After 10 minutes, ask one participant from each group to present.

[**Note:** If time is short, you can just have one group present back.]

Finally, present **Slides 78–80** on how to engage leaders and lessons learned.

SESSION 5. PLANNING AND EXECUTING MOBILIZATION ACTIVITIES



Time Required: 2.5 hours

This chapter is divided into three sessions that give details on (8.1) the logistics of delivering mobilization sessions, (8.2) effective use of SBCC materials, and—importantly—(8.3) systems for data collection, referrals and follow-up. Participants will learn more of the practical information they need to perform their daily job, such as where to mobilize, how to be prepared, following up with potential leads, and what data to collect. They will have an opportunity to practice as well.

5.1. PREPARATION, DELIVERY, AND FOLLOW-UP OF MOBILIZATION ACTIVITIES



Session Objectives:

Participants will:

- » Understand where to mobilize for different age groups, and how to be prepared
- » Learn from observing a mock mobilization session
- » Understand importance of following up after the mobilization activity



Time Required: 60 minutes



Techniques: Presentation, observation of a mock mobilization



Materials and Preparation:

- » PPT slides 81-87
- » Any SBCC materials you might use for mobilizing men at bus stop
- » Branded t-shirt, cap, bag that mobilizer would wear for mock session
- » It's best to have a mobilizer team lead/supervisor or very experienced mobilizer to co-facilitate sessions 5.1 and 5.3.



Facilitator's Notes:

Introduce the session:

"We will now get familiar with the who, what, when, where and how of mobilizing for VMMC. Let's start by looking at where to find the boys and men of various age groups."

Show **Slide 81** while suggesting locations for mobilizing adolescent boys ages 15 to 19 years of age. Share what has worked in other countries when mobilizing in secondary schools.

For **Slide 82**, illustrated on this slide are bus stops, market places, taxi stands and workplaces from Mozambique and Zimbabwe—where they have successfully mobilized men in the 20–29-year age group.

Ask participants if they can suggest other locations for reaching men in the priority age group? Take a few minutes to brainstorm and discuss.

Then show **Slide 83** as you describe Mozambique’s experience with taking advantage of festivals, concerts, sporting events, health fairs and other public events where adolescents and men over 15 years old tend to congregate.

Use **Slide 84** to describe how to prepare for these mobilizations.

Preparation includes:

- » In some cases you will need to contact event organizers to seek permission to conduct mobilization activity at designated event (concert, health fair, festival),
- » Organizing transport.
- » Ensuring access to drinks/water for facilitators.
- » Bring along SBCC materials (banners, brochures, etc.).
- » Bring table, chairs, umbrella.

Use **Slide 85** to emphasize that it’s the strong personal follow-up **after** the group events that results in VMMC service uptake!

Share Mozambique’s success handing out personal invitations with mobilizer’s contact number during public events which allowed men to ask follow-up questions and book their appointments in a more private way after the group event.

Check if participants have any questions before moving on to the mock mobilization.

INSTRUCTIONS FOR MOCK MOBILIZATION

[Note: You will need an experienced mobilizer or a mobilization team supervisor to co-facilitate this session and the next.]

In this exercise, the experienced mobilizer/facilitator will demonstrate a mobilization at a bus stop where a small group of men are gathered, as in this photo:



Photo: Johns Hopkins Center for Communication/Mozambique.

Ask for five volunteers from among the participants to play the role of the men at the bus stop. Instruct them to ask questions about concerns and fears men might have about VMMC. The rest of the participants should be watching and observing. Instruct the observers to take note of:

- » Which SBCC materials the mobilizer uses and **how** he uses those materials
- » How the mobilizer responds to men's questions/concerns
- » Did the mobilizer use effective communication techniques? (which ones? Active listening? Etc.)
- » Did mobilizer capture the names and contact information so he/she could follow up later with the men?
- » Is there anything that could have been done better?

At the end of the bus stop mobilization, ask for feedback from the participants, particularly regarding the five observation questions above (use **Slide 86** with the five questions).

If time remains: Pick one or two of the participants to try to play the role of the mobilizer at the bus stop as was just demonstrated. Instruct the other participants to observe, using the same five discussion questions.

5.2. HOW TO USE THE SBCC MATERIALS



Session Objectives:

Participants will:

- » Become familiar with the communication materials that are available
- » Know which materials to use when, as well as how to enhance communication with potential clients by using the materials and job aids most effectively



Time Required: 45 minutes



Techniques: Presentation, walk-around display, role play



Materials and Preparation:

- » Have available the entire set of SBCC materials you are using in your local context, including brochures, posters, FAQs, stickers, flipcharts, job aids, videos, desk calendars, etc.



Facilitator's Notes:

Introduce the session:

"Now we're going to look at all the communication materials that are available to help you do your work, and discuss when and how to best use them."

[**Note:** Because each context is unique and has its own set of SBCC materials, these are just some general guidelines for how to organize this session. You will need to tailor this session to your particular context and set of SBCC materials you are using.]

Display all of the materials on a long table and allow a few minutes for participants to walk around the table and look at the materials

Go through each item, one by one, and explain:

- » Who is target audience/s for this material (e.g., Community leaders, female partners, men over 20 years, high school students, etc.)
- » In which situations or contexts it is used (e.g. For school mobilization, for individual IPC, community meetings, etc.)
- » The main purpose of the material (e.g., to help you as the mobilizer respond to men's questions; or to give men to take home to their female partner, etc.)

If there are any flipcharts or job aids, or a Frequently Asked Questions (FAQ) tool, the facilitator should demonstrate how to effectively use the job aid by asking for a volunteer to come up and play role of a man (a potential client) while the facilitator plays role of mobilizer and talks to the man using the job aid.

Ask for two volunteers to come up with one playing the man and the other the mobilizer using the job aid. Then, provide feedback.

Ask if there are any questions before moving on to the next session.

5.3 SYSTEM FOR DATA COLLECTION, REFERRALS, AND BOOKING CLIENTS



Session Objectives:

Participants will:

- » Know which data they are expected to collect and frequency for collection
- » Know how to use the daily register of men referred for VMMC
- » Become familiar with the local system for client referrals and bookings



Time Required: 30 minutes



Techniques: Presentation, paired practice with register



Materials and Preparation:

- » Have enough copies of the daily register so that each participant can have one copy
- » This session should be facilitated by someone who supervises a team or teams of mobilizers, since he or she will be most familiar with the local processes.



Facilitator's Notes:

Introduce the session:

"Now let's take a look at the information you will need to collect on the men that you refer for VMMC services and how to record that information."

[**Note:** As each country context and VMMC partner is unique and has its own systems for data collection, referrals and booking clients, these are just some general guidelines for this session, but you will need to adapt this session to your local context and systems to meet the objectives above.]

Show **Slide 87** (you will have put your daily register of clients referred for VMMC on this placeholder slide). At the same time, hand out copies of the daily register to participants.

Using the slide explain that as mobilizers they will be responsible for maintaining a daily register of men they refer for VMMC services which includes client's name, physical address and phone contact (or their local leader's phone contact), age, etc. Walk them through the register.

Explain the several functions of this daily register which are to: [Again, depends on your local system]

- » Provide follow-up prompts to referred clients (**remind participants of importance of follow-up we discussed earlier**).
- » Check in at health facilities to see if that client has used the services.
- » If the man has not gone for services, then work with him to resolve any barriers such as arranging for flexible appointment time with health providers, transport, or maybe escorting the client if he wishes.
- » Registers are reviewed by supervisors to verify uptake of services (successful referrals) as a proportion of all referrals made by mobilizers so they can solve any problems to do with barriers identified at a health facility.

- » Registers also used so supervisors can prepare monthly summaries of successful referrals

Have participants work in pairs to practice filling out a daily register by taking turns playing roles of client and mobilizer. Walk around the room and check that they are doing it correctly and respond to any questions.

If your VMMC program has a different system for referrals and bookings such as a booking hot line or something else, you will need to use this session time to explain thoroughly how your local system works and then let them practice as well. Allow enough time at the end of this session for questions and to clear up any confusion. If there is any other data beyond the daily register that mobilizers are expected to collect, be sure to cover that in this session.

- » **Go over the logistics for the next day's site visits.** Explain that you will be dividing participants into two groups. Group A will visit the VMMC clinic first and the mobilization activity observation second. Group B will visit the mobilization activity first and then the VMMC clinic second.



DAY THREE: FIELD VISITS AND WRAP-UP

This final day consists of two sessions: one in the field, the the other back in the classroom for a post-test and training wrap-up.

FIELD SESSION 1. SITE VISITS TO OBSERVE VMMC FACILITY AND MOBILIZATION ACTIVITY

[**Note:** Allow 3-4 hours total for visits.]



Objectives for Visits:

- » All participants know where the closest service delivery point is
- » Enable dialogue between providers and community mobilizers
- » Participants see first-hand what a client will experience the day he goes for VMMC
- » Participants observe community mobilizers at work



Time Required: Clinic visit 2 hours; mobilization 2 hours



Techniques: Site visits



Materials and Preparation:

- » Agree on a suitable time to visit the clinic site and meet the VMMC team with the VMMC coordinator and site manager.
- » Arrange for a time to observe a mobilization activity.
- » Arrange for transport to and from the facility, and to and from mobilization activity.
- » Divide participants into Group A and Group B, with Group A starting at the health facility and Group B starting at the mobilization activity.
- » Bring copies of observation sheets for the mobilization visit.



Facilitator's Notes:

The visit to VMMC facility does not require any specific Facilitator's, but prepare the VMMC clinical team at the site before you bring the participants/trainees, so that they address the following points during the visit:

- » Introducing team members and roles, with an emphasis on getting to know contact points for community mobilizers
- » Handling referrals and service delivery at the site

- » Current situation with regard to VMMC demand and uptake in the priority group
- » Key issues that VMMC team encounters with clients (information needs, barriers, myths, concerns, etc.)
- » Previous experience and preferences in working with community mobilization teams
- » Give a tour of the facility, walking them through the client flow (from registration to group education to individual counseling, etc.)

For the observation of mobilization activity, distribute the observation sheets beforehand (see Appendix II) and explain that participants should try to look for the things noted on the observation sheet while watching the mobilization.

Observation Items for Mobilization Activity

- » Is the activity well attended?
- » Are those attending in the priority age group?
- » Do people appear to be engaged?
- » How are the mobilizers engaging them?
- » Observe what the mobilizers are wearing. Are they easily identifiable?
- » Which communication materials are being distributed?
- » Do the mobilizers appear to be using their daily registers and booking clients during the activity?
- » All in all, would you say it was a successful mobilization? Why or why not?

Spend a few moments at the end of the mobilization visits to discuss participants' observations and respond to any questions they may have. If there's time, allow the participants to talk with the mobilizers who just conducted the mobilization activity.

[Break for lunch and then return to classroom for final quiz and wrap-up]

CLASS SESSION 2. FINAL QUIZ AND WRAP-UP OF TRAINING



Session Objectives:

- » Test participant understanding of key content with a quiz
- » Answer any remaining questions or concerns



Time Required: 45 minutes



Techniques: Written and oral feedback



Materials and Preparation:

- » Copies of final quiz
- » Copies of evaluation form



Facilitator's Notes:

Quiz: To ensure that participants have understood the basic facts about VMMC and VMMC communication, administer a 10 question quiz. You can repeat a few of the same questions from the pretest given the first morning for comparison.

- » Hand out quiz forms (see [Appendix III](#) for a sample quiz).
- » Go through the questions and clarify as needed.
- » Collect quizzes when all participants are finished.

Finally, go through all questions with the group and provide correct answers.

Closing out the training

Ask participants whether any questions remain. Try to answer them or note them and get back to participants later if need be.

Hand out the final training evaluation form (see [Appendix IV](#)). Allow participants 10 minute to complete the form and then collect it. Feedback forms should not be marked with names.

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APPENDIX I. SAMPLE TRAINING AGENDA

DAY ONE: INTRODUCTION AND THE VMMC PROCESS

Day One Activities:

» Session 1 – 8:30am

- Introduction
- Objectives
- Course Overview
- Pre-test

» Session 2 – 9:30am

- Male Circumcision: The Facts
 - What is Male Circumcision?
 - How VMMC reduces HIV Risk.
 - Introduction to Country's National VMMC Program.

» Lunch Break: 12:30pm–1:30pm

» Session 3 – 1:30pm

- Getting Circumcised: The Process
 - Before the Surgery.
 - The Circumcision Procedure.
 - After the Surgery.

DAY TWO: VMMC DEMAND CREATION

Day Two Activities:

» Brief Recap of Day One Highlights – 8:30am

» Session 4 – 9:00am

- VMMC Demand Creation Strategies
 - VMMC Demand Creation Strategies.
 - The Broader Demand Creation Strategy and Role of Mobilization.
 - What Communities May Know: Common Myths and Facts.
 - Effective Communication Techniques.

- Reaching Priority Age Group of Men: Barriers, Facilitators, and Strategies for Addressing Them.
- Engaging Satisfied Clients.
- Advocacy and Engagement of Leaders.

» **Lunch Break: 12:30pm–1:30pm**

» **Session 5 – 1:30pm**

- Planning and Executing Mobilization Activities
 - Preparation, Delivery, and Follow-Up of Mobilization Activities.
 - How to Use the SBCC Materials.
 - System for Data Collection, Referrals and Booking.

DAY THREE: SITE VISITS AND CLOSING OF TRAINING

Day Three Activities:

- » **Site Visit to VMMC Clinic – 8:30am**
- » **Observation of a Community Mobilization Activity – 10:30am**
- » **Lunch Break: 12:30pm–1:30pm**
- » **Final Quiz, Evaluation, and Closing – 1:30pm–2:30pm**

APPENDIX II. OBSERVATIONS DURING MOBILIZATION ACTIVITY

QUESTIONS	YES/NO		COMMENTS
Is the activity well attended?			
Are those attending in the priority age group?			
Do people appear to be engaged?			
How are the mobilizers engaging them?			
Observe what the mobilizers are wearing. Are they easily identifiable?			
Which communication materials are being distributed?			
Do mobilizers appear to be using their daily registers and booking clients during this activity?			
All in all, would you say it was a successfully mobilization?			
Why or why not?			
Gave oral and written instructions for contacting VMMC staff			

APPENDIX III. SAMPLE FINAL QUIZ

Feel free to develop a quiz that is appropriate to your country's context.

1. How is pain managed during the circumcision procedure?
2. You are planning to mobilize students at a tertiary institution. What communication materials and supplies should you bring along that day?
3. Are there any benefits for women of VMMC? If yes, what are they?
4. Name three techniques for effective communication.
5. A man says he will wait till winter to go for MC so healing will be better. What should you tell him?
6. A potential client is afraid that his foreskin will be used for witchcraft. What can you say to reassure him?
7. You take a younger client home after the VMMC procedure and his mother wants to put dung on his wound. What will you tell her?
8. You referred a client to the VMMC clinic but he never turned up. What should you do?
9. Why is it a good idea to be tested for HIV?
10. Name three places you would go to try to mobilize men ages 20 and above.

APPENDIX IV. COURSE EVALUATION FORM

1. What is your overall assessment of the training?

(1 = insufficient – 5 = excellent)

1 2 3 4 5

2. Which topics or aspects of the workshop did you find most interesting or useful?

»

»

»

»

3. Did the training workshop achieve the program objectives?

Yes No

If no, why not?

4. Knowledge and information gained from participation at this training?

» Met your expectations

Yes No Somehow

» Will be useful in my work

Yes No Somehow

5. How do you think the workshop could have been made more effective?

6. Please comment on the organization of the workshop.

(1 = insufficient – 5= excellent)

1 2 3 4 5

7. Comments and suggestions (including activities or topics you think would be useful, for the future).

8. The facilitators hoped to strike a balance of theory and practical exercises in this training. In your opinion, was there a good balance of the two?

Yes No

If no, how might you improve this?

Further comments or suggestions:

THANK YOU!





AIDSFree

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